

# Preferred Drug List

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

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

## Preferred Drug Locator Instructions:

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



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

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

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

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

## Will the Preferred Drug List change?

Yes, it will change weekly, especially if there is a new drug or there is a less expensive generic that becomes available. You will be notified if any changes are made to the drug list that may impact you.

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

Yes, Oklahoma Complete Health covers certain OTC drugs.

<https://oklahoma.gov/ohca/providers/types/pharmacy/covered-otc.html> All covered OTC drugs appear in the PDL. All OTC drugs must be written on a valid prescription by a licensed provider in order to be covered. If the OTC drug you need is not on the PDL; please refer to our OTC value add benefit on our website

<https://www.oklahomacompletehealth.com/providers/pharmacy.html>

## How will I know what I will pay?

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

## How do I use the Preferred Drug List?

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

## What are brand & generic drugs?

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the BRAND name drug, but often costs less. BRAND named drugs are typically newer and a generic is not available yet. However, there are some BRAND name drugs which are preferred over generic and that list is maintained here:

<https://oklahoma.gov/content/dam/ok/en/okhca/docs/providers/types/pharmacy/drug-lists/2024-lists/02.26.2024%20-%20Brand%20Required%20List.pdf>

## Are there any limits on my drug coverage?

### AGE LIMIT (AL):

Some medications are limited to patients of a certain age.

### **PRIOR AUTHORIZATION (PA):**

Your provider may need to get approval from us before you fill some of your drug orders. Drugs that require prior authorization are found in the PDL by a PA in the **Additional Information** column. To find out more about this process, please call Member Services at **1-833-752-1664** (TTY/ TDD 711) and a representative will explain the process to you.

### **STEP THERAPY (ST):**

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

<https://www.oklahomacompletehealth.com/providers/pharmacy.html>

### **QUANTITY LIMITS (QL):**

For certain drugs there are limits to the amount of a drug that will be covered for a period of time. You can tell if your drug needs a QL in

**Additional Information** column.

- You can also contact your provider to decide if you should first try a different drug on our list or different dose of the drug before you request an exception.
- Contact Member Services at **1-833-752-1664** (TTY/TDD 711) and ask how you or your provider can submit a quantity limit exception request.

- There are also quantity limits for controlled substances. These are outlined here:

<https://oklahoma.gov/ohca/providers/types/pharmacy/maintenance-drug-list/analgesics-narcotic.html>

### **SPECIALTY PHARMACY (SP)**

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

### **MAINTENANCE DRUGS (MP):**

Certain medications are eligible for 90 day supplies. If you are an adult, please ensure your pharmacy is running these medications for 90 day supplies so your monthly six fill limit is extended. The full list of MP's are kept here:

<https://oklahoma.gov/ohca/providers/types/pharmacy/maintenance-drug-list.html>

### **What if my drug(s) is not on the Preferred Drug List?**

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

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

The following drug categories are not part of the benefit:

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

## Contacts for Pharmacy Appeals/Grievances

**Members:** In the event that a member disagrees with the decision regarding coverage of a drug, the member may request an appeal by

calling Member Services at **1-833-752-1664** (TTY/TDD **711**) or emailing [OKCompleteHealth\\_Appeals@Centene.com](mailto:OKCompleteHealth_Appeals@Centene.com).

**Providers:** In the event that a provider disagrees with the decision regarding coverage of a drug, the provider may request an appeal by calling:

**Medical Appeals: 833-522-2803**  
**Behavioral Health Appeals: 866-714-7991**  
**Pharmacy Appeals: 888-865-6531**

After a decision is made, the provider will receive a response by mail. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously endanger the life or health of a member by calling:

**Medical Appeals: 833-522-2803**  
**Behavioral Health Appeals: 866-714-7991**  
**Pharmacy Appeals: 888-865-6531**

## Abbreviations:

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>					
Amphetamines					
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	1	QL(1 ea daily); AL(At least 5 yrs old); PA	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	QL(1 ea daily); AL(At least 5 yrs old); PA
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	1	QL(2 ea daily); AL(At least 5 yrs old); PA	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG-5 MG	1	QL(3 ea daily); AL(At least 5 yrs old); PA
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG (Use amphetamine-dextroamphetamine)	9	QL(3 ea daily)	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG-5 MG	1	QL(2 ea daily); AL(At least 5 yrs old); PA
ADDERALL TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG-5 MG (Use amphetamine-dextroamphetamine)	1	QL(3 ea daily); AL(At least 5 yrs old); PA	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	QL(1 ea daily); AL(At least 5 yrs old); PA
ADZENYS XR-ODT TBED	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA	DESOXYN (Use methamphetamine hcl)	1	QL(1 ea daily); AL(At least 5 yrs old); PA
amphetamine sulfate TABS 10 MG	1	QL(3 ea daily); AL(At least 5 yrs old); PA	DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	9	AL(At least 5 yrs old); PA
amphetamine-dextroamphetamine CP24 9.375 MG-9.375 MG-9.375 MG-9.375 MG	1	QL(1 ea daily); PA	DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	2	QL(4 ea daily); AL(At least 5 yrs old)
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	1	QL(1 ea daily); AL(At least 13 yrs old); PA	DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	9	QL(1 ea daily)
			dextroamphetamine sulfate CP24 15 MG	2	QL(4 ea daily); AL(At least 5 yrs old)
			dextroamphetamine sulfate CP24 5 MG, 10 MG	2	QL(1 ea daily); AL(At least 5 yrs old)
			dextroamphetamine sulfate SOLN	1	AL(At least 5 yrs old - Up to 9 yrs old); PA

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1	QL(3 ea daily); AL(At least 5 yrs old); PA	XELSTRYM	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
<i>dextroamphetamine sulfate TABS 30 MG</i>	1	QL(2 ea daily); AL(At least 5 yrs old); PA	<b>Analeptics</b>		
DYANAVEL XR CHER	2	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA	CAFCIT SOLN IV 60 MG/3ML ( <i>Use caffeine citrate</i> )	9	
DYANAVEL XR SUER	2	QL(240 ml per 30 days retail; 240 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA	CAFCIT SOLN IV 60 MG/3ML ( <i>Use caffeine citrate</i> )	1	
EVEKEO ODT TBDP 5 MG, 15 MG, 20 MG	1	QL(3 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA	<i>caffeine &amp; sodium benzoate</i>	1	
EVEKEO TABS 5 MG ( <i>Use amphetamine sulfate</i> )	1	QL(3 ea daily); AL(At least 5 yrs old); PA	<i>caffeine citrate SOLN IV 60 MG/3ML</i>	1	
EVEKEO TABS ( <i>Use amphetamine sulfate</i> )	9	QL(3 ea daily)	<b>Anti-Obesity Agents</b>		
<i>lisdexamfetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</i>	1	QL(1 ea daily); PA	IMCIVREE	1	QL(9 ml per 30 days retail; 9 ml per 30 days mail); AL(At least 6 yrs old); PA
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA	<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA	<i>atomoxetine hcl 80 MG, 100 MG</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA
MYDAYIS CP24 ( <i>Use amphetamine-dextroamphetamine</i> )	1	QL(1 ea daily); AL(At least 13 yrs old); PA	<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG, 60 MG</i>	1	QL(2 ea daily); AL(At least 5 yrs old); PA
VYVANSE CAPS	1	QL(1 ea daily); AL(At least 5 yrs old); PA	<i>clonidine hcl (adhd) TB12</i>	2	QL(4 ea daily); AL(At least 5 yrs old); PA
VYVANSE CHEW	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old)	<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily); AL(At least 5 yrs old); MP; PA
			INTUNIV 1 MG, 2 MG, 3 MG ( <i>Use guanfacine hcl (adhd)</i> )	1	QL(1 ea daily); AL(At least 5 yrs old); MP; PA

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INTUNIV 4 MG ( <i>Use guanfacine hcl (adhd)</i> )	9	QL(1 ea daily); MP	AZSTARYS	3	QL(1 ea daily); AL(At least 5 yrs old); PA
KAPVAY TB12 ( <i>Use clonidine hcl (adhd)</i> )	9		CONCERTA TBCR 18 MG, 27 MG, 54 MG ( <i>Use methylphenidate hcl</i> )	1	QL(1 ea daily); AL(At least 5 yrs old); PA
QELBREE 150 MG	1	QL(2 ea daily); AL(At least 6 yrs old); PA	CONCERTA TBCR 36 MG ( <i>Use methylphenidate hcl</i> )	1	QL(2 ea daily); AL(At least 5 yrs old); PA
QELBREE 100 MG	1	QL(1 ea daily); AL(At least 6 yrs old); PA	COTEMPLA XR-ODT TBED	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
QELBREE 200 MG	1	QL(3 ea daily); AL(At least 6 yrs old); PA	DAYTRANA PTCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR ( <i>Use methylphenidate</i> )	9	AL(At least 5 yrs old - Up to 10 yrs old); PA
STRATTERA 40 MG, 60 MG ( <i>Use atomoxetine hcl</i> )	1	QL(2 ea daily); AL(At least 5 yrs old); PA	DAYTRANA PTCH ( <i>Use methylphenidate</i> )	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
STRATTERA 10 MG, 18 MG, 25 MG ( <i>Use atomoxetine hcl</i> )	9	QL(2 ea daily)	<i>dexmethylphenidate hcl</i> CP24	1	QL(1 ea daily); AL(At least 5 yrs old); PA
STRATTERA 80 MG, 100 MG ( <i>Use atomoxetine hcl</i> )	9	QL(1 ea daily)	<i>dexmethylphenidate hcl</i> TABS	1	QL(2 ea daily); AL(At least 5 yrs old); PA
Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)			FOCALIN XR CP24 ( <i>Use dexmethylphenidate hcl</i> )	1	QL(1 ea daily); AL(At least 5 yrs old); PA
SUNOSI	1	QL(1 ea daily); PA	FOCALIN TABS ( <i>Use dexmethylphenidate hcl</i> )	1	QL(2 ea daily); AL(At least 5 yrs old); PA
Histamine H3-Receptor Antagonist/Inverse Agonists			JORNAY PM CP24	3	QL(1 ea daily); AL(At least 5 yrs old); PA
WAKIX	1	QL(2 ea daily); PA	METADATE CD CPCR ( <i>Use methylphenidate hcl</i> )	9	
Stimulants - Misc.			METHYLIN SOLN 10 MG/5ML ( <i>Use methylphenidate hcl</i> )	9	QL(600 ml per 30 days retail; 600 ml per 30 days mail)
APTENSIO XR CP24 10 MG ( <i>Use methylphenidate hcl</i> )	2	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 5 yrs old); PA			
APTENSIO XR CP24 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>Use methylphenidate hcl</i> )	9	QL(30 ea per 30 days retail; 30 ea per 30 days mail)			
<i>armodafinil</i>	1	QL(1 ea daily); AL(At least 18 yrs old); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl)	1	QL(600 ml per 30 days retail; 600 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA	<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(3 ea daily); AL(At least 5 yrs old); PA
<i>methylphenidate hcl CHEW</i>	1	QL(3 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA	METHYLPHENIDATE HYDROCHLORIDE ER TBCR	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>methylphenidate hcl CP24 30 MG</i>	2	QL(2 ea daily); AL(At least 5 yrs old); PA	<i>methylphenidate PTCH</i>	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	2	QL(1 ea daily); AL(At least 5 yrs old); PA	<i>modafinil</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>methylphenidate hcl CP24</i>	2	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 5 yrs old); PA	NUVIGIL 250 MG (Use armodafinil)	1	QL(1 ea daily); AL(At least 18 yrs old); PA
<i>methylphenidate hcl CPCR</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA	NUVIGIL 50 MG, 150 MG, 200 MG (Use armodafinil)	9	QL(1 ea daily)
<i>methylphenidate hcl SOLN</i>	1	QL(600 ml per 30 days retail; 600 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA	PROVIGIL 200 MG (Use modafinil)	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>methylphenidate hcl TABS</i>	1	QL(3 ea daily); AL(At least 5 yrs old); PA	PROVIGIL 100 MG (Use modafinil)	9	QL(1 ea daily)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA	QUILLICHEW ER CHER	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily); AL(At least 5 yrs old); PA	QUILLIVANT XR SRER	2	QL(60 ml per 30 days retail; 60 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
<i>methylphenidate hcl TBCR 36 MG</i>	1	QL(2 ea daily); AL(At least 5 yrs old); PA	RELEXXII TBCR 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA	RELEXXII TBCR 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	1	QL(1 ea daily); AL(At least 5 yrs old); PA
			RELEXXII TBCR 36 MG	1	QL(2 ea daily); AL(At least 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/Limits
RITALIN LA CP24 10 MG, 20 MG (Use methylphenidate hcl)	2	QL(1 ea daily); AL(At least 5 yrs old); PA
RITALIN LA CP24 40 MG (Use methylphenidate hcl)	9	QL(1 ea daily)
RITALIN LA CP24 30 MG (Use methylphenidate hcl)	9	QL(2 ea daily)
RITALIN TABS (Use methylphenidate hcl)	1	QL(3 ea daily); AL(At least 5 yrs old); PA

### ALLERGENIC EXTRACTS/BIOLOGICALS MISC

#### Allergenic Extracts

GRASTEK SUBL	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old); PA
ODACTRA SUBL	1	QL(1 ea daily); AL(At least 12 yrs old - Up to 65 yrs old); PA
ORALAIR SUBL	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old); PA
PALFORZIA INITIAL DOSE ESCALATION CSPK	1	PA
PALFORZIA LEVEL 10 CSPK	1	PA
PALFORZIA LEVEL 11 (MAINTENANCE) PACK	1	PA
PALFORZIA LEVEL 11 (TITRATION) PACK	1	PA
PALFORZIA LEVEL 1 CSPK	1	PA
PALFORZIA LEVEL 2 CSPK	1	PA
PALFORZIA LEVEL 3 CSPK	1	PA
PALFORZIA LEVEL 4 CSPK	1	PA
PALFORZIA LEVEL 5 CSPK	1	PA

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 6 CSPK	1	PA
PALFORZIA LEVEL 7 CSPK	1	PA
PALFORZIA LEVEL 8 CSPK	1	PA
PALFORZIA LEVEL 9 CSPK	1	PA
RAGWITEK SUBL	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old); PA

### AMEBICIDES

#### Amebicides

SOLOSEC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA
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### AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

#### Aminoglycosides

amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	1	
ARIKAYCE	1	QL(235.2 ml per 28 days retail; 235 ml per 28 days mail); PA
BETHKIS NEBU (Use tobramycin)	1	QL(224 ml per 55 days retail; 224 ml per 55 days mail); PA
BETHKIS NEBU (Use tobramycin)	9	PA
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	1	
gentamicin sulfate IJ	1	
KITABIS PAK NEBU (Use tobramycin)	1	QL(280 ml per 55 days retail; 280 ml per 55 days mail); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin sulfate TABS</i>	1	
<i>streptomycin sulfate SOLR</i>	1	
TOBI PODHALER CAPS	1	QL(224 ea per 55 days retail; 224 ea per 55 days mail); PA
TOBI NEBU ( <i>Use tobramycin</i> )	1	QL(280 ml per 55 days retail; 280 ml per 55 days mail); PA
TOBI NEBU ( <i>Use tobramycin</i> )	9	PA
TOBRAMYCIN SULFATE POWD	1	
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML</i>	1	
<i>tobramycin sulfate SOLR</i>	1	
<i>tobramycin NEBU</i>	1	QL(280 ml per 55 days retail; 280 ml per 55 days mail); PA
<i>tobramycin NEBU</i>	1	QL(224 ml per 55 days retail; 224 ml per 55 days mail); PA
ZEMDRI	1	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Antirheumatic - Enzyme Inhibitors</b>		
OLUMIANT 1 MG, 2 MG	1	QL(1 ea daily); PA
RINVOQ 45 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA
RINVOQ 15 MG, 30 MG	1	QL(1 ea daily); PA
XELJANZ XR TB24	1	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN	1	QL(480 ml per 48 days retail; 480 ml per 48 days mail); AL(At least 2 yrs old - Up to 10 yrs old); PA
XELJANZ TABS	1	QL(2 ea daily); PA
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE	1	
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML	1	QL(1.6 ml per 28 days retail; 2 ml per 28 days mail); PA
RASUVO SOAJ 15 MG/0.3ML	1	QL(1.2 ml per 28 days retail; 1 ml per 28 days mail); PA
RASUVO SOAJ 12.5 MG/0.25ML	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); PA
RASUVO SOAJ 20 MG/0.4ML	1	QL(1.6 ml per 28 days retail; 2 ml per 28 days mail); PA
RASUVO SOAJ 25 MG/0.5ML	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); PA
RASUVO SOAJ 22.5 MG/0.45ML	1	QL(1.8 ml per 28 days retail; 2 ml per 28 days mail); PA
RASUVO SOAJ 30 MG/0.6ML	1	QL(2.4 ml per 28 days retail; 2 ml per 28 days mail); PA
RASUVO SOAJ 17.5 MG/0.35ML	1	QL(1.4 ml per 28 days retail; 1 ml per 28 days mail); PA
RASUVO SOAJ 10 MG/0.2ML	1	QL(0.8 ml per 28 days retail; 1 ml per 28 days mail); PA

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Oklahoma Complete Health

Updated 04/01/2024



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RASUVO SOAJ 7.5 MG/0.15ML	1	QL(0.6 ml per 28 days retail; 1 ml per 28 days mail); PA	ADALIMUMAB-FKJP PSKT 40 MG/0.8ML	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA
Anti-TNF-alpha - Monoclonal Antibodies			AMJEVITA SOAJ	1	PA
ABRILADA 1-PEN KIT AJKT	1	PA	AMJEVITA SOAJ 40 MG/0.8ML	1	QL(3.2 ml per 28 days retail; 3 ml per 28 days mail); PA
ABRILADA 2-PEN KIT AJKT	1	PA	AMJEVITA SOSY 40 MG/0.8ML	1	QL(3.2 ml per 28 days retail; 3 ml per 28 days mail); PA
ABRILADA PSKT	1	PA	AMJEVITA SOSY 20 MG/0.2ML, 40 MG/0.4ML	1	PA
ADALIMUMAB-AACF (2 PEN) AJKT	1	PA	AMJEVITA SOSY 20 MG/0.4ML	1	QL(0.8 ml per 28 days retail; 1 ml per 28 days mail); PA
ADALIMUMAB-ADAZ SOAJ	1	QL(1.6 ml per 28 days retail; 2 ml per 28 days mail); PA	AMJEVITA SOSY 10 MG/0.2ML	1	QL(0.4 ml per 28 days retail); PA
ADALIMUMAB-ADAZ SOSY	1	QL(1.6 ml per 28 days retail; 2 ml per 28 days mail); PA	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	1	QL(6 ea per 28 days retail; 6 ea per 28 days mail); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	1	QL(6 ea per 28 days retail; 6 ea per 28 days mail); PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA	CYLTEZO AJKT	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA
ADALIMUMAB-ADBM AJKT	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA	CYLTEZO PSKT 10 MG/0.2ML, 20 MG/0.4ML	1	QL(2 ea per 28 days retail; 2 ea per 28 days mail); PA
ADALIMUMAB-ADBM PSKT 40 MG/0.8ML	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA	CYLTEZO PSKT 40 MG/0.8ML	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA
ADALIMUMAB-ADBM PSKT 10 MG/0.2ML, 20 MG/0.4ML	1	QL(2 ea per 28 days retail; 2 ea per 28 days mail); PA	HADLIMA PUSH TOUCH SOAJ	1	QL(1.6 ml per 28 days retail; 2 ml per 28 days mail); PA
ADALIMUMAB-FKJP AJKT	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA			
ADALIMUMAB-FKJP PSKT 20 MG/0.4ML	1	QL(2 ea per 28 days retail; 2 ea per 28 days mail); PA			

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HADLIMA PUSHTOUCH SOAJ	1	QL(3.2 ml per 28 days retail; 3 ml per 28 days mail); PA	HUMIRA PEN PNKT 40 MG/0.8ML	2	QL(6 ea per 28 days retail; 6 ea per 28 days mail)
HADLIMA SOSY	1	QL(3.2 ml per 28 days retail; 3 ml per 28 days mail); PA	HUMIRA PEN-PS/UV STARTER PNKT	2	QL(6 ea per 28 days retail; 6 ea per 28 days mail)
HADLIMA SOSY	1	QL(1.6 ml per 28 days retail; 2 ml per 28 days mail); PA	HUMIRA PEN-PS/UV STARTER PNKT	2	QL(3 ea per 28 days retail; 3 ea per 28 days mail)
HULIO AJKT	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA	HUMIRA PSKT 40 MG/0.4ML, 40 MG/0.8ML	2	QL(4 ea per 28 days retail; 4 ea per 28 days mail)
HULIO PSKT 20 MG/0.4ML	1	QL(2 ea per 28 days retail; 2 ea per 28 days mail); PA	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML	2	QL(2 ea per 28 days retail; 2 ea per 28 days mail)
HULIO PSKT 40 MG/0.8ML	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	1	QL(3.2 ml per 28 days retail; 3 ml per 28 days mail); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	2	QL(2 ea per 28 days retail; 2 ea per 28 days mail)	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	1	QL(3.2 ml per 28 days retail; 3 ml per 28 days mail); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	QL(3 ea per 28 days retail; 3 ea per 28 days mail)	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	1	PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	2	QL(6 ea per 28 days retail; 6 ea per 28 days mail)	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	1	QL(1.6 ml per 28 days retail; 2 ml per 28 days mail); PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	2		HYRIMOZ SOAJ 80 MG/0.8ML	1	QL(3.2 ml per 28 days retail; 3 ml per 28 days mail); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2		HYRIMOZ SOAJ 40 MG/0.4ML	1	PA
HUMIRA PEN PNKT 80 MG/0.8ML	2		HYRIMOZ SOSY 40 MG/0.4ML	1	QL(1.6 ml per 28 days retail; 2 ml per 28 days mail); PA
HUMIRA PEN PNKT 40 MG/0.4ML	2	QL(4 ea per 28 days retail; 4 ea per 28 days mail)	HYRIMOZ SOSY 10 MG/0.1 ML	1	QL(0.2 ml per 28 days retail); PA

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Oklahoma Complete Health

Updated 04/01/2024

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HYRIMOZ SOSY 20 MG/0.2ML	1	QL(0.4 ml per 28 days retail); PA	Interleukin-1 Blockers		
IDACIO (2 PEN) AJKT	1	PA	ARCALYST	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA
IDACIO (2 SYRINGE) PSKT	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA	Interleukin-1 Receptor Antagonist (IL-1Ra)		
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	1	PA	KINERET SOSY	2	QL(18.76 ml per 28 days retail; 19 ml per 28 days mail)
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	1	PA	Interleukin-1beta Blockers		
SIMPONI SOAJ 100 MG/ML	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); PA	ILARIS SOLN	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); PA
SIMPONI SOAJ 50 MG/0.5ML	1	QL(0.5 ml per 28 days retail); PA	Interleukin-6 Receptor Inhibitors		
SIMPONI SOSY 100 MG/ML	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); PA	ACTEMRA ACTPEN SOAJ	1	PA
YUFLYMA 1-PEN KIT AJKT 40 MG/0.4ML	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA	ACTEMRA SOLN	1	PA
YUFLYMA 1-PEN KIT AJKT 80 MG/0.8ML	1	PA	KEVZARA SOAJ	1	QL(2.28 ml per 28 days retail; 2 ml per 28 days mail); PA
YUFLYMA 2-PEN KIT AJKT	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA	KEVZARA SOSY	1	QL(2.28 ml per 28 days retail; 2 ml per 28 days mail); PA
YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
YUFLYMA CD/UC/HS STARTER AJKT	1	PA	ANAPROX DS TABS (Use naproxen sodium)	9	ST
YUSIMRY	1	QL(3.2 ml per 28 days retail; 3 ml per 28 days mail); PA	ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	9	ST
Gold Compounds			ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	9	ST
RIDAURA	1		CALDOLOR SOLN	1	PA
			CELEBREX 50 MG, 100 MG, 400 MG (Use celecoxib)	9	
			CELEBREX 400 MG (Use celecoxib)	1	PA

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Oklahoma Complete Health

Updated 04/01/2024

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CELEBREX 50 MG, 200 MG (Use celecoxib)	1		<i>flurbiprofen TABS 100 MG</i>	1	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1		<i>ibuprofen lysine</i>	1	
<i>celecoxib 400 MG</i>	1	PA	<i>ibuprofen-famotidine</i>	1	PA
CHILDRENS ADVIL SUSP 100 MG/5ML (Use <i>ibuprofen</i> )	9	RX/OTC	IBUPROFEN POWD	1	
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use <i>ibuprofen</i> )	9	RX/OTC	<i>ibuprofen SUSP 100 MG/5ML</i>	1	QL(120 ml per fill retail); AL(Up to 20 yrs old); PA; RX/OTC
COMBOGESIC SOLN	1	PA	<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
DAYPRO TABS (Use <i>oxaprozin</i> )	9	ST	INDOCIN SUSP (Use <i>indomethacin</i> )	9	
<i>diclofenac potassium CAPS</i>	1	PA	INDOMETHACIN	1	PA
<i>diclofenac potassium TABS 50 MG</i>	2	ST	<i>indomethacin CAPS 25 MG, 50 MG</i>	1	QL(8 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	2		<i>indomethacin CPCR</i>	1	PA
<i>diclofenac potassium TABS 25 MG</i>	1	PA	<i>indomethacin SUPP</i>	1	PA
<i>diclofenac sodium TB24</i>	2		<i>indomethacin SUSP</i>	1	AL(Up to 10 yrs old); PA
<i>diclofenac sodium TBEC 25 MG</i>	2	QL(2 ea daily); ST	<i>ketoprofen CAPS 75 MG</i>	1	QL(4 ea daily); PA
<i>diclofenac sodium TBEC 50 MG, 75 MG</i>	1		<i>ketoprofen CAPS 25 MG</i>	1	PA
<i>diclofenac w/ misoprostol TBEC</i>	2	ST	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	1	
DUEXIS (Use <i>ibuprofen-famotidine</i> )	1	PA	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	1	QL(5 ea per 5 days retail; 5 ea per 5 days mail); PA
EC-NAPROSYN TBEC (Use <i>naproxen</i> )	9		<i>ketorolac tromethamine TABS</i>	1	
<i>etodolac CAPS</i>	2	ST	LODINE TABS (Use <i>etodolac</i> )	9	
<i>etodolac TABS</i>	1		<i>meclofenamate sodium CAPS 50 MG</i>	1	PA
<i>etodolac TB24 400 MG, 500 MG</i>	2	ST	<i>mefenamic acid CAPS</i>	1	PA
FELDENE CAPS (Use <i>piroxicam</i> )	2	ST	<i>meloxicam CAPS</i>	1	QL(1 ea daily); PA
<i>fenoprofen calcium CAPS 400 MG</i>	1	PA	<i>meloxicam TABS</i>	1	
<i>fenoprofen calcium TABS</i>	1	PA	MOBIC TABS (Use <i>meloxicam</i> )	9	
			<i>nabumetone</i>	1	

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
NALFON CAPS ( <i>Use fenoprofen calcium</i> )	9	
NALFON TABS ( <i>Use fenoprofen calcium</i> )	1	PA
NAPRELAN TB24 500 MG ( <i>Use naproxen sodium</i> )	1	PA
NAPRELAN TB24 ( <i>Use naproxen sodium</i> )	9	
NAPROSYN SUSP ( <i>Use naproxen</i> )	9	
NAPROSYN TABS 500 MG ( <i>Use naproxen</i> )	9	
<i>naproxen sodium TABS 550 MG</i>	2	ST
<i>naproxen sodium TB24</i>	1	PA
<i>naproxen-esomeprazole magnesium</i>	1	PA
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>naproxen TBEC</i>	1	
NEOPROFEN ( <i>Use ibuprofen lysine</i> )	1	
<i>oxaprozin TABS</i>	2	ST
<i>piroxicam CAPS</i>	2	ST
RELAFEN DS	1	QL(1 ea daily); PA
<i>sulindac TABS</i>	1	
<i>tolmetin sodium CAPS</i>	2	ST
<i>tolmetin sodium TABS 600 MG</i>	2	ST
VIMOVO ( <i>Use naproxen-esomeprazole magnesium</i> )	9	
ZIPSOR CAPS ( <i>Use diclofenac potassium</i> )	9	
ZYNRELEF	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TBPK	2	QL(55 ea per 28 days retail; 55 ea per 28 days mail)
Pyrimidine Synthesis Inhibitors		
ARAVA 20 MG ( <i>Use leflunomide</i> )	9	QL(1 ea daily)
ARAVA 10 MG ( <i>Use leflunomide</i> )	1	QL(1 ea daily)
<i>leflunomide</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR	1	PA
ORENCIA SOSY 87.5 MG/0.7ML	1	QL(2.8 ml per 28 days retail; 3 ml per 28 days mail); PA
ORENCIA SOSY 50 MG/0.4ML	1	QL(1.6 ml per 28 days retail; 2 ml per 28 days mail); PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	QL(8 ml per 28 days retail; 8 ml per 28 days mail)
ENBREL SURECLICK SOAJ	2	QL(8 ml per 28 days retail; 8 ml per 28 days mail)
ENBREL SOLN	2	QL(4 ml per 28 days retail; 4 ml per 28 days mail)
ENBREL SOSY 50 MG/ML	2	QL(8 ml per 28 days retail; 8 ml per 28 days mail)
ENBREL SOSY 25 MG/0.5ML	2	QL(4 ml per 28 days retail; 4 ml per 28 days mail)
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		

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Oklahoma Complete Health

Updated 04/01/2024

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<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	<i>diflunisal TABS</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)</i>	9	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	<i>ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)</i>	9	
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	<i>ECOTRIN TBEC (Use aspirin)</i>	9	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>salsalate 500 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<i>ESGIC TABS (Use butalbital-acetaminophen-caffeine)</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<b>Opioid Agonists</b>		
<i>FIORICET CAPS (Use butalbital-acetaminophen-caffeine)</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	<i>ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (Use fentanyl citrate)</i>	1	QL(120 ea per 30 days retail; 120 ea per 30 days mail); AL(At least 10 yrs old); PA
<b>Analgesics Other</b>			<i>ACTIQ LPOP (Use fentanyl citrate)</i>	9	AL(At least 10 yrs old); PA
<i>acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML</i>	1		<i>CODEINE PHOSPHATE POWD</i>	1	
<i>clonidine hcl (analgesia) EP</i>	1		<i>codeine sulfate TABS 30 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old)
<i>DURACLON EP 100 MCG/ML (Use clonidine hcl (analgesia))</i>	1		<i>CONZIP CP24 (Use tramadol hcl)</i>	1	QL(1 ea daily); AL(At least 12 yrs old); PA
<i>OFIRMEV SOLN IV (Use acetaminophen)</i>	9		<i>DEMEROL SOLN IJ (Use meperidine hcl)</i>	9	
<b>Salicylates</b>			<i>DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 75 MG/ML (Use meperidine hcl)</i>	1	
<i>aspirin CHEW</i>	1	QL(1 ea daily); AL(At least 10 yrs old - Up to 50 yrs old)	<i>DEMEROL SOLN IJ</i>	1	
<i>aspirin TBEC 81 MG</i>	1	QL(1 ea daily); AL(At least 10 yrs old - Up to 50 yrs old)	<i>DILAUDID LIQD (Use hydromorphone hcl)</i>	9	
			<i>DILAUDID SOLN IJ (Use hydromorphone hcl)</i>	9	
			<i>DILAUDID SOLN IJ (Use hydromorphone hcl)</i>	1	
			<i>DILAUDID SOLN IJ</i>	1	

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Oklahoma Complete Health

Updated 04/01/2024



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DILAUDID TABS (Use hydromorphone hcl)	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>fentanyl PT72 25 MCG/HR</i>	1	AL(At least 10 yrs old); PA
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 1200 MCG, 1600 MCG</i>	1	QL(120 ea per 30 days retail; 120 ea per 30 days mail); AL(At least 10 yrs old); PA	<i>fentanyl PT72 100 MCG/HR</i>	1	QL(20 ea per 30 days retail; 20 ea per 30 days mail); AL(At least 10 yrs old); PA
FENTANYL CITRATE POWD	1		FENTORA TABS (Use <i>fentanyl citrate</i> )	9	AL(At least 10 yrs old); PA
<i>fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML</i>	1		FENTORA TABS 100 MCG, 400 MCG, 600 MCG, 800 MCG (Use <i>fentanyl citrate</i> )	1	QL(112 ea per 30 days retail; 112 ea per 30 days mail); AL(At least 10 yrs old); PA
FENTANYL CITRATE SOLN IJ 50 MCG/ML (Use <i>fentanyl citrate</i> )	1		<i>hydrocodone bitartrate CP12 20 MG, 30 MG, 40 MG</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA
FENTANYL CITRATE SOLN IJ (Use <i>fentanyl citrate</i> )	9		<i>hydrocodone bitartrate T24A</i>	1	QL(1 ea daily); AL(At least 10 yrs old); PA
<i>fentanyl citrate SOSY IJ</i>	1		<i>hydromorphone hcl LIQD</i>	1	
FENTANYL CITRATE SOSY IJ (Use <i>fentanyl citrate</i> )	1		HYDROMORPHONE HCL POWD	1	
FENTANYL CITRATE SOSY IJ (Use <i>fentanyl citrate</i> )	9		<i>hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML</i>	1	
FENTANYL CITRATE SOSY IJ 25 MCG/0.5ML, 50 MCG/ML	1		<i>hydromorphone hcl TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>fentanyl citrate TABS</i>	1	QL(112 ea per 30 days retail; 112 ea per 30 days mail); AL(At least 10 yrs old); PA	<i>hydromorphone hcl TB24 12 MG</i>	1	QL(3 ea daily); AL(At least 10 yrs old); PA
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR</i>	1	QL(10 ea per 30 days retail; 10 ea per 30 days mail); AL(At least 10 yrs old); PA	<i>hydromorphone hcl TB24 8 MG, 16 MG, 32 MG</i>	1	QL(1 ea daily); AL(At least 10 yrs old); PA
			HYDROMORPHONE HYDROCHLORIDE SOLN IJ (Use <i>hydromorphone hcl</i> )	1	
			HYDROMORPHONE HYDROCHLORIDE SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML	1	

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Oklahoma Complete Health

Updated 04/01/2024

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HYDROMORPHONE HYDROCHLORIDE SOLN IJ (Use hydromorphone hcl)	9		<i>morphine sulfate beads 75 MG</i>	1	QL(1 ea daily); AL(At least 10 yrs old); PA
HYSINGLA ER T24A	1	QL(1 ea daily); AL(At least 10 yrs old); PA	<i>morphine sulfate for continuous microinfusion</i>	1	
INFUMORPH 200 (Use morphine sulfate for continuous microinfusion)	1		MORPHINE SULFATE/SODIUM CHLORIDE SOLN IV	1	
INFUMORPH 500 (Use morphine sulfate for continuous microinfusion)	1		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA
<i>levorphanol tartrate TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	MORPHINE SULFATE POWD	1	
<i>meperidine hcl TABS 50 MG</i>	1	AL(At least 10 yrs old)	<i>morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>methadone hcl CONC</i>	1	QL(4 ml daily); PA	MORPHINE SULFATE SOLN IJ 2 MG/ML, 4 MG/ML, 5 MG/ML, 10 MG/ML, 50 MG/ML	1	
<i>methadone hcl SOLN OR 5 MG/5ML</i>	1	QL(60 ml per 30 days retail; 60 ml per 30 days mail); AL(Up to 1 yrs old)	<i>morphine sulfate SUPP</i>	1	
<i>methadone hcl SOLN OR 10 MG/5ML</i>	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail); AL(Up to 1 yrs old)	<i>morphine sulfate TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
METHADONE HCL SOLN IJ	1		<i>morphine sulfate TBCR 200 MG</i>	1	AL(At least 10 yrs old); PA
<i>methadone hcl TABS 10 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG</i>	1	QL(3 ea daily); AL(At least 10 yrs old); PA
<i>methadone hcl TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	MS CONTIN TBCR 200 MG (Use morphine sulfate)	1	AL(At least 10 yrs old); PA
METHADOSE SUGAR-FREE CONC (Use methadone hcl)	1	QL(4 ml daily); PA	MS CONTIN TBCR 15 MG (Use morphine sulfate)	1	QL(3 ea daily); AL(At least 10 yrs old); PA
METHADOSE CONC (Use methadone hcl)	1	QL(4 ml daily); PA	MS CONTIN TBCR 30 MG, 60 MG, 100 MG (Use morphine sulfate)	9	QL(3 ea daily)
			NUCYNTA ER TB12 50 MG	1	QL(2 ea daily); AL(At least 10 yrs old)
			NUCYNTA ER TB12 100 MG, 150 MG, 200 MG, 250 MG	1	QL(2 ea daily); AL(At least 10 yrs old); PA

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Rqrd, 9 = Non-Formulary

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Oklahoma Complete Health

Updated 04/01/2024

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NUCYNTA TABS	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>tramadol hcl TABS 25 MG, 100 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old); PA
<i>oxycodone hcl CAPS</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>tramadol hcl TB24</i>	1	QL(1 ea daily); AL(At least 12 yrs old); PA
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(4 ml daily)	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	1	AL(At least 12 yrs old); PA
OXYCODONE HCL POWD	1		TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	9	
<i>oxycodone hcl SOLN</i>	1		ULTIVA (Use remifentanil hcl)	1	
<i>oxycodone hcl TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	ULTIVA (Use remifentanil hcl)	9	
<i>oxymorphone hcl TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	ULTRAM TABS (Use tramadol hcl)	9	
<i>oxymorphone hcl TB12 10 MG, 15 MG, 20 MG, 30 MG</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA	XTAMPZA ER	1	QL(2 ea daily); AL(At least 10 yrs old); PA
QDOLO SOLN (Use tramadol hcl)	9		<b>Opioid Combinations</b>		
<i>remifentanil hcl</i>	1		<i>acetaminophen w/ codeine SOLN</i>	1	QL(4050 ml per 30 days retail; 4050 ml per 30 days mail); PA
ROXICODONE TABS 5 MG (Use oxycodone hcl)	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old)
ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)	9	QL(4 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old)
ROXYBOND TABA	1	QL(4 ea daily); AL(At least 10 yrs old); PA	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old); PA
<i>sufentanil citrate SOLN IV 50 MCG/ML</i>	1		<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 ea daily); AL(At least 12 yrs old)
SUFENTANIL CITRATE SOLN IV 50 MCG/ML (Use sufentanil citrate)	9		FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)	1	QL(4 ea daily); AL(At least 12 yrs old); PA
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	QL(1 ea daily); AL(At least 12 yrs old); PA			
<i>tramadol hcl SOLN</i>	1	AL(At least 12 yrs old); PA			
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily); AL(At least 12 yrs old)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-7.5 MG/15ML</i>	1	QL(4560 ml per 30 days retail; 4560 ml per 30 days mail); AL(Up to 14 yrs old)	PROLATE SOLN	1	QL(1500 ml per 30 days retail; 1500 ml per 30 days mail); AL(Up to 12 yrs old); PA
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	QL(4560 ml per 30 days retail; 4560 ml per 30 days mail); PA	PROLATE TABS	1	QL(4 ea daily); AL(At least 10 yrs old); PA
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-7.5 MG/15ML</i>	1	PA	SEGLENTIS	1	QL(28 ea per fill retail); AL(At least 12 yrs old); PA
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>tramadol-acetaminophen</i>	1	QL(6 ea daily); AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	ULTRACET (Use <i>tramadol-acetaminophen</i> )	9	
<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	Opioid Partial Agonists		
<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	BELBUCA FILM	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); PA
NALOCET TABS	1	QL(4 ea daily); AL(At least 10 yrs old); PA	BRIXADI SOSY 64 MG/0.18ML	1	QL(0.18 ml per 28 days retail); PA
<i>oxycodone w/ acetaminophen SOLN</i>	1	QL(1500 ml per 30 days retail; 1500 ml per 30 days mail)	BRIXADI SOSY 128 MG/0.36ML	1	QL(0.36 ml per 28 days retail); PA
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	BRIXADI SOSY 8 MG/0.16ML	1	QL(0.64 ml per 28 days retail; 1 ml per 28 days mail); PA
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i> )	1	QL(4 ea daily); AL(At least 10 yrs old)	BRIXADI SOSY 16 MG/0.32ML	1	QL(1.28 ml per 28 days retail; 1 ml per 28 days mail); PA
			BRIXADI SOSY 32 MG/0.64ML	1	QL(2.56 ml per 28 days retail; 3 ml per 28 days mail); PA
			BRIXADI SOSY 96 MG/0.27ML	1	QL(0.27 ml per 28 days retail); PA
			BRIXADI SOSY 24 MG/0.48ML	1	QL(1.92 ml per 28 days retail; 2 ml per 28 days mail); PA

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Oklahoma Complete Health

Updated 04/01/2024

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BUPRENEX SOLN (Use buprenorphine hcl)	9		BUTRANS PTWK (Use buprenorphine)	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail)
buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); PA	nalbuphine hcl	1	
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG	1	QL(90 ea per 30 days retail; 90 ea per 30 days mail); AL(At least 16 yrs old); PA	SUBLOCADE SOSY 300 MG/1.5ML	1	QL(1.5 ml per 28 days retail; 2 ml per 28 days mail); PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 16 yrs old); PA	SUBLOCADE SOSY 100 MG/0.5ML	1	QL(0.5 ml per 28 days retail); PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); AL(At least 16 yrs old); PA	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 16 yrs old); PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG	1	QL(3 ea daily); AL(At least 16 yrs old)	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); AL(At least 16 yrs old); PA
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	1	QL(2 ea daily); AL(At least 16 yrs old)	SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate)	9	AL(At least 16 yrs old); PA
buprenorphine hcl SOLN	1		SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	1	QL(90 ea per 30 days retail; 90 ea per 30 days mail); AL(At least 16 yrs old); PA
buprenorphine hcl SUBL 8 MG	1	QL(2 ea daily); AL(At least 16 yrs old - Up to 50 yrs old)	ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG	1	QL(3 ea daily); AL(At least 16 yrs old); PA
buprenorphine hcl SUBL 2 MG	1	QL(3 ea daily); AL(At least 16 yrs old - Up to 50 yrs old)	ZUBSOLV SUBL 1.4 MG-5.7 MG	1	QL(2 ea daily); AL(At least 16 yrs old); PA
buprenorphine PTWK	1	PA	ZUBSOLV SUBL 2.1 MG-8.6 MG, 2.9 MG-11.4 MG	1	QL(1 ea daily); AL(At least 16 yrs old); PA
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	1		<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
butorphanol tartrate NA 10 MG/ML	1	QL(10 ml per 30 days retail; 10 ml per 30 days mail)	Androgens		

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Oklahoma Complete Health

Updated 04/01/2024

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ANDRODERM PT24 4 MG/24HR	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA	<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(60 gm per 30 days retail; 60 gm per 30 days mail); PA
ANDROGEL PUMP GEL TD 1.62 % (Use <i>testosterone</i> )	9		<i>testosterone SOLN</i>	1	QL(180 ml per 30 days retail; 180 ml per 30 days mail); AL(At least 18 yrs old); PA
ANDROGEL PUMP GEL TD 1.62 % (Use <i>testosterone</i> )	1	QL(75 gm per 30 days retail; 75 gm per 30 days mail); PA	TLANDO CAPS	1	QL(4 ea daily); AL(At least 18 yrs old); PA
ANDROGEL GEL TD (Use <i>testosterone</i> )	9	PA	VOGELXO PUMP GEL TD (Use <i>testosterone</i> )	9	PA
AVEED SOLN	1	PA	VOGELXO PUMP GEL TD (Use <i>testosterone</i> )	1	QL(150 gm per 30 days retail; 150 gm per 30 days mail); PA
<i>danazol CAPS 50 MG, 100 MG</i>	1		VOGELXO GEL TD (Use <i>testosterone</i> )	9	PA
FORTESTA GEL TD (Use <i>testosterone</i> )	9	QL(60 gm per 30 days retail; 60 gm per 30 days mail)	VOGELXO GEL TD (Use <i>testosterone</i> )	1	QL(150 gm per 30 days retail; 150 gm per 30 days mail); PA
JATENZO CAPS 158 MG, 198 MG	1	QL(4 ea daily); AL(At least 18 yrs old); PA	XYOSTED SOAJ	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); PA
METHITEST TABS	1	PA	<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<i>methyltestosterone CAPS</i>	1	PA	<b>Intrarectal Steroids</b>		
METHYLTESTOSTERONE POWD	1	PA	<i>budesonide (intrarectal)</i>	1	QL(133.6 gm per 42 days retail; 134 gm per 42 days mail); PA
TESTIM GEL TD (Use <i>testosterone</i> )	1	QL(150 gm per 30 days retail; 150 gm per 30 days mail); PA	CORTENEMA (Use <i>hydrocortisone (intrarectal)</i> )	1	
TESTOPEL PLLT	1		CORTIFOAM EX 10 %	1	QL(30 gm per 30 days retail; 30 gm per 30 days mail); PA
<i>testosterone cypionate SOLN IM</i>	1	PA	<i>hydrocortisone (intrarectal)</i>	1	
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	QL(150 gm per 30 days retail; 150 gm per 30 days mail); PA			
<i>testosterone GEL TD 1.62 %, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	1	QL(75 gm per 30 days retail; 75 gm per 30 days mail); PA			
<i>testosterone GEL TD 20.25 MG/1.25GM</i>	1	QL(37.5 gm per 30 days retail; 38 gm per 30 days mail); PA			

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Oklahoma Complete Health Updated 04/01/2024



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UCERIS (Use budesonide (intrarectal))	1	QL(133.6 gm per 42 days retail; 134 gm per 42 days mail); PA
UCERIS (Use budesonide (intrarectal))	9	PA
<b>Rectal Combinations</b>		
lidocaine-hydrocortisone acetate (rectal) CREA EX	1	
lidocaine-hydrocortisone acetate (rectal) KIT 2.5 %-3 %	1	PA
PROCTOFOAM HC FOAM EX	1	
<b>Rectal Steroids</b>		
ANUSOL-HC EX (Use hydrocortisone (rectal))	9	4 rtl pack lmt amt; 28 rtl pack lmt day(s); 4 mail pack lmt amt; 28 mail pack lmt day(s)
hydrocortisone (rectal) EX 2.5 %	1	4 rtl pack lmt amt; 28 rtl pack lmt day(s); 4 mail pack lmt amt; 28 mail pack lmt day(s)
hydrocortisone (rectal) EX 1 %	1	
PROCTOCORT EX (Use hydrocortisone (rectal))	9	
<b>Vasodilating Agents</b>		
nitroglycerin (intra-anal)	1	
RECTIV (Use nitroglycerin (intra-anal))	1	
<b>ANTACIDS</b>		
<b>Antacids - Calcium Salts</b>		
calcium carbonate (antacid) SUSP	1	AL(Up to 20 yrs old); PA
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Anthelmintics</b>		
albendazole	1	QL(2 ea daily)
ALBENZA (Use albendazole)	9	
BENZNIDAZOLE	1	AL(At least 2 yrs old - Up to 12 yrs old); PA
BILTRICIDE (Use praziquantel)	9	QL(6 ea per 30 days retail; 6 ea per 30 days mail)
EMVERM CHEW	1	QL(6 ea per 30 days retail; 6 ea per 30 days mail); PA
ivermectin	1	PA
praziquantel	1	QL(6 ea per 30 days retail; 6 ea per 30 days mail)
STROMEKTOL (Use ivermectin)	9	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
ASPRUZYO SPRINKLE PACK	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); PA
RANEXA TB12 500 MG (Use ranolazine)	9	QL(3 ea daily); MP
RANEXA TB12 1000 MG (Use ranolazine)	9	QL(2 ea daily); MP
ranolazine TB12 500 MG	1	QL(3 ea daily); MP
ranolazine TB12 1000 MG	1	QL(2 ea daily); MP
<b>Nitrates</b>		
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	1	QL(3 ea daily); MP

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Updated 04/01/2024

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ISORDIL TITRADOSE TABS 40 MG (Use isosorbide dinitrate)	9		<i>nitroglycerin</i> SUBL 0.3 MG, 0.4 MG	1	QL(4.45 ea daily); MP
<i>isosorbide dinitrate</i> TABS 40 MG	1		<i>nitroglycerin</i> SUBL 0.6 MG	1	
<i>isosorbide dinitrate</i> TABS 5 MG, 30 MG	1	QL(3 ea daily); MP	NITROLINGUAL SOLN TL (Use <i>nitroglycerin</i> )	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
<i>isosorbide dinitrate</i> TABS 10 MG	1	QL(5 ea daily); MP			
<i>isosorbide dinitrate</i> TABS 20 MG	1	QL(6 ea daily); MP	NITROSTAT SUBL 0.4 MG (Use <i>nitroglycerin</i> )	1	QL(4.45 ea daily); MP
<i>isosorbide mononitrate</i> TABS	1		NITROSTAT SUBL 0.6 MG (Use <i>nitroglycerin</i> )	1	
<i>isosorbide mononitrate</i> TB24 60 MG	1	QL(3 ea daily); MP	NITROSTAT SUBL 0.4 MG, 0.6 MG (Use <i>nitroglycerin</i> )	9	MP
<i>isosorbide mononitrate</i> TB24 30 MG	1	QL(6 ea daily); MP	NITROSTAT SUBL 0.3 MG, 0.4 MG (Use <i>nitroglycerin</i> )	9	QL(4.45 ea daily); MP
<i>isosorbide mononitrate</i> TB24 120 MG	1	QL(2 ea daily); MP			
NITRO-BID OINT	1		<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
NITRO-DUR PT24 (Use <i>nitroglycerin</i> )	9	MP	Antianxiety Agents - Misc.		
NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR (Use <i>nitroglycerin</i> )	1		<i>bupirone hcl</i> 5 MG, 10 MG, 15 MG	1	QL(3 ea daily); MP
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR (Use <i>nitroglycerin</i> )	1	QL(1 ea daily); MP	<i>bupirone hcl</i> 7.5 MG, 30 MG	1	QL(2 ea daily); MP
NITRO-DUR PT24	1		<i>droperidol</i> SOLN 2.5 MG/ML	1	
<i>nitroglycerin</i> in d5w	1		<i>hydroxyzine hcl</i> SOLN 50 MG/ML	1	
<i>nitroglycerin</i> PT24 0.6 MG/HR	1		<i>hydroxyzine hcl</i> SYRP	1	
<i>nitroglycerin</i> PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR	1	QL(1 ea daily); MP	<i>hydroxyzine hcl</i> TABS	1	
<i>nitroglycerin</i> SOLN TL 0.4 MG/SPRAY	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)	<i>hydroxyzine pamoate</i> CAPS 100 MG	1	
			<i>hydroxyzine pamoate</i> CAPS 25 MG, 50 MG	1	QL(4 ea daily); MP
			<i>meprobamate</i> 200 MG	1	
			VISTARIL CAPS 50 MG (Use <i>hydroxyzine pamoate</i> )	9	QL(4 ea daily); MP
NITROGLYCERIN SOLN IV	1		VISTARIL CAPS 25 MG (Use <i>hydroxyzine pamoate</i> )	1	QL(4 ea daily); MP

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Oklahoma Complete Health

Updated 04/01/2024

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Benzodiazepines			<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail); AL(At least 19 yrs old)
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>	1	QL(3 ea daily); AL(At least 19 yrs old)	<i>diazepam TABS</i>	1	QL(3 ea daily)
<i>alprazolam TABS 2 MG</i>	1	QL(2 ea daily); AL(At least 19 yrs old)	<i>lorazepam CONC</i>	1	QL(1 ml daily); AL(At least 19 yrs old)
<i>alprazolam TB24 0.5 MG, 1 MG, 3 MG</i>	1	QL(1 ea daily); AL(At least 19 yrs old)	<i>lorazepam SOLN 2 MG/ML, 4 MG/ML</i>	1	QL(60 ml per 30 days retail; 60 ml per 30 days mail); AL(At least 19 yrs old)
<i>alprazolam TB24 2 MG</i>	1	QL(2 ea daily); AL(At least 19 yrs old)	<i>lorazepam TABS</i>	1	QL(3 ea daily); AL(At least 19 yrs old)
<i>alprazolam TBDP 2 MG</i>	1	QL(2 ea daily); AL(At least 19 yrs old); PA	LOREEV XR CS24	1	QL(1 ea daily); AL(At least 19 yrs old); PA
<i>alprazolam TBDP 0.5 MG</i>	1	QL(3 ea daily); AL(At least 19 yrs old); PA	<i>oxazepam CAPS</i>	1	QL(3 ea daily); AL(At least 19 yrs old)
ATIVAN SOLN (Use lorazepam)	9	AL(At least 19 yrs old)	TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	9	AL(At least 19 yrs old)
ATIVAN SOLN (Use lorazepam)	1	QL(60 ml per 30 days retail; 60 ml per 30 days mail); AL(At least 19 yrs old)	VALIUM TABS (Use diazepam)	9	
ATIVAN TABS 0.5 MG, 1 MG (Use lorazepam)	1	QL(3 ea daily); AL(At least 19 yrs old)	XANAX XR TB24 1 MG (Use alprazolam)	9	QL(1 ea daily)
ATIVAN TABS 2 MG (Use lorazepam)	9	QL(3 ea daily)	XANAX XR TB24 0.5 MG, 3 MG (Use alprazolam)	1	QL(1 ea daily); AL(At least 19 yrs old)
<i>chlordiazepoxide hcl CAPS</i>	1	QL(3 ea daily); AL(At least 19 yrs old)	XANAX XR TB24 2 MG (Use alprazolam)	1	QL(2 ea daily); AL(At least 19 yrs old)
<i>clorazepate dipotassium TABS</i>	1	QL(3 ea daily); AL(At least 19 yrs old)	XANAX TABS 0.25 MG, 0.5 MG, 1 MG (Use alprazolam)	1	QL(3 ea daily); AL(At least 19 yrs old)
<i>diazepam CONC</i>	1	QL(1 ml daily); AL(At least 19 yrs old)	XANAX TABS 2 MG (Use alprazolam)	1	QL(2 ea daily); AL(At least 19 yrs old)
<i>diazepam SOLN OR 5 MG/5ML</i>	1	AL(At least 19 yrs old)			

**ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms**

Antiarrhythmics - Misc.

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>adenosine SOLN 6 MG/2ML, 12 MG/4ML</i>	1		<b>Antiasthmatic - Monoclonal Antibodies</b>		
<b>Antiarrhythmics Type I-A</b>			CINQAIR	1	
NORPACE CAPS ( <i>Use disopyramide phosphate</i> )	1		FASENRA PEN SOAJ	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); AL(At least 12 yrs old); PA
<i>procainamide hcl SOLN 100 MG/ML</i>	1		FASENRA SOSY	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); AL(At least 12 yrs old); PA
<i>quinidine gluconate TBCR</i>	1		NUCALA SOAJ	1	QL(3 ml per 28 days retail; 3 ml per 28 days mail); AL(At least 6 yrs old); PA
<i>quinidine sulfate TABS 300 MG</i>	1		NUCALA SOLR	1	QL(1 ea per 28 days retail; 1 ea per 28 days mail); AL(At least 6 yrs old); PA
<b>Antiarrhythmics Type I-B</b>			NUCALA SOSY 40 MG/0.4ML	1	QL(0.4 ml per 28 days retail); AL(At least 6 yrs old - Up to 11 yrs old); PA
<i>lidocaine hcl (cardiac) SOSY</i>	1		NUCALA SOSY 100 MG/ML	1	QL(3 ml per 28 days retail; 3 ml per 28 days mail); AL(At least 6 yrs old); PA
LIDOCAINE HCL SOLN	1		TEZSPIRE SOAJ	1	QL(1.91 ml per 28 days retail; 2 ml per 28 days mail); AL(At least 12 yrs old); PA
<i>lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML</i>	1		TEZSPIRE SOSY	1	QL(1.91 ml per 28 days retail; 2 ml per 28 days mail); AL(At least 12 yrs old); PA
<i>mexiletine hcl</i>	1		<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Antiarrhythmics Type I-C</b>					
<i>flecainide acetate</i>	1				
<i>propafenone hcl CP12</i>	1				
<i>propafenone hcl TABS</i>	1				
RYTHMOL SR CP12 ( <i>Use propafenone hcl</i> )	9				
<b>Antiarrhythmics Type III</b>					
<i>amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML</i>	1				
<i>amiodarone hcl TABS</i>	1				
CORVERT ( <i>Use ibutilide fumarate</i> )	1				
<i>dofetilide</i>	1				
<i>ibutilide fumarate</i>	1				
MULTAQ	1				
TIKOSYN ( <i>Use dofetilide</i> )	9				
TIKOSYN 500 MCG ( <i>Use dofetilide</i> )	1				

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Updated 04/01/2024

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XOLAIR SOAJ	1	AL(At least 6 yrs old); PA
XOLAIR SOSY 300 MG/2ML	1	AL(At least 6 yrs old); PA
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	1	AL(At least 6 yrs old - Up to 75 yrs old); PA
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium NEBU</i>	1	
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA	1	QL(25.8 gm per 30 days retail; 26 gm per 30 days mail)
INCRUSE ELLIPTA	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA HANDIHALER CAPS ( <i>Use tiotropium bromide monohydrate</i> )	1	MP
SPIRIVA HANDIHALER CAPS ( <i>Use tiotropium bromide monohydrate</i> )	9	MP
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	1	QL(4 gm per 30 days retail; 4 gm per 30 days mail); AL(At least 12 yrs old)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	1	QL(4 gm per 30 days retail; 4 gm per 30 days mail); AL(At least 6 yrs old)
<i>tiotropium bromide monohydrate CAPS</i>	1	MP; PA
TUDORZA PRESSAIR	1	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
YUPELRI	1	QL(90 ml per 30 days retail; 90 ml per 30 days mail); AL(At least 18 yrs old); PA
<b>Leukotriene Modulators</b>		
ACCOLATE 20 MG ( <i>Use zafirlukast</i> )	9	QL(2 ea daily)
ACCOLATE ( <i>Use zafirlukast</i> )	1	QL(2 ea daily)
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily); AL(Up to 2 yrs old); PA
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
SINGULAIR CHEW ( <i>Use montelukast sodium</i> )	1	QL(1 ea daily)
SINGULAIR PACK ( <i>Use montelukast sodium</i> )	1	QL(1 ea daily); AL(Up to 2 yrs old); PA
SINGULAIR TABS ( <i>Use montelukast sodium</i> )	1	QL(1 ea daily)
<i>zafirlukast</i>	1	QL(2 ea daily)
ZYFLO TABS	1	AL(At least 12 yrs old); PA
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRESP 250 MCG ( <i>Use roflumilast</i> )	1	QL(2 ea daily); PA
DALIRESP 500 MCG ( <i>Use roflumilast</i> )	1	QL(1 ea daily); PA
<i>roflumilast 250 MCG</i>	1	QL(2 ea daily); PA
<i>roflumilast 500 MCG</i>	1	QL(1 ea daily); PA
<b>Steroid Inhalants</b>		
ALVESCO	2	QL(6.1 gm per 30 days retail; 6 gm per 30 days mail)

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ARMONAIR DIGIHALER	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA	ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 4 yrs old - Up to 11 yrs old); MP
ARNUITY ELLIPTA	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); AL(At least 5 yrs old)	ASMANEX TWISTHALER 60 METERED DOSES AEPB	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); MP
ASMANEX HFA AERO 50 MCG/ACT	1	QL(13 gm per 30 days retail; 13 gm per 30 days mail); AL(At least 5 yrs old)	<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	1	QL(8 ml daily); AL(Up to 8 yrs old)
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	1	3 rtl pack lmt amt; 90 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); MP	<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(240 ml per 30 days retail; 240 ml per 30 days mail); AL(Up to 8 yrs old)
ASMANEX TWISTHALER 120 METERED DOSES AEPB	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); MP	FLOVENT DISKUS AEPB	1	12 rtl pack lmt amt; 90 rtl pack lmt day(s); 12 mail pack lmt amt; 90 mail pack lmt day(s); MP
ASMANEX TWISTHALER 14 METERED DOSES AEPB	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); MP	FLOVENT HFA	1	6 rtl pack lmt amt; 90 rtl pack lmt day(s); 6 mail pack lmt amt; 90 mail pack lmt day(s); MP
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); MP	<i>fluticasone propionate (inhalation) AEPB</i>	1	MP
			<i>fluticasone propionate hfa</i>	1	6 rtl pack lmt amt; 90 rtl pack lmt day(s); 6 mail pack lmt amt; 90 mail pack lmt day(s); MP

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Updated 04/01/2024



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PULMICORT FLEXHALER AEPB	1	MP	AIRDUO DIGIHALER 113/14	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA
PULMICORT SUSP 1 MG/2ML (Use budesonide (inhalation))	9	QL(240 ml per 30 days retail; 240 ml per 30 days mail)	AIRDUO DIGIHALER 232/14	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA
PULMICORT SUSP 0.25 MG/2ML (Use budesonide (inhalation))	1	QL(8 ml daily); AL(Up to 8 yrs old)	AIRDUO DIGIHALER 55/14	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA
PULMICORT SUSP 0.5 MG/2ML (Use budesonide (inhalation))	9	QL(8 ml daily)	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA
QVAR REDIHALER 40 MCG/ACT	1	QL(21.2 gm per 30 days retail; 21 gm per 30 days mail); AL(At least 4 yrs old); PA	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA
QVAR REDIHALER 80 MCG/ACT	1	QL(21.2 gm per 30 days retail; 21 gm per 30 days mail); PA	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA
Sympathomimetics			AIRSUPRA	1	QL(32.1 gm per 30 days retail; 32 gm per 30 days mail); AL(At least 18 yrs old); PA
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	9	MP	<i>albuterol sulfate AERS</i>	1	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s)
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	1	3 rtl pack lmt amt; 90 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 4 yrs old); MP	<i>albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
ADVAIR HFA AERO	1	3 rtl pack lmt amt; 90 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 4 yrs old); MP	<i>albuterol sulfate SYRP</i>	1	
			<i>albuterol sulfate TABS</i>	1	

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ANORO ELLIPTA	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA	<i>budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT</i>	1	6 rtl pack lmt amt; 90 rtl pack lmt day(s); 6 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 12 yrs old); MP; PA
<i>arformoterol tartrate</i>	1	QL(120 ml per 30 days retail; 120 ml per 30 days mail); AL(At least 19 yrs old); PA	<i>budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT</i>	1	6 rtl pack lmt amt; 90 rtl pack lmt day(s); 6 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 6 yrs old); MP; PA
BEVESPI AEROSPHERE	1	QL(10.7 gm per 30 days retail; 11 gm per 30 days mail); AL(At least 18 yrs old); PA	COMBIVENT RESPIMAT AERS	1	QL(12 gm per 30 days retail; 12 gm per 30 days mail)
BREO ELLIPTA 100 MCG/ACT-25 MCG/ACT, 200 MCG/INH-25 MCG/INH	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA	DUAKLIR PRESSAIR	1	PA
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	1	QL(2 ea daily); PA	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	1	6 rtl pack lmt amt; 90 rtl pack lmt day(s); 6 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 4 yrs old); MP
BREZTRI AEROSPHERE	1	3 rtl pack lmt amt; 90 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 18 yrs old); PA	DULERA 50 MCG/ACT-5 MCG/ACT	1	QL(26 gm per 30 days retail; 26 gm per 30 days mail); AL(At least 5 yrs old - Up to 11 yrs old); PA
BROVANA (Use <i>arformoterol tartrate</i> )	9	AL(At least 19 yrs old)	<i>fluticasone furoate-vilanterol</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA
BROVANA (Use <i>arformoterol tartrate</i> )	1	AL(At least 19 yrs old); PA			

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<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	3 rtl pack lmt amt; 90 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 4 yrs old); MP	PROAIR DIGIHALER	1	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s); AL(At least 4 yrs old); PA
<i>fluticasone-salmeterol</i> AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA	PROAIR HFA AERS ( <i>Use albuterol sulfate</i> )	9	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s)
<i>fluticasone-salmeterol</i> AEPB 500 MCG/ACT-50 MCG/ACT	1	AL(At least 4 yrs old); MP	PROAIR RESPICLICK AEPB	1	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s); AL(At least 4 yrs old)
<i>fluticasone-salmeterol</i> AERO	1	3 rtl pack lmt amt; 90 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 4 yrs old); MP	PROVENTIL HFA AERS ( <i>Use albuterol sulfate</i> )	1	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s)
<i>formoterol fumarate</i> NEBU	1	AL(At least 19 yrs old); PA	PROVENTIL HFA AERS ( <i>Use albuterol sulfate</i> )	9	
<i>ipratropium-albuterol</i> SOLN	1		S2 ( <i>Use racepinephrine hcl</i> )	1	PA
<i>isoproterenol hcl</i>	1		SEREVENT DISKUS	1	6 rtl pack lmt amt; 90 rtl pack lmt day(s); 6 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 12 yrs old); MP
<i>levalbuterol hcl</i>	1	QL(288 ml per 30 days retail; 288 ml per 30 days mail)	STIOLTO RESPIMAT	1	QL(4 gm per 30 days retail; 4 gm per 30 days mail); PA
<i>levalbuterol tartrate</i>	1	QL(30 gm per 30 days retail; 30 gm per 30 days mail); PA			
PERFOROMIST NEBU ( <i>Use formoterol fumarate</i> )	9	QL(120 ml per 30 days retail; 120 ml per 30 days mail)			

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STRIVERDI RESPIMAT	1	QL(4 gm per 30 days retail; 4 gm per 30 days mail); PA	XOPENEX (Use levalbuterol hcl)	9	
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (Use budesonide-formoterol fumarate dihydrate)	9	AL(At least 12 yrs old); MP	XOPENEX CONCENTRATE (Use levalbuterol hcl)	9	
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (Use budesonide-formoterol fumarate dihydrate)	1	6 rtl pack lmt amt; 90 rtl pack lmt day(s); 6 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 6 yrs old); MP	XOPENEX HFA (Use levalbuterol tartrate)	1	
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (Use budesonide-formoterol fumarate dihydrate)	9	AL(At least 6 yrs old); MP	<b>Xanthines</b>		
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (Use budesonide-formoterol fumarate dihydrate)	1	6 rtl pack lmt amt; 90 rtl pack lmt day(s); 6 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 12 yrs old); MP	aminophylline SOLN	1	
<i>terbutaline sulfate SOLN</i>	1		THEO-24 CP24	1	
<i>terbutaline sulfate TABS</i>	1	QL(6 ea daily)	theophylline ELIX	1	
TRELEGY ELLIPTA	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA	theophylline SOLN	1	
VENTOLIN HFA AERS (Use albuterol sulfate)	1	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s)	theophylline TB12	1	
			theophylline TB24	1	
			<b>ANTICOAGULANTS - Blood Thinners</b>		
			<b>Coumarin Anticoagulants</b>		
			warfarin sodium TABS	1	
			<b>Direct Factor Xa Inhibitors</b>		
			ELIQUIS STARTER PACK TBPK	1	QL(74 ea per 30 days retail; 74 ea per 30 days mail)
			ELIQUIS TABS	1	QL(2 ea daily)
			ELIQUIS TABS 5 MG	1	QL(74 ea per 30 days retail; 74 ea per 30 days mail)
			SAVAYSA 15 MG, 60 MG	1	QL(1 ea daily); PA
			XARELTO STARTER PACK TBPK	1	QL(51 ea per 30 days retail; 51 ea per 30 days mail)
			XARELTO SUSR	1	QL(465 ml per 30 days retail; 465 ml per 30 days mail); AL(Up to 10 yrs old)
			XARELTO TABS 20 MG	1	QL(1 ea daily)

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XARELTO TABS 15 MG	1	QL(42 ea per 20 days retail; 42 ea per 20 days mail)	FRAGMIN SOSY 10000 UNIT/ML	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail)
XARELTO TABS 2.5 MG	1	QL(2 ea daily)	FRAGMIN SOSY 12500 UNIT/0.5ML	1	QL(15 ml per 30 days retail; 15 ml per 30 days mail)
XARELTO TABS 10 MG	1	QL(39 ea per 39 days retail; 39 ea per 39 days mail)	FRAGMIN SOSY 15000 UNIT/0.6ML	1	QL(18 ml per 30 days retail; 18 ml per 30 days mail)
<b>Heparins And Heparinoid-Like Agents</b>					
ARIXTRA (Use fondaparinux sodium)	9		FRAGMIN SOSY 7500 UNIT/0.3ML	1	QL(9 ml per 30 days retail; 9 ml per 30 days mail)
enoxaparin sodium SOSY	1		<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	1	
<i>fondaparinux sodium 5 MG/0.4ML</i>	1	QL(12 ml per 30 days retail; 12 ml per 30 days mail)	<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	1	QL(15 ml per 30 days retail; 15 ml per 30 days mail)	HEPARIN SODIUM/D5W	1	
<i>fondaparinux sodium 7.5 MG/0.6ML</i>	1	QL(18 ml per 30 days retail; 18 ml per 30 days mail)	HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	1	
<i>fondaparinux sodium 10 MG/0.8ML</i>	1	QL(24 ml per 30 days retail; 24 ml per 30 days mail)	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML	1	
FRAGMIN SOLN 10000 UNIT/4ML	1	QL(240 ml per 30 days retail; 240 ml per 30 days mail)	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (Use <i>heparin (porcine) in sodium chloride</i> )	1	
FRAGMIN SOLN 95000 UNIT/3.8ML	1	QL(22.8 ml per 30 days retail; 23 ml per 30 days mail)	HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	1	
FRAGMIN SOSY 18000 UNT/0.72ML	1	QL(21.6 ml per 30 days retail; 22 ml per 30 days mail)	HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	1	
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	1	QL(6 ml per 30 days retail; 6 ml per 30 days mail)			

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HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	1	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	1	
LOVENOX SOSY 150 MG/ML (Use enoxaparin sodium)	1	QL(60 ml per 30 days retail; 60 ml per 30 days mail)
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	1	QL(18 ml per 30 days retail; 18 ml per 30 days mail)
LOVENOX SOSY 120 MG/0.8ML (Use enoxaparin sodium)	1	QL(1.6 ml daily)
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	1	QL(36 ml per 30 days retail; 36 ml per 30 days mail)
LOVENOX SOSY (Use enoxaparin sodium)	9	
LOVENOX SOSY 80 MG/0.8ML (Use enoxaparin sodium)	1	QL(48 ml per 30 days retail; 48 ml per 30 days mail)
<b>Thrombin Inhibitors</b>		
ANGIOMAX SOLR (Use bivalirudin trifluoroacetate)	9	
argatroban	1	
ARGATROBAN	1	
ARGATROBAN (Use argatroban)	1	
ARGATROBAN/SODIUM CHLORIDE	1	
BIVALIRUDIN RTU SOLN (Use bivalirudin trifluoroacetate)	1	
BIVALIRUDIN RTU SOLN (Use bivalirudin trifluoroacetate)	9	
bivalirudin trifluoroacetate SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
bivalirudin trifluoroacetate SOLR	1	
dabigatran etexilate mesylate CAPS	1	QL(2 ea daily); PA
PRADAXA CAPS 110 MG (Use dabigatran etexilate mesylate)	9	QL(2 ea daily)
PRADAXA CAPS (Use dabigatran etexilate mesylate)	1	QL(2 ea daily); PA
PRADAXA CAPS	1	QL(2 ea daily); PA
PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG	1	QL(120 ea per 30 days retail; 120 ea per 30 days mail); AL(Up to 7 yrs old); PA
PRADAXA PACK 20 MG, 150 MG	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); AL(Up to 7 yrs old); PA

### ANTICONVULSANTS - Drugs to Treat Seizures

<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP	1	
FYCOMPA TABS	1	QL(1 ea daily)
<b>Anticonvulsants - Benzodiazepines</b>		
clobazam SUSP	1	QL(480 ml per 30 days retail; 480 ml per 30 days mail)
clobazam TABS	1	QL(2 ea daily)
clonazepam TABS 0.5 MG, 1 MG	1	QL(3 ea daily)
clonazepam TABS 2 MG	1	QL(2 ea daily)
clonazepam TBDP 2 MG	1	QL(2 ea daily)
clonazepam TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG	1	QL(3 ea daily)

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Oklahoma Complete Health

Updated 04/01/2024

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DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	9		APTIOM 600 MG, 800 MG	1	QL(2 ea daily); PA
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	9		APTIOM 200 MG, 400 MG	1	QL(1 ea daily); PA
diazepam (anticonvulsant) GEL 10 MG, 20 MG	1		BANZEL SUSP (Use rufinamide)	1	QL(2400 ml per 30 days retail; 2400 ml per 30 days mail); PA
KLONOPIN TABS 0.5 MG, 1 MG (Use clonazepam)	1	QL(3 ea daily)	BANZEL TABS (Use rufinamide)	1	QL(8 ea daily); PA
KLONOPIN TABS 2 MG (Use clonazepam)	1	QL(2 ea daily)	BRIVIACT SOLN IV 50 MG/5ML	1	PA
NAYZILAM	1	QL(10 ea per 30 days retail; 10 ea per 30 days mail)	BRIVIACT SOLN OR 10 MG/ML	1	AL(Up to 12 yrs old); PA
ONFI SUSP (Use clobazam)	1	QL(480 ml per 30 days retail; 480 ml per 30 days mail)	BRIVIACT TABS	1	QL(2 ea daily); PA
ONFI TABS (Use clobazam)	1	QL(2 ea daily)	carbamazepine CHEW	1	QL(8 ea daily); MP
SYMPAZAN FILM	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); AL(At least 2 yrs old - Up to 6 yrs old); PA	carbamazepine CP12	1	QL(5 ea daily); MP
VALTOCO 10 MG DOSE LIQD	1	QL(10 ea per 30 days retail; 10 ea per 30 days mail)	carbamazepine SUSP	1	MP
VALTOCO 15 MG DOSE LQPK	1	QL(10 ea per 30 days retail; 10 ea per 30 days mail)	carbamazepine TABS	1	QL(8 ea daily); MP
VALTOCO 20 MG DOSE LQPK	1	QL(10 ea per 30 days retail; 10 ea per 30 days mail)	carbamazepine TB12 400 MG	1	QL(4 ea daily); MP
VALTOCO 5 MG DOSE LIQD	1	QL(10 ea per 30 days retail; 10 ea per 30 days mail)	carbamazepine TB12 100 MG, 200 MG	1	QL(3 ea daily); MP
Anticonvulsants - Misc.			CARBATROL CP12 100 MG (Use carbamazepine)	9	QL(5 ea daily); MP
			CARBATROL CP12 200 MG, 300 MG (Use carbamazepine)	1	QL(5 ea daily); MP
			DIACOMIT CAPS	1	PA
			DIACOMIT PACK	1	PA
			ELEPSIA XR TB24	1	QL(2 ea daily); AL(At least 12 yrs old); PA
			EPIDIOLEX	1	AL(At least 2 yrs old); PA
			EPRONTIA SOLN	1	QL(473 ml per 29 days retail; 473 ml per 29 days mail); AL(Up to 11 yrs old); PA

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Updated 04/01/2024

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FINTEPLA	1	QL(360 ml per 30 days retail; 360 ml per 30 days mail); AL(At least 2 yrs old); PA	LAMICTAL ODT KIT (Use lamotrigine)	9	
<i>gabapentin CAPS 100 MG</i>	1	QL(5 ea daily); MP	LAMICTAL ODT KIT	1	PA
<i>gabapentin CAPS 300 MG</i>	1	QL(10 ea daily); MP	LAMICTAL ODT TBDP 25 MG (Use lamotrigine)	9	QL(3 ea daily); MP
<i>gabapentin CAPS 400 MG</i>	1	QL(3 ea daily); MP	LAMICTAL ODT TBDP 100 MG, 200 MG (Use lamotrigine)	1	QL(3 ea daily); AL(Up to 11 yrs old); MP
<i>gabapentin SOLN</i>	1	QL(75 ml daily); MP	LAMICTAL ODT TBDP 50 MG (Use lamotrigine)	1	QL(2 ea daily); AL(Up to 11 yrs old); MP
<i>gabapentin TABS 600 MG, 800 MG</i>	1	QL(6 ea daily); MP	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine)	1	PA
KEPPRA XR TB24 500 MG (Use levetiracetam)	1	QL(2 ea daily); MP	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine)	1	PA
KEPPRA XR TB24 750 MG (Use levetiracetam)	1	QL(150 ea per 30 days retail; 150 ea per 30 days mail); MP	LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine)	1	PA
KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	1	MP	LAMICTAL XR KIT	1	PA
KEPPRA TABS 250 MG (Use levetiracetam)	1	QL(2 ea daily); MP	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG (Use lamotrigine)	1	QL(1 ea daily); MP; PA
KEPPRA TABS 500 MG, 750 MG (Use levetiracetam)	1	QL(4 ea daily); MP	LAMICTAL XR TB24 200 MG, 250 MG (Use lamotrigine)	1	QL(2 ea daily); MP; PA
KEPPRA TABS 1000 MG (Use levetiracetam)	1	QL(3 ea daily); MP	LAMICTAL XR TB24 300 MG (Use lamotrigine)	1	QL(3 ea daily); MP; PA
<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(1200 ml per 30 days retail; 1200 ml per 30 days mail)	LAMICTAL TABS 200 MG (Use lamotrigine)	1	QL(9 ea daily); MP
<i>lacosamide SOLN OR 10 MG/ML</i>	1		LAMICTAL TABS 100 MG (Use lamotrigine)	1	QL(2 ea daily); MP
<i>lacosamide TABS</i>	1	QL(2 ea daily)	LAMICTAL TABS 25 MG (Use lamotrigine)	1	QL(6 ea daily); MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (Use lamotrigine)	1	QL(8 ea daily); AL(Up to 11 yrs old); MP	LAMICTAL TABS 150 MG (Use lamotrigine)	1	QL(4 ea daily); MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (Use lamotrigine)	1	QL(4 ea daily); AL(Up to 11 yrs old); MP	<i>lamotrigine CHEW 5 MG</i>	1	QL(8 ea daily); AL(Up to 11 yrs old); MP

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Updated 04/01/2024



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<i>lamotrigine CHEW 25 MG</i>	1	QL(4 ea daily); AL(Up to 11 yrs old); MP	<i>levetiracetam TB24 500 MG</i>	1	QL(2 ea daily); MP
<i>lamotrigine KIT 25 MG</i>	1	PA	<i>LYRICA CAPS 25 MG (Use pregabalin)</i>	9	QL(3 ea daily); MP
<i>lamotrigine TABS 200 MG</i>	1	QL(9 ea daily); MP	<i>LYRICA CAPS 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG (Use pregabalin)</i>	1	QL(3 ea daily); MP
<i>lamotrigine TABS 150 MG</i>	1	QL(4 ea daily); MP	<i>LYRICA CAPS 225 MG (Use pregabalin)</i>	1	QL(2 ea daily); MP
<i>lamotrigine TABS 25 MG</i>	1	QL(6 ea daily); MP	<i>LYRICA CAPS 50 MG, 75 MG, 100 MG, 150 MG (Use pregabalin)</i>	9	MP; PA
<i>lamotrigine TABS 100 MG</i>	1	QL(2 ea daily); MP	<i>LYRICA SOLN (Use pregabalin)</i>	1	QL(240 ml per 30 days retail; 240 ml per 30 days mail); MP
<i>lamotrigine TB24 200 MG, 250 MG</i>	1	QL(2 ea daily); MP; PA	<i>MOTPOLY XR CP24 150 MG, 200 MG</i>	1	QL(2 ea daily); PA
<i>lamotrigine TB24 300 MG</i>	1	QL(3 ea daily); MP; PA	<i>MOTPOLY XR CP24 100 MG</i>	1	QL(1 ea daily); PA
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG</i>	1	QL(1 ea daily); MP; PA	<i>MYSOLINE 50 MG (Use primidone)</i>	9	QL(4 ea daily)
<i>lamotrigine TBDP 50 MG</i>	1	QL(2 ea daily); AL(Up to 11 yrs old); MP	<i>MYSOLINE 250 MG (Use primidone)</i>	9	
<i>lamotrigine TBDP 25 MG, 100 MG, 200 MG</i>	1	QL(3 ea daily); AL(Up to 11 yrs old); MP	<i>NEURONTIN CAPS 300 MG (Use gabapentin)</i>	1	QL(10 ea daily); MP
<i>LEVETIRACETAM (Use levetiracetam in sodium chloride)</i>	1		<i>NEURONTIN CAPS 100 MG (Use gabapentin)</i>	9	QL(5 ea daily); MP
<i>LEVETIRACETAM (Use levetiracetam in sodium chloride)</i>	9		<i>NEURONTIN CAPS 400 MG (Use gabapentin)</i>	9	QL(3 ea daily); MP
<i>levetiracetam in sodium chloride</i>	1		<i>NEURONTIN SOLN (Use gabapentin)</i>	1	QL(75 ml daily); MP
<i>LEVETIRACETAM/SODIUM CHLORIDE</i>	1		<i>NEURONTIN SOLN (Use gabapentin)</i>	9	MP
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	MP	<i>NEURONTIN TABS 600 MG (Use gabapentin)</i>	1	QL(6 ea daily); MP
<i>levetiracetam TABS 250 MG</i>	1	QL(2 ea daily); MP	<i>NEURONTIN TABS 800 MG (Use gabapentin)</i>	9	QL(6 ea daily); MP
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily); MP	<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily); MP
<i>levetiracetam TABS 500 MG, 750 MG</i>	1	QL(4 ea daily); MP	<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1	QL(3 ea daily); MP
<i>levetiracetam TB24 750 MG</i>	1	QL(150 ea per 30 days retail; 450 ea per 90 days mail); MP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine TABS 600 MG</i>	1	QL(6 ea daily); MP	TEGRETOL-XR TB12 100 MG, 200 MG ( <i>Use carbamazepine</i> )	1	QL(3 ea daily); MP
OXTELLAR XR TB24 600 MG	1	QL(4 ea daily); PA	TOPAMAX SPRINKLE CPSP 25 MG ( <i>Use topiramate</i> )	9	QL(4 ea daily); MP
OXTELLAR XR TB24 150 MG, 300 MG	1	QL(1 ea daily); PA	TOPAMAX SPRINKLE CPSP 15 MG ( <i>Use topiramate</i> )	1	QL(4 ea daily); AL(Up to 11 yrs old); MP
<i>pregabalin CAPS 225 MG</i>	1	QL(2 ea daily); MP	TOPAMAX TABS 25 MG, 50 MG, 100 MG ( <i>Use topiramate</i> )	1	QL(3 ea daily); MP
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG</i>	1	QL(3 ea daily); MP	TOPAMAX TABS 200 MG ( <i>Use topiramate</i> )	1	QL(9 ea daily); MP
<i>pregabalin SOLN</i>	1	QL(240 ml per 30 days retail; 720 ml per 90 days mail); MP	<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	1	QL(1 ea daily); PA
<i>primidone 250 MG</i>	1		<i>topiramate CP24 200 MG</i>	1	QL(2 ea daily); PA
<i>primidone 125 MG</i>	1	QL(100 ea per 33 days retail; 100 ea per 33 days mail); PA	<i>topiramate CPSP</i>	1	QL(4 ea daily); AL(Up to 11 yrs old); MP
<i>primidone 50 MG</i>	1	QL(4 ea daily)	<i>topiramate CS24 25 MG, 50 MG, 100 MG</i>	1	QL(1 ea daily); PA
QUDEXY XR CS24 25 MG ( <i>Use topiramate</i> )	1	QL(1 ea daily); PA	<i>topiramate CS24 150 MG, 200 MG</i>	1	QL(2 ea daily); PA
QUDEXY XR CS24 150 MG, 200 MG ( <i>Use topiramate</i> )	9	QL(2 ea daily)	<i>topiramate TABS 200 MG</i>	1	QL(9 ea daily); MP
QUDEXY XR CS24 50 MG, 100 MG ( <i>Use topiramate</i> )	9	QL(1 ea daily)	<i>topiramate TABS 25 MG, 50 MG, 100 MG</i>	1	QL(3 ea daily); MP
<i>rufinamide SUSP</i>	1	QL(2400 ml per 30 days retail; 2400 ml per 30 days mail); PA	TRILEPTAL SUSP ( <i>Use oxcarbazepine</i> )	9	QL(40 ml daily); MP
<i>rufinamide TABS</i>	1	QL(8 ea daily); PA	TRILEPTAL TABS 600 MG ( <i>Use oxcarbazepine</i> )	1	QL(6 ea daily); MP
SPRITAM TB3D	1	QL(2 ea daily); PA	TRILEPTAL TABS ( <i>Use oxcarbazepine</i> )	9	MP
TEGRETOL SUSP ( <i>Use carbamazepine</i> )	1	MP	TRILEPTAL TABS 300 MG ( <i>Use oxcarbazepine</i> )	1	QL(3 ea daily); MP
TEGRETOL TABS ( <i>Use carbamazepine</i> )	1	QL(8 ea daily); MP	TROKENDI XR CP24 25 MG, 50 MG, 100 MG ( <i>Use topiramate</i> )	1	QL(1 ea daily); PA
TEGRETOL-XR TB12 400 MG ( <i>Use carbamazepine</i> )	1	QL(4 ea daily); MP	TROKENDI XR CP24 200 MG ( <i>Use topiramate</i> )	1	QL(2 ea daily); PA

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Updated 04/01/2024

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VIMPAT SOLN IV 200 MG/20ML (Use lacosamide)	1		XCOPRI TBPK	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA
VIMPAT SOLN OR 10 MG/ML (Use lacosamide)	1	QL(1200 ml per 30 days retail; 1200 ml per 30 days mail)	XCOPRI TBPK	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); PA
VIMPAT TABS (Use lacosamide)	1	QL(2 ea daily)	<b>GABA Modulators</b>		
ZONEGRAN CAPS 100 MG (Use zonisamide)	9	QL(8 ea daily); MP	GABITRIL 2 MG (Use tiagabine hcl)	1	
ZONEGRAN CAPS 25 MG (Use zonisamide)	9	MP	GABITRIL 4 MG, 12 MG, 16 MG (Use tiagabine hcl)	9	
ZONISADE SUSP	1	QL(900 ml per 30 days retail; 900 ml per 30 days mail); PA	SABRIL PACK (Use vigabatrin)	1	PA
zonisamide CAPS 25 MG, 50 MG	1	QL(3 ea daily); MP	SABRIL TABS (Use vigabatrin)	1	PA
zonisamide CAPS 100 MG	1	QL(8 ea daily); MP	tiagabine hcl	1	
ZTALMY	1	QL(1100 ml per 30 days retail; 1100 ml per 30 days mail); AL(At least 2 yrs old); PA	vigabatrin PACK	1	PA
<b>Carbamates</b>			vigabatrin TABS	1	PA
felbamate SUSP	1	PA	<b>Hydantoins</b>		
felbamate TABS 400 MG	1	QL(8 ea daily); PA	CEREBYX (Use fosphenytoin sodium)	1	
felbamate TABS 600 MG	1	PA	CEREBYX (Use fosphenytoin sodium)	9	
FELBATOL SUSP (Use felbamate)	1	PA	DILANTIN (Use phenytoin sodium extended)	1	QL(6 ea daily); MP
FELBATOL TABS 600 MG (Use felbamate)	1	PA	DILANTIN 30 MG	1	
FELBATOL TABS 400 MG (Use felbamate)	9	QL(8 ea daily)	DILANTIN INFATABS CHEW (Use phenytoin)	1	QL(6 ea daily); MP
XCOPRI TABS 150 MG, 200 MG	1	QL(2 ea daily); PA	DILANTIN-125 SUSP (Use phenytoin)	9	QL(12 ml daily); MP
XCOPRI TABS 50 MG, 100 MG	1	QL(1 ea daily); PA	fosphenytoin sodium	1	
			phenytoin sodium extended 300 MG	1	QL(2 ea daily); MP
			phenytoin sodium extended 100 MG	1	QL(6 ea daily); MP
			phenytoin sodium extended 200 MG	1	QL(3 ea daily); MP
			phenytoin sodium SOLN	1	

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<i>phenytoin CHEW</i>	1	QL(6 ea daily); MP	<i>divalproex sodium TB24 500 MG</i>	1	QL(5 ea daily); MP
<i>phenytoin SUSP</i>	1	QL(12 ml daily); MP	<i>divalproex sodium TB24 250 MG</i>	1	QL(3 ea daily); MP
<b>Succinimides</b>			<i>divalproex sodium TBEC 125 MG, 250 MG</i>	1	QL(3 ea daily); MP
CELONTIN ( <i>Use methsuximide</i> )	9		<i>divalproex sodium TBEC 500 MG</i>	1	QL(9 ea daily); MP
<i>ethosuximide CAPS</i>	1	QL(6 ea daily)	<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	QL(34 ml daily); MP
<i>ethosuximide SOLN</i>	1		<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	1	QL(1350 ml per 30 days retail; 1350 ml per 30 days mail)
<i>methsuximide</i>	1		<i>valproic acid CAPS</i>	1	QL(7 ea daily); MP
ZARONTIN CAPS ( <i>Use ethosuximide</i> )	9	QL(6 ea daily)	<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
ZARONTIN SOLN ( <i>Use ethosuximide</i> )	1		<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<b>Valproic Acid</b>			<i>mirtazapine TABS</i>	1	QL(1 ea daily)
DEPAKOTE ER TB24 250 MG ( <i>Use divalproex sodium</i> )	1	QL(3 ea daily); MP	<i>mirtazapine TBDP</i>	1	QL(1 ea daily)
DEPAKOTE ER TB24 500 MG ( <i>Use divalproex sodium</i> )	1	QL(5 ea daily); MP	REMERON SOLTAB TBDP ( <i>Use mirtazapine</i> )	9	
DEPAKOTE ER TB24 500 MG ( <i>Use divalproex sodium</i> )	9	QL(5 ea daily); MP	REMERON SOLTAB TBDP ( <i>Use mirtazapine</i> )	1	QL(1 ea daily)
DEPAKOTE SPRINKLES CSDR ( <i>Use divalproex sodium</i> )	1	QL(12 ea daily); AL(Up to 11 yrs old); MP	REMERON TABS 15 MG, 30 MG ( <i>Use mirtazapine</i> )	1	QL(1 ea daily)
DEPAKOTE TBEC 500 MG ( <i>Use divalproex sodium</i> )	1	QL(9 ea daily); MP	<b>Antidepressant Combinations</b>		
DEPAKOTE TBEC 125 MG ( <i>Use divalproex sodium</i> )	9	MP	AUVELITY	1	QL(2 ea daily); PA
DEPAKOTE TBEC 500 MG ( <i>Use divalproex sodium</i> )	9	QL(9 ea daily); MP	<b>Antidepressants - Misc.</b>		
DEPAKOTE TBEC 125 MG, 250 MG ( <i>Use divalproex sodium</i> )	1	QL(3 ea daily); MP	APLENZIN	1	QL(1 ea daily); PA
<i>divalproex sodium CSDR</i>	1	QL(12 ea daily); AL(Up to 11 yrs old); MP	<i>bupropion hcl TABS</i>	1	QL(3 ea daily)
			<i>bupropion hcl TB12</i>	1	QL(2 ea daily); MP
			<i>bupropion hcl TB24 450 MG</i>	1	QL(1 ea daily); PA
			<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily); MP
			FORFIVO XL TB24 ( <i>Use bupropion hcl</i> )	9	QL(1 ea daily)

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 100 MG, 150 MG ( <i>Use bupropion hcl</i> )	1	QL(2 ea daily); MP
WELLBUTRIN SR TB12 200 MG ( <i>Use bupropion hcl</i> )	9	QL(2 ea daily); MP
WELLBUTRIN SR TB12 100 MG, 150 MG ( <i>Use bupropion hcl</i> )	1	QL(2 ea daily); MP
WELLBUTRIN XL TB24 ( <i>Use bupropion hcl</i> )	9	MP
WELLBUTRIN XL TB24 ( <i>Use bupropion hcl</i> )	1	QL(1 ea daily); MP
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE 25 MG	1	QL(2 ea daily); AL(At least 18 yrs old); PA
ZURZUVAE 30 MG	1	QL(1 ea daily); AL(At least 18 yrs old); PA
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(30 ea per 30 days retail; 30 ea per 30 days mail); ST
MARPLAN	1	PA
NARDIL ( <i>Use phenelzine sulfate</i> )	9	ST
PARNATE ( <i>Use tranylcypromine sulfate</i> )	9	ST
<i>phenelzine sulfate</i>	3	ST
<i>tranylcypromine sulfate</i>	3	ST
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	1	QL(8 ea per 28 days retail; 8 ea per 28 days mail); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO 84MG DOSE	1	QL(24 ea per 28 days retail; 24 ea per 28 days mail); AL(At least 18 yrs old); PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG, 20 MG ( <i>Use citalopram hydrobromide</i> )	9	QL(1.5 ea daily); MP
CELEXA TABS 40 MG ( <i>Use citalopram hydrobromide</i> )	9	QL(1 ea daily); MP
CITALOPRAM HYDROBROMIDE CAPS	1	QL(1 ea daily); AL(Up to 59 yrs old); PA
<i>citalopram hydrobromide SOLN</i>	1	
<i>citalopram hydrobromide TABS 40 MG</i>	1	QL(1 ea daily); AL(Up to 59 yrs old); MP
<i>citalopram hydrobromide TABS 10 MG, 20 MG</i>	1	QL(1.5 ea daily); MP
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS 10 MG</i>	1	QL(1.5 ea daily); MP
<i>escitalopram oxalate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily); MP
<i>fluoxetine hcl CAPS 10 MG</i>	1	QL(3 ea daily); MP
<i>fluoxetine hcl CAPS 20 MG</i>	1	QL(4 ea daily); MP
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(2 ea daily); MP
<i>fluoxetine hcl SOLN</i>	1	
<i>fluoxetine hcl TABS 60 MG</i>	1	QL(1 ea daily); PA
<i>fluoxetine hcl TABS 10 MG, 20 MG</i>	1	QL(45 ea per 30 days retail; 45 ea per 30 days mail); MP; PA

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Oklahoma Complete Health

Updated 04/01/2024

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FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl)	1	QL(1 ea daily); PA	PEXEVA	1	QL(1 ea daily); PA
fluvoxamine maleate CP24	1	QL(2 ea daily); PA	PROZAC CAPS 10 MG (Use fluoxetine hcl)	9	QL(3 ea daily); MP
fluvoxamine maleate TABS 50 MG	1	QL(100 ea per 50 days retail; 100 ea per 50 days mail)	PROZAC CAPS 40 MG (Use fluoxetine hcl)	1	QL(2 ea daily); MP
fluvoxamine maleate TABS 100 MG	1	QL(3 ea daily)	PROZAC CAPS 20 MG (Use fluoxetine hcl)	1	QL(4 ea daily); MP
fluvoxamine maleate TABS 25 MG	1	QL(1 ea daily)	sertraline hcl CONC	1	QL(10 ml daily)
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	1	QL(1.5 ea daily); MP	sertraline hcl TABS	1	QL(3 ea daily); MP
LEXAPRO TABS 5 MG, 20 MG (Use escitalopram oxalate)	1	QL(2 ea daily); MP	SERTRALINE HYDROCHLORIDE CAPS	1	QL(1 ea daily); PA
paroxetine hcl SUSP	1		ZOLOFT CONC (Use sertraline hcl)	1	QL(10 ml daily)
paroxetine hcl TABS 30 MG	1	QL(2 ea daily); MP	ZOLOFT TABS 50 MG, 100 MG (Use sertraline hcl)	1	QL(3 ea daily); MP
paroxetine hcl TABS 10 MG, 40 MG	1	QL(1.5 ea daily); MP	ZOLOFT TABS 25 MG (Use sertraline hcl)	9	QL(3 ea daily); MP
paroxetine hcl TABS 20 MG	1	QL(1 ea daily); MP	<b>Serotonin Modulators</b>		
paroxetine hcl TB24 25 MG	1	QL(2 ea daily); PA	nefazodone hcl 50 MG	3	ST
paroxetine hcl TB24 12.5 MG, 37.5 MG	1	QL(1 ea daily); PA	trazodone hcl TABS 300 MG	1	PA
PAXIL CR TB24 25 MG (Use paroxetine hcl)	1	QL(2 ea daily); PA	trazodone hcl TABS 50 MG, 100 MG, 150 MG	1	
PAXIL CR TB24 12.5 MG, 37.5 MG (Use paroxetine hcl)	9	QL(1 ea daily)	TRINTELLIX	3	QL(1 ea daily); ST
PAXIL SUSP (Use paroxetine hcl)	9		VIIBRYD TABS (Use vilazodone hcl)	3	QL(1 ea daily); ST
PAXIL TABS 20 MG (Use paroxetine hcl)	9	QL(1 ea daily); MP	vilazodone hcl TABS	3	QL(1 ea daily); ST
PAXIL TABS 10 MG, 40 MG (Use paroxetine hcl)	1	QL(1.5 ea daily); MP	<b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
PAXIL TABS 30 MG (Use paroxetine hcl)	1	QL(2 ea daily); MP	CYMBALTA CPEP (Use duloxetine hcl)	1	QL(2 ea daily); MP
			DESVENLAFAXINE ER 100 MG	3	QL(1 ea daily)
			desvenlafaxine succinate	2	QL(1 ea daily); ST
			duloxetine hcl CPEP 40 MG	1	QL(1 ea daily); PA

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Oklahoma Complete Health

Updated 04/01/2024

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<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily); MP	<i>imipramine pamoate 125 MG</i>	1	
EFFEXOR XR CP24 150 MG (Use <i>venlafaxine hcl</i> )	1	QL(2 ea daily); MP	NORPRAMIN TABS 10 MG, 25 MG (Use <i>desipramine hcl</i> )	1	
EFFEXOR XR CP24 37.5 MG, 75 MG (Use <i>venlafaxine hcl</i> )	1	QL(1 ea daily)	<i>nortriptyline hcl CAPS</i>	1	
FETZIMA TITRATION PACK C4PK	3	QL(28 ea per 28 days retail; 28 ea per 28 days mail); ST	<i>nortriptyline hcl SOLN</i>	1	
FETZIMA CP24	3	QL(1 ea daily); ST	PAMELOR CAPS (Use <i>nortriptyline hcl</i> )	1	
PRISTIQ (Use <i>desvenlafaxine succinate</i> )	2	QL(1 ea daily); ST	<i>protriptyline hcl 10 MG</i>	1	
PRISTIQ 50 MG (Use <i>desvenlafaxine succinate</i> )	9	ST	<i>trimipramine maleate CAPS</i>	1	
VENLAFAXINE BESYLATE ER	1	QL(1 ea daily); PA	<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily); MP	Alpha-Glucosidase Inhibitors		
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)	<i>acarbose 25 MG, 100 MG</i>	1	QL(6 ea daily); MP
<i>venlafaxine hcl TABS</i>	1	QL(3 ea daily)	<i>acarbose 50 MG</i>	1	QL(3 ea daily); MP
<i>venlafaxine hcl TB24 150 MG</i>	1	QL(2 ea daily)	<i>miglitol</i>	3	ST
<i>venlafaxine hcl TB24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)	PRECOSE (Use <i>acarbose</i> )	9	MP
<i>venlafaxine hcl TB24 225 MG</i>	1	QL(1 ea daily); PA	Antidiabetic Combinations		
<b>Tricyclic Agents</b>			ACTOPLUS MET TABS 500 MG-15 MG (Use <i>pioglitazone hcl-metformin hcl</i> )	9	ST
<i>amitriptyline hcl TABS</i>	1		ACTOPLUS MET TABS 850 MG-15 MG (Use <i>pioglitazone hcl-metformin hcl</i> )	3	ST
<i>amoxapine</i>	1		<i>alogliptin-metformin hcl</i>	3	ST
ANAFRANIL (Use <i>clomipramine hcl</i> )	1		<i>alogliptin-pioglitazone 30 MG-12.5 MG, 45 MG-25 MG</i>	3	ST
<i>clomipramine hcl</i>	1		<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily); ST; MP
<i>desipramine hcl TABS 10 MG, 25 MG, 50 MG, 75 MG, 150 MG</i>	1		<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily); ST; MP
<i>doxepin hcl CAPS</i>	1				
<i>doxepin hcl CONC</i>	1				
<i>imipramine hcl TABS</i>	1				

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<i>glipizide-metformin hcl 500 MG-2.5 MG, 500 MG-5 MG</i>	1	QL(4 ea daily); MP	OSENI 30 MG-12.5 MG <i>(Use alogliptin-pioglitazone)</i>	3	ST
<i>glipizide-metformin hcl 250 MG-2.5 MG</i>	1	QL(8 ea daily); MP	OSENI 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG <i>(Use alogliptin-pioglitazone)</i>	9	ST
<i>glyburide-metformin 250 MG-1.25 MG</i>	1	QL(8 ea daily); MP	<i>pioglitazone hcl-metformin hcl TABS</i>	3	ST
<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1	QL(4 ea daily); MP	QTERN	1	QL(1 ea daily); PA
GLYXAMBI	1	QL(1 ea daily)	<i>saxagliptin-metformin hcl 1000 MG-2.5 MG</i>	2	QL(2 ea daily); ST; MP
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG	1	QL(2 ea daily); PA	<i>saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG</i>	2	QL(1 ea daily); ST; MP
INVOKAMET TABS 1000 MG-150 MG	3	QL(2 ea daily); ST; MP	SEGLUROMET	1	QL(2 ea daily); PA
INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG	3	QL(1 ea daily); ST; MP	SOLQUA 100/33	3	QL(15 ml per 30 days retail; 15 ml per 30 days mail)
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	2	QL(1 ea daily); ST; MP	STEGLUJAN 100 MG-15 MG	1	QL(1 ea daily); PA
JANUMET XR TB24 1000 MG-50 MG	2	QL(2 ea daily); ST; MP	SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily); ST
JANUMET TABS	2	QL(2 ea daily); ST; MP	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily); ST
JENTADUETO XR TB24	2	QL(1 ea daily); ST; MP	SYNJARDY TABS	2	QL(2 ea daily); ST; MP
JENTADUETO TABS	2	QL(2 ea daily); ST; MP	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	1	QL(2 ea daily)
KAZANO 1000 MG-12.5 MG <i>(Use alogliptin-metformin hcl)</i>	3	ST	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	1	QL(1 ea daily)
KAZANO 500 MG-12.5 MG <i>(Use alogliptin-metformin hcl)</i>	9	ST	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily); ST; MP
KOMBIGLYZE XR 1000 MG-2.5 MG <i>(Use saxagliptin-metformin hcl)</i>	2	QL(2 ea daily); ST; MP	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily); ST; MP
KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG <i>(Use saxagliptin-metformin hcl)</i>	2	QL(1 ea daily); ST; MP			

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Oklahoma Complete Health Updated 04/01/2024



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XULTOPHY 100/3.6	3	QL(15 ml per 30 days retail; 15 ml per 30 days mail)	KORLYM (Use mifepristone (hyperglycemia))	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA
Antidiabetic-Antibodies			mifepristone (hyperglycemia)	1	PA
TZIELD	1	AL(At least 8 yrs old); PA	ZEGALOGUE SOAJ	1	
Biguanides			ZEGALOGUE SOSY	1	
GLUMETZA TB24 500 MG (Use metformin hcl)	1	QL(4 ea daily); PA	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
GLUMETZA TB24 1000 MG (Use metformin hcl)	9	QL(4 ea daily)	alogliptin benzoate	3	ST
metformin hcl SOLN	1	PA	JANUVIA 50 MG, 100 MG	2	QL(2 ea daily); ST; MP
metformin hcl TABS 625 MG	1	QL(4 ea daily); PA	JANUVIA 25 MG	2	QL(4 ea daily); ST; MP
metformin hcl TABS 850 MG, 1000 MG	1	QL(3 ea daily); MP	NESINA (Use alogliptin benzoate)	3	ST
metformin hcl TABS 500 MG	1	QL(5 ea daily); MP	ONGLYZA 2.5 MG (Use saxagliptin hcl)	2	QL(2 ea daily); ST; MP
metformin hcl TB24 750 MG	1	QL(3 ea daily); MP	ONGLYZA 5 MG (Use saxagliptin hcl)	2	QL(1 ea daily); ST; MP
metformin hcl TB24 500 MG	1	QL(4 ea daily); MP	saxagliptin hcl 5 MG	2	QL(1 ea daily); ST; MP
metformin hcl TB24 500 MG, 1000 MG	1	QL(4 ea daily); PA	saxagliptin hcl 2.5 MG	2	QL(2 ea daily); ST; MP
RIOMET SOLN (Use metformin hcl)	9	PA	TRADJENTA	2	QL(1 ea daily); ST; MP
Diabetic Other			ZITUVIO	1	QL(1 ea daily); PA
BAQSIMI ONE PACK POWD	1		Dopamine Receptor Agonists - Antidiabetic		
BAQSIMI TWO PACK POWD	1		CYCLOSET	3	QL(6 ea daily); ST
glucagon (rdna)	1		Incretin Mimetic Agents		
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	9		BYDUREON BCISE AUIJ	3	QL(3.4 ml per 28 days retail; 10 ml per 84 days mail); ST; MP; PA
GVOKE HYPOPEN 2-PACK SOAJ	1		BYETTA SOPN 5 MCG/0.02ML	2	QL(3.6 ml per 90 days retail; 4 ml per 90 days mail); ST; MP
GVOKE KIT SOLN	1				
GVOKE PFS SOSY 1 MG/0.2ML	1				

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Oklahoma Complete Health

Updated 04/01/2024

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BYETTA SOPN 10 MCG/0.04ML	2	QL(7.2 ml per 90 days retail; 7 ml per 90 days mail); ST; MP	BASAGLAR KWIKPEN SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP; PA
MOUNJARO	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); PA	BASAGLAR TEMPO PEN SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); PA
OZEMPIC SOPN 2 MG/1.5ML	1	QL(1.5 ml per 28 days retail; 2 ml per 28 days mail); ST; PA	FIASP FLEXTOUCH SOPN	1	QL(45 ml per 30 days retail; 45 ml per 30 days mail); PA
OZEMPIC SOPN	1	QL(3 ml per 28 days retail; 3 ml per 28 days mail); ST; PA	FIASP PUMPCART SOCT	1	QL(45 ml per 30 days retail; 45 ml per 30 days mail); PA
RYBELSUS TABS	3	QL(1 ea daily); ST; PA	FIASP SOLN	1	QL(40 ml per 30 days retail; 40 ml per 30 days mail); PA
TRULICITY	2	QL(6 ml per 84 days retail; 6 ml per 84 days mail); ST; MP	HUMALOG JUNIOR KWIKPEN SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail)
VICTOZA	2	QL(0.2 ml daily); ST; MP	HUMALOG KWIKPEN SOPN 200 UNIT/ML	1	QL(24 ml per 30 days retail; 24 ml per 30 days mail); PA
<b>Insulin</b>			HUMALOG MIX 50/50 KWIKPEN SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP
ADMELOG SOLOSTAR SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP; PA	HUMALOG MIX 75/25 KWIKPEN SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP
ADMELOG SOLN IJ	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP; PA	HUMALOG MIX 75/25 SUSP	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	1	AL(At least 18 yrs old); PA	HUMALOG SOCT	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP
APIDRA SOLOSTAR SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail)	HUMALOG SOLN IJ	1	MP
APIDRA SOLN	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail)	HUMULIN 70/30 KWIKPEN SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP

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HUMULIN 70/30 SUSP	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP	INSULIN DEGLUDEC SOLN	1	QL(40 ml per 30 days retail; 40 ml per 30 days mail); PA
HUMULIN N KWIKPEN SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP	INSULIN GLARGINE MAX SOLOSTAR SOPN	1	QL(13.5 ml per 30 days retail; 14 ml per 30 days mail); PA
HUMULIN N SUSP	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	1	PA
HUMULIN R U-500 (CONCENTRATED) SOLN SC	1	QL(40 ml per 30 days retail; 40 ml per 30 days mail); PA	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP
HUMULIN R U-500 KWIKPEN SOPN SC	1	QL(12 ml per 30 days retail; 12 ml per 30 days mail)	INSULIN GLARGINE SOLN	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP; PA
HUMULIN R SOLN IJ	1	MP	INSULIN GLARGINE-YFGN SOLN	1	PA
INSULIN ASPART FLEXPEN SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP	INSULIN GLARGINE-YFGN SOPN	1	PA
INSULIN ASPART PENFILL SOCT	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP	INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP	INSULIN LISPRO KWIKPEN SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP; PA
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP
INSULIN ASPART SOLN IJ	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP	INSULIN LISPRO SOLN IJ	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP; PA
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	1	QL(27 ml per 30 days retail; 27 ml per 30 days mail); PA	LANTUS SOLOSTAR SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	1	QL(45 ml per 30 days retail; 45 ml per 30 days mail); PA			

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LANTUS SOLN	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP	NOVOLIN N SUSP	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP
LEVEMIR FLEXPEN SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP	NOVOLIN R FLEXPEN RELION SOPN IJ	1	QL(45 ml per 30 days retail; 45 ml per 30 days mail)
LEVEMIR FLEXTOUCH SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP	NOVOLIN R FLEXPEN SOPN IJ	1	QL(45 ml per 30 days retail; 45 ml per 30 days mail)
LEVEMIR SOLN	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP	NOVOLIN R SOLN IJ	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP
LYUMJEV KWIKPEN SOPN 100 UNIT/ML	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); PA	NOVOLOG FLEXPEN RELION SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP
LYUMJEV TEMPO PEN SOPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); PA	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP
LYUMJEV SOLN	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); PA	NOVOLOG MIX 70/30 RELION SUSP	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP
MYXREDLIN	1		NOVOLOG RELION SOLN IJ	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP
NOVOLIN 70/30 FLEXPEN RELION SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP	REZVOGLAR KWIKPEN	1	QL(45 ml per 30 days retail; 45 ml per 30 days mail); PA
NOVOLIN 70/30 FLEXPEN SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP	SEMGLEE SOLN	1	PA
NOVOLIN 70/30 SUSP	1	QL(120 ml per 90 days retail; 120 ml per 90 days mail); MP	SEMGLEE SOPN	1	PA
NOVOLIN N FLEXPEN RELION SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP	TOUJEO MAX SOLOSTAR SOPN	1	QL(13.5 ml per 30 days retail; 14 ml per 30 days mail); PA
NOVOLIN N FLEXPEN SUPN	1	QL(135 ml per 90 days retail; 135 ml per 90 days mail); MP	TOUJEO SOLOSTAR SOPN	1	QL(13.5 ml per 30 days retail; 14 ml per 30 days mail); PA

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	1	QL(45 ml per 30 days retail; 45 ml per 30 days mail); PA	<i>glimepiride 1 MG</i>	1	QL(8 ea daily); MP
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	1	QL(27 ml per 30 days retail; 27 ml per 30 days mail); PA	<i>glimepiride 4 MG</i>	1	QL(2 ea daily); MP
TRESIBA SOLN	1	QL(40 ml per 30 days retail; 40 ml per 30 days mail); PA	<i>glipizide TABS 10 MG</i>	1	QL(4 ea daily); MP
<b>Insulin Sensitizing Agents</b>			<i>glipizide TABS 5 MG</i>	1	QL(8 ea daily); MP
ACTOS 15 MG ( <i>Use pioglitazone hcl</i> )	9	QL(3 ea daily); MP	<i>glipizide TABS 2.5 MG</i>	1	QL(1 ea daily); PA
ACTOS 30 MG, 45 MG ( <i>Use pioglitazone hcl</i> )	9	QL(1 ea daily); MP	<i>glipizide TB24 2.5 MG</i>	1	QL(8 ea daily); MP
<i>pioglitazone hcl 15 MG</i>	1	QL(3 ea daily); MP	<i>glipizide TB24 5 MG</i>	1	QL(4 ea daily); MP
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily); MP	<i>glipizide TB24 10 MG</i>	1	QL(2 ea daily); MP
<b>Meglitinide Analogues</b>			GLUCOTROL XL TB24 5 MG ( <i>Use glipizide</i> )	9	QL(4 ea daily); MP
<i>nateglinide</i>	2	QL(3 ea daily); ST; MP	GLUCOTROL XL TB24 2.5 MG ( <i>Use glipizide</i> )	1	QL(8 ea daily); MP
<i>repaglinide</i>	1	QL(8 ea daily); MP	GLUCOTROL XL TB24 10 MG ( <i>Use glipizide</i> )	9	QL(2 ea daily); MP
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>			<i>glyburide micronized 3 MG</i>	1	QL(4 ea daily); MP
<i>dapagliflozin propanediol</i>	1	QL(1 ea daily)	<i>glyburide TABS 5 MG</i>	1	QL(4 ea daily); MP
FARXIGA	1	QL(1 ea daily)	<i>glyburide TABS 1.25 MG, 2.5 MG</i>	1	QL(8 ea daily); MP
INVOKANA 100 MG	3	QL(1 ea daily); ST	GLYNASE 6 MG ( <i>Use glyburide micronized</i> )	1	QL(2 ea daily); MP
INVOKANA 300 MG	3	QL(2 ea daily); ST	GLYNASE 3 MG ( <i>Use glyburide micronized</i> )	1	QL(4 ea daily); MP
JARDIANCE 10 MG	1	QL(2 ea daily)	GLYNASE 1.5 MG ( <i>Use glyburide micronized</i> )	1	QL(8 ea daily); MP
JARDIANCE 25 MG	1	QL(1 ea daily)	<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
STEGLATRO	1	QL(1 ea daily); PA	<b>Antiperistaltic Agents</b>		
<b>Sulfonylureas</b>			<i>diphenoxylate w/ atropine TABS</i>	1	QL(80 ea per 12 days retail; 80 ea per 12 days mail)
AMARYL ( <i>Use glimepiride</i> )	9	MP	IMODIUM A-D CAPS ( <i>Use loperamide hcl</i> )	9	RX/OTC
<i>glimepiride 2 MG</i>	1	QL(4 ea daily); MP			

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Oklahoma Complete Health

Updated 04/01/2024

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LOMOTIL TABS ( <i>Use diphenoxylate w/ atropine</i> )	9	QL(80 ea per 12 days retail; 80 ea per 12 days mail)	ACETADOTE SOLN ( <i>Use acetylcysteine (antidote)</i> )	1	
<i>loperamide hcl CAPS</i>	1	QL(8 ea daily); RX/OTC	<i>acetylcysteine (antidote) SOLN</i>	1	
MOTOFEN	1	QL(16 ea per fill retail); AL(At least 3 yrs old); PA	ANDEXXA 200 MG	1	
<i>opium tincture</i>	1		BRIDION	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>			<i>deferoxamine mesylate</i>	1	
Antidote Combinations			DESFERAL 500 MG ( <i>Use deferoxamine mesylate</i> )	9	
PREVDUO	1		EDETATE CALCIUM DISODIUM SOLN	1	
Antidotes - Chelating Agents			<i>fomepizole 1.5 GM/1.5ML</i>	1	
CHEMET	1		<i>methylene blue (antidote) SOLN IV 50 MG/10ML</i>	1	
<i>deferasirox PACK</i>	1	PA	PRAXBIND	1	
<i>deferasirox TABS</i>	1	AL(At least 3 yrs old); PA	PROVAYBLUE SOLN IV ( <i>Use methylene blue (antidote)</i> )	1	
<i>deferasirox TBSO 250 MG</i>	1	AL(At least 3 yrs old)	PROVAYBLUE SOLN IV ( <i>Use methylene blue (antidote)</i> )	9	
<i>deferiprone TABS</i>	1	PA	<b>Benzodiazepine Antagonists</b>		
<i>deferiprone TABS</i>	1	PA	<i>flumazenil</i>	1	
EXJADE TBSO 125 MG, 500 MG ( <i>Use deferasirox</i> )	9		<b>Opioid Antagonists</b>		
EXJADE TBSO 250 MG ( <i>Use deferasirox</i> )	1	AL(At least 3 yrs old)	KLOXXADO LIQD	1	QL(2 ea per 30 days retail; 2 ea per 30 days mail)
FERRIPROX TWICE-A-DAY TABS	1	PA	NALMEFENE HYDROCHLORIDE IJ	1	
FERRIPROX SOLN	1	PA	<i>naloxone hcl LIQD</i>	1	QL(2 ea per 30 days retail; 2 ea per 30 days mail); RX/OTC
FERRIPROX TABS ( <i>Use deferiprone</i> )	1	PA	<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1	
FERRIPROX TABS ( <i>Use deferiprone</i> )	9	PA	<i>naloxone hcl SOSY</i>	1	QL(4 ml per 30 days retail; 4 ml per 30 days mail)
JADENU SPRINKLE PACK ( <i>Use deferasirox</i> )	9	PA	<i>naltrexone hcl</i>	1	
JADENU SPRINKLE PACK ( <i>Use deferasirox</i> )	1	PA	<b>Antidotes and Specific Antagonists</b>		
JADENU TABS ( <i>Use deferasirox</i> )	1	AL(At least 3 yrs old); PA			

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Oklahoma Complete Health Updated 04/01/2024

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NARCAN LIQD ( <i>Use naloxone hcl</i> )	1	QL(2 ea per 30 days retail; 2 ea per 30 days mail); RX/OTC	PALONOSETRON HYDROCHLORIDE SOLN	1	
OPVEE NA	1	QL(2 ea per 30 days retail; 2 ea per 30 days mail); AL(At least 12 yrs old)	SANCUSO PTCH	1	QL(1 ea per 20 days retail; 1 ea per 20 days mail); PA
VIVITROL	1		SUSTOL PRSY	1	PA
ZIMHI SOSY	1	QL(1 ml per 30 days retail; 1 ml per 30 days mail)	<b>Antiemetics - Anticholinergic</b>		
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>			ANTIVERT TABS 50 MG ( <i>Use meclizine hcl</i> )	9	
<b>5-HT3 Receptor Antagonists</b>			DIMENHYDRINATE SOLN	1	
ANZEMET TABS 50 MG	1	QL(10 ea per fill retail); PA	<i>meclizine hcl</i> TABS 12.5 MG, 25 MG	1	RX/OTC
<i>granisetron hcl</i> SOLN IV 1 MG/ML	1		<i>scopolamine</i>	1	QL(10 ea per 30 days retail; 10 ea per 30 days mail)
<i>granisetron hcl</i> SOLN IV 1 MG/ML, 4 MG/4ML	1	PA	TIGAN SOLN	1	
<i>granisetron hcl</i> TABS	1	QL(20 ea per 10 days retail; 20 ea per 10 days mail); PA	TRANSDERM-SCOP ( <i>Use scopolamine</i> )	9	
<i>ondansetron hcl</i> SOLN OR 4 MG/5ML	1		TRANSDERM-SCOP ( <i>Use scopolamine</i> )	1	QL(10 ea per 30 days retail; 10 ea per 30 days mail)
<i>ondansetron hcl</i> SOLN OR 4 MG/5ML	1	QL(50 ml per 10 days retail; 50 ml per 10 days mail)	<i>trimethobenzamide hcl</i> CAPS	1	
<i>ondansetron hcl</i> SOSY	1		<b>Antiemetics - Antidopaminergic</b>		
<i>ondansetron hcl</i> TABS 4 MG, 8 MG	1	QL(30 ea per 10 days retail; 30 ea per 10 days mail)	BARHEMSYS 10 MG/4ML	1	
<i>ondansetron</i> TBDP	1	QL(30 ea per 10 days retail; 30 ea per 10 days mail)	<b>Antiemetics - Miscellaneous</b>		
<i>palonosetron hcl</i> SOLN	1		AKYNZEO	1	QL(1 ea per 7 days retail; 1 ea per 7 days mail); PA
<i>palonosetron hcl</i> SOSY	1	PA	AKYNZEO SOLN	1	PA
			AKYNZEO SOLR	1	QL(1 ea per 7 days retail; 1 ea per 7 days mail); PA
			BONJESTA TBCR	1	QL(2 ea daily); AL(At least 10 yrs old - Up to 50 yrs old); PA

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Oklahoma Complete Health Updated 04/01/2024

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DICLEGIS TBEC ( <i>Use doxylamine-pyridoxine</i> )	1	QL(4 ea daily); AL(At least 10 yrs old - Up to 50 yrs old)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily); AL(At least 10 yrs old - Up to 50 yrs old); PA
<i>dronabinol CAPS</i>	1	QL(2 ea daily); PA
MARINOL CAPS 2.5 MG ( <i>Use dronabinol</i> )	1	QL(2 ea daily); PA
SYNDROS SOLN	1	PA
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
APONVIE EMUL	1	PA
<i>aprepitant CAPS</i>	1	QL(1 ea daily); PA
<i>aprepitant MISC</i>	1	QL(1 ea daily); PA
CINVANTI EMUL	1	PA
EMEND ( <i>Use fosaprepitant dimeglumine</i> )	9	
EMEND ( <i>Use fosaprepitant dimeglumine</i> )	1	PA
EMEND TRIPACK CAPS ( <i>Use aprepitant</i> )	9	QL(1 ea daily)
EMEND CAPS 80 MG ( <i>Use aprepitant</i> )	9	QL(1 ea daily)
EMEND SUSR	1	QL(1 ea daily); AL(Up to 6 yrs old); PA
<i>fosaprepitant dimeglumine</i>	1	PA
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
BREXAFEMME	1	QL(4 ea per fill retail); AL(At least 10 yrs old); PA
CANCIDAS ( <i>Use caspofungin acetate</i> )	1	

Drug Name	Drug Tier	Requirements/Limits
<i>caspofungin acetate</i>	1	
CASPOFUNGIN ACETATE	1	
ERAXIS	1	
MICAFUNGIN	1	
<i>micafungin sodium</i>	1	
MYCAMINE ( <i>Use micafungin sodium</i> )	1	
REZZAYO	1	AL(At least 18 yrs old); PA
<b>Antifungals</b>		
AMBISOME ( <i>Use amphotericin b liposome</i> )	1	
<i>amphotericin b liposome</i>	1	
ANCOBON ( <i>Use flucytosine</i> )	1	PA
<i>flucytosine</i>	1	PA
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS 74.5 MG	1	QL(140 ea per 28 days retail; 140 ea per 28 days mail); AL(At least 18 yrs old); PA
CRESEMBA CAPS 186 MG	1	QL(68 ea per 30 days retail; 68 ea per 30 days mail); AL(At least 18 yrs old); PA
CRESEMBA SOLR	1	AL(At least 18 yrs old)
DIFLUCAN SUSR ( <i>Use fluconazole</i> )	1	

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Oklahoma Complete Health

Updated 04/01/2024



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DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	1	
DIFLUCAN TABS 50 MG (Use fluconazole)	9	
DIFLUCAN TABS 150 MG (Use fluconazole)	9	QL(7 ea per fill retail)
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	1	
FLUCONAZOLE/SODIUM CHLORIDE	1	
fluconazole SUSR	1	
fluconazole TABS 150 MG	1	QL(7 ea per fill retail)
fluconazole TABS 50 MG, 100 MG, 200 MG	1	
itraconazole CAPS	1	
itraconazole SOLN	1	
ketoconazole	1	AL(At least 3 yrs old); PA
MICONAZOLE	1	
NOXAFIL PACK	1	PA
NOXAFIL SOLN (Use posaconazole)	1	
NOXAFIL SUSP (Use posaconazole)	9	
NOXAFIL TBEC (Use posaconazole)	9	
posaconazole SOLN	1	
posaconazole SUSP	1	PA
posaconazole TBEC	1	
SPORANOX PULSEPAK CAPS (Use itraconazole)	9	
SPORANOX CAPS (Use itraconazole)	1	
SPORANOX SOLN (Use itraconazole)	9	
TOLSURA CAPS	1	QL(4 ea daily); PA
VFEND IV SOLR (Use voriconazole)	1	

Drug Name	Drug Tier	Requirements/Limits
VFEND IV SOLR (Use voriconazole)	9	
VFEND SUSR (Use voriconazole)	1	
VFEND TABS (Use voriconazole)	1	
VIVJOA	1	QL(18 ea per 84 days retail; 18 ea per 84 days mail); AL(At least 18 yrs old); PA
voriconazole SOLR	1	
VORICONAZOLE SOLR (Use voriconazole)	1	
voriconazole SUSR	1	
voriconazole TABS	1	
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN	1	
carbinoxamine maleate TABS 4 MG	1	AL(Up to 20 yrs old); PA
clemastine fumarate SYRP	1	PA
clemastine fumarate TABS 2.68 MG	1	PA
diphenhydramine hcl SOLN 50 MG/ML	1	
Antihistamines - Non-Sedating		
cetirizine hcl SOLN OR	1	AL(Up to 20 yrs old); RX/OTC
cetirizine hcl TABS 10 MG	1	QL(1 ea daily)
cetirizine hcl TABS	1	QL(1 ea daily); AL(Up to 20 yrs old)
CLARINEX TABS (Use desloratadine)	1	QL(1 ea daily); PA
CLARINEX TABS (Use desloratadine)	9	QL(1 ea daily); PA

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Oklahoma Complete Health

Updated 04/01/2024

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CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	9		Antihistamines - Phenothiazines		
CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	9		PHENERGAN SOLN (Use promethazine hcl)	1	
CLARITIN REDITABS TBDP 10 MG (Use loratadine)	9	PA	promethazine hcl SOLN 6.25 MG/5ML	1	
CLARITIN SOLN (Use loratadine)	9		promethazine hcl SUPP 12.5 MG, 25 MG	1	QL(4 ea daily)
CLARITIN TABS (Use loratadine)	9	AL(Up to 20 yrs old); PA	promethazine hcl SYRP	1	
desloratadine TABS	1	QL(1 ea daily); PA	promethazine hcl TABS	1	
levocetirizine dihydrochloride SOLN	2	QL(150 ml per 30 days retail; 150 ml per 30 days mail); AL(Up to 6 yrs old); ST; RX/OTC	Antihistamines - Piperidines		
levocetirizine dihydrochloride TABS	2	QL(1 ea daily); AL(Up to 20 yrs old); ST; RX/OTC	cyproheptadine hcl SYRP	1	
loratadine SOLN	1	AL(Up to 20 yrs old)	cyproheptadine hcl TABS	1	
loratadine TABS	1	QL(1 ea daily); AL(Up to 20 yrs old)	<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
loratadine TBDP 10 MG	1	QL(1 ea daily); AL(Up to 20 yrs old)	Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use levocetirizine dihydrochloride)	9	ST; RX/OTC	NEXLETOL	1	QL(1 ea daily); PA
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	9	ST; RX/OTC	Angiotensin-like Protein Inhibitors		
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	9	PA	EVKEEZA	1	AL(At least 5 yrs old); PA
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	9	RX/OTC	Antihyperlipidemics - Combinations		
			ezetimibe-simvastatin	1	QL(1 ea daily); PA
			NEXLIZET	1	QL(1 ea daily); PA
			VYTORIN (Use ezetimibe-simvastatin)	1	QL(1 ea daily); PA
			Antihyperlipidemics - Misc.		
			icosapent ethyl 0.5 GM	1	QL(8 ea daily); PA
			icosapent ethyl 1 GM	1	QL(4 ea daily)
			LOVAZA (Use omega-3-acid ethyl esters)	1	QL(4 ea daily); MP
			omega-3-acid ethyl esters	1	QL(4 ea daily); MP
			VASCEPA 0.5 GM (Use icosapent ethyl)	1	QL(8 ea daily); PA

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Oklahoma Complete Health

Updated 04/01/2024

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VASCEPA 1 GM ( <i>Use icosapent ethyl</i> )	1	QL(4 ea daily); PA	Fibric Acid Derivatives		
Bile Acid Sequestrants			ANTARA 30 MG	2	ST
<i>cholestyramine light PACK</i>	1	QL(2 ea daily)	<i>choline fenofibrate 45 MG</i>	1	QL(2 ea daily)
<i>cholestyramine light POWD</i>	1		<i>choline fenofibrate 135 MG</i>	2	ST
<i>cholestyramine PACK</i>	1	QL(2 ea daily)	<i>fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG, 200 MG</i>	2	ST
<i>cholestyramine POWD</i>	1		<i>fenofibrate micronized 67 MG, 134 MG</i>	1	
<i>colesevelam hcl PACK</i>	1	PA	<i>fenofibrate CAPS 150 MG</i>	2	ST
<i>colesevelam hcl TABS</i>	1		<i>fenofibrate TABS 40 MG, 120 MG</i>	2	ST
COLESTID FLAVORED GRAN ( <i>Use colestipol hcl</i> )	9		<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1	
COLESTID FLAVORED PACK ( <i>Use colestipol hcl</i> )	1		FENOGLIDE TABS ( <i>Use fenofibrate</i> )	2	ST
COLESTID GRAN ( <i>Use colestipol hcl</i> )	1		<i>gemfibrozil TABS</i>	1	QL(2 ea daily)
COLESTID PACK ( <i>Use colestipol hcl</i> )	9		LIPOFEN CAPS ( <i>Use fenofibrate</i> )	2	ST
COLESTID TABS ( <i>Use colestipol hcl</i> )	1		LIPOFEN CAPS ( <i>Use fenofibrate</i> )	9	ST
<i>colestipol hcl GRAN</i>	1		LOPID TABS ( <i>Use gemfibrozil</i> )	1	QL(2 ea daily)
<i>colestipol hcl PACK</i>	1		TRICOR TABS ( <i>Use fenofibrate</i> )	9	
<i>colestipol hcl TABS</i>	1		TRILIPIX 45 MG ( <i>Use choline fenofibrate</i> )	9	QL(2 ea daily)
QUESTRAN LIGHT POWD ( <i>Use cholestyramine light</i> )	1		TRILIPIX 135 MG ( <i>Use choline fenofibrate</i> )	9	ST
QUESTRAN PACK ( <i>Use cholestyramine</i> )	1	QL(2 ea daily)	HMG CoA Reductase Inhibitors		
QUESTRAN PACK ( <i>Use cholestyramine</i> )	9		ALTOPREV TB24 20 MG, 40 MG	1	PA
QUESTRAN POWD ( <i>Use cholestyramine</i> )	1		ATORVALIQ SUSP	1	QL(300 ml per 30 days retail; 300 ml per 30 days mail); PA
WELCHOL PACK ( <i>Use colesevelam hcl</i> )	9		<i>atorvastatin calcium TABS 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily)
WELCHOL PACK ( <i>Use colesevelam hcl</i> )	1	PA	<i>atorvastatin calcium TABS 80 MG</i>	1	QL(1 ea daily); MP
WELCHOL TABS ( <i>Use colesevelam hcl</i> )	9				
WELCHOL TABS ( <i>Use colesevelam hcl</i> )	1				

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Oklahoma Complete Health

Updated 04/01/2024

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CRESTOR TABS 5 MG, 10 MG, 20 MG (Use <i>rosuvastatin calcium</i> )	1	QL(1 ea daily); MP
CRESTOR TABS 40 MG (Use <i>rosuvastatin calcium</i> )	9	QL(1 ea daily); MP
EZALLOR SPRINKLE CPSP	1	QL(1 ea daily); PA
<i>fluvastatin sodium CAPS</i>	1	PA
<i>fluvastatin sodium TB24</i>	1	PA
LESCOL XL TB24 (Use <i>fluvastatin sodium</i> )	9	
LIPITOR TABS 80 MG (Use <i>atorvastatin calcium</i> )	1	QL(1 ea daily); MP
LIPITOR TABS 10 MG, 80 MG (Use <i>atorvastatin calcium</i> )	9	
LIPITOR TABS 20 MG, 40 MG (Use <i>atorvastatin calcium</i> )	9	QL(2 ea daily); MP
LIPITOR TABS 10 MG, 20 MG, 40 MG (Use <i>atorvastatin calcium</i> )	1	QL(2 ea daily); MP
LIPITOR TABS 80 MG (Use <i>atorvastatin calcium</i> )	9	QL(1 ea daily); MP
LIVALO (Use <i>pitavastatin calcium</i> )	1	PA
<i>lovastatin TABS</i>	1	QL(2 ea daily); MP
<i>pitavastatin calcium</i>	1	PA
<i>pravastatin sodium 80 MG</i>	1	QL(1 ea daily); MP
<i>pravastatin sodium 20 MG, 40 MG</i>	1	QL(2 ea daily); MP
<i>pravastatin sodium 10 MG</i>	1	QL(3 ea daily); MP
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily); MP
<i>simvastatin TABS 5 MG, 80 MG</i>	1	
<i>simvastatin TABS 40 MG</i>	1	QL(1 ea daily); MP
<i>simvastatin TABS 10 MG, 20 MG</i>	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
ZOCOR TABS 40 MG (Use <i>simvastatin</i> )	1	QL(1 ea daily); MP
ZOCOR TABS 20 MG (Use <i>simvastatin</i> )	9	QL(2 ea daily); MP
ZOCOR TABS 10 MG (Use <i>simvastatin</i> )	1	QL(2 ea daily); MP
ZYPITAMAG 2 MG, 4 MG	1	QL(1 ea daily); PA
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	QL(1 ea daily)
ZETIA (Use <i>ezetimibe</i> )	1	QL(1 ea daily)
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR 500 MG</i>	1	QL(3 ea daily); MP
<i>niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG</i>	1	QL(2 ea daily); MP
NIASPAN TBCR (Use <i>niacin (antihyperlipidemic)</i> )	9	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	1	QL(1.5 ml per 180 days retail; 2 ml per 180 days mail); AL(At least 18 yrs old); PA
PRALUENT SOAJ	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); PA
REPATHA PUSHTRONEX SYSTEM SOCT	1	QL(3.5 ml per 28 days retail; 4 ml per 28 days mail); PA

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SOAJ	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); PA	<i>lisinopril TABS 30 MG, 40 MG</i>	1	QL(2 ea daily); MP
REPATHA SOSY	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); PA	<i>lisinopril TABS 10 MG</i>	1	QL(8 ea daily); MP
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>			<i>lisinopril TABS 2.5 MG, 5 MG</i>	1	QL(6 ea daily); MP
<b>ACE Inhibitors</b>			<i>LOTENSIN 20 MG, 40 MG (Use benazepril hcl)</i>	1	QL(2 ea daily); MP
<i>ACCUPRIL 5 MG (Use quinapril hcl)</i>	1	QL(2 ea daily); MP	<i>LOTENSIN 10 MG (Use benazepril hcl)</i>	1	QL(3 ea daily); MP
<i>ACCUPRIL 10 MG, 20 MG, 40 MG (Use quinapril hcl)</i>	9	QL(2 ea daily); MP	<i>moexipril hcl</i>	1	QL(4 ea daily); MP
<i>ALTACE CAPS 1.25 MG (Use ramipril)</i>	1	QL(3 ea daily); MP	<i>perindopril erbumine 2 MG, 4 MG</i>	1	MP
<i>ALTACE CAPS 5 MG, 10 MG (Use ramipril)</i>	9	QL(2 ea daily); MP	<i>QBRELIS SOLN</i>	1	QL(5 ml daily); AL(Up to 6 yrs old)
<i>ALTACE CAPS 2.5 MG (Use ramipril)</i>	9	QL(3 ea daily); MP	<i>quinapril hcl</i>	1	QL(2 ea daily); MP
<i>benazepril hcl 5 MG</i>	1	QL(6 ea daily); MP	<i>ramipril CAPS 5 MG, 10 MG</i>	1	QL(2 ea daily); MP
<i>benazepril hcl 10 MG</i>	1	QL(3 ea daily); MP	<i>ramipril CAPS 1.25 MG, 2.5 MG</i>	1	QL(3 ea daily); MP
<i>benazepril hcl 20 MG, 40 MG</i>	1	QL(2 ea daily); MP	<i>trandolapril</i>	1	MP
<i>captopril</i>	2	ST	<i>VASOTEC TABS 10 MG, 20 MG (Use enalapril maleate)</i>	9	QL(2 ea daily); MP
<i>enalapril maleate SOLN</i>	1	QL(5 ml daily); AL(Up to 6 yrs old)	<i>VASOTEC TABS 5 MG (Use enalapril maleate)</i>	9	QL(3 ea daily); MP
<i>enalapril maleate TABS 10 MG, 20 MG</i>	1	QL(2 ea daily); MP	<i>VASOTEC TABS 2.5 MG (Use enalapril maleate)</i>	1	QL(3 ea daily); MP
<i>enalapril maleate TABS 2.5 MG, 5 MG</i>	1	QL(3 ea daily); MP	<i>ZESTRIL TABS 20 MG (Use lisinopril)</i>	1	QL(4 ea daily); MP
<i>enalaprilat</i>	1		<i>ZESTRIL TABS 10 MG (Use lisinopril)</i>	9	QL(8 ea daily); MP
<i>EPANED SOLN (Use enalapril maleate)</i>	1	QL(5 ml daily); AL(Up to 6 yrs old)	<i>ZESTRIL TABS 2.5 MG, 5 MG (Use lisinopril)</i>	1	QL(6 ea daily); MP
<i>fosinopril sodium</i>	1	MP	<i>ZESTRIL TABS 30 MG, 40 MG (Use lisinopril)</i>	1	QL(2 ea daily); MP
<i>lisinopril TABS 20 MG</i>	1	QL(4 ea daily); MP	<b>Agents for Pheochromocytoma</b>		
			<i>DEMSEER (Use metyrosine)</i>	1	

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Oklahoma Complete Health

Updated 04/01/2024

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DIBENZYLIN (Use phenoxybenzamine hcl)	9		DIOVAN TABS 40 MG (Use valsartan)	9	MP
metirosine	1		EDARBI	3	ST
phenoxybenzamine hcl	1		irbesartan	1	MP
phentolamine mesylate SOLR	1		losartan potassium 25 MG	1	QL(4 ea daily); MP
<b>Angiotensin II Receptor Antagonists</b>			losartan potassium 50 MG, 100 MG	1	QL(3 ea daily); MP
ATACAND 32 MG (Use candesartan cilexetil)	2	ST	MICARDIS 20 MG (Use telmisartan)	9	QL(5 ea daily); MP
ATACAND 4 MG, 8 MG (Use candesartan cilexetil)	1		MICARDIS 40 MG (Use telmisartan)	9	QL(3 ea daily); MP
ATACAND 16 MG (Use candesartan cilexetil)	9		MICARDIS 80 MG (Use telmisartan)	1	QL(2 ea daily); MP
AVAPRO 75 MG (Use irbesartan)	9	MP	olmesartan medoxomil 40 MG	1	QL(2 ea daily); MP
AVAPRO 150 MG, 300 MG (Use irbesartan)	1	MP	olmesartan medoxomil 5 MG	1	QL(6 ea daily); MP
BENICAR 40 MG (Use olmesartan medoxomil)	1	QL(2 ea daily); MP	olmesartan medoxomil 20 MG	1	QL(3 ea daily); MP
BENICAR 20 MG (Use olmesartan medoxomil)	1	QL(3 ea daily); MP	telmisartan 20 MG	1	QL(5 ea daily); MP
BENICAR 20 MG (Use olmesartan medoxomil)	9	QL(3 ea daily); MP	telmisartan 80 MG	1	QL(2 ea daily); MP
BENICAR 5 MG (Use olmesartan medoxomil)	1	QL(6 ea daily); MP	telmisartan 40 MG	1	QL(3 ea daily); MP
BENICAR 5 MG (Use olmesartan medoxomil)	9	QL(6 ea daily); MP	valsartan SOLN	1	AL(At least 6 yrs old); PA
BENICAR 40 MG (Use olmesartan medoxomil)	9	QL(2 ea daily); MP	valsartan TABS	1	MP
candesartan cilexetil 32 MG	2	ST	<b>Antiadrenergic Antihypertensives</b>		
candesartan cilexetil 4 MG, 8 MG, 16 MG	1		CARDURA 4 MG (Use doxazosin mesylate)	1	QL(4 ea daily); MP
COZAAR 25 MG (Use losartan potassium)	1	QL(4 ea daily); MP	CARDURA 1 MG, 2 MG (Use doxazosin mesylate)	1	QL(7 ea daily); MP
COZAAR 50 MG, 100 MG (Use losartan potassium)	1	QL(3 ea daily); MP	CARDURA 2 MG, 4 MG (Use doxazosin mesylate)	9	MP
DIOVAN TABS 80 MG, 160 MG, 320 MG (Use valsartan)	1	MP	CARDURA 8 MG (Use doxazosin mesylate)	9	QL(2 ea daily); MP
			CARDURA 8 MG (Use doxazosin mesylate)	1	QL(2 ea daily); MP
			CATAPRES-TTS-1 (Use clonidine)	9	MP

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.  
Oklahoma Complete Health Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-2 (Use clonidine)	9	MP	terazosin hcl 10 MG	1	QL(18 ea daily); MP
CATAPRES-TTS-3 (Use clonidine)	9	MP	Antihypertensive Combinations		
clonidine 0.1 MG/24HR	1	QL(4 ea per 28 days retail; 12 ea per 84 days mail); MP	ACCURETIC (Use quinapril-hydrochlorothiazide)	1	QL(2 ea daily); MP
clonidine 0.2 MG/24HR, 0.3 MG/24HR	1	MP	amlodipine besylate-benazepril hcl 40 MG-10 MG, 40 MG-5 MG	1	QL(1 ea daily); MP
CLONIDINE HCL POWD	1		amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	1	QL(2 ea daily); MP
clonidine hcl TABS	1	QL(8 ea daily); MP	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	1	QL(4 ea daily); MP
clonidine hcl TB24	1	PA	amlodipine besylate-olmesartan medoxomil	1	
doxazosin mesylate 1 MG, 2 MG	1	QL(7 ea daily); MP	amlodipine besylate-valsartan	1	QL(1 ea daily); MP
doxazosin mesylate 4 MG	1	QL(4 ea daily); MP	amlodipine-valsartan-hydrochlorothiazide	1	QL(1 ea daily); MP
doxazosin mesylate 8 MG	1	QL(2 ea daily); MP	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	3	ST
guanfacine hcl	1	QL(4 ea daily)	atenolol & chlorthalidone	1	QL(1 ea daily); MP
methyldopa TABS	1		AVALIDE 12.5 MG-300 MG (Use irbesartan-hydrochlorothiazide)	1	MP
MINIPRESS CAPS 1 MG (Use prazosin hcl)	1	QL(6 ea daily); MP	AVALIDE 12.5 MG-150 MG (Use irbesartan-hydrochlorothiazide)	9	MP
MINIPRESS CAPS 2 MG (Use prazosin hcl)	1	QL(5 ea daily); MP	AZOR (Use amlodipine besylate-olmesartan medoxomil)	1	
MINIPRESS CAPS 5 MG (Use prazosin hcl)	1	QL(8 ea daily); MP	AZOR (Use amlodipine besylate-olmesartan medoxomil)	9	
NEXICLON XR TB24 (Use clonidine hcl)	9		benazepril & hydrochlorothiazide	1	QL(2 ea daily); MP
prazosin hcl CAPS 2 MG	1	QL(5 ea daily); MP	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	9	QL(2 ea daily); MP
prazosin hcl CAPS 1 MG	1	QL(6 ea daily); MP			
prazosin hcl CAPS 5 MG	1	QL(8 ea daily); MP			
terazosin hcl 2 MG	1	QL(4 ea daily); MP			
terazosin hcl 5 MG	1	QL(3 ea daily); AL(At least 1 yrs old); MP			
terazosin hcl 5 MG	1	QL(3 ea daily); MP			
terazosin hcl 1 MG	1	QL(19 ea daily); MP			

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BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	1	QL(2 ea daily); MP	losartan potassium & hydrochlorothiazide	1	QL(2 ea daily); MP
bisoprolol & hydrochlorothiazide	1	QL(2 ea daily); MP	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	1	QL(2 ea daily); MP
candesartan cilexetil-hydrochlorothiazide	3	ST	LOTREL 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	9	QL(1 ea daily); MP
captopril & hydrochlorothiazide 25 MG-50 MG	1		LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG (Use amlodipine besylate-benazepril hcl)	9	QL(2 ea daily); MP
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG	2		metoprolol & hydrochlorothiazide TABS 25 MG-50 MG	1	QL(2 ea daily); MP
DIOVAN HCT (Use valsartan-hydrochlorothiazide)	9	MP	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG	1	QL(1 ea daily); MP
EDARBYCLOR	3	ST	MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	9	ST
enalapril maleate & hydrochlorothiazide	1	QL(2 ea daily); MP	olmesartan medoxomil-amlodipine-hydrochlorothiazide	2	ST
EXFORGE (Use amlodipine besylate-valsartan)	9	QL(1 ea daily); MP	olmesartan medoxomil-hydrochlorothiazide	1	QL(2 ea daily); MP
EXFORGE HCT 12.5 MG-10 MG-160 MG, 12.5 MG-5 MG-160 MG, 25 MG-10 MG-160 MG, 25 MG-10 MG-320 MG (Use amlodipine-valsartan-hydrochlorothiazide)	9	QL(1 ea daily); MP	quinapril-hydrochlorothiazide	1	QL(2 ea daily); MP
EXFORGE HCT 25 MG-5 MG-160 MG (Use amlodipine-valsartan-hydrochlorothiazide)	9	MP	telmisartan-amlodipine	3	ST
fosinopril sodium & hydrochlorothiazide	1	MP; PA	telmisartan-hydrochlorothiazide	2	ST
HYZAAR (Use losartan potassium & hydrochlorothiazide)	1	QL(2 ea daily); MP	TENORETIC 100 (Use atenolol & chlorthalidone)	1	QL(1 ea daily); MP
irbesartan-hydrochlorothiazide	1	MP	TENORETIC 50 (Use atenolol & chlorthalidone)	1	QL(1 ea daily); MP
lisinopril & hydrochlorothiazide	1	QL(4 ea daily); MP	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG, 240 MG-2 MG	2	ST
			TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	2	ST

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.  
Oklahoma Complete Health

Updated 04/01/2024



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	9	ST	NIPRIDE RTU (Use nitroprusside sodium-sodium chloride)	1	
valsartan-hydrochlorothiazide	1	MP	nitroprusside sodium	1	
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	1	QL(2 ea daily); MP	nitroprusside sodium-sodium chloride	1	
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	1	QL(4 ea daily); MP	<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
ZIAC (Use bisoprolol & hydrochlorothiazide)	1	QL(2 ea daily); MP	Anti-infective Agents - Misc.		
<b>Direct Renin Inhibitors</b>			AEMCOLO	1	QL(4 ea daily); PA
aliskiren fumarate	3		bacitracin	1	
TEKTURNA (Use aliskiren fumarate)	3		FLAGYL CAPS (Use metronidazole)	1	
<b>Selective Aldosterone Receptor Antagonists (SARAs)</b>			LIKMEZ SUSP	1	QL(20 ml daily); AL(Up to 10 yrs old)
eplerenone	1		metronidazole CAPS	1	
INSPRA (Use eplerenone)	9		metronidazole SOLN	1	
<b>Vasodilators</b>			METRONIDAZOLE SOLN (Use metronidazole)	1	
CORLOPAM	1		metronidazole TABS	1	
hydralazine hcl SOLN	1		NEBUPENT IN (Use pentamidine isethionate)	1	
hydralazine hcl TABS 50 MG	1	QL(5 ea daily); MP	PENTAM 300 IJ (Use pentamidine isethionate)	1	
hydralazine hcl TABS 10 MG	1	QL(30 ea daily); MP	pentamidine isethionate IJ	1	
hydralazine hcl TABS 100 MG	1	QL(3 ea daily); MP	tinidazole	1	
hydralazine hcl TABS 25 MG	1	QL(11 ea daily); MP	trimethoprim TABS	1	
minoxidil 10 MG	1	QL(10 ea daily); MP	XIFAXAN 200 MG	1	QL(3 ea daily); AL(At least 12 yrs old); PA
minoxidil 2.5 MG	1	QL(4 ea daily); MP	XIFAXAN 550 MG	1	QL(2 ea daily); AL(At least 18 yrs old); PA
			<b>Anti-infective Misc. - Combinations</b>		
			BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	1	

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Oklahoma Complete Health

Updated 04/01/2024

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BACTRIM TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	1		VABOMERE	1	QL(84 ea per 14 days retail; 84 ea per 14 days mail); AL(At least 18 yrs old); PA
<i>sulfamethoxazole-trimethoprim SOLN</i>	1		<b>Chloramphenicols</b>		
<i>sulfamethoxazole-trimethoprim SUSP</i>	1		<i>chloramphenicol sodium succinate</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1		<b>Cyclic Lipopeptides</b>		
<b>Antiprotozoal Agents</b>			CUBICIN ( <i>Use daptomycin</i> )	9	
ALINIA TABS ( <i>Use nitazoxanide</i> )	9		CUBICIN RF ( <i>Use daptomycin</i> )	9	
<i>atovaquone</i>	1		<i>daptomycin</i>	1	
LAMPIT 120 MG	1	QL(225 ea per 30 days retail; 225 ea per 30 days mail); AL(Up to 17 yrs old); PA	DAPTOMYCIN	1	
LAMPIT 30 MG	1	QL(9 ea daily); AL(Up to 17 yrs old); PA	DAPTOMYCIN ( <i>Use daptomycin</i> )	9	
MEPRON ( <i>Use atovaquone</i> )	9		DAPTOMYCIN/SODIUM CHLORIDE	1	
<i>nitazoxanide TABS</i>	1	QL(2 ea daily)	<b>Glycopeptides</b>		
<b>Carbapenems</b>			FIRVANQ SOLR OR 50 MG/ML ( <i>Use vancomycin hcl</i> )	1	
<i>ertapenem sodium IJ</i>	1		FIRVANQ SOLR OR ( <i>Use vancomycin hcl</i> )	9	
<i>imipenem-cilastatin IV</i>	1		KIMYRSA	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA
INVANZ IJ ( <i>Use ertapenem sodium</i> )	9		ORBACTIV	1	QL(3 ea per 30 days retail; 3 ea per 30 days mail)
<i>meropenem</i>	1		VANCOCIN CAPS ( <i>Use vancomycin hcl</i> )	1	
MEROPENEM	1	PA	<i>vancomycin hcl CAPS</i>	1	
MEROPENEM/SODIUM CHLORIDE	1		VANCOMYCIN HCL SOLN	1	
PRIMAXIN IV IV 500 MG-500 MG ( <i>Use imipenem-cilastatin</i> )	9		<i>vancomycin hcl SOLR IV 1 GM, 1.25 GM, 1.5 GM, 5 GM, 10 GM, 500 MG, 750 MG, 1000 MG</i>	1	
RECARBRIO	1	QL(56 ea per 14 days retail; 56 ea per 14 days mail); PA			

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Oklahoma Complete Health

Updated 04/01/2024

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VANCOMYCIN HYDROCHLORIDE SOLN IV 500 MG/100ML, 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML	1		<i>clindamycin phosphate in d5w</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR IV (Use vancomycin hcl)	9		<i>clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR IV (Use vancomycin hcl)	1		CLINDAMYCIN/SODIUM CHLORIDE	1	
VANCOMYCIN HYDROCHLORIDE SOLR IV	1		LINCOCIN (Use lincomycin hcl)	1	
VANCOMYCIN SOLN IV	1		LINCOCIN (Use lincomycin hcl)	9	
VIBATIV 750 MG	1		<i>lincomycin hcl</i>	1	
Leprostotics			Monobactams		
<i>dapsone</i>	1		AZACTAM 1 GM (Use aztreonam)	9	
Lincosamides			AZACTAM 2 GM (Use aztreonam)	1	
CLEOCIN (Use clindamycin hcl)	1		<i>aztreonam</i>	1	
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	9		CAYSTON	1	QL(84 ml per 55 days retail; 84 ml per 55 days mail); PA
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use clindamycin phosphate)	9		Oxazolidinones		
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use clindamycin phosphate)	1		LINEZOLID	1	
CLEOCIN PHOSPHATE SOLN IJ	1		<i>linezolid SOLN</i>	1	QL(8400 ml per 14 days retail; 8400 ml per 14 days mail)
<i>clindamycin hcl</i>	1		<i>linezolid SUSR</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1		<i>linezolid TABS</i>	1	
			SIVEXTRO SOLR	1	PA
			SIVEXTRO TABS	1	PA
			ZYVOX SOLN (Use linezolid)	9	
			ZYVOX SUSR (Use linezolid)	9	QL(150 ml per 10 days retail; 150 ml per 10 days mail)
			ZYVOX SUSR (Use linezolid)	1	QL(150 ml per 10 days retail; 150 ml per 10 days mail)

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Oklahoma Complete Health

Updated 04/01/2024

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ZYVOX TABS (Use linezolid)	9	QL(28 ea per 14 days retail; 28 ea per 14 days mail)
<b>Polymyxins</b>		
<i>colistimethate sodium</i>	1	
COLY-MYCIN M (Use <i>colistimethate sodium</i> )	1	
<i>polymyxin b sulfate SOLR</i>	1	
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	1	
HIPREX (Use <i>methenamine hippurate</i> )	1	
MACROBID (Use <i>nitrofurantoin monohyd macro</i> )	1	
MACRODANTIN 50 MG, 100 MG (Use <i>nitrofurantoin macrocrystal</i> )	1	
MACRODANTIN 25 MG (Use <i>nitrofurantoin macrocrystal</i> )	9	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
MONUROL (Use <i>fosfomycin tromethamine</i> )	9	
<i>nitrofurantoin</i>	1	
NITROFURANTOIN	1	QL(300 ml per 7 days retail; 300 ml per 7 days mail); AL(Up to 10 yrs old); PA
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl</i>	1	
MALARONE 25 MG-62.5 MG (Use <i>atovaquone-proguanil hcl</i> )	1	
MALARONE 100 MG-250 MG (Use <i>atovaquone-proguanil hcl</i> )	9	
<b>Antimalarials</b>		
ARTESUNATE	1	
<i>chloroquine phosphate TABS</i>	1	PA
DARAPRIM (Use <i>pyrimethamine</i> )	9	
DARAPRIM (Use <i>pyrimethamine</i> )	1	QL(63 ea per 20 days retail; 63 ea per 20 days mail); PA
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	1	QL(2 ea per fill retail); AL(At least 16 yrs old)
<i>mefloquine hcl</i>	1	
PLAQUENIL (Use <i>hydroxychloroquine sulfate</i> )	9	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (Use <i>primaquine phosphate</i> )	1	
<i>pyrimethamine</i>	1	QL(63 ea per 20 days retail; 63 ea per 20 days mail); PA
QUALAQUIN CAPS (Use <i>quinine sulfate</i> )	9	
<i>quinine sulfate CAPS 324 MG</i>	1	PA
SOVUNA	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
BLOXIVERZ SOLN IV (Use neostigmine methylsulfate)	1	
BLOXIVERZ SOLN IV (Use neostigmine methylsulfate)	9	
FIRDAPSE	1	QL(8 ea daily); PA
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	9	
MESTINON SOLN OR (Use pyridostigmine bromide)	9	
MESTINON TABS (Use pyridostigmine bromide)	9	
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	1	
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	
neostigmine methylsulfate SOSY	1	
NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate)	1	
NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate)	9	
pyridostigmine bromide SOLN OR	1	
pyridostigmine bromide TABS 30 MG	1	PA
pyridostigmine bromide TABS 60 MG	1	
pyridostigmine bromide TBCR	1	
REGONOL SOLN IV	1	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Antimycobacterial Agents</b>		
cycloserine	1	
ethambutol hcl TABS	1	
isoniazid SOLN	1	
isoniazid SYRP	1	
isoniazid TABS	1	
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	9	
MYCOBUTIN (Use rifabutin)	9	
PRIFTIN	1	
pyrazinamide	1	
rifabutin	1	
RIFADIN SOLR (Use rifampin)	1	
rifampin CAPS	1	
rifampin SOLR	1	
SIRTURO 20 MG	1	AL(At least 5 yrs old)
SIRTURO 100 MG	1	QL(188 ea per 168 days retail; 188 ea per 168 days mail); AL(At least 5 yrs old)
TRECATOR	1	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN (Use melphalan hcl)	9	
ALKERAN (Use melphalan)	9	
BELRAPZO SOLN	1	
bendamustine hcl SOLR	1	
BENDAMUSTINE HYDROCHLORIDE SOLN	1	
BICNU (Use carmustine)	9	
busulfan SOLN	1	

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Oklahoma Complete Health

Updated 04/01/2024

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BUSULFEX SOLN (Use busulfan)	1		temozolomide CAPS	1	
BUSULFEX SOLN (Use busulfan)	9		TEPADINA (Use thiotepa)	1	
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	1		thiotepa	1	
carmustine	1		TREANDA SOLR 100 MG (Use bendamustine hcl)	1	
CARMUSTINE	1		TREANDA SOLR 25 MG (Use bendamustine hcl)	9	
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	1		VIVIMUSTA SOLN	1	
CISPLATIN SOLR	1		YONDELIS	1	
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	1		ZEPZELCA	1	PA
cyclophosphamide CAPS	1		Antimetabolites		
CYCLOPHOSPHAMIDE SOLN	1		ALIMTA SOLR (Use pemetrexed disodium)	9	
cyclophosphamide SOLR IJ	1		ARRANON (Use nelarabine)	9	
CYCLOPHOSPHAMIDE TABS	1		azacitidine SUSR	1	
EVOMELA	1		capecitabine	1	
GLEOSTINE 10 MG, 40 MG, 100 MG	1	PA	cladribine 10 MG/10ML	1	
GLIADEL WAFER	1		clofarabine	1	
ifosfamide SOLN	1		CLOLAR (Use clofarabine)	9	
KEMOPLAT SOLN	1		cytarabine SOLN	1	
LEUKERAN	1		DACOGEN (Use decitabine)	1	
melphalan	1		decitabine	1	
melphalan hcl	1		fludarabine phosphate SOLN	1	
MYLERAN TABS	1		FLUDARABINE PHOSPHATE SOLN	1	
oxaliplatin SOLN	1		fludarabine phosphate SOLR	1	
oxaliplatin SOLR	1		fluorouracil	1	
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (Use temozolomide)	9		FOLOTYN (Use pralatrexate)	1	PA
			FOLOTYN	1	PA
			gemcitabine hcl SOLN	1	
			gemcitabine hcl SOLR	1	

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Oklahoma Complete Health

Updated 04/01/2024

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GEMCITABINE HYDROCHLORIDE SOLN	1		XELODA (Use capecitabine)	9	
GEMCITABINE HYDROCHLORIDE SOLN	1		Antineoplastic - Angiogenesis Inhibitors		
GEMCITABINE HYDROCHLORIDE SOLN (Use gemcitabine hcl)	9		ALYMSYS	1	
JYLAMVO SOLN	1	AL(At least 18 yrs old); PA	FRUZAQLA 5 MG	1	PA
mercaptopurine TABS	1		FRUZAQLA 1 MG	1	QL(3 ea daily); PA
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1		INLYTA	1	
methotrexate sodium SOLR	1		LENVIMA 10 MG DAILY DOSE	1	QL(1 ea daily); PA
methotrexate sodium TABS 2.5 MG	1		LENVIMA 12MG DAILY DOSE	1	QL(3 ea daily); PA
nelarabine	1		LENVIMA 14 MG DAILY DOSE	1	QL(2 ea daily); PA
ONUREG TABS	1	QL(14 ea per 28 days retail; 14 ea per 28 days mail); AL(At least 18 yrs old); PA	LENVIMA 18 MG DAILY DOSE	1	QL(3 ea daily); PA
PEMETREXED	1		LENVIMA 20 MG DAILY DOSE	1	QL(2 ea daily); PA
pemetrexed disodium SOLR	1		LENVIMA 24 MG DAILY DOSE	1	QL(3 ea daily); PA
PEMETREXED SOLN	1		LENVIMA 4 MG DAILY DOSE	1	QL(1 ea daily); PA
PEMFEXY	1	PA	LENVIMA 8 MG DAILY DOSE	1	QL(3 ea daily); PA
PEMRYDI RTU SOLN	1	PA	MVASI	1	
pralatrexate	1	PA	VEGZELMA	1	
PURIXAN SUSP	1	AL(Up to 10 yrs old)	ZALTRAP 100 MG/4ML	1	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	1		ZIRABEV	1	
VIDAZA SUSR (Use azacitidine)	1		Antineoplastic - Antibodies		
XATMEP SOLN	1	AL(Up to 10 yrs old)	BAVENCIO	1	
XELODA (Use capecitabine)	1		BESPONSA	1	
			BLINCYTO	1	PA
			COLUMVI	1	
			DARZALEX	1	
			ELAHERE	1	PA
			ELREXFIO	1	
			EMPLICITI	1	
			ENHERTU	1	PA
			IMFINZI	1	

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IMJUDO	1	
JEMPERLI	1	PA
KADCYLA	1	
KEYTRUDA	1	
LIBTAYO	1	PA
LOQTORZI	1	PA
LUMOXITI	1	
LUNSUMIO	1	
MYLOTARG	1	
OPDIVO 120 MG/12ML, 240 MG/24ML	1	
PADCEV	1	PA
POLIVY 140 MG	1	
POLIVY 30 MG	1	PA
POTELIGEO	1	
RIABNI	1	
RUXIENCE	1	PA
RYBREVANT	1	
SARCLISA	1	PA
TALVEY	1	
TECENTRIQ	1	
TECVAYLI	1	
TIVDAK	1	PA
TRUXIMA	1	PA
UNITUXIN	1	QL(5 ml daily)
YERVOY	1	
ZEVALIN Y-90	1	
ZYNLONTA	1	PA
ZYNYZ	1	
<b>Antineoplastic - Anti-HER2 Agents</b>		
HERCEPTIN 150 MG	1	PA
HERZUMA	1	PA
KANJINTI	1	PA
MARGENZA	1	PA
OGIVRI	1	PA
ONTRUZANT	1	PA

Drug Name	Drug Tier	Requirements/Limits
TRAZIMERA	1	PA
TUKYSA 50 MG	1	QL(2 ea daily); PA
TUKYSA 150 MG	1	QL(4 ea daily); PA
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TBPk	1	QL(42 ea per 28 days retail; 42 ea per 28 days mail); PA
VENCLEXTA TABS 10 MG	1	QL(14 ea per fill retail); PA
VENCLEXTA TABS 100 MG	1	QL(4 ea daily); PA
VENCLEXTA TABS 50 MG	1	QL(7 ea per fill retail); PA
<b>Antineoplastic - Cellular Immunotherapy</b>		
ABECMA	1	
CARVYKTI	1	
KYMRIAH	1	
TECARTUS	1	
<b>Antineoplastic - EGFR Inhibitors</b>		
<i>erlotinib hcl</i>	1	QL(1 ea daily); PA
EXKIVITY	1	QL(4 ea daily); PA
<i>gefitinib</i>	1	QL(1 ea daily)
GILOTRIF	1	QL(1 ea daily); PA
IRESSA ( <i>Use gefitinib</i> )	1	QL(1 ea daily)
PORTRAZZA	1	
TAGRISSO	1	QL(1 ea daily); PA
TARCEVA ( <i>Use erlotinib hcl</i> )	9	QL(1 ea daily)
VIZIMPRO	1	QL(1 ea daily); PA
<b>Antineoplastic - Gene Therapy Agents</b>		
ADSTILADRIN	1	AL(At least 18 yrs old); PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		

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Oklahoma Complete Health

Updated 04/01/2024



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DAURISMO	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA	<i>letrozole</i>	1	
ERIVEDGE	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA	LEUPROLIDE ACETATE INJ	1	
ODOMZO	1	QL(1 ea daily); PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	
<b>Antineoplastic - Hormonal and Related Agents</b>			LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA
<i>abiraterone acetate 250 MG</i>	1	QL(4 ea daily); PA	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	1	QL(1 ea per 28 days retail; 1 ea per 28 days mail)
<i>abiraterone acetate 500 MG</i>	1	QL(2 ea daily); PA	LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	1	
AKEEGA	1	QL(2 ea daily); PA	LUPRON DEPOT (3-MONTH) KIT IM 11.25 MG	1	QL(1 ea per 84 days retail; 1 ea per 84 days mail); PA
<i>anastrozole</i>	1		LUPRON DEPOT (4-MONTH) IM	1	
ARIMIDEX ( <i>Use anastrozole</i> )	9		LUPRON DEPOT (6-MONTH) IM	1	
AROMASIN ( <i>Use exemestane</i> )	9		LYSODREN	1	
<i>bicalutamide</i>	1		<i>megestrol acetate SUSP</i>	1	
CAMCEVI	1	PA	<i>megestrol acetate TABS</i>	1	
CASODEX ( <i>Use bicalutamide</i> )	1		NILANDRON ( <i>Use nilutamide</i> )	9	
ELIGARD SC	1		<i>nilutamide</i>	1	
EMCYT	1		NUBEQA	1	QL(4 ea daily); PA
ERLEADA 240 MG	1	QL(1 ea daily); PA	ORGOVYX	1	QL(1 ea daily); PA
ERLEADA 60 MG	1	QL(4 ea daily); PA	ORSERDU 86 MG	1	QL(3 ea daily); PA
<i>exemestane</i>	1		ORSERDU 345 MG	1	QL(1 ea daily); PA
FARESTON ( <i>Use toremifene citrate</i> )	9		SOLTAMOX SOLN	1	QL(300 ml per 30 days retail; 300 ml per 30 days mail)
FASLODEX SOSY ( <i>Use fulvestrant</i> )	9		<i>tamoxifen citrate TABS</i>	1	
FEMARA ( <i>Use letrozole</i> )	9		<i>toremifene citrate</i>	1	
FIRMAGON	1		TRELSTAR MIXJECT	1	
<i>fulvestrant SOSY</i>	1				
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	AL(At least 10 yrs old - Up to 50 yrs old); PA			

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XTANDI CAPS	1	QL(4 ea daily); PA	COSMEGEN (Use dactinomycin)	9	
XTANDI TABS 40 MG	1	QL(4 ea daily); PA	dactinomycin	1	
XTANDI TABS 80 MG	1	QL(2 ea daily); PA	daunorubicin hcl SOLN	1	
YONSA	1	QL(4 ea daily); PA	DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl)	9	
ZYTIGA 500 MG (Use abiraterone acetate)	1	QL(2 ea daily); PA	DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl)	1	
ZYTIGA 250 MG (Use abiraterone acetate)	9	QL(4 ea daily)	DAUNORUBICIN HYDROCHLORIDE SOLN	1	
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			DOXIL (Use doxorubicin hcl liposomal)	1	
WELIREG	1	QL(3 ea daily); PA	doxorubicin hcl liposomal	1	
Antineoplastic - Immunomodulators			doxorubicin hcl SOLN	1	
POMALYST	1	QL(21 ea per 28 days retail; 21 ea per 28 days mail)	doxorubicin hcl SOLR 10 MG, 50 MG	1	
Antineoplastic - PDGFR-alpha Inhibitors			IDAMYCIN PFS (Use idarubicin hcl)	1	
AYVAKIT	1	QL(1 ea daily); PA	idarubicin hcl	1	
Antineoplastic - XPO1 Inhibitors			mitomycin SOLR IV	1	
XPOVIO 40 MG, 50 MG	1	QL(8 ea per 28 days retail; 8 ea per 28 days mail); PA	mitoxantrone hcl 2 MG/ML	1	
XPOVIO 40 MG, 60 MG	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA	valrubicin	1	
XPOVIO 60 MG TWICE WEEKLY	1	QL(24 ea per 28 days retail; 24 ea per 28 days mail); PA	VALSTAR (Use valrubicin)	9	
XPOVIO 80 MG TWICE WEEKLY	1	QL(32 ea per 28 days retail; 32 ea per 28 days mail); PA	Antineoplastic Combinations		
Antineoplastic Antibiotics			DARZALEX FASPRO	1	
bleomycin sulfata	1		HERCEPTIN HYLECTA	1	PA
			INQOVI	1	QL(5 ea per 28 days retail; 5 ea per 28 days mail); AL(At least 18 yrs old); PA
			KISQALI FEMARA 200 DOSE	1	QL(49 ea per 28 days retail; 49 ea per 28 days mail); PA
			KISQALI FEMARA 400 DOSE	1	QL(70 ea per 28 days retail; 70 ea per 28 days mail); PA

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Oklahoma Complete Health

Updated 04/01/2024

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KISQALI FEMARA 600 DOSE	1	QL(91 ea per 28 days retail; 91 ea per 28 days mail); PA	BELEODAQ	1	PA
LONSURF	1	PA	BORTEZOMIB SOLN	1	
OPDUALAG	1		<i>bortezomib SOLR IJ</i>	1	
PHESGO	1	PA	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	1	
RITUXAN HYCELA	1		BOSULIF CAPS 50 MG	1	QL(1 ea daily); PA
VYXEOS	1		BOSULIF CAPS 100 MG	1	QL(5 ea daily); PA
Antineoplastic Enzyme Inhibitors			BOSULIF TABS	1	QL(1 ea daily); PA
AFINITOR DISPERZ TBSO ( <i>Use everolimus</i> )	9		BRAFTOVI 75 MG	1	QL(6 ea daily); PA
AFINITOR DISPERZ TBSO ( <i>Use everolimus</i> )	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA	BRUKINSA	1	QL(4 ea daily); PA
AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG ( <i>Use everolimus</i> )	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA	CABOMETYX TABS	1	QL(1 ea daily); PA
AFINITOR TABS ( <i>Use everolimus</i> )	9		CALQUENCE	1	QL(2 ea daily); PA
ALECENSA	1	QL(8 ea daily); PA	CALQUENCE	1	QL(2 ea daily); PA
ALIQOPA	1		CAPRELSA	1	
ALUNBRIG TABS 30 MG, 90 MG	1	QL(2 ea daily); PA	COMETRIQ KIT	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail)
ALUNBRIG TABS 180 MG	1	QL(1 ea daily); PA	COMETRIQ KIT	1	QL(112 ea per 28 days retail; 112 ea per 28 days mail)
ALUNBRIG TBPK	1	QL(1 ea daily); PA	COMETRIQ KIT	1	QL(84 ea per 28 days retail; 84 ea per 28 days mail)
AUGTYRO	1	QL(8 ea daily); PA	COPIKTRA	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); PA
BALVERSA 4 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); PA	COTELLIC	1	QL(63 ea per 20 days retail; 63 ea per 20 days mail); PA
BALVERSA 5 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA	<i>everolimus TABS 5 MG, 10 MG</i>	1	PA
BALVERSA 3 MG	1	QL(84 ea per 28 days retail; 84 ea per 28 days mail); PA	<i>everolimus TABS</i>	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA

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Updated 04/01/2024

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<i>everolimus TBSO</i>	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA	IMBRUVICA TABS	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA
FOTIVDA	1	QL(21 ea per 28 days retail; 21 ea per 28 days mail); PA	INREBIC	1	QL(4 ea daily); PA
FYARRO	1	AL(At least 18 yrs old); PA	ISTODAX SOLR ( <i>Use romidepsin</i> )	9	
GAVRETO	1	QL(4 ea daily); AL(At least 18 yrs old); PA	JAKAFI 5 MG	1	QL(2 ea daily)
GLEEVEC 400 MG ( <i>Use imatinib mesylate</i> )	9	QL(2 ea daily)	JAKAFI 10 MG, 15 MG, 20 MG, 25 MG	1	QL(2 ea daily); PA
GLEEVEC 100 MG ( <i>Use imatinib mesylate</i> )	9	QL(3 ea daily)	JAYPIRCA 100 MG	1	QL(2 ea daily); PA
IBRANCE CAPS	1	QL(21 ea per 20 days retail; 21 ea per 20 days mail); PA	JAYPIRCA 50 MG	1	QL(1 ea daily); PA
IBRANCE TABS	1	QL(21 ea per 20 days retail; 21 ea per 20 days mail); PA	KISQALI	1	QL(42 ea per 20 days retail; 42 ea per 20 days mail); PA
ICLUSIG 10 MG, 30 MG, 45 MG	1	QL(1 ea daily); PA	KISQALI	1	QL(21 ea per 20 days retail; 21 ea per 20 days mail); PA
ICLUSIG 15 MG	1	QL(2 ea daily); PA	KISQALI	1	QL(63 ea per 20 days retail; 63 ea per 20 days mail); PA
IDHIFA	1	QL(1 ea daily); PA	KOSELUGO 10 MG	1	QL(10 ea daily); AL(At least 2 yrs old); PA
<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily)	KOSELUGO 25 MG	1	QL(4 ea daily); AL(At least 2 yrs old); PA
<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily)	KRAZATI	1	QL(6 ea daily); PA
IMBRUVICA CAPS 140 MG	1	QL(4 ea daily); PA	KYPROLIS 10 MG, 30 MG	1	
IMBRUVICA CAPS 70 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA	<i>lapatinib ditosylate</i>	1	QL(150 ea per 30 days retail; 150 ea per 30 days mail); PA
IMBRUVICA SUSP	1	QL(216 ml per 35 days retail; 216 ml per 35 days mail); AL(Up to 10 yrs old); PA	LORBRENA 100 MG	1	QL(1 ea daily); PA
			LORBRENA 25 MG	1	QL(3 ea daily); PA
			LUMAKRAS 120 MG	1	QL(8 ea daily); PA

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Oklahoma Complete Health

Updated 04/01/2024

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LUMAKRAS 320 MG	1	QL(3 ea daily); PA	PEMAZYRE	1	QL(14 ea per 20 days retail; 14 ea per 20 days mail); PA
LYNPARZA TABS	1	QL(4 ea daily); PA	PIQRAY 200MG DAILY DOSE	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA
LYTGOBI	1	QL(112 ea per 28 days retail; 112 ea per 28 days mail); AL(At least 18 yrs old); PA	PIQRAY 250MG DAILY DOSE	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); PA
LYTGOBI	1	QL(84 ea per 28 days retail; 84 ea per 28 days mail); AL(At least 18 yrs old); PA	PIQRAY 300MG DAILY DOSE	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); PA
LYTGOBI	1	QL(140 ea per 28 days retail; 140 ea per 28 days mail); AL(At least 18 yrs old); PA	QINLOCK	1	QL(3 ea daily); PA
MEKINIST SOLR	1	QL(1170 ml per 29 days retail; 1170 ml per 29 days mail); AL(At least 1 yrs old - Up to 10 yrs old); PA	RETEVMO 80 MG	1	QL(4 ea daily); AL(At least 12 yrs old); PA
MEKINIST TABS	1	QL(1 ea daily); PA	RETEVMO 40 MG	1	QL(2 ea daily); AL(At least 12 yrs old); PA
MEKTOVI	1	QL(6 ea daily); PA	REZLIDHIA	1	QL(2 ea daily); PA
NERLYNX	1	QL(6 ea daily); PA	ROMIDEPSIN SOLN	1	PA
NEXAVAR (Use sorafenib tosylate)	1	QL(4 ea daily)	<i>romidepsin SOLR</i>	1	PA
NINLARO	1	QL(3 ea per 28 days retail; 3 ea per 28 days mail); PA	ROZLYTREK CAPS 200 MG	1	QL(3 ea daily); PA
OGSIVEO	1	QL(6 ea daily); PA	ROZLYTREK CAPS 100 MG	1	QL(1 ea daily); PA
OJJAARA	1	QL(1 ea daily); PA	ROZLYTREK PACK	1	QL(12 ea daily); AL(Up to 10 yrs old); PA
<i>pazopanib hcl</i>	1		RUBRACA	1	QL(4 ea daily); PA
			RYDAPT	1	QL(112 ea per 14 days retail; 112 ea per 14 days mail)
			SCSEMBLIX 40 MG	1	QL(10 ea daily); PA
			SCSEMBLIX 20 MG	1	QL(2 ea daily); PA
			<i>sorafenib tosylate</i>	1	QL(4 ea daily)
			SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG	1	QL(1 ea daily); PA

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SPRYCEL 20 MG	1	QL(2 ea daily); PA	VANFLYTA	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); PA
STIVARGA	1	QL(112 ea per 28 days retail; 112 ea per 28 days mail); PA	VELCADE SOLR IJ ( <i>Use bortezomib</i> )	9	
<i>sunitinib malate</i>	1		VERZENIO 50 MG, 150 MG, 200 MG	1	QL(2 ea daily); PA
SUTENT ( <i>Use sunitinib malate</i> )	1		VERZENIO 100 MG	1	QL(4 ea daily); PA
TABRECTA	1	QL(112 ea per 28 days retail; 112 ea per 28 days mail); PA	VITRAKVI CAPS	1	PA
TAFINLAR CAPS	1	QL(4 ea daily); PA	VITRAKVI SOLN	1	PA
TAFINLAR TBSO	1	QL(840 ea per 28 days retail; 840 ea per 28 days mail); AL(At least 1 yrs old - Up to 10 yrs old); PA	VONJO	1	QL(4 ea daily); PA
TALZENNA 0.25 MG	1	QL(3 ea daily); PA	VOTRIENT ( <i>Use pazopanib hcl</i> )	1	
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	QL(1 ea daily); PA	XALKORI CAPS	1	QL(2 ea daily); PA
TASIGNA 50 MG, 150 MG	1	QL(4 ea daily); PA	XALKORI CPSP 20 MG, 50 MG	1	QL(4 ea daily); PA
TAZVERIK	1	QL(8 ea daily); PA	XALKORI CPSP 150 MG	1	QL(6 ea daily); PA
<i>temsirolimus</i>	1		XOSPATA	1	QL(3 ea daily); PA
TEPMETKO	1	QL(2 ea daily); AL(At least 18 yrs old); PA	ZEJULA CAPS	1	QL(3 ea daily); PA
TIBSOVO	1	QL(2 ea daily); PA	ZEJULA TABS	1	QL(1 ea daily); PA
TORISEL ( <i>Use temsirolimus</i> )	9		ZELBORAF	1	QL(8 ea daily); PA
TRUQAP	1	PA	ZOLINZA	1	QL(4 ea daily); PA
TURALIO 125 MG	1	QL(4 ea daily); PA	ZYDELIG	1	QL(2 ea daily); PA
TYKERB ( <i>Use lapatinib ditosylate</i> )	1	QL(150 ea per 30 days retail; 150 ea per 30 days mail); PA	ZYKADIA TABS	1	QL(84 ea per 28 days retail; 84 ea per 28 days mail); PA
			<b>Antineoplastic Enzymes</b>		
			ASPARLAS	1	PA
			ONCASPAR	1	
			RYLAZE	1	PA
			<b>Antineoplastic Radiopharmaceuticals</b>		
			PLUVICTO	1	

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STRONTIUM CHLORIDE SR-89	1		<i>leucovorin calcium SOLR</i>	1	
XOFIGO	1		<i>leucovorin calcium TABS</i>	1	
Antineoplastics Misc.			<i>levoleucovorin calcium SOLN</i>	1	
ACTIMMUNE	1		<i>levoleucovorin calcium SOLR</i>	1	
<i>arsenic trioxide</i>	1		<i>mesna SOLN</i>	1	
BESREMI	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); AL(At least 18 yrs old); PA	MESNEX SOLN (Use <i>mesna</i> )	1	
<i>bexarotene</i>	1		MESNEX TABS	1	
<i>dacarbazine SOLR 200 MG</i>	1		PEDMARK	1	PA
ELZONRIS	1		Mitotic Inhibitors		
HYDREA (Use <i>hydroxyurea</i> )	1		ABRAXANE	1	
<i>hydroxyurea</i>	1		<i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	1	
MATULANE	1		DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	1	
NIPENT	1		<i>docetaxel SOLN</i>	1	
SYNRIBO	1	PA	DOCETAXEL SOLN (Use <i>docetaxel</i> )	1	
TARGRETIN (Use <i>bexarotene</i> )	9		ETOPOPHOS	1	
<i>tretinoin (chemotherapy)</i>	1	QL(3 ea daily)	<i>etoposide CAPS</i>	1	
TRISENOX (Use <i>arsenic trioxide</i> )	1		<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	
TRISENOX (Use <i>arsenic trioxide</i> )	9		<i>paclitaxel</i>	1	
Chemotherapy Adjuncts			<i>paclitaxel protein-bound particles</i>	1	
ELITEK	1		PACLITAXEL PROTEIN-BOUND PARTICLES	1	
KEPIVANCE 5.16 MG	1	PA	<i>vinblastine sulfate SOLN</i>	1	
Chemotherapy Rescue/Antidote/Protective Agents			<i>vincristine sulfate</i>	1	
<i>dexrazoxane hcl</i>	1		<i>vinorelbine tartrate</i>	1	
IWILFIN	1	QL(8 ea daily); PA	Oncolytic Viral Agents		
KHAPZORY 175 MG	1	PA	IMLYGIC	1	
<i>leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML</i>	1		Topoisomerase I Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
CAMPTOSAR (Use irinotecan hcl)	9	
HYCAMTIN CAPS	1	
HYCAMTIN SOLR (Use topotecan hcl)	9	
irinotecan hcl 40 MG/2ML, 100 MG/5ML, 300 MG/15ML	1	
ONIVYDE	1	
topotecan hcl SOLN	1	
TOPOTECAN HCL SOLN (Use topotecan hcl)	1	
topotecan hcl SOLR	1	
TRODELVY	1	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
carbidopa	1	
LODOSYN (Use carbidopa)	9	
NOURIANZ	1	QL(1 ea daily); PA
<b>Antiparkinson Anticholinergics</b>		
benztropine mesylate SOLN	1	
benztropine mesylate TABS	1	
trihexyphenidyl hcl SOLN	1	
trihexyphenidyl hcl TABS	1	
<b>Antiparkinson COMT Inhibitors</b>		
COMTAN (Use entacapone)	1	
entacapone	1	
ONGENTYS	1	QL(1 ea daily); AL(At least 18 yrs old); PA
TASMAR (Use tolcapone)	9	
tolcapone	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Antiparkinson Dopaminergics</b>		
amantadine hcl CAPS	1	QL(4 ea daily)
amantadine hcl SOLN	1	QL(33.34 ml daily); MP
amantadine hcl TABS	1	QL(4 ea daily)
APOKYN SOCT	1	
apomorphine hydrochloride SOCT	1	
bromocriptine mesylate CAPS	1	
bromocriptine mesylate TABS 2.5 MG	1	
carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG	1	MP
carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG	1	QL(4 ea daily)
carbidopa-levodopa-entacapone 200 MG-50 MG-200 MG	1	QL(2 ea daily)
carbidopa-levodopa TABS	1	QL(11 ea daily)
carbidopa-levodopa TBCR	1	QL(4 ea daily); MP
carbidopa-levodopa TBDP 100 MG-25 MG	1	
DHIVY TABS	1	QL(11 ea daily)
DUOPA SUSP	1	QL(2800 ml per 28 days retail; 2800 ml per 28 days mail); PA
GOCOVRI CP24	1	QL(2 ea daily); PA
INBRIJA CAPS	1	5 rtl pack lmt amt; 30 rtl pack lmt day(s); 5 mail pack lmt amt; 30 mail pack lmt day(s); PA

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Updated 04/01/2024



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MIRAPEX ER TB24 0.75 MG, 1.5 MG, 3 MG, 4.5 MG (Use pramipexole dihydrochloride)	9	QL(1 ea daily)	ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG	1	
MIRAPEX ER TB24 0.375 MG, 2.25 MG, 3.75 MG (Use pramipexole dihydrochloride)	1	QL(1 ea daily); PA	ropinirole hydrochloride TABS 4 MG, 5 MG	1	QL(3 ea daily); MP
NEUPRO	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 18 yrs old); PA	ropinirole hydrochloride TABS 3 MG	1	QL(6 ea daily); MP
OSMOLEX ER TB24 129 MG, 193 MG	1	QL(1 ea daily); PA	ropinirole hydrochloride TB24	1	PA
PARLODEL CAPS (Use bromocriptine mesylate)	1		RYTARY CPCR	1	QL(3 ea daily); PA
PARLODEL TABS (Use bromocriptine mesylate)	1		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	1	QL(11 ea daily)
pramipexole dihydrochloride TABS 1.5 MG	1		STALEVO 100 (Use carbidopa-levodopa-entacapone)	1	QL(4 ea daily)
pramipexole dihydrochloride TABS 0.5 MG	1	QL(9 ea daily); MP	STALEVO 125 (Use carbidopa-levodopa-entacapone)	1	
pramipexole dihydrochloride TABS 1 MG	1	QL(4.67 ea daily); MP	STALEVO 150 (Use carbidopa-levodopa-entacapone)	1	
pramipexole dihydrochloride TABS 0.125 MG	1	QL(20 ea daily); MP	STALEVO 200 (Use carbidopa-levodopa-entacapone)	1	QL(2 ea daily)
pramipexole dihydrochloride TABS 0.75 MG	1	QL(8 ea daily); MP	STALEVO 50 (Use carbidopa-levodopa-entacapone)	1	MP
pramipexole dihydrochloride TABS 0.25 MG	1	QL(10 ea daily); MP	STALEVO 75 (Use carbidopa-levodopa-entacapone)	1	
pramipexole dihydrochloride TB24 0.375 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	1	QL(1 ea daily); PA	<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
ropinirole hydrochloride TABS 0.5 MG	1	QL(7 ea daily); MP	AZILECT (Use rasagiline mesylate)	1	QL(1 ea daily)
			rasagiline mesylate	1	QL(1 ea daily)
			selegiline hcl CAPS	1	
			selegiline hcl TABS	1	
			XADAGO	1	QL(1 ea daily); PA
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>					

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Updated 04/01/2024

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Antimanic Agents			VRAYLAR CPPK	3	QL(1 ea daily); AL(At least 5 yrs old); ST
<i>lithium</i>	1		<i>ziprasidone hcl</i>	1	QL(2 ea daily); AL(At least 5 yrs old); MP
LITHIUM	1		<i>ziprasidone mesylate</i>	1	
<i>lithium carbonate CAPS</i>	1		Benzisoxazoles		
<i>lithium carbonate TABS</i>	1		FANAPT 4 MG, 6 MG, 8 MG, 12 MG	2	QL(2 ea daily); AL(At least 5 yrs old); ST
<i>lithium carbonate TBCR</i>	1		FANAPT TITRATION PACK	2	QL(2 ea daily); AL(At least 5 yrs old)
LITHOBID TBCR (Use <i>lithium carbonate</i> )	1		INVEGA 3 MG, 9 MG (Use <i>paliperidone</i> )	2	QL(1 ea daily); AL(At least 5 yrs old); ST
Antipsychotics - Misc.			INVEGA 6 MG (Use <i>paliperidone</i> )	2	QL(100 ea per 50 days retail; 100 ea per 50 days mail); AL(At least 5 yrs old); ST
CAPLYTA	3	QL(1 ea daily); ST	INVEGA 1.5 MG (Use <i>paliperidone</i> )	9	QL(1 ea daily); ST
EQUETRO 100 MG	1	QL(3 ea daily)	INVEGA HAFYERA 1560 MG/5ML	1	QL(5 ml per 180 days retail; 5 ml per 180 days mail)
GEODON 60 MG, 80 MG (Use <i>ziprasidone hcl</i> )	9	AL(At least 5 yrs old); MP	INVEGA HAFYERA 1092 MG/3.5ML	1	QL(3.5 ml per 180 days retail; 4 ml per 180 days mail)
GEODON (Use <i>ziprasidone hcl</i> )	1	QL(2 ea daily); AL(At least 5 yrs old); MP	INVEGA SUSTENNA 78 MG/0.5ML	1	QL(0.5 ml per 28 days retail)
GEODON 40 MG (Use <i>ziprasidone hcl</i> )	9	QL(2 ea daily); MP	INVEGA TRINZA 273 MG/0.88ML	1	
GEODON (Use <i>ziprasidone mesylate</i> )	1		<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	2	QL(1 ea daily); AL(At least 5 yrs old); ST
GEODON (Use <i>ziprasidone mesylate</i> )	9		<i>paliperidone 6 MG</i>	2	QL(100 ea per 50 days retail; 100 ea per 50 days mail); AL(At least 5 yrs old); ST
LATUDA 80 MG (Use <i>lurasidone hcl</i> )	2	QL(2 ea daily); AL(At least 5 yrs old); ST	<i>paliperidone 6 MG</i>	2	QL(100 ea per 50 days retail; 100 ea per 50 days mail); AL(At least 5 yrs old); ST
LATUDA 20 MG, 40 MG, 60 MG, 120 MG (Use <i>lurasidone hcl</i> )	2	QL(1 ea daily); AL(At least 5 yrs old); ST	<i>paliperidone 6 MG</i>	2	AL(At least 5 yrs old); ST
<i>lurasidone hcl 80 MG</i>	2	QL(2 ea daily); AL(At least 5 yrs old); ST			
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	2	QL(1 ea daily); AL(At least 5 yrs old); ST			
NUPLAZID CAPS	1	QL(1 ea daily); PA			
NUPLAZID TABS 10 MG	1	QL(1 ea daily); PA			
VRAYLAR CAPS	3	QL(1 ea daily); AL(At least 5 yrs old); ST			

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Updated 04/01/2024

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PERSERIS PRSY	1	QL(1 ea per 28 days retail; 1 ea per 28 days mail); AL(At least 5 yrs old)	UZEDY SUSY 75 MG/0.21ML	1	QL(0.21 ml per 28 days retail); AL(At least 5 yrs old)
RISPERDAL CONSTA (Use risperidone microspheres)	9	AL(At least 5 yrs old)	UZEDY SUSY 150 MG/0.42ML	1	QL(0.42 ml per 55 days retail); AL(At least 5 yrs old)
RISPERDAL SOLN (Use risperidone)	9	QL(8 ml daily); MP	UZEDY SUSY 200 MG/0.56ML	1	QL(0.56 ml per 55 days retail; 1 ml per 55 days mail); AL(At least 5 yrs old)
RISPERDAL TABS 0.5 MG (Use risperidone)	9	QL(2 ea daily); MP	UZEDY SUSY 50 MG/0.14ML	1	QL(0.14 ml per 28 days retail); AL(At least 5 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	1	QL(2 ea daily); AL(At least 5 yrs old); MP	UZEDY SUSY 125 MG/0.35ML	1	QL(0.35 ml per 28 days retail); AL(At least 5 yrs old)
risperidone microspheres	3	AL(At least 5 yrs old)	<b>Butyrophenones</b>		
risperidone SOLN	1	QL(8 ml daily); AL(At least 5 yrs old); MP	HALDOL DECANOATE 100 (Use haloperidol decanoate)	1	
risperidone TABS	1	QL(2 ea daily); AL(At least 5 yrs old); MP	HALDOL DECANOATE 50 (Use haloperidol decanoate)	1	
risperidone TBDP 3 MG	1	QL(100 ea per 50 days retail; 100 ea per 50 days mail); AL(At least 5 yrs old)	haloperidol decanoate	1	
risperidone TBDP 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1	QL(2 ea daily); AL(At least 5 yrs old); MP	haloperidol lactate CONC	1	
RYKINDO SRER	3	QL(2 ea per 28 days retail; 2 ea per 28 days mail); AL(At least 5 yrs old)	haloperidol lactate SOLN	1	
UZEDY SUSY 250 MG/0.7ML	1	QL(0.7 ml per 55 days retail; 1 ml per 55 days mail); AL(At least 5 yrs old)	haloperidol TABS	1	
UZEDY SUSY 100 MG/0.28ML	1	QL(0.28 ml per 28 days retail); AL(At least 5 yrs old)	<b>Dibenzapines</b>		
			asenapine maleate	2	QL(2 ea daily); AL(At least 5 yrs old); ST
			clozapine TABS	1	AL(At least 5 yrs old)
			clozapine TBDP 12.5 MG, 100 MG, 150 MG, 200 MG	1	AL(At least 5 yrs old); PA
			CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	1	AL(At least 5 yrs old)

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CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	9	AL(At least 5 yrs old)	SEROQUEL TABS 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)	9	QL(3 ea daily); MP
<i>loxapine succinate</i>	1		VERSACLOZ SUSP	1	QL(600 ml per 30 days retail; 600 ml per 30 days mail); AL(At least 5 yrs old); PA
<i>olanzapine SOLR</i>	1		ZYPREXA RELPREVV	1	
<i>olanzapine TABS</i>	1	QL(1 ea daily); AL(At least 5 yrs old); MP	ZYPREXA ZYDIS TBDP (Use olanzapine)	9	MP
<i>olanzapine TBDP</i>	1	QL(1 ea daily); AL(At least 5 yrs old); MP	ZYPREXA SOLR (Use olanzapine)	1	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	QL(3 ea daily); AL(At least 5 yrs old); MP	ZYPREXA TABS 10 MG, 15 MG, 20 MG (Use olanzapine)	1	QL(1 ea daily); AL(At least 5 yrs old); MP
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	QL(3 ea daily); MP	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG (Use olanzapine)	9	QL(1 ea daily); MP
<i>quetiapine fumarate TABS 150 MG</i>	3	QL(2 ea daily); AL(At least 5 yrs old)	<b>Dihydroindolones</b>		
<i>quetiapine fumarate TB24 50 MG, 300 MG, 400 MG</i>	1	QL(2 ea daily); AL(At least 5 yrs old); MP	<i>molindone hcl 5 MG, 25 MG</i>	1	
<i>quetiapine fumarate TB24 150 MG, 200 MG</i>	1	QL(1 ea daily); AL(At least 5 yrs old); MP	<b>Phenothiazines</b>		
SAPHRIS (Use asenapine maleate)	9	ST	<i>chlorpromazine hcl CONC</i>	1	AL(Up to 10 yrs old)
SAPHRIS 5 MG, 10 MG (Use asenapine maleate)	2	QL(2 ea daily); AL(At least 5 yrs old); ST	<i>chlorpromazine hcl SOLN</i>	1	
SECUADO	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA	<i>chlorpromazine hcl TABS</i>	1	
SEROQUEL XR TB24 150 MG, 200 MG (Use quetiapine fumarate)	9	QL(1 ea daily); MP	<i>fluphenazine decanoate</i>	1	
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (Use quetiapine fumarate)	9	QL(2 ea daily); MP	<i>fluphenazine hcl CONC</i>	1	
SEROQUEL TABS 25 MG, 300 MG, 400 MG (Use quetiapine fumarate)	1	QL(3 ea daily); AL(At least 5 yrs old); MP	<i>fluphenazine hcl ELIX</i>	1	
			<i>fluphenazine hcl SOLN</i>	1	
			<i>fluphenazine hcl TABS</i>	1	
			<i>perphenazine TABS</i>	1	
			<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
			PROCHLORPERAZINE MALEATE POWD	1	
			<i>prochlorperazine maleate TABS</i>	1	

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Oklahoma Complete Health Updated 04/01/2024

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<i>thioridazine hcl 25 MG, 50 MG</i>	1	
<i>trifluoperazine hcl TABS 2 MG, 5 MG</i>	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	1	AL(At least 5 yrs old)
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	1	QL(2.4 ml per 55 days retail; 2 ml per 55 days mail); AL(At least 5 yrs old)
ABILIFY MAINTENA PRSY	1	QL(1 ea per 28 days retail; 1 ea per 28 days mail); AL(At least 5 yrs old)
ABILIFY MAINTENA SRER	1	QL(1 ea per 28 days retail; 1 ea per 28 days mail); AL(At least 5 yrs old)
ABILIFY MYCITE MAINTENANCE KIT	1	QL(1 ea daily); AL(At least 5 yrs old); PA
ABILIFY MYCITE STARTER KIT	1	QL(1 ea daily); AL(At least 5 yrs old); PA
ABILIFY TABS ( <i>Use aripiprazole</i> )	9	QL(1 ea daily); MP
<i>aripiprazole SOLN OR</i>	1	
<i>aripiprazole TABS</i>	1	QL(1 ea daily); MP
<i>aripiprazole TABS</i>	1	QL(1 ea daily); AL(At least 5 yrs old); MP
<i>aripiprazole TBDP</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA
ARISTADA INITIO	1	QL(2.4 ml per fill retail)
REXULTI	3	QL(1 ea daily); AL(At least 5 yrs old); ST
Thioxanthenes		

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APRETUDE	1	QL(3 ml per 28 days retail; 3 ml per 28 days mail); AL(At least 12 yrs old)
APTIVUS CAPS	1	
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	1	
BIKTARVY	1	QL(1 ea daily)
CABENUVA 600 MG/2ML-400 MG/2ML	1	QL(4 ml per 30 days retail; 4 ml per 30 days mail); AL(At least 12 yrs old)
CABENUVA 900 MG/3ML-600 MG/3ML	1	QL(6 ml per 30 days retail; 6 ml per 30 days mail); AL(At least 12 yrs old)
CIMDUO	1	QL(1 ea daily)
COMBIVIR ( <i>Use lamivudine-zidovudine</i> )	9	
COMPLERA	1	
<i>darunavir TABS 800 MG</i>	1	QL(1 ea daily)
<i>darunavir TABS 600 MG</i>	1	QL(2 ea daily)
DELSTRIGO	1	QL(1 ea daily)
DESCOVY	1	QL(1 ea daily)
DOVATO	1	QL(1 ea daily)
EDURANT	1	
<i>efavirenz CAPS</i>	1	

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1		<i>lamivudine SOLN</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)	<i>lamivudine-zidovudine</i>	1	
<i>efavirenz TABS</i>	1		LEXIVA SUSP	1	
<i>emtricitabine CAPS</i>	1		LEXIVA TABS (Use fosamprenavir calcium)	9	QL(2.95 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)	<i>lopinavir-ritonavir SOLN</i>	1	
EMTRIVA CAPS (Use emtricitabine)	9		<i>lopinavir-ritonavir TABS</i>	1	
EMTRIVA SOLN	1		<i>maraviroc TABS 300 MG</i>	1	QL(4 ea daily)
EPIVIR SOLN (Use lamivudine)	1		<i>maraviroc TABS 150 MG</i>	1	QL(2 ea daily)
EPZICOM (Use abacavir sulfate-lamivudine)	9		<i>nevirapine SUSP</i>	1	
<i>etravirine</i>	1		<i>nevirapine TABS</i>	1	
<i>fosamprenavir calcium TABS</i>	1	QL(2.95 ea daily)	<i>nevirapine TB24 100 MG</i>	1	
GENVOYA	1	QL(1 ea daily)	NORVIR PACK	1	QL(12 ea daily); AL(Up to 6 yrs old)
INTELENCE 200 MG (Use etravirine)	1		NORVIR TABS (Use ritonavir)	9	
INTELENCE 25 MG	1	QL(2.95 ea daily)	NORVIR TABS (Use ritonavir)	1	
INTELENCE 100 MG (Use etravirine)	9		ODEFSEY	1	QL(1 ea daily)
ISENTRESS HD TABS	1	QL(2 ea daily)	PIFELTRO	1	QL(1 ea daily)
ISENTRESS CHEW	1	AL(At least 2 yrs old - Up to 11 yrs old)	PREZCOBIX	1	QL(1 ea daily)
ISENTRESS PACK	1	AL(At least 2 yrs old - Up to 11 yrs old)	PREZISTA SUSP	1	
ISENTRESS TABS	1		PREZISTA TABS 75 MG, 150 MG	1	QL(2.95 ea daily)
JULUCA	1	QL(1 ea daily)	PREZISTA TABS 800 MG (Use darunavir)	1	QL(1 ea daily)
KALETRA SOLN (Use lopinavir-ritonavir)	9		PREZISTA TABS 600 MG (Use darunavir)	1	QL(2 ea daily)
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	9		RETROVIR IV INFUSION SOLN	1	
KALETRA TABS (Use lopinavir-ritonavir)	1		RETROVIR CAPS (Use zidovudine)	1	
			RETROVIR SYRP (Use zidovudine)	1	
			REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	9	
			REYATAZ PACK	1	AL(Up to 10 yrs old)
			<i>ritonavir TABS</i>	1	

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Oklahoma Complete Health

Updated 04/01/2024

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RUKOBIA	1	QL(2 ea daily)	VIRAMUNE XR TB24 400 MG (Use nevirapine)	9	
SELZENTRY SOLN	1	QL(60 ml daily)	VIREAD POWD	1	
SELZENTRY TABS 25 MG, 75 MG, 300 MG	1	QL(4 ea daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	1	QL(1 ea daily)
SELZENTRY TABS 150 MG (Use maraviroc)	1	QL(2 ea daily)	VIREAD TABS (Use tenofovir disoproxil fumarate)	9	QL(1 ea daily)
SELZENTRY TABS (Use maraviroc)	1	QL(4 ea daily)	ZIAGEN SOLN (Use abacavir sulfate)	9	
STRIBILD	1	QL(1 ea daily)	ZIAGEN TABS (Use abacavir sulfate)	9	
SUNLENCA SOLN	1	QL(3 ml per 180 days retail; 3 ml per 180 days mail)	Antiviral Combinations		
SUNLENCA TBPB	1	QL(5 ea per 8 days retail; 5 ea per 8 days mail)	PAXLOVID 100 MG-150 MG	1	AL(At least 12 yrs old)
SUNLENCA TBPB	1	QL(4 ea per fill retail)	CMV Agents		
SUSTIVA CAPS (Use efavirenz)	9		cidofovir	1	
SUSTIVA TABS (Use efavirenz)	9		foscarnet sodium 6000 MG/250ML	1	
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	1	QL(1 ea daily)	FOSCAVIR 6000 MG/250ML (Use foscarnet sodium)	9	
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	1	QL(1 ea daily)	ganciclovir sodium SOLR	1	
SYMTUZA	1	QL(1 ea daily)	GANCICLOVIR SOLN	1	
tenofovir disoproxil fumarate TABS	1	QL(1 ea daily)	LIVTENCITY	1	QL(112 ea per 28 days retail; 112 ea per 28 days mail); AL(At least 12 yrs old); PA
TIVICAY PD TBSO	1	QL(6 ea daily)	PREVYMIS SOLN 480 MG/24ML	1	QL(672 ml per 28 days retail; 672 ml per 28 days mail); PA
TIVICAY TABS	1		PREVYMIS SOLN 240 MG/12ML	1	QL(336 ml per 28 days retail; 336 ml per 28 days mail); PA
TRIUMEQ PD TBSO	1	QL(6 ea daily)	PREVYMIS TABS	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA
TRIUMEQ TABS	1	QL(1 ea daily)	VALCYTE SOLR (Use valganciclovir hcl)	9	
TROGARZO	1				
TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	1	QL(1 ea daily)			
TYBOST	1	QL(1 ea daily)			
VIRACEPT TABS 250 MG	1				

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Oklahoma Complete Health

Updated 04/01/2024

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VALCYTE SOLR (Use valganciclovir hcl)	1	
VALCYTE TABS (Use valganciclovir hcl)	1	
VALCYTE TABS (Use valganciclovir hcl)	9	
valganciclovir hcl SOLR	1	
valganciclovir hcl TABS	1	
Hepatitis Agents		
BARACLUDE SOLN	1	
BARACLUDE TABS (Use entecavir)	9	
entecavir TABS	1	
EPCLUSA PACK 37.5 MG-150 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA
EPCLUSA PACK 50 MG-200 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA
EPCLUSA TABS 50 MG-200 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA
EPCLUSA TABS 100 MG-400 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 18 yrs old); PA
EPIVIR HBV SOLN	1	
EPIVIR HBV TABS (Use lamivudine (hbv))	9	

Drug Name	Drug Tier	Requirements/Limits
HARVONI PACK 45 MG-200 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
HARVONI PACK 33.75 MG-150 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
HARVONI TABS 45 MG-200 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA
lamivudine (hbv) TABS	1	
LEDIPASVIR/SOFOSBUVIR TABS	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA
MAVYRET PACK	1	QL(168 ea per 28 days retail; 168 ea per 28 days mail)
MAVYRET TABS	1	QL(84 ea per 28 days retail; 84 ea per 28 days mail); PA
PEGASYS SOLN	1	
PEGASYS SOSY	1	
ribavirin (hepatitis c) TABS 200 MG	1	
SOFOSBUVIR/VELPATA SVIR TABS	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 18 yrs old); PA

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Oklahoma Complete Health

Updated 04/01/2024



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SOVALDI PACK 150 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA	RAPIVAB	1	
			<i>rimantadine hydrochloride TABS</i>	1	
			TAMIFLU CAPS 75 MG (Use <i>oseltamivir phosphate</i> )	1	QL(20 ea per 10 days retail; 20 ea per 10 days mail)
SOVALDI PACK 200 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA	TAMIFLU CAPS 30 MG, 45 MG (Use <i>oseltamivir phosphate</i> )	9	
			TAMIFLU SUSR (Use <i>oseltamivir phosphate</i> )	9	
SOVALDI TABS 200 MG	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA	XOFLUZA 80 MG	1	QL(1 ea per fill retail); AL(At least 5 yrs old)
			XOFLUZA 40 MG	1	QL(2 ea per fill retail); AL(At least 5 yrs old)
VEMLIDY	1	QL(1 ea daily)	Misc. Antivirals		
VOSEVI	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA	VEKLURY SOLR	1	
Herpes Agents			Respiratory Syncytial Virus (RSV) Agents		
<i>acyclovir CAPS</i>	1		<i>ribavirin</i>	1	
<i>acyclovir SUSP</i>	1	AL(Up to 7 yrs old)	VIRAZOLE (Use <i>ribavirin</i> )	1	
<i>acyclovir TABS OR famciclovir</i>	1		<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
SITAVIG TABS BU	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA	Alpha-Beta Blockers		
<i>valacyclovir hcl</i>	1		<i>carvedilol 3.125 MG, 6.25 MG</i>	1	QL(8 ea daily); MP
VALTREX (Use <i>valacyclovir hcl</i> )	1		<i>carvedilol 12.5 MG, 25 MG</i>	1	QL(4 ea daily); MP
ZOVIRAX SUSP (Use <i>acyclovir</i> )	9	AL(Up to 7 yrs old)	<i>carvedilol phosphate</i>	1	
Influenza Agents			COREG 3.125 MG, 6.25 MG (Use <i>carvedilol</i> )	1	QL(8 ea daily); MP
<i>oseltamivir phosphate CAPS</i>	1		COREG (Use <i>carvedilol</i> )	9	MP
<i>oseltamivir phosphate SUSR</i>	1		COREG 12.5 MG, 25 MG (Use <i>carvedilol</i> )	1	QL(4 ea daily); MP
			COREG CR (Use <i>carvedilol phosphate</i> )	1	
			COREG CR (Use <i>carvedilol phosphate</i> )	9	
			<i>labetalol hcl SOLN</i>	1	

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Oklahoma Complete Health

Updated 04/01/2024

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<i>labetalol hcl TABS 100 MG</i>	1	QL(24 ea daily); MP	BREVIBLOC PREMIXED DOUBLESTRENGTH (Use <i>esmolol hcl-sodium chloride</i> )	1	
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP	BREVIBLOC SOLN 100 MG/10ML (Use <i>esmolol hcl</i> )	9	
<i>labetalol hcl TABS 200 MG</i>	1	QL(12 ea daily); MP	BYSTOLIC (Use <i>nebivolol hcl</i> )	1	
LABETALOL HYDROCHLORIDE/DEXTROSE 5 %-200 MG/200ML	1		BYSTOLIC 2.5 MG, 5 MG, 20 MG (Use <i>nebivolol hcl</i> )	9	
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	1		<i>esmolol hcl-sodium chloride</i>	1	
LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML	1		<i>esmolol hcl SOLN 100 MG/10ML</i>	1	
Beta Blockers Cardio-Selective			ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	1	
<i>acebutolol hcl CAPS 400 MG</i>	1	QL(4 ea daily); MP	ESMOLOL HYDROCHLORIDE INWATER SOLN	1	
<i>acebutolol hcl CAPS 200 MG</i>	1	QL(6 ea daily); MP	KAPSPARGO SPRINKLE CS24	1	QL(1 ea daily); PA
<i>atenolol TABS 25 MG</i>	1	QL(8 ea daily); MP	LOPRESSOR TABS 50 MG (Use <i>metoprolol tartrate</i> )	1	QL(6 ea daily); MP
<i>atenolol TABS 100 MG</i>	1	QL(2 ea daily); MP	LOPRESSOR TABS 100 MG (Use <i>metoprolol tartrate</i> )	1	QL(5 ea daily); MP
<i>atenolol TABS 50 MG</i>	1	QL(4 ea daily); MP	<i>metoprolol succinate TB24 25 MG, 50 MG</i>	1	QL(3 ea daily); MP
<i>betaxolol hcl</i>	1		<i>metoprolol succinate TB24 100 MG, 200 MG</i>	1	QL(2 ea daily); MP
<i>bisoprolol fumarate 10 MG</i>	1	QL(2 ea daily); MP	<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1	
<i>bisoprolol fumarate 5 MG</i>	1	QL(4 ea daily); MP	<i>metoprolol tartrate TABS 37.5 MG, 75 MG, 100 MG</i>	1	QL(5 ea daily); MP
BREVIBLOC (Use <i>esmolol hcl-sodium chloride</i> )	1		<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(6 ea daily); MP
BREVIBLOC PREMIXED (Use <i>esmolol hcl-sodium chloride</i> )	1		<i>nebivolol hcl</i>	1	
			TENORMIN TABS 25 MG (Use <i>atenolol</i> )	9	QL(8 ea daily); MP

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Oklahoma Complete Health

Updated 04/01/2024

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TENORMIN TABS 100 MG (Use atenolol)	1	QL(2 ea daily); MP	propranolol hcl CP24 60 MG, 80 MG, 160 MG	1	QL(2 ea daily); MP
TENORMIN TABS 50 MG (Use atenolol)	9	QL(4 ea daily); MP	propranolol hcl CP24 120 MG	1	QL(3 ea daily); MP
TOPROL XL TB24 25 MG, 50 MG (Use metoprolol succinate)	1	QL(3 ea daily); MP	propranolol hcl SOLN OR 20 MG/5ML	1	
TOPROL XL TB24 100 MG, 200 MG (Use metoprolol succinate)	1	QL(2 ea daily); MP	propranolol hcl TABS 60 MG, 80 MG	1	QL(4 ea daily); MP
Beta Blockers Non-Selective			propranolol hcl TABS 40 MG	1	QL(6 ea daily); MP
BETAPACE AF 160 MG (Use sotalol hcl (afib/af))	1	QL(4 ea daily)	propranolol hcl TABS 10 MG, 20 MG	1	QL(8 ea daily); MP
BETAPACE AF 120 MG (Use sotalol hcl (afib/af))	1	QL(6.67 ea daily)	sotalol hcl (afib/af) 120 MG	1	QL(6.67 ea daily)
BETAPACE AF 80 MG (Use sotalol hcl (afib/af))	1	QL(8 ea daily)	sotalol hcl (afib/af) 160 MG	1	QL(4 ea daily)
BETAPACE TABS 80 MG (Use sotalol hcl)	1	QL(8 ea daily); MP	sotalol hcl (afib/af) 80 MG	1	QL(8 ea daily)
BETAPACE TABS 120 MG (Use sotalol hcl)	1	QL(6.67 ea daily); MP	sotalol hcl TABS 80 MG	1	QL(8 ea daily); MP
BETAPACE TABS 160 MG (Use sotalol hcl)	1	QL(4 ea daily); MP	sotalol hcl TABS 240 MG	1	QL(2 ea daily); MP
CORGARD TABS 20 MG (Use nadolol)	1		sotalol hcl TABS 120 MG	1	QL(6.67 ea daily); MP
CORGARD TABS 80 MG (Use nadolol)	9	MP	sotalol hcl TABS 160 MG	1	QL(4 ea daily); MP
CORGARD TABS 40 MG (Use nadolol)	1	QL(4 ea daily); MP	SOTYLIZE SOLN OR	1	QL(1920 ml per 30 days retail; 1920 ml per 30 days mail); PA
HEMANGEOL SOLN OR	1	QL(120 ml per 30 days retail; 120 ml per 30 days mail); PA	timolol maleate TABS 5 MG, 20 MG	1	
INDERAL LA CP24 120 MG (Use propranolol hcl)	1	QL(3 ea daily); MP	<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
INDERAL LA CP24 60 MG, 80 MG, 160 MG (Use propranolol hcl)	1	QL(2 ea daily); MP	Calcium Channel Blockers		
nadolol TABS 40 MG, 80 MG	1	QL(4 ea daily); MP	amlodipine besylate TABS 5 MG	1	QL(4 ea daily); MP
nadolol TABS 20 MG	1		amlodipine besylate TABS 10 MG	1	QL(2 ea daily); MP
pindolol TABS	1		amlodipine besylate TABS 2.5 MG	1	QL(6 ea daily); MP
			CALAN SR TBCR 240 MG (Use verapamil hcl)	9	

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CALAN SR TBCR 120 MG, 180 MG (Use verapamil hcl)	9	QL(2 ea daily); MP	diltiazem hcl coated beads CP24 360 MG	1	PA
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	1		diltiazem hcl extended release beads 240 MG	1	QL(2 ea daily); MP
CARDIZEM CD CP24 120 MG (Use diltiazem hcl coated beads)	9	QL(4 ea daily); MP	diltiazem hcl extended release beads 120 MG	1	QL(4 ea daily); MP
CARDIZEM CD CP24 300 MG (Use diltiazem hcl coated beads)	9	QL(1 ea daily)	diltiazem hcl extended release beads 180 MG	1	QL(3 ea daily); MP
CARDIZEM CD CP24 180 MG (Use diltiazem hcl coated beads)	9	QL(3 ea daily); MP	diltiazem hcl extended release beads 300 MG, 360 MG, 420 MG	1	QL(1 ea daily); MP
CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)	9	QL(2 ea daily); MP	diltiazem hcl CP12	2	ST; MP
CARDIZEM CD CP24 360 MG (Use diltiazem hcl coated beads)	9		diltiazem hcl CP24 120 MG	1	QL(4 ea daily); MP
CARDIZEM LA TB24 120 MG, 240 MG, 300 MG, 420 MG (Use diltiazem hcl)	2	ST	diltiazem hcl CP24 180 MG	1	QL(3 ea daily); MP
CARDIZEM LA TB24 180 MG, 360 MG (Use diltiazem hcl)	9	ST	diltiazem hcl CP24 240 MG	1	QL(2 ea daily); MP
CARDIZEM TABS 30 MG, 60 MG (Use diltiazem hcl)	1	QL(6 ea daily); MP	diltiazem hcl SOLN	1	
CARDIZEM TABS 120 MG (Use diltiazem hcl)	1	QL(8 ea daily); MP	DILTIAZEM HCL SOLR	1	
CLEVIPREX 25 MG/50ML, 50 MG/100ML	1		diltiazem hcl TABS 120 MG	1	QL(8 ea daily); MP
CONJUPRI (Use levamlodipine maleate)	9		diltiazem hcl TABS 90 MG	1	QL(3 ea daily); MP
diltiazem hcl coated beads CP24 120 MG	1	QL(4 ea daily); MP	diltiazem hcl TABS 30 MG, 60 MG	1	QL(6 ea daily); MP
diltiazem hcl coated beads CP24 240 MG	1	QL(2 ea daily); MP	diltiazem hcl TB24	2	ST
diltiazem hcl coated beads CP24 300 MG	1	QL(1 ea daily)	felodipine	1	QL(1 ea daily); MP
diltiazem hcl coated beads CP24 180 MG	1	QL(3 ea daily); MP	isradipine CAPS	2	ST
			KATERZIA	1	QL(300 ml per 30 days retail; 300 ml per 30 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA
			levamlodipine maleate	1	QL(1 ea daily); PA
			nicardipine hcl CAPS	2	ST; MP
			nicardipine hcl SOLN	1	

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Oklahoma Complete Health

Updated 04/01/2024

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NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 0.9%-40 MG/200ML	1		TIAZAC 360 MG (Use diltiazem hcl extended release beads)	9	QL(1 ea daily)
NICARDIPINE HYDROCHLORIDE SOLN	1		TIAZAC 120 MG (Use diltiazem hcl extended release beads)	1	QL(4 ea daily); MP
nifedipine CAPS	1	MP	verapamil hcl CP24	2	ST
nifedipine TB24	1	MP	verapamil hcl SOLN 2.5 MG/ML	1	
nimodipine CAPS	1	QL(252 ea per 20 days retail; 252 ea per 20 days mail)	verapamil hcl TABS 80 MG, 120 MG	1	QL(4 ea daily); MP
NORLIQVA SOLN	1	QL(300 ml per 30 days retail; 300 ml per 30 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA	verapamil hcl TABS 40 MG	1	QL(3 ea daily); MP
NORVASC TABS 10 MG (Use amlodipine besylate)	9	MP	verapamil hcl TBCR 240 MG	1	
NORVASC TABS 2.5 MG (Use amlodipine besylate)	9	QL(6 ea daily); MP	verapamil hcl TBCR 120 MG, 180 MG	1	QL(2 ea daily); MP
NORVASC TABS 10 MG (Use amlodipine besylate)	1	QL(2 ea daily); MP	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	2	ST
NORVASC TABS 5 MG (Use amlodipine besylate)	1	QL(4 ea daily); MP	VERELAN PM CP24 (Use verapamil hcl)	2	ST
NYMALIZE SOLN 6 MG/ML	1		VERELAN CP24 (Use verapamil hcl)	2	ST
PROCARDIA XL TB24 30 MG, 60 MG (Use nifedipine)	9	MP	<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
PROCARDIA XL TB24 90 MG (Use nifedipine)	1	MP	<b>Cardiac Glycosides</b>		
SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	2	ST	digoxin SOLN OR 0.05 MG/ML	1	QL(900 ml per 90 days retail; 900 ml per 90 days mail); MP
TIAZAC 180 MG (Use diltiazem hcl extended release beads)	9	QL(3 ea daily); MP	digoxin SOLN IJ 0.25 MG/ML	1	
TIAZAC 240 MG (Use diltiazem hcl extended release beads)	1	QL(2 ea daily); MP	digoxin TABS 250 MCG	1	QL(2.22 ea daily); MP
TIAZAC 300 MG, 420 MG (Use diltiazem hcl extended release beads)	1	QL(1 ea daily); MP	digoxin TABS 0.0625 MG, 62.5 MCG	1	
			digoxin TABS 0.125 MG, 125 MCG	1	QL(3.34 ea daily); MP
			LANOXIN PEDIATRIC SOLN IJ	1	

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
LANOXIN SOLN IJ (Use digoxin)	1	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use digoxin)	9	MP
<b>Inotropes</b>		
<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	1	
DOBUTAMINE HCL/D5W	1	
DOBUTAMINE HYDROCHLORIDE/DEXT ROSE 5%	1	
<i>dopamine hcl 40 MG/ML</i>	1	
DOPAMINE HYDROCHLORIDE (Use dopamine hcl)	1	
DOPAMINE HYDROCHLORIDE (Use dopamine hcl)	9	
DOPAMINE HYDROCHLORIDE/DEXT ROSE	1	
DOPAMINE/D5W	1	
<i>milrinone lactate</i>	1	
<i>milrinone lactate in dextrose</i>	1	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiac Myosin Inhibitors</b>		
CAMZYOS	1	QL(1 ea daily); AL(At least 18 yrs old); PA
<b>Cardioplegic Solutions</b>		
<i>cardioplegic soln</i>	1	
PLEGISOL (Use cardioplegic soln)	1	
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium</i>	2	ST

Drug Name	Drug Tier	Requirements/Limits
BIDIL (Use isosorbide dinitrate-hydralazine hcl)	9	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium)	9	ST
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium)	2	ST
ENTRESTO	1	QL(2 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<b>Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors</b>		
INPEFA	1	QL(1 ea daily); AL(At least 18 yrs old); PA
INPEFA 200 MG	1	QL(1 ea daily); PA
<b>Impotence Agents</b>		
CIALIS 5 MG (Use tadalafil)	1	QL(1 ea daily); PA
CIALIS 2.5 MG, 10 MG, 20 MG (Use tadalafil)	9	
<i>tadalafil 5 MG</i>	1	QL(1 ea daily); PA
<b>Peripheral Vasodilators</b>		
<i>papaverine hcl SOLN</i>	1	
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium</i>	1	
FLOLAN (Use <i>epoprostenol sodium</i> )	9	

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Oklahoma Complete Health

Updated 04/01/2024

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ORENITRAM TITRATION KIT MONTH 1 TEPK	1	QL(168 ea per 28 days retail; 168 ea per 28 days mail); PA	Pulmonary Hypertension - Endothelin Receptor Antagonists		
ORENITRAM TITRATION KIT MONTH 2 TEPK	1	QL(336 ea per 28 days retail; 336 ea per 28 days mail); PA	<i>ambrisentan</i>	1	
ORENITRAM TITRATION KIT MONTH 3 TEPK	1	QL(252 ea per 28 days retail; 252 ea per 28 days mail); PA	<i>bosentan TABS</i>	1	
ORENITRAM TBCR	1	QL(6 ea daily); PA	LETAIRIS ( <i>Use ambrisentan</i> )	1	
<i>treprostinil SOLN IJ</i>	1		OPSUMIT	1	QL(1 ea daily); PA
TYVASO DPI MAINTENANCE KIT POWD	1	QL(112 ea per 28 days retail; 112 ea per 28 days mail); PA	TRACLEER TABS ( <i>Use bosentan</i> )	1	
TYVASO DPI MAINTENANCE KIT POWD	1	QL(224 ea per 35 days retail; 224 ea per 35 days mail); PA	TRACLEER TBSO	1	
TYVASO DPI TITRATION KIT POWD	1	QL(252 ea per 35 days retail; 252 ea per 35 days mail); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI TITRATION KIT POWD	1	QL(196 ea per 35 days retail; 196 ea per 35 days mail); PA	ADCIRCA TABS ( <i>Use tadalafil (pulmonary hypertension)</i> )	9	QL(2 ea daily)
TYVASO REFILL SOLN IN	1	QL(324.8 ml per 28 days retail; 325 ml per 28 days mail)	LIQREV SUSP	1	AL(At least 18 yrs old); PA
TYVASO STARTER SOLN IN	1	QL(324.8 ml per 28 days retail; 325 ml per 28 days mail)	REVATIO SOLN ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	1	
TYVASO SOLN IN	1	QL(11.6 ml per 7 days retail; 12 ml per 7 days mail)	REVATIO SUSR ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	9	QL(224 ml per 30 days retail; 224 ml per 30 days mail)
VELETRI ( <i>Use epoprostenol sodium</i> )	9		REVATIO TABS ( <i>Use sildenafil citrate (pulmonary hypertension)</i> )	9	QL(3 ea daily)
VENTAVIS	1		<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	
			<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	AL(Up to 6 yrs old); PA
			<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 ea daily); PA
			<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 ea daily); PA

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TADLIQ SUSP	1	QL(300 ml per 30 days retail; 300 ml per 30 days mail); AL(Up to 10 yrs old); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	1	QL(200 ea per 30 days retail; 200 ea per 30 days mail); AL(At least 18 yrs old); PA
UPTRAVI SOLR	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); AL(At least 18 yrs old); PA
UPTRAVI TABS	1	QL(2 ea daily); AL(At least 18 yrs old); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	1	QL(3 ea daily); PA
Septal Agents		
ABLYSINOL	1	PA
Sinus Node Inhibitors		
CORLANOR SOLN	1	QL(560 ml per 28 days retail; 560 ml per 28 days mail); PA
CORLANOR TABS	1	QL(2 ea daily); PA
Transthyretin Stabilizers		
VYNDAMAX	1	QL(1 ea daily); PA
VYNDAQEL	1	QL(4 ea daily); PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		

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

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Oklahoma Complete Health

Updated 04/01/2024



Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1	
CEFOTETAN/DEXTROSE	1	
<i>cefoxitin sodium IV</i>	1	
CEFOXITIN SODIUM	1	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
<i>cefuroxime sodium IJ 750 MG</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1	
CEFTAZIDIME/DEXTROSE	1	
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	1	
<i>ceftriaxone sodium in dextrose 40 MG/ML</i>	1	
CEFTRIAZONE/DEXTROSE	1	
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IJ 1 GM</i>	1	
CEFEPIME/DEXTROSE	1	
CEFEPIME SOLN	1	
Cephalosporins - 5th Generation		
TEFLARO	1	
Cephalosporins - Siderophores		

Drug Name	Drug Tier	Requirements/Limits
FETROJA	1	AL(At least 18 yrs old); PA
<b>CHEMICALS</b>		
Bulk Chemicals - A's		
ACYCLOVIR	1	
ALBENDAZOLE	1	
AMLODIPINE BESYLATE	1	
Bulk Chemicals - B's		
BENZOCAINE	1	RX/OTC
BETHANECHOL CHLORIDE	1	
Bulk Chemicals - C's		
CHLORPROMAZINE HCL	1	
CHOLESTYRAMINE	1	
CHOLESTYRAMINE RESIN	1	
CLINDAMYCIN PHOSPHATE POWD	1	
Bulk Chemicals - D's		
DEXAMETHASONE	1	
DEXAMETHASONE SODIUM PHOSPHATE	1	
DIAZEPAM	1	
Bulk Chemicals - E's		
ENALAPRIL MALEATE	1	
ESTRADIOL	1	
ESTRADIOL MICRONIZED	1	
ESTRIOL	1	
ESTRIOL MICRONIZED	1	
Bulk Chemicals - G's		
GLYCOPYRROLATE	1	
Bulk Chemicals - H's		
HYDROCODONE BITARTRATE CRYST	1	

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Drug Name	Drug Tier	Requirements/Limits
HYDROCODONE BITARTRATE POWD	1	
HYDROXYUREA	1	
HYDROXYZINE HCL	1	
Bulk Chemicals - K's		
KETAMINE HCL	1	PA
Bulk Chemicals - L's		
LANSOPRAZOLE	1	RX/OTC
LIDOCAINE BASE POWD	1	
LIDOCAINE HCL	1	
LIDOCAINE HCL MONOHYDRATE	1	
LIDOCAINE CRYSTALS	1	
LIDOCAINE POWD	1	
LORAZEPAM	1	
Bulk Chemicals - M's		
METFORMIN HCL	1	
METRONIDAZOLE	1	
METRONIDAZOLE BENZOATE	1	
MUPIROCIN	1	
Bulk Chemicals - N's		
NALTREXONE HCL	1	
NALTREXONE HYDROCHLORIDE	1	
NIFEDIPINE	1	
Bulk Chemicals - O's		
OMEPRAZOLE	1	
Bulk Chemicals - P's		
PHYTONADIONE LIQD	1	RX/OTC
PROGESTERONE MICRONIZED	1	
PROGESTERONE MICRONIZED (SOY)	1	
PROGESTERONE MICRONIZED (YAM)	1	

Drug Name	Drug Tier	Requirements/Limits
PROGESTERONE MILLED POWD	1	
PROGESTERONE ULTRA MICRONIZED	1	
PROGESTERONE WETTABLE (SOY) POWD	1	
PROGESTERONE WETTABLE (YAM) POWD	1	
PROGESTERONE WETTABLE POWD	1	
PROGESTERONE POWD	1	
PROMETHAZINE HCL POWD	1	
Bulk Chemicals - T's		
TESTOSTERONE MICRONIZED (SOY) POWD	1	PA
TESTOSTERONE MICRONIZED SOY POWD	1	PA
TESTOSTERONE MICRONIZED YAM CRYSTALS	1	PA
TESTOSTERONE MICRONIZED POWD	1	PA
TESTOSTERONE PROPIONATE	1	PA
TESTOSTERONE POWD	1	PA
TOPIRAMATE	1	
TRIAMCINOLONE	1	
TRIAMCINOLONE USP, MICRONIZED	1	
TRICHLOROACETIC ACID CRYSTALS	1	RX/OTC
Bulk Chemicals - U's		
URSODIOL	1	
Solids		
KETOCONAZOLE	1	
PILOCARPINE HCL POWD	1	
PREGNENOLONE	1	

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Oklahoma Complete Health

Updated 04/01/2024

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PREGNENOLONE MICRONIZED	1		levonorgestrel-ethinyl estradiol (continuous)	1	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>			levonorgestrel-ethinyl estradiol-iron	1	QL(1 ea daily)
Combination Contraceptives - Oral			LO LOESTRIN FE TABS	1	
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	1	QL(1 ea daily)	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	9	
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	9		MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	9	
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium)	9		MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	9	
desogestrel & ethinyl estradiol	1		NATAZIA	1	
desogestrel-ethinyl estradiol (biphasic)	1		NEXTSTELLIS	1	QL(1 ea daily); PA
desogestrel-ethinyl estradiol (triphasic)	1		norethin acet & estrad-fe CAPS	1	QL(1 ea daily); PA
drospirenone-ethinyl estradiol	1		norethin acet & estrad-fe CHEW	1	
drospirenone-ethinyl estradiol-levomefolate calcium 0.02 MG-3 MG-0.451 MG	1		norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	1	
ESTROSTEP FE (Use norethindrone acetate-ethinyl estradiol-fe)	9		norethindrone & eth estradiol	1	
ethynodiol diacet & eth estrad	1		norethindrone & ethinyl estradiol-fe	1	
GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	9		norethindrone acet & eth estra	1	
levonorgestrel & eth estradiol TABS	1		norethindrone acetate-ethinyl estradiol-fe	1	
levonorgestrel-eth estradiol (triphasic)	1		norethindrone-eth estradiol (triphasic)	1	
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	1		norgestimate-ethinyl estradiol	1	
levonorgestrel-ethinyl estradiol (91-day)	1	QL(1 ea daily)	norgestimate-ethinyl estradiol (triphasic)	1	
			norgestrel & ethinyl estradiol 30 MCG-0.3 MG	1	

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Updated 04/01/2024

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QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day))	9	QL(1 ea daily)	NUVARING (Use etonogestrel-ethinyl estradiol)	9	
SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium)	9		Copper Contraceptives - IUD		
SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	9		PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	1	PA
TAYTULLA CAPS (Use norethin acet & estrad-fe)	1	QL(1 ea daily); PA	Emergency Contraceptives		
TAYTULLA CAPS (Use norethin acet & estrad-fe)	9	PA	ELLA	1	
TYBLUME CHEW	1		levonorgestrel (emergency oc) 1.5 MG	1	
YASMIN 28 (Use drospirenone-ethinyl estradiol)	1		PLAN B ONE-STEP (Use levonorgestrel (emergency oc))	9	
YASMIN 28 (Use drospirenone-ethinyl estradiol)	9		Progestin Contraceptives - Implants		
YAZ (Use drospirenone-ethinyl estradiol)	9		NEXPLANON	1	AL(At least 10 yrs old - Up to 50 yrs old); PA
YAZ (Use drospirenone-ethinyl estradiol)	1		Progestin Contraceptives - Injectable		
Combination Contraceptives - Transdermal			DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	9	
norelgestromin-ethinyl estradiol	1		DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	1	
TWIRLA	1		DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	9	
Combination Contraceptives - Vaginal			DEPO-SUBQ PROVERA 104 SUSY SC	1	
ANNOVERA	1	1 rtl pack lmt amt; 365 rtl pack lmt day(s); 1 mail pack lmt amt; 365 mail pack lmt day(s)	medroxyprogesterone acetate (contraceptive) SUSP IM	1	
etonogestrel-ethinyl estradiol	1		medroxyprogesterone acetate (contraceptive) SUSY IM	1	
NUVARING (Use etonogestrel-ethinyl estradiol)	1				

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Updated 04/01/2024

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Progestin Contraceptives - IUD			DEPO-MEDROL SUSP (Use methylprednisolone acetate)	9	
KYLEENA	1	PA	DEXAMETHASONE INTENSOL CONC	1	
LILETTA 20.1 MCG/DAY	1	PA	<i>dexamethasone sodium phosphate SOLN IJ</i>	1	
MIRENA	1	PA	DEXAMETHASONE SODIUM PHOSPHATE SOSY IJ 10 MG/ML	1	
SKYLA	1	PA	<i>dexamethasone ELIX</i>	1	
Progestin Contraceptives - Oral			<i>dexamethasone SOLN</i>	1	
<i>norethindrone (contraceptive)</i>	1		<i>dexamethasone TABS</i>	1	
OPILL	1		<i>dexamethasone TBPK</i>	1	1 rtl pack lmt amt; 7 rtl pack lmt day(s); 1 mail pack lmt amt; 7 mail pack lmt day(s); PA
SLYND	1	QL(1 ea daily); PA			
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>					
Glucocorticosteroids					
AGAMREE	1	AL(At least 2 yrs old); PA	<i>dexamethasone TBPK</i>	1	PA
ALKINDI SPRINKLE CPSP	1	AL(Up to 6 yrs old); PA	<i>dexamethasone TBPK</i>	1	
<i>betamethasone sod phosphate &amp; acetate SUSP</i>	1		EMFLAZA SUSP	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail); AL(At least 5 yrs old); PA
<i>budesonide CPEP</i>	1				
<i>budesonide TB24</i>	1	QL(1 ea daily); PA	EMFLAZA TABS (Use deflazacort)	1	QL(1 ea daily); AL(At least 5 yrs old); PA
CELESTONE SOLUSPAN SUSP (Use <i>betamethasone sod phosphate &amp; acetate</i> )	1		EOHILIA SUSP	1	AL(At least 11 yrs old); PA
CORTEF TABS 5 MG, 10 MG (Use <i>hydrocortisone</i> )	9		HEMADY TABS	1	AL(At least 18 yrs old); PA
CORTEF TABS 20 MG (Use <i>hydrocortisone</i> )	1		<i>hydrocortisone TABS</i>	1	
CORTISONE ACETATE TABS	1		KENALOG-10 SUSP	1	QL(10 ml per 7 days retail; 10 ml per 7 days mail)
<i>deflazacort TABS</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA	KENALOG-40 SUSP (Use <i>triamcinolone acetate</i> )	9	QL(10 ml per 7 days retail; 10 ml per 7 days mail)
DEPO-MEDROL SUSP	1		KENALOG-80 SUSP	1	
DEPO-MEDROL SUSP (Use <i>methylprednisolone acetate</i> )	1				

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
MEDROL DOSEPAK TBPK (Use methylprednisolone)	9	
MEDROL TABS 4 MG, 8 MG, 16 MG (Use methylprednisolone)	1	
methylprednisolone acetate SUSP	1	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1	
methylprednisolone TABS	1	
methylprednisolone TBPK	1	
ORAPRED ODT TBDP (Use prednisolone sodium phosphate)	9	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	1	
PREDNISOLONE SODIUM PHOSPHATE POWD	1	
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 25 MG/5ML	1	
prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML	1	PA
prednisolone sodium phosphate TBDP	1	QL(10 ea per fill retail); AL(Up to 10 yrs old)
prednisolone SOLN	1	
prednisolone TABS	1	PA
PREDNISONONE POWD	1	
prednisone SOLN	1	
prednisone TABS	1	
prednisone TBPK	1	
RAYOS TBEC 1 MG, 2 MG	1	PA
SOLU-CORTEF	1	

Drug Name	Drug Tier	Requirements/Limits
SOLU-MEDROL 40 MG, 125 MG, 500 MG, 1000 MG (Use methylprednisolone sod succ)	9	
SOLU-MEDROL	1	
SOLU-MEDROL (Use methylprednisolone sod succ)	1	
TARPEYO CPDR	1	QL(4 ea daily); AL(At least 18 yrs old); PA
triamcinolone acetonide SUSP 40 MG/ML, 400 MG/10ML	1	QL(10 ml per 7 days retail; 10 ml per 7 days mail)
UCERIS TB24 (Use budesonide)	9	
UCERIS TB24 (Use budesonide)	1	QL(1 ea daily); PA
<b>Mineralocorticoids</b>		
fludrocortisone acetate TABS	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Expectorants</b>		
SSKI SOLN (Use potassium iodide (expectorant))	1	AL(Up to 20 yrs old); PA
<b>Misc. Respiratory Inhalants</b>		
HYPERSAL NEBU (Use sodium chloride (inhalant))	9	
sodium chloride (inhalant) NEBU 7 %	1	AL(Up to 21 yrs old)
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	1	
<b>Mucolytics</b>		
ACETYLCYSTEINE POWD	1	
acetylcysteine SOLN	1	

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>			<i>erythromycin (acne aid) GEL</i>	1	PA
<b>Acne Products</b>			<i>erythromycin (acne aid) SOLN</i>	1	
ABSORICA 10 MG, 25 MG, 30 MG, 35 MG, 40 MG (Use isotretinoin)	1	QL(2 ea daily); AL(Up to 20 yrs old)	EVOCILIN FOAM (Use clindamycin phosphate (topical))	9	
ABSORICA (Use isotretinoin)	9	AL(Up to 20 yrs old)	<i>isotretinoin</i>	1	QL(2 ea daily); AL(Up to 20 yrs old)
ABSORICA LD	1	AL(At least 12 yrs old - Up to 20 yrs old); PA	KLARON (Use sulfacetamide sodium (acne))	9	
ACZONE (Use dapsone (topical))	9		RETIN-A CREA 0.025 %, 0.05 % (Use tretinoin)	9	
<i>adapalene GEL 0.3 %</i>	1		<i>sulfacetamide sodium (acne)</i>	1	
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	9		<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1	
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	9		<i>sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 %</i>	1	
CLINDAGEL GEL (Use clindamycin phosphate (topical))	1	PA	<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	1	
<i>clindamycin phosphate (topical) FOAM</i>	1	PA	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)	9	
<i>clindamycin phosphate (topical) GEL</i>	1	PA	SUMAXIN CP KIT	1	PA
<i>clindamycin phosphate (topical) GEL</i>	1		<i>tretinoin CREA 0.025 %, 0.05 %</i>	1	PA
<i>clindamycin phosphate (topical) LOTN</i>	1		WINLEVI	1	AL(At least 12 yrs old - Up to 20 yrs old); PA
<i>clindamycin phosphate (topical) SOLN</i>	1		<b>Agents for External Genital and Perianal Warts</b>		
<i>clindamycin phosphate (topical) SWAB</i>	1		VEREGEN	1	QL(30 gm per 30 days retail; 30 gm per 30 days mail)
<i>dapsone (topical) 7.5 %</i>	1	AL(At least 9 yrs old); PA	<b>Antibiotics - Topical</b>		
<i>dapsone (topical) 5 %</i>	1	PA	CENTANY AT KIT	2	
DIFFERIN GEL 0.3 % (Use adapalene)	9		CENTANY OINT	1	
ERYGEL GEL (Use erythromycin (acne aid))	1	PA	<i>gentamicin sulfate (topical) CREA</i>	1	

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<i>gentamicin sulfate (topical) OINT</i>	1		LAMISIL AT CREA ( <i>Use terbinafine hcl (topical)</i> )	9	
<i>mupirocin calcium (topical)</i>	2		LOPROX SHAMPOO SHAM ( <i>Use ciclopirox</i> )	9	
<i>mupirocin OINT</i>	1		LOPROX CREA ( <i>Use ciclopirox olamine</i> )	1	
NEO-SYNALAR KIT	1	QL(315 gm per 30 days retail; 315 gm per 30 days mail); PA	LOPROX SUSP ( <i>Use ciclopirox olamine</i> )	1	
TETRACYCLINE HCL	1		LOTRIMIN AF JOCK ITCH CREA ( <i>Use clotrimazole (topical)</i> )	9	RX/OTC
XEPI	1		LOTRIMIN AF CREA ( <i>Use clotrimazole (topical)</i> )	9	RX/OTC
Antifungals - Topical			<i>luliconazole</i>	2	QL(60 gm per 30 days retail; 60 gm per 30 days mail)
<i>ciclopirox olamine CREA</i>	1		LUZU ( <i>Use luliconazole</i> )	9	QL(60 gm per 30 days retail; 60 gm per 30 days mail)
<i>ciclopirox olamine SUSP</i>	1		<i>miconazole-zinc oxide-white petrolatum</i>	2	
<i>ciclopirox GEL</i>	2		<i>naftifine hcl CREA</i>	2	
<i>ciclopirox SHAM</i>	2		<i>naftifine hcl GEL 2 %</i>	2	
<i>ciclopirox SOLN</i>	1	PA	NAFTIN GEL	2	
<i>clotrimazole (topical) CREA</i>	1	AL(Up to 20 yrs old); RX/OTC	NAFTIN GEL ( <i>Use naftifine hcl</i> )	2	
<i>clotrimazole (topical) SOLN</i>	2	RX/OTC	<i>nystatin (topical) CREA</i>	1	
<i>clotrimazole w/ betamethasone CREA</i>	1		<i>nystatin (topical) OINT</i>	1	
<i>clotrimazole w/ betamethasone LOTN</i>	2		<i>nystatin (topical) POWD EX</i>	1	
<i>econazole nitrate CREA</i>	1		<i>nystatin-triamcinolone CREA</i>	2	
EXTINA FOAM ( <i>Use ketoconazole (topical)</i> )	9		<i>nystatin-triamcinolone OINT</i>	2	
JUBLIA	1	PA	OXISTAT LOTN	2	
KERYDIN ( <i>Use tavaborole</i> )	9				
<i>ketoconazole (topical) CREA</i>	1				
<i>ketoconazole (topical) FOAM</i>	2				
<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per 30 days retail; 120 ml per 30 days mail)			
LAMISIL AT JOCK ITCH CREA ( <i>Use terbinafine hcl (topical)</i> )	9				

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Oklahoma Complete Health

Updated 04/01/2024



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<i>tavorole</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA	<i>diclofenac sodium (actinic keratoses) EX</i>	1	PA
<i>terbinafine hcl (topical) CREA</i>	1		EFUDEX CREA (Use <i>fluorouracil (topical)</i> )	1	
TINACTIN CREA (Use <i>tolnaftate</i> )	9		<i>fluorouracil (topical) CREA 0.5 %</i>	1	PA
<i>tolnaftate CREA</i>	1	AL(Up to 20 yrs old)	<i>fluorouracil (topical) CREA 5 %</i>	1	
VUSION (Use <i>miconazole-zinc oxide-white petrolatum</i> )	2		<i>fluorouracil (topical) SOLN 5 %</i>	1	
Anti-inflammatory Agents - Topical			TARGRETIN (Use <i>bexarotene (topical)</i> )	1	
<i>diclofenac epolamine PTCH EX</i>	1	QL(30 ea per 15 days retail; 30 ea per 15 days mail); PA	VALCHLOR	1	QL(60 gm per 30 days retail; 60 gm per 30 days mail)
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	Antipruritics - Topical		
<i>diclofenac sodium (topical) SOLN EX</i>	1	PA	<i>doxepin hcl (antipruritic)</i>	1	1 rtl pack lmt amt; 8 rtl pack lmt day(s); 1 mail pack lmt amt; 8 mail pack lmt day(s); PA
FLECTOR PTCH EX (Use <i>diclofenac epolamine</i> )	1	QL(30 ea per 15 days retail; 30 ea per 15 days mail)	PRUDOXIN (Use <i>doxepin hcl (antipruritic)</i> )	1	1 rtl pack lmt amt; 8 rtl pack lmt day(s); 1 mail pack lmt amt; 8 mail pack lmt day(s); PA
LICART PT24	1	PA	ZONALON (Use <i>doxepin hcl (antipruritic)</i> )	1	1 rtl pack lmt amt; 8 rtl pack lmt day(s); 1 mail pack lmt amt; 8 mail pack lmt day(s); PA
PENNSAID SOLN EX 2 % (Use <i>diclofenac sodium (topical)</i> )	1	QL(112 gm per 30 days retail; 112 gm per 30 days mail); PA	Antipsoriatics		
VOLTAREN ARTHRITIS PAIN GEL EX (Use <i>diclofenac sodium (topical)</i> )	9	RX/OTC	<i>acitretin</i>	1	QL(2 ea daily)
Antineoplastic or Premalignant Lesion Agents - Topical			BIMZELX SOAJ	1	PA
AMELUZ GEL	1		BIMZELX SOSY	1	PA
<i>bexarotene (topical)</i>	1		<i>calcipotriene CREA</i>	1	
CARAC CREA (Use <i>fluorouracil (topical)</i> )	9				

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Oklahoma Complete Health

Updated 04/01/2024

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CALCIPOTRIENE FOAM	1	QL(120 gm per 30 days retail; 120 gm per 30 days mail); AL(At least 12 yrs old); PA	SKYRIZI PEN SOAJ	1	QL(1 ml per 84 days retail; 1 ml per 84 days mail); PA
<i>calcipotriene OINT</i>	1		SKYRIZI SOSY	1	QL(1 ml per 84 days retail; 1 ml per 84 days mail); PA
<i>calcipotriene SOLN</i>	1	QL(300 ml per 30 days retail; 300 ml per 30 days mail)	SORILUX FOAM	1	QL(120 gm per 30 days retail; 120 gm per 30 days mail); AL(At least 12 yrs old); PA
<i>calcitriol (topical)</i>	1		SOTYKTU	1	QL(1 ea daily); AL(At least 18 yrs old); PA
COSENTYX SENSOREADY PEN SOAJ	1	QL(10 ml per 28 days retail; 10 ml per 28 days mail); PA	SPEVIGO	1	AL(At least 18 yrs old); PA
COSENTYX UNOREADY SOAJ	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); PA	STELARA SOLN 45 MG/0.5ML	1	QL(0.5 ml per 84 days retail); PA
COSENTYX SOLN	1	PA	STELARA SOSY 45 MG/0.5ML	1	QL(0.5 ml per 84 days retail); PA
COSENTYX SOSY 75 MG/0.5ML	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); AL(At least 6 yrs old - Up to 18 yrs old); PA	TALTZ SOAJ	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); PA
COSENTYX SOSY 150 MG/ML	1	QL(10 ml per 28 days retail; 10 ml per 28 days mail); PA	TALTZ SOSY	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); PA
DOVONEX CREA ( <i>Use calcipotriene</i> )	9		<i>tazarotene CREA</i>	1	QL(60 gm per 30 days retail; 60 gm per 30 days mail)
ILUMYA	1	QL(1 ml per 84 days retail; 1 ml per 84 days mail); PA	<i>tazarotene GEL</i>	1	AL(Up to 20 yrs old); PA
<i>methoxsalen rapid</i>	1		TAZORAC CREA ( <i>Use tazarotene</i> )	9	
SILIQ	1	QL(4.5 ml per 28 days retail; 4 ml per 28 days mail); AL(At least 18 yrs old); PA	TAZORAC GEL ( <i>Use tazarotene</i> )	9	
			TREMFYA SOPN	1	QL(1 ml per 55 days retail; 1 ml per 55 days mail); AL(At least 18 yrs old); PA

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Oklahoma Complete Health

Updated 04/01/2024

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TREMFYA SOSY	1	QL(1 ml per 55 days retail; 1 ml per 55 days mail); AL(At least 18 yrs old); PA	ZOVIRAX OINT ( <i>Use acyclovir topical</i> )	9	QL(30 gm per 30 days retail; 30 gm per 30 days mail)
VECTICAL ( <i>Use calcitriol topical</i> )			Burn Products		
VTAMA	1	QL(60 gm per 30 days retail; 60 gm per 30 days mail); AL(At least 18 yrs old); PA	<i>mafenide acetate</i> PACK	1	
ZORYVE	1	QL(60 gm per 30 days retail; 60 gm per 30 days mail); AL(At least 12 yrs old); PA	SILVADENE ( <i>Use silver sulfadiazine</i> )	9	
Antiseborrheic Products			SILVADENE ( <i>Use silver sulfadiazine</i> )	1	
<i>selenium sulfide</i> LOTN 2.5 %	1		<i>silver sulfadiazine</i>	1	
ZORYVE	1	QL(2 gm daily); AL(At least 9 yrs old); PA	SULFAMYLON CREA	1	QL(113.4 gm per 14 days retail; 113 gm per 14 days mail)
Antivirals - Topical			SULFAMYLON PACK 5 % ( <i>Use mafenide acetate</i> )	9	
<i>acyclovir topical</i> CREA	1	PA	Cauterizing Agents		
<i>acyclovir topical</i> OINT	1	QL(30 gm per 30 days retail; 30 gm per 30 days mail); PA	SILVER NITRATE SOLN 0.5 %	1	
DENAVIR ( <i>Use penciclovir</i> )	1	QL(5 gm per 30 days retail; 5 gm per 30 days mail); PA	Corticosteroids - Topical		
<i>penciclovir</i>	1	QL(5 gm per 30 days retail; 5 gm per 30 days mail); PA	<i>alclometasone dipropionate</i> CREA	1	PA
ZOVIRAX CREA ( <i>Use acyclovir topical</i> )	9	QL(5 gm per 30 days retail; 5 gm per 30 days mail)	<i>alclometasone dipropionate</i> OINT	1	PA
			<i>amcinonide</i> CREA	1	PA
			APEXICON E CREA	1	PA
			<i>betamethasone dipropionate (topical)</i> CREA	1	
			<i>betamethasone dipropionate (topical)</i> LOTN	1	
			<i>betamethasone dipropionate (topical)</i> OINT	1	
			<i>betamethasone dipropionate augmented</i> CREA	1	

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<i>betamethasone dipropionate augmented LOTN</i>	1	PA	<i>clobetasol propionate LOTN</i>	1	PA
<i>betamethasone dipropionate augmented OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone valerate CREA</i>	1		<i>clobetasol propionate SHAM</i>	1	PA
<i>betamethasone valerate FOAM</i>	1	PA	<i>clobetasol propionate SOLN 0.05 %</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
<i>betamethasone valerate LOTN</i>	1	PA	CLOBEX LIQD ( <i>Use clobetasol propionate</i> )	9	
<i>betamethasone valerate OINT</i>	1		CLOBEX LOTN 0.05 % ( <i>Use clobetasol propionate</i> )	9	PA
BRYHALI LOTN	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA	CLOBEX SHAM ( <i>Use clobetasol propionate</i> )	9	PA
<i>calcipotriene-betamethasone dipropionate OINT</i>	1	PA	<i>clocortolone pivalate</i>	1	PA
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	PA	CLODAN KIT	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA
<i>clobetasol propionate emollient base 0.05 %</i>	1		CLODERM ( <i>Use clocortolone pivalate</i> )	1	PA
<i>clobetasol propionate emulsion</i>	1	PA	CORDRAN CREA ( <i>Use flurandrenolide</i> )	9	
<i>clobetasol propionate CREA 0.05 %</i>	1		CORDRAN LOTN ( <i>Use flurandrenolide</i> )	9	
<i>clobetasol propionate FOAM</i>	1		CUTIVATE LOTN ( <i>Use fluticasone propionate</i> )	9	PA
<i>clobetasol propionate GEL 0.05 %</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA	DERMA-SMOOTH/FS BODY OIL ( <i>Use fluocinolone acetonide</i> )	1	QL(118.28 ml per 15 days retail; 118 ml per 15 days mail); PA
<i>clobetasol propionate LIQD</i>	1	PA	DERMA-SMOOTH/FS SCALP OIL ( <i>Use fluocinolone acetonide</i> )	1	QL(118.28 ml per 15 days retail; 118 ml per 15 days mail); PA
			DERMA-SMOOTH/FS SCALP OIL ( <i>Use fluocinolone acetonide</i> )	9	

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Oklahoma Complete Health Updated 04/01/2024

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<i>desonide CREA</i>	1		<i>fluocinonide CREA</i>	1	
<i>desonide LOTN</i>	1	PA	<i>fluocinonide GEL</i>	1	PA
<i>desonide OINT</i>	1		<i>fluocinonide OINT</i>	1	
DESOWEN CREA (Use <i>desonide</i> )	9	PA	<i>fluocinonide SOLN</i>	1	
<i>desoximetasone CREA 0.05 %</i>	1	PA	<i>flurandrenolide CREA</i>	1	QL(120 gm per 30 days retail; 120 gm per 30 days mail); PA
<i>desoximetasone CREA 0.25 %</i>	1		<i>flurandrenolide LOTN</i>	1	QL(120 ml per 30 days retail; 120 ml per 30 days mail); PA
<i>desoximetasone OINT 0.25 %</i>	1		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>desoximetasone OINT 0.05 %</i>	1	PA	<i>fluticasone propionate LOTN</i>	1	QL(120 ml per 30 days retail; 120 ml per 30 days mail); PA
<i>diflorasone diacetate CREA</i>	1	PA	<i>fluticasone propionate OINT</i>	1	
<i>diflorasone diacetate OINT</i>	1	PA	<i>halcinonide CREA</i>	1	PA
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i> )	1		<i>halobetasol propionate CREA</i>	1	
DUOBRII	1	QL(100 gm per 30 days retail; 100 gm per 30 days mail); PA	<i>halobetasol propionate FOAM</i>	1	AL(At least 18 yrs old); PA
ENSTILAR FOAM	1	QL(60 gm per 30 days retail; 60 gm per 30 days mail); AL(At least 18 yrs old); PA	<i>halobetasol propionate OINT</i>	1	
<i>fluocinolone acetonide CREA</i>	1	PA	HALOG CREA (Use <i>halcinonide</i> )	1	PA
<i>fluocinolone acetonide OIL</i>	1	PA	HALOG CREA (Use <i>halcinonide</i> )	9	
<i>fluocinolone acetonide OINT</i>	1	PA	HALOG OINT	1	PA
<i>fluocinolone acetonide SOLN</i>	1		HALOG SOLN	1	PA
<i>fluocinonide emulsified base</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA	<i>hydrocortisone (topical) CREA 1 %, 2.5 %</i>	1	RX/OTC
			<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	
			<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	1	RX/OTC
			HYDROCORTISONE ACETATE MICRONIZED POWD	1	

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HYDROCORTISONE ACETATE POWD	1		MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH CREA (Use hydrocortisone (topical))	9	RX/OTC
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	PA	OLUX-E (Use clobetasol propionate emulsion)	9	PA
<i>hydrocortisone butyrate CREA</i>	1	PA	OLUX FOAM (Use clobetasol propionate)	9	
<i>hydrocortisone butyrate LOTN</i>	1	PA	PANDEL	1	PA
<i>hydrocortisone butyrate SOLN</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA	<i>prednicarbate OINT</i>	1	PA
HYDROCORTISONE MICRONIZED	1		SYNALAR CREAM KIT	1	PA
<i>hydrocortisone valerate CREA</i>	1	PA	SYNALAR OINTMENT KIT	1	PA
<i>hydrocortisone valerate OINT</i>	1	PA	SYNALAR TS	1	PA
HYDROCORTISONE POWD	1		SYNALAR CREA (Use fluocinolone acetonide)	1	PA
KENALOG AERS (Use triamcinolone acetonide (topical))	9		SYNALAR OINT (Use fluocinolone acetonide)	1	PA
LEXETTE FOAM	1	QL(50 gm per 30 days retail; 50 gm per 30 days mail); AL(At least 18 yrs old); PA	SYNALAR SOLN (Use fluocinolone acetonide)	1	
LOCOID LIPOCREAM	1	PA	TACLONEX OINT (Use calcipotriene-betamethasone dipropionate)	9	
LOCOID LOTN (Use hydrocortisone butyrate)	1	PA	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	9	
LUXIQ FOAM (Use betamethasone valerate)	9	PA	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	1	PA
<i>mometasone furoate CREA</i>	1		TEMOVATE CREA (Use clobetasol propionate)	9	
<i>mometasone furoate OINT</i>	1		TEMOVATE OINT (Use clobetasol propionate)	9	
<i>mometasone furoate SOLN</i>	1		TEXACORT SOLN 2.5 %	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail); PA
			TOPICORT CREA 0.25 % (Use desoximetasone)	1	

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Oklahoma Complete Health

Updated 04/01/2024

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TOPICORT CREA 0.05 % (Use desoximetasone)	9	PA	DUPIXENT SOPN 300 MG/2ML	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); PA
TOPICORT GEL (Use desoximetasone)	1	PA	DUPIXENT SOPN 200 MG/1.14ML	1	QL(2.28 ml per 28 days retail; 2 ml per 28 days mail); PA
TOPICORT OINT 0.25 % (Use desoximetasone)	9		DUPIXENT SOSY 200 MG/1.14ML	1	QL(2.28 ml per 28 days retail; 2 ml per 28 days mail); PA
TOPICORT OINT 0.05 % (Use desoximetasone)	9	PA	DUPIXENT SOSY 300 MG/2ML	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); PA
triamcinolone acetonide (topical) AERS	1	PA	DUPIXENT SOSY 100 MG/0.67ML	1	QL(1.34 ml per 28 days retail; 1 ml per 28 days mail); PA
triamcinolone acetonide (topical) CREA	1		OPZELURA	1	AL(At least 12 yrs old); PA
triamcinolone acetonide (topical) LOTN	1		Emollient/Keratolytic Agents		
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	1		urea CREA 39 %, 40 %	1	RX/OTC
triamcinolone acetonide (topical) OINT 0.05 %	1	PA	Emollients		
TRIAMCINOLONE ACETONIDE POWD	1		<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC
TRIAMCINOLONE ACETONIDE USP, MICRONIZED POWD	1		<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	RX/OTC
TRIDESILON CREA 0.05 % (Use desonide)	9		Hair Growth Agents		
ULTRAVATE LOTN	1	QL(60 ml per 30 days retail; 60 ml per 30 days mail); AL(At least 18 yrs old); PA	LITFULO	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 12 yrs old - Up to 20 yrs old); PA
VANOS CREA (Use fluocinonide)	9		Immunomodulating Agents - Topical		
Eczema Agents			ALDARA (Use imiquimod)	9	
ADBRY	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); AL(At least 18 yrs old); PA	<i>imiquimod 5 %</i>	1	QL(0.4 ea daily)
CIBINQO	1	QL(1 ea daily); AL(At least 12 yrs old); PA	<i>imiquimod 3.75 %</i>	1	AL(At least 13 yrs old); PA

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ZYCLARA (Use <i>imiquimod</i> )	9		PROTOPIC OINT 0.03 % (Use <i>tacrolimus (topical)</i> )	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); AL(At least 2 yrs old)
ZYCLARA PUMP (Use <i>imiquimod</i> )	9		<i>tacrolimus (topical) OINT 0.03 %</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
Immunosuppressive Agents - Topical			<i>tacrolimus (topical) OINT 0.03 %</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); AL(At least 2 yrs old)
ELIDEL (Use <i>pimecrolimus</i> )	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); AL(At least 2 yrs old)	<i>tacrolimus (topical) OINT 0.1 %</i>	1	AL(At least 15 yrs old)
HYFTOR	1	QL(30 gm per 35 days retail; 30 gm per 35 days mail); AL(At least 6 yrs old - Up to 20 yrs old); PA	Keratolytic/Antimitotic Agents		
<i>pimecrolimus</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); AL(At least 2 yrs old)	CONDYLOX GEL (Use <i>podofilox</i> )	9	QL(3.5 gm per fill retail)
PROTOPIC OINT 0.03 % (Use <i>tacrolimus (topical)</i> )	9	AL(At least 2 yrs old)	PODOCON-25 SOLN	1	
PROTOPIC OINT 0.1 % (Use <i>tacrolimus (topical)</i> )	9	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)	<i>podofilox GEL</i>	1	
PROTOPIC OINT 0.1 % (Use <i>tacrolimus (topical)</i> )	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); AL(At least 15 yrs old)	<i>podofilox SOLN</i>	1	QL(3.5 ml per fill retail)
			SALICYLIC ACID OINT	1	PA; RX/OTC
			SALYCIM CREA	1	
			Local Anesthetics - Topical		
			<i>lidocaine hcl CREA 3 %</i>	1	
			<i>lidocaine hcl PRSY</i>	1	
			<i>lidocaine hcl SOLN</i>	1	
			<i>lidocaine OINT</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)

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Oklahoma Complete Health Updated 04/01/2024



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<i>lidocaine-prilocaine CREA</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)	<i>metronidazole (topical) CREA</i>	1	AL(Up to 20 yrs old)
<i>lidocaine PTCH 5 %</i>	1		<i>metronidazole (topical) GEL 1 %</i>	1	AL(Up to 20 yrs old); PA
LIDODERM PTCH (Use <i>lidocaine</i> )	9		<i>metronidazole (topical) GEL 0.75 %</i>	1	AL(Up to 20 yrs old)
PRILO PATCH II KIT	1	PA	<i>metronidazole (topical) LOTN</i>	1	AL(Up to 20 yrs old)
PRIZOTRAL II KIT	1	PA	MIRVASO (Use <i>brimonidine tartrate (topical)</i> )	9	
QUTENZA	1	QL(4 ea per 90 days retail; 4 ea per 90 days mail)	ORACEA (Use <i>doxycycline (rosacea)</i> )	9	
ZTLIDO PTCH	1	QL(90 ea per 30 days retail; 90 ea per 30 days mail); PA	ROSADAN KIT	1	AL(Up to 20 yrs old); PA
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			Scabicides & Pediculicides		
EUCRISA	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA	<i>crotamiton LOTN</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); AL(At least 18 yrs old); PA
Rosacea Agents			<i>ivermectin (pediculicide)</i>	1	PA; RX/OTC
<i>brimonidine tartrate (topical)</i>	1	QL(30 gm per 30 days retail; 30 gm per 30 days mail); AL(At least 18 yrs old - Up to 20 yrs old); PA	<i>malathion</i>	1	1 rtl pack lmt amt; 7 rtl pack lmt day(s); 1 mail pack lmt amt; 7 mail pack lmt day(s); AL(At least 6 yrs old); PA
<i>doxycycline (rosacea)</i>	1	PA	NIX CREME RINSE LIQD EX (Use <i>permethrin</i> )	9	
METROCREAM CREA (Use <i>metronidazole (topical)</i> )	9	AL(Up to 20 yrs old)	OVIDE (Use <i>malathion</i> )	9	1 rtl pack lmt amt; 7 rtl pack lmt day(s); 1 mail pack lmt amt; 7 mail pack lmt day(s)
METROGEL GEL 1 % (Use <i>metronidazole (topical)</i> )	9				
METROLOTION LOTN (Use <i>metronidazole (topical)</i> )	9	AL(Up to 20 yrs old)			

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Oklahoma Complete Health Updated 04/01/2024

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<i>permethrin CREA</i>	1	1 rtl pack lmt amt; 7 rtl pack lmt day(s); 1 mail pack lmt amt; 7 mail pack lmt day(s)	GLUCAGON HCL DIAGNOSTIC	1	
<i>permethrin LIQD EX</i>	1	2 rtl pack lmt amt; 7 rtl pack lmt day(s); 2 mail pack lmt amt; 7 mail pack lmt day(s); AL(Up to 20 yrs old)	LEXISCAN ( <i>Use regadenoson</i> )	1	
			MACRILEN	1	
			METOPIRONE	1	
			<i>regadenoson</i>	1	
			R-GENE 10	1	
<i>permethrin LOTN</i>	1	2 rtl pack lmt amt; 7 rtl pack lmt day(s); 2 mail pack lmt amt; 7 mail pack lmt day(s); AL(Up to 20 yrs old)	SINCALIDE	1	
			Diagnostic Radiopharmaceuticals		
			AMYVID	1	
			LOCAMETZ KIT	1	
			NEUROLITE	1	
SKLICE ( <i>Use ivermectin (pediculicide)</i> )	1	PA; RX/OTC	POSLUMA	1	
			PYLARIFY	1	
VANALICE GEL	1	AL(Up to 18 yrs old)	TAUVID	1	
Wound Care Products			XENON XE 133	1	
FILSUVEZ	1	PA	Diagnostic Tests		
VASHE WOUND THERAPY SOLN	1	PA; RX/OTC	ACCU-CHEK GUIDE STRP	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA; RX/OTC
VYJUVEK	1	PA	ADVIN COVID-19 ANTIGEN HOME TEST KIT	1	QL(2 ea daily); AL(At least 2 yrs old)
<b>DIAGNOSTIC PRODUCTS</b>			BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2&FLU A+B	1	PA
Diagnostic Biologicals			BINAXNOW COVID-19 AG CARD HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)
APLISOL	1		CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 14 yrs old)
Diagnostic Drugs					
<i>adenosine (diagnostic)</i>	1				
BLUDIGO IV	1				
<i>dipyridamole (diagnostic)</i>	1				
GLEOLAN	1				
GLUCAGEN DIAGNOSTIC	1				
GLUCAGON	1				

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Oklahoma Complete Health Updated 04/01/2024

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CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)	LUCIRA CHECK IT COVID-19 TEST KIT KIT	1	QL(2 ea daily); AL(At least 2 yrs old); PA; RX/OTC
COVID-19 AG TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); PA
COVID-19 AT-HOME TEST KIT KIT	1	QL(2 ea daily); AL(At least 2 yrs old)	ONETOUCH ULTRA STRP	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); RX/OTC
ELLUME COVID-19 HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old); PA	ONETOUCH VERIO TEST STRIPS STRP	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); RX/OTC
EVERLYWELL COVID-19 TEST HOME COLLECTION KIT DTC	1	AL(At least 2 yrs old); PA	PILOT COVID-19 AT-HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)
FASTEP COVID-19 ANTIGEN HOME TEST KIT	1	QL(2 ea daily); AL(At least 2 yrs old)	PIXEL COVID-19 PCR TEST HOME COLLECTION KIT	1	AL(At least 2 yrs old); PA
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); PA; RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)	QUICKVUE AT-HOME COVID-19 TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)
GOTOKNOW COVID-19 ANTIGEN RAPID TEST KIT	1	QL(2 ea daily); AL(At least 2 yrs old)	RELION KETONE TEST STRIPS STRP	1	
ID NOW COVID-19	1	PA			
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)			
INTELISWAB COVID-19 RAPID TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)			
KETONE TEST STRIPS STRP	1				
KETONE STRP	1				
KETOSTIX STRP	1				

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RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); RX/OTC	ISOVUE-M 200 IJ (Use iopamidol)	9	
			ISOVUE-M 300 IJ (Use iopamidol)	9	
			OMNIPAQUE SOLN CO 350 MG/ML	1	
SOFIA2 FLU/SARS ANTIGEN FIA	1	PA	<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	1	QL(2 ea daily); AL(At least 2 yrs old)	Dietary Management Products		
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); RX/OTC	DEPLIN 7.5	1	QL(1 ea daily); PA
<b>Miscellaneous Contrast Media</b>			NEOPHE POWD	1	RX/OTC
DEFINITY RT	1		NEOPHE TABS	1	RX/OTC
DOTAREM SOLN (Use gadoterate meglumine)	9		URE-NA	1	PA
DOTAREM SOSY (Use gadoterate meglumine)	9		<b>Infant Foods</b>		
EOVIST	1		PERIFLEX INFANT POWD	1	
GADAVIST SOLN (Use gadobutrol)	1		PHENYL-FREE 1 POWD	1	
GADAVIST SOLN (Use gadobutrol)	9		<b>Nutritional Supplements</b>		
GADAVIST SOSY 10 MMOL/10ML, 15 MMOL/15ML	1		CAMINO PRO COMPLETE/GLYTACTIN BAR	1	RX/OTC
gadobutrol SOLN	1		EAA SUPPLEMENT PACK	1	RX/OTC
gadoterate meglumine SOLN	1		FLAVOR PACKETS PACK	1	
gadoterate meglumine SOSY	1		GLYTACTIN BETTERMILK 15 PACK	1	RX/OTC
<b>Radiographic Contrast Media</b>			GLYTACTIN BETTERMILK DE-LITE PACK	1	RX/OTC
iopamidol IJ	1		GLYTACTIN BETTERMILK POWD	1	RX/OTC
			GLYTACTIN BUILD 10PE PACK	1	RX/OTC
			GLYTACTIN BUILD 20/20 PKU PACK	1	RX/OTC
			GLYTACTIN BUILD 20/20 PACK	1	RX/OTC
			GLYTACTIN BURST PACK	1	RX/OTC

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Oklahoma Complete Health

Updated 04/01/2024

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GLYACTIN COMPLETE 10PE BAR	1	RX/OTC	PHENYLADE GMP DRINK MIX/DHA/FIBER POWD	1	RX/OTC
GLYACTIN RESTORE 10 LIQD OR	1	RX/OTC	PHENYLADE GMP MIX-IN PACK	1	RX/OTC
GLYACTIN RESTORE 5 PACK	1	RX/OTC	PHENYLADE GMP MIX-IN POWD	1	RX/OTC
GLYACTIN RESTORE LITE 10 LIQD OR	1	RX/OTC	PHENYLADE GMP READY LIQD OR	1	RX/OTC
GLYACTIN RESTORE LITE 10PE PACK	1	RX/OTC	PHENYLADE GMP ULTRA PACK	1	RX/OTC
GLYACTIN RTD 10 LIQD OR	1	RX/OTC	PHENYLADE GMP PACK	1	RX/OTC
GLYACTIN RTD 15 LIQD OR	1	RX/OTC	PHENYLADE GMP POWD	1	RX/OTC
GLYACTIN RTD LITE 15 LIQD OR	1	RX/OTC	PHENYLADE RTD PKU 10 LIQD OR	1	RX/OTC
GLYACTIN SWIRL 15 PACK	1	RX/OTC	PHENYLADE60 DRINK MIX PACK	1	RX/OTC
GLYACTIN SWIRL 15PE PACK	1	RX/OTC	PHENYLADE60 DRINK MIX POWD	1	RX/OTC
LANAFLEX PACK	1	RX/OTC	PHENYL-FREE 2HP POWD	1	RX/OTC
LOPHLEX LQ 20 LIQD OR	1	RX/OTC	PHENYL-FREE 2 POWD	1	RX/OTC
LOPHLEX PACK	1	RX/OTC	PHLEXY-10 PACK	1	RX/OTC
PERIFLEX ADVANCE POWD	1	RX/OTC	PKU 2 POWD	1	RX/OTC
PERIFLEX JUNIOR POWD	1	RX/OTC	PKU 3 POWD	1	RX/OTC
PHENEX-1 POWD	1	RX/OTC	PKU AIR20 GOLD LIQD OR	1	RX/OTC
PHENEX-2 POWD	1	RX/OTC	PKU AIR20 GREEN LIQD OR	1	RX/OTC
PHENYLADE DRINK MIX POWD	1	RX/OTC	PKU AIR20 YELLOW LIQD OR	1	RX/OTC
PHENYLADE ESSENTIAL DRINK MIX/FLAX/FIBER PACK	1	RX/OTC	PKU COOLER 10 LIQD OR	1	RX/OTC
PHENYLADE ESSENTIAL DRINK MIX/FLAX/FIBER POWD	1	RX/OTC	PKU COOLER 15 LIQD OR	1	RX/OTC
PHENYLADE ESSENTIAL DRINK MIX PACK	1	RX/OTC	PKU COOLER 20 LIQD OR	1	RX/OTC
PHENYLADE ESSENTIAL DRINK MIX POWD	1	RX/OTC	PKU EASY MICROTABS TBEC	1	
			PKU EASY SHAKE & GO POWD	1	RX/OTC

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PKU EASY TABS	1	RX/OTC
PKU EXPLORE10 ORANGE PACK	1	RX/OTC
PKU EXPLORE10 RASPBERRY PACK	1	RX/OTC
PKU EXPLORE5 PACK	1	RX/OTC
PKU EXPRESS 15 PLUS+ PACK	1	RX/OTC
PKU EXPRESS 20 PLUS+ PACK	1	RX/OTC
PKU GEL PACK	1	RX/OTC
PKU GO PACK	1	RX/OTC
PKU LOPHLEX LQ 20 LIQD OR	1	RX/OTC
PKU PERIFLEX JUNIOR PLUS POWD	1	RX/OTC
PKU SPHERE 15 PACK	1	RX/OTC
PKU SPHERE 20 LIQD OR	1	RX/OTC
PKU SPHERE 20 PACK	1	RX/OTC
PKU START POWD	1	RX/OTC
PKU TRIO POWD	1	RX/OTC
TYR EASY TABS	1	RX/OTC
XPHE MAXAMAID POWD	1	RX/OTC
XPHE-XTYR MAXAMAID POWD	1	RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
Digestive Enzymes		
CREON CPEP	1	
PERTZYE CPEP	1	PA
SUCRAID	1	PA
VIOKACE TABS	1	PA

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ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	1	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	1	
<i>acetazolamide CP12</i>	1	
<i>acetazolamide TABS</i>	1	
<i>dichlorphenamide</i>	1	QL(4 ea daily); PA
KEVEYIS (Use <i>dichlorphenamide</i> )	1	QL(4 ea daily); PA
<i>methazolamide TABS 50 MG</i>	1	QL(6 ea daily); PA
<i>methazolamide TABS 25 MG</i>	1	QL(12 ea daily); PA
Diuretic Combinations		
ALDACTAZIDE (Use <i>spironolactone &amp; hydrochlorothiazide</i> )	9	MP
<i>amiloride &amp; hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS (Use <i>triamterene &amp; hydrochlorothiazide</i> )	1	
MAXZIDE TABS (Use <i>triamterene &amp; hydrochlorothiazide</i> )	9	
<i>spironolactone &amp; hydrochlorothiazide</i>	1	MP

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Updated 04/01/2024

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<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		ALDACTONE TABS 25 MG (Use <i>spironolactone</i> )	9	MP
<i>triamterene &amp; hydrochlorothiazide TABS</i>	1		ALDACTONE TABS 50 MG, 100 MG (Use <i>spironolactone</i> )	1	MP
Loop Diuretics			<i>amiloride hcl TABS</i>	1	
<i>bumetanide SOLN 0.25 MG/ML</i>	1		CAROSPIR SUSP (Use <i>spironolactone</i> )	1	QL(473 ml per 30 days retail; 473 ml per 30 days mail); PA
<i>bumetanide TABS</i>	1		DYRENIUM CAPS (Use <i>triamterene</i> )	9	
BUMEX TABS 0.5 MG (Use <i>bumetanide</i> )	9		SPIRONOLACTONE POWD	1	
EDECIN (Use <i>ethacrynic acid</i> )	9		<i>spironolactone SUSP</i>	1	
<i>ethacrynate sodium</i>	1		<i>spironolactone TABS</i>	1	MP
<i>ethacrynic acid</i>	1		<i>triamterene CAPS 100 MG</i>	1	
FUROSCIX CTKT	1	AL(At least 18 yrs old); PA	Thiazides and Thiazide-Like Diuretics		
<i>furosemide SOLN IJ 10 MG/ML</i>	1		<i>chlorothiazide sodium</i>	1	
<i>furosemide TABS 20 MG</i>	1	QL(30 ea daily); MP	<i>chlorthalidone 25 MG, 50 MG</i>	1	
<i>furosemide TABS 40 MG</i>	1	QL(15 ea daily); MP	DIURIL SUSP	1	
<i>furosemide TABS 80 MG</i>	1	QL(8 ea daily); MP	<i>hydrochlorothiazide CAPS</i>	1	QL(3 ea daily); MP
LASIX TABS 20 MG (Use <i>furosemide</i> )	9	QL(30 ea daily); MP	<i>hydrochlorothiazide TABS 12.5 MG</i>	1	
LASIX TABS 80 MG (Use <i>furosemide</i> )	9	QL(8 ea daily); MP	<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	QL(3 ea daily); MP
LASIX TABS 40 MG (Use <i>furosemide</i> )	1	QL(15 ea daily); MP	<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	QL(2 ea daily); MP
SODIUM EDECIN (Use <i>ethacrynate sodium</i> )	1		<i>metolazone</i>	1	
<i>torseamide TABS 100 MG</i>	1	QL(2 ea daily); MP	SODIUM DIURIL (Use <i>chlorothiazide sodium</i> )	9	
<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	QL(10 ea daily); MP	THALITONE	1	
Osmotic Diuretics			ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
<i>mannitol 10 %, 20 %, 25 %</i>	1		Adrenal Steroid Inhibitors		
Potassium Sparing Diuretics			ISTURISA 1 MG	1	QL(8 ea daily); PA

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Oklahoma Complete Health

Updated 04/01/2024

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ISTURISA 10 MG	1	QL(6 ea daily); PA	EVENTITY	1	QL(2.34 ml per 30 days retail; 2 ml per 30 days mail); PA
ISTURISA 5 MG	1	QL(2 ea daily); PA	FORTEO SOPN ( <i>Use teriparatide (recombinant)</i> )	1	QL(2.4 ml per 28 days retail; 2 ml per 28 days mail); PA
RECORLEV	1	QL(250 ea per 30 days retail; 250 ea per 30 days mail); AL(At least 18 yrs old); PA	FOSAMAX PLUS D	1	PA
Bone Density Regulators			FOSAMAX TABS 70 MG ( <i>Use alendronate sodium</i> )	1	QL(0.15 ea daily)
ACTONEL TABS 35 MG ( <i>Use risedronate sodium</i> )	9	QL(4 ea per 28 days retail; 4 ea per 28 days mail)	<i>ibandronate sodium TABS</i>	1	1 rtl pack lmt amt; 84 rtl pack lmt day(s); 1 mail pack lmt amt; 84 mail pack lmt day(s)
ACTONEL TABS 150 MG ( <i>Use risedronate sodium</i> )	9	QL(1 ea per 30 days retail; 1 ea per 30 days mail)	MIACALCIN IJ ( <i>Use calcitonin (salmon)</i> )	1	
<i>alendronate sodium SOLN</i>	1	QL(300 ml per 28 days retail; 300 ml per 28 days mail); PA	<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	
<i>alendronate sodium TABS 10 MG</i>	1	QL(1 ea daily)	PAMIDRONATE DISODIUM SOLN	1	
<i>alendronate sodium TABS 35 MG</i>	1	QL(12 ea per 84 days retail; 12 ea per 84 days mail)	RECLAST SOLN ( <i>Use zoledronic acid</i> )	9	
<i>alendronate sodium TABS 70 MG</i>	1	QL(0.15 ea daily)	<i>risedronate sodium TABS 5 MG</i>	3	QL(1 ea daily)
ATELVIA TBEC ( <i>Use risedronate sodium</i> )	9	QL(4 ea per 28 days retail; 4 ea per 28 days mail)	<i>risedronate sodium TABS 30 MG</i>	1	QL(1 ea daily); PA
BINOSTO TBEC	1	PA	<i>risedronate sodium TABS 150 MG</i>	2	QL(1 ea per 30 days retail; 1 ea per 30 days mail)
BONIVA TABS ( <i>Use ibandronate sodium</i> )	9	1 rtl pack lmt amt; 84 rtl pack lmt day(s); 1 mail pack lmt amt; 84 mail pack lmt day(s)	<i>risedronate sodium TABS 35 MG</i>	2	QL(4 ea per 28 days retail; 4 ea per 28 days mail)
<i>calcitonin (salmon) NA</i>	1	QL(3.7 ml per 30 days retail; 4 ml per 30 days mail)	<i>risedronate sodium TBEC</i>	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); PA
<i>calcitonin (salmon) IJ</i>	1		<i>teriparatide (recombinant) SOPN</i>	1	PA

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Oklahoma Complete Health

Updated 04/01/2024



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TERIPARATIDE SOPN	1	QL(2.48 ml per 28 days retail; 2 ml per 28 days mail); PA	NUTROPIN AQ NUSPIN 10 SOPN	1	PA
TYMLOS	1	QL(1.56 ml per 30 days retail; 2 ml per 30 days mail); PA	NUTROPIN AQ NUSPIN 20 SOPN	1	PA
<i>zoledronic acid CONC</i>	1		NUTROPIN AQ NUSPIN 5 SOPN	1	PA
<i>zoledronic acid SOLN</i>	1		OMNITROPE SOCT	1	PA
Corticotropin			OMNITROPE SOLR SC	1	PA
CORTROPHIN	1	PA	SAIZEN IJ	1	PA
Fertility Regulators			SEROSTIM SC 4 MG, 5 MG, 6 MG	1	PA
CHORIONIC GONADOTROPIN IM	1	AL(At least 4 yrs old); PA	SKYTROFA	1	PA
NOVAREL IM 5000 UNIT	1	AL(At least 4 yrs old); PA	SOGROYA	1	PA
PREGNYL IM	1	AL(At least 4 yrs old); PA	ZOMACTON SOLR SC	1	PA
GnRH/LHRH Antagonists			Hormone Receptor Modulators		
<i>ganirelix acetate</i>	1		EVISTA ( <i>Use raloxifene hcl</i> )	9	
GANIRELIX ACETATE ( <i>Use ganirelix acetate</i> )	9		<i>raloxifene hcl</i>	1	
ORLISSA 200 MG	1	QL(2 ea daily); AL(At least 18 yrs old); PA	Insulin-Like Growth Factor Receptor Inhibitors		
ORLISSA 150 MG	1	QL(1 ea daily); AL(At least 18 yrs old); PA	TEPEZZA	1	PA
Growth Hormone Receptor Antagonists			Insulin-Like Growth Factors (Somatomedins)		
SOMAVERT	1		INCRELEX	1	PA
Growth Hormones			LHRH/GnRH Agonist Analog Pituitary Suppressants		
GENOTROPIN MINIQUICK PRSY	1	PA	FENSOLVI SC	1	QL(1 ea per 180 days retail; 1 ea per 180 days mail); AL(At least 2 yrs old); PA
GENOTROPIN CART SC	1	PA	LUPRON DEPOT-PED (1-MONTH) 7.5 MG, 11.25 MG	1	PA
HUMATROPE CART IJ	1	PA	LUPRON DEPOT-PED (3-MONTH)	1	PA
NGENLA	1	PA	LUPRON DEPOT-PED (6-MONTH) IM	1	QL(1 ea per 180 days retail; 1 ea per 180 days mail); PA
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 30 MG/3ML	1	PA	SUPPRELIN LA	1	

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Oklahoma Complete Health

Updated 04/01/2024

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SYNAREL	1	QL(40 ml per 28 days retail; 40 ml per 28 days mail); AL(Up to 16 yrs old); PA	CRYSVITA	1	AL(At least 1 yrs old); PA
			CYSTADANE (Use betaine)	1	
			doxercalciferol CAPS	1	PA
			doxercalciferol SOLN	1	
TRIPTODUR	1	QL(1 ea per 168 days retail; 1 ea per 168 days mail); AL(At least 2 yrs old - Up to 14 yrs old); PA	ELFABRIO	1	AL(At least 18 yrs old); PA
			GALAFOLD	1	QL(14 ea per 28 days retail; 14 ea per 28 days mail); PA
Menopausal Symptoms Suppressants			HECTOROL SOLN (Use doxercalciferol)	1	
VEOZAH	1	QL(1 ea daily); AL(At least 18 yrs old); PA	HECTOROL SOLN (Use doxercalciferol)	9	
Metabolic Modifiers			KANUMA	1	
AMMONUL (Use sod benzoate & sod phenylacetate)	1		KUVAN PACK 500 MG (Use sapropterin dihydrochloride)	9	PA
betaine	1		KUVAN PACK (Use sapropterin dihydrochloride)	1	PA
BRINEURA	1	PA	KUVAN PACK 100 MG (Use sapropterin dihydrochloride)	9	
BUPHENYL POWD (Use sodium phenylbutyrate)	1		KUVAN TABS (Use sapropterin dihydrochloride)	1	PA
BUPHENYL TABS (Use sodium phenylbutyrate)	1		LAMZEDE	1	PA
calcitriol CAPS	1		levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	1	
calcitriol SOLN IV	1		levocarnitine (metabolic modifiers) TABS	1	
CARBAGLU (Use carglumic acid)	1	PA	LUMIZYME	1	PA
carglumic acid	1	PA	MEPSEVII	1	PA
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	9		MYALEPT	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA
CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	1		NEXVIAZYME	1	PA
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	9		nitisinone CAPS	1	
cinacalcet hcl	1		NITYR TABS	1	

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Oklahoma Complete Health

Updated 04/01/2024

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NULIBRY	1	PA	<i>sapropterin dihydrochloride TABS</i>	1	PA
OLPRUVA THPK 3 GM, 4 GM, 5 GM, 6 GM, 6.67 GM	1	QL(90 ea per 30 days retail; 90 ea per 30 days mail); PA	SENSIPAR (Use <i>cinacalcet hcl</i> )	9	
OPFOLDA	1	AL(At least 18 yrs old); PA	<i>sod benzoate &amp; sod phenylacetate</i>	1	
ORFADIN CAPS (Use <i>nitisinone</i> )	1		<i>sodium phenylbutyrate POWD</i>	1	
ORFADIN SUSP	1		<i>sodium phenylbutyrate TABS</i>	1	
PALYNZIQ 2.5 MG/0.5ML	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); PA	STRENSIQ	1	PA
PALYNZIQ 20 MG/ML	1	QL(60 ml per 30 days retail; 60 ml per 30 days mail); PA	VIMIZIM	1	
PALYNZIQ 10 MG/0.5ML	1	QL(7 ml per 28 days retail; 7 ml per 28 days mail); PA	XENPOZYME	1	PA
<i>paricalcitol CAPS</i>	1	QL(1 ea daily); AL(At least 10 yrs old); PA	XPHOZAH	1	QL(2 ea daily); AL(At least 18 yrs old); PA
<i>paricalcitol SOLN</i>	1		ZEMPLAR CAPS 1 MCG, 2 MCG (Use <i>paricalcitol</i> )	1	QL(1 ea daily); AL(At least 10 yrs old); PA
<i>paricalcitol SOLN 5 MCG/ML</i>	1	AL(At least 10 yrs old); PA	ZEMPLAR SOLN 5 MCG/ML (Use <i>paricalcitol</i> )	1	AL(At least 10 yrs old); PA
PARSABIV	1	PA	ZEMPLAR SOLN 2 MCG/ML (Use <i>paricalcitol</i> )	9	
PHEBURANE PLLT	1	PA	Mineralocorticoid Receptor Antagonists		
POMBILITI	1	AL(At least 18 yrs old); PA	KERENDIA	1	QL(1 ea daily); AL(At least 18 yrs old); PA
RAVICTI	1	QL(525 ml per 30 days retail; 525 ml per 30 days mail); PA	Natriuretic Peptides		
RAYALDEE	1	QL(1 ea daily); PA	VOXZOGO	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 5 yrs old); PA
REVCOVI	1	PA	Posterior Pituitary Hormones		
ROCALTROL CAPS (Use <i>calcitriol</i> )	1		DDAVP SOLN IJ 4 MCG/ML (Use <i>desmopressin acetate</i> )	1	
ROCALTROL SOLN OR (Use <i>calcitriol</i> )	1		DDAVP TABS 0.1 MG (Use <i>desmopressin acetate</i> )	1	
<i>sapropterin dihydrochloride PACK</i>	1	PA			

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Oklahoma Complete Health

Updated 04/01/2024

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DDAVP TABS 0.2 MG (Use <i>desmopressin acetate</i> )	1	QL(6 ea daily)	SANDOSTATIN LAR DEPOT KIT 10 MG	1	QL(1 ea per 28 days retail; 1 ea per 28 days mail)
<i>desmopressin acetate</i> spray	1	QL(5 ml per 25 days retail; 5 ml per 25 days mail)	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use <i>octreotide acetate</i> )	9	
<i>desmopressin acetate</i> SOLN IJ	1		SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use <i>octreotide acetate</i> )	1	
<i>desmopressin acetate</i> TABS 0.2 MG	1	QL(6 ea daily)	SIGNIFOR	1	QL(60 ml per 30 days retail; 60 ml per 30 days mail)
<i>desmopressin acetate</i> TABS 0.1 MG	1		SIGNIFOR LAR	1	PA
NOCDURNA SUBL	1	QL(1 ea daily); PA	SOMATULINE DEPOT 120 MG/0.5ML	1	QL(0.5 ml per 28 days retail)
VASOPRESSIN/SODIUM CHLORIDE SOLN 0.9 %-20 UNIT/100ML, 0.9 %-40 UNIT/100ML	1		SOMATULINE DEPOT 60 MG/0.2ML	1	QL(0.2 ml per 28 days retail)
<i>vasopressin</i> SOLN IV	1		SOMATULINE DEPOT 90 MG/0.3ML	1	QL(0.3 ml per 28 days retail)
VASOSTRICT SOLN IV (Use <i>vasopressin</i> )	1		<b>Vasopressin Receptor Antagonists</b>		
VASOSTRICT SOLN IV	1		JYNARQUE TABS	1	QL(2 ea daily)
VASOSTRICT SOLN IV (Use <i>vasopressin</i> )	9		JYNARQUE TBPK	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); PA
<b>Progesterone Receptor Antagonists</b>			SAMSCA TABS 15 MG (Use <i>tolvaptan</i> )	9	QL(2 ea daily)
MIFEPREX (Use <i>mifepristone</i> )	1		SAMSCA TABS 30 MG (Use <i>tolvaptan</i> )	1	QL(2 ea daily)
<i>mifepristone</i>	1		<i>tolvaptan</i> TABS	1	QL(2 ea daily)
<b>Prolactin Inhibitors</b>			VAPRISOL	1	
<i>cabergoline</i>	1		<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Somatostatic Agents</b>			<b>Estrogen Combinations</b>		
LANREOTIDE ACETATE	1	QL(0.5 ml per 28 days retail)	ACTIVELLA TABS 1 MG-0.5 MG (Use <i>estradiol &amp; norethindrone acetate</i> )	1	
MYCAPSSA CPDR	1	QL(112 ea per 28 days retail; 112 ea per 28 days mail); PA	ANGELIQ 0.5 MG-0.25 MG	1	
<i>octreotide acetate</i> SOLN	1				
<i>octreotide acetate</i> SOSY	1				

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Oklahoma Complete Health

Updated 04/01/2024

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BIJUVA	1	QL(1 ea daily); PA	DIVIGEL GEL 0.25 MG/0.25GM (Use estradiol)	9	QL(30 ea per 30 days retail; 30 ea per 30 days mail)
CLIMARA PRO	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail)	DIVIGEL GEL 0.5 MG/0.5GM (Use estradiol)	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 1 yrs old)
COMBIPATCH PTTW	1	QL(8 ea per 28 days retail; 8 ea per 28 days mail)	DIVIGEL GEL 1.25 MG/1.25GM (Use estradiol)	9	QL(37.5 gm per 30 days retail; 38 gm per 30 days mail)
DUAVEE	1	QL(1 ea daily); PA	ELESTRIN GEL	1	QL(52 gm per 30 days retail; 52 gm per 30 days mail); AL(Up to 65 yrs old)
<i>estradiol &amp; norethindrone acetate TABS</i>	1		ESTRACE TABS (Use estradiol)	9	
FEMHRT (Use norethindrone acetate-ethinyl estradiol)	9		<i>estradiol valerate</i>	1	
MYFEMBREE	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA	<i>estradiol GEL 0.5 MG/0.5GM</i>	1	AL(At least 1 yrs old)
<i>norethindrone acetate-ethinyl estradiol</i>	1		<i>estradiol GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1	
ORIAHNN	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); PA	<i>estradiol PTTW</i>	1	
PREMPHASE	1		<i>estradiol PTWK</i>	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail)
PREMPRO	1		<i>estradiol TABS</i>	1	
Estrogens			EVAMIST SOLN	1	QL(8.1 ml per 55 days retail; 8 ml per 55 days mail)
CLIMARA PTWK 0.1 MG/24HR (Use estradiol)	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail)	MENEST 2.5 MG	1	
CLIMARA PTWK (Use estradiol)	9		MINIVELLE PTTW 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	1	QL(8 ea per 28 days retail; 8 ea per 28 days mail)
DELESTROGEN 10 MG/ML (Use estradiol valerate)	1		MINIVELLE PTTW (Use estradiol)	9	
DELESTROGEN 20 MG/ML, 40 MG/ML (Use estradiol valerate)	9				
DIVIGEL GEL 0.75 MG/0.75GM, 1 MG/GM (Use estradiol)	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail)			

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
PREMARIN SOLR	1	
PREMARIN TABS	1	
VIVELLE-DOT PTTW 0.1 MG/24HR (Use estradiol)	1	QL(8 ea per 28 days retail; 8 ea per 28 days mail)
VIVELLE-DOT PTTW (Use estradiol)	9	
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
BAXDELA SOLR	1	QL(2 ea daily); PA
BAXDELA TABS	1	QL(28 ea per 14 days retail; 28 ea per 14 days mail); PA
<i>ciprofloxacin hcl TABS 100 MG</i>	1	PA
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	AL(Up to 6 yrs old)
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i> )	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS 750 MG</i>	1	QL(1 ea daily)
<i>levofloxacin TABS 250 MG, 500 MG</i>	1	
<i>moxifloxacin hcl in sodium chloride</i>	1	
<i>moxifloxacin hcl TABS</i>	1	QL(21 ea per 20 days retail; 21 ea per 20 days mail)
MOXIFLOXACIN HYDROCHLORIDE SOLN 400 MG/250ML	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 300 MG, 400 MG</i>	1	QL(2 ea daily); PA
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
5-HT4 Receptor Agonists		
MOTEGRITY	1	QL(1 ea daily); PA
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	1	QL(1 ea daily); AL(At least 18 yrs old); PA
Bile Acid Synthesis Disorder Agents		
CHOLBAM	1	QL(4 ea daily); PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	1	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	1	
RELTONE CAPS	1	PA
URSO 250 TABS (Use <i>ursodiol</i> )	9	
URSO FORTE TABS (Use <i>ursodiol</i> )	9	
<i>ursodiol CAPS</i>	1	
<i>ursodiol TABS</i>	1	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	1	
GASTROCROM (Use <i>cromolyn sodium (mastocytosis)</i> )	9	
GASTROCROM (Use <i>cromolyn sodium (mastocytosis)</i> )	1	
Gastrointestinal Chloride Channel Activators		

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Oklahoma Complete Health

Updated 04/01/2024

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AMITIZA ( <i>Use lubiprostone</i> )	1	QL(100 ea per 50 days retail; 100 ea per 50 days mail); PA	AVSOLA	1	PA
<i>lubiprostone</i>	1	PA	AZULFIDINE EN-TABS TBEC ( <i>Use sulfasalazine</i> )	9	
<i>lubiprostone</i>	1	QL(100 ea per 50 days retail; 100 ea per 50 days mail); PA	AZULFIDINE EN-TABS TBEC ( <i>Use sulfasalazine</i> )	1	
Gastrointestinal Stimulants			AZULFIDINE TABS ( <i>Use sulfasalazine</i> )	9	
GIMOTI SOLN NA	1	QL(9.8 ml per 28 days retail; 10 ml per 28 days mail); AL(At least 18 yrs old - Up to 65 yrs old); PA	AZULFIDINE TABS ( <i>Use sulfasalazine</i> )	1	
METOCLOPRAMIDE HCL MONOHYDRATE	1		<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily); AL(At least 5 yrs old)
METOCLOPRAMIDE HCL POWD	1		CANASA SUPP ( <i>Use mesalamine</i> )	9	QL(30 ea per 30 days retail; 30 ea per 30 days mail)
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1		COLAZAL CAPS ( <i>Use balsalazide disodium</i> )	1	QL(9 ea daily); AL(At least 5 yrs old)
<i>metoclopramide hcl TABS</i>	1		DELZICOL CPDR ( <i>Use mesalamine</i> )	1	QL(6 ea daily)
METOCLOPRAMIDE HYDROCHLORIDE POWD	1		ENTYVIO SOPN	1	PA
REGLAN TABS ( <i>Use metoclopramide hcl</i> )	1		INFLECTRA SOLR	1	
Ileal Bile Acid Transporter (IBAT) Inhibitors			INFLIXIMAB	1	PA
BYLVAY (PELLETS) CPSP	1	PA	LIALDA TBEC ( <i>Use mesalamine</i> )	1	QL(4 ea daily)
BYLVAY CAPS	1	PA	LIALDA TBEC ( <i>Use mesalamine</i> )	9	
LIVMARLI	1	QL(90 ml per 30 days retail; 90 ml per 30 days mail); PA	<i>mesalamine CP24</i>	1	QL(4 ea daily)
Inflammatory Bowel Agents			<i>mesalamine CPCR</i>	1	QL(8 ea daily); PA
APRISO CP24 ( <i>Use mesalamine</i> )	1	QL(4 ea daily)	<i>mesalamine CPDR</i>	1	QL(6 ea daily)
ASACOL HD TBEC ( <i>Use mesalamine</i> )	9		<i>mesalamine ENEM</i>	1	
			<i>mesalamine SUPP</i>	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail)
			<i>mesalamine TBEC 800 MG</i>	1	QL(6 ea daily); PA
			<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)
			OMVOH SOAJ	1	PA
			OMVOH SOLN	1	PA

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PENTASA CPCR 250 MG	1	QL(16 ea daily)	LOTRONEX (Use alosetron hcl)	1	QL(2 ea daily)
PENTASA CPCR (Use mesalamine)	1	QL(8 ea daily)	VIBERZI	1	QL(2 ea daily); AL(At least 18 yrs old); PA
RENFLEXIS	1	PA	Live Fecal Microbiota		
ROWASA (Use mesalamine w/ cleanser)	1	PA	REBYOTA	1	
SFROWASA ENEM	1	QL(1800 ml per 30 days retail; 1800 ml per 30 days mail)	VOWST	1	QL(4 ea daily); AL(At least 18 yrs old); PA
SKYRIZI SOCT 360 MG/2.4ML	1	QL(2.4 ml per 55 days retail; 2 ml per 55 days mail); PA	Peripheral Opioid Receptor Antagonists		
SKYRIZI SOCT 180 MG/1.2ML	1	QL(1.2 ml per 55 days retail; 1 ml per 55 days mail); PA	<i>alvimopan</i>	1	
SKYRIZI SOLN	1	PA	ENTEREG (Use <i>alvimopan</i> )	1	
STELARA 130 MG/26ML	1	PA	MOVANTIK	1	QL(1 ea daily); PA
SULFASALAZINE POWD	1		RELISTOR SOLN 12 MG/0.6ML	1	QL(18 ml per 30 days retail; 18 ml per 30 days mail); AL(At least 18 yrs old); PA
<i>sulfasalazine TABS</i>	1		RELISTOR TABS	1	QL(3 ea daily); AL(At least 18 yrs old); PA
<i>sulfasalazine TBEC</i>	1		SYMPROIC	1	QL(1 ea daily); AL(At least 18 yrs old); PA
VELSIPITY	1	QL(1 ea daily); PA	Phosphate Binder Agents		
ZYMFENTRA 1-PEN AJKT	1	PA	AURYXIA	1	QL(360 ea per 30 days retail; 360 ea per 30 days mail); AL(At least 19 yrs old); PA
ZYMFENTRA 2-PEN AJKT	1	PA	<i>calcium acetate (phosphate binder) CAPS</i>	1	
ZYMFENTRA 2-SYRINGE PSKT	1	PA	<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
Intestinal Acidifiers			FOSRENOL CHEW 750 MG (Use <i>lanthanum carbonate</i> )	1	
<i>lactulose (encephalopathy)</i>	1		FOSRENOL CHEW (Use <i>lanthanum carbonate</i> )	9	
Irritable Bowel Syndrome (IBS) Agents					
<i>alosetron hcl</i>	1	QL(2 ea daily)			
IBSRELA	1	QL(2 ea daily); AL(At least 18 yrs old); PA			
LINZESS	1	QL(1 ea daily); AL(At least 6 yrs old); PA			

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Oklahoma Complete Health

Updated 04/01/2024



Drug Name	Drug Tier	Requirements/Limits
FOSRENOL PACK	1	PA
<i>lanthanum carbonate CHEW</i>	1	PA
RENAGEL ( <i>Use sevelamer hcl</i> )	9	
RENVELA PACK ( <i>Use sevelamer carbonate</i> )	9	
RENVELA TABS ( <i>Use sevelamer carbonate</i> )	1	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	2	
Short Bowel Syndrome (SBS) Agents		
GATTEX	1	QL(1 ea per fill retail); PA
<b>GENERAL ANESTHETICS</b>		
Anesthetics - Misc.		
AMIDATE ( <i>Use etomidate</i> )	1	
AMIDATE ( <i>Use etomidate</i> )	9	
DIPRIVAN EMUL	1	
DIPRIVAN EMUL ( <i>Use propofol</i> )	9	
DIPRIVAN EMUL ( <i>Use propofol</i> )	1	
<i>etomidate</i>	1	
KETALAR SOLN IJ ( <i>Use ketamine hcl</i> )	1	
<i>ketamine hcl SOLN IJ</i>	1	
<i>propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML</i>	1	
Barbiturate Anesthetics		
BREVITAL SODIUM SOLR 500 MG	1	
Volatile Anesthetics		

Drug Name	Drug Tier	Requirements/Limits
<i>desflurane</i>	1	
FORANE ( <i>Use isoflurane</i> )	1	
<i>isoflurane</i>	1	
<i>sevoflurane</i>	1	
SUPRANE ( <i>Use desflurane</i> )	9	
SUPRANE ( <i>Use desflurane</i> )	1	
ULTANE ( <i>Use sevoflurane</i> )	1	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Acidifiers		
K-PHOS NO 2	1	
Alkalinizers		
ORACIT	1	
ORAL CITRATE	1	
<i>potassium citrate (alkalinizer) TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	PA; RX/OTC
<i>potassium citrate-citric acid SOLN</i>	1	PA; RX/OTC
<i>sodium citrate &amp; citric acid</i>	1	RX/OTC
UROCIT-K 10 TBCR ( <i>Use potassium citrate (alkalinizer)</i> )	9	
UROCIT-K 15 TBCR ( <i>Use potassium citrate (alkalinizer)</i> )	9	
UROCIT-K 5 TBCR ( <i>Use potassium citrate (alkalinizer)</i> )	1	
Cystinosis Agents		
CYSTAGON CAPS	1	

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROCYSBI CPDR	1	PA	FLOMAX (Use tamsulosin hcl)	1	QL(2 ea daily); MP
PROCYSBI PACK	1	PA	JALYN (Use dutasteride-tamsulosin hcl)	2	ST
Genitourinary Irrigants			PROSCAR (Use finasteride)	1	QL(1 ea daily); MP
acetic acid 0.25 %	1		RAPAFLO (Use silodosin)	9	ST
glycine (gu irrigant) SOLN 1.5 %	1		RAPAFLO 8 MG (Use silodosin)	2	ST
sodium chloride (gu irrigant) 0.9 %	1		silodosin	2	ST
SORBITOL 3 %	1		tamsulosin hcl	1	QL(2 ea daily); MP
SORBITOL/MANNITOL IRRIGATION	1		UROXATRAL (Use alfuzosin hcl)	9	MP
Hyperoxaluria Agents			Urinary Stone Agents		
OXLUMO	1	PA	LITHOSTAT	1	
RIVFLOZA SOLN	1	AL(At least 9 yrs old - Up to 11 yrs old); PA	THIOLA EC TBEC	1	
RIVFLOZA SOSY	1	AL(At least 9 yrs old); PA	THIOLA TABS (Use tiopronin)	9	QL(3 ea daily)
IgA Nephropathy (IgAN) Agents			tiopronin TABS	1	QL(3 ea daily); PA
FILSPARI	1	QL(1 ea daily); AL(At least 18 yrs old); PA	tiopronin TBEC	1	
Interstitial Cystitis Agents			<b>GOUT AGENTS - Drugs to Treat Gout</b>		
ELMIRON CAPS	1		Gout Agent Combinations		
Prostatic Hypertrophy Agents			colchicine w/ probenecid	1	
alfuzosin hcl	1	QL(1 ea daily); MP	Gout Agents		
AVODART (Use dutasteride)	9	MP	allopurinol	1	
AVODART (Use dutasteride)	1	QL(1 ea daily); MP	ALLOPURINOL	1	PA
CARDURA XL	2	ST	allopurinol sodium	1	
dutasteride	1	QL(1 ea daily); MP	ALOPRIM (Use allopurinol sodium)	1	
dutasteride-tamsulosin hcl	2	ST	colchicine CAPS	1	QL(2 ea daily)
ENTADFI	1	QL(1 ea daily); PA	colchicine TABS	1	QL(2 ea daily)
finasteride	1	QL(1 ea daily); MP	COLCRYS TABS (Use colchicine)	1	QL(2 ea daily)
			febuxostat	1	QL(1 ea daily); PA

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.  
Oklahoma Complete Health Updated 04/01/2024

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GLOPERBA SOLN OR	1	QL(300 ml per 30 days retail; 300 ml per 30 days mail)
KRYSTEXXA	1	
MITIGARE CAPS ( <i>Use colchicine</i> )	1	QL(2 ea daily)
ULORIC 40 MG ( <i>Use febuxostat</i> )	1	QL(1 ea daily); PA
ULORIC 80 MG ( <i>Use febuxostat</i> )	9	QL(1 ea daily)
ZYLOPRIM ( <i>Use allopurinol</i> )	9	
<b>Uricosurics</b>		
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Aminolevulinatase Synthase 1-Directed siRNA</b>		
GIVLAARI	1	PA
<b>Antihemophilic Products</b>		
ADYNOVATE	1	PA
AFSTYLA 1500 UNIT, 2500 UNIT	1	PA
ALPHANATE SOLR	1	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	1	
ALPROLIX	1	PA
ALTUVIIIIO	1	PA
BALFAXAR	1	
COAGADEX	1	PA
ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 6000 UNIT	1	PA
ESPEROCT	1	PA
FEIBA 500 UNIT	1	PA
FIBRYGA	1	

Drug Name	Drug Tier	Requirements/Limits
HEMGENIX	1	AL(At least 19 yrs old); PA
HEMLIBRA	1	PA
IDELVION	1	PA
IXINITY SOLR	1	
JIVI	1	PA
KCENTRA	1	
KOATE SOLR	1	
NOVOEIGHT 1000 UNIT	1	
NUWIQ KIT 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	1	
OBIZUR	1	PA
PROFILNINE	1	
REBINYN	1	PA
RIASTAP	1	
ROCTAVIAN	1	AL(At least 18 yrs old); PA
SEVENFACT	1	PA
VONVENDI	1	
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SOSY ( <i>Use icatibant acetate</i> )	1	PA
<i>icatibant acetate SOLN</i>	1	PA
<i>icatibant acetate SOSY</i>	1	PA
<b>Complement Inhibitors</b>		
CINRYZE SOLR IV	1	QL(16 ea per 28 days retail; 16 ea per 28 days mail); PA
EMPAVELI	1	QL(160 ml per 28 days retail; 160 ml per 28 days mail); AL(At least 18 yrs old); PA
ENJAYMO	1	AL(At least 18 yrs old); PA
FABHALTA	1	QL(2 ea daily); AL(At least 18 yrs old); PA
HAEGARDA SOLR SC	1	PA

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RUCONEST	1	QL(1 ea per 28 days retail; 1 ea per 28 days mail); PA	TAKHZYRO SOLN	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); AL(At least 12 yrs old); PA
TAVNEOS	1	QL(6 ea daily); AL(At least 18 yrs old); PA	TAKHZYRO SOSY 300 MG/2ML	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); AL(At least 12 yrs old); PA
ULTOMIRIS	1	PA	TAKHZYRO SOSY 150 MG/ML	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA
VEOPOZ	1	AL(At least 1 yrs old); PA	<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		
ZILBRYSQ	1	AL(At least 18 yrs old); PA	TAVALISSE	1	QL(2 ea daily); PA
<b>Hematological Enzymes - Misc</b>			<b>Plasma Proteins</b>		
ADZYNMA	1	PA	ALBUKED 25	1	
<b>Hematorheologic Agents</b>			ALBUKED 5	1	
<i>pentoxifylline</i>	1		ALBUMIN HUMAN	1	
<b>Hemin</b>			ALBUMINEX	1	
PANHEMATIN 350 MG	1		ALBURX	1	
<b>Human Protein C</b>			ALBUTEIN	1	
CEPROTIN	1		FLEXBUMIN	1	
<b>Plasma Expanders</b>			KEDBUMIN	1	
<i>dextran 40 in d5w</i>	1		OCTAPLAS BLOOD GROUP A	1	
<i>dextran 40 in saline</i>	1		OCTAPLAS BLOOD GROUP AB	1	
HESPAN (Use hetastarch in sodium chloride)	1		OCTAPLAS BLOOD GROUP B	1	
<i>hetastarch in sodium chloride</i>	1		OCTAPLAS BLOOD GROUP O	1	
HEXTEND	1		RYPLAZIM	1	PA
<b>Plasma Kallikrein Inhibitors</b>			THROMBATE III	1	
ORLADEYO	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 12 yrs old); PA	<b>Platelet Aggregation Inhibitors</b>		
			AGGRASTAT 3.75 MG/15ML	1	

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
AGGRASTAT (Use tirofiban hcl in sodium chloride)	1	
AGRYLIN 0.5 MG (Use anagrelide hcl)	1	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	QL(2 ea daily); AL(At least 18 yrs old); PA
BRILINTA 60 MG	1	QL(2 ea daily)
BRILINTA 90 MG	1	QL(61 ea per 30 days retail; 61 ea per 30 days mail)
CABLIVI	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	QL(1 ea daily); MP
<i>dipyridamole 75 MG</i>	1	QL(4 ea daily); MP
EFFIENT (Use prasugrel hcl)	1	QL(35 ea per 30 days retail; 35 ea per 30 days mail)
EFFIENT (Use prasugrel hcl)	9	QL(35 ea per 30 days retail; 35 ea per 30 days mail)
<i>eptifibatide</i>	1	
KENGREAL	1	
PLAVIX 75 MG (Use clopidogrel bisulfate)	1	QL(1 ea daily); MP
PLAVIX 75 MG (Use clopidogrel bisulfate)	9	MP
<i>prasugrel hcl</i>	1	QL(35 ea per 30 days retail; 35 ea per 30 days mail)
<i>tirofiban hcl in sodium chloride</i>	1	
Protamine		
<i>protamine sulfate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPk	1	QL(14 ea per 14 days retail; 14 ea per 14 days mail); AL(At least 18 yrs old); PA
PYRUKYND TAPER PACK TBPk	1	QL(7 ea per fill retail); AL(At least 18 yrs old); PA
PYRUKYND TABS	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 18 yrs old); PA
Thrombolytic Agent - Misc		
DEFITELIO	1	
Thrombolytic Enzymes		
ACTIVASE IV	1	
CATHFLO ACTIVASE IJ	1	
RETAVASE 10 UNIT	1	
RETAVASE HALF-KIT 10 UNIT	1	
TNKASE	1	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail)
ELELYSO	1	PA
<i>miglustat</i>	1	QL(3 ea daily); PA
VPRIV	1	PA
ZAVESCA (Use miglustat)	9	
ZAVESCA (Use miglustat)	1	QL(3 ea daily); PA

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Oklahoma Complete Health

Updated 04/01/2024

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<b>Agents for Sickle Cell Disease</b>			ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 200 MCG/0.4ML	1	QL(1.6 ml per 28 days retail; 2 ml per 28 days mail); PA
ADAKVEO	1	PA	ARANESP ALBUMIN FREE SOSY 100 MCG/0.5ML	1	QL(2 ml per 28 days retail; 2 ml per 28 days mail); PA
CASGEVY	1		ARANESP ALBUMIN FREE SOSY 25 MCG/0.42ML	1	QL(1.68 ml per 28 days retail; 2 ml per 28 days mail); PA
DROXIA CAPS	1		ARANESP ALBUMIN FREE SOSY 300 MCG/0.6ML	1	QL(2.4 ml per 28 days retail; 2 ml per 28 days mail); PA
ENDARI	1	AL(At least 5 yrs old); PA	ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML	1	QL(1.2 ml per 28 days retail; 1 ml per 28 days mail); PA
LYFGENIA	1		ARANESP ALBUMIN FREE SOSY 500 MCG/ML	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); PA
OXBRYTA TABS 300 MG	1	QL(3 ea daily); AL(At least 4 yrs old - Up to 11 yrs old); PA	DOPTELET	1	PA
OXBRYTA TABS 500 MG	1	QL(3 ea daily); PA	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	PA
OXBRYTA TBSO	1	QL(150 ea per 30 days retail; 150 ea per 30 days mail); AL(At least 4 yrs old - Up to 11 yrs old); PA	FULPHILA	1	
SIKLOS TABS	1	AL(At least 2 yrs old); PA	FYLNETRA	1	QL(0.6 ml per 20 days retail; 1 ml per 20 days mail)
<b>Cobalamins</b>			GRANIX SOLN 300 MCG/ML	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail)
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	AL(Up to 20 yrs old)	GRANIX SOLN 480 MCG/1.6ML	1	QL(48 ml per 30 days retail; 48 ml per 30 days mail)
<b>Folic Acid/Folates</b>			JESDUVROQ 6 MG	1	QL(2 ea daily); AL(At least 18 yrs old); PA
<i>folic acid SOLN</i>	1				
<i>folic acid TABS 1 MG</i>	1	RX/OTC			
<b>Hematopoietic Gene Therapy</b>					
ZYNTEGLO	1	AL(At least 4 yrs old); PA			
<b>Hematopoietic Growth Factors</b>					
ALVAIZ	1	AL(At least 6 yrs old); PA			
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); PA			

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Oklahoma Complete Health

Updated 04/01/2024

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JESDUVROQ 1 MG, 2 MG, 4 MG	1	QL(1 ea daily); AL(At least 18 yrs old); PA	RELEUKO SOLN 480 MCG/1.6ML	1	QL(48 ml per 30 days retail; 48 ml per 30 days mail); PA
JESDUVROQ 8 MG	1	QL(3 ea daily); AL(At least 18 yrs old); PA	RELEUKO SOLN 300 MCG/ML	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail); PA
LEUKINE SOLR IJ	1		RELEUKO SOSY 480 MCG/0.8ML	1	QL(24 ml per 30 days retail; 24 ml per 30 days mail); PA
MULPLETA	1	QL(7 ea per fill retail); PA	RELEUKO SOSY 300 MCG/0.5ML	1	QL(15 ml per 30 days retail; 15 ml per 30 days mail); PA
NEULASTA ONPRO KIT PSKT	1		RETACRIT	1	PA
NIVESTYM SOLN 300 MCG/ML	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail); PA	RETACRIT	1	PA
NIVESTYM SOLN 480 MCG/1.6ML	1	QL(48 ml per 30 days retail; 48 ml per 30 days mail); PA	ROLVEDON	1	QL(0.6 ml per 20 days retail; 1 ml per 20 days mail); PA
NIVESTYM SOSY 480 MCG/0.8ML	1	QL(24 ml per 30 days retail; 24 ml per 30 days mail); PA	STIMUFEND	1	QL(0.6 ml per 20 days retail; 1 ml per 20 days mail); PA
NIVESTYM SOSY 300 MCG/0.5ML	1	QL(15 ml per 30 days retail; 15 ml per 30 days mail); PA	UDENYCA ONBODY SOSY	1	PA
NPLATE 125 MCG, 500 MCG	1		UDENYCA SOAJ	1	QL(0.6 ml per 20 days retail; 1 ml per 20 days mail); PA
NYVEPRIA	1	QL(0.6 ml per 20 days retail; 1 ml per 20 days mail); PA	UDENYCA SOSY	1	QL(0.6 ml per 20 days retail; 1 ml per 20 days mail); PA
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 10000 UNIT/ML	1	PA	ZARXIO 300 MCG/0.5ML	1	QL(15 ml per 30 days retail; 15 ml per 30 days mail)
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 10000 UNIT/ML	1	PA	ZARXIO 480 MCG/0.8ML	1	QL(24 ml per 30 days retail; 24 ml per 30 days mail)
PROMACTA PACK	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail)	ZIEXTENZO	1	QL(0.6 ml per 20 days retail; 1 ml per 20 days mail)
PROMACTA TABS	1	QL(1 ea daily)			
REBLOZYL	1	PA			

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Oklahoma Complete Health

Updated 04/01/2024

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<b>Iron</b>			LYSTEDA TABS ( <i>Use tranexamic acid</i> )	9	
FERAHEME ( <i>Use ferumoxytol</i> )	9		TRANEXAMIC ACID/SODIUM CHLORIDE ( <i>Use tranexamic acid-sodium chloride</i> )	1	
FER-IN-SOL SOLN ( <i>Use ferrous sulfate</i> )	9		<i>tranexamic acid-sodium chloride</i>	1	
FERRLECIT ( <i>Use sodium ferric gluconate complex in sucrose</i> )	9		<i>tranexamic acid SOLN 1000 MG/10ML</i>	1	
FERRLECIT ( <i>Use sodium ferric gluconate complex in sucrose</i> )	1		<i>tranexamic acid TABS</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML</i>	1	AL(Up to 2 yrs old); PA	<b>Hemostatics - Topical</b>		
<i>ferumoxytol</i>	1		ARTISS KIT	1	
INFED	1		ARTISS SOLN	1	
INJECTAFER	1		RECOTHROM	1	
<i>sodium ferric gluconate complex in sucrose</i>	1		RECOTHROM/SPRAY APPLICATOR KIT	1	
VENOFER	1		TACHOSIL	1	
<b>Stem Cell Mobilizers</b>			THROMBIN-JMI DILUENT SOLR	1	
APHEXDA	1	PA	THROMBIN-JMI EPISTAXIS KIT	1	
MOZOBIL ( <i>Use plerixafor</i> )	1	QL(1.2 ml daily); PA	THROMBIN-JMI SYRINGE SPRAY KIT KIT	1	
<i>plerixafor</i>	1	QL(1.2 ml daily); PA	THROMBIN-JMI W/DIL SPRAYPUMP ACTUATOR KIT	1	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>			TISSEEL KIT	1	
<b>Hemostatics - Systemic</b>			TISSEEL SOLN	1	
AMICAR SOLN OR ( <i>Use aminocaproic acid</i> )	9		<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
AMICAR TABS ( <i>Use aminocaproic acid</i> )	9		<b>Barbiturate Hypnotics</b>		
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1		AMYTAL SODIUM	1	AL(At least 19 yrs old)
<i>aminocaproic acid TABS</i>	1		NEMBUTAL SODIUM SOLN ( <i>Use pentobarbital sodium</i> )	9	
CYKLOKAPRON SOLN ( <i>Use tranexamic acid</i> )	1		<i>pentobarbital sodium SOLN</i>	1	AL(At least 19 yrs old)
CYKLOKAPRON SOLN ( <i>Use tranexamic acid</i> )	9				

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Oklahoma Complete Health

Updated 04/01/2024



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<i>phenobarbital sodium SOLN</i>	1		HALCION 0.25 MG ( <i>Use triazolam</i> )	9	
<i>phenobarbital ELIX</i>	1		LUNESTA ( <i>Use eszopiclone</i> )	1	QL(1 ea daily); AL(At least 19 yrs old)
<i>phenobarbital TABS</i>	1		LUNESTA ( <i>Use eszopiclone</i> )	9	
SEZABY SOLR	1		<i>midazolam hcl SOLN IJ</i>	1	
Hypnotics - Tricyclic Agents			<i>midazolam hcl SYRP</i>	1	
<i>doxepin hcl (sleep)</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA	MIDAZOLAM/SODIUM CHLORIDE	1	
SILENOR ( <i>Use doxepin hcl (sleep)</i> )	9	QL(1 ea daily)	MIDAZOLAM/SODIUM CHLORIDE ( <i>Use midazolam-sodium chloride</i> )	9	
Non-Barbiturate Hypnotics			MIDAZOLAM/SODIUM CHLORIDE ( <i>Use midazolam-sodium chloride</i> )	1	
AMBIEN CR TBCR ( <i>Use zolpidem tartrate</i> )	2	QL(1 ea daily); AL(At least 19 yrs old)	MIDAZOLAM/SODIUM CHLORIDE ( <i>Use midazolam-sodium chloride</i> )	1	
AMBIEN TABS ( <i>Use zolpidem tartrate</i> )	1	QL(1 ea daily); AL(At least 19 yrs old)	<i>midazolam-sodium chloride</i>	1	
BYFAVO	1		PRECEDEX SOLN	1	
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1		PRECEDEX SOLN ( <i>Use dexmedetomidine hcl in sodium chloride</i> )	9	
<i>dexmedetomidine hcl SOLN</i>	1		PRECEDEX SOLN ( <i>Use dexmedetomidine hcl in sodium chloride</i> )	1	
DEXMEDETOMIDINE HCL SOLN	1		<i>quazepam</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA
DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE	1		RESTORIL 15 MG ( <i>Use temazepam</i> )	9	QL(1 ea daily)
DORAL ( <i>Use quazepam</i> )	1	QL(1 ea daily); AL(At least 19 yrs old); PA	RESTORIL 30 MG ( <i>Use temazepam</i> )	1	QL(1 ea daily); AL(At least 19 yrs old)
DORAL ( <i>Use quazepam</i> )	9		RESTORIL 7.5 MG, 22.5 MG ( <i>Use temazepam</i> )	1	QL(1 ea daily); AL(At least 19 yrs old); PA
EDLUAR SUBL	1	QL(1 ea daily); AL(At least 19 yrs old); PA	<i>temazepam 15 MG, 30 MG</i>	1	QL(1 ea daily); AL(At least 19 yrs old)
<i>estazolam</i>	1	QL(1 ea daily)	<i>temazepam 7.5 MG, 22.5 MG</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA
<i>eszopiclone</i>	1	QL(1 ea daily); AL(At least 19 yrs old)			
<i>flurazepam hcl</i>	1	QL(1 ea daily); AL(At least 19 yrs old)			

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Oklahoma Complete Health

Updated 04/01/2024

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<i>triazolam</i>	1	QL(1 ea daily); AL(At least 19 yrs old)	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	1	QL(350 ml per fill retail); PA
<i>zaleplon</i>	1	QL(2 ea daily); AL(At least 19 yrs old)	GOLYTELY SOLR ( <i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	1	QL(4000 ml per fill retail)
ZOLPIDEM TARTRATE CAPS	1	QL(1 ea daily); AL(At least 19 yrs old); PA	MOVIPREP ( <i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	1	QL(1 ea per fill retail)
<i>zolpidem tartrate SUBL</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA	MOVIPREP ( <i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	9	
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily); AL(At least 19 yrs old)	NULYTELY ( <i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	9	QL(4000 ml per fill retail)
<i>zolpidem tartrate TBCR</i>	2	QL(1 ea daily); AL(At least 19 yrs old)	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	1	QL(1 ea per fill retail)
<b>Orexin Receptor Antagonists</b>			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.72 GM-2.98 GM-5.84 GM-22.72 GM-240 GM</i>	1	QL(4000 ml per fill retail)
BELSOMRA	3	QL(1 ea daily); AL(At least 19 yrs old)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	1	QL(4000 ml per fill retail)
DAYVIGO	3	QL(1 ea daily); AL(At least 19 yrs old)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ml per fill retail)
QUVIVIQ	1	QL(1 ea daily); AL(At least 19 yrs old); PA	PLENVU	1	QL(3 ea per fill retail); PA
<b>Selective Melatonin Receptor Agonists</b>			<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1	PA
HETLIOZ LQ SUSP	1	AL(At least 3 yrs old - Up to 15 yrs old); PA	SUFLAVE	1	QL(2 ea per fill retail); PA
HETLIOZ CAPS ( <i>Use tasimelteon</i> )	1	QL(1 ea daily); AL(At least 19 yrs old); PA	SUPREP BOWEL PREP KIT ( <i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i> )	1	QL(354 ml per fill retail); PA
<i>ramelteon</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA			
ROZEREM ( <i>Use ramelteon</i> )	1	QL(1 ea daily); AL(At least 19 yrs old)			
<i>tasimelteon CAPS</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA			
<b>LAXATIVES - Bowel Treatment Drugs</b>					
<b>Laxative Combinations</b>					

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Oklahoma Complete Health Updated 04/01/2024

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SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	9		bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 %	1	
SUTAB	1	QL(24 ea per fill retail); PA	lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 %	1	
Laxatives - Miscellaneous					
KRISTALOSE PACK	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA	MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % (Use bupivacaine w/ epinephrine)	1	
KRISTALOSE PACK	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA	MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % (Use bupivacaine w/ epinephrine)	9	
<i>lactulose SOLN</i>	1		SENSORCAINE-MPF/EPINEPHRINE SOLN	1	
MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)	9		XYLOCAINE/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine)	9	
MIRALAX PACK (Use polyethylene glycol 3350)	9		XYLOCAINE/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine)	1	
MIRALAX POWD (Use polyethylene glycol 3350)	9		XYLOCAINE-MPF/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine)	9	
<i>polyethylene glycol 3350 PACK</i>	1	AL(Up to 20 yrs old)	XYLOCAINE-MPF/EPINEPHRINE SOLN	1	
<i>polyethylene glycol 3350 POWD</i>	1	QL(1581 gm per 30 days retail; 1581 gm per 30 days mail); AL(Up to 20 yrs old)	XYLOCAINE-MPF/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine)	1	
<i>polyethylene glycol 3350 POWD</i>	1	AL(Up to 20 yrs old)	Local Anesthetics - Amides		
Stimulant Laxatives			BUPIVACAINE FISIOPHARMA SOLN IJ	1	
FLEET BISACODYL ENEM	1	PA	bupivacaine hcl SOLN IJ	1	
Surfactant Laxatives			bupivacaine in dextrose SOLN	1	
<i>benzocaine-docusate sodium ENEM</i>	1	PA			
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>					
Local Anesthetic Combinations					

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<i>lidocaine hcl (local anesth.) SOLN</i>	1	
MARCAINE SPINAL SOLN (Use bupivacaine in dextrose)	1	
MARCAINE SPINAL SOLN (Use bupivacaine in dextrose)	9	
MARCAINE SOLN IJ (Use bupivacaine hcl)	9	
MARCAINE SOLN IJ (Use bupivacaine hcl)	1	
<i>mepivacaine hcl SOLN 1 %, 1.5 %, 2 %</i>	1	
NAROPIN SOLN IJ (Use ropivacaine hcl)	1	
NAROPIN SOLN IJ 2 MG/ML, 5 MG/ML, 10 MG/ML (Use ropivacaine hcl)	9	
<i>ropivacaine hcl SOLN IJ</i>	1	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % (Use lidocaine hcl (local anesth.))	1	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % (Use lidocaine hcl (local anesth.))	9	
XYLOCAINE SOLN 1 %, 2 % (Use lidocaine hcl (local anesth.))	1	
XYLOCAINE SOLN 0.5 %, 1 %, 2 % (Use lidocaine hcl (local anesth.))	9	
Local Anesthetics - Esters		
<i>chloroprocaine hcl IJ</i>	1	
CLOTOTEKAL IT	1	
NESACAINE IJ	1	
NESACAINE-MPF IJ (Use chloroprocaine hcl)	1	
NESACAINE-MPF IJ (Use chloroprocaine hcl)	9	

Drug Name	Drug Tier	Requirements/Limits
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
Azithromycin		
<i>azithromycin PACK</i>	1	
<i>azithromycin SOLR</i>	1	
<i>azithromycin SUSR 200 MG/5ML</i>	1	QL(12 ml daily)
<i>azithromycin SUSR 100 MG/5ML</i>	1	QL(45 ml per fill retail)
<i>azithromycin TABS</i>	1	
ZITHROMAX TRI-PAK TABS (Use azithromycin)	1	
ZITHROMAX Z-PAK TABS (Use azithromycin)	9	
ZITHROMAX PACK (Use azithromycin)	1	
ZITHROMAX SOLR (Use azithromycin)	1	
ZITHROMAX SOLR (Use azithromycin)	9	
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	1	QL(45 ml per fill retail)
ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	1	QL(12 ml daily)
ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	9	
ZITHROMAX TABS 500 MG (Use azithromycin)	1	
Clarithromycin		
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	1	QL(28 ea per 14 days retail; 28 ea per 14 days mail)
Erythromycins		
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	9	

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Oklahoma Complete Health

Updated 04/01/2024

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E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	1		FC2 FEMALE CONDOM	1	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	9		KIMONO COLORS DEVI	1	
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	9		KIMONO LUBRICATED MISC	1	
ERYTHROCIN LACTOBIONATE (Use erythromycin lactobionate)	1		KIMONO MAXX/LARGE FLARE MISC	1	
ERYTHROCIN LACTOBIONATE (Use erythromycin lactobionate)	9		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	1	
erythromycin base TABS	1		KIMONO MICRO THIN MISC	1	
erythromycin base TBEC 250 MG, 333 MG	1		KIMONO PLUS SPERMICIDE LUBRICATED MISC	1	
erythromycin ethylsuccinate SUSR	1		KIMONO SENSATION LUBRICATED MISC	1	
erythromycin ethylsuccinate TABS	1		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	1	
erythromycin lactobionate 500 MG	1		KIMONO SPECIAL DEVI	1	
erythromycin stearate TABS 250 MG	1		MAXX LUBRICATED MISC	1	
Fidaxomicin			TRUSTEX LUBRICATED EXTRALARGE MISC	1	
DIFICID SUSR	1	QL(136 ml per 12 days retail; 136 ml per 12 days mail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	1	
DIFICID TABS	1	QL(20 ea per 10 days retail; 20 ea per 10 days mail)	TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	1	
<b>MEDICAL DEVICES AND SUPPLIES</b>			TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	1	
Contraceptives			TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	1	
CAYA DPRH	1		TRUSTEX LUBRICATED/SPERMICIDE MISC	1	
FANTASY LUBRICATED/SPERMICIDE MISC	1		TRUSTEX LUBRICATED MISC	1	
FANTASY LUBRICATED MISC	1		TRUSTEX NON-LUBRICATED MISC	1	

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Updated 04/01/2024

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TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	1		ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	1	PA; RX/OTC
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	1		ADVANCED MOBILE LANCET 30G	1	PA; RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	1		ADVOCATE LANCETS	1	PA; RX/OTC
TRUSTEX/RIA LUBRICATED MISC	1		ADVOCATE LANCETS 30G	1	PA; RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	1		ADVOCATE LANCING DEVICE MISC	1	
<b>Diabetic Supplies</b>			ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
1ST TIER UNILET COMFORTOUCH LANCETS 28G	1	PA; RX/OTC	ADVOCATE SAFETY LANCETS	1	PA; RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	1	PA; RX/OTC	ADVOCATE SAFETY LANCETS 26G	1	PA; RX/OTC
ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	1		AGAMATRIX ULTRA-THIN LANCETS 33G	1	PA; RX/OTC
ACCU-CHEK FASTCLIX LANCETS	1	PA; RX/OTC	AQUALANCE LANCETS ULTRA THIN 30G	1	PA; RX/OTC
ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	1		ASSURE COMFORT LANCETS ULTRA THIN 28G	1	PA; RX/OTC
ACCU-CHEK SAFE-T-PRO LANCETS	1	PA; RX/OTC	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	1	PA; RX/OTC
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	1	PA; RX/OTC	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	1	PA; RX/OTC
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	1		ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	1	PA; RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	1	PA; RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	1	PA; RX/OTC
ACTI-LANCE LANCETS 28G	1	PA; RX/OTC	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	1	PA; RX/OTC
ACTI-LANCE LITE SAFETY LANCETS 28G	1	PA; RX/OTC	ASSURE LANCE LANCETS	1	PA; RX/OTC
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	1	PA; RX/OTC	ASSURE LANCE SAFETY LANCET 28G	1	PA; RX/OTC
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	1	PA; RX/OTC	AUTO-LANCET MINI MISC	1	
			AUTOLET IMPRESSION LANCING DEVICE MISC	1	
			AUTOLET LANCING DEVICE MISC	1	

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Oklahoma Complete Health

Updated 04/01/2024

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AUTOLET PLUS MISC	1		COMFORT TOUCH LANCETS ULTRA THIN 31G	1	PA; RX/OTC
BD MICROTAINER LANCETS	1	PA; RX/OTC	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	1	PA; RX/OTC
CAREONE ADVANCED LANCINGDEVICE MISC	1		CVS LANCETS 21G	1	PA; RX/OTC
CAREONE LANCET SUPER THIN/30G	1	PA; RX/OTC	CVS LANCETS MICRO THIN 33G	1	PA; RX/OTC
CAREONE LANCET THIN	1	PA; RX/OTC	CVS LANCETS THIN 26G	1	PA; RX/OTC
CARESENS LANCETS	1	PA; RX/OTC	CVS LANCETS ULTRA THIN 30G	1	PA; RX/OTC
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	1		CVS LANCING DEVICE MISC	1	
CARETOUCH SAFETY LANCETS/26G	1	PA; RX/OTC	CVS ULTRA THIN LANCETS	1	PA; RX/OTC
CARETOUCH SAFETY LANCETS/28G	1	PA; RX/OTC	DEXCOM G6 RECEIVER	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA
CARETOUCH TWIST LANCETS 28G	1	PA; RX/OTC	DEXCOM G6 SENSOR	1	PA
CARETOUCH TWIST LANCETS 30G	1	PA; RX/OTC	DEXCOM G6 TRANSMITTER	1	QL(1 ea per 90 days retail; 1 ea per 90 days mail); PA
CARETOUCH TWIST LANCETS 33G	1	PA; RX/OTC	DEXCOM G7 RECEIVER	1	PA
CARETOUCH TWIST LANCETS MULTI COLOR/30G	1	PA; RX/OTC	DEXCOM G7 SENSOR	1	PA
CLEVER CHEK LANCETS ULTRATHIN	1	PA; RX/OTC	DIASCREEN 1K STRP	1	
CLEVER CHEK LANCETS ULTRATHIN 30G	1	PA; RX/OTC	DROPLET GENTEEL LANCING DEVICE MISC	1	PA
CLEVER CHOICE COMFORT EZLANCETS 23G	1	PA; RX/OTC	DROPLET LANCETS ULTRA THIN 30G	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 28G	1	PA; RX/OTC	DROPLET LANCING DEVICE MISC	1	
COAGUCHEK LANCETS	1	PA; RX/OTC	DROPLET PERSONAL LANCETS30G	1	PA; RX/OTC
COMFORT ASSURED LANCETS MICRO THIN 33G	1	PA; RX/OTC	DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	
COMFORT ASSURED LANCETS SUPER THIN 28G	1	PA; RX/OTC	DRUG MART LANCETS THIN	1	PA; RX/OTC
COMFORT LANCETS	1	PA; RX/OTC			

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Oklahoma Complete Health

Updated 04/01/2024

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DRUG MART ON-THE-GO LANCETS GENTLE 30G	1	PA; RX/OTC	EASY TOUCH LANCETS 28G/TWIST	1	PA; RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	1	PA; RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	1	PA; RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	1	PA; RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	1	PA; RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	1	PA; RX/OTC	EASY TOUCH LANCETS 30G/TWIST	1	PA; RX/OTC
EASY COMFORT LANCETS	1	PA; RX/OTC	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	1	PA; RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	1	PA; RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	1	PA; RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	1	PA; RX/OTC	EASY TOUCH LANCETS 32G/TWIST	1	PA; RX/OTC
EASY COMFORT LANCETS TWIST TOP	1	PA; RX/OTC	EASY TOUCH LANCETS 33G/TWIST	1	PA; RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	1		EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY MINI LANCING DEVICE MISC	1		EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	1	PA; RX/OTC	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	1	PA; RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	1	PA; RX/OTC	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	1	PA; RX/OTC
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	1	PA; RX/OTC	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	1	PA; RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	1	PA; RX/OTC	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	1	PA; RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	1	PA; RX/OTC	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	1	PA; RX/OTC
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	1	PA; RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	1	PA; RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	1	PA; RX/OTC	EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	

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Oklahoma Complete Health

Updated 04/01/2024



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EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	1	PA; RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	1	PA; RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	1	PA; RX/OTC	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	1	PA; RX/OTC
EQL COLOR LANCETS 21G	1	PA; RX/OTC	FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	1	
EQL SUPER THIN LANCETS 30G	1	PA; RX/OTC	FREESTYLE LANCETS	1	PA; RX/OTC
EQL THIN LANCETS 26G	1	PA; RX/OTC	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	1	PA
E-Z JECT LANCETS	1	PA; RX/OTC	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	1	PA
E-Z JECT LANCETS 21G	1	PA; RX/OTC	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	1	PA
E-Z JECT LANCETS COLOR	1	PA; RX/OTC	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	1	PA
E-Z JECT LANCETS SUPER THIN 30G	1	PA; RX/OTC	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	1	PA
E-Z JECT LANCETS THIN 26G	1	PA; RX/OTC	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	1	PA
E-ZJECT LANCETS MICRO-THIN 33G	1	PA; RX/OTC	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	1	PA
EZ-LETS LANCETS 26G SUPER-SOFT	1	PA; RX/OTC	FREESTYLE UNISTICK II LANCETS	1	PA; RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G	1	PA; RX/OTC	GENTEEL BUTTERFLY TOUCH LANCETS	1	PA; RX/OTC
FIFTY50 SAFETY SEAL LANCETS 32G	1	PA; RX/OTC	GLOBAL INJECT EASE LANCETS 28G	1	PA; RX/OTC
FIFTY50 UNILET LANCETS 33G	1	PA; RX/OTC	GLOBAL INJECT EASE LANCETS 30G	1	PA; RX/OTC
FINE 30	1	PA; RX/OTC	GLOBAL LANCING DEVICE MISC	1	
FINGERSTIX LANCETS	1	PA; RX/OTC			
FORA LANCETS	1	PA; RX/OTC			
FORA LANCING DEVICE/CLEARCAP MISC	1				
FORA LANCING DEVICE MISC	1				
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1				

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GLUCOCOM LANCETS 28G	1	PA; RX/OTC	H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	1	
GLUCOCOM LANCETS 30G	1	PA; RX/OTC	H-E-B INCONTROL LANCETS MICRO THIN 33G	1	PA; RX/OTC
GLUCOCOM LANCETS 33G	1	PA; RX/OTC	H-E-B INCONTROL LANCETS SUPER THIN 30G	1	PA; RX/OTC
GNP LANCETS 21G	1	PA; RX/OTC	H-E-B INCONTROL LANCETS ULTRA THIN 28G	1	PA; RX/OTC
GNP LANCETS THIN 26G	1	PA; RX/OTC	HYPOLANCE AST LANCING KIT KIT	1	
GNP LANCING SYSTEM DEVICE MISC	1		KINNEY LANCETS	1	PA; RX/OTC
GNP STERILE LANCETS 33G	1	PA; RX/OTC	KINNEY THIN LANCETS	1	PA; RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	1		KROGER AUTOLET LANCING DEVICE MISC	1	
GOJJI STERILE LANCETS 30G	1	PA; RX/OTC	KROGER HEALTHPRO TWIST LANCETS/26G	1	PA; RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	1	PA; RX/OTC	KROGER LANCETS 21G	1	PA; RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	1	PA; RX/OTC	KROGER LANCETS MICRO THIN33G	1	PA; RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	1	PA; RX/OTC	KROGER LANCETS THIN 26G	1	PA; RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	1	PA; RX/OTC	KROGER LANCETS ULTRATHIN30G	1	PA; RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G	1	PA; RX/OTC	KROGER LANCING DEVICE MISC	1	
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	1	PA; RX/OTC	LANCET DEVICE WITH EJECTOR MISC	1	
GOODSENSE LANCING DEVICE MISC	1		LANCETS	1	PA; RX/OTC
HEALTH CARE LANCING DEVICE MISC	1		LANCETS 30G	1	PA; RX/OTC
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1		LANCETS 30G TWIST TOP	1	PA; RX/OTC
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	1	PA; RX/OTC	LANCETS 30G/TWIST TOP	1	PA; RX/OTC
			LANCETS 33G EXTRA FINE	1	PA; RX/OTC
			LANCETS 33G UNIVERSAL DESIGN	1	PA; RX/OTC

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Oklahoma Complete Health

Updated 04/01/2024

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LANCETS MICRO THIN 33G	1	PA; RX/OTC	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	1	PA; RX/OTC
LANCETS SUPER THIN 28G	1	PA; RX/OTC	MEDLANCE PLUS UNIVERSAL LANCETS 21G	1	PA; RX/OTC
LANCETS THIN	1	PA; RX/OTC	MEDLANCE PLUS/LITE 25G	1	PA; RX/OTC
LANCETS ULTRA THIN	1	PA; RX/OTC	MEDLANCE/LITE	1	PA; RX/OTC
LANCETS ULTRA THIN 30G	1	PA; RX/OTC	MEDLANCE/UNIVERSAL	1	PA; RX/OTC
LANCING DEVICE MISC	1		MEIJER LANCETS	1	PA; RX/OTC
LANZO MISC	1		MEIJER LANCETS THIN	1	PA; RX/OTC
LEADER ADVANCED LANCING DEVICE MISC	1		MEIJER LANCETS UNIVERSAL33G	1	PA; RX/OTC
LITE TOUCH LANCETS	1	PA; RX/OTC	MEIJER SUPER THIN LANCETS	1	PA; RX/OTC
LITE TOUCH LANCING PEN MISC	1		MICROLET LANCETS	1	PA; RX/OTC
LITETOUCH LANCETS MICRO THIN 33G	1	PA; RX/OTC	MICROLET NEXT MISC	1	
LIVE BETTER ADVANCED LANCING DEVICE MISC	1		MINI LANCING DEVICE MISC	1	
LIVE BETTER LANCET SUPERTHIN 30G	1	PA; RX/OTC	MM LANCING DEVICE MISC	1	
LIVE BETTER LANCET ULTRATHIN 28G	1	PA; RX/OTC	MM TWIST LANCETS	1	PA; RX/OTC
LONGS LANCETS STANDARD	1	PA; RX/OTC	MONOLET LANCETS	1	PA; RX/OTC
LONGS LANCETS THIN	1	PA; RX/OTC	MULTI-LANCET DEVICE 2 KIT	1	
LONGS LANCETS ULTRA THIN	1	PA; RX/OTC	MULTI-LANCET DEVICE MISC	1	
MEDLANCE PLUS EXTRA LANCETS 21G	1	PA; RX/OTC	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	1	PA; RX/OTC
MEDLANCE PLUS LANCETS	1	PA; RX/OTC	NOVA SAFETY LANCETS 23G	1	PA; RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	1	PA; RX/OTC	NOVA SAFETY LANCETS 28G	1	PA; RX/OTC
MEDLANCE PLUS LITE LANCETS 25G	1	PA; RX/OTC	NOVA SUREFLEX LANCETS	1	PA; RX/OTC
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	1	PA; RX/OTC	NOVA SUREFLEX LANCING DEVICE MISC	1	
MEDLANCE PLUS SUPERLITE 30G	1	PA; RX/OTC	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	1	PA; RX/OTC

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Oklahoma Complete Health

Updated 04/01/2024

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ONETOUCH DELICA PLUS LANCETS FINE 30G	1	PA; RX/OTC	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	1	PA; RX/OTC
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1		PHARMACIST CHOICE ULTRA THIN LANCETS	1	PA; RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC	1	PA	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	1	PA; RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	1	PA	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	1	PA; RX/OTC
ONETOUCH SURESOFT LANCING DEVICE/28G MISC	1	PA	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	1	PA; RX/OTC
ONETOUCH ULTRA 2 KIT	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	1	PA; RX/OTC
ONETOUCH ULTRA CONTROL SOLUTION LIQD	1		PIP LANCETS/30G	1	PA; RX/OTC
ONETOUCH ULTRA CONTROL LIQD	1		PREFERRED PLUS LANCETS COLORED 21G	1	PA; RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	1	PA; RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	1	PA; RX/OTC
ONETOUCH ULTRASOFT LANCETS	1	PA; RX/OTC	PREFERRED PLUS LANCETS THIN 26G	1	PA; RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail)	PRO COMFORT LANCETS 30G	1	PA; RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	PRO COMFORT LANCETS 31G	1	PA; RX/OTC
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	1		PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	1	PA; RX/OTC
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	1		PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); PA; RX/OTC
PC LANCETS SUPER THIN 30G	1	PA; RX/OTC	PRODIGY LANCING DEVICE MISC	1	
			PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	1	PA; RX/OTC

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Updated 04/01/2024

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PRODIGY TWIST TOP LANCETS	1	PA; RX/OTC	RELION LANCETS ULTRA-THIN30G	1	PA; RX/OTC
PURE COMFORT LANCETS 30G	1	PA; RX/OTC	RELION LANCING DEVICE KIT	1	
PX ADVANCED LANCING DEVICE MISC	1		RELION LANCING DEVICE MISC	1	
PX LANCETS MICROTHIN 33G	1	PA; RX/OTC	RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
PX LANCETS ULTRA THIN	1	PA; RX/OTC	RELION ULTRA THIN LANCETS/30G	1	PA; RX/OTC
PX LANCETS ULTRA THIN 28G	1	PA; RX/OTC	RELION ULTRA THIN LANCETS30G	1	PA; RX/OTC
QC ADVANCED LANCING DEVICE MISC	1		RELION ULTRA THIN PLUS LANCETS 32G	1	PA; RX/OTC
QC LANCETS SUPER THIN	1	PA; RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	1	PA; RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	1	PA; RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	1	
QC UNILET LANCETS 33G/MICRO THIN	1	PA; RX/OTC	RIGHTEST GL300 LANCETS	1	PA; RX/OTC
RA E-ZJECT LANCETS 28G	1	PA; RX/OTC	SAFE-T-LANCE LOW FLOW 25G	1	PA; RX/OTC
RA E-ZJECT LANCETS THIN 26G	1	PA; RX/OTC	SAFE-T-LANCE NORMAL FLOW21G	1	PA; RX/OTC
RA E-ZJECT LANCETS THIN 28G	1	PA; RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	1	PA; RX/OTC
RA E-ZJECT LANCETS ULTRATHIN 30G	1	PA; RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	1	PA; RX/OTC
READYLANCE SAFETY LANCETS/23G/1.8MM	1	PA; RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	1	PA; RX/OTC
READYLANCE SAFETY LANCETS/26G/1.8MM	1	PA; RX/OTC	SAFETY LANCET 30G/PRESSURE ACTIVATED	1	PA; RX/OTC
READYLANCE SAFETY LANCETS/28G/1.8MM	1	PA; RX/OTC	SAFETY LANCETS	1	PA; RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	1	PA; RX/OTC	SAFETY LANCETS 21G	1	PA; RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G MISC	1	PA	SAFETY LANCETS 23G	1	PA; RX/OTC
RELION LANCETS MICRO-THIN33G	1	PA; RX/OTC	SAFETY LANCETS 28G	1	PA; RX/OTC
RELION LANCETS THIN 26G	1	PA; RX/OTC			

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Oklahoma Complete Health

Updated 04/01/2024

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SAPS HEALTH CARE TWIST TOP LANCETS	1	PA; RX/OTC	SURE COMFORT LANCETS 23G	1	PA; RX/OTC
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	1	PA; RX/OTC	SURE COMFORT LANCETS 28G	1	PA; RX/OTC
SAPS HEALTH TWIST TOP LANCETS 30G	1	PA; RX/OTC	SURE COMFORT LANCETS 30G	1	PA; RX/OTC
SAPSCARE TWIST TOP LANCETS 30G	1	PA; RX/OTC	SURE COMFORT LANCING PEN MISC	1	
SELECT-LITE LANCING DEVICE MISC	1		TECHLITE LANCETS	1	PA; RX/OTC
SHOPKO AUTOLET LANCING DEVICE MISC	1		TECHLITE LANCETS 30G	1	PA; RX/OTC
SHOPKO ON-THE-GO COMFORTLANCETS 30G	1	PA; RX/OTC	TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	
SHOPKO UNILET LANCETS SUPER THIN 30G	1	PA; RX/OTC	TODAYS HEALTH SUPER THINLANCETS 30G	1	PA; RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	1	PA; RX/OTC	TODAYS HEALTH ULTRA THINLANCETS 28G	1	PA; RX/OTC
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1		TOPCARE LANCETS MICRO-THIN 33G	1	PA; RX/OTC
SM MICRO THIN LANCETS 33G	1	PA; RX/OTC	TRAVEL LANCETS 30G	1	PA; RX/OTC
SMART DIABETES VANTAGE LANCING DEVICE MISC	1		TRUE COMFORT SAFETY LANCETS/30G	1	PA; RX/OTC
SMARTEST LANCETS 28G	1	PA; RX/OTC	TRUE COMFORT TWIST TOP LANCETS 30G	1	PA; RX/OTC
SOLUS V2 LANCING DEVICE MISC	1		TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	1	PA; RX/OTC	TRUE METRIX BLOOD GLUCOSEMETER KIT	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
SOLUS V2 TWIST LANCETS 30G	1	PA; RX/OTC	TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	1	
STERILANCE PA MISC	1	PA	TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	1	
STERILANCE TL	1	PA; RX/OTC	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
SURE COMFORT LANCETS 18G	1	PA; RX/OTC	TRUEPLUS LANCETS 26G	1	PA; RX/OTC
SURE COMFORT LANCETS 21G	1	PA; RX/OTC			

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Oklahoma Complete Health Updated 04/01/2024

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TRUEPLUS LANCETS 28G	1	PA; RX/OTC	UNILET LANCETS MICRO-THIN33G	1	PA; RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	1	PA; RX/OTC	UNILET LANCETS SUPER-THIN30G	1	PA; RX/OTC
TRUEPLUS LANCETS 30G	1	PA; RX/OTC	UNILET LANCETS ULTRA-THIN 28G	1	PA; RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	1	PA; RX/OTC	UNISTIK 2 NORMAL MISC	1	PA
TRUEPLUS LANCETS 33G	1	PA; RX/OTC	UNISTIK 3 COMFORT MISC	1	PA
TRUEPLUS LANCETS 33G MICRO THIN	1	PA; RX/OTC	UNISTIK 3 EXTRA MISC	1	PA
TRUEPLUS SAFETY LANCETS 28G	1	PA; RX/OTC	UNISTIK 3 GENTLE	1	PA; RX/OTC
TWIST TOP LANCETS 30G	1	PA; RX/OTC	UNISTIK 3 NORMAL MISC	1	PA
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	1		UNISTIK CZT COMFORT MISC	1	PA
ULTILET CLASSIC LANCETS	1	PA; RX/OTC	UNISTIK CZT NORMAL MISC	1	PA
ULTILET LANCETS	1	PA; RX/OTC	UNISTIK NORMAL MISC	1	PA
ULTILET LANCETS 33G	1	PA; RX/OTC	UNISTIK PRO SAFETY LANCET 21G	1	PA; RX/OTC
ULTILET SAFETY LANCETS 23G	1	PA; RX/OTC	UNISTIK PRO SAFETY LANCET 25G	1	PA; RX/OTC
ULTRA THIN LANCETS 31G	1	PA; RX/OTC	UNISTIK PRO SAFETY LANCET 28G	1	PA; RX/OTC
ULTRA-CARE LANCETS 30G	1	PA; RX/OTC	UNISTIK SAFETY LANCETS 28G	1	PA; RX/OTC
ULTRA-THIN II LANCETS 28G	1	PA; RX/OTC	UNISTIK SAFETY LANCETS 30G	1	PA; RX/OTC
ULTRA-THIN II LANCETS 30G	1	PA; RX/OTC	UNISTIK TOUCH SAFETY LANCETS 21G	1	PA; RX/OTC
UNILET COMFORTOUCH LANCET	1	PA; RX/OTC	UNISTIK TOUCH SAFETY LANCETS 23G	1	PA; RX/OTC
UNILET EXCELITE	1	PA; RX/OTC	UNISTIK TOUCH SAFETY LANCETS 28G	1	PA; RX/OTC
UNILET EXCELITE II	1	PA; RX/OTC	UNISTIK TOUCH SAFETY LANCETS 30G	1	PA; RX/OTC
UNILET G.P. SUPERLITE LANCET	1	PA; RX/OTC	UNIVERSAL 1 LANCETS THIN26G	1	PA; RX/OTC
UNILET GP 28 ULTRA THIN	1	PA; RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN 30G	1	PA; RX/OTC

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VALUE PLUS LANCETS STANDARD 21G	1	PA; RX/OTC	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	1	PA; RX/OTC
VALUE PLUS LANCING DEVICE MISC	1		WALGREENS LANCETS	1	PA; RX/OTC
VALUMARK LANCET SUPER THIN 30G	1	PA; RX/OTC	WALGREENS THIN LANCETS	1	PA; RX/OTC
VALUMARK LANCET ULTRA THIN 28G	1	PA; RX/OTC	WALGREENS ULTRA THIN LANCETS	1	PA; RX/OTC
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	1	PA; RX/OTC	ZEV RX TWIST TOP LANCETS 30G	1	PA; RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	1	PA; RX/OTC	Parenteral Therapy Supplies		
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	1	PA; RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS29GX12MM	1	PA; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS31GX6MM	1	PA; RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS31GX8MM	1	PA; RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS32GX4MM	1	PA; RX/OTC
VIDA MIA AUTOLET LANCING DEVICE MISC	1		1ST TIER UNIFINE PENTIPS32GX6MM	1	PA
VIDA MIA UNILET LANCETS SUPER THIN 30G	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS33GX4MM	1	PA
VIDA MIA UNILET LANCETS ULTRA THIN 28G	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	1	PA; RX/OTC
VIVAGUARD LANCETS	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	1	PA; RX/OTC
VIVAGUARD LANCING DEVICE MISC	1		1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	1	PA
WALGREENS ADVANCED TRAVEL LANCETS 28G	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	1	PA; RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL /29GX12MM	1	PA; RX/OTC
			1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	1	PA; RX/OTC
			ABOUT TIME PEN NEEDLE 32GX 5/32"	1	PA; RX/OTC

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Oklahoma Complete Health Updated 04/01/2024



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABOUTTIME PEN NEEDLES 30GX 5/16"	1	PA	AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16"	1	PA; RX/OTC	AQ INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	1	PA; RX/OTC	AQ INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
ADVOCATE INSULIN PEN NEEDLES	1	PA	AQINJECT PEN NEEDLE/31G X 3/16"	1	PA; RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	1	PA	AQINJECT PEN NEEDLE/32G X 5/32"	1	PA; RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	1	PA; RX/OTC	ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	1	PA; RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	1	PA; RX/OTC	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	1	PA; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	1	PA; RX/OTC	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	1	PA
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX4MM	1	PA; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX5MM	1	PA; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX6MM	1	PA
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX8MM	1	PA
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/33GX4MM	1	PA
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/33GX5MM	1	PA
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/33GX6MM	1	PA
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	1	PA; RX/OTC	AUM SAFETY PEN NEEDLE/31G X 4MM	1	PA
			AUM SAFETY PEN NEEDLE/31G X 5MM	1	PA; RX/OTC
			AURORA PEN NEEDLES 29GX12MM	1	PA; RX/OTC
			AURORA PEN NEEDLES 31G X6MM	1	PA; RX/OTC

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AURORA PEN NEEDLES 31G X8MM	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	1	PA; RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32"	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	1	PA; RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	PA; RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	1	PA; RX/OTC
BD 1/2ML TUBERCULIN SYRINGE/PERM NEEDLE/REG BEV/27G X 1/2" MISC	1		BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	1	PA; RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	1	PA; RX/OTC
BD ECLIPSE SYRINGE/1ML/30GX1/2"	1	PA	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	1	PA; RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	1	PA; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	PA; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	1	PA	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	PA; RX/OTC	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	1	PA; RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	1	PA; RX/OTC	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	1	PA; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	1	PA	BD INSULIN SYRINGE/1ML/27G X 12.7MM	1	PA; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	1	PA	BD INSULIN SYRINGE/1ML/29G X 12.7MM	1	PA; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 5/16"	1	PA; RX/OTC			

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Oklahoma Complete Health

Updated 04/01/2024

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BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	1	PA; RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	1	PA; RX/OTC
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	1	PA	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	1	PA; RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	1	PA	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	1	PA; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	1	PA; RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	1	PA; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	1	PA; RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	1	PA; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	1	PA; RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	1	PA; RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	1	PA; RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	PA	BD VEO INSULIN SYRINGE ULTRA-FINE/ULTR-FINE/U-100/0.5ML/31G X 15/64"	1	PA; RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	1	PA; RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	1	PA
BD SAFETYGLIDE 1ML 27GX5/8"	1	PA	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	1	PA; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	1	PA; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	1	PA; RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	1	PA; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	1	PA; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC			
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC			

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CAREONE INSULIN SYRINGES/1ML/31GX5/16"	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS 29GX12MM	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/28GX 5/16"	1	PA
CAREONE UNIFINE PENTIPS 31GX5MM	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/29GX 5/16"	1	PA
CAREONE UNIFINE PENTIPS 31GX6MM	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLE 29GX1/2"	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLES 31G X 6 MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLES 31GX 5MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLES 31GX 8MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLES 32GX 4MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLES 32GX 5MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	1	PA	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	1	PA
CARETOUCH HYPODERMIC NEEDLES/27G X 1 1/2	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	1	PA
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	1	PA; RX/OTC			

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Oklahoma Complete Health

Updated 04/01/2024

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CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	1	PA
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	1	PA
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	1	PA
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM	1	PA
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM	1	PA
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM	1	PA
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	1	PA; RX/OTC	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	1	PA; RX/OTC	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	1	PA; RX/OTC
			CLICKFINE PEN NEEDLES 31G X 1/4"	1	PA; RX/OTC
			CLICKFINE PEN NEEDLES 31G X 3/16"	1	PA; RX/OTC
			CLICKFINE PEN NEEDLES 31G X 5/16"	1	PA; RX/OTC

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Updated 04/01/2024

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CLICKFINE PEN NEEDLES 31G X 8MM	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 5MM	1	PA; RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 6MM	1	PA
CLICKFINE PEN NEEDLES/31GX1/4"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 8MM	1	PA
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/33G X 5/32"	1	PA
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/33GX 3/16"	1	PA
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/33GX1/4"	1	PA
COMFORT EZ MICRO/32G X 4MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	1	PA; RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	1	PA	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	1	PA; RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	1	PA	DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	1	PA; RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	1	PA; RX/OTC
COMFORT EZ SHORT/31G X 8MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	1	PA
COMFORT EZ/31G X 5MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	1	PA; RX/OTC
COMFORT EZ/31G X 6MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 4MM	1	PA	DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	1	PA; RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 5MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC
COMFORT TOUCH PEN NEEDLES/31G X 6 MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	1	PA
COMFORT TOUCH PEN NEEDLES/31G X 8 MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC
COMFORT TOUCH PEN NEEDLES/32G X 4MM	1	PA; RX/OTC			

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Oklahoma Complete Health

Updated 04/01/2024

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DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 29G X1/2"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	1	PA; RX/OTC	DROPLET PEN NEEDLES 29GX10MM	1	PA
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	1	PA	DROPLET PEN NEEDLES 29GX12MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 30G X 5/16"	1	PA
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31G X3/16"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31G X5/16"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31GX5MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31GX6MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31GX8MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31GX8MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	1	PA; RX/OTC	DROPLET PEN NEEDLES 32G X 5/32"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 32GX4MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC	DROPLET PEN NEEDLES 32GX5MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	1	PA; RX/OTC	DROPLET PEN NEEDLES 32GX6MM	1	PA
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 32GX8MM	1	PA
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	1	PA; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	1	PA; RX/OTC
DROPLET MICRON 34G X 9/64"	1	PA	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	1	PA; RX/OTC

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Oklahoma Complete Health

Updated 04/01/2024

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DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	1	PA
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES31GX1/4"	1	PA; RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES31GX3/16"	1	PA; RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES31GX5/16"	1	PA; RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES32GX5/32"	1	PA; RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES33G X 4MM	1	PA
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES33G X 5MM	1	PA
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	1	PA	EASY COMFORT PEN NEEDLES33G X 6MM	1	PA
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	1	PA; RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 31GX6MM	1	PA; RX/OTC
			EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	1	PA; RX/OTC

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Oklahoma Complete Health

Updated 04/01/2024



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EASY GLIDE PEN NEEDLES 33G X 5/32"	1	PA	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	1	PA; RX/OTC
EASY TOUCH 32GX5MM	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC
EASY TOUCH 32GX6MM	1	PA	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	1	PA
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	EASY TOUCH PEN NEEDLE 30G X 5/16"	1	PA
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	1	PA; RX/OTC	EASY TOUCH PEN NEEDLE/30G X 3/16"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	PA	EASY TOUCH PEN NEEDLES 29GX1/2"	1	PA; RX/OTC
			EASY TOUCH PEN NEEDLES 31GX1/4"	1	PA; RX/OTC
			EASY TOUCH PEN NEEDLES 31GX5/16"	1	PA; RX/OTC

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Oklahoma Complete Health

Updated 04/01/2024

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EASY TOUCH PEN NEEDLES 32GX1/4"	1	PA	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
EASY TOUCH PEN NEEDLES 32GX3/16"	1	PA; RX/OTC	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	1	PA; RX/OTC	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16"	1	PA; RX/OTC	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	1	PA	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	1	PA	EQL INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	1	PA	EQL INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	1	PA; RX/OTC	EQL INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	1	PA; RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	1	PA; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	1	PA; RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
EMBRACE PEN NEEDLES/29G X 12MM	1	PA; RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	1	PA; RX/OTC
EMBRACE PEN NEEDLES/30G X 5MM	1	PA; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC
EMBRACE PEN NEEDLES/30G X 8MM	1	PA	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
EMBRACE PEN NEEDLES/31G X 5MM	1	PA; RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC
EMBRACE PEN NEEDLES/31G X 6MM	1	PA; RX/OTC			
EMBRACE PEN NEEDLES/32G X 4MM	1	PA; RX/OTC			
EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC			

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Oklahoma Complete Health Updated 04/01/2024

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EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	1	PA; RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	1	PA; RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	1	PA; RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	1	PA; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	1	PA; RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM	1	PA; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	1	PA; RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM	1	PA; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	1	PA; RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM	1	PA; RX/OTC	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM	1	PA	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	1	PA; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	PA
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	PA; RX/OTC			

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GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC	GNP INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	GNP INSULIN SYRINGES/1ML/28GX1/2"	1	PA; RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	PA	GNP ULTICARE PEN NEEDLES/31GX5/16"	1	PA; RX/OTC
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	1	PA; RX/OTC	GNP ULTICARE PEN NEEDLES/32GX 5/32"	1	PA; RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	1	PA; RX/OTC	GNP ULTICARE PEN NEEDLES/32GX1/4"	1	PA
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	1	PA; RX/OTC	GNP ULTICARE PEN NEEDLES31G X 5MM	1	PA; RX/OTC
			GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	1	PA; RX/OTC

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Updated 04/01/2024

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GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	1	PA; RX/OTC	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	1	PA; RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	1	PA	HEALTHWISE MINI PEN NEEDLES 31GX6MM	1	PA; RX/OTC
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	1	PA; RX/OTC	HEALTHWISE PEN NEEDLES 29GX12MM	1	PA; RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	1	PA; RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	1	PA; RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	1	PA; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	1	PA; RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	1	PA; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	1	PA; RX/OTC	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	PA; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	1	PA	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	1	PA; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	1	PA; RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	1	PA; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	1	PA; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	1	PA; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	PA; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	1	PA; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX5MM	1	PA; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	H-E-B IN CONTROL PEN NEEDLES 31GX6MM	1	PA; RX/OTC
			H-E-B IN CONTROL PEN NEEDLES 31GX8MM	1	PA; RX/OTC

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H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	1	PA; RX/OTC	INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	1	PA; RX/OTC	INSULIN SYRINGE/0.5ML/27G X 1/2"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	1	PA; RX/OTC	INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	1	PA; RX/OTC	INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	1	PA; RX/OTC	INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	1	PA; RX/OTC	INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	1	PA; RX/OTC	INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	1	PA	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	1	PA; RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM	1	PA; RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	1	PA; RX/OTC
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	1	PA; RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	1	PA; RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	1	PA; RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	1	PA; RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	1	PA; RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	1	PA; RX/OTC
INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	1	PA; RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	1	PA; RX/OTC
INSULIN SYRINGE 1ML/31G X1/4"	1	PA; RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	1	PA; RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	1	PA; RX/OTC

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC	INSUPEN SENSITIVE 32GX8MM	1	PA
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	INSUPEN ULTRAFIN 30GX8MM	1	PA
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	INSUPEN ULTRAFIN 31GX6MM	1	PA; RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	INSUPEN ULTRAFIN 31GX8MM	1	PA; RX/OTC
INSULIN SYRINGES 0.3ML/31G X 1/4"	1	PA; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	1	PA; RX/OTC
INSULIN SYRINGES 0.5ML/31G X 1/4"	1	PA; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	1	PA; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	1	PA; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	1	PA; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	1	PA; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	1	PA
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	1	PA; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	1	PA
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	1	PA; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	1	PA; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	1	PA; RX/OTC	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX1/2"	1	PA; RX/OTC	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
INSULIN SYRINGES/U-100/1ML/28GX1/2"	1	PA; RX/OTC	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	1	PA; RX/OTC	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	1	PA; RX/OTC	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
INSULIN SYRINGES/U-100/1ML/31GX5/16"	1	PA; RX/OTC	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
INSUPEN 29G X 12MM	1	PA; RX/OTC			
INSUPEN 31G X 5MM	1	PA; RX/OTC			
INSUPEN 31G X 8MM	1	PA; RX/OTC			
INSUPEN 32G X 4MM	1	PA; RX/OTC			
INSUPEN 33GX4MM	1	PA			
INSUPEN PEN NEEDLES 32G X4MM	1	PA; RX/OTC			
INSUPEN SENSITIVE 32GX6MM	1	PA			

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KROGER INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
KROGER PEN NEEDLES 29G X12MM	1	PA; RX/OTC	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
KROGER PEN NEEDLES 31G X8MM	1	PA; RX/OTC	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
KROGER PEN NEEDLES 31GX1/4"	1	PA; RX/OTC	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	1	PA; RX/OTC
KROGER PEN NEEDLES/31G X1/4"	1	PA; RX/OTC	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	1	PA; RX/OTC
KROGER PEN NEEDLES/31G X3/16"	1	PA; RX/OTC	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	1	PA; RX/OTC
KROGER PEN NEEDLES/31G X5/16"	1	PA; RX/OTC	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	1	PA; RX/OTC
KROGER PEN NEEDLES/32G X5/32"	1	PA; RX/OTC	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	1	PA; RX/OTC
KROGER PEN NEEDLES/33G X5/32"	1	PA	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC			
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC			

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LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	MARATHON MEDICAL PENTIPS29GX12MM	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC	MARATHON MEDICAL PENTIPS31GX5MM	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	MARATHON MEDICAL PENTIPS31GX8MM	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	MARATHON MEDICAL PENTIPS32GX4MM	1	PA; RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM	1	PA	MAXICOMFORT II PEN NEEDLES/31G X 1/4"	1	PA; RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM	1	PA; RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	1	PA; RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	1	PA; RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	1	PA; RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16"	1	PA; RX/OTC	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	1	PA; RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	1	PA
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	1	PA
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	1	PA; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	1	PA; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	MEIJER PEN NEEDLES 29G X12MM	1	PA; RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	MEIJER PEN NEEDLES 31G X6MM	1	PA; RX/OTC
			MEIJER PEN NEEDLES 31G X8MM	1	PA; RX/OTC

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MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC	NOVOFINE PEN NEEDLE 32G X 6MM	1	PA
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC	NOVOFINE PLUS PEN NEEDLE 32G X 4MM	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	NOVOTWIST PEN NEEDLE 32GX 5MM	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC	PC UNIFINE PENTIPS 29G X 1/2"	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC	PC UNIFINE PENTIPS 31G X 5MM MINI	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	PC UNIFINE PENTIPS 31G X 8MM SHORT	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC	PEN NEEDLES	1	PA
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC	PEN NEEDLES 29GX12MM	1	PA; RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	PEN NEEDLES 30GX5MM	1	PA; RX/OTC
MS INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	PEN NEEDLES 30GX8MM	1	PA
MS INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC	PEN NEEDLES 31G X 3/16"	1	PA; RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	1	PA	PEN NEEDLES 31G X 5MM	1	PA; RX/OTC
			PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
			PEN NEEDLES 31G X 8MM	1	PA; RX/OTC
			PEN NEEDLES 31GX5/16"	1	PA; RX/OTC
			PEN NEEDLES 31GX6MM (1/4")	1	PA; RX/OTC
			PEN NEEDLES 31GX8MM	1	PA; RX/OTC
			PEN NEEDLES 31GX8MM (5/16")	1	PA; RX/OTC
			PEN NEEDLES 32G X 4MM	1	PA; RX/OTC
			PEN NEEDLES 32G X 5MM	1	PA; RX/OTC

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PEN NEEDLES 32G X 6MM	1	PA	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC
PEN NEEDLES 32GX4MM	1	PA; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC
PEN NEEDLES 33G X 5/32"	1	PA	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC
PEN NEEDLES/29G X 1/2"	1	PA; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC
PEN NEEDLES/31G X 1/4"	1	PA; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC
PEN NEEDLES/31G X 3/16"	1	PA; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	1	PA; RX/OTC
PEN NEEDLES/31G X 5/16"	1	PA; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	1	PA; RX/OTC
PEN NEEDLES/31G X 6MM	1	PA; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	1	PA; RX/OTC
PEN NEEDLES/32G X 5/32"	1	PA; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	1	PA; RX/OTC
PENTIPS 29G X 12MM	1	PA; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	1	PA; RX/OTC
PENTIPS 29GX12MM	1	PA; RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	1	PA; RX/OTC
PENTIPS 31G X 5MM	1	PA; RX/OTC	PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	1	PA; RX/OTC
PENTIPS 31G X 8MM	1	PA; RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	1	PA; RX/OTC
PENTIPS 31GX5MM	1	PA; RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	1	PA; RX/OTC
PENTIPS 31GX6MM	1	PA; RX/OTC	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	1	PA; RX/OTC
PENTIPS 31GX8MM	1	PA; RX/OTC			
PENTIPS 32G X 4MM	1	PA; RX/OTC			
PENTIPS 32GX4MM	1	PA; RX/OTC			
PENTIPS 32GX6MM	1	PA			
PIP PEN NEEDLES 31G X 5MM	1	PA; RX/OTC			
PIP PEN NEEDLES 32G X 4MM	1	PA; RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC			
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC			

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PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	1	PA; RX/OTC	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	1	PA; RX/OTC	PX MINI PEN NEEDLES 31GX5MM	1	PA; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	1	PA; RX/OTC	PX PEN NEEDLE 29GX12MM	1	PA; RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM	1	PA; RX/OTC	PX PEN NEEDLE 31GX8MM	1	PA; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	1	PA; RX/OTC	QC UNIFINE PENTIPS 32GX4MM	1	PA; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	1	PA; RX/OTC	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	1	PA	RA INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	1	PA; RX/OTC	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	1	PA; RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC	RA PEN NEEDLES 31G X 5MM3/16"	1	PA; RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	1	PA	RA PEN NEEDLES 31G X 8MM5/16"	1	PA; RX/OTC
PURE COMFORT PEN NEEDLE 32G X8MM	1	PA	RAYA SURE PEN NEEDLE 29GX 12MM	1	PA; RX/OTC
PURE COMFORT PEN NEEDLE/32G X 5MM	1	PA; RX/OTC	RAYA SURE PEN NEEDLE 31GX 4MM	1	PA
PURE COMFORT PEN NEEDLE/32G X4MM	1	PA; RX/OTC	RAYA SURE PEN NEEDLE 31GX 5MM	1	PA; RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	1	PA; RX/OTC	RAYA SURE PEN NEEDLE 31GX 6MM	1	PA; RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	1	PA; RX/OTC	RAYA SURE PEN NEEDLE 31GX 8MM	1	PA; RX/OTC
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	1	PA; RX/OTC	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	1	PA; RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM	1	PA; RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	1	PA; RX/OTC
			RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	1	PA; RX/OTC

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RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	SECURES SAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	1	PA; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	SECURES SAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	1	PA; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	SECURES SAFE SAFETY PEN NEEDLES/30G X 5/16"	1	PA
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM	1	PA; RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M	1	PA; RX/OTC
RELION MINI PEN NEEDLES 31GX6MM	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM	1	PA; RX/OTC
RELION PEN NEEDLES 29GX12MM	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM	1	PA; RX/OTC
RELION PEN NEEDLES 31G X6MM	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMO VR/32GX4MM	1	PA; RX/OTC
RELION PEN NEEDLES 31G X8MM	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	1	PA; RX/OTC
RELION PEN NEEDLES 31GX6MM	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29 GX12MM	1	PA; RX/OTC
RELION PEN NEEDLES 31GX8MM	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM	1	PA; RX/OTC
RELION PEN NEEDLES 32G X4MM	1	PA; RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	1	PA; RX/OTC
RELION PEN NEEDLES 32G X5/32"	1	PA; RX/OTC			
RELION PEN NEEDLES 32GX4MM	1	PA; RX/OTC			
RELION PEN NEEDLES/31G X1/4"	1	PA; RX/OTC			
RELION SHORT PEN NEEDLES31GX8MM	1	PA; RX/OTC			
SAFETY PEN NEEDLES/30G X3/16"	1	PA; RX/OTC			
SAFETY PEN NEEDLES/30G X5/16"	1	PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	PA	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	1	PA
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES30GX5/16" SHORT	1	PA
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32"	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES32GX6MM	1	PA
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	1	PA; RX/OTC
			TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	1	PA; RX/OTC

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TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	1	PA; RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
TECHLITE PEN NEEDLES 29GX 10MM	1	PA	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
TECHLITE PEN NEEDLES 29GX 12 MM	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM	1	PA; RX/OTC			
TECHLITE PEN NEEDLES/32GX 4MM	1	PA; RX/OTC			
TECHLITE PEN NEEDLES/32GX 6MM	1	PA			

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TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	1	PA; RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	1	PA; RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	1	PA; RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	1	PA; RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	1	PA
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	1	PA	TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	1	PA
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 33G X 5MM	1	PA
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 33G X 6MM	1	PA
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"	1	PA	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	1	PA; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	1	PA; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	1	PA
			TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	1	PA; RX/OTC

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TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	1	PA; RX/OTC	TRUEPLUS PEN NEEDLES 31GX5MM	1	PA; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	1	PA; RX/OTC	TRUEPLUS PEN NEEDLES 31GX6MM	1	PA; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	1	PA; RX/OTC	TRUEPLUS PEN NEEDLES 31GX8MM	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC	TRUEPLUS PEN NEEDLES 32GX4MM	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	1	PA
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC
TRUEPLUS PEN NEEDLES 29GX12MM	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
			ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	1	PA; RX/OTC

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Updated 04/01/2024

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ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES 31G X 8MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES 32G X 4MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 1/4"	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 4MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 5/32"	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	PA	ULTICARE MINI PEN NEEDLES 31GX6MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MINI PEN NEEDLES ULTI-FINE IV	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	ULTICARE MINI PEN NEEDLES/31G X 6MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MINI PEN NEEDLES/32G X 1/4"	1	PA
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC	ULTICARE MINI PEN NEEDLES31GX6MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	1	PA; RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	1	PA
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE PEN NEEDLES 31GX 5MM/MINI	1	PA; RX/OTC
			ULTICARE PEN NEEDLES/29GX 12.7MM	1	PA
			ULTICARE SAFETY SYRINGE/LOW DEAD SPACE/1.5ML/22GX1-1/2"	1	PA
			ULTICARE SHORT PEN NEEDLES 31GX8MM	1	PA; RX/OTC
			ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	1	PA; RX/OTC

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ULTICARE SHORT PEN NEEDLES/31G X 8MM	1	PA; RX/OTC	ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	1	PA
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	1	PA	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	1	PA; RX/OTC
ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC	1	PA	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	1	PA; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	1	PA; RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	1	PA; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	1	PA; RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	1	PA; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	1	PA; RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1	PA
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	1	PA; RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	1	PA; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	1	PA	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	1	PA; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	1	PA; RX/OTC	ULTILET PEN NEEDLE 32GX4MM/SHORT	1	PA; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	1	PA; RX/OTC	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	1	PA; RX/OTC	ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	1	PA; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	1	PA; RX/OTC	ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	1	PA; RX/OTC
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	1	PA; RX/OTC	ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	1	PA
			ULTRA FLO INSULIN PEN NEEDLES	1	PA; RX/OTC
			ULTRA FLO INSULIN PEN NEELE 31GX8MM	1	PA; RX/OTC

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ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	1	PA; RX/OTC	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/31G X 1/4"	1	PA; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/31G X 3/16"	1	PA; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/31G X 5/16"	1	PA; RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	1	PA	ULTRACARE PEN NEEDLES/32G X 1/14"	1	PA
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/32G X 3/16"	1	PA; RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/32G X 5/32"	1	PA; RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/33G X 5/32"	1	PA
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	1	PA; RX/OTC
			ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	1	PA; RX/OTC
			ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	1	PA; RX/OTC

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ULTRA-THIN II PEN NEEDLES 29GX1/2"	1	PA	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	1	PA; RX/OTC
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	1	PA; RX/OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM	1	PA
UNIFINE PEN NEEDLE/32G X4MM	1	PA; RX/OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	1	PA; RX/OTC
UNIFINE PENTIPS 29GX12MM	1	PA; RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	1	PA; RX/OTC
UNIFINE PENTIPS 31G X 3/16"	1	PA; RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	1	PA; RX/OTC
UNIFINE PENTIPS 31GX5MM	1	PA; RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	1	PA
UNIFINE PENTIPS 31GX6MM	1	PA; RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX5MM	1	PA; RX/OTC
UNIFINE PENTIPS 31GX8MM	1	PA; RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX6MM	1	PA; RX/OTC
UNIFINE PENTIPS 32GX4MM	1	PA; RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX8MM	1	PA; RX/OTC
UNIFINE PENTIPS 32GX6MM	1	PA	UNIFINE ULTRA PEN NEEDLE/32GX4MM	1	PA; RX/OTC
UNIFINE PENTIPS 33GX4MM	1	PA	VALUMARK PEN NEEDLES 29GX12MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM	1	PA; RX/OTC	VALUMARK PEN NEEDLES 31GX 6MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM	1	PA; RX/OTC	VALUMARK PEN NEEDLES 31GX 8MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM	1	PA; RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM	1	PA; RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	1	PA
UNIFINE PENTIPS PLUS 32GX4MM	1	PA; RX/OTC	VERIFINE INSULIN PEN NEEDLE 29G X 12MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 33GX 5/32"	1	PA	VERIFINE INSULIN PEN NEEDLE 31G X 5MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 33GX4MM	1	PA	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS/30GX 3/16"	1	PA; RX/OTC			
UNIFINE PENTIPS/30G X 3/16"	1	PA; RX/OTC			

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Oklahoma Complete Health Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	1	PA; RX/OTC	VIDA MIA UNIFINE PENTIPS32GX4MM	1	PA; RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	1	PA	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	1	PA; RX/OTC	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	1	PA; RX/OTC	VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	1	PA; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	1	PA; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	1	PA; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	1	PA; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	1	PA; RX/OTC	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	1	PA; RX/OTC	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	1	PA; RX/OTC	ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	1	PA; RX/OTC	ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	1	PA; RX/OTC	ZEV RX PEN NEEDLES 31G X 5MM	1	PA; RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	1	PA; RX/OTC	ZEV RX PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	1	PA; RX/OTC	ZEV RX PEN NEEDLES 31G X 8MM	1	PA; RX/OTC
VERIFINE PLUS PEN NEEDLE/32G X 4MM	1	PA; RX/OTC	ZEV RX PEN NEEDLES 32G X 4MM	1	PA; RX/OTC
Respiratory Therapy Supplies					

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Oklahoma Complete Health

Updated 04/01/2024

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ACE AEROSOL CLOUD ENHANCER MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	AEROCHAMBER PLUS FLOW-VU MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER MV MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	1	RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	1	RX/OTC	AEROCHAMBER/FLOWSIGNAL MISC	1	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	AEROTRACH PLUS MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	1	RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	1	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC			

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Updated 04/01/2024



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CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	FLEXICHAMBER DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
EASIVENT/MASK-LARGE MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	MICROCHAMBER DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	MICROCHAMBER MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
EASIVENT/MASK-SMALL MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	MICROSPACER MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
EASIVENT MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	OPTICHAMBER DIAMOND MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC

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Oklahoma Complete Health

Updated 04/01/2024

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POCKET CHAMBER DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	AIMOVIG 140 MG/ML	1	AL(At least 18 yrs old); PA
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	AIMOVIG 70 MG/ML	1	QL(1 ml per 30 days retail; 1 ml per 30 days mail); AL(At least 18 yrs old); PA
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC	AJOVY SOAJ	1	QL(1.5 ml per 30 days retail; 2 ml per 30 days mail); AL(At least 18 yrs old); PA
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	1	RX/OTC	AJOVY SOSY	1	QL(1.5 ml per 30 days retail; 2 ml per 30 days mail); AL(At least 18 yrs old); PA
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	1	RX/OTC	EMGALITY SOAJ	1	QL(1 ml per 30 days retail; 1 ml per 30 days mail); AL(At least 18 yrs old); PA
REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	1	RX/OTC	EMGALITY SOSY 120 MG/ML	1	QL(1 ml per 30 days retail; 1 ml per 30 days mail); AL(At least 18 yrs old); PA
RITEFLO DEVI	1	QL(1 ea per 30 days retail; 1 ea per 30 days mail); RX/OTC			

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EMGALITY SOSY 100 MG/ML	1	QL(3 ml per 30 days retail; 3 ml per 30 days mail); AL(At least 18 yrs old); PA	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1	QL(24 ml per 28 days retail; 24 ml per 28 days mail); PA
NURTEC	1	QL(8 ea per 30 days retail; 8 ea per 30 days mail); AL(At least 18 yrs old); PA	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	PA
			MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i> )	9	QL(8 ml per 30 days retail; 8 ml per 30 days mail)
QULIPTA	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 18 yrs old); PA	TRUDHESA	1	QL(12 ml per 30 days retail; 12 ml per 30 days mail); PA
UBRELVY	1	QL(16 ea per 30 days retail; 16 ea per 30 days mail); AL(At least 18 yrs old); PA	Migraine Products - NSAIDs		
			<i>CAMBIA (Use diclofenac potassium (migraine))</i>	9	
			<i>diclofenac potassium (migraine)</i>	1	PA
VYEPTI	1	AL(At least 18 yrs old); PA	<i>ELYXYB</i>	1	AL(At least 18 yrs old); PA
			Serotonin Agonists		
ZAVZPRET	1	QL(8 ea per 30 days retail; 8 ea per 30 days mail); AL(At least 18 yrs old); PA	<i>almotriptan malate 12.5 MG</i>	3	QL(2 ea daily); ST
			<i>almotriptan malate 6.25 MG</i>	3	QL(2 ea daily)
			<i>AMERGE (Use naratriptan hcl)</i>	9	ST
			<i>eletriptan hydrobromide</i>	1	QL(2 ea daily)
Migraine Combinations			<i>FROVA (Use frovatriptan succinate)</i>	3	QL(3 ea daily); ST
<i>sumatriptan-naproxen sodium</i>	1	QL(9 ea per 30 days retail; 9 ea per 30 days mail)	<i>frovatriptan succinate</i>	3	QL(3 ea daily); ST
<i>TREXIMET (Use sumatriptan-naproxen sodium)</i>	9	QL(9 ea per 30 days retail; 9 ea per 30 days mail)	<i>IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)</i>	1	2 rtl pack lmt amt; 12 rtl pack lmt day(s); 2 mail pack lmt amt; 12 mail pack lmt day(s); PA
Migraine Products			<i>IMITREX STATDOSE REFILL SOCT (Use sumatriptan succinate)</i>	1	QL(2 ml daily); PA
<i>D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate)</i>	9	PA			

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IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i> )	9	QL(2 ml daily)	<i>sumatriptan succinate</i> SOAJ	1	QL(2 ml daily); PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use <i>sumatriptan succinate</i> )	1	QL(2 ml daily); PA	<i>sumatriptan succinate</i> SOCT	1	QL(2 ml daily); PA
IMITREX TABS (Use <i>sumatriptan succinate</i> )	1	QL(2 ea daily)	<i>sumatriptan succinate</i> SOLN 6 MG/0.5ML	1	QL(4 ml per 30 days retail; 4 ml per 30 days mail); PA
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i> )	1	QL(18 ea per 30 days retail; 18 ea per 30 days mail)	<i>sumatriptan succinate</i> TABS	1	QL(2 ea daily)
MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i> )	1	QL(18 ea per 30 days retail; 18 ea per 30 days mail)	TOSYMRA	1	QL(3 ea daily); PA
<i>naratriptan hcl</i> 1 MG	2	QL(54 ea per 30 days retail; 54 ea per 30 days mail); ST	ZEMBRACE SYMTOUCH SOAJ	1	QL(4 ml per 30 days retail; 4 ml per 30 days mail); PA
<i>naratriptan hcl</i> 2.5 MG	2	ST	<i>zolmitriptan</i> SOLN	1	QL(6 ea per 30 days retail; 6 ea per 30 days mail); PA
RELPAK 40 MG (Use <i>eletriptan hydrobromide</i> )	1	QL(2 ea daily)	<i>zolmitriptan</i> TABS	2	QL(6 ea per 30 days retail; 6 ea per 30 days mail); ST
RELPAK (Use <i>eletriptan hydrobromide</i> )	9		<i>zolmitriptan</i> TBDP	2	
REYVOW	1	QL(8 ea per 30 days retail; 8 ea per 30 days mail); AL(At least 18 yrs old); PA	ZOMIG SOLN (Use <i>zolmitriptan</i> )	9	QL(6 ea per 30 days retail; 6 ea per 30 days mail)
<i>rizatriptan benzoate</i> TABS	1	QL(18 ea per 30 days retail; 18 ea per 30 days mail)	ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i> )	9	ST
<i>rizatriptan benzoate</i> TBDP	1	QL(18 ea per 30 days retail; 18 ea per 30 days mail)	ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i> )	2	QL(6 ea per 30 days retail; 6 ea per 30 days mail); ST
<i>sumatriptan</i>	1	2 rtl pack lmt amt; 12 rtl pack lmt day(s); 2 mail pack lmt amt; 12 mail pack lmt day(s); PA	<b>MINERALS &amp; ELECTROLYTES</b>		
			<b>Bicarbonates</b>		
			<i>sodium acetate</i> SOLN	1	
			SODIUM ACETATE SOLN (Use <i>sodium acetate</i> )	1	
			SODIUM ACETATE SOLN (Use <i>sodium acetate</i> )	9	
			<i>sodium bicarbonate</i> IV 4.2 %, 7.5 %, 8.4 %	1	
			THAM	1	

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Oklahoma Complete Health

Updated 04/01/2024

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Calcium			OYSTER SHELL CALCIUM/D TABS	1	
<i>calcium carbonate-cholecalciferol TABS</i>	1		Electrolyte Mixtures		
<i>calcium carbonate-vitamin d TABS 250 MG-125 UNIT</i>	1		DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	1	
<i>calcium chloride (dihydrate) SOLN</i>	1		DEXTROSE 10%/NACL 0.2%	1	
<i>calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG</i>	1		DEXTROSE 2.5%/NACL 0.45% (Use dextrose w/ sodium chloride)	1	
CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN (Use <i>calcium gluconate-sodium chloride</i> )	1		DEXTROSE 5%/NACL 0.3% (Use dextrose w/ sodium chloride)	1	
CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 %	1		<i>dextrose in lactated ringers</i>	1	
CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN (Use <i>calcium gluconate-sodium chloride</i> )	9		<i>dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %</i>	1	
<i>calcium gluconate-sodium chloride SOLN</i>	1		DEXTROSE/SODIUM CHLORIDE (Use <i>dextrose w/ sodium chloride</i> )	1	
<i>calcium gluconate SOLN</i>	1		<i>electrolyte-148</i>	1	
CALCIUM GLUCONATE SOLN (Use <i>calcium gluconate</i> )	9		<i>electrolyte-a</i>	1	
CALCIUM GLUCONATE SOLN (Use <i>calcium gluconate</i> )	1		IONOSOL-MB/DEXTROSE 5%	1	
CITRACAL + D3 MAXIMUM TABS (Use <i>calcium citrate-vitamin d</i> )	9		ISOLYTE-P/DEXTROSE 5%	1	
CITRACAL PETITES/VITAMIND TABS (Use <i>calcium citrate-vitamin d</i> )	9		ISOLYTE-S	1	
			ISOLYTE-S PH 7.4	1	
			KCL 0.15%/D5W/NACL 0.225%	1	
			KCL 0.3%/D5W/NACL 0.9% (Use <i>potassium chloride in dextrose &amp; sodium chloride</i> )	1	
			<i>lactated ringer's</i>	1	
			NORMOSOL -R	1	

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Oklahoma Complete Health

Updated 04/01/2024

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NORMOSOL-M/D5W	1		<i>magnesium chloride SOLN</i>	1	
NORMOSOL-R	1		<i>magnesium sulfate IV</i>	1	
PLASMA-LYTE A (Use electrolyte-a)	1		MAGNESIUM SULFATE IV (Use magnesium sulfate)	9	
PLASMA-LYTE-148 (Use electrolyte-148)	9		MAGNESIUM SULFATE IV (Use magnesium sulfate)	1	
<i>potassium chloride in dextrose 5 %-10 MEQ/L, 5 %-20 MEQ/L</i>	1		MAGNESIUM SULFATE IN D5W (Use magnesium sulfate in dextrose)	1	
<i>potassium chloride in dextrose &amp; sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.225 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1		MAGNESIUM SULFATE IN D5W (Use magnesium sulfate in dextrose)	9	
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1		<i>magnesium sulfate in dextrose</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1		<b>Phosphate</b>		
POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use potassium chloride in nacl)	1		K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	1	
<i>ringer's</i>	1		K-PHOS TABS (Use potassium phosphate monobasic)	9	
TPN ELECTROLYTES CONC	1		<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1	
<b>Fluoride</b>			<i>potassium phosphate monobasic TABS</i>	1	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG</i>	1	QL(1 ea daily)	<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	RX/OTC	POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML (Use potassium phosphates)	9	
<b>Magnesium</b>			<i>sodium phosphates (sodium phosphate dibasic &amp; monobasic) 142 MG/ML-276 MG/ML</i>	1	PA
			<i>sodium phosphates (sodium phosphate dibasic &amp; monobasic) 142 MG/ML-276 MG/ML</i>	1	AL(Up to 20 yrs old); PA

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Oklahoma Complete Health

Updated 04/01/2024

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Potassium			CUVRIOR	1	AL(At least 18 yrs old); PA
K-TAB TBCR (Use potassium chloride)	9		DEPEN TITRATABS TABS (Use penicillamine)	1	
POKONZA PACK OR	1	AL(Up to 10 yrs old); PA	penicillamine CAPS	1	
potassium acetate SOLN 2 MEQ/ML	1		penicillamine TABS	1	
POTASSIUM ACETATE SOLN 2 MEQ/ML	1		SYPRINE (Use trientine hcl)	1	
potassium bicarbonate TBEF	1		trientine hcl 500 MG	1	QL(4 ea daily); PA
potassium chloride microencapsulated crystals er	1		trientine hcl 250 MG	1	
potassium chloride CPCR	1		Enzymes		
potassium chloride PACK OR 20 MEQ	1	PA	VITRASE SOLN	1	
potassium chloride PACK OR 20 MEQ	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA	XIAFLEX	1	
potassium chloride SOLN OR 10 %, 20 %	1		Immunomodulators		
POTASSIUM CHLORIDE SOLN IV (Use potassium chloride)	1		JOENJA	1	QL(2 ea daily); AL(At least 12 yrs old); PA
potassium chloride TBCR	1		lenalidomide	1	
Sodium			REVLIMID	1	
SODIUM CHLORIDE GRAN	1	RX/OTC	REZUROCK	1	QL(1 ea daily); AL(At least 12 yrs old); PA
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	1		RYSTIGGO	1	AL(At least 18 yrs old); PA
Zinc			THALOMID	1	
GALZIN	1		VYVGART	1	AL(At least 18 yrs old); PA
WILZIN	1		VYVGART HYTRULO	1	AL(At least 18 yrs old); PA
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			Immunosuppressive Agents		
Chelating Agents			ASTAGRAF XL CP24 1 MG, 5 MG	1	
CUPRIMINE CAPS (Use penicillamine)	9		ASTAGRAF XL CP24 0.5 MG	1	QL(2.95 ea daily)
			ATGAM	1	
			AZATHIOPRINE	1	
			AZATHIOPRINE POWD	1	
			azathioprine TABS 100 MG	1	QL(3 ea daily)

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Updated 04/01/2024

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azathioprine TABS 50 MG	1	QL(8.4 ea daily)	everolimus (immunosuppressant)	1	QL(2 ea daily)
azathioprine TABS 75 MG	1	QL(1 ea daily)	GAMIFANT	1	PA
CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl)	1		IMURAN TABS (Use azathioprine)	1	QL(8.4 ea daily)
CELLCEPT CAPS (Use mycophenolate mofetil)	9	QL(10 ea daily)	LUPKYNIS	1	QL(6 ea daily); AL(At least 18 yrs old); PA
CELLCEPT SUSR (Use mycophenolate mofetil)	1	3 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 30 mail pack lmt day(s); QL(16 ml daily)	mycophenolate mofetil hcl	1	
CELLCEPT TABS (Use mycophenolate mofetil)	9	QL(6 ea daily)	mycophenolate mofetil CAPS	1	QL(10 ea daily)
cyclosporine modified (for microemulsion) CAPS 25 MG	1	QL(6 ea daily)	mycophenolate mofetil SUSR	1	QL(16 ml daily)
cyclosporine modified (for microemulsion) CAPS 50 MG	1	QL(8 ea daily)	mycophenolate mofetil SUSR	1	9 rtl pack lmt amt; 90 rtl pack lmt day(s); 9 mail pack lmt amt; 90 mail pack lmt day(s); QL(16 ml daily)
cyclosporine modified (for microemulsion) CAPS 100 MG	1	QL(5 ea daily)	mycophenolate mofetil TABS	1	QL(6 ea daily)
cyclosporine CAPS 100 MG	1	QL(3 ea daily)	mycophenolate sodium	1	
cyclosporine CAPS 25 MG	1	QL(5 ea daily)	MYFORTIC (Use mycophenolate sodium)	9	
cyclosporine SOLN IV 50 MG/ML	1		NEORAL CAPS 25 MG (Use cyclosporine modified (for microemulsion))	1	QL(6 ea daily)
ENSPRYNG	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); AL(At least 18 yrs old); PA	NEORAL CAPS (Use cyclosporine modified (for microemulsion))	9	
ENVARUSUS XR TB24 0.75 MG	1	QL(3 ea daily)	NEORAL SOLN (Use cyclosporine modified (for microemulsion))	1	QL(6 ml daily)
ENVARUSUS XR TB24 4 MG	1	QL(2 ea daily)	PROGRAF CAPS 0.5 MG (Use tacrolimus)	1	QL(38 ea daily)
			PROGRAF CAPS 5 MG (Use tacrolimus)	9	QL(12 ea daily)
			PROGRAF CAPS 1 MG (Use tacrolimus)	1	QL(24 ea daily)
			PROGRAF PACK 0.2 MG	1	AL(Up to 6 yrs old)

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Updated 04/01/2024



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PROGRAF PACK 1 MG	1	QL(6 ea daily); AL(Up to 6 yrs old)	<i>lactated ringer's (irrigation)</i>	1	
PROGRAF SOLN	1		<i>ringer's irrigation</i>	1	
RAPAMUNE SOLN ( <i>Use sirolimus</i> )	9		<i>water for irrigation, sterile</i>	1	
RAPAMUNE TABS 2 MG ( <i>Use sirolimus</i> )	1	QL(2 ea daily)	PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
RAPAMUNE TABS 1 MG ( <i>Use sirolimus</i> )	1	QL(3 ea daily)	VIJOICE	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA
RAPAMUNE TABS 0.5 MG ( <i>Use sirolimus</i> )	1	QL(1 ea daily)	VIJOICE	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); PA
SANDIMMUNE CAPS ( <i>Use cyclosporine</i> )	9		Potassium Removing Agents		
SANDIMMUNE SOLN IV 50 MG/ML ( <i>Use cyclosporine</i> )	1		LOKELMA	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA
SANDIMMUNE SOLN IV 50 MG/ML ( <i>Use cyclosporine</i> )	9		<i>sodium polystyrene sulfonate POWD</i>	1	
<i>sirolimus SOLN</i>	1	QL(6 ml daily)	<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1	
<i>sirolimus TABS 0.5 MG</i>	1	QL(1 ea daily)	VELTASSA 8.4 GM	1	QL(1 ea daily); PA
<i>sirolimus TABS 2 MG</i>	1	QL(2 ea daily)	VELTASSA 16.8 GM, 25.2 GM	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA
<i>sirolimus TABS 1 MG</i>	1	QL(3 ea daily)	Progeria Treatment Agents		
<i>tacrolimus CAPS 1 MG</i>	1	QL(24 ea daily)	ZOKINVY	1	QL(4 ea daily); AL(At least 1 yrs old); PA
<i>tacrolimus CAPS 0.5 MG</i>	1	QL(38 ea daily)	Prostaglandins		
<i>tacrolimus CAPS 5 MG</i>	1	QL(12 ea daily)	PROSTIN VR PEDIATRIC	1	
THYMOGLOBULIN	1		Systemic Lupus Erythematosus Agents		
UPLIZNA	1	PA	BENLYSTA SOAJ	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); PA
ZORTRESS ( <i>Use everolimus (immunosuppressant)</i> )	9				
ZORTRESS 0.5 MG, 0.75 MG ( <i>Use everolimus (immunosuppressant)</i> )	9	QL(2 ea daily)			
ZORTRESS 0.25 MG, 1 MG ( <i>Use everolimus (immunosuppressant)</i> )	1	QL(2 ea daily)			
Irrigation Solutions					
<i>irrigation solutions, physiological</i>	1				

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Oklahoma Complete Health Updated 04/01/2024

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BENLYSTA SOSY	1	QL(4 ml per 28 days retail; 4 ml per 28 days mail); PA	PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	9	
SAPHNELO	1	AL(At least 18 yrs old); PA	PREVIDENT 5000 SENSITIVE GEL (Use sodium fluoride-potassium nitrate)	9	
Uremic Pruritus Agents			PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))	9	
KORSUVA	1		sodium fluoride (dental) CREA	1	QL(51 gm per 30 days retail; 51 gm per 30 days mail)
<b>MOUTH/THROAT/DENTAL AGENTS</b>			sodium fluoride (dental) GEL	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
Anesthetics Topical Oral			sodium fluoride (dental) GEL	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
lidocaine hcl (mouth-throat)	1		sodium fluoride (dental) GEL	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)
Anti-infectives - Throat			sodium fluoride (dental) PSTE DT	1	AL(At least 6 yrs old)
AMPHOTERICIN B	1		sodium fluoride (dental) SOLN 0.2 %	1	
clotrimazole	1		sodium fluoride-potassium nitrate GEL	1	AL(At least 6 yrs old)
nystatin (mouth-throat)	1		<b>Steroids - Mouth/Throat/Dental</b>		
Antiseptics - Mouth/Throat			triamcinolone acetonide (mouth)	1	
chlorhexidine gluconate (mouth-throat)	1	QL(500 ml per 14 days retail; 500 ml per 14 days mail)	<b>Throat Products - Misc.</b>		
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	9		cevimeline hcl	1	QL(4 ea daily)
Dental Products			EVOXAC (Use cevimeline hcl)	1	QL(4 ea daily)
PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))	9		EVOXAC (Use cevimeline hcl)	9	QL(4 ea daily)
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	9		pilocarpine hcl (oral)	1	
PREVIDENT 5000 ENAMEL PROTECT GEL (Use sodium fluoride-potassium nitrate)	9				
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))	9				

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Updated 04/01/2024

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SALAGEN (Use pilocarpine hcl (oral))	9		CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
<b>MULTIVITAMINS</b>			CITRANATAL ASSURE	2	AL(At least 10 yrs old - Up to 50 yrs old)
Iron w/ Vitamins			CITRANATAL BLOOM	1	AL(At least 10 yrs old - Up to 50 yrs old)
iron w/ vitamins TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
Multiple Vitamins w/ Minerals			C-NATE DHA CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old)
DEKAS PLUS CAPS	1	QL(2 ea daily); PA; RX/OTC	COMPLETENATE CHEW	1	AL(At least 10 yrs old - Up to 50 yrs old)
DEKAS PLUS CHEW	1	PA	ENBRACE HR	2	AL(At least 10 yrs old - Up to 50 yrs old)
MVW COMPLETE FORMULATION CAPS	1	QL(2 ea daily); PA; RX/OTC	M-NATAL PLUS TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
MVW COMPLETE FORMULATIONND3000 CAPS	1	QL(2 ea daily); PA; RX/OTC	NESTABS ONE	1	AL(At least 10 yrs old - Up to 50 yrs old)
MVW COMPLETE FORMULATIONND500 CAPS	1	QL(2 ea daily); PA; RX/OTC	OB COMPLETE PREMIER	2	AL(At least 10 yrs old - Up to 50 yrs old)
MVW COMPLETE FORMULATIONMINIS CAPS	1	QL(2 ea daily); PA; RX/OTC	OB COMPLETE TABS	1	AL(At least 10 yrs old - Up to 50 yrs old)
PHLEXY-VITS POWD	1		PNV-OMEGA	2	AL(At least 10 yrs old - Up to 50 yrs old)
Multivitamins			PRENAISSANCE	2	AL(At least 10 yrs old - Up to 50 yrs old)
DEKAS ESSENTIAL CAPS	1	QL(2 ea daily); PA; RX/OTC	PRENATAL PLUS VITAMIN ANDMINERAL TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
DEKAS ESSENTIAL LIQD	1	PA			
ZE-PLUS CAPS (Use multiple vitamin)	9	RX/OTC			
Ped Multiple Vitamins w/ Minerals					
DEKAS PLUS LIQD	1	PA; RX/OTC			
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW (Use pediatric multiple vitamin w/ minerals)	9				
pediatric multiple vitamin w/ minerals CHEW	1	QL(2 ea daily); PA			
Prenatal Vitamins					

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Updated 04/01/2024

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<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG</i>	1	AL(At least 10 yrs old - Up to 50 yrs old)	PRENATE RESTORE	2	AL(At least 10 yrs old - Up to 50 yrs old)
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	2	AL(At least 10 yrs old - Up to 50 yrs old)	PRIMACARE	1	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC	SELECT-OB CHEW	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE	2	AL(At least 10 yrs old - Up to 50 yrs old)	SE-NATAL 19 TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
PRENATE AM	2	AL(At least 10 yrs old - Up to 50 yrs old)	TRICARE TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)	TRISTART DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE ENHANCE	2	AL(At least 10 yrs old - Up to 50 yrs old)	VIRT-NATE DHA CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)	VIRT-PN DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)	VITAFOL FE+	1	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE PIXIE	2	AL(At least 10 yrs old - Up to 50 yrs old)	VITAFOL GUMMIES	1	AL(At least 10 yrs old - Up to 50 yrs old)
			VITAFOL ULTRA	1	AL(At least 10 yrs old - Up to 50 yrs old)
			VITAFOL-ONE CAPS	1	AL(At least 10 yrs old - Up to 50 yrs old)
			WESCAP-PN DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
			WESNATAL DHA COMPLETE	1	AL(At least 10 yrs old - Up to 50 yrs old)
			WESNATE DHA CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old)

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WESTAB PLUS TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC	<i>cyclobenzaprine hcl CP24</i>	1	QL(1 ea daily); PA
WESTGEL DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
ZATEAN-PN DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(3 ea daily); PA
ZATEAN-PN PLUS	2	AL(At least 10 yrs old - Up to 50 yrs old)	<i>FLEQSUVY SUSP (Use baclofen)</i>	1	AL(Up to 10 yrs old); PA
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>			<i>GABLOFEN SOLN IT</i>	1	
Central Muscle Relaxants			<i>GABLOFEN SOLN IT (Use baclofen)</i>	1	
<i>AMRIX CP24 (Use cyclobenzaprine hcl)</i>	1	QL(1 ea daily); PA	<i>GABLOFEN SOSY</i>	1	
<i>BACLOFEN POWD</i>	1		<i>LIORESAL INTRATHECAL SOLN IT (Use baclofen)</i>	1	
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1		<i>LIORESAL INTRATHECAL SOLN IT</i>	1	
<i>baclofen SOLN OR 5 MG/5ML, 10 MG/5ML</i>	1	AL(Up to 10 yrs old); PA	<i>LIORESAL INTRATHECAL SOLN IT (Use baclofen)</i>	9	
<i>BACLOFEN SOSY</i>	1		<i>LYVISPAH PACK</i>	1	AL(Up to 10 yrs old); PA
<i>baclofen SUSP</i>	1	AL(Up to 10 yrs old); PA	<i>metaxalone</i>	2	ST
<i>baclofen SUSP</i>	1	PA	<i>methocarbamol SOLN</i>	1	
<i>baclofen TABS 5 MG</i>	1	PA	<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>baclofen TABS 10 MG, 20 MG</i>	1		<i>orphenadrine citrate SOLN 60 MG/2ML</i>	1	
<i>carisoprodol TABS 250 MG</i>	1	QL(4 ea daily); PA	<i>orphenadrine citrate TB12</i>	1	
<i>carisoprodol TABS 350 MG</i>	1	QL(4 ea daily)	<i>OZOBAX DS SOLN OR (Use baclofen)</i>	9	
<i>chlorzoxazone TABS 250 MG</i>	1	PA	<i>OZOBAX SOLN OR (Use baclofen)</i>	9	AL(Up to 10 yrs old); PA
<i>chlorzoxazone TABS 500 MG</i>	1		<i>ROBAXIN SOLN (Use methocarbamol)</i>	9	
<i>chlorzoxazone TABS 375 MG, 750 MG</i>	1	QL(4 ea daily); PA	<i>ROBAXIN SOLN (Use methocarbamol)</i>	1	
			<i>SKELAXIN (Use metaxalone)</i>	9	ST
			<i>SOMA TABS (Use carisoprodol)</i>	9	QL(4 ea daily)
			<i>tizanidine hcl CAPS</i>	1	PA

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<i>tizanidine hcl TABS</i>	1	
ZANAFLEX CAPS ( <i>Use tizanidine hcl</i> )	1	PA
ZANAFLEX TABS 4 MG ( <i>Use tizanidine hcl</i> )	1	
Direct Muscle Relaxants		
DANTRIUM IV SOLR ( <i>Use dantrolene sodium</i> )	9	
DANTRIUM CAPS 25 MG ( <i>Use dantrolene sodium</i> )	1	
<i>dantrolene sodium CAPS</i>	1	
<i>dantrolene sodium SOLR</i>	1	
RYANODEX SUSR	1	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 1 MG, 1.5 MG, 5 MG	1	QL(112 ea per 28 days retail; 112 ea per 28 days mail); AL(At least 8 yrs old); PA
SOHONOS 2.5 MG	1	QL(140 ea per 28 days retail; 140 ea per 28 days mail); AL(At least 8 yrs old); PA
SOHONOS 10 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 8 yrs old); PA
Muscle Relaxant Combinations		
NORGESIC FORTE ( <i>Use orphenadrine w/ aspirin &amp; caff</i> )	1	PA
<i>orphenadrine w/ aspirin &amp; caff</i>	1	AL(At least 12 yrs old); PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agent Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl-fluticasone propionate SUSP</i>	3	QL(23 gm per 30 days retail; 23 gm per 30 days mail)
DYMISTA SUSP ( <i>Use azelastine hcl-fluticasone propionate</i> )	3	QL(23 gm per 30 days retail; 23 gm per 30 days mail)
RYALTRIS	3	QL(29 gm per 30 days retail; 29 gm per 30 days mail); AL(At least 12 yrs old)
Nasal Anesthetics		
COCAINE HYDROCHLORIDE	1	
GOPRELTO	1	
NUMBRINO	1	
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail)
<i>olopatadine hcl (nasal)</i>	3	QL(30.5 gm per 30 days retail; 30 gm per 30 days mail)
PATANASE ( <i>Use olopatadine hcl (nasal)</i> )	9	QL(30.5 gm per 30 days retail; 30 gm per 30 days mail)
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail)
Nasal Steroids		
BECONASE AQ	1	QL(50 gm per 30 days retail; 50 gm per 30 days mail)

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Oklahoma Complete Health

Updated 04/01/2024

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FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	9	RX/OTC	QALSODY	1	AL(At least 18 yrs old); PA		
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	9	RX/OTC	RADICAVA ORS STARTER KIT SUSP	1	PA		
flunisolide (nasal) 0.025 %	3	QL(75 ml per 30 days retail; 75 ml per 30 days mail)	RADICAVA ORS SUSP	1	PA		
fluticasone propionate (nasal) SUSP	1	RX/OTC	RADICAVA SOLN	1	PA		
mometasone furoate (nasal) SUSP	2	QL(17 gm per 30 days retail; 17 gm per 30 days mail); RX/OTC	RELYVRIO	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); PA		
OMNARIS SUSP	3	QL(12.5 gm per 30 days retail; 12 gm per 30 days mail)	RILUTEK TABS (Use riluzole)	1			
QNASL	3	QL(10.6 gm per 30 days retail; 11 gm per 30 days mail)	riluzole TABS	1			
QNASL CHILDRENS	3	QL(6.8 gm per 30 days retail; 7 gm per 30 days mail); AL(At least 4 yrs old - Up to 11 yrs old)	TEGLUTIK SUSP	1	PA		
XHANCE EXHU	1	PA	TIGLUTIK SUSP	1	QL(600 ml per 30 days retail; 600 ml per 30 days mail); PA		
Sympathomimetic Decongestants			Depolarizing Muscle Relaxants				
pseudoephedrine hcl TB12	1	PA	ANECTINE SOLN	1			
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>			QUELICIN SOLN (Use succinylcholine chloride)	9			
			QUELICIN SOLN (Use succinylcholine chloride)	1			
<b>ALS Agents</b>			succinylcholine chloride SOLN	1			
			SUCCINYLBCHOLINE CHLORIDE SOSY IJ 100 MG/5ML	1			
<b>EXSERVAN FILM</b>			Friedrich's Ataxia Agents				
			SKYCLARYS			1	QL(3 ea daily); AL(At least 18 yrs old); PA
			Muscular Dystrophy Agents				
			AMONDYS 45			1	PA
			ELEVIDYS 10.0-10.4 KG			1	AL(At least 4 yrs old); PA
			ELEVIDYS 10.5-11.4 KG			1	AL(At least 4 yrs old); PA
ELEVIDYS 11.5-12.4 KG			1	AL(At least 4 yrs old); PA			
ELEVIDYS 12.5-13.4 KG			1	AL(At least 4 yrs old); PA			

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ELEVIDYS 13.5-14.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 37.5-38.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 14.5-15.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 38.5-39.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 15.5-16.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 39.5-40.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 16.5-17.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 40.5-41.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 17.5-18.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 41.5-42.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 18.5-19.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 42.5-43.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 19.5-20.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 43.5-44.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 20.5-21.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 44.5-45.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 21.5-22.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 45.5-46.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 22.5-23.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 46.5-47.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 23.5-24.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 47.5-48.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 24.5-25.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 48.5-49.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 25.5-26.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 49.5-50.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 26.5-27.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 50.5-51.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 27.5-28.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 51.5-52.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 28.5-29.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 52.5-53.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 29.5-30.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 53.5-54.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 30.5-31.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 54.5-55.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 31.5-32.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 55.5-56.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 32.5-33.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 56.5-57.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 33.5-34.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 57.5-58.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 34.5-35.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 58.5-59.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 35.5-36.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 59.5-60.4 KG	1	AL(At least 4 yrs old); PA
ELEVIDYS 36.5-37.4 KG	1	AL(At least 4 yrs old); PA	ELEVIDYS 60.5-61.4 KG	1	AL(At least 4 yrs old); PA

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Oklahoma Complete Health Updated 04/01/2024



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ELEVIDYS 61.5-62.4 KG	1	AL(At least 4 yrs old); PA	DAYBUE	1	QL(3600 ml per 30 days retail; 3600 ml per 30 days mail); AL(At least 2 yrs old); PA
ELEVIDYS 62.5-63.4 KG	1	AL(At least 4 yrs old); PA			
ELEVIDYS 63.5-64.4 KG	1	AL(At least 4 yrs old); PA			
ELEVIDYS 64.5-65.4 KG	1	AL(At least 4 yrs old); PA			
ELEVIDYS 65.5-66.4 KG	1	AL(At least 4 yrs old); PA			
ELEVIDYS 66.5-67.4 KG	1	AL(At least 4 yrs old); PA			
ELEVIDYS 67.5-68.4 KG	1	AL(At least 4 yrs old); PA			
ELEVIDYS 68.5-69.4 KG	1	AL(At least 4 yrs old); PA			
ELEVIDYS 69.5 KG PLUS	1	AL(At least 4 yrs old); PA			
EXONDYS 51	1	PA			
VILTEPSO	1	PA			
VYONDYS 53	1	PA			
<b>Neuromuscular Blocking Agent - Neurotoxins</b>			<b>Spinal Muscular Atrophy Agents (SMA)</b>		
BOTOX IJ	1		EVRYSDI	1	QL(240 ml per 35 days retail; 240 ml per 35 days mail); PA
DYSPORE	1		SPINRAZA	1	PA
MYOBLOC	1		ZOLGENSMA 10.1-10.5 KG	1	PA
XEOMIN	1		ZOLGENSMA 10.6-11.0 KG	1	PA
<b>Nondepolarizing Muscle Relaxants</b>			ZOLGENSMA 11.1-11.5 KG	1	PA
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	1		ZOLGENSMA 11.6-12.0 KG	1	PA
<i>cisatracurium besylate SOLN</i>	1		ZOLGENSMA 12.1-12.5 KG	1	PA
NIMBEX SOLN ( <i>Use cisatracurium besylate</i> )	1		ZOLGENSMA 12.6-13.0 KG	1	PA
<i>rocuronium bromide SOLN</i>	1		ZOLGENSMA 13.1-13.5 KG	1	PA
<i>vecuronium bromide SOLR</i>	1		ZOLGENSMA 13.6-14.0 KG	1	PA
<b>Rett Syndrome Agents</b>			ZOLGENSMA 14.1-14.5 KG	1	PA
			ZOLGENSMA 14.6-15.0 KG	1	PA
			ZOLGENSMA 15.1-15.5 KG	1	PA
			ZOLGENSMA 15.6-16.0 KG	1	PA
			ZOLGENSMA 16.1-16.5 KG	1	PA
			ZOLGENSMA 16.6-17.0 KG	1	PA
			ZOLGENSMA 17.1-17.5 KG	1	PA

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ZOLGENSMA 17.6-18.0 KG	1	PA	MCT OIL OIL	1	PA
ZOLGENSMA 18.1-18.5 KG	1	PA	OMEGA VEN	1	
ZOLGENSMA 18.6-19.0 KG	1	PA	<b>Proteins</b>		
ZOLGENSMA 19.1-19.5 KG	1	PA	<i>amino acid infusion SOLN</i> 1040 MG/100ML-2170 MG/100ML-592 MG/100ML-434 MG/100ML-1180 MG/100ML-39 MG/100ML-1040 MG/100ML-749 MG/100ML-1040 MG/100ML-894 MG/100ML-151 MEQ/L- 960 MG/100ML-749 MG/100ML-250 MG/100ML-749 MG/100ML-1470 MG/100ML-894 MG/100ML-749 MG/100ML, 750 MG/100ML-1490 MG/100ML-795 MG/100ML-1050 MG/100ML-1500 MG/100ML-258 MG/100ML-447 MG/100ML-450 MG/100ML-107.6 MEQ/L- 750 MG/100ML-600 MG/100ML-300 MG/100ML-990 MG/100ML-1527 MG/100ML-1083 MG/100ML-405 MG/100ML-1107 MG/100ML-50 MEQ/L- 1575 MG/100ML	1	PA
ZOLGENSMA 19.6-20.0 KG	1	PA			
ZOLGENSMA 2.6-3.0 KG	1	PA			
ZOLGENSMA 20.1-20.5 KG	1	PA			
ZOLGENSMA 20.6-21.0 KG	1	PA			
ZOLGENSMA 3.1-3.5 KG	1	PA			
ZOLGENSMA 3.6-4.0 KG	1	PA			
ZOLGENSMA 4.1-4.5 KG	1	PA			
ZOLGENSMA 4.6-5.0 KG	1	PA			
ZOLGENSMA 5.1-5.5 KG	1	PA			
ZOLGENSMA 5.6-6.0 KG	1	PA			
ZOLGENSMA 6.1-6.5 KG	1	PA			
ZOLGENSMA 6.6-7.0 KG	1	PA			
ZOLGENSMA 7.1-7.5 KG	1	PA			
ZOLGENSMA 7.6-8.0 KG	1	PA			
ZOLGENSMA 8.1-8.5 KG	1	PA			
ZOLGENSMA 8.6-9.0 KG	1	PA			
ZOLGENSMA 9.1-9.5 KG	1	PA			
ZOLGENSMA 9.6-10.0 KG	1	PA			
<b>NUTRIENTS</b>					
<b>Carbohydrates</b>					
DEXTROSE 30% SOLN	1				
<i>dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML</i>	1				
DEXTROSE SOLN	1				
<b>Lipids</b>					
DOJOLVI	1	AL(Up to 21 yrs old); PA			

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Updated 04/01/2024

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<i>amino acid infusion SOLN</i> 1.04 GM/100ML-2.17 GM/100ML-592 MG/100ML-434 MG/100ML-39 MG/100ML-1.04 GM/100ML-749 MG/100ML-1.04 GM/100ML-894 MG/100ML-147.4 MEQ/L- 960 MG/100ML-749 MG/100ML-250 MG/100ML-749 MG/100ML-1.47 GM/100ML-894 MG/100ML-749 MG/100ML-1.18 GM/100ML	1		TRAVASOL SOLN 1760 MG/100ML-1760 MG/100ML-500 MG/100ML-492 MG/100ML-34 MG/100ML- 526 MG/100ML-492 MG/100ML-526 MG/100ML-372 MG/100ML-52 MEQ/L-152 MG/100ML-356 MG/100ML-390 MG/100ML-406 MG/100ML-880 MG/100ML-356 MG/100ML-34 MEQ/L	1	PA
<i>amino acids TABS</i>	1		TROPHAMINE SOLN 0.36 GM/100ML-0.54 GM/100ML-0.38 GM/100ML-0.32 GM/100ML-0.24 GM/100ML-1.4 GM/100ML-0.34 GM/100ML-0.48 GM/100ML-0.48 GM/100ML-0.78 GM/100ML-0.42 GM/100ML-0.2 GM/100ML-0.82 GM/100ML-1.2 GM/100ML-0.025 GM/100ML-0.68 GM/100ML-0.5 GM/100ML-5 MEQ/L-1.2 GM/100ML	1	PA
ELCYS	1		XPHE MAXAMUM PACK	1	
PERIFLEX LQ PKU LIQD	1		<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
PHENYLADE AMINO ACID BLEND PACK	1		Beta-blockers - Ophthalmic		
PHENYLADE AMINO ACID BAR	1		<i>betaxolol hcl (ophth) SOLN</i>	2	QL(15 ml per 30 days retail; 15 ml per 30 days mail)
PHENYLADE MTE AMINO ACIDBLEND PACK	1		BETIMOL	1	MP; PA
PHENYLADE MTE POWD OR	1		BETOPTIC-S SUSP	1	
PHENYLADE PHEBLOC POWD OR	1		<i>brimonidine tartrate-timolol maleate</i>	1	AL(At least 3 yrs old); MP; PA
PHENYLADE PHEBLOC TABS	1				
PHENYLADE40 DRINK MIX PACK	1				
PHENYLADE POWD OR	1				
PKU MAXAMUM POWD OR	1				
PREMASOL SOLN	1	PA			
PROSOL SOLN	1				

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Updated 04/01/2024

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<i>carteolol hcl (ophth)</i>	1	QL(30 ml per 90 days retail; 30 ml per 90 days mail); MP	<i>timolol maleate (ophth) SOLN</i>	1	QL(30 ml per 90 days retail; 30 ml per 90 days mail)
COMBIGAN ( <i>Use brimonidine tartrate-timolol maleate</i> )	1	QL(30 ml per 90 days retail; 30 ml per 90 days mail); AL(At least 3 yrs old); MP	TIMOPTIC OCUDOSE SOLN ( <i>Use timolol maleate (ophth)</i> )	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); PA
COSOPT ( <i>Use dorzolamide hcl-timolol maleate</i> )	9	MP	TIMOPTIC SOLN ( <i>Use timolol maleate (ophth)</i> )	1	QL(30 ml per 90 days retail; 30 ml per 90 days mail)
COSOPT ( <i>Use dorzolamide hcl-timolol maleate</i> )	1	MP	TIMOPTIC-XE SOLG 0.5 % ( <i>Use timolol maleate (ophth)</i> )	9	QL(10 ml per 30 days retail; 10 ml per 30 days mail)
COSOPT PF ( <i>Use dorzolamide hcl-timolol maleate</i> )	9		TIMOPTIC-XE SOLG 0.25 % ( <i>Use timolol maleate (ophth)</i> )	2	QL(10 ml per 30 days retail; 10 ml per 30 days mail)
COSOPT PF ( <i>Use dorzolamide hcl-timolol maleate</i> )	2	QL(180 ea per 90 days retail; 180 ea per 90 days mail)	<b>Cholinergic Agonists</b>		
<i>dorzolamide hcl-timolol maleate</i>	2	QL(180 ea per 90 days retail; 180 ea per 90 days mail)	TYRVAYA	1	QL(8.4 ml per 30 days retail; 8 ml per 30 days mail); PA
<i>dorzolamide hcl-timolol maleate</i>	1	MP	<b>Cycloplegic Mydriatics</b>		
ISTALOL SOLN ( <i>Use timolol maleate (ophth)</i> )	9		<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(3.5 gm per fill retail)
<i>levobunolol hcl 0.5 %</i>	1	QL(30 ml per 90 days retail; 30 ml per 90 days mail); MP	<i>atropine sulfate (ophthalmic) SOLN</i>	1	
<i>timolol maleate (ophth) SOLG</i>	2		ATROPINE SULFATE SOLN 1 %	1	
<i>timolol maleate (ophth) SOLN 0.5 %</i>	1		CYCLOGYL	1	
<i>timolol maleate (ophth) SOLN 0.5 %</i>	1	PA	CYCLOGYL ( <i>Use cyclopentolate hcl</i> )	1	
<i>timolol maleate (ophth) SOLN</i>	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); PA	CYCLOGYL ( <i>Use cyclopentolate hcl</i> )	9	
			CYCLOMYDRIL	1	
			<i>cyclopentolate hcl 1 %</i>	1	
			MYDRIACYL SOLN ( <i>Use tropicamide</i> )	1	
			<i>phenylephrine hcl (mydriatic) SOLN</i>	1	
			<i>tropicamide SOLN 1 %</i>	1	

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Updated 04/01/2024

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<b>Miotics</b>			<i>brimonidine tartrate 0.1 %</i>	1	AL(At least 3 yrs old); MP
ISOPTO CARPINE SOLN 1 %, 2 % ( <i>Use pilocarpine hcl</i> )	9		<i>brimonidine tartrate 0.15 %</i>	1	AL(At least 3 yrs old); PA
MIOCHOL-E SOLR	1		<i>brimonidine tartrate 0.15 %</i>	1	QL(15 ml per 30 days retail; 15 ml per 30 days mail); AL(At least 3 yrs old); PA
MIOSTAT IO	1		<i>brimonidine tartrate 0.2 %</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 3 mail pack lmt amt; 90 mail pack lmt day(s); AL(At least 3 yrs old); MP
PHOSPHOLINE IODIDE	1	QL(15 ml per 90 days retail; 15 ml per 90 days mail); MP	IOPIDINE	1	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(30 ml per 90 days retail; 30 ml per 90 days mail)	SIMBRINZA	1	QL(24 ml per 90 days retail; 24 ml per 90 days mail)
VUITY SOLN	1	PA	<b>Ophthalmic Anti-infectives</b>		
<b>Ophthalmic - Angiogenesis Inhibitors</b>			AZASITE	1	QL(2.5 ml per fill retail); PA
BEOVU SOSY	1		BACIGUENT	1	PA
BYOOVIZ	1		<i>bacitracin-polymyxin b (ophth)</i>	1	QL(3.5 gm per fill retail)
CIMERLI	1		BESIVANCE	1	PA
EYLEA HD SOLN	1		BLEPH-10 SOLN ( <i>Use sulfacetamide sodium (ophth)</i> )	9	
EYLEA SOLN	1		CILOXAN OINT	1	QL(3.5 gm per fill retail); PA
EYLEA SOSY	1		CILOXAN SOLN ( <i>Use ciprofloxacin hcl (ophth)</i> )	9	
LUCENTIS SOSY	1		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(10 ml per fill retail)
SUSVIMO SOLN	1		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)
VABYSMO	1		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(2.5 ml per fill retail)
<b>Ophthalmic Adrenergic Agents</b>			ERYTHROMYCIN	1	
ALPHAGAN P 0.15 % ( <i>Use brimonidine tartrate</i> )	1	QL(15 ml per 30 days retail; 15 ml per 30 days mail); AL(At least 3 yrs old); PA			
ALPHAGAN P 0.1 % ( <i>Use brimonidine tartrate</i> )	1	QL(30 ml per 90 days retail; 30 ml per 90 days mail); AL(At least 3 yrs old); MP			
<i>apraclonidine hcl</i>	2	QL(30 ml per 90 days retail; 30 ml per 90 days mail)			

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<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	QL(2.5 ml per fill retail); PA
<i>gentamicin sulfate (ophth) SOLN</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	PA
NATACYN	1	
<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(3.5 gm per fill retail)
<i>neomycin-polymyxin-gramicidin</i>	1	
OCUFLOX ( <i>Use ofloxacin (ophth)</i> )	9	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	1 rtl pack lmt amt; 10 rtl pack lmt day(s); 1 mail pack lmt amt; 10 mail pack lmt day(s)
POLYTRIM ( <i>Use polymyxin b-trimethoprim</i> )	9	1 rtl pack lmt amt; 10 rtl pack lmt day(s); 1 mail pack lmt amt; 10 mail pack lmt day(s)
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBREX OINT	1	QL(3.5 gm per fill retail)
<i>trifluridine</i>	1	QL(7.5 ml per fill retail)
VIGAMOX SOLN OP ( <i>Use moxifloxacin hcl (ophth)</i> )	1	PA
XDEMVY	1	AL(At least 18 yrs old); PA
ZIRGAN GEL	1	
ZYMAXID ( <i>Use gatifloxacin (ophth)</i> )	9	QL(2.5 ml per fill retail)
Ophthalmic Complement Inhibitors		
SYFOVRE	1	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Gene Therapy		
LUXTURNA	1	AL(At least 4 yrs old); PA
Ophthalmic Immunomodulators		
CEQUA SOLN	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); PA
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
RESTASIS MULTIDOSE EMUL	1	QL(5.5 ml per 30 days retail; 6 ml per 30 days mail); PA
RESTASIS EMUL ( <i>Use cyclosporine (ophth)</i> )	1	QL(2 ea daily)
VERKAZIA EMUL	1	QL(120 ea per 30 days retail; 120 ea per 30 days mail); PA
VEVYE SOLN	1	AL(At least 18 yrs old); PA
Ophthalmic Integrin Antagonists		
XIIDRA	1	QL(60 ea per 30 days retail; 60 ea per 30 days mail); AL(At least 17 yrs old); PA
Ophthalmic Kinase Inhibitors		
RHOPRESSA	1	QL(7.5 ml per 90 days retail; 8 ml per 90 days mail); MP
ROCKLATAN	1	QL(10 ml per 90 days retail; 10 ml per 90 days mail); MP
Ophthalmic Local Anesthetics		
AKTEN	1	
ALCAINE ( <i>Use proparacaine hcl</i> )	1	
<i>tetracaine hcl (ophth)</i>	1	

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Oklahoma Complete Health

Updated 04/01/2024

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Ophthalmic Nerve Growth Factors			LOTEMAX OINT	1	QL(3.5 gm per 15 days retail; 4 gm per 15 days mail)
OXERVATE	1	QL(14 ml per 12 days retail; 14 ml per 12 days mail); PA	LOTEMAX SUSP (Use loteprednol etabonate)	9	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s)
Ophthalmic Photodynamic Therapy Agents			LOTEMAX SUSP (Use loteprednol etabonate)	1	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s)
VISUDYNE	1		loteprednol etabonate GEL	1	QL(5 gm per 15 days retail; 5 gm per 15 days mail)
Ophthalmic Steroids			loteprednol etabonate SUSP 0.2 %	3	
ALREX SUSP (Use loteprednol etabonate)	3	QL(10 ml per 30 days retail; 10 ml per 30 days mail)	loteprednol etabonate SUSP 0.5 %	1	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s); PA
bacitracin-poly-neomycin-hc	1	QL(3.5 gm per fill retail); PA	loteprednol etabonate SUSP 0.5 %	1	2 rtl pack lmt amt; 30 rtl pack lmt day(s); 2 mail pack lmt amt; 30 mail pack lmt day(s); PA
difluprednate	1	PA	MAXIDEX SUSP OP	1	
DUREZOL (Use difluprednate)	9		MAXITROL OINT (Use neomycin-polymyx-dexameth)	1	QL(3.5 gm per fill retail)
DUREZOL (Use difluprednate)	1		MAXITROL SUSP (Use neomycin-polymyx-dexameth)	9	QL(5 ml per fill retail)
EYSUVIS SUSP	1	QL(8.3 ml per 15 days retail; 8 ml per 15 days mail); PA	MAXITROL SUSP (Use neomycin-polymyx-dexameth)	1	QL(5 ml per fill retail)
FLAREX	1		neomycin-polymyx-dexameth OINT	1	QL(3.5 gm per fill retail)
fluorometholone (ophth) SUSP	1		neomycin-polymyx-dexameth SUSP	1	QL(5 ml per fill retail)
FML FORTE SUSP	1	PA	neomycin-polymyxin-hc (ophth)	1	QL(7.5 ml per fill retail); PA
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	9				
INVELTYS SUSP	1	QL(2.8 ml per 12 days retail; 3 ml per 12 days mail); PA			
LOTEMAX SM GEL	1	QL(5 gm per 12 days retail; 5 gm per 12 days mail); PA			
LOTEMAX GEL (Use loteprednol etabonate)	1	QL(5 gm per 15 days retail; 5 gm per 15 days mail)			

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Drug Name	Drug Tier	Requirements/Limits
OZURDEX IMPL	1	
PRED FORTE (Use prednisolone acetate (ophth))	1	QL(15 ml per 30 days retail; 15 ml per 30 days mail); PA
PRED FORTE (Use prednisolone acetate (ophth))	9	
prednisolone acetate (ophth)	1	QL(15 ml per 30 days retail; 15 ml per 30 days mail)
prednisolone acetate (ophth)	1	
RETISERT	1	
sulfacetamide sod-prednisolone SOLN	1	
TOBRADEX ST SUSP	1	QL(20 ml per 30 days retail; 20 ml per 30 days mail)
TOBRADEX OINT	1	QL(3.5 gm per fill retail); PA
TOBRADEX SUSP (Use tobramycin-dexamethasone)	1	1 rtl pack lmt amt; 15 rtl pack lmt day(s); 1 mail pack lmt amt; 15 mail pack lmt day(s)
TOBRADEX SUSP (Use tobramycin-dexamethasone)	9	1 rtl pack lmt amt; 5 rtl pack lmt day(s); 1 mail pack lmt amt; 5 mail pack lmt day(s)
tobramycin-dexamethasone SUSP	1	1 rtl pack lmt amt; 5 rtl pack lmt day(s); 1 mail pack lmt amt; 5 mail pack lmt day(s); PA

Drug Name	Drug Tier	Requirements/Limits
tobramycin-dexamethasone SUSP	1	1 rtl pack lmt amt; 10 rtl pack lmt day(s); 1 mail pack lmt amt; 10 mail pack lmt day(s); PA
tobramycin-dexamethasone SUSP	1	1 rtl pack lmt amt; 15 rtl pack lmt day(s); 1 mail pack lmt amt; 15 mail pack lmt day(s); PA
TRIESENCE	1	
XIPERE	1	
ZYLET	1	PA
Ophthalmic Surgical Aids		
OMIDRIA	1	
Ophthalmics - Misc.		
ACULAR (Use ketorolac tromethamine (ophth))	9	
ACULAR LS (Use ketorolac tromethamine (ophth))	9	QL(5 ml per 30 days retail; 5 ml per 30 days mail); ST
ACUVAIL	1	QL(30 ea per 12 days retail; 30 ea per 12 days mail); ST; PA
ALOMIDE	3	QL(10 ml per 30 days retail; 10 ml per 30 days mail)
azelastine hcl (ophth)	2	QL(6 ml per 30 days retail; 6 ml per 30 days mail)
AZOPT (Use brinzolamide)	9	QL(30 ml per fill retail); MP
AZOPT (Use brinzolamide)	1	QL(30 ml per fill retail); MP

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Oklahoma Complete Health

Updated 04/01/2024



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<i>bepotastine besilate</i>	3	QL(10 ml per 30 days retail; 10 ml per 30 days mail)	<i>epinastine hcl (ophth)</i>	2	QL(5 ml per 30 days retail; 5 ml per 30 days mail)
BEPREVE (Use <i>bepotastine besilate</i> )	3	QL(10 ml per 30 days retail; 10 ml per 30 days mail)	<i>fluorescein sodium injection IV 10 %</i>	1	
<i>brinzolamide</i>	1	QL(30 ml per fill retail); MP; PA	FLUORESCIN SODIUM/BENOXINATE HYDROCHLORIDE	1	
<i>bromfenac sodium (ophth)</i>	1	ST; PA	FLUORESCITE IV 10 % (Use <i>fluorescein sodium injection</i> )	1	
BROMSITE (Use <i>bromfenac sodium (ophth)</i> )	1	QL(5 ml per fill retail); ST; PA	FLUOR-I-STRIPS A.T. STRP	1	
BSS PLUS SOLN	1		<i>flurbiprofen sodium</i>	1	QL(2.5 ml per fill retail)
BSS SOLN	1		GLOSTRIPS STRP 1 MG	1	
<i>cromolyn sodium (ophth)</i>	1	QL(10 ml per 30 days retail; 10 ml per 30 days mail)	ILEVRO	1	QL(3 ml per 12 days retail; 3 ml per 12 days mail); ST; PA
CYSTADROPS	1	QL(20 ml per 28 days retail; 20 ml per 28 days mail); PA	<i>ketorolac tromethamine (ophth) 0.4 %</i>	1	QL(5 ml per 30 days retail; 5 ml per 30 days mail); ST; PA
CYSTARAN	1	QL(60 ml per 30 days retail; 60 ml per 30 days mail); PA	<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	
<i>diclofenac sodium (ophth)</i>	1	1 rtl pack lmt amt; 5 rtl pack lmt day(s); 1 mail pack lmt amt; 5 mail pack lmt day(s)	KETOTIFEN FUMARATE	1	AL(Up to 20 yrs old)
<i>diclofenac sodium (ophth)</i>	1	1 rtl pack lmt amt; 10 rtl pack lmt day(s); 1 mail pack lmt amt; 10 mail pack lmt day(s)	<i>ketotifen fumarate (ophth) 0.035 %</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); AL(Up to 20 yrs old)
<i>dorzolamide hcl</i>	1	QL(30 ml per 90 days retail; 30 ml per 90 days mail); MP	MIEBO	1	QL(12 ml per 30 days retail; 12 ml per 30 days mail); AL(At least 18 yrs old); PA
			NEVANAC	1	QL(3 ml per 12 days retail; 3 ml per 12 days mail); ST; PA

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<i>olopatadine hcl 0.2 %</i>	3	RX/OTC	IYUZEH SOLN	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA
<i>olopatadine hcl 0.1 %</i>	2	RX/OTC	<i>latanoprost SOLN</i>	1	QL(30 ml per 90 days retail; 30 ml per 90 days mail); MP
PATADAY (Use <i>olopatadine hcl</i> )	9	1 rtl pack lmt amt; 25 rtl pack lmt day(s); 1 mail pack lmt amt; 25 mail pack lmt day(s); RX/OTC	LUMIGAN SOLN 0.01 %	1	
PATADAY 0.2 % (Use <i>olopatadine hcl</i> )	3	1 rtl pack lmt amt; 25 rtl pack lmt day(s); 1 mail pack lmt amt; 25 mail pack lmt day(s); RX/OTC	<i>tafluprost</i>	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail)
PROLENSA (Use <i>bromfenac sodium (ophth)</i> )	1	QL(3 ml per fill retail); ST; PA	TRAVATAN Z SOLN (Use <i>travoprost</i> )	1	6 rtl pack lmt amt; 90 rtl pack lmt day(s); 6 mail pack lmt amt; 90 mail pack lmt day(s); MP
TRUSOPT (Use <i>dorzolamide hcl</i> )	9	MP	<i>travoprost SOLN</i>	1	6 rtl pack lmt amt; 90 rtl pack lmt day(s); 6 mail pack lmt amt; 90 mail pack lmt day(s); MP; PA
ZADITOR 0.035 % (Use <i>ketotifen fumarate (ophth)</i> )	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s); AL(Up to 20 yrs old)	VYZULTA	1	QL(5 ml per 30 days retail; 5 ml per 30 days mail); PA
ZADITOR 0.035 % (Use <i>ketotifen fumarate (ophth)</i> )	9		XALATAN SOLN (Use <i>latanoprost</i> )	1	QL(30 ml per 90 days retail; 30 ml per 90 days mail); MP
ZERVIATE	3	QL(60 ea per 30 days retail; 60 ea per 30 days mail)	XELPROS EMUL	2	QL(10 ml per 30 days retail; 10 ml per 30 days mail)
Prostaglandins - Ophthalmic			ZIOPTAN (Use <i>tafluprost</i> )	9	
<i>bimatoprost SOLN</i>	2		ZIOPTAN (Use <i>tafluprost</i> )	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail)
<i>bimatoprost SOLN</i>	2	1 rtl pack lmt amt; 30 rtl pack lmt day(s); 1 mail pack lmt amt; 30 mail pack lmt day(s)	<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
DURYSTA IMPL	1		Otic Agents - Miscellaneous		

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Oklahoma Complete Health Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid (otic)</i>	1	QL(15 ml per 30 days retail; 15 ml per 30 days mail)
<b>Otic Anti-infectives</b>		
<i>ofloxacin (otic)</i>	1	
<b>Otic Combinations</b>		
CIPRO HC	1	
CIPRODEX ( <i>Use ciprofloxacin-dexamethasone</i> )	1	QL(7.5 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone acetonide</i>	2	QL(14 ea per 7 days retail; 14 ea per 7 days mail)
<i>neomycin-polymyxin-hc (otic) SOLN</i>	2	QL(10 ml per fill retail); ST
<i>neomycin-polymyxin-hc (otic) SUSP</i>	2	ST
OTOVEL ( <i>Use ciprofloxacin-fluocinolone acetonide</i> )	9	
<b>Otic Steroids</b>		
DERMOTIC ( <i>Use fluocinolone acetonide (otic)</i> )	1	QL(20 ml per fill retail)
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	PA
HYDROCORTISONE/ACETIC ACID ( <i>Use hydrocortisone w/acetic acid</i> )	1	PA
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Abortifacients/Agents for Cervical Ripening</b>		
<i>carboprost tromethamine SOLN</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
CARBOPROST TROMETHAMINE SOSY	1	
CERVIDIL INST	1	
HEMABATE SOLN ( <i>Use carboprost tromethamine</i> )	1	
HEMABATE SOLN ( <i>Use carboprost tromethamine</i> )	9	
PREPIDIL GEL	1	
<b>Oxytocics</b>		
<i>methylergonovine maleate SOLN</i>	1	
<i>methylergonovine maleate TABS</i>	1	
<i>oxytocin</i>	1	
PITOCIN ( <i>Use oxytocin</i> )	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Antitoxins-Antivenins</b>		
ANTIVENIN LATRODECTUS MACTANS	1	
ANTIVENIN NORTH AMERICANCORAL SNAKE	1	
<b>Immune Serums</b>		
ASCENIV	1	
BIVIGAM SOLN	1	
CUTAQUIG	1	
CUVITRU SOLN 10 GM/50ML	1	
CYTOGAM	1	
GAMASTAN	1	
GAMMAPLEX SOLN 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	1	
HEPAGAM B SOLN IJ	1	AL(At least 19 yrs old)

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Oklahoma Complete Health

Updated 04/01/2024

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HIZENTRA SOLN 10 GM/50ML	1	
HIZENTRA SOSY	1	
HYPERHEP B SOLN IM	1	AL(At least 19 yrs old)
HYPERHEP B SOSY 110 UNIT/0.5ML	1	AL(At least 19 yrs old)
HYPERRAB SOLN	1	
HYPERRHO S/D SOSY IM 1500 UNIT	1	
HYPERTET SOSY	1	AL(At least 19 yrs old)
KEDRAB SOLN	1	
NABI-HB SOLN IM	1	AL(At least 19 yrs old)
OCTAGAM SOLN	1	
PANZYGA	1	
VARIZIG SOLN	1	
WINRHO SDF SOLN 5000 UNIT/4.4ML	1	QL(4.4 ml per fill retail)
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 15000 UNIT/13ML	1	
XEMBIFY	1	
<b>Monoclonal Antibodies</b>		
BEYFORTUS	1	
EVUSHELD	1	AL(At least 12 yrs old)
SYNAGIS SOLN 100 MG/ML	1	QL(1 ml per 30 days retail; 1 ml per 30 days mail); AL(Up to 2 yrs old); PA
SYNAGIS SOLN 50 MG/0.5ML	1	QL(0.5 ml per 30 days retail); AL(Up to 2 yrs old); PA
ZINPLAVA	1	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
<b>Natural Penicillins</b>		
<i>BICILLIN L-A SUSY 600000 UNIT/ML</i>	1	
<i>penicillin g potassium</i>	1	
<i>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1	QL(40 ea per 10 days retail; 40 ea per 10 days mail); PA
<i>ampicillin &amp; sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	1	
<i>AUGMENTIN ES-600 SUSR (Use amoxicillin &amp; pot clavulanate)</i>	1	
<i>AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML</i>	1	

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Updated 04/01/2024

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AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	9		<i>glycine diluent</i>	1	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	1		ORA-BLEND SF SUSP	1	RX/OTC
<i>piperacillin sodium-tazobactam sodium</i>	1		ORA-BLEND SUSP	1	RX/OTC
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use ampicillin & sulbactam sodium)	1		ORAL SUSPEND LIQD	1	RX/OTC
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use ampicillin & sulbactam sodium)	9		ORAL SYRUP SF SYRP	1	RX/OTC
UNASYN BULK PACK IV (Use ampicillin & sulbactam sodium)	1		ORA-PLUS LIQD	1	RX/OTC
ZOSYN	1		ORA-SWEET SF SYRP 10 %-9 %	1	RX/OTC
<b>Penicillinase-Resistant Penicillins</b>			SIMPLE SYRUP	1	RX/OTC
<i>dicloxacillin sodium</i>	1		STERILE DILUENT FOR REMODULIN (Use <i>glycine diluent</i> )	1	
NAFCILLIN	1		SYRPALTA SYRP	1	RX/OTC
<i>nafcillin sodium IJ 1 GM, 2 GM</i>	1		SYRUP VEHICLE SYRP	1	RX/OTC
<i>oxacillin sodium IJ 1 GM, 2 GM</i>	1		<i>water for injection, sterile IJ</i>	1	
OXACILLIN SODIUM 2 GM/50ML-300 MG/50ML	1		<b>Pharmaceutical Excipients</b>		
<b>PHARMACEUTICAL ADJUVANTS</b>			SODIUM BENZOATE	1	RX/OTC
<b>Flavoring Agents</b>			<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
CHERRY FLAVOR LIQD	1	RX/OTC	<b>Progestins</b>		
<b>Internal Vehicle Ingredients/Agents</b>			AYGESTIN TABS (Use <i>norethindrone acetate</i> )	1	
THICK-IT #2 POWD	1	PA	<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	
<b>Liquid Vehicles</b>			<i>megestrol acetate (appetite)</i>	1	
<i>bacteriostatic sodium chloride</i>	1		<i>norethindrone acetate TABS</i>	1	
CHERRY SYRUP	1	RX/OTC	<i>progesterone CAPS</i>	1	
			<i>progesterone OIL</i>	1	
			PROMETRIUM CAPS (Use <i>progesterone</i> )	1	
			PROMETRIUM CAPS (Use <i>progesterone</i> )	9	
			PROVERA (Use <i>medroxyprogesterone acetate</i> )	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
LUCEMYRA	1	QL(168 ea per 14 days retail; 168 ea per 14 days mail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	1	PA
XYREM SOLN	1	PA
XYWAV	1	QL(540 ml per 30 days retail; 540 ml per 30 days mail); AL(At least 7 yrs old); PA
Antidementia Agents		
ADLARITY PTWK	1	QL(4 ea per 28 days retail; 4 ea per 28 days mail); AL(At least 51 yrs old); PA
ADUHELM	1	PA
ARICEPT TABS 10 MG (Use <i>donepezil hydrochloride</i> )	9	QL(3 ea daily); MP
ARICEPT TABS 23 MG (Use <i>donepezil hydrochloride</i> )	9	
ARICEPT TABS 5 MG (Use <i>donepezil hydrochloride</i> )	1	QL(2 ea daily); AL(At least 51 yrs old); MP
<i>donepezil hydrochloride</i> TABS 23 MG	1	AL(At least 51 yrs old); PA
<i>donepezil hydrochloride</i> TABS 5 MG	1	QL(2 ea daily); AL(At least 51 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride</i> TABS 10 MG	1	QL(3 ea daily); AL(At least 51 yrs old); MP
<i>donepezil hydrochloride</i> TBDP	1	AL(At least 51 yrs old); PA
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i> )	9	QL(30 ea per 30 days retail; 30 ea per 30 days mail)
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i> )	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 51 yrs old); PA
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i> )	9	AL(At least 51 yrs old); PA
<i>galantamine hydrobromide</i> CP24	1	AL(At least 51 yrs old); PA
<i>galantamine hydrobromide</i> SOLN	1	AL(At least 51 yrs old); PA
<i>galantamine hydrobromide</i> TABS 4 MG	1	QL(2 ea daily); AL(At least 51 yrs old); MP
<i>galantamine hydrobromide</i> TABS 8 MG, 12 MG	1	AL(At least 51 yrs old)
LEQEMBI	1	PA
<i>memantine hcl</i> CP24	1	QL(1 ea daily); AL(At least 51 yrs old); PA
<i>memantine hcl</i> SOLN 2 MG/ML	1	AL(At least 51 yrs old); PA
<i>memantine hcl</i> TABS 5 MG	1	QL(4 ea daily); AL(At least 51 yrs old); MP
<i>memantine hcl</i> TABS	1	AL(At least 51 yrs old); PA
<i>memantine hcl</i> TABS 10 MG	1	QL(3 ea daily); AL(At least 51 yrs old); MP
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i> )	9	
NAMENDA XR CP24 (Use <i>memantine hcl</i> )	9	QL(1 ea daily)

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Rqrd, 9 = Non-Formulary

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Oklahoma Complete Health

Updated 04/01/2024

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NAMENDA TABS ( <i>Use memantine hcl</i> )	9	MP
NAMZARIC C4PK	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); AL(At least 51 yrs old); PA
NAMZARIC CP24	1	QL(1 ea daily); AL(At least 51 yrs old); PA
RAZADYNE ER CP24 ( <i>Use galantamine hydrobromide</i> )	9	AL(At least 51 yrs old); PA
<i>rivastigmine</i>	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); AL(At least 51 yrs old); PA
<i>rivastigmine tartrate</i> CAPS 1.5 MG, 4.5 MG, 6 MG	1	AL(At least 51 yrs old)
<i>rivastigmine tartrate</i> CAPS 3 MG	1	QL(2 ea daily); AL(At least 51 yrs old); MP
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	1	AL(At least 4 yrs old); PA
Combination Psychotherapeutics		
LYBALVI	1	QL(1 ea daily); AL(At least 18 yrs old); PA
<i>olanzapine-fluoxetine hcl</i> 25 MG-3 MG, 25 MG-6 MG	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>perphenazine-amitriptyline</i> 4 MG-10 MG	1	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG ( <i>Use olanzapine-fluoxetine hcl</i> )	9	QL(1 ea daily)
Fibromyalgia Agents		

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK MISC	1	QL(55 ea per 28 days retail; 55 ea per 28 days mail); ST; PA
SAVELLA TABS	1	QL(2 ea daily); ST; PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION KIT TEPK	1	QL(42 ea per 28 days retail; 42 ea per 28 days mail); PA
AUSTEDO XR TB24 24 MG	1	QL(2 ea daily); PA
AUSTEDO XR TB24 6 MG, 12 MG	1	QL(1 ea daily); PA
AUSTEDO TABS	1	QL(4 ea daily); PA
INGREZZA CAPS	1	QL(1 ea daily); PA
INGREZZA CPPK	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA
<i>tetrabenazine</i>	1	PA
XENAZINE ( <i>Use tetrabenazine</i> )	1	PA
Multiple Sclerosis Agents		
AMPYRA ( <i>Use dalfampridine</i> )	1	QL(2 ea daily); PA
AUBAGIO ( <i>Use teriflunomide</i> )	1	QL(1 ea daily); PA
AUBAGIO ( <i>Use teriflunomide</i> )	9	
AVONEX PEN AJKT	1	QL(1 ea per 28 days retail; 1 ea per 28 days mail); PA
AVONEX PSKT	1	QL(3 ea per 84 days retail; 3 ea per 84 days mail); PA
BAFIERTAM	1	QL(4 ea daily); AL(At least 18 yrs old); PA

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Oklahoma Complete Health

Updated 04/01/2024

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BETASERON KIT	1	QL(0.5 ea daily)	MAYZENT TABS 0.25 MG	1	QL(112 ea per 28 days retail; 112 ea per 28 days mail); PA
BRIUMVI	1	PA	MAYZENT TABS 1 MG, 2 MG	1	QL(1 ea daily); PA
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i> )	1	QL(12 ml per 28 days retail; 12 ml per 28 days mail); PA	OCREVUS	1	PA
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i> )	9	PA	PLEGRIDY STARTER PACK SOPN	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); PA
COPAXONE SOSY 20 MG/ML (Use <i>glatiramer acetate</i> )	9	QL(30 ml per 30 days retail; 30 ml per 30 days mail)	PLEGRIDY STARTER PACK SOSY SC	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); PA
<i>dalfampridine</i>	1	QL(2 ea daily); PA	PLEGRIDY SOPN	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); PA
<i>dimethyl fumarate CDPK</i>	1	QL(2 ea daily); PA	PLEGRIDY SOSY IM	1	QL(1 ml per 28 days retail; 1 ml per 28 days mail); PA
<i>dimethyl fumarate CPDR 240 MG</i>	1	QL(2 ea daily); PA	PONVORY 14-DAY STARTER PACK TBPK	1	QL(14 ea per 14 days retail; 14 ea per 14 days mail); AL(At least 18 yrs old); PA
<i>dimethyl fumarate CPDR 120 MG</i>	1	QL(14 ea per fill retail); PA	PONVORY TABS	1	QL(1 ea daily); AL(At least 18 yrs old); PA
EXTAVIA KIT	1	QL(0.5 ea daily); PA	REBIF REBIDOSE TITRATIONPACK SOAJ	1	QL(4.2 ml per 30 days retail; 4 ml per 30 days mail); PA
<i> fingolimod hcl</i>	1	QL(1 ea daily); PA	REBIF REBIDOSE SOAJ	1	QL(6 ml per 28 days retail; 6 ml per 28 days mail); PA
GILENYA (Use <i> fingolimod hcl</i> )	1	QL(1 ea daily); PA	REBIF TITRATION PACK SOSY	1	QL(4.2 ml per 30 days retail; 4 ml per 30 days mail); PA
<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 days retail; 12 ml per 28 days mail); PA	TASCENSO ODT	1	QL(1 ea daily); AL(At least 10 yrs old); PA
KESIMPTA	1	QL(0.4 ml per 28 days retail); AL(At least 18 yrs old); PA			
LEMTRADA	1				
MAVENCLAD	1	PA			
MAYZENT STARTER PACK TBPK	1	QL(12 ea per fill retail); PA			
MAYZENT STARTER PACK TBPK	1	QL(49 ea per 28 days retail; 49 ea per 28 days mail); PA			

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Oklahoma Complete Health

Updated 04/01/2024



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TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	1	QL(2 ea daily); PA	LYRICA CR 165 MG, 330 MG (Use pregabalin (once-daily))	9	QL(1 ea daily)
TECFIDERA CPDR 120 MG (Use dimethyl fumarate)	1	QL(14 ea per fill retail); PA	pregabalin (once-daily)	1	QL(1 ea daily); PA
TECFIDERA CPDR 240 MG (Use dimethyl fumarate)	1	QL(2 ea daily); PA	<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
teriflunomide	1	QL(1 ea daily); PA	fluoxetine hcl (pmdd) TABS	1	QL(45 ea per 30 days retail; 45 ea per 30 days mail); PA
VUMERITY	1	QL(4 ea daily); PA	<b>Pseudobulbar Affect (PBA) Agents</b>		
ZEPOSIA 7-DAY STARTER PACK CPPK	1	QL(7 ea per fill retail); PA	NUDEXTA	1	QL(2 ea daily); AL(At least 18 yrs old); PA
ZEPOSIA STARTER KIT CPPK	1	QL(37 ea per 37 days retail; 37 ea per 37 days mail); PA	<b>Restless Leg Syndrome (RLS) Agents</b>		
ZEPOSIA STARTER KIT CPPK	1	QL(28 ea per 28 days retail; 28 ea per 28 days mail); PA	HORIZANT	1	QL(1 ea daily); PA
ZEPOSIA CAPS	1	QL(1 ea daily); PA	<b>Smoking Deterrents</b>		
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents</b>			bupropion hcl (smoking deterrent)	1	QL(100 ea per 50 days retail; 200 ea per 100 days mail); MP
gabapentin (once-daily) TABS 300 MG	1	QL(1 ea daily); PA	NICODERM CQ PT24 TD (Use nicotine)	9	
gabapentin (once-daily) TABS 600 MG	1	QL(2 ea daily); PA	NICORETTE MINI LOZG (Use nicotine polacrilex)	9	
GRALISE TABS 600 MG, 750 MG, 900 MG	1	QL(2 ea daily); PA	NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	9	
GRALISE TABS (Use gabapentin (once-daily))	1	QL(1 ea daily); PA	NICORETTE GUM (Use nicotine polacrilex)	9	
GRALISE TABS (Use gabapentin (once-daily))	1	QL(2 ea daily); PA	NICORETTE LOZG (Use nicotine polacrilex)	9	
GRALISE TABS 300 MG, 450 MG	1	QL(1 ea daily); PA	nicotine polacrilex GUM	1	
LYRICA CR 82.5 MG (Use pregabalin (once-daily))	1	QL(1 ea daily); PA	nicotine polacrilex LOZG	1	
			NICOTINE TRANSDERMAL SYSTEM KIT	1	QL(1 ea daily)
			nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail)

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NICOTROL INHALER INHA	1	
NICOTROL NS SOLN	1	
<i>varenicline tartrate</i> TABS	1	QL(2 ea daily)
<i>varenicline tartrate</i> TBPK	1	
<b>Transthyretin Amyloidosis Agents</b>		
AMVUTTRA	1	QL(0.5 ml per 90 days retail); PA
TEGSEDI	1	QL(6 ml per 28 days retail; 6 ml per 28 days mail); PA
WAINUA	1	PA
<b>Vasomotor Symptom Agents</b>		
BRISDELLE ( <i>Use paroxetine mesylate (vasomotor)</i> )	9	
<i>paroxetine mesylate (vasomotor)</i>	1	QL(1 ea daily); PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
PROLASTIN-C SOLN	1	PA
ZEMAIRA SOLR 4000 MG, 5000 MG	1	AL(At least 18 yrs old); PA
<b>Cystic Fibrosis Agents</b>		
BRONCHITOL	1	AL(At least 18 yrs old); PA
BRONCHITOL TOLERANCE TEST	1	AL(At least 18 yrs old); PA
KALYDECO PACK 5.8 MG, 13.4 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(Up to 1 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACK 25 MG, 50 MG, 75 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(Up to 5 yrs old); PA
KALYDECO TABS	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 2 yrs old); PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 1 yrs old - Up to 6 yrs old); PA
ORKAMBI PACK 94 MG-75 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 1 yrs old - Up to 2 yrs old); PA
ORKAMBI TABS	1	QL(112 ea per 28 days retail; 112 ea per 28 days mail); AL(At least 6 yrs old); PA
PULMOZYME	1	QL(150 ml per 30 days retail; 150 ml per 30 days mail); PA
SYMDEKO 150 MG-100 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 6 yrs old); PA
SYMDEKO 75 MG-50 MG	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 6 yrs old - Up to 11 yrs old); PA

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Oklahoma Complete Health

Updated 04/01/2024

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TRIKAFTA TBPK 100 MG-50 MG	1	QL(84 ea per 28 days retail; 84 ea per 28 days mail); AL(At least 6 yrs old); PA
TRIKAFTA TBPK 50 MG-25 MG	1	QL(84 ea per 28 days retail; 84 ea per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA
TRIKAFTA THPK	1	QL(56 ea per 28 days retail; 56 ea per 28 days mail); AL(At least 2 yrs old - Up to 5 yrs old); PA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS ( <i>Use pirfenidone</i> )	1	QL(270 ea per 30 days retail; 270 ea per 30 days mail); AL(At least 18 yrs old); PA
ESBRIET TABS 267 MG ( <i>Use pirfenidone</i> )	1	QL(9 ea daily); AL(At least 18 yrs old); PA
ESBRIET TABS 801 MG ( <i>Use pirfenidone</i> )	1	QL(3 ea daily); AL(At least 18 yrs old); PA
OFEV	1	QL(2 ea daily); AL(At least 18 yrs old); PA
<i>pirfenidone CAPS</i>	1	QL(270 ea per 30 days retail; 270 ea per 30 days mail); AL(At least 18 yrs old); PA
<i>pirfenidone TABS 534 MG, 801 MG</i>	1	QL(3 ea daily); AL(At least 18 yrs old); PA
<i>pirfenidone TABS 267 MG</i>	1	QL(9 ea daily); AL(At least 18 yrs old); PA
<b>Respiratory Agents - Misc.</b>		

Drug Name	Drug Tier	Requirements/Limits
CUROSURF TR 120 MG/1.5ML, 240 MG/3ML	1	
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine TABS</i>	1	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Aminomethylcyclines</b>		
NUZYRA SOLR	1	AL(At least 18 yrs old); PA
NUZYRA TABS	1	AL(At least 18 yrs old); PA
<b>Fluorocyclines</b>		
XERAVA 100 MG	1	
<b>Glycylcyclines</b>		
<i>tigecycline</i>	1	
TIGECYCLINE	1	
TYGACIL ( <i>Use tigecycline</i> )	9	
TYGACIL ( <i>Use tigecycline</i> )	1	
<b>Tetracyclines</b>		
ACTICLATE TABS ( <i>Use doxycycline hyclate</i> )	9	
<i>demeclocycline hcl TABS</i>	1	
DORYX TBEC 50 MG, 80 MG, 200 MG ( <i>Use doxycycline hyclate</i> )	1	PA
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>	1	PA
<i>doxycycline (monohydrate) SUSR</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 150 MG</i>	1	PA
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate SOLR</i>	1	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1	
<i>doxycycline hyclate TABS 50 MG, 75 MG, 150 MG</i>	1	PA
<i>doxycycline hyclate TBEC 75 MG, 80 MG, 100 MG, 200 MG</i>	1	PA
MINOCIN SOLR	1	
<i>minocycline hcl CAPS</i>	1	
<i>minocycline hcl TABS</i>	1	QL(2 ea daily); PA
<i>minocycline hcl TB24 45 MG, 55 MG, 65 MG, 90 MG, 105 MG, 115 MG, 135 MG</i>	1	PA
MINOLIRA TB24	1	AL(At least 12 yrs old); PA
SOLODYN TB24 55 MG, 65 MG, 105 MG, 115 MG (Use <i>minocycline hcl</i> )	9	
<i>tetracycline hcl CAPS</i>	1	PA
TETRACYCLINE HYDROCHLORIDE TABS	1	PA
TETRACYCLINE HYDROCHLORID TABS	1	PA
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i> )	1	
VIBRAMYCIN SUSR (Use <i>doxycycline (monohydrate)</i> )	9	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
METHIMAZOLE POWD	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	
<b>Thyroid Hormones</b>		
ADTHYZA TABS	1	MP
ARMOUR THYROID TABS 300 MG	1	MP
CYTOMEL TABS 5 MCG, 25 MCG (Use <i>liothyronine sodium</i> )	1	MP
CYTOMEL TABS 5 MCG, 25 MCG (Use <i>liothyronine sodium</i> )	1	MP
CYTOMEL TABS 50 MCG (Use <i>liothyronine sodium</i> )	9	MP
ERMEZA SOLN OR	1	PA
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	1	PA
LEVOTHYROXINE SODIUM SOLN IV	1	
LEVOTHYROXINE SODIUM SOLN IV	1	
<i>levothyroxine sodium SOLR IV</i>	1	
LEVOTHYROXINE SODIUM SOLR IV (Use <i>levothyroxine sodium</i> )	1	
<i>levothyroxine sodium TABS</i>	1	MP
<i>liothyronine sodium SOLN</i>	1	
<i>liothyronine sodium TABS</i>	1	MP
NIVA THYROID TABS	1	MP
SYNTHROID TABS (Use <i>levothyroxine sodium</i> )	1	MP
THYQUIDITY SOLN OR	1	QL(300 ml per 30 days retail; 300 ml per 30 days mail); PA

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Updated 04/01/2024

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TIROSINT CAPS	1	PA
TIROSINT CAPS ( <i>Use levothyroxine sodium</i> )	1	PA
TIROSINT CAPS 75 MCG, 100 MCG ( <i>Use levothyroxine sodium</i> )	9	
TIROSINT-SOL SOLN OR 13 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML	1	QL(30 ml per 30 days retail; 30 ml per 30 days mail); PA
TRIOSTAT SOLN ( <i>Use liothyronine sodium</i> )	9	

### TOXOIDS

#### Toxoid Combinations

ADACEL SUSP	1	AL(At least 19 yrs old)
BOOSTRIX SUSP	1	AL(At least 19 yrs old)
BOOSTRIX SUSY	1	AL(At least 19 yrs old)
DAPTACEL	1	AL(At least 19 yrs old)
INFANRIX	1	AL(At least 19 yrs old)
KINRIX SUSY	1	AL(At least 19 yrs old)
PEDIARIX SUSY	1	AL(At least 19 yrs old)
QUADRACEL SUSP	1	AL(At least 19 yrs old)
QUADRACEL SUSY	1	AL(At least 19 yrs old)
TDVAX SUSP	1	AL(At least 19 yrs old)
TENIVAC INJ	1	AL(At least 19 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	1	AL(At least 19 yrs old)

### ULCER DRUGS - Drugs to Treat Bowel, Intestine

Drug Name	Drug Tier	Requirements/Limits
<b>and Stomach Conditions</b>		
<b>Antispasmodics</b>		
ANASPAZ TBDP ( <i>Use hyoscyamine sulfate</i> )	9	
<i>atropine sulfate SOLN IV 0.4 MG/ML, 1 MG/ML</i>	1	
ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML ( <i>Use atropine sulfate</i> )	9	
ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML ( <i>Use atropine sulfate</i> )	1	
<i>atropine sulfate SOSY IJ</i>	1	
ATROPINE SULFATE SOSY IJ ( <i>Use atropine sulfate</i> )	1	
ATROPINE SULFATE SOSY IJ ( <i>Use atropine sulfate</i> )	9	
BELLADONNA/OPIUM 16.2 MG-60 MG	1	
BENTYL SOLN IM ( <i>Use dicyclomine hcl</i> )	1	
CUVPOSA SOLN OR ( <i>Use glycopyrrolate</i> )	1	
DARTISLA ODT TBDP	1	QL(3 ea daily); AL(At least 18 yrs old); PA
<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN IM</i>	1	
<i>dicyclomine hcl TABS</i>	1	
GLYCATE TABS	1	AL(At least 12 yrs old); PA
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1	
<i>glycopyrrolate SOSY IJ</i>	1	
GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML	1	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	

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Updated 04/01/2024

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GLYRX-PF SOLN IJ	1	
GLYRX-PF SOSY IJ 1 MG/5ML	1	
<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1	
<i>hyoscyamine sulfate</i> TABS 0.125 MG	1	
<i>hyoscyamine sulfate</i> TB12 0.375 MG	1	
<i>hyoscyamine sulfate</i> TBDP 0.125 MG	1	
LEVBID TB12 (Use <i>hyoscyamine sulfate</i> )	9	
LEVSIN/SL SUBL (Use <i>hyoscyamine sulfate</i> )	1	
LEVSIN TABS (Use <i>hyoscyamine sulfate</i> )	1	
ROBINUL FORTE TABS (Use <i>glycopyrrolate</i> )	1	
ROBINUL TABS (Use <i>glycopyrrolate</i> )	1	
<b>H-2 Antagonists</b>		
<i>cimetidine</i> TABS 800 MG	1	QL(1 ea daily); PA
<i>cimetidine</i> TABS 200 MG, 300 MG, 400 MG	1	QL(2 ea daily); PA; RX/OTC
<i>famotidine</i> in nacl SOLN	1	
<i>famotidine</i> SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	1	
<i>famotidine</i> SUSR	1	AL(Up to 6 yrs old); MP
<i>famotidine</i> TABS 40 MG	1	QL(2 ea daily); MP
<i>famotidine</i> TABS 20 MG	1	QL(4 ea daily); MP; RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i> )	9	MP; RX/OTC
PEPCID AC TABS (Use <i>famotidine</i> )	9	MP; RX/OTC
PEPCID TABS 40 MG (Use <i>famotidine</i> )	1	QL(2 ea daily); MP

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PEPCID TABS 20 MG (Use <i>famotidine</i> )	1	QL(4 ea daily); MP; RX/OTC
TAGAMET HB 200 TABS (Use <i>cimetidine</i> )	9	RX/OTC
TAGAMET HB TABS (Use <i>cimetidine</i> )	9	RX/OTC
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP (Use <i>sucralfate</i> )	1	
CARAFATE TABS (Use <i>sucralfate</i> )	1	
SUCRALFATE POWD	1	
<i>sucralfate</i> SUSP	1	
<i>sucralfate</i> TABS	1	
<b>Proton Pump Inhibitors</b>		
ACIPHEX TBEC (Use <i>rabeprazole sodium</i> )	1	QL(2 ea daily); MP
ACIPHEX TBEC (Use <i>rabeprazole sodium</i> )	9	MP
DEXILANT (Use <i>dexlansoprazole</i> )	1	QL(1 ea daily)
<i>dexlansoprazole</i>	1	QL(1 ea daily)
<i>esomeprazole magnesium</i> CPDR	1	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium</i> PACK 20 MG, 40 MG	1	PA
<i>esomeprazole magnesium</i> PACK	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA
<i>esomeprazole sodium</i> 40 MG	1	ST; PA
<i>lansoprazole</i> CPDR	1	QL(2 ea daily); MP
<i>lansoprazole</i> TBDD	1	QL(1 ea daily); PA; RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i> )	9	RX/OTC

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Oklahoma Complete Health

Updated 04/01/2024

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEXIUM 24HR CPDR (Use esomeprazole magnesium)	9	RX/OTC	PRILOSEC PACK 10 MG	3	QL(30 ea per 30 days retail; 30 ea per 30 days mail); ST; PA
NEXIUM I.V. 40 MG (Use esomeprazole sodium)	1	ST; PA	PROTONIX PACK (Use pantoprazole sodium)	9	ST
NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	9	QL(2 ea daily); RX/OTC	PROTONIX PACK (Use pantoprazole sodium)	3	QL(30 ea per 30 days retail; 30 ea per 30 days mail); ST
NEXIUM CPDR 40 MG (Use esomeprazole magnesium)	1	QL(2 ea daily)	PROTONIX SOLR (Use pantoprazole sodium)	9	ST; PA
NEXIUM PACK (Use esomeprazole magnesium)	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail)	PROTONIX SOLR (Use pantoprazole sodium)	2	QL(10 ea per 10 days retail; 10 ea per 10 days mail); ST; PA
NEXIUM PACK	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail)	PROTONIX TBEC 20 MG (Use pantoprazole sodium)	9	QL(4 ea daily); MP
omeprazole CPDR 40 MG	1	QL(2 ea daily); MP	PROTONIX TBEC 40 MG (Use pantoprazole sodium)	1	QL(4 ea daily); MP
omeprazole CPDR 10 MG	1	QL(3 ea daily); MP	rabeprazole sodium TBEC	1	QL(2 ea daily); MP
omeprazole CPDR 20 MG	1	QL(4 ea daily); MP	VOQUEZNA	1	QL(1 ea daily); AL(At least 18 yrs old); PA
pantoprazole sodium PACK	3	QL(30 ea per 30 days retail; 30 ea per 30 days mail); ST	<b>Ulcer Drugs - Prostaglandins</b>		
pantoprazole sodium SOLR	2	ST; PA	CYTOTEC (Use misoprostol)	1	
pantoprazole sodium TBEC	1	QL(4 ea daily); MP	misoprostol	1	
PREVACID 24HR CPDR (Use lansoprazole)	9	MP; RX/OTC	<b>Ulcer Therapy Combinations</b>		
PREVACID SOLUTAB TBDD (Use lansoprazole)	9	QL(1 ea daily)	bismuth subcitrate potassium-metronidazole-tetracycline	1	PA
PREVACID SOLUTAB TBDD 15 MG (Use lansoprazole)	9	RX/OTC	KONVOMEPEP SUSR	1	AL(At least 18 yrs old); PA
PREVACID CPDR 30 MG (Use lansoprazole)	9	QL(2 ea daily); MP	omeprazole-sodium bicarbonate CAPS	1	QL(1 ea daily); PA; RX/OTC
			omeprazole-sodium bicarbonate PACK	1	QL(30 ea per 30 days retail; 30 ea per 30 days mail); PA

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Oklahoma Complete Health

Updated 04/01/2024

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PYLERA (Use bismuth subcitrate potassium-metronidazole-tetracycline)	1		DITROPAN XL TB24 10 MG (Use oxybutynin chloride)	9	MP
TALICIA	1	QL(168 ea per 14 days retail; 168 ea per 14 days mail); PA	fesoterodine fumarate 4 MG	1	QL(2 ea daily); MP
VOQUEZNA DUAL PAK	1	AL(At least 18 yrs old); PA	fesoterodine fumarate 8 MG	1	QL(1 ea daily); MP
VOQUEZNA TRIPLE PAK	1	AL(At least 18 yrs old); PA	GELNIQUE GEL 10 %	1	ST
ZEGERID CAPS 1100 MG-40 MG (Use omeprazole-sodium bicarbonate)	9	QL(1 ea daily)	oxybutynin chloride SOLN	1	
ZEGERID CAPS 1100 MG-20 MG (Use omeprazole-sodium bicarbonate)	1	QL(1 ea daily); PA; RX/OTC	oxybutynin chloride TABS 5 MG	1	QL(4 ea daily); MP
ZEGERID PACK 1680 MG-40 MG (Use omeprazole-sodium bicarbonate)	9	PA	oxybutynin chloride TABS 2.5 MG	1	QL(4 ea daily); PA
ZEGERID PACK (Use omeprazole-sodium bicarbonate)	9	QL(30 ea per 30 days retail; 30 ea per 30 days mail)	oxybutynin chloride TB24 10 MG	1	QL(3 ea daily); MP
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>			oxybutynin chloride TB24 5 MG	1	QL(6 ea daily); MP
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			oxybutynin chloride TB24 15 MG	1	QL(2 ea daily); MP
darifenacin hydrobromide	1	QL(1 ea daily); PA	solifenacin succinate TABS 5 MG	1	QL(2 ea daily); MP
DETROL LA CP24 2 MG (Use tolterodine tartrate)	1	QL(1 ea daily); ST; PA	solifenacin succinate TABS 10 MG	1	QL(1 ea daily); MP
DETROL LA CP24 (Use tolterodine tartrate)	9	QL(1 ea daily); ST	tolterodine tartrate CP24	1	QL(1 ea daily); ST; PA
DETROL TABS (Use tolterodine tartrate)	9	ST	tolterodine tartrate TABS	1	ST; PA
DITROPAN XL TB24 5 MG (Use oxybutynin chloride)	9	QL(6 ea daily); MP	TOVIAZ 8 MG (Use fesoterodine fumarate)	1	QL(1 ea daily); MP
			TOVIAZ 4 MG (Use fesoterodine fumarate)	1	QL(2 ea daily); MP
			tropium chloride CP24	1	ST; PA
			tropium chloride TABS	1	QL(2 ea daily); MP
			VESICARE LS SUSP	1	QL(300 ml per 30 days retail; 300 ml per 30 days mail); AL(At least 2 yrs old - Up to 10 yrs old)
			VESICARE TABS 5 MG (Use solifenacin succinate)	9	QL(2 ea daily); MP

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Oklahoma Complete Health

Updated 04/01/2024



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VESICARE TABS 10 MG (Use solifenacin succinate)	1	QL(1 ea daily); MP	MENQUADFI	1	AL(At least 19 yrs old)
VESICARE TABS 10 MG (Use solifenacin succinate)	9	MP	MENVEO SOLN	1	AL(At least 19 yrs old)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			MENVEO SOLR	1	AL(At least 19 yrs old)
GEMTESA	1	QL(1 ea daily); PA	PEDVAX HIB SUSP	1	AL(At least 19 yrs old)
MYRBETRIQ SRER	1	QL(300 ml per 30 days retail; 300 ml per 30 days mail); AL(At least 3 yrs old - Up to 10 yrs old); ST; PA	PENBRAYA	1	AL(At least 19 yrs old)
MYRBETRIQ TB24	1	QL(1 ea daily); ST; PA	PNEUMOVAX 23	1	AL(At least 19 yrs old)
Urinary Antispasmodics - Cholinergic Agonists			PNEUMOVAX 23/1 DOSE	1	AL(At least 19 yrs old)
<i>bethanechol chloride 10 MG, 50 MG</i>	1	QL(4 ea daily)	PREVNAR 13	1	AL(At least 19 yrs old)
<i>bethanechol chloride 25 MG</i>	1	QL(8 ea daily)	PREVNAR 20	1	AL(At least 19 yrs old)
<i>bethanechol chloride 5 MG</i>	1		TRUMENBA	1	AL(At least 19 yrs old)
Urinary Antispasmodics - Direct Muscle Relaxants			TYPHIM VI SOLN	1	AL(At least 19 yrs old)
<i>flavoxate hcl</i>	1		TYPHIM VI SOSY	1	AL(At least 19 yrs old)
<b>VACCINES</b>			VAXCHORA	1	AL(At least 19 yrs old)
Bacterial Vaccines			VAXNEUVANCE	1	AL(At least 19 yrs old)
ACTHIB SOLR IM	1	AL(At least 19 yrs old)	VIVOTIF	1	AL(At least 19 yrs old)
BCG VACCINE	1	AL(At least 19 yrs old)	Viral Vaccines		
BEXSERO	1	AL(At least 19 yrs old)	ABRYSVO	1	AL(At least 19 yrs old)
BIOTHRAX	1	AL(At least 19 yrs old)	AFLURIA QUADRIVALENT 2021-2022 SUSP	1	AL(At least 19 yrs old)
HIBERIX SOLR IJ	1	AL(At least 19 yrs old)	AFLURIA QUADRIVALENT 2021-2022 SUSY	1	AL(At least 19 yrs old)
MENACTRA	1	AL(At least 19 yrs old)	AFLURIA QUADRIVALENT 2022-2023 SUSP	1	AL(At least 19 yrs old)
			AFLURIA QUADRIVALENT 2022-2023 SUSY	1	AL(At least 19 yrs old)

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AFLURIA QUADRIVALENT 2023-2024 SUSP	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	FLUBLOK QUADRIVALENT 2022-2023	1	AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2023-2024 SUSY	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	FLUBLOK QUADRIVALENT 2023-2024	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)
AREXVY	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	1	AL(At least 19 yrs old)
COMIRNATY 2023-24 SUSP	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	1	AL(At least 19 yrs old)
COMIRNATY 2023-24 SUSY	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	1	AL(At least 19 yrs old)
COMIRNATY SUSP	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	1	AL(At least 19 yrs old)
DENGVAXIA	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)
ENGERIX-B SUSY	1	AL(At least 19 yrs old)	FLULAVAL QUADRIVALENT 2021-2022 SUSY	1	AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2021-2022	1	AL(At least 19 yrs old)	FLULAVAL QUADRIVALENT 2022-2023 SUSY	1	AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2022-2023	1	AL(At least 19 yrs old)	FLULAVAL QUADRIVALENT 2023-2024 SUSY	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2023-2024	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	FLUMIST QUADRIVALENT	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)
FLUARIX QUADRIVALENT 2021-2022 SUSY	1	AL(At least 19 yrs old)			
FLUARIX QUADRIVALENT 2022-2023 SUSY	1	AL(At least 19 yrs old)			
FLUARIX QUADRIVALENT 2023-2024 SUSY	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)			
FLUBLOK QUADRIVALENT 2021-2022	1	AL(At least 19 yrs old)			

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.  
Oklahoma Complete Health

Updated 04/01/2024

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FLUZONE HIGH-DOSE PF 2021-2022	1	AL(At least 19 yrs old)	IMOVAX RABIES (H.D.C.V.) SUSR	1	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	1	AL(At least 19 yrs old)	IPOL INACTIVATED IPV	1	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2023-2024	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	IXCHIQ	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSP	1	AL(At least 19 yrs old)	IXIARO	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSY	1	AL(At least 19 yrs old)	JANSSEN COVID-19 VACCINE	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSP	1	AL(At least 19 yrs old)	JYNNEOS	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSY	1	AL(At least 19 yrs old)	M-M-R II SOLR	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2023-2024 SUSP	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2023-2024 SUSY	1	1 rtl MAX fill; 180 rtl day(s) supply; AL(At least 19 yrs old)	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	1	AL(At least 19 yrs old)
GARDASIL 9 SUSP	1	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old - Up to 45 yrs old)	MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	1	AL(At least 19 yrs old)
GARDASIL 9 SUSY	1	3 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old - Up to 45 yrs old)	MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	1	AL(At least 19 yrs old)
HAVRIX	1	AL(At least 19 yrs old)	MODERNA COVID-19 VACCINE6-11Y SUSP	1	AL(At least 19 yrs old)
HEPLISAV-B SOSY	1	AL(At least 19 yrs old)	MODERNA COVID-19 VACCINE6MO-5Y SUSP	1	AL(At least 19 yrs old)
			MODERNA COVID-19 VACCINE SUSP	1	AL(At least 19 yrs old)
			NOVAVAX COVID-19 VACCINE	1	AL(At least 19 yrs old)
			NOVAVAX COVID-19 VACCINE/2023-24	1	AL(At least 19 yrs old)
			PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	1	AL(At least 19 yrs old)
			PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	1	AL(At least 19 yrs old)

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PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	1	AL(At least 19 yrs old)	SHINGRIX	1	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 50 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	1	AL(At least 19 yrs old)	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	1	AL(At least 19 yrs old)	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	1	AL(At least 19 yrs old)	SPIKEVAX COVID-19 VACCINE SUSP	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	1	AL(At least 19 yrs old)	STAMARIL SUSR	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	1	AL(At least 19 yrs old)	TICOVAC	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE SUSP	1	AL(At least 19 yrs old)	TWINRIX SUSY	1	AL(At least 19 yrs old)
PREHEVBRIO	1	AL(At least 19 yrs old)	VAQTA	1	AL(At least 19 yrs old)
PRIORIX SUSR	1	AL(At least 19 yrs old)	VARIVAX INJ	1	2 rtl MAX fill; 999 rtl day(s) supply; AL(At least 19 yrs old)
PROQUAD SUSR	1	AL(At least 19 yrs old)	YF-VAX INJ	1	AL(At least 19 yrs old)
RABAVERT	1	AL(At least 19 yrs old)	<b>VAGINAL AND RELATED PRODUCTS</b>		
RECOMBIVAX HB SUSP	1	AL(At least 19 yrs old)	<b>Spermicides</b>		
RECOMBIVAX HB SUSY	1	AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE FILM FILM	1	
ROTARIX SUSP	1	AL(At least 19 yrs old)	<b>Vaginal Anti-infectives</b>		
ROTARIX SUSR	1	AL(At least 19 yrs old)	CLEOCIN CREA ( <i>Use clindamycin phosphate vaginal</i> )	1	
ROTATEQ SOLN	1	AL(At least 19 yrs old)	CLEOCIN SUPP	1	
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	1	AL(At least 19 yrs old)	<i>clindamycin phosphate vaginal CREA</i>	1	
			CLINDESSE	1	
			<i>metronidazole vaginal</i>	1	
			NUVESSA	1	QL(5 gm per fill retail); PA
			<i>terconazole vaginal CREA</i>	1	
			<i>terconazole vaginal SUPP</i>	1	

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Oklahoma Complete Health

Updated 04/01/2024

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VANDAZOLE	1	QL(70 gm per fill retail)	<i>epinephrine (anaphylaxis) SOLN</i>	1	
XACIATO GEL	1	QL(8 gm per fill retail); PA	EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	1	
Vaginal Contraceptive - pH Modulators			EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	9	
PHEXXI	1	PA	EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )	1	
Vaginal Estrogens			Neurogenic Orthostatic Hypotension (NOH) - Agents		
ESTRACE CREA (Use <i>estradiol vaginal</i> )	9	QL(42.5 gm per 28 days retail; 42 gm per 28 days mail)	<i>droxidopa 100 MG, 200 MG</i>	1	QL(3 ea daily); AL(At least 18 yrs old); PA
<i>estradiol vaginal CREA</i>	1	QL(42.5 gm per 28 days retail; 42 gm per 28 days mail)	<i>droxidopa 300 MG</i>	1	QL(6 ea daily); AL(At least 18 yrs old); PA
<i>estradiol vaginal TABS</i>	1		NORTHERA 100 MG, 200 MG (Use <i>droxidopa</i> )	1	QL(3 ea daily); AL(At least 18 yrs old); PA
ESTRING RING	1		NORTHERA 300 MG (Use <i>droxidopa</i> )	1	QL(6 ea daily); AL(At least 18 yrs old); PA
FEMRING	1		Vasopressors		
PREMARIN	1	QL(30 gm per 28 days retail; 30 gm per 28 days mail)	AKOVAZ SOLN IV (Use <i>ephedrine sulfate (pressors)</i> )	9	
VAGIFEM TABS (Use <i>estradiol vaginal</i> )	1		AKOVAZ SOLN IV (Use <i>ephedrine sulfate (pressors)</i> )	1	
Vaginal Progestins			AKOVAZ SOSY IV	1	
ENDOMETRIN INST	1	AL(At least 12 yrs old - Up to 55 yrs old); PA	BIORPHEN SOLN IV	1	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			EMERPHED SOLN IV	1	
Anaphylaxis Therapy Agents			EMERPHED SOSY IV	1	
ADRENALIN SOLN 1 MG/ML (Use <i>epinephrine (anaphylaxis)</i> )	9		<i>ephedrine sulfate (pressors) SOLN IV</i>	1	
ADRENALIN SOLN 1 MG/ML, 30 MG/30ML (Use <i>epinephrine (anaphylaxis)</i> )	1		EPHEDRINE SULFATE SOLN IV	1	
AUVI-Q SOAJ	1		<i>epinephrine SOSY IJ</i>	1	
<i>epinephrine (anaphylaxis) SOAJ</i>	1		EPINEPHRINE SOSY IV 1 MG/10ML	1	

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IMMPHENTIV SOLN IV	1		<i>ergocalciferol SOLN OR 8000 UNIT/ML</i>	1	AL(Up to 20 yrs old); PA
LEVOPHED IV ( <i>Use norepinephrine bitartrate</i> )	1		MEPHYTON TABS ( <i>Use phytonadione</i> )	9	
LEVOPHED IV ( <i>Use norepinephrine bitartrate</i> )	9		<i>phytonadione SOLN 1 MG/0.5ML</i>	1	QL(0.5 ml per fill retail)
<i>midodrine hcl</i>	1		<i>phytonadione SOLN 10 MG/ML</i>	1	
<i>norepinephrine bitartrate IV</i>	1		<i>phytonadione TABS 5 MG</i>	1	
NOREPINEPHRINE BITARTRATE/DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML	1		VITAMIN D3 LIQD OR 5000 UNIT/ML	1	PA
NOREPINEPHRINE BITARTRATE/SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	1		<i>vitamin e SOLN 15 MG/0.67ML</i>	1	PA
<i>phenylephrine hcl (pressors) SOLN IV 10 MG/ML</i>	1	AL(Up to 20 yrs old)	Water Soluble Vitamins		
PHENYLEPHRINE HYDROCHLORIDE SOLN IV ( <i>Use phenylephrine hcl (pressors)</i> )	9	AL(Up to 20 yrs old)	THIAMINE HCL POWD	1	PA; RX/OTC
VAZCULEP SOLN IV ( <i>Use phenylephrine hcl (pressors)</i> )	9	AL(Up to 20 yrs old)			
<b>VITAMINS</b>					
Oil Soluble Vitamins					
<i>cholecalciferol CHEW 1000 UNIT</i>	1	PA			
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	1	PA			
DRISDOL CAPS ( <i>Use ergocalciferol</i> )	1	PA			
D-VI-SOL LIQD OR ( <i>Use cholecalciferol</i> )	9				
<i>ergocalciferol CAPS</i>	1	PA			

1 = Preferred, 2 = Nonpreferred, step through Tier 1 or PA Rqrd, 3 = Nonpreferred, step through Tier 2 or PA Rqrd, 9 = Non-Formulary  
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.  
Oklahoma Complete Health

Updated 04/01/2024

# INDEX

1ST TIER UNIFINE PENTIPS/MINI/31GX5MM .....144	ABILIFY ASIMTUFII PRSY 720 MG/2.4ML .....77	ACCOLATE (Use zafirlukast) .....23
1ST TIER UNIFINE PENTIPS29GX12MM .....144	ABILIFY ASIMTUFII PRSY 960 MG/3.2ML .....77	ACCOLATE 20 MG (Use zafirlukast) . 23
1ST TIER UNIFINE PENTIPS31GX6MM .....144	ABILIFY MAINTENA PRSY .....77	ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT .....134
1ST TIER UNIFINE PENTIPS31GX8MM .....144	ABILIFY MAINTENA SRER .....77	ACCU-CHEK FASTCLIX LANCETS . 134
1ST TIER UNIFINE PENTIPS32GX4MM .....144	ABILIFY MYCITE MAINTENANCE KIT .....77	ACCU-CHEK GUIDE STRP .....106
1ST TIER UNIFINE PENTIPS32GX6MM .....144	ABILIFY MYCITE STARTER KIT .77	ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT .....134
1ST TIER UNIFINE PENTIPS33GX4MM .....144	ABILIFY TABS (Use aripiprazole) .77	ACCU-CHEK SAFE-T-PRO LANCETS .....134
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM .....144	abiraterone acetate 250 MG .....65	ACCU-CHEK SAFE-T-PRO PLUSLANCETS .....134
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM .....144	abiraterone acetate 500 MG .....65	ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT .....134
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM .....144	ABLYSINOL .....88	ACCU-CHEK SOFTCLIX LANCETS 134
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM 144	ABOUTTIME PEN NEEDLE 32GX 5/32" .....144	ACCUPRIL 10 MG, 20 MG, 40 MG (Use quinapril hcl) .....53
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12 MM .....144	ABOUTTIME PEN NEEDLES 30GX 5/16" .....145	ACCUPRIL 5 MG (Use quinapril hcl) . 53
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM .....144	ABOUTTIME PEN NEEDLES 31G X 3/16" .....145	ACCURETIC (Use quinapril- hydrochlorothiazide) .....55
1ST TIER UNILET COMFORTOUCH LANCETS 28G .....134	ABRAXANE .....71	ACE AEROSOL CLOUD ENHANCER MISC .....176
1ST TIER UNILET COMFORTOUCH LANCETS 30G .....134	ABRILADA 1-PEN KIT AJKT .....7	acebutolol hcl CAPS 200 MG .....82
abacavir sulfate SOLN .....77	ABRILADA 2-PEN KIT AJKT .....7	acebutolol hcl CAPS 400 MG .....82
abacavir sulfate TABS .....77	ABRILADA PSKT .....7	ACETADOTE SOLN (Use acetylcysteine (antidote)) .....46
abacavir sulfate-lamivudine .....77	ABRYSVO .....217	acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML .....12
ABECMA .....64	ABSORICA (Use isotretinoin) .....95	acetaminophen w/ codeine SOLN .15
	ABSORICA 10 MG, 25 MG, 30 MG, 35 MG, 40 MG (Use isotretinoin) ..95	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60
	ABSORICA LD .....95	
	acamprosate calcium .....206	
	acarbose 25 MG, 100 MG .....39	
	acarbose 50 MG .....39	

MG-300 MG .....	15	ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate) .....	116	ADALIMUMAB-ADAZ SOSY .....	7
acetazolamide CP12 .....	110	ACTONEL TABS 150 MG (Use risedronate sodium) .....	112	ADALIMUMAB-ADBM AJKT .....	7
acetazolamide sodium .....	110	ACTONEL TABS 35 MG (Use risedronate sodium) .....	112	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT .	7
acetazolamide TABS .....	110	ACTOPLUS MET TABS 500 MG-15 MG (Use pioglitazone hcl-metformin hcl) .....	39	ADALIMUMAB-ADBM PSKT 10 MG/0.2ML, 20 MG/0.4ML .....	7
acetic acid (otic) .....	203	ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl) .....	39	ADALIMUMAB-ADBM PSKT 40 MG/0.8ML .....	7
acetic acid 0.25 % .....	122	ACTOS 15 MG (Use pioglitazone hcl) .....	45	ADALIMUMAB-ADBM PSKT 40 PSORIASIS/UEVITIS STARTER AJKT .....	7
acetylcysteine (antidote) SOLN ....	46	ACTOS 30 MG, 45 MG (Use pioglitazone hcl) .....	45	ADALIMUMAB-FKJP AJKT .....	7
ACETYLCYSTEINE POWD .....	94	ACTHIB SOLR IM .....	217	ADALIMUMAB-FKJP PSKT 20 MG/0.4ML .....	7
acetylcysteine SOLN .....	94	ACTICLATE TABS (Use doxycycline hyclate) .....	211	ADALIMUMAB-FKJP PSKT 40 MG/0.8ML .....	7
ACIPHEX TBEC (Use rabeprazole sodium) .....	214	ACTI-LANCE LANCETS 28G ....	134	adapalene GEL 0.3 % .....	95
acitretin .....	97	ACTI-LANCE LITE SAFETY LANCETS 28G .....	134	ADBRY .....	103
ACTEMRA ACTPEN SOAJ .....	9	ACTI-LANCE SPECIAL SAFETY LANCETS 17G .....	134	ADCIRCA TABS (Use tadalafil (pulmonary hypertension)) .....	87
ACTEMRA SOLN .....	9	ACTI-LANCE SPECIAL SAFETYLANCETS 17G .....	134	ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG (Use amphetamine-dextroamphetamine) .	1
ACTHIB SOLR IM .....	217	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G .....	134	ADDERALL TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG- 3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG (Use amphetamine- dextroamphetamine) .....	1
ACTICLATE TABS (Use doxycycline hyclate) .....	211	ACTIMMUNE .....	71	ADDERALL TABS 7.5 MG-7.5 MG- 7.5 MG-7.5 MG (Use amphetamine- dextroamphetamine) .....	1
ACTI-LANCE LANCETS 28G ....	134	ACTIQ LPOP (Use fentanyl citrate) 12		ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .	1
ACTI-LANCE LITE SAFETY LANCETS 28G .....	134	ADAKVEO .....	126	ADEMPAS .....	88
ACTI-LANCE SPECIAL SAFETY LANCETS 17G .....	134	ADALIMUMAB-AACF (2 PEN) AJKT .	7	adenosine (diagnostic) .....	106
ACTI-LANCE SPECIAL SAFETYLANCETS 17G .....	134	ADALIMUMAB-ADAZ SOAJ .....	7		
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G .....	134				
ACTIMMUNE .....	71				
ACTIQ LPOP (Use fentanyl citrate) 12					
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (Use fentanyl citrate) .....	12				
ACTIVASE IV .....	125				



adenosine SOLN 6 MG/2ML, 12 MG/4ML .....	22	100/0.5ML/29GX1/2" .....	145	AEROCHAMBER PLUS FLOW- VU/INTERMEDIATE MASK DEVI	176
ADLARITY PTWK .....	206	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16" .....	145	AEROCHAMBER PLUS FLOW- VU/LARGE MASK DEVI .....	176
ADMELOG SOLN IJ .....	42	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16" .....	145	AEROCHAMBER PLUS FLOW- VU/LARGE MASK MISC .....	176
ADMELOG SOLOSTAR SOPN ...	42	ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2" .....	145	AEROCHAMBER PLUS FLOW- VU/MASK MISC .....	176
ADRENALIN SOLN 1 MG/ML (Use epinephrine (anaphylaxis)) .....	221	ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16" .....	145	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK DEVI .....	176
ADRENALIN SOLN 1 MG/ML, 30 MG/30ML (Use epinephrine (anaphylaxis)) .....	221	ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16" .....	145	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK MISC .....	176
ADSTILADRIN .....	64	ADVOCATE LANCETS .....	134	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK MISC .....	176
ADTHYZA TABS .....	212	ADVOCATE LANCETS 30G .....	134	AEROCHAMBER PLUS FLOW- VU/SMALL MASK DEVI .....	176
ADUHELM .....	206	ADVOCATE LANCING DEVICE MISC .....	134	AEROCHAMBER PLUS FLOW- VU/SMALL MASK MISC .....	176
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol) .....	25	ADVOCATE RAPID-SAFE LANCING DEVICE MISC .....	134	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC .....	176
ADVAIR HFA AERO .....	25	ADVOCATE SAFETY LANCETS 134		AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC .....	176
ADVANCED MOBILE LANCET 30G 134		ADVOCATE SAFETY LANCETS 26G .....	134	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC .....	176
ADVIN COVID-19 ANTIGEN HOME TEST KIT .....	106	ADYNOVATE .....	123	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC .....	176
ADVOCATE INSULIN PEN NEEDLES .....	145	ADZENYS XR-ODT TBED .....	1	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC .....	176
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM .....	145	ADZYNMA .....	124	AEROCOLCHAMBER MINI AEROSOLCHAMBER DEVI .....	176
ADVOCATE INSULIN PEN NEEDLES 31GX5MM .....	145	AEMCOLO .....	57	AEROCOLCHAMBER MV MISC .....	176
ADVOCATE INSULIN PEN NEEDLES 31GX8MM .....	145	AEROCHAMBER PLUS FLOW VU MISC .....	176	AEROTRACH PLUS MISC .....	176
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2" .....	145	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI .....	176	AFINITOR DISPERZ TBSO (Use everolimus) .....	67
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16" .....	145	AEROCHAMBER PLUS FLOW-VU MISC .....	176	AFINITOR TABS (Use everolimus)	67
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16" .....	145			AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG (Use everolimus) .....	67

AFLURIA QUADRIVALENT 2021-2022 SUSP	217	AIRSUPRA	25	ALDACTONE TABS 25 MG (Use spironolactone)	111
AFLURIA QUADRIVALENT 2021-2022 SUSY	217	AJOVY SOAJ	178	ALDACTONE TABS 50 MG, 100 MG (Use spironolactone)	111
AFLURIA QUADRIVALENT 2022-2023 SUSP	217	AJOVY SOSY	178	ALDARA (Use imiquimod)	103
AFLURIA QUADRIVALENT 2022-2023 SUSY	217	AKEEGA	65	ALECENSA	67
AFLURIA QUADRIVALENT 2023-2024 SUSP	218	AKOVAZ SOLN IV (Use ephedrine sulfate (pressors))	221	alendronate sodium SOLN	112
AFLURIA QUADRIVALENT 2023-2024 SUSY	218	AKOVAZ SOSY IV	221	alendronate sodium TABS 10 MG	112
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	42	AKTEN	198	alendronate sodium TABS 35 MG	112
AFSTYLA 1500 UNIT, 2500 UNIT	123	AKYNZEO	47	alendronate sodium TABS 70 MG	112
AGAMATRIX ULTRA-THIN LANCETS 33G	134	AKYNZEO SOLN	47	alfuzosin hcl	122
AGAMREE	93	AKYNZEO SOLR	47	ALIMTA SOLR (Use pemetrexed disodium)	62
AGGRASTAT (Use tirofiban hcl in sodium chloride)	125	albendazole	19	ALINIA TABS (Use nitazoxanide)	58
AGGRASTAT 3.75 MG/15ML	124	ALBENDAZOLE	89	ALIQOPA	67
AGRYLIN 0.5 MG (Use anagrelide hcl)	125	ALBENZA (Use albendazole)	19	aliskiren fumarate	57
AIMOVIK 140 MG/ML	178	ALBUKED 25	124	ALKERAN (Use melphalan hcl)	61
AIMOVIK 70 MG/ML	178	ALBUKED 5	124	ALKERAN (Use melphalan)	61
AIRDUO DIGIHALER 113/14	25	ALBUMIN HUMAN	124	ALKINDI SPRINKLE CPSP	93
AIRDUO DIGIHALER 232/14	25	ALBUMINEX	124	allopurinol	122
AIRDUO DIGIHALER 55/14	25	ALBURX	124	ALLOPURINOL	122
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	25	ALBUTEIN	124	allopurinol sodium	122
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	25	albuterol sulfate AERS	25	almotriptan malate 12.5 MG	179
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	25	albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	25	almotriptan malate 6.25 MG	179
		albuterol sulfate SYRP	25	alogliptin benzoate	41
		albuterol sulfate TABS	25	alogliptin-metformin hcl	39
		ALCAINE (Use proparacaine hcl)	198	alogliptin-pioglitazone 30 MG-12.5 MG, 45 MG-25 MG	39
		alclometasone dipropionate CREA	99	ALOMIDE	200
		alclometasone dipropionate OINT	99		
		ALDACTAZIDE (Use spironolactone & hydrochlorothiazide)	110		

ALOPRIM (Use allopurinol sodium) 122	ALVESCO ..... 23	MG/100ML-1.18 GM/100ML ..... 195
alosetron hcl ..... 120	alvimopan ..... 120	amino acid infusion SOLN 1040 MG/100ML-2170 MG/100ML-592 MG/100ML-434 MG/100ML-1180
ALPHAGAN P 0.1 % (Use brimonidine tartrate) ..... 197	ALYMSYS ..... 63	MG/100ML-39 MG/100ML-1040 MG/100ML-749 MG/100ML-1040
ALPHAGAN P 0.15 % (Use brimonidine tartrate) ..... 197	amantadine hcl CAPS ..... 72	MG/100ML-894 MG/100ML-151
ALPHANATE SOLR ..... 123	amantadine hcl SOLN ..... 72	MEQ/L-960 MG/100ML-749 MG/100ML-250 MG/100ML-749
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT ..... 123	AMARYL (Use glimepiride) ..... 45	MG/100ML-1470 MG/100ML-894 MG/100ML-749 MG/100ML, 750 MG/100ML-1490 MG/100ML-795
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG ..... 21	AMBIEN CR TBCR (Use zolpidem tartrate) ..... 129	MG/100ML-1050 MG/100ML-1500 MG/100ML-258 MG/100ML-447 MG/100ML-450 MG/100ML-107.6
alprazolam TABS 2 MG ..... 21	AMBIEN TABS (Use zolpidem tartrate) ..... 129	MEQ/L-750 MG/100ML-600 MG/100ML-300 MG/100ML-990
alprazolam TB24 0.5 MG, 1 MG, 3 MG ..... 21	AMBISOME (Use amphotericin b liposome) ..... 48	MG/100ML-1527 MG/100ML-1083 MG/100ML-405 MG/100ML-1107
alprazolam TB24 2 MG ..... 21	ambrisentan ..... 87	MG/100ML-50 MEQ/L-1575 MG/100ML ..... 194
alprazolam TBDP 0.5 MG ..... 21	amcinonide CREA ..... 99	amino acids TABS ..... 195
alprazolam TBDP 2 MG ..... 21	AMELUZ GEL ..... 97	aminocaproic acid SOLN OR 0.25 GM/ML ..... 128
ALPROLIX ..... 123	AMERGE (Use naratriptan hcl) .. 179	aminocaproic acid TABS ..... 128
ALREX SUSP (Use loteprednol etabonate) ..... 199	AMICAR SOLN OR (Use aminocaproic acid) ..... 128	aminophylline SOLN ..... 28
ALTACE CAPS 1.25 MG (Use ramipril) ..... 53	AMICAR TABS (Use aminocaproic acid) ..... 128	amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML ..... 22
ALTACE CAPS 2.5 MG (Use ramipril) ..... 53	AMIDATE (Use etomidate) ..... 121	amiodarone hcl TABS ..... 22
ALTACE CAPS 5 MG, 10 MG (Use ramipril) ..... 53	amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML ..... 5	AMITIZA (Use lubiprostone) ..... 119
ALTOPREV TB24 20 MG, 40 MG . 51	amiloride & hydrochlorothiazide . 110	amitriptyline hcl TABS ..... 39
ALTUVIIIO ..... 123	amiloride hcl TABS ..... 111	AMJEVITA SOAJ 40 MG/0.8ML .... 7
ALUNBRIG TABS 180 MG ..... 67	amino acid infusion SOLN 1.04 GM/100ML-2.17 GM/100ML-592 MG/100ML-434 MG/100ML-39 MG/100ML-1.04 GM/100ML-749 MG/100ML-1.04 GM/100ML-894 MG/100ML-147.4 MEQ/L-960 MG/100ML-749 MG/100ML-250 MG/100ML-749 MG/100ML-1.47 GM/100ML-894 MG/100ML-749	AMJEVITA SOAJ ..... 7
ALUNBRIG TABS 30 MG, 90 MG . 67		AMJEVITA SOSY 10 MG/0.2ML .... 7
ALUNBRIG TBPK ..... 67		AMJEVITA SOSY 20 MG/0.2ML, 40 MG/0.4ML ..... 7
ALVAIZ ..... 126		AMJEVITA SOSY 20 MG/0.4ML .... 7
		AMJEVITA SOSY 40 MG/0.8ML .... 7

AMLODIPINE BESYLATE	89	amoxicillin TABS	204	hcl)	189
amlodipine besylate TABS 10 MG	.83	amphetamine sulfate TABS 10 MG	.1	AMVUTTRA	210
amlodipine besylate TABS 2.5 MG	83	amphetamine-dextroamphetamine		AMYTAL SODIUM	128
amlodipine besylate TABS 5 MG	.83	CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5		AMYVID	106
amlodipine besylate-atorvastatin calcium	86	MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25		ANAFRANIL (Use clomipramine hcl)	39
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	55	MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG	1	anagrelide hcl	125
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	55	amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125		ANAPROX DS TABS (Use naproxen sodium)	9
amlodipine besylate-benazepril hcl 40 MG-10 MG, 40 MG-5 MG	55	MG-3.125 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 9.375 MG-9.375		ANASPAZ TBDP (Use hyoscyamine sulfate)	213
amlodipine besylate-olmesartan medoxomil	55	MG-9.375 MG-9.375 MG	1	anastrozole	65
amlodipine besylate-valsartan	55	amphetamine-dextroamphetamine CP24 9.375 MG-9.375 MG-9.375		ANCOBON (Use flucytosine)	48
amlodipine-valsartan-hydrochlorothiazide	55	MG-9.375 MG	1	ANDEXXA 200 MG	46
AMMONUL (Use sod benzoate & sod phenylacetate)	114	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875		ANDRODERM PT24 4 MG/24HR	18
AMONDYS 45	191	MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125		ANDROGEL GEL TD (Use testosterone)	18
amoxapine	39	MG-3.125 MG-3.125 MG, 3.75 MG-3.75		ANDROGEL PUMP GEL TD 1.62 % (Use testosterone)	18
amoxicillin & pot clavulanate CHEW 204		MG-3.75 MG-3.75 MG, 5 MG-5 MG-5		ANECTINE SOLN	191
amoxicillin & pot clavulanate SUSR 204		MG-5 MG	1	ANGELIQ 0.5 MG-0.25 MG	116
amoxicillin & pot clavulanate TABS 204		amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5		ANGIOMAX SOLR (Use bivalirudin trifluoroacetate)	30
amoxicillin & pot clavulanate TB12 204		MG	1	ANNOVERA	92
amoxicillin CAPS	204	AMPHOTERICIN B	186	ANORO ELLIPTA	26
amoxicillin CHEW 125 MG, 250 MG	204	amphotericin b liposome	48	ANTARA 30 MG	51
amoxicillin SUSR	204	ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1		ANTIVENIN LATRODECTUS MACTANS	203
		GM	204	ANTIVENIN NORTH	
		ampicillin CAPS 500 MG	204	AMERICANCORAL SNAKE	203
		ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	204	ANTIVERT TABS 50 MG (Use meclizine hcl)	47
		AMPYRA (Use dalfampridine)	207	ANUSOL-HC EX (Use	
		AMRIX CP24 (Use cyclobenzaprine			

hydrocortisone (rectal))	19	AQINJECT PEN NEEDLE/32G X 5/32"	145	ARICEPT TABS 5 MG (Use donepezil hydrochloride)	206
ANZEMET TABS 50 MG	47	AQUALANCE LANCETS ULTRA THIN 30G	134	ARIKAYCE	5
APEXICON E CREA	99	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	126	ARIMIDEX (Use anastrozole)	65
APHEXDA	128	ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 200 MCG/0.4ML	126	aripiprazole SOLN OR	77
APIDRA SOLN	42	ARANESP ALBUMIN FREE SOSY 100 MCG/0.5ML	126	aripiprazole TABS	77
APIDRA SOLOSTAR SOPN	42	ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML	126	aripiprazole TBDP	77
APLENZIN	36	ARANESP ALBUMIN FREE SOSY 25 MCG/0.42ML	126	ARISTADA INITIO	77
APLISOL	106	ARANESP ALBUMIN FREE SOSY 300 MCG/0.6ML	126	ARIXTRA (Use fondaparinux sodium)	29
APOKYN SOCT	72	ARANESP ALBUMIN FREE SOSY 500 MCG/ML	126	armodafinil	3
apomorphine hydrochloride SOCT	72	ARAVA 10 MG (Use leflunomide)	11	ARMONAIR DIGIHALER	24
APONVIE EMUL	48	ARAVA 20 MG (Use leflunomide)	11	ARMOUR THYROID TABS 300 MG	212
apraclonidine hcl	197	ARCALYST	9	ARNUITY ELLIPTA	24
aprepitant CAPS	48	AREXVY	218	AROMASIN (Use exemestane)	65
aprepitant MISC	48	arformoterol tartrate	26	ARRANON (Use nelarabine)	62
APRETUDE	77	ARGATROBAN (Use argatroban)	30	arsenic trioxide	71
APRISO CP24 (Use mesalamine) 119		argatroban	30	ARTESUNATE	60
APTENSIO XR CP24 10 MG (Use methylphenidate hcl)	3	ARGATROBAN	30	ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	9
APTENSIO XR CP24 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (Use methylphenidate hcl)	3	ARGATROBAN/SODIUM CHLORIDE	30	ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	9
APTIOM 200 MG, 400 MG	31	ARICEPT TABS 10 MG (Use donepezil hydrochloride)	206	ARTISS KIT	128
APTIOM 600 MG, 800 MG	31	ARICEPT TABS 23 MG (Use donepezil hydrochloride)	206	ARTISS SOLN	128
APTIVUS CAPS	77			ASACOL HD TBEC (Use mesalamine)	119
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	145			ASCENIV	203
AQ INSULIN SYRINGE/1ML/29G X 1/2"	145			asenapine maleate	75
AQ INSULIN SYRINGE/1ML/31G X 5/16"	145			ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	24
AQINJECT PEN NEEDLE/31G X 3/16"	145			ASMANEX HFA AERO 50 MCG/ACT	24

ASMANEX TWISTHALER 120 METERED DOSES AEPB .....	24	NEEDLES 30G X 5/16" .....	145	MG, 40 MG .....	51
ASMANEX TWISTHALER 14 METERED DOSES AEPB .....	24	ASSURE LANCE LANCETS .....	134	atorvastatin calcium TABS 80 MG	.51
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH .....	24	ASSURE LANCE SAFETY LANCET 28G .....	134	atovaquone .....	58
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH .....	24	ASTAGRAF XL CP24 0.5 MG .....	183	atovaquone-proguanil hcl .....	60
ASMANEX TWISTHALER 60 METERED DOSES AEPB .....	24	ASTAGRAF XL CP24 1 MG, 5 MG 183		atracurium besylate 50 MG/5ML, 100 MG/10ML .....	193
ASPARLAS .....	70	ATACAND 16 MG (Use candesartan cilexetil) .....	54	atropine sulfate (ophthalmic) OINT 196	
aspirin CHEW .....	12	ATACAND 32 MG (Use candesartan cilexetil) .....	54	atropine sulfate (ophthalmic) SOLN 196	
aspirin TBEC 81 MG .....	12	ATACAND 4 MG, 8 MG (Use candesartan cilexetil) .....	54	ATROPINE SULFATE SOLN 1 % 196	
aspirin-dipyridamole .....	125	ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide) .....	55	ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML (Use atropine sulfate) .....	213
ASPRUZYO SPRINKLE PACK .....	19	atazanavir sulfate CAPS 150 MG, 200 MG .....	77	atropine sulfate SOLN IV 0.4 MG/ML, 1 MG/ML .....	213
ASSURE COMFORT LANCETS ULTRA THIN 28G .....	134	ATELVIA TBEC (Use risedronate sodium) .....	112	ATROPINE SULFATE SOSY IJ (Use atropine sulfate) .....	213
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G .....	134	atenolol & chlorthalidone .....	55	atropine sulfate SOSY IJ .....	213
ASSURE HAEMOLANCE PLUS LOW FLOW 25G .....	134	atenolol TABS 100 MG .....	82	ATROVENT HFA .....	23
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G .....	134	atenolol TABS 25 MG .....	82	AUBAGIO (Use teriflunomide) ...	207
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G .....	134	atenolol TABS 50 MG .....	82	AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) ....	204
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE .....	134	ATGAM .....	183	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....	204
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64" .....	145	ATIVAN SOLN (Use lorazepam) ..	21	AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate) 205	
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64" .....	145	ATIVAN TABS 0.5 MG, 1 MG (Use lorazepam) .....	21	AUGTYRO .....	67
ASSURE ID SAFETY PEN		ATIVAN TABS 2 MG (Use lorazepam) .....	21	AUM MINI INSULIN PEN NEEDLE/32GX4MM .....	145
		atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG, 60 MG .....	2	AUM MINI INSULIN PEN NEEDLE/32GX5MM .....	145
		atomoxetine hcl 80 MG, 100 MG ...	2	AUM MINI INSULIN PEN	
		ATORVALIQ SUSP .....	51	AUM MINI INSULIN PEN	
		atorvastatin calcium TABS 10 MG, 20			

NEEDLE/32GX6MM .....	145	AUTOLET PLUS MISC .....	135	MCG/SPRAY .....	190
AUM MINI INSULIN PEN NEEDLE/32GX8MM .....	145	AUVELITY .....	36	azelastine hcl-fluticasone propionate SUSP .....	190
AUM MINI INSULIN PEN NEEDLE/33GX4MM .....	145	AUVI-Q SOAJ .....	221	AZILECT (Use rasagiline mesylate) . 73	
AUM MINI INSULIN PEN NEEDLE/33GX5MM .....	145	AVALIDE 12.5 MG-150 MG (Use irbesartan-hydrochlorothiazide) ...	55	azithromycin PACK .....	132
AUM MINI INSULIN PEN NEEDLE/33GX6MM .....	145	AVALIDE 12.5 MG-300 MG (Use irbesartan-hydrochlorothiazide) ...	55	azithromycin SOLR .....	132
AUM SAFETY PEN NEEDLE/31G X 4MM .....	145	AVAPRO 150 MG, 300 MG (Use irbesartan) .....	54	azithromycin SUSR 100 MG/5ML	132
AUM SAFETY PEN NEEDLE/31G X 5MM .....	145	AVAPRO 75 MG (Use irbesartan) .	54	azithromycin SUSR 200 MG/5ML	132
AURORA PEN NEEDLES 29GX12MM .....	145	AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...	95	azithromycin TABS .....	132
AURORA PEN NEEDLES 31G X6MM .....	145	AVEED SOLN .....	18	AZOPT (Use brinzolamide) .....	200
AURORA PEN NEEDLES 31G X8MM .....	146	AVODART (Use dutasteride) ...	122	AZOR (Use amlodipine besylate- olmesartan medoxomil) .....	55
AURORA UNIFINE PENTIPS/32GX5/32" .....	146	AVONEX PEN AJKT .....	207	AZSTARYS .....	3
AURORA UNIFINE PENTIPS/MINI/31GX3/16" .....	146	AVONEX PSKT .....	207	aztreonam .....	59
AURYXIA .....	120	AVSOLA .....	119	AZULFIDINE EN-TABS TBEC (Use sulfasalazine) .....	119
AUSTEDO TABS .....	207	AVYCAZ .....	88	AZULFIDINE TABS (Use sulfasalazine) .....	119
AUSTEDO XR PATIENT TITRATION KIT TEPK .....	207	AYGESTIN TABS (Use norethindrone acetate) .....	205	BACIGUENT .....	197
AUSTEDO XR TB24 24 MG .....	207	AYVAKIT .....	66	bacitracin .....	57
AUSTEDO XR TB24 6 MG, 12 MG 207		azacitidine SUSR .....	62	bacitracin-polymyxin b (ophth) ...	197
AUTO-LANCET MINI MISC .....	134	AZACTAM 1 GM (Use aztreonam)	59	bacitracin-poly-neomycin-hc .....	199
AUTOLET IMPRESSION LANCING DEVICE MISC .....	134	AZACTAM 2 GM (Use aztreonam)	59	BACLOFEN POWD .....	189
AUTOLET LANCING DEVICE MISC . 134		AZASITE .....	197	baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML .....	189
		AZATHIOPRINE .....	183	baclofen SOLN OR 5 MG/5ML, 10 MG/5ML .....	189
		AZATHIOPRINE POWD .....	183	BACLOFEN SOSY .....	189
		azathioprine TABS 100 MG .....	183	baclofen SUSP .....	189
		azathioprine TABS 50 MG .....	184	baclofen TABS 10 MG, 20 MG ...	189
		azathioprine TABS 75 MG .....	184	baclofen TABS 5 MG .....	189
		azelastine hcl (ophth) .....	200		
		azelastine hcl 0.1 %, 137			

bacteriostatic sodium chloride ... 205	BD AUTOSHIELD DUO 30G X 5MM .....146	ULTRAFINE/1ML/30G X 1/2" .... 146
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ... 57	BD ECLIPSE SYRINGE/1ML/30GX1/2" .....146	BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM ..... 146
BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ... 58	BD INSULIN SYRINGE LUER- LOK/U-100/1ML .....146	BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM .....146
BAFIERTAM ..... 207	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" .....146	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" ..... 146
BALCOLTRA (Use levonorgestrel- ethinyl estradiol-iron) .....91	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" .....146	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" .....146
BALFAXAR .....123	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" 146	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM ..... 146
balsalazide disodium CAPS ..... 119	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" .146	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM ..... 146
BALVERSA 3 MG .....67	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" .146	BD INSULIN SYRINGE/1ML/27G X 12.7MM ..... 146
BALVERSA 4 MG .....67	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ..146	BD INSULIN SYRINGE/1ML/29G X 12.7MM ..... 146
BALVERSA 5 MG .....67	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM ..... 146	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2" ..... 147
BANZEL SUSP (Use rufinamide) ..31	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" 146	BD INSULIN SYRINGE/U- 500/0.5ML/31G X 6MM ..... 147
BANZEL TABS (Use rufinamide) ..31	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM .....146	BD MICROTAINER LANCETS .. 135
BAQSIMI ONE PACK POWD ..... 41	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..146	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM ..... 147
BAQSIMI TWO PACK POWD ..... 41	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM ..... 146	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM ..... 147
BARACLUDE SOLN .....80	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" 146	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM ..... 147
BARACLUDE TABS (Use entecavir) . 80	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM .....146	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" ..... 147
BARHEMSYS 10 MG/4ML ..... 47	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ..146	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM ..... 147
BASAGLAR KWIKPEN SOPN ..... 42	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM ..... 146	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM .....147
BASAGLAR TEMPO PEN SOPN .. 42	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" 146	
BAVENCIO .....63	BD INSULIN SYRINGE ULTRAFINE/1/2 UNIT/0.3ML/31G X 8MM 146	
BAXDELA SOLR ..... 118	BD INSULIN SYRINGE	
BAXDELA TABS .....118	BD INSULIN SYRINGE	
BCG VACCINE ..... 217	BD INSULIN SYRINGE	
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" 146	BD INSULIN SYRINGE	
BD 1/2ML TUBERCULIN SYRINGE/PERM NEEDLE/REG BEV/27G X 1/2" MISC .....146	BD INSULIN SYRINGE	



BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM .....147	BELBUCA FILM .....16	BEOVU SOSY .....197
BD SAFETYGLIDE 1ML 27GX5/8" 147	BELEODAQ .....67	bepotastine besilate .....201
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" ....147	BELLADONNA/OPIUM 16.2 MG-60 MG .....213	BEPREVE (Use bepotastine besilate) .....201
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" ..147	BELRAPZO SOLN .....61	BESIVANCE .....197
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ...147	BELSOMRA .....130	BESPONSA .....63
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" ....147	benazepril & hydrochlorothiazide .55	BESREMI .....71
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" ....147	benazepril hcl 10 MG .....53	betaine .....114
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" ....147	benazepril hcl 20 MG, 40 MG .....53	betamethasone dipropionate (topical) CREA .....99
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..147	benazepril hcl 5 MG .....53	betamethasone dipropionate (topical) LOTN .....99
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" ....147	bendamustine hcl SOLR .....61	betamethasone dipropionate (topical) OINT .....99
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..147	BENDAMUSTINE HYDROCHLORIDE SOLN .....61	betamethasone dipropionate augmented CREA .....99
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" 147	BENICAR 20 MG (Use olmesartan medoxomil) .....54	betamethasone dipropionate augmented LOTN .....100
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM .....147	BENICAR 40 MG (Use olmesartan medoxomil) .....54	betamethasone dipropionate augmented OINT .....100
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM .....147	BENICAR 5 MG (Use olmesartan medoxomil) .....54	betamethasone sod phosphate & acetate SUSP .....93
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM 147	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ..55	betamethasone valerate CREA ..100
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM .....147	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ..56	betamethasone valerate FOAM ..100
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.5ML/31G X 15/64" 147	BENLYSTA SOAJ .....185	betamethasone valerate LOTN ..100
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2&FLU A+B .....106	BENLYSTA SOSY .....186	betamethasone valerate OINT ...100
BECONASE AQ .....190	BENTYL SOLN IM (Use dicyclomine hcl) .....213	BETAPACE AF 120 MG (Use sotalol hcl (afib/af)) .....83
	BENZNIDAZOLE .....19	BETAPACE AF 160 MG (Use sotalol hcl (afib/af)) .....83
	BENZOCAINE .....89	BETAPACE AF 80 MG (Use sotalol hcl (afib/af)) .....83
	benzocaine-docusate sodium ENEM .131	BETAPACE TABS 120 MG (Use sotalol hcl) .....83
	benztropine mesylate SOLN .....72	
	benztropine mesylate TABS .....72	

BETAPACE TABS 160 MG (Use sotalol hcl) .....	83	BILTRICIDE (Use praziquantel) ...	19	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG .....	67
BETAPACE TABS 80 MG (Use sotalol hcl) .....	83	bimatoprost SOLN .....	202	bortezomib SOLR IJ .....	67
BETASERON KIT .....	208	BIMZELX SOAJ .....	97	bosentan TABS .....	87
betaxolol hcl (ophth) SOLN .....	195	BIMZELX SOSY .....	97	BOSULIF CAPS 100 MG .....	67
betaxolol hcl .....	82	BINAXNOW COVID-19 AG CARD HOME TEST KIT .....	106	BOSULIF CAPS 50 MG .....	67
BETHANECHOL CHLORIDE .....	89	BINOSTO TBEF .....	112	BOSULIF TABS .....	67
bethanechol chloride 10 MG, 50 MG . 217		BIORPHEN SOLN IV .....	221	BOTOX IJ .....	193
bethanechol chloride 25 MG .....	217	BIOTHRAX .....	217	BRAFTOVI 75 MG .....	67
bethanechol chloride 5 MG .....	217	bismuth subcitrate potassium- metronidazole-tetracycline .....	215	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	176
BETHKIS NEBU (Use tobramycin) .	5	bisoprolol & hydrochlorothiazide ..	56	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI .....	176
BETIMOL .....	195	bisoprolol fumarate 10 MG .....	82	BREO ELLIPTA 100 MCG/ACT-25 MCG/ACT, 200 MCG/INH-25	26
BETOPTIC-S SUSP .....	195	bisoprolol fumarate 5 MG .....	82	MCG/INH .....	26
BEVESPI AEROSPHERE .....	26	BIVALIRUDIN RTU SOLN (Use bivalirudin trifluoroacetate) .....	30	BREO ELLIPTA 50 MCG/INH-25 MCG/INH .....	26
bexarotene (topical) .....	97	bivalirudin trifluoroacetate SOLN ..	30	BREVIBLOC (Use esmolol hcl- sodium chloride) .....	82
bexarotene .....	71	bivalirudin trifluoroacetate SOLR ..	30	BREVIBLOC PREMIXED (Use esmolol hcl-sodium chloride) .....	82
BEXSERO .....	217	BIVIGAM SOLN .....	203	BREVIBLOC PREMIXED DOUBLESTRENGTH (Use esmolol hcl-sodium chloride) .....	82
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...	91	bleomycin sulfate .....	66	BREVIBLOC SOLN 100 MG/10ML (Use esmolol hcl) .....	82
BEYFORTUS .....	204	BLEPH-10 SOLN (Use sulfacetamide sodium (ophth)) .....	197	BREVITAL SODIUM SOLR 500 MG . 121	
bicalutamide .....	65	BLINCYTO .....	63	BREXAFEMME .....	48
BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML .....	205	BLOXIVERZ SOLN IV (Use neostigmine methylsulfate) .....	61	BREZTRI AEROSPHERE .....	26
BICILLIN L-A SUSY 600000 UNIT/ML .....	204	BLUDIGO IV .....	106	BRIDION .....	46
BICNU (Use carmustine) .....	61	BONIVA TABS (Use ibandronate sodium) .....	112	BRILINTA 60 MG .....	125
BIDIL (Use isosorbide dinitrate- hydralazine hcl) .....	86	BONJESTA TBCR .....	47	BRILINTA 90 MG .....	125
BIJUVA .....	117	BOOSTRIX SUSP .....	213		
BIKTARVY .....	77	BOOSTRIX SUSY .....	213		
		BORTEZOMIB SOLN .....	67		

brimonidine tartrate (topical) . . . . .	105	BRUKINSA . . . . .	67	buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG . . . . .	17
brimonidine tartrate 0.1 % . . . . .	197	BRYHALI LOTN . . . . .	100	buprenorphine hcl SOLN . . . . .	17
brimonidine tartrate 0.15 % . . . . .	197	BSS PLUS SOLN . . . . .	201	buprenorphine hcl SUBL 2 MG . . . . .	17
brimonidine tartrate 0.2 % . . . . .	197	BSS SOLN . . . . .	201	buprenorphine hcl SUBL 8 MG . . . . .	17
brimonidine tartrate-timolol maleate . 195		budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML . . . . .	24	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG . . . . .	17
BRINEURA . . . . .	114	budesonide (inhalation) SUSP 1 MG/2ML . . . . .	24	buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG . . . . .	17
brinzolamide . . . . .	201	budesonide (intrarectal) . . . . .	18	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG . . . . .	17
BRISDELLE (Use paroxetine mesylate (vasomotor)) . . . . .	210	budesonide CPEP . . . . .	93	buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG . . . . .	17
BRIUMVI . . . . .	208	budesonide TB24 . . . . .	93	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG . . . . .	17
BRIVIACT SOLN IV 50 MG/5ML . . . . .	31	budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT . . . . .	26	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG . . . . .	17
BRIVIACT SOLN OR 10 MG/ML . . . . .	31	budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT . . . . .	26	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG . . . . .	17
BRIVIACT TABS . . . . .	31	bumetanide SOLN 0.25 MG/ML . . . . .	111	buprenorphine PTWK . . . . .	17
BRIXADI SOSY 128 MG/0.36ML . . . . .	16	bumetanide TABS . . . . .	111	bupropion hcl (smoking deterrent) 209	
BRIXADI SOSY 16 MG/0.32ML . . . . .	16	BUMEX TABS 0.5 MG (Use bumetanide) . . . . .	111	bupropion hcl TABS . . . . .	36
BRIXADI SOSY 24 MG/0.48ML . . . . .	16	BUPHENYL POWD (Use sodium phenylbutyrate) . . . . .	114	bupropion hcl TB12 . . . . .	36
BRIXADI SOSY 32 MG/0.64ML . . . . .	16	BUPHENYL TABS (Use sodium phenylbutyrate) . . . . .	114	bupropion hcl TB24 150 MG, 300 MG . . . . .	36
BRIXADI SOSY 64 MG/0.18ML . . . . .	16	BUPIVACAINE FISIOPHARMA SOLN IJ . . . . .	131	bupropion hcl TB24 450 MG . . . . .	36
BRIXADI SOSY 8 MG/0.16ML . . . . .	16	bupivacaine hcl SOLN IJ . . . . .	131	buspirone hcl 5 MG, 10 MG, 15 MG 20	
BRIXADI SOSY 96 MG/0.27ML . . . . .	16	bupivacaine in dextrose SOLN . . . . .	131	buspirone hcl 7.5 MG, 30 MG . . . . .	20
bromfenac sodium (ophth) . . . . .	201	bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 % 131		busulfan SOLN . . . . .	61
bromocriptine mesylate CAPS . . . . .	72	BUPRENEX SOLN (Use buprenorphine hcl) . . . . .	17	BUSULFEX SOLN (Use busulfan) . . . . .	62
bromocriptine mesylate TABS 2.5 MG . . . . .	72			butalbital-acetaminophen CAPS 50 MG-300 MG . . . . .	12
BROMSITE (Use bromfenac sodium (ophth)) . . . . .	201			butalbital-acetaminophen TABS 50 MG-300 MG . . . . .	12
BRONCHITOL . . . . .	210				
BRONCHITOL TOLERANCE TEST . . . . .	210				
BROVANA (Use arformoterol tartrate) . . . . .	26				

butalbital-acetaminophen TABS 50 MG-325 MG .....	12	cabergoline .....	116	calcium carbonate (antacid) SUSP	19
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG .....	12	CABLIVI .....	125	calcium carbonate-cholecalciferol TABS .....	181
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....	12	CABOMETYX TABS .....	67	calcium carbonate-vitamin d TABS 250 MG-125 UNIT .....	181
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....	15	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium) .....	86	calcium chloride (dihydrate) SOLN	181
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....	15	CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate) .....	2	calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG .....	181
butalbital-aspirin-caffeine CAPS ...	12	caffeine & sodium benzoate .....	2	CALCIUM GLUCONATE SOLN (Use calcium gluconate) .....	181
butalbital-aspirin-caffeine w/cod ...	15	caffeine citrate SOLN IV 60 MG/3ML	2	calcium gluconate SOLN .....	181
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML .....	17	CALAN SR TBCR 120 MG, 180 MG (Use verapamil hcl) .....	84	CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN (Use calcium gluconate-sodium chloride) .....	181
butorphanol tartrate NA 10 MG/ML	17	CALAN SR TBCR 240 MG (Use verapamil hcl) .....	83	CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 % .....	181
BUTRANS PTWK (Use buprenorphine) .....	17	calcipotriene CREA .....	97	calcium gluconate-sodium chloride SOLN .....	181
BYDUREON BCISE AUIJ .....	41	CALCIPOTRIENE FOAM .....	98	CALDOLOR SOLN .....	9
BYETTA SOPN 10 MCG/0.04ML ..	42	calcipotriene OINT .....	98	CALQUENCE .....	67
BYETTA SOPN 5 MCG/0.02ML ...	41	calcipotriene SOLN .....	98	CAMBIA (Use diclofenac potassium (migraine)) .....	179
BYFAVO .....	129	calcipotriene-betamethasone dipropionate OINT .....	100	CAMCEVI .....	65
BYLVAY (PELLETS) CPSP .....	119	calcipotriene-betamethasone dipropionate SUSP .....	100	CAMINO PRO	
BYLVAY CAPS .....	119	calcitonin (salmon) IJ .....	112	COMPLETE/GLYTACTIN BAR ...	108
BYOOVIZ .....	197	calcitonin (salmon) NA .....	112	CAMPTOSAR (Use irinotecan hcl)	72
BYSTOLIC (Use nebivolol hcl) ...	82	calcitriol (topical) .....	98	CAMZYOS .....	86
BYSTOLIC 2.5 MG, 5 MG, 20 MG (Use nebivolol hcl) .....	82	calcitriol CAPS .....	114	CANASA SUPP (Use mesalamine)	119
CABENUVA 600 MG/2ML-400 MG/2ML .....	77	calcitriol SOLN IV .....	114		
CABENUVA 900 MG/3ML-600 MG/3ML .....	77	calcium acetate (phosphate binder) CAPS .....	120		
		calcium acetate (phosphate binder) TABS .....	120		

CANCIDAS (Use caspofungin acetate) .....	48	MG (Use carbamazepine) .....	31	diltiazem hcl coated beads) .....	84
candesartan cilexetil 32 MG .....	54	carbidopa .....	72	CARDIZEM LA TB24 120 MG, 240 MG, 300 MG, 420 MG (Use diltiazem hcl) .....	84
candesartan cilexetil 4 MG, 8 MG, 16 MG .....	54	carbidopa-levodopa TABS .....	72	CARDIZEM LA TB24 180 MG, 360 MG (Use diltiazem hcl) .....	84
candesartan cilexetil-hydrochlorothiazide .....	56	carbidopa-levodopa TBCR .....	72	CARDIZEM TABS 120 MG (Use diltiazem hcl) .....	84
capecitabine .....	62	carbidopa-levodopa TBDP 100 MG-25 MG .....	72	CARDIZEM TABS 30 MG, 60 MG (Use diltiazem hcl) .....	84
CAPLYTA .....	74	carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG .....	72	CARDURA 1 MG, 2 MG (Use doxazosin mesylate) .....	54
CAPRELSA .....	67	carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG ...	72	CARDURA 2 MG, 4 MG (Use doxazosin mesylate) .....	54
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG .....	56	carbidopa-levodopa-entacapone 200 MG-50 MG-200 MG .....	72	CARDURA 4 MG (Use doxazosin mesylate) .....	54
captopril & hydrochlorothiazide 25 MG-50 MG .....	56	carbinoxamine maleate SOLN ....	49	CARDURA 8 MG (Use doxazosin mesylate) .....	54
captopril .....	53	carbinoxamine maleate TABS 4 MG .	49	CARDURA XL .....	122
CARAC CREA (Use fluorouracil (topical)) .....	97	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML .....	62	CAREONE ADVANCED LANCINGDEVICE MISC .....	135
CARAFATE SUSP (Use sucralfate) 214		carboprost tromethamine SOLN .	203	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" ...	147
CARAFATE TABS (Use sucralfate) 214		CARBOPROST TROMETHAMINE SOSY .....	203	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" .	147
CARBAGLU (Use carglumic acid) 114		CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	84	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" ...	147
carbamazepine CHEW .....	31	cardioplegic soln .....	86	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" .	147
carbamazepine CP12 .....	31	CARDIZEM CD CP24 120 MG (Use diltiazem hcl coated beads) .....	84	CAREONE INSULIN SYRINGES/1ML/30G X 1/2" .....	147
carbamazepine SUSP .....	31	CARDIZEM CD CP24 180 MG (Use diltiazem hcl coated beads) .....	84	CAREONE INSULIN SYRINGES/1ML/31GX5/16" .....	148
carbamazepine TABS .....	31	CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads) .....	84	CAREONE LANCET SUPER THIN/30G .....	135
carbamazepine TB12 100 MG, 200 MG .....	31	CARDIZEM CD CP24 300 MG (Use diltiazem hcl coated beads) .....	84	CAREONE LANCET THIN .....	135
carbamazepine TB12 400 MG ....	31	CARDIZEM CD CP24 360 MG (Use			
CARBATROL CP12 100 MG (Use carbamazepine) .....	31				
CARBATROL CP12 200 MG, 300					

CAREONE UNIFINE PENTIPS 29GX12MM .....	148	100/1ML/28G X 5/16" .....	148	levocarnitine (metabolic modifiers)) 114
CAREONE UNIFINE PENTIPS 31GX5MM .....	148	CARETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 5/16" .....	148	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers)) .....
CAREONE UNIFINE PENTIPS 31GX6MM .....	148	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" .....	148	114
CAREONE UNIFINE PENTIPS 31GX8MM .....	148	CARETOUCH PEN NEEDLE 29GX1/2" .....	148	CARNITOR TABS (Use levocarnitine (metabolic modifiers)) .....
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM .....	148	CARETOUCH PEN NEEDLES 31G X 6 MM .....	148	114
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM .....	148	CARETOUCH PEN NEEDLES 31GX 5MM .....	148	CAROSPIR SUSP (Use spironolactone) .....
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM .....	148	CARETOUCH PEN NEEDLES 31GX 8MM .....	148	111
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM .....	148	CARETOUCH PEN NEEDLES 32GX 4MM .....	148	carteolol hcl (ophth) .....
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM .....	148	CARETOUCH PEN NEEDLES 32GX 5MM .....	148	196
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM .....	148	CARETOUCH SAFETY LANCETS/26G .....	135	carvedilol 12.5 MG, 25 MG .....
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" .....	148	CARETOUCH SAFETY LANCETS/28G .....	135	81
CARESENS LANCETS .....	135	CARETOUCH TWIST LANCETS 28G .....	135	carvedilol 3.125 MG, 6.25 MG .....
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD .....	135	CARETOUCH TWIST LANCETS 30G .....	135	81
CARETOUCH HYPODERMIC NEEDLES/27G X 1 1/2 .....	148	CARETOUCH TWIST LANCETS 33G .....	135	carvedilol phosphate .....
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" .....	148	CARETOUCH TWIST LANCETS MULTI COLOR/30G .....	135	81
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" .....	148	carglumic acid .....	114	CARVYKTI .....
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" .....	148	carisoprodol TABS 250 MG .....	189	64
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" .....	148	carisoprodol TABS 350 MG .....	189	CASGEVY .....
CARETOUCH INSULIN SYRINGE/U-		carmustine .....	62	126
		CARMUSTINE .....	62	CASODEX (Use bicalutamide) ....
		CARNITOR SF SOLN OR (Use		65
				casopfungin acetate .....
				48
				CASPOFUNGIN ACETATE .....
				48
				CATAPRES-TTS-1 (Use clonidine) 54
				54
				CATAPRES-TTS-2 (Use clonidine) 55
				55
				CATAPRES-TTS-3 (Use clonidine) 55
				55
				CATHFLO ACTIVASE IJ .....
				125
				CAYA DPRH .....
				133
				CAYSTON .....
				59
				cefaclor CAPS .....
				89
				CEFACLOR ER TB12 .....
				88
				cefaclor SUSR 125 MG/5ML, 375 MG/5ML .....
				89
				cefadroxil CAPS .....
				88
				cefadroxil SUSR .....
				88

cefadroxil TABS .....	88	cefuroxime sodium IJ 750 MG .....	89	CEPROTIN .....	124
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML .....	88	CELEBREX 400 MG (Use celecoxib) 9		CEQUA SOLN .....	198
cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM .....	88	CELEBREX 50 MG, 100 MG, 400 MG (Use celecoxib) .....	9	CERDELGA .....	125
CEFAZOLIN SODIUM SOLR IV 2 GM .....	88	CELEBREX 50 MG, 200 MG (Use celecoxib) .....	10	CEREBYX (Use fosphenytoin sodium) .....	35
CEFAZOLIN SODIUM/DEXTROSE SOLR .....	88	celecoxib 400 MG .....	10	CERVIDIL INST .....	203
CEFAZOLIN SOLN .....	88	celecoxib 50 MG, 100 MG, 200 MG 10		cetirizine hcl SOLN OR .....	49
CEFAZOLIN SOLR IV .....	88	CELESTONE SOLUSPAN SUSP (Use betamethasone sod phosphate & acetate) .....	93	cetirizine hcl TABS 10 MG .....	49
cefdinir CAPS .....	89	CELEXA TABS 10 MG, 20 MG (Use citalopram hydrobromide) .....	37	cetirizine hcl TABS .....	49
cefdinir SUSR .....	89	CELESTA TABS 40 MG (Use citalopram hydrobromide) .....	37	cevimeline hcl .....	186
cefepime hcl SOLR IJ 1 GM .....	89	CELLCEPT CAPS (Use mycophenolate mofetil) .....	184	CHEMET .....	46
CEFEPIME SOLN .....	89	CELLCEPT INTRAVENOUS (Use mycophenolate mofetil hcl) .....	184	CHENODAL .....	118
CEFEPIME/DEXTROSE .....	89	CELLCEPT SUSR (Use mycophenolate mofetil) .....	184	CHERRY FLAVOR LIQD .....	205
cefotetan disodium IJ 1 GM, 2 GM	89	CELLCEPT TABS (Use mycophenolate mofetil) .....	184	CHERRY SYRUP .....	205
CEFOTETAN/DEXTROSE .....	89	CELLTRION DIATRUST COVID-19 AG HOME TEST KIT .....	106	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) .....	10
CEFOXITIN SODIUM .....	89	CELONTIN (Use methsuximide) ..	36	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) .....	10
cefoxitin sodium IV .....	89	CENTANY AT KIT .....	95	chloramphenicol sodium succinate 58	
cefpodoxime proxetil SUSR .....	89	CENTANY OINT .....	95	chlordiazepoxide hcl CAPS .....	21
cefpodoxime proxetil TABS .....	89	cephalexin CAPS 250 MG, 500 MG 88		chlorhexidine gluconate (mouth- throat) .....	186
cefprozil SUSR .....	89	cephalexin CAPS 750 MG .....	88	chlorprocaine hcl IJ .....	132
cefprozil TABS .....	89	cephalexin SUSR .....	88	chloroquine phosphate TABS .....	60
ceftazidime IJ 1 GM, 6 GM .....	89	cephalexin TABS .....	88	chlorothiazide sodium .....	111
CEFTAZIDIME/DEXTROSE .....	89			CHLORPROMAZINE HCL .....	89
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG .....	89			chlorpromazine hcl CONC .....	76
ceftriaxone sodium in dextrose 40 MG/ML .....	89			chlorpromazine hcl SOLN .....	76
CEFTRIAZONE/DEXTROSE .....	89			chlorpromazine hcl TABS .....	76
cefuroxime axetil TABS .....	89			chlorthalidone 25 MG, 50 MG ....	111
				chlorzoxazone TABS 250 MG ....	189

chlorzoxazone TABS 375 MG, 750 MG .....	189	CIMDUO .....	77	citalopram hydrobromide TABS 40 MG .....	37
chlorzoxazone TABS 500 MG .....	189	CIMERLI .....	197	CITRACAL + D3 MAXIMUM TABS (Use calcium citrate-vitamin d) ...	181
CHOLBAM .....	118	cimetidine TABS 200 MG, 300 MG, 400 MG .....	214	CITRACAL PETITES/VITAMIND TABS (Use calcium citrate-vitamin d)	181
cholecalciferol CHEW 1000 UNIT 222		cimetidine TABS 800 MG .....	214		
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML .....	222	cinacalcet hcl .....	114	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG .....	187
CHOLESTYRAMINE .....	89	CINQAIR .....	22	CITRANATAL ASSURE .....	187
cholestyramine light PACK .....	51	CINRYZE SOLR IV .....	123	CITRANATAL BLOOM .....	187
cholestyramine light POWD .....	51	CINVANTI EMUL .....	48	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG .....	187
cholestyramine PACK .....	51	CIPRO HC .....	203		
cholestyramine POWD .....	51	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl) .....	118	cladribine 10 MG/10ML .....	62
CHOLESTYRAMINE RESIN .....	89	CIPRODEX (Use ciprofloxacin-dexamethasone) .....	203	CLARINEX TABS (Use desloratadine) .....	49
choline fenofibrate 135 MG .....	51	ciprofloxacin hcl (ophth) SOLN ...	197	clarithromycin TABS .....	132
choline fenofibrate 45 MG .....	51	ciprofloxacin hcl TABS 100 MG ..	118	clarithromycin TB24 .....	132
CHORIONIC GONADOTROPIN IM 113		ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....	118	CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine) .....	50
CIALIS 2.5 MG, 10 MG, 20 MG (Use tadalafil) .....	86	ciprofloxacin in d5w .....	118	CLARITIN REDITABS JUNIORS TBDP (Use loratadine) .....	50
CIALIS 5 MG (Use tadalafil) .....	86	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	118	CLARITIN REDITABS TBDP 10 MG (Use loratadine) .....	50
CIBINQO .....	103	ciprofloxacin-dexamethasone ...	203	CLARITIN SOLN (Use loratadine) .	50
ciclopirox GEL .....	96	ciprofloxacin-fluocinolone acetoneide .	203	CLARITIN TABS (Use loratadine) .	50
ciclopirox olamine CREA .....	96	cisatracurium besylate SOLN ....	193	clemastine fumarate SYRP .....	49
ciclopirox olamine SUSP .....	96	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML .....	62	clemastine fumarate TABS 2.68 MG .	49
ciclopirox SHAM .....	96	CISPLATIN SOLR .....	62	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML .....	130
ciclopirox SOLN .....	96	CITALOPRAM HYDROBROMIDE CAPS .....	37		
cidofovir .....	79	citalopram hydrobromide SOLN ...	37		
cilostazol .....	125	citalopram hydrobromide TABS 10 MG, 20 MG .....	37		
CILOXAN OINT .....	197				
CILOXAN SOLN (Use ciprofloxacin hcl (ophth)) .....	197				



CLEOCIN (Use clindamycin hcl) ..59	1/2" .....148	100/1ML/31GX5/16" ..... 149
CLEOCIN CREA (Use clindamycin phosphate vaginal) ..... 220	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" .....148	CLEVER CHOICE COMFORT EZLANCETS 23G .....135
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride) .....59	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" .....148	CLEVER CHOICE COMFORT EZLANCETS 28G .....135
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use clindamycin phosphate) .....59	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM . 149
CLEOCIN PHOSPHATE SOLN IJ .59	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM ...149
CLEOCIN SUPP .....220	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM ...149
CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) .....95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM ...149
CLEVER CHEK LANCETS ULTRATHIN .....135	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM ...149
CLEVER CHEK LANCETS ULTRATHIN 30G ..... 135	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM ...149
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI 176	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM ...149
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI 176	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM ...149
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI 177	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM ...149
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM .....148	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM ...149
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM .....148	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" .....149	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM ...149
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-	CLEVIPREX 25 MG/50ML, 50 MG/100ML ..... 84
		CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" ..... 149
		CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" .....149
		CLICKFINE PEN NEEDLES 31G X

1/4" .....	149	clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML .....	59	CLODAN KIT .....	100
CLICKFINE PEN NEEDLES 31G X 3/16" .....	149	clindamycin phosphate vaginal CREA .....	220	CLODERM (Use clocortolone pivalate) .....	100
CLICKFINE PEN NEEDLES 31G X 5/16" .....	149	CLINDAMYCIN/SODIUM CHLORIDE .....	59	clofarabine .....	62
CLICKFINE PEN NEEDLES 31G X 8MM .....	150	CLINDESSE .....	220	CLOLAR (Use clofarabine) .....	62
CLICKFINE PEN NEEDLES 32G X 5/32" .....	150	CLINITEST RAPID COVID- 19ANTIGEN SELF-TEST KIT ....	107	clomipramine hcl .....	39
CLICKFINE PEN NEEDLES/31GX1/4" .....	150	clobazam SUSP .....	30	clonazepam TABS 0.5 MG, 1 MG .	30
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" .....	150	clobazam TABS .....	30	clonazepam TABS 2 MG .....	30
CLIMARA PRO .....	117	clobetasol propionate CREA 0.05 % . 100		clonazepam TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG .....	30
CLIMARA PTWK (Use estradiol) .	117	clobetasol propionate emollient base 0.05 % .....	100	clonazepam TBDP 2 MG .....	30
CLIMARA PTWK 0.1 MG/24HR (Use estradiol) .....	117	clobetasol propionate emulsion ..	100	clonidine 0.1 MG/24HR .....	55
CLINDAGEL GEL (Use clindamycin phosphate (topical)) .....	95	clobetasol propionate FOAM .....	100	clonidine 0.2 MG/24HR, 0.3 MG/24HR .....	55
clindamycin hcl .....	59	clobetasol propionate GEL 0.05 % 100		clonidine hcl (adhd) TB12 .....	2
clindamycin palmitate hydrochloride . 59		clobetasol propionate LIQD .....	100	clonidine hcl (analgesia) EP .....	12
clindamycin phosphate (topical) FOAM .....	95	clobetasol propionate LOTN .....	100	CLOPIDINE HCL POWD .....	55
clindamycin phosphate (topical) GEL 95		clobetasol propionate OINT 0.05 % 100		clonidine hcl TABS .....	55
clindamycin phosphate (topical) LOTN .....	95	clobetasol propionate SHAM .....	100	clonidine hcl TB24 .....	55
clindamycin phosphate (topical) SOLN .....	95	clobetasol propionate SOLN 0.05 % . 100		clopidogrel bisulfate .....	125
clindamycin phosphate (topical) SWAB .....	95	CLOBEX LIQD (Use clobetasol propionate) .....	100	clorazepate dipotassium TABS ....	21
clindamycin phosphate in d5w ....	59	CLOBEX LOTN 0.05 % (Use clobetasol propionate) .....	100	CLOTROTEKAL IT .....	132
CLINDAMYCIN PHOSPHATE POWD .....	89	CLOBEX SHAM (Use clobetasol propionate) .....	100	clotrimazole (topical) CREA .....	96
		clocortolone pivalate .....	100	clotrimazole (topical) SOLN .....	96
				clotrimazole .....	186
				clotrimazole w/ betamethasone CREA .....	96
				clotrimazole w/ betamethasone LOTN .....	96
				clozapine TABS .....	75
				clozapine TBDP 12.5 MG, 100 MG, 150 MG, 200 MG .....	75

CLOZARIL TABS 25 MG, 100 MG (Use clozapine) .....	75	COLUMVI .....	63	ULTRA THIN 31G .....	135
CLOZARIL TABS 50 MG, 200 MG (Use clozapine) .....	76	COLY-MYCIN M (Use colistimethate sodium) .....	60	COMFORT TOUCH PEN NEEDLES/31G X 4MM .....	150
C-NATE DHA CAPS .....	187	COMBIGAN (Use brimonidine tartrate-timolol maleate) .....	196	COMFORT TOUCH PEN NEEDLES/31G X 5MM .....	150
COAGADEX .....	123	COMBIPATCH PTTW .....	117	COMFORT TOUCH PEN NEEDLES/31G X 6 MM .....	150
COAGUCHEK LANCETS .....	135	COMBIVENT RESPIMAT AERS ..	26	COMFORT TOUCH PEN NEEDLES/31G X 8 MM .....	150
COCAINE HYDROCHLORIDE ..	190	COMBIVIR (Use lamivudine- zidovudine) .....	77	COMFORT TOUCH PEN NEEDLES/32G X 4MM .....	150
CODEINE PHOSPHATE POWD ..	12	COMBOGESIC SOLN .....	10	COMFORT TOUCH PEN NEEDLES/32G X 5MM .....	150
codeine sulfate TABS 30 MG .....	12	COMETRIQ KIT .....	67	COMFORT TOUCH PEN NEEDLES/32G X 6MM .....	150
COLAZAL CAPS (Use balsalazide disodium) .....	119	COMFORT ASSURED LANCETS MICRO THIN 33G .....	135	COMFORT TOUCH PEN NEEDLES/32G X 8MM .....	150
colchicine CAPS .....	122	COMFORT ASSURED LANCETS SUPER THIN 28G .....	135	COMFORT TOUCH PEN NEEDLES/33G X 5/32" .....	150
colchicine TABS .....	122	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....	150	COMFORT TOUCH PEN NEEDLES/33GX 3/16" .....	150
colchicine w/ probenecid .....	122	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" 150		COMFORT TOUCH PEN NEEDLES/33GX1/4" .....	150
COLCRYS TABS (Use colchicine) 122		COMFORT EZ MICRO/32G X 4MM ..	150	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G .....	135
colesevelam hcl PACK .....	51	COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM .....	150	COMIRNATY 2023-24 SUSP ....	218
colesevelam hcl TABS .....	51	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM .....	150	COMIRNATY 2023-24 SUSY ....	218
COLESTID FLAVORED GRAN (Use colestipol hcl) .....	51	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM .....	150	COMIRNATY SUSP .....	218
COLESTID FLAVORED PACK (Use colestipol hcl) .....	51	COMFORT EZ SHORT/31G X 8MM 150		COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ..	177
COLESTID GRAN (Use colestipol hcl) .....	51	COMFORT EZ/31G X 5MM .....	150	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI .....	177
COLESTID PACK (Use colestipol hcl) .....	51	COMFORT EZ/31G X 6MM .....	150	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM	
COLESTID TABS (Use colestipol hcl) .....	51	COMFORT LANCETS .....	135		
colestipol hcl GRAN .....	51	COMFORT TOUCH LANCETS			
colestipol hcl PACK .....	51				
colestipol hcl TABS .....	51				
colistimethate sodium .....	60				

MASK DEVI .....	177	nadolol) .....	83	COZAAR 25 MG (Use losartan potassium) .....	54
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI .....	177	CORGARD TABS 80 MG (Use nadolol) .....	83	COZAAR 50 MG, 100 MG (Use losartan potassium) .....	54
COMPLERA .....	77	CORLANOR SOLN .....	88	CREON CPEP .....	110
COMPLETENATE CHEW .....	187	CORLANOR TABS .....	88	CRESEMBA CAPS 186 MG .....	48
COMTAN (Use entacapone) .....	72	CORLOPAM .....	57	CRESEMBA CAPS 74.5 MG .....	48
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) ..	3	CORTEF TABS 20 MG (Use hydrocortisone) .....	93	CRESEMBA SOLR .....	48
CONCERTA TBCR 36 MG (Use methylphenidate hcl) .....	3	CORTEF TABS 5 MG, 10 MG (Use hydrocortisone) .....	93	CRESTOR TABS 40 MG (Use rosuvastatin calcium) .....	52
CONDYLOX GEL (Use podofilox) 104		CORTENEMA (Use hydrocortisone (intrarectal)) .....	18	CRESTOR TABS 5 MG, 10 MG, 20 MG (Use rosuvastatin calcium) .....	52
CONJUPRI (Use levamlodipine maleate) .....	84	CORTIFOAM EX 10 % .....	18	cromolyn sodium (mastocytosis) ..	118
CONZIP CP24 (Use tramadol hcl) .	12	CORTISONE ACETATE TABS ...	93	cromolyn sodium (ophth) .....	201
COPAXONE SOSY 20 MG/ML (Use glatiramer acetate) .....	208	CORTROPHIN .....	113	cromolyn sodium NEBU .....	23
COPAXONE SOSY 40 MG/ML (Use glatiramer acetate) .....	208	CORVERT (Use ibutilide fumarate) 22		crotamiton LOTN .....	105
COPIKTRA .....	67	COSENTYX SENSOREADY PEN SOAJ .....	98	CRYSVITA .....	114
CORDRAN CREA (Use flurandrenolide) .....	100	COSENTYX SOLN .....	98	CUBICIN (Use daptomycin) .....	58
CORDRAN LOTN (Use flurandrenolide) .....	100	COSENTYX SOSY 150 MG/ML ...	98	CUBICIN RF (Use daptomycin) ...	58
COREG (Use carvedilol) .....	81	COSENTYX SOSY 75 MG/0.5ML .	98	CUPRIMINE CAPS (Use penicillamine) .....	183
COREG 12.5 MG, 25 MG (Use carvedilol) .....	81	COSENTYX UNOREADY SOAJ ..	98	CUROSURF TR 120 MG/1.5ML, 240 MG/3ML .....	211
COREG 3.125 MG, 6.25 MG (Use carvedilol) .....	81	COSMEGEN (Use dactinomycin) .	66	CUTAQUIG .....	203
COREG CR (Use carvedilol phosphate) .....	81	COSOPT (Use dorzolamide hcl-timolol maleate) .....	196	CUTIVATE LOTN (Use fluticasone propionate) .....	100
CORGARD TABS 20 MG (Use nadolol) .....	83	COSOPT PF (Use dorzolamide hcl-timolol maleate) .....	196	CUVITRU SOLN 10 GM/50ML ...	203
CORGARD TABS 40 MG (Use nadolol) .....	83	COTELLIC .....	67	CUVPOSA SOLN OR (Use glycopyrrolate) .....	213
		COTEMPLA XR-ODT TBED .....	3	CUVRIOR .....	183
		COVID-19 AG TEST KIT .....	107	CVS LANCETS 21G .....	135
		COVID-19 AT-HOME TEST KIT KIT .	107	CVS LANCETS MICRO THIN 33G	135

CVS LANCETS THIN 26G .....135	microemulsion) CAPS 50 MG .... 184	DACOGEN (Use decitabine) .....62
CVS LANCETS ULTRA THIN 30G 135	cyclosporine SOLN IV 50 MG/ML 184	dactinomycin ..... 66
CVS LANCING DEVICE MISC ... 135	CYKLOKAPRON SOLN (Use tranexamic acid) ..... 128	dalfampridine ..... 208
CVS ULTRA THIN LANCETS ... 135	CYLTEZO AJKT .....7	DALIRESP 250 MCG (Use roflumilast) ..... 23
cyanocobalamin SOLN IJ 1000 MCG/ML ..... 126	CYLTEZO PSKT 10 MG/0.2ML, 20 MG/0.4ML ..... 7	DALIRESP 500 MCG (Use roflumilast) ..... 23
cyclobenzaprine hcl CP24 .....189	CYLTEZO PSKT 40 MG/0.8ML .....7	danazol CAPS 50 MG, 100 MG ... 18
cyclobenzaprine hcl TABS 5 MG, 10 MG ..... 189	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....7	DANTRIUM CAPS 25 MG (Use dantrolene sodium) ..... 190
cyclobenzaprine hcl TABS 7.5 MG 189	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....7	DANTRIUM IV SOLR (Use dantrolene sodium) ..... 190
CYCLOGYL (Use cyclopentolate hcl) .....196	CYMBALTA CPEP (Use duloxetine hcl) ..... 38	dantrolene sodium CAPS .....190
CYCLOGYL .....196	cyproheptadine hcl SYRP ..... 50	dantrolene sodium SOLR .....190
CYCLOMYDRIL .....196	cyproheptadine hcl TABS .....50	dapagliflozin propanediol ..... 45
cyclopentolate hcl 1 % .....196	CYSTADANE (Use betaine) ..... 114	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG ..... 39
cyclophosphamide CAPS .....62	CYSTADROPS ..... 201	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....39
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN .....62	CYSTAGON CAPS ..... 121	dapsone (topical) 5 % .....95
CYCLOPHOSPHAMIDE SOLN ...62	CYSTARAN .....201	dapsone (topical) 7.5 % .....95
cyclophosphamide SOLR IJ ..... 62	cytarabine SOLN .....62	dapsone ..... 59
CYCLOPHOSPHAMIDE TABS ...62	CYTOGAM .....203	DAPTACEL ..... 213
cycloserine ..... 61	CYTOMEL TABS 5 MCG, 25 MCG (Use liothyronine sodium) ..... 212	DAPTOMYCIN (Use daptomycin) .58
CYCLOSET .....41	CYTOMEL TABS 50 MCG (Use liothyronine sodium) ..... 212	daptomycin ..... 58
cyclosporine (ophth) EMUL .....198	CYTOTEC (Use misoprostol) ...215	DAPTOMYCIN/SODIUM CHLORIDE .....58
cyclosporine CAPS 100 MG .....184	D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate) ....179	DARAPRIM (Use pyrimethamine) 60
cyclosporine CAPS 25 MG ..... 184	dabigatran etexilate mesylate CAPS . 30	darifenacin hydrobromide .....216
cyclosporine modified (for microemulsion) CAPS 100 MG ...184	dacarbazine SOLR 200 MG ..... 71	DARTISLA ODT TBDP .....213
cyclosporine modified (for microemulsion) CAPS 25 MG .... 184		darunavir TABS 600 MG .....77
cyclosporine modified (for		

darunavir TABS 800 MG .....	77	DEKAS ESSENTIAL CAPS .....	187	DEPEN TITRATABS TABS (Use penicillamine) .....	183
DARZALEX .....	63	DEKAS ESSENTIAL LIQD .....	187	DEPLIN 7.5 .....	108
DARZALEX FASPRO .....	66	DEKAS PLUS CAPS .....	187	DEPO-MEDROL SUSP (Use methylprednisolone acetate) .....	93
daunorubicin hcl SOLN .....	66	DEKAS PLUS CHEW .....	187	DEPO-MEDROL SUSP .....	93
DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl) .....	66	DEKAS PLUS LIQD .....	187	DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive)) .....	92
DAUNORUBICIN HYDROCHLORIDE SOLN .....	66	DELESTROGEN 10 MG/ML (Use estradiol valerate) .....	117	DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive)) .....	92
DAURISMO .....	65	DELESTROGEN 20 MG/ML, 40 MG/ML (Use estradiol valerate) ..	117	DEPO-SUBQ PROVERA 104 SUSY SC .....	92
DAYBUE .....	193	DELSTRIGO .....	77	DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide) .....	100
DAYPRO TABS (Use oxaprozin) ..	10	DELZICOL CPDR (Use mesalamine) 119		DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) .....	100
DAYTRANA PTCH (Use methylphenidate) .....	3	demeclocycline hcl TABS .....	211	DERMOTIC (Use fluocinolone acetonide (otic)) .....	203
DAYTRANA PTCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR (Use methylphenidate) .....	3	DEMEROL SOLN IJ (Use meperidine hcl) .....	12	DESCOVY .....	77
DAYVIGO .....	130	DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 75 MG/ML (Use meperidine hcl) .....	12	DESFERAL 500 MG (Use deferoxamine mesylate) .....	46
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate) .....	115	DEMEROL SOLN IJ .....	12	desflurane .....	121
DDAVP TABS 0.1 MG (Use desmopressin acetate) .....	115	DEMERSER (Use metyrosine) .....	53	desipramine hcl TABS 10 MG, 25 MG, 50 MG, 75 MG, 150 MG .....	39
DDAVP TABS 0.2 MG (Use desmopressin acetate) .....	116	DENAVIR (Use penciclovir) .....	99	desloratadine TABS .....	50
decitabine .....	62	DENG VAXIA .....	218	desmopressin acetate SOLN IJ ..	116
deferasirox PACK .....	46	DEPAKOTE ER TB24 250 MG (Use divalproex sodium) .....	36	desmopressin acetate spray .....	116
deferasirox TABS .....	46	DEPAKOTE ER TB24 500 MG (Use divalproex sodium) .....	36	desmopressin acetate TABS 0.1 MG 116	
deferasirox TBSO 250 MG .....	46	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium) .....	36	desmopressin acetate TABS 0.2 MG 116	
deferiprone TABS .....	46	DEPAKOTE TBEC 125 MG (Use divalproex sodium) .....	36		
deferoxamine mesylate .....	46	DEPAKOTE TBEC 125 MG, 250 MG (Use divalproex sodium) .....	36		
DEFINITY RT .....	108	DEPAKOTE TBEC 500 MG (Use divalproex sodium) .....	36		
DEFITELIO .....	125				
deflazacort TABS .....	93				

desogestrel & ethinyl estradiol	91	dexamethasone SOLN	93	MG, 10 MG	1
desogestrel-ethinyl estradiol (biphasic)	91	dexamethasone TABS	93	dextroamphetamine sulfate SOLN	1
desogestrel-ethinyl estradiol (triphasic)	91	dexamethasone TBPK	93	dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG	2
desonide CREA	101	DEXCOM G6 RECEIVER	135	dextroamphetamine sulfate TABS 30 MG	2
desonide LOTN	101	DEXCOM G6 SENSOR	135	DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	181
desonide OINT	101	DEXCOM G6 TRANSMITTER	135	DEXTROSE 10%/NAACL 0.2%	181
DESOWEN CREA (Use desonide) 101		DEXCOM G7 RECEIVER	135	DEXTROSE 2.5%/NAACL 0.45% (Use dextrose w/ sodium chloride)	181
desoximetasone CREA 0.05 %	101	DEXCOM G7 SENSOR	135	DEXTROSE 30% SOLN	194
desoximetasone CREA 0.25 %	101	DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	1	DEXTROSE 5%/NAACL 0.3% (Use dextrose w/ sodium chloride)	181
desoximetasone OINT 0.05 %	101	DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	1	dextrose in lactated ringers	181
desoximetasone OINT 0.25 %	101	DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	1	dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML	194
DESOXYN (Use methamphetamine hcl)	1	DEXILANT (Use dexlansoprazole) 214		DEXTROSE SOLN	194
DESVENLAFAXINE ER 100 MG	38	dexlansoprazole	214	dextrose w/ sodium chloride 0.45 %- 2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %- 0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %- 0.33 %, 5 %-0.45 %, 5 %-0.9 %	181
desvenlafaxine succinate	38	dexmedetomidine hcl in sodium chloride SOLN	129	DEXTROSE/SODIUM CHLORIDE (Use dextrose w/ sodium chloride)	181
DETROL LA CP24 (Use tolterodine tartrate)	216	dexmedetomidine hcl SOLN	129	DHIVY TABS	72
DETROL LA CP24 2 MG (Use tolterodine tartrate)	216	DEXMEDETOMIDINE HCL SOLN 129		DIACOMIT CAPS	31
DETROL TABS (Use tolterodine tartrate)	216	DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE	129	DIACOMIT PACK	31
DEXAMETHASONE	89	dexamethylphenidate hcl CP24	3	DIASCREEN 1K STRP	135
dexamethasone ELIX	93	dexamethylphenidate hcl TABS	3	DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	31
DEXAMETHASONE INTENSOL CONC	93	dexrazoxane hcl	71	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	31
DEXAMETHASONE SODIUM PHOSPHATE	89	dextran 40 in d5w	124		
dexamethasone sodium phosphate SOLN IJ	93	dextran 40 in saline	124		
DEXAMETHASONE SODIUM PHOSPHATE SOSY IJ 10 MG/ML	93	dextroamphetamine sulfate CP24 15 MG	1		
		dextroamphetamine sulfate CP24 5			

diazepam (anticonvulsant) GEL 10 MG, 20 MG .....	31	dicyclomine hcl CAPS .....	213	DILANTIN INFATABS CHEW (Use phenytoin) .....	35
DIAZEPAM .....	89	dicyclomine hcl SOLN IM .....	213	DILANTIN-125 SUSP (Use phenytoin) .....	35
diazepam CONC .....	21	dicyclomine hcl TABS .....	213	DILAUDID LIQD (Use hydromorphone hcl) .....	12
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML .....	21	DIFFERIN GEL 0.3 % (Use adapalene) .....	95	DILAUDID SOLN IJ (Use hydromorphone hcl) .....	12
diazepam SOLN OR 5 MG/5ML ...	21	DIFICID SUSR .....	133	DILAUDID SOLN IJ .....	12
diazepam TABS .....	21	DIFICID TABS .....	133	DILAUDID SOLN IJ .....	12
DIBENZYLINE (Use phenoxybenzamine hcl) .....	54	diflorasone diacetate CREA .....	101	DILAUDID TABS (Use hydromorphone hcl) .....	13
dichlorphenamide .....	110	diflorasone diacetate OINT .....	101	diltiazem hcl coated beads CP24 120 MG .....	84
DICLEGIS TBEC (Use doxylamine-pyridoxine) .....	48	DIFLUCAN SUSR (Use fluconazole) .	48	diltiazem hcl coated beads CP24 180 MG .....	84
diclofenac epolamine PTCH EX ...	97	DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole) .....	49	diltiazem hcl coated beads CP24 240 MG .....	84
diclofenac potassium (migraine) .	179	DIFLUCAN TABS 150 MG (Use fluconazole) .....	49	diltiazem hcl coated beads CP24 300 MG .....	84
diclofenac potassium CAPS .....	10	DIFLUCAN TABS 50 MG (Use fluconazole) .....	49	diltiazem hcl CP12 .....	84
diclofenac potassium TABS 25 MG 10		diflunisal TABS .....	12	diltiazem hcl CP24 120 MG .....	84
diclofenac potassium TABS 50 MG 10		difluprednate .....	199	diltiazem hcl CP24 180 MG .....	84
diclofenac sodium (actinic keratoses) EX .....	97	digoxin SOLN IJ 0.25 MG/ML .....	85	diltiazem hcl CP24 240 MG .....	84
diclofenac sodium (ophth) .....	201	digoxin SOLN OR 0.05 MG/ML ...	85	diltiazem hcl extended release beads 120 MG .....	84
diclofenac sodium (topical) GEL EX 97		digoxin TABS 0.0625 MG, 62.5 MCG 85		diltiazem hcl extended release beads 180 MG .....	84
diclofenac sodium (topical) SOLN EX .....	97	digoxin TABS 0.125 MG, 125 MCG 85		diltiazem hcl extended release beads 240 MG .....	84
diclofenac sodium TB24 .....	10	digoxin TABS 250 MCG .....	85	diltiazem hcl extended release beads 300 MG, 360 MG, 420 MG .....	84
diclofenac sodium TBEC 25 MG ...	10	dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	179	diltiazem hcl SOLN .....	84
diclofenac sodium TBEC 50 MG, 75 MG .....	10	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	179	DILTIAZEM HCL SOLR .....	84
diclofenac w/ misoprostol TBEC ...	10	DILANTIN (Use phenytoin sodium extended) .....	35		
dicloxacillin sodium .....	205	DILANTIN 30 MG .....	35		



diltiazem hcl TABS 120 MG ..... 84	divalproex sodium TB24 250 MG ..36	dopamine hcl 40 MG/ML .....86
diltiazem hcl TABS 30 MG, 60 MG 84	divalproex sodium TB24 500 MG ..36	DOPAMINE HYDROCHLORIDE (Use dopamine hcl) ..... 86
diltiazem hcl TABS 90 MG .....84	divalproex sodium TBEC 125 MG, 250 MG .....36	DOPAMINE HYDROCHLORIDE/DEXTROSE .86
diltiazem hcl TB24 ..... 84	divalproex sodium TBEC 500 MG .36	DOPAMINE/D5W ..... 86
DIMENHYDRINATE SOLN .....47	DIVIGEL GEL 0.25 MG/0.25GM (Use estradiol) .....117	DOPTelet ..... 126
dimethyl fumarate CDPK .....208	DIVIGEL GEL 0.5 MG/0.5GM (Use estradiol) .....117	DORAL (Use quazepam) ..... 129
dimethyl fumarate CPDR 120 MG 208	DIVIGEL GEL 0.75 MG/0.75GM, 1 MG/GM (Use estradiol) .....117	DORYX TBEC 50 MG, 80 MG, 200 MG (Use doxycycline hyclate) ... .211
dimethyl fumarate CPDR 240 MG 208	DIVIGEL GEL 1.25 MG/1.25GM (Use estradiol) .....117	dorzolamide hcl .....201
DIOVAN HCT (Use valsartan- hydrochlorothiazide) ..... 56	dobutamine hcl 12.5 MG/ML, 250 MG/20ML .....86	dorzolamide hcl-timolol maleate .196
DIOVAN TABS 40 MG (Use valsartan) .....54	DOBUTAMINE HCL/D5W .....86	DOTAREM SOLN (Use gadoterate meglumine) ..... 108
DIOVAN TABS 80 MG, 160 MG, 320 MG (Use valsartan) .....54	DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5% .....86	DOTAREM SOSY (Use gadoterate meglumine) ..... 108
diphenhydramine hcl SOLN 50 MG/ML .....49	docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML .....71	DOVATO ..... 77
diphenoxylate w/ atropine TABS ..45	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML .....71	DOVONEX CREA (Use calcipotriene) .....98
DIPRIVAN EMUL (Use propofol) .121	DOCETAXEL SOLN (Use docetaxel) 71	doxazosin mesylate 1 MG, 2 MG ..55
DIPRIVAN EMUL .....121	docetaxel SOLN .....71	doxazosin mesylate 4 MG ..... 55
DIPROLENE OINT (Use betamethasone dipropionate augmented) ..... 101	dofetilide .....22	doxazosin mesylate 8 MG ..... 55
dipyridamole (diagnostic) ..... 106	DOJOLVI .....194	doxepin hcl (antipruritic) .....97
dipyridamole 75 MG ..... 125	donepezil hydrochloride TABS 10 MG .....206	doxepin hcl (sleep) .....129
disulfiram .....206	donepezil hydrochloride TABS 23 MG .....206	doxepin hcl CAPS .....39
DITROPAN XL TB24 10 MG (Use oxybutynin chloride) ..... 216	donepezil hydrochloride TABS 5 MG . 206	doxepin hcl CONC .....39
DITROPAN XL TB24 5 MG (Use oxybutynin chloride) ..... 216	donepezil hydrochloride TBDP ...206	doxercalciferol CAPS .....114
DIURIL SUSP .....111		doxercalciferol SOLN .....114
divalproex sodium CSDR .....36		DOXIL (Use doxorubicin hcl liposomal) ..... 66
		doxorubicin hcl liposomal ..... 66
		doxorubicin hcl SOLN .....66

doxorubicin hcl SOLR 10 MG, 50 MG .....66	100/0.3/31G X 5/16" ..... 150	100/0.5ML/31G X 5/16" ..... 151
doxycycline (monohydrate) CAPS 50 MG, 100 MG .....211	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 1/2" ..... 150	DROPLET INSULIN SYRINGE/U- 100/1ML/30G X 1/2" ..... 151
doxycycline (monohydrate) CAPS 75 MG, 150 MG .....211	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 15/64" .....150	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....151
doxycycline (monohydrate) SUSR 211	DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 5/16" .....150	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....151
doxycycline (monohydrate) TABS 150 MG .....212	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64" .....150	DROPLET LANCETS ULTRA THIN 30G .....135
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG .....212	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" ..... 150	DROPLET LANCING DEVICE MISC . 135
doxycycline (rosacea) .....105	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 15/64" .....150	DROPLET MICRON 34G X 9/64" 151
doxycycline hyclate CAPS .....212	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 5/16" .....150	DROPLET PEN NEEDLES 29G X1/2" ..... 151
doxycycline hyclate SOLR .....212	DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16" .....151	DROPLET PEN NEEDLES 29GX10MM ..... 151
doxycycline hyclate TABS 20 MG, 100 MG .....212	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 1/2" ..... 151	DROPLET PEN NEEDLES 29GX12MM ..... 151
doxycycline hyclate TABS 50 MG, 75 MG, 150 MG .....212	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 15/64" .....151	DROPLET PEN NEEDLES 30G X 5/16" .....151
doxycycline hyclate TBEC 75 MG, 80 MG, 100 MG, 200 MG .....212	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 5/16" .....151	DROPLET PEN NEEDLES 31G X3/16" .....151
doxylamine-pyridoxine TBEC .....48	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64" .....151	DROPLET PEN NEEDLES 31G X5/16" .....151
DRISDOL CAPS (Use ergocalciferol) 222	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16" .....151	DROPLET PEN NEEDLES 31GX5MM .....151
dronabinol CAPS .....48	DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64" .....151	DROPLET PEN NEEDLES 31GX6MM .....151
droperidol SOLN 2.5 MG/ML ..... 20	DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....151	DROPLET PEN NEEDLES 31GX8MM .....151
DROPLET GENTEEL LANCING DEVICE MISC .....135	DROPLET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" .....151	DROPLET PEN NEEDLES 32G X 5/32" .....151
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" ..... 150	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64" .....151	DROPLET PEN NEEDLES 32GX4MM .....151
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" ..... 150	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....151	DROPLET PEN NEEDLES
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" ..... 150	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....151	DROPLET PEN NEEDLES
DROPLET INSULIN SYRINGE U-	DROPLET INSULIN SYRINGE/U-	DROPLET PEN NEEDLES

32GX5MM .....	151	DROXIA CAPS .....	126	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	39
DROPLET PEN NEEDLES		droxidopa 100 MG, 200 MG .....	221	duloxetine hcl CPEP 40 MG .....	38
32GX6MM .....	151	droxidopa 300 MG .....	221	DUOBRII .....	101
DROPLET PEN NEEDLES		DRUG MART ADJUSTABLE		DUOPA SUSP .....	72
32GX8MM .....	151	LANCING DEVICE MISC .....	135	DUPIXENT SOPN 200 MG/1.14ML 103	
DROPLET PERSONAL		DRUG MART LANCETS THIN ..	135	DUPIXENT SOPN 300 MG/2ML .	103
LANCETS30G .....	135	DRUG MART ON-THE-GO		DUPIXENT SOSY 100 MG/0.67ML	103
DROPSAFE INSULIN SAFETY		LANCETS GENTLE 30G .....	136	DUPIXENT SOSY 200 MG/1.14ML	103
SYRINGE/FIXED NEEDLE		DRUG MART UNIFINE PENTIPS		DUPIXENT SOSY 300 MG/2ML .	103
29GX12.5MM 1ML .....	151	31GX5MM .....	152	DUPIXENT SOSY 300 MG/2ML .	103
DROPSAFE INSULIN SAFETY		DRUG MART UNIFINE		DURACLON EP 100 MCG/ML (Use clonidine hcl (analgesia)) .....	12
SYRINGE/FIXED NEEDLE		PENTIPS29G X 12MM .....	152	DUREZOL (Use difluprednate) ..	199
31GX6MM 0.3ML .....	151	DRUG MART UNIFINE		DURYSTA IMPL .....	202
DROPSAFE INSULIN SAFETY		PENTIPS31GX6MM .....	152	dutasteride .....	122
SYRINGE/FIXED NEEDLE		DRUG MART UNIFINE		dutasteride-tamsulosin hcl .....	122
31GX6MM 0.5ML .....	151	PENTIPS31GX8MM .....	152	D-VI-SOL LIQD OR (Use cholecalciferol) .....	222
DROPSAFE INSULIN SAFETY		DRUG MART UNIFINE		DYANAVEL XR CHER .....	2
SYRINGE/FIXED NEEDLE		PENTIPS32GX4MM .....	152	DYANAVEL XR SUER .....	2
31GX8MM 0.3ML .....	152	DRUG MART UNIFINE		DYMISTA SUSP (Use azelastine hcl- fluticasone propionate) .....	190
DROPSAFE INSULIN SAFETY		PENTIPSPLUS 32GX4MM .....	152	DYRENIUM CAPS (Use triamterene)	111
SYRINGE/FIXED NEEDLE		DRUG MART UNILET		DYSPORT .....	193
31GX8MM 0.5ML .....	152	LANCETSSUPER THIN 30G ....	136	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) .....	132
DROPSAFE INSULIN SAFETY		DRUG MART UNILET		E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) .....	133
SYRINGE/FIXED NEEDLE		LANCETSULTRA THIN 28G ....	136	EAA SUPPLEMENT PACK .....	108
31GX8MM 1ML .....	152	DRUG MART UNILET MICRO THIN			
DROPSAFE SAFETY PEN		LANCETS 33G .....	136		
NEEDLE/31GX5MM .....	152	DUAKLIR PRESSAIR .....	26		
DROPSAFE SAFETY PEN		DUAVEE .....	117		
NEEDLES/31G X 5/16" .....	152	DUEXIS (Use ibuprofen-famotidine) .	10		
DROPSAFE SAFTEY PEN		DULERA 100 MCG/ACT-5			
NEEDLES/31G X 1/4" .....	152	MCG/ACT, 200 MCG/ACT-5			
drospirenone-ethinyl estradiol ....	91	MCG/ACT .....	26		
drospirenone-ethinyl estradiol- levomefolate calcium 0.02 MG-3 MG- 0.451 MG .....	91	DULERA 50 MCG/ACT-5 MCG/ACT .	26		

EASIVENT MISC .....	177	EASY COMFORT PEN NEEDLES31GX5/16" .....	152	SYRINGE/0.3ML/30G X 5/16" ...	153
EASIVENT/MASK-LARGE MISC	.177	EASY COMFORT PEN NEEDLES32GX5/32" .....	152	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ...	153
EASIVENT/MASK-MEDIUM MISC 177		EASY COMFORT PEN NEEDLES33G X 4MM .....	152	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" ....	153
EASIVENT/MASK-SMALL MISC .177		EASY COMFORT PEN NEEDLES33G X 5MM .....	152	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" ...	153
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" ....	152	EASY COMFORT PEN NEEDLES33G X 6MM .....	152	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" .....	153
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" ...	152	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM .....	152	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2" .....	153
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" ...	152	EASY COMFORT SAFETY PEN NEEDLES 31GX6MM .....	152	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16" .....	153
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	152	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM .....	152	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" .....	153
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" .....	152	EASY GLIDE PEN NEEDLES 33G X 5/32" .....	153	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....	153
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" .....	152	EASY MINI EJECT LANCING DEVICE MISC .....	136	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" .....	153
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16" .....	152	EASY MINI LANCING DEVICE MISC .....	136	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	153
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	152	EASY TOUCH 32GX5MM .....	153		
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	152	EASY TOUCH 32GX6MM .....	153	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" .	153
EASY COMFORT LANCETS ....	136	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	153	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	153
EASY COMFORT LANCETS 30G/PULL TOP .....	136	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	153	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	153
EASY COMFORT LANCETS 30G/THIN TOP .....	136	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	153	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	153
EASY COMFORT PEN NEEDLES31GX1/4" .....	152	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	136	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" ..	153
EASY COMFORT PEN NEEDLES31GX3/16" .....	152	EASY TOUCH INSULIN			

153	EASY TOUCH LANCETS 30G/TWIST .....	136	LANCETS26G/BUTTON ACTIVATED .....	136
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	153	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED ..	136	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	153	EASY TOUCH LANCETS 32G/PULL- TOP .....	136	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED .....
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	153	EASY TOUCH LANCETS 32G/TWIST .....	136	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	153	EASY TOUCH LANCETS 33G/TWIST .....	136	EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM .....
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	153	EASY TOUCH LANCING DEVICE/EJECTOR MISC .....	136	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM .....
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	153	EASY TOUCH PEN NEEDLE 30G X 5/16" .....	153	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" .....
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	153	EASY TOUCH PEN NEEDLE/30G X 3/16" .....	153	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" .....
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED ..	136	EASY TOUCH PEN NEEDLES 29GX1/2" .....	153	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" .....
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED ..	136	EASY TOUCH PEN NEEDLES 31GX1/4" .....	153	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" .....
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED ..	136	EASY TOUCH PEN NEEDLES 32GX1/4" .....	154	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"
EASY TOUCH LANCETS 26G/PULL- TOP .....	136	EASY TOUCH PEN NEEDLES 32GX3/16" .....	154	154
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED ..	136	EASY TOUCH PEN NEEDLES 32GX5/32" .....	154	EC-NAPROSYN TBEC (Use naproxen) .....
EASY TOUCH LANCETS 28G/PULL- TOP .....	136	EASY TOUCH PEN NEEDLES/31G X 3/16" .....	154	10
EASY TOUCH LANCETS 28G/TWIST .....	136	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED .....	136	econazole nitrate CREA .....
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED ..	136	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED .....	136	96
EASY TOUCH LANCETS 30G/PULL- TOP .....	136	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....	136	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin) .....
				12
				12
				12
				54
				56
				111

EDETATE CALCIUM DISODIUM SOLN .....	46	ELEVIDYS 16.5-17.4 KG .....	192	ELEVIDYS 46.5-47.4 KG .....	192
EDLUAR SUBL .....	129	ELEVIDYS 17.5-18.4 KG .....	192	ELEVIDYS 47.5-48.4 KG .....	192
EDURANT .....	77	ELEVIDYS 18.5-19.4 KG .....	192	ELEVIDYS 48.5-49.4 KG .....	192
efavirenz CAPS .....	77	ELEVIDYS 19.5-20.4 KG .....	192	ELEVIDYS 49.5-50.4 KG .....	192
efavirenz TABS .....	78	ELEVIDYS 20.5-21.4 KG .....	192	ELEVIDYS 50.5-51.4 KG .....	192
efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	78	ELEVIDYS 21.5-22.4 KG .....	192	ELEVIDYS 51.5-52.4 KG .....	192
efavirenz-lamivudine-tenofovir disoproxil fumarate .....	78	ELEVIDYS 22.5-23.4 KG .....	192	ELEVIDYS 52.5-53.4 KG .....	192
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl) .....	39	ELEVIDYS 23.5-24.4 KG .....	192	ELEVIDYS 53.5-54.4 KG .....	192
EFFEXOR XR CP24 37.5 MG, 75 MG (Use venlafaxine hcl) .....	39	ELEVIDYS 24.5-25.4 KG .....	192	ELEVIDYS 54.5-55.4 KG .....	192
EFFIENT (Use prasugrel hcl) .....	125	ELEVIDYS 25.5-26.4 KG .....	192	ELEVIDYS 55.5-56.4 KG .....	192
EFUDEX CREA (Use fluorouracil (topical)) .....	97	ELEVIDYS 26.5-27.4 KG .....	192	ELEVIDYS 56.5-57.4 KG .....	192
ELAHERE .....	63	ELEVIDYS 27.5-28.4 KG .....	192	ELEVIDYS 57.5-58.4 KG .....	192
ELCYS .....	195	ELEVIDYS 28.5-29.4 KG .....	192	ELEVIDYS 58.5-59.4 KG .....	192
electrolyte-148 .....	181	ELEVIDYS 29.5-30.4 KG .....	192	ELEVIDYS 59.5-60.4 KG .....	192
electrolyte-a .....	181	ELEVIDYS 30.5-31.4 KG .....	192	ELEVIDYS 60.5-61.4 KG .....	192
ELELYSO .....	125	ELEVIDYS 31.5-32.4 KG .....	192	ELEVIDYS 61.5-62.4 KG .....	193
ELEPSIA XR TB24 .....	31	ELEVIDYS 32.5-33.4 KG .....	192	ELEVIDYS 62.5-63.4 KG .....	193
ELESTRIN GEL .....	117	ELEVIDYS 33.5-34.4 KG .....	192	ELEVIDYS 63.5-64.4 KG .....	193
eletriptan hydrobromide .....	179	ELEVIDYS 34.5-35.4 KG .....	192	ELEVIDYS 64.5-65.4 KG .....	193
ELEVIDYS 10.0-10.4 KG .....	191	ELEVIDYS 35.5-36.4 KG .....	192	ELEVIDYS 65.5-66.4 KG .....	193
ELEVIDYS 10.5-11.4 KG .....	191	ELEVIDYS 36.5-37.4 KG .....	192	ELEVIDYS 66.5-67.4 KG .....	193
ELEVIDYS 11.5-12.4 KG .....	191	ELEVIDYS 37.5-38.4 KG .....	192	ELEVIDYS 67.5-68.4 KG .....	193
ELEVIDYS 12.5-13.4 KG .....	191	ELEVIDYS 38.5-39.4 KG .....	192	ELEVIDYS 68.5-69.4 KG .....	193
ELEVIDYS 13.5-14.4 KG .....	192	ELEVIDYS 39.5-40.4 KG .....	192	ELEVIDYS 69.5 KG PLUS .....	193
ELEVIDYS 14.5-15.4 KG .....	192	ELEVIDYS 40.5-41.4 KG .....	192	ELFABRIO .....	114
ELEVIDYS 15.5-16.4 KG .....	192	ELEVIDYS 41.5-42.4 KG .....	192	ELIDEL (Use pimecrolimus) .....	104
		ELEVIDYS 42.5-43.4 KG .....	192	ELIGARD SC .....	65
		ELEVIDYS 43.5-44.4 KG .....	192	ELIQUIS STARTER PACK TBPK ..	28
		ELEVIDYS 44.5-45.4 KG .....	192	ELIQUIS TABS 5 MG .....	28
		ELEVIDYS 45.5-46.4 KG .....	192	ELIQUIS TABS .....	28

ELITEK .....	71	EMEND CAPS 80 MG (Use aprepitant) .....	48	ENBREL MINI SOCT .....	11
ELLA .....	92	EMEND SUSR .....	48	ENBREL SOLN .....	11
ELLUME COVID-19 HOME TEST KIT .....	107	EMEND TRIPACK CAPS (Use aprepitant) .....	48	ENBREL SOSY 25 MG/0.5ML .....	11
ELMIRON CAPS .....	122	EMERPHED SOLN IV .....	221	ENBREL SOSY 50 MG/ML .....	11
ELOCTATE 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 6000 UNIT .....	123	EMERPHED SOSY IV .....	221	ENBREL SURECLICK SOAJ .....	11
ELREXFIO .....	63	EMFLAZA SUSP .....	93	ENDARI .....	126
ELYXYB .....	179	EMFLAZA TABS (Use deflazacort) 93		ENDOMETRIN INST .....	221
ELZONRIS .....	71	EMGALITY SOAJ .....	178	ENGERIX-B SUSP 20 MCG/ML ..	218
EMBRACE LANCETS ULTRA THIN 30G .....	136	EMGALITY SOSY 100 MG/ML ..	179	ENGERIX-B SUSY .....	218
EMBRACE LANCING DEVICE WITH EJECTOR MISC .....	136	EMGALITY SOSY 120 MG/ML ..	178	ENHERTU .....	63
EMBRACE PEN NEEDLES/29G X 12MM .....	154	EMPAVELI .....	123	ENJAYMO .....	123
EMBRACE PEN NEEDLES/30G X 5MM .....	154	EMPLICITI .....	63	enoxaparin sodium SOSY .....	29
EMBRACE PEN NEEDLES/30G X 8MM .....	154	EMSAM .....	37	ENSPRYNG .....	184
EMBRACE PEN NEEDLES/31G X 5MM .....	154	emtricitabine CAPS .....	78	ENSTILAR FOAM .....	101
EMBRACE PEN NEEDLES/31G X 6MM .....	154	emtricitabine-tenofovir disoproxil fumarate .....	78	entacapone .....	72
EMBRACE PEN NEEDLES/32G X 4MM .....	154	EMTRIVA CAPS (Use emtricitabine) . 78		ENTADFI .....	122
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G .....	137	EMTRIVA SOLN .....	78	entecavir TABS .....	80
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G .....	137	EMVERM CHEW .....	19	ENTEREG (Use alvimopan) .....	120
EMCYT .....	65	enalapril maleate & hydrochlorothiazide .....	56	ENTRESTO .....	86
EMEND (Use fosaprepitant dimeglumine) .....	48	ENALAPRIL MALEATE .....	89	ENTYVIO SOPN .....	119
		enalapril maleate SOLN .....	53	ENVARUSUS XR TB24 0.75 MG ..	184
		enalapril maleate TABS 10 MG, 20 MG .....	53	ENVARUSUS XR TB24 4 MG .....	184
		enalapril maleate TABS 2.5 MG, 5 MG .....	53	EOHILIA SUSP .....	93
		enalaprilat .....	53	EOVIST .....	108
		ENBRACE HR .....	187	EPANED SOLN (Use enalapril maleate) .....	53
				EPCLUSA PACK 37.5 MG-150 MG 80	
				EPCLUSA PACK 50 MG-200 MG .	80
				EPCLUSA TABS 100 MG-400 MG	80
				EPCLUSA TABS 50 MG-200 MG .	80

ephedrine sulfate (pressors) SOLN IV .....221	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI .....177	ertapenem sodium IJ ..... 58
EPHEDRINE SULFATE SOLN IV 221	EQL COLOR LANCETS 21G ....137	ERYGEL GEL (Use erythromycin (acne aid)) ..... 95
EPIDIOLEX .....31	EQL INSULIN SYRINGE/0.3ML/29G X 1/2" .....154	ERYPED 200 SUSR (Use erythromycin ethylsuccinate) ..... 133
epinastine hcl (ophth) .....201	EQL INSULIN SYRINGE/0.3ML/30G X 5/16" ..... 154	ERYPED 400 SUSR (Use erythromycin ethylsuccinate) ..... 133
epinephrine (anaphylaxis) SOAJ .221	EQL INSULIN SYRINGE/0.3ML/31G X 5/16" ..... 154	ERYTHROCIN LACTOBIONATE (Use erythromycin lactobionate) ..133
epinephrine (anaphylaxis) SOLN .221	EQL INSULIN SYRINGE/0.5ML/29G X 1/2" .....154	erythromycin (acne aid) GEL ..... 95
epinephrine SOSY IJ .....221	EQL INSULIN SYRINGE/0.5ML/30G X 5/16" ..... 154	erythromycin (acne aid) SOLN .... 95
EPINEPHRINE SOSY IV 1 MG/10ML .....221	EQL INSULIN SYRINGE/0.5ML/31G X 5/16" ..... 154	erythromycin (ophth) .....198
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....221	EQL INSULIN SYRINGE/0.5ML/29G X 1/2" .....154	ERYTHROMYCIN .....197
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....221	EQL INSULIN SYRINGE/1ML/29G X 5/16" .....154	erythromycin base TABS .....133
EPIVIR HBV SOLN ..... 80	EQL INSULIN SYRINGE/1ML/30G X 5/16" .....154	erythromycin base TBEC 250 MG, 333 MG ..... 133
EPIVIR HBV TABS (Use lamivudine (hbv)) .....80	EQL INSULIN SYRINGE/1ML/31G X 5/16" .....154	erythromycin ethylsuccinate SUSR 133
EPIVIR SOLN (Use lamivudine) ...78	EQL SUPER THIN LANCETS 30G 137	erythromycin ethylsuccinate TABS 133
eplerenone ..... 57	EQL THIN LANCETS 26G .....137	erythromycin lactobionate 500 MG 133
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....126	EQUETRO 100 MG .....74	erythromycin stearate TABS 250 MG 133
epoprostenol sodium .....86	ERAXIS .....48	ESBRIET CAPS (Use pirfenidone) 211
EPRONTIA SOLN .....31	ergocalciferol CAPS .....222	ESBRIET TABS 267 MG (Use pirfenidone) .....211
eptifibatide .....125	ergocalciferol SOLN OR 8000 UNIT/ML .....222	ESBRIET TABS 801 MG (Use pirfenidone) .....211
EPZICOM (Use abacavir sulfate- lamivudine) .....78	ERIVEDGE .....65	escitalopram oxalate SOLN .....37
EQ SPACE CHAMBER ANTI- STATIC DEVI .....177	ERLEADA 240 MG .....65	escitalopram oxalate TABS 10 MG 37
EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI .... 177	ERLEADA 60 MG .....65	escitalopram oxalate TABS 5 MG, 20 MG ..... 37
EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI ..177	erlotinib hcl ..... 64	
	ERMEZA SOLN OR .....212	



ESGIC TABS (Use butalbital-acetaminophen-caffeine) .....	12	estradiol valerate .....	117	EVENITY .....	112
esmolol hcl SOLN 100 MG/10ML ..	82	ESTRING RING .....	221	EVERLYWELL COVID-19 TESTHOME COLLECTION KIT DTC .....	107
esmolol hcl-sodium chloride .....	82	ESTRIOL .....	89	everolimus (immunosuppressant) 184	
ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN .....	82	ESTRIOL MICRONIZED .....	89	everolimus TABS 5 MG, 10 MG ...	67
ESMOLOL HYDROCHLORIDE INWATER SOLN .....	82	ESTROSTEP FE (Use norethindrone acetate-ethinyl estradiol-fe) .....	91	everolimus TABS .....	67
esomeprazole magnesium CPDR 214		eszopiclone .....	129	everolimus TBSO .....	68
esomeprazole magnesium PACK 20 MG, 40 MG .....	214	ethacrynate sodium .....	111	EVISTA (Use raloxifene hcl) ....	113
esomeprazole magnesium PACK 214		ethacrynic acid .....	111	EVKEEZA .....	50
esomeprazole sodium 40 MG ....	214	ethambutol hcl TABS .....	61	EVOCLIN FOAM (Use clindamycin phosphate (topical)) .....	95
ESPEROCT .....	123	ethosuximide CAPS .....	36	EVOMELA .....	62
estazolam .....	129	ethosuximide SOLN .....	36	EVOXAC (Use cevimeline hcl) ...	186
ESTRACE CREA (Use estradiol vaginal) .....	221	ethynodiol diacet & eth estrad ...	91	EVRYSDI .....	193
ESTRACE TABS (Use estradiol) .	117	etodolac CAPS .....	10	EVUSHELD .....	204
estradiol & norethindrone acetate TABS .....	117	etodolac TABS .....	10	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM ...	154
ESTRADIOL .....	89	etodolac TB24 400 MG, 500 MG ..	10	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM ....	154
estradiol GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM .....	117	etomidate .....	121	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM ....	154
estradiol GEL 0.5 MG/0.5GM ....	117	etonogestrel-ethinyl estradiol ....	92	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" ....	154
ESTRADIOL MICRONIZED .....	89	ETOPOPHOS .....	71	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" ...	154
estradiol PTTW .....	117	etoposide CAPS .....	71	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" ....	154
estradiol PTWK .....	117	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	71	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" ....	155
estradiol TABS .....	117	etravirine .....	78	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" ...	155
estradiol vaginal CREA .....	221	EUCRISA .....	105	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" ...	155
estradiol vaginal TABS .....	221	EVAMIST SOLN .....	117	EXEL COMFORT POINT INSULIN	
		EVEKEO ODT TBDP 5 MG, 15 MG, 20 MG .....	2		
		EVEKEO TABS (Use amphetamine sulfate) .....	2		
		EVEKEO TABS 5 MG (Use amphetamine sulfate) .....	2		

SYRINGE/1ML/28G X 1/2" .....	155	E-Z JECT LANCETS 21G .....	137	65
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" .....	155	E-Z JECT LANCETS COLOR ...	137	FASTEP COVID-19 ANTIGEN HOME TEST KIT .....
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" .....	155	E-Z JECT LANCETS SUPER THIN 30G .....	137	FC2 FEMALE CONDOM .....
EXELON 13.3 MG/24HR (Use rivastigmine) .....	206	E-Z JECT LANCETS THIN 26G .	137	febuxostat .....
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine) .....	206	EZALLOR SPRINKLE CPSP .....	52	FEIBA 500 UNIT .....
exemestane .....	65	ezetimibe .....	52	felbamate SUSP .....
EXFORGE (Use amlodipine besylate-valsartan) .....	56	ezetimibe-simvastatin .....	50	felbamate TABS 400 MG .....
EXFORGE HCT 12.5 MG-10 MG-160 MG, 12.5 MG-5 MG-160 MG, 25 MG- 10 MG-160 MG, 25 MG-10 MG-320 MG (Use amlodipine-valsartan- hydrochlorothiazide) .....	56	E-ZJECT LANCETS MICRO-THIN 33G .....	137	felbamate TABS 600 MG .....
EXFORGE HCT 25 MG-5 MG-160 MG (Use amlodipine-valsartan- hydrochlorothiazide) .....	56	EZ-LETS LANCETS 26G SUPER- SOFT .....	137	FELBATOL SUSP (Use felbamate) 35
EXJADE TBSO 125 MG, 500 MG (Use deferasirox) .....	46	FABHALTA .....	123	FELBATOL TABS 400 MG (Use felbamate) .....
EXJADE TBSO 250 MG (Use deferasirox) .....	46	famciclovir .....	81	FELBATOL TABS 600 MG (Use felbamate) .....
EXKIVITY .....	64	famotidine in nacl SOLN .....	214	FELDENE CAPS (Use piroxicam) .
EXONDYS 51 .....	193	famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML .....	214	felodipine .....
EXSERVAN FILM .....	191	famotidine SUSR .....	214	FEMARA (Use letrozole) .....
EXTAVIA KIT .....	208	famotidine TABS 20 MG .....	214	FEMHRT (Use norethindrone acetate-ethinyl estradiol) .....
EXTINA FOAM (Use ketoconazole (topical)) .....	96	famotidine TABS 40 MG .....	214	FEMRING .....
EYLEA HD SOLN .....	197	FANAPT 4 MG, 6 MG, 8 MG, 12 MG . 74		fenofibrate CAPS 150 MG .....
EYLEA SOLN .....	197	FANAPT TITRATION PACK .....	74	fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG, 200 MG ....
EYLEA SOSY .....	197	FANTASY LUBRICATED MISC ..	133	fenofibrate micronized 67 MG, 134 MG .....
EYSUVIS SUSP .....	199	FANTASY LUBRICATED/SPERMICIDE MISC 133		fenofibrate TABS 40 MG, 120 MG .
E-Z JECT LANCETS .....	137	FARESTON (Use toremifene citrate) .....	65	fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG .....
		FARXIGA .....	45	FENOGLIDE TABS (Use fenofibrate) 51
		FASENRA PEN SOAJ .....	22	fenoprofen calcium CAPS 400 MG 10
		FASENRA SOSY .....	22	fenoprofen calcium TABS .....
		FASLODEX SOSY (Use fulvestrant) .		

FENSOLVI SC .....	113	FERRIPROX TWICE-A-DAY TABS 46	SYRINGE/0.3ML/31G X 5/16" ...	155
fentanyl citrate LPOP 200 MCG, 400 MCG, 1200 MCG, 1600 MCG .....	13	FERRLECIT (Use sodium ferric gluconate complex in sucrose) ...	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" ...	155
FENTANYL CITRATE POWD .....	13	ferrous sulfate SOLN 15 MG/ML .	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" .....	155
FENTANYL CITRATE SOLN IJ (Use fentanyl citrate) .....	13	ferumoxytol .....		
FENTANYL CITRATE SOLN IJ 50 MCG/ML (Use fentanyl citrate) .....	13	fesoterodine fumarate 4 MG .....	FIFTY50 UNILET LANCETS 33G 137	
fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML .....	13	fesoterodine fumarate 8 MG .....		
FENTANYL CITRATE SOSY IJ (Use fentanyl citrate) .....	13	FETROJA .....	FILSPARI .....	122
FENTANYL CITRATE SOSY IJ 25 MCG/0.5ML, 50 MCG/ML .....	13	FETZIMA CP24 .....	FILSUVEZ .....	106
fentanyl citrate SOSY IJ .....	13	FETZIMA TITRATION PACK C4PK 39	finasteride .....	122
fentanyl citrate TABS .....	13	FIASP FLEXTOUCH SOPN .....	FINE 30 .....	137
fentanyl PT72 100 MCG/HR .....	13	FIASP PUMPCART SOCT .....	FINGERSTIX LANCETS .....	137
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR .....	13	FIASP SOLN .....	fingolimod hcl .....	208
fentanyl PT72 25 MCG/HR .....	13	FIBRYGA .....	FINTEPLA .....	32
FENTORA TABS (Use fentanyl citrate) .....	13	FIFTY50 PEN NEEDLES 31G X3/16" (5MM) .....	FIORICET CAPS (Use butalbital- acetaminophen-caffeine) .....	12
FENTORA TABS 100 MCG, 400 MCG, 600 MCG, 800 MCG (Use fentanyl citrate) .....	13	FIFTY50 PEN NEEDLES 31G X5/16" (8MM) .....	FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (Use butalbital- acetaminophen-caffeine w/ codeine) .	15
FERAHEME (Use ferumoxytol) .	128	FIFTY50 PEN NEEDLES 31GX5MM .....	FIRAZYR SOSY (Use icatibant acetate) .....	123
FER-IN-SOL SOLN (Use ferrous sulfate) .....	128	FIFTY50 PEN NEEDLES/31GX8MM .....	FIRDAPSE .....	61
FERRIPROX SOLN .....	46	FIFTY50 PEN NEEDLES/32GX4MM .....	FIRMAGON .....	65
FERRIPROX TABS (Use deferiprone) .....	46	FIFTY50 PEN NEEDLES/32GX6MM .....	FIRVANQ SOLR OR (Use vancomycin hcl) .....	58
		FIFTY50 SAFETY SEAL LANCETS 30G .....	FIRVANQ SOLR OR 50 MG/ML (Use vancomycin hcl) .....	58
		FIFTY50 SAFETY SEAL LANCETS 32G .....	FLAGYL CAPS (Use metronidazole) .	57
		FIFTY50 SUPERIOR COMFORTINSULIN	FLAREX .....	199
			FLAVOR PACKETS PACK .....	108

flavoxate hcl .....	217	2023 SUSY .....	218	FLULAVAL QUADRIVALENT 2021-2022 SUSY .....	218
flecainide acetate .....	22	FLUARIX QUADRIVALENT 2023-2024 SUSY .....	218	FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	218
FLECTOR PTCH EX (Use diclofenac epolamine) .....	97	FLUBLOK QUADRIVALENT 2021-2022 .....	218	FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	218
FLEET BISACODYL ENEM .....	131	FLUBLOK QUADRIVALENT 2022-2023 .....	218	flumazenil .....	46
FLEQSUVY SUSP (Use baclofen) 189		FLUBLOK QUADRIVALENT 2023-2024 .....	218	FLUMIST QUADRIVALENT .....	218
FLEXBUMIN .....	124	FLUCELVAX QUADRIVALENT 2021-2022 SUSP .....	218	flunisolide (nasal) 0.025 % .....	191
FLEXICHAMBER ADULT MASK/SMALL .....	177	FLUCELVAX QUADRIVALENT 2021-2022 SUSY .....	218	fluocinolone acetonide (otic) .....	203
FLEXICHAMBER CHILD MASK/LARGE .....	177	FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	218	fluocinolone acetonide CREA .....	101
FLEXICHAMBER CHILD MASK/SMALL .....	177	FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	218	fluocinolone acetonide OIL .....	101
FLEXICHAMBER DEVI .....	177	FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	218	fluocinolone acetonide OINT .....	101
FLOLAN (Use epoprostenol sodium) .....	86	FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	218	fluocinolone acetonide SOLN .....	101
FLOMAX (Use tamsulosin hcl) ...	122	FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	218	fluocinonide CREA .....	101
FLOLASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal)) .....	191	fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	49	fluocinonide emulsified base .....	101
FLOLASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	191	fluconazole SUSR .....	49	fluocinonide GEL .....	101
FLOVENT DISKUS AEPB .....	24	fluconazole TABS 150 MG .....	49	fluocinonide OINT .....	101
FLOVENT HFA .....	24	fluconazole TABS 50 MG, 100 MG, 200 MG .....	49	fluocinonide SOLN .....	101
FLUAD QUADRIVALENT 2021-2022 .....	218	FLUCONAZOLE/SODIUM CHLORIDE .....	49	fluorescein sodium injection IV 10 % .	201
FLUAD QUADRIVALENT 2022-2023 .....	218	flucytosine .....	48	FLUORESCCEIN SODIUM/BENOXINATE HYDROCHLORIDE .....	201
FLUAD QUADRIVALENT 2023-2024 .....	218	fludarabine phosphate SOLN .....	62	FLUORESCITE IV 10 % (Use fluorescein sodium injection) .....	201
FLUARIX QUADRIVALENT 2021-2022 SUSY .....	218	FLUDARABINE PHOSPHATE SOLN .....	62	FLUOR-I-STRIPS A.T. STRP .....	201
FLUARIX QUADRIVALENT 2022-		fludarabine phosphate SOLR .....	62	fluorometholone (ophth) SUSP ...	199
		fludrocortisone acetate TABS .....	94	fluorouracil (topical) CREA 0.5 % ..	97
				fluorouracil (topical) CREA 5 % .....	97
				fluorouracil (topical) SOLN 5 % .....	97
				fluorouracil .....	62

fluoxetine hcl (pmdd) TABS .....	209	MCG/ACT-50 MCG/ACT, 500	FML FORTE SUSP .....	199
fluoxetine hcl CAPS 10 MG .....	37	MCG/ACT-50 MCG/ACT .....	27	FML LIQUIFILM SUSP (Use
fluoxetine hcl CAPS 20 MG .....	37	fluticasone-salmeterol AEPB 113	fluorometholone (ophth)) .....	199
fluoxetine hcl CAPS 40 MG .....	37	MCG/ACT-14 MCG/ACT, 232	FOCALIN TABS (Use	
fluoxetine hcl SOLN .....	37	MCG/ACT-14 MCG/ACT, 55	dexmethylphenidate hcl) .....	3
fluoxetine hcl TABS 10 MG, 20 MG		MCG/ACT-14 MCG/ACT .....	27	FOCALIN XR CP24 (Use
37		fluticasone-salmeterol AEPB 500	dexmethylphenidate hcl) .....	3
fluoxetine hcl TABS 60 MG .....	37	MCG/ACT-50 MCG/ACT .....	27	folic acid SOLN .....
FLUOXETINE HYDROCHLORIDE		fluticasone-salmeterol AERO .....	27	126
TABS (Use fluoxetine hcl) .....	38	fluvastatin sodium CAPS .....	52	folic acid TABS 1 MG .....
fluphenazine decanoate .....	76	fluvastatin sodium TB24 .....	52	126
fluphenazine hcl CONC .....	76	fluvoxamine maleate CP24 .....	38	FOLOTYN (Use pralatrexate) .....
fluphenazine hcl ELIX .....	76	fluvoxamine maleate TABS 100 MG .		62
fluphenazine hcl SOLN .....	76	38	FOLOTYN .....	62
fluphenazine hcl TABS .....	76	fluvoxamine maleate TABS 25 MG	fomepizole 1.5 GM/1.5ML .....	46
flurandrenolide CREA .....	101	38	fondaparinux sodium 10 MG/0.8ML	
flurandrenolide LOTN .....	101	fluvoxamine maleate TABS 50 MG	29	
flurazepam hcl .....	129	38	fondaparinux sodium 2.5 MG/0.5ML .	
flurbiprofen sodium .....	201	FLUZONE HIGH-DOSE PF 2021-	29	
flurbiprofen TABS 100 MG .....	10	2022 .....	29	
fluticasone furoate-vilanterol .....	26	219	FORA LANCETS .....	137
fluticasone propionate (inhalation)		FLUZONE HIGH-DOSE PF 2022-	FORA LANCING DEVICE MISC .	137
AEPB .....	24	2023 .....	219	FORA LANCING
fluticasone propionate (nasal) SUSP .		FLUZONE HIGH-DOSE PF 2023-	DEVICE/CLEARCAP MISC .....	137
191		2024 .....	219	FORANE (Use isoflurane) .....
fluticasone propionate CREA 0.05 %		FLUZONE QUADRIVALENT 2021-	219	121
101		2022 SUSP .....	219	FORFIVO XL TB24 (Use bupropion
fluticasone propionate hfa .....	24	FLUZONE QUADRIVALENT 2021-	219	hcl) .....
fluticasone propionate LOTN .....	101	2022 SUSY .....	219	36
fluticasone propionate OINT .....	101	FLUZONE QUADRIVALENT 2022-	219	formoterol fumarate NEBU .....
fluticasone-salmeterol AEPB 100		2023 SUSP .....	219	27
MCG/ACT-50 MCG/ACT, 250		FLUZONE QUADRIVALENT 2022-	219	FORTEO SOPN (Use teriparatide
		2023 SUSY .....	219	(recombinant)) .....
		FLUZONE QUADRIVALENT 2023-	219	112
		2024 SUSP .....	219	FORTESTA GEL TD (Use
		FLUZONE QUADRIVALENT 2023-	219	testosterone) .....
		2024 SUSY .....	219	18
				FOSAMAX PLUS D .....
				112
				FOSAMAX TABS 70 MG (Use
				alendronate sodium) .....
				112

fosamprenavir calcium TABS .....78	FREDS PHARMACY UNIFINE	179
fosaprepitant dimeglumine .....48	PENTIPS PEN NEEDLES 32GX4MM .....155	frovatriptan succinate ..... 179
foscarnet sodium 6000 MG/250ML 79	FREDS PHARMACY UNIFINE	FRUZAQLA 1 MG .....63
FOSCAVIR 6000 MG/250ML (Use foscarnet sodium) .....79	PENTIPS PLUS 31GX5MM .....155	FRUZAQLA 5 MG .....63
fosfomycin tromethamine ..... 60	FREDS PHARMACY UNIFINE	FULPHILA .....126
fosinopril sodium & hydrochlorothiazide .....56	PENTIPS PLUS 31GX8MM .....155	fulvestrant SOSY .....65
fosinopril sodium .....53	FREDS PHARMACY UNILET	FUROSCIX CTKT ..... 111
fosphenytoin sodium .....35	LANCETS SUPER THIN 30G ...137	furosemide SOLN IJ 10 MG/ML ..111
FOSRENOL CHEW (Use lanthanum carbonate) ..... 120	FREDS PHARMACY UNILET	furosemide TABS 20 MG .....111
FOSRENOL CHEW 750 MG (Use lanthanum carbonate) ..... 120	LANCETS ULTRA THIN 28G ....137	furosemide TABS 40 MG .....111
FOSRENOL PACK ..... 121	FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD ..... 137	furosemide TABS 80 MG .....111
FOTIVDA .....68	FREESTYLE LANCETS ..... 137	FYARRO ..... 68
FRAGMIN SOLN 10000 UNIT/4ML 29	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....137	FYCOMPA SUSP .....30
FRAGMIN SOLN 95000 UNIT/3.8ML 29	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....137	FYCOMPA TABS ..... 30
FRAGMIN SOSY 10000 UNIT/ML .29	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....137	FYLNETRA .....126
FRAGMIN SOSY 12500 UNIT/0.5ML 29	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....137	gabapentin (once-daily) TABS 300 MG .....209
FRAGMIN SOSY 15000 UNIT/0.6ML 29	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM .....137	gabapentin (once-daily) TABS 600 MG .....209
FRAGMIN SOSY 18000 UNT/0.72ML .....29	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....137	gabapentin CAPS 100 MG .....32
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML .....29	FREESTYLE LIBRE 3/READER/FLASH MONITORING SYSTEM .....137	gabapentin CAPS 300 MG .....32
FRAGMIN SOSY 7500 UNIT/0.3ML 29	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....137	gabapentin CAPS 400 MG .....32
FREDS PHARMACY AUTOLET LANCING DEVICE MISC .....137	FREESTYLE UNISTICK II LANCETS .....137	gabapentin SOLN .....32
	FROVA (Use frovatriptan succinate)	gabapentin TABS 600 MG, 800 MG 32
		GABITRIL 2 MG (Use tiagabine hcl) . 35
		GABITRIL 4 MG, 12 MG, 16 MG (Use tiagabine hcl) .....35
		GABLOFEN SOLN IT (Use baclofen) 189
		GABLOFEN SOLN IT .....189

GABLOFEN SOSY .....	189	gefitinib .....	64	hcl) .....	74
GADAVIST SOLN (Use gadobutrol) 108		GELNIQUE GEL 10 % .....	216	GEODON 60 MG, 80 MG (Use ziprasidone hcl) .....	74
GADAVIST SOSY 10 MMOL/10ML, 15 MMOL/15ML .....	108	gemcitabine hcl SOLN .....	62	GILENYA (Use fingolimod hcl) ..	208
gadobutrol SOLN .....	108	gemcitabine hcl SOLR .....	62	GILOTRIF .....	64
gadoterate meglumine SOLN ....	108	GEMCITABINE HYDROCHLORIDE SOLN (Use gemcitabine hcl) .....	63	GIMOTI SOLN NA .....	119
gadoterate meglumine SOSY ....	108	GEMCITABINE HYDROCHLORIDE SOLN .....	63	GIVLAARI .....	123
GALAFOLD .....	114	gemfibrozil TABS .....	51	glatiramer acetate SOSY 40 MG/ML .	208
galantamine hydrobromide CP24	206	GEMTESA .....	217	GLEEVEC 100 MG (Use imatinib mesylate) .....	68
galantamine hydrobromide SOLN 206		GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT .....	107	GLEEVEC 400 MG (Use imatinib mesylate) .....	68
galantamine hydrobromide TABS 4 MG .....	206	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT .....	107	GLEOLAN .....	106
galantamine hydrobromide TABS 8 MG, 12 MG .....	206	GENERESS FE (Use norethindrone & ethinyl estradiol-fe) .....	91	GLEOSTINE 10 MG, 40 MG, 100 MG .....	62
GALZIN .....	183	GENOTROPIN CART SC .....	113	GLIADEL WAFER .....	62
GAMASTAN .....	203	GENOTROPIN MINIQUICK PRSY 113		glimepiride 1 MG .....	45
GAMIFANT .....	184	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 % .....	5	glimepiride 2 MG .....	45
GAMMAPLEX SOLN 5 GM/50ML, 10 GM/100ML, 20 GM/200ML .....	203	gentamicin sulfate (ophth) SOLN	.198	glimepiride 4 MG .....	45
ganciclovir sodium SOLR .....	79	gentamicin sulfate (topical) CREA	.95	glipizide TABS 10 MG .....	45
GANCICLOVIR SOLN .....	79	gentamicin sulfate (topical) OINT	.96	glipizide TABS 2.5 MG .....	45
GANIRELIX ACETATE (Use ganirelix acetate) .....	113	gentamicin sulfate IJ .....	5	glipizide TABS 5 MG .....	45
ganirelix acetate .....	113	GENTEEL BUTTERFLY TOUCH LANCETS .....	137	glipizide TB24 10 MG .....	45
GARDASIL 9 SUSP .....	219	GENVOYA .....	78	glipizide TB24 2.5 MG .....	45
GARDASIL 9 SUSY .....	219	GEODON (Use ziprasidone hcl) ..	74	glipizide TB24 5 MG .....	45
GASTROCROM (Use cromolyn sodium (mastocytosis)) .....	118	GEODON (Use ziprasidone mesylate) .....	74	glipizide-metformin hcl 250 MG-2.5 MG .....	40
gatifloxacin (ophth) .....	198	GEODON 40 MG (Use ziprasidone		glipizide-metformin hcl 500 MG-2.5 MG, 500 MG-5 MG .....	40
GATTEX .....	121			GLOBAL EASE INJECT PEN NEEDLES 29GX12MM .....	155
GAVRETO .....	68			GLOBAL EASE INJECT PEN	

NEEDLES 31GX8MM .....	155	SYRINGE/U-100/0.5ML/30G X 5/16" .....	156	GLUCAGON HCL DIAGNOSTIC	106
GLOBAL EASE INJECT PEN				GLUCOCOM LANCETS 28G .....	138
NEEDLES 32GX4MM .....	155	GLOBAL INJECT EASE INSULIN		GLUCOCOM LANCETS 30G .....	138
GLOBAL EASE INJECT PEN		SYRINGE/U-100/0.5ML/31G X 5/16" .....	156	GLUCOCOM LANCETS 33G .....	138
NEEDLES 31GX5MM .....	155			GLUCOTROL XL TB24 10 MG (Use	
GLOBAL EASY GLIDE INSULIN		GLOBAL INJECT EASE INSULIN		glipizide) .....	45
SYRINGE/0.3ML/31G X 15/64" .....	155	SYRINGE/U-100/1ML/28G X 1/2" .....	156	GLUCOTROL XL TB24 2.5 MG (Use	
GLOBAL EASY GLIDE INSULIN				glipizide) .....	45
SYRINGE/0.5ML/31G X 15/64" .....	155	GLOBAL INJECT EASE INSULIN		GLUCOTROL XL TB24 5 MG (Use	
GLOBAL EASY GLIDE INSULIN		SYRINGE/U-100/1ML/29G X 1/2" .....	156	glipizide) .....	45
SYRINGE/1ML/31G X 15/64" .....	155			GLUMETZA TB24 1000 MG (Use	
GLOBAL EASY GLIDE		GLOBAL INJECT EASE INSULIN		metformin hcl) .....	41
INSULINSYRINGE/U-100/0.3ML/31G		SYRINGE/U-100/1ML/30G X 1/2" .....	156	GLUMETZA TB24 500 MG (Use	
X 5/16" .....	155			metformin hcl) .....	41
GLOBAL EASY GLIDE PEN		GLOBAL INJECT EASE INSULIN		glyburide micronized 3 MG .....	45
NEEDLES 32GX4MM .....	155	SYRINGE/U-100/1ML/30G X 5/16" .....	156	glyburide TABS 1.25 MG, 2.5 MG .....	45
GLOBAL INJECT EASE INSULIN				glyburide TABS 5 MG .....	45
SYRINGE/U-100/0.3ML/29G X 1/2" .....	155	GLOBAL INJECT EASE INSULIN		glyburide-metformin 250 MG-1.25	
GLOBAL INJECT EASE INSULIN		SYRINGE/U-100/1ML/31G X 5/16" .....	156	MG .....	40
SYRINGE/U-100/0.3ML/30G X 1/2" .....	155			glyburide-metformin 500 MG-2.5 MG,	
GLOBAL INJECT EASE INSULIN		GLOBAL INJECT EASE LANCETS		500 MG-5 MG .....	40
SYRINGE/U-100/0.3ML/30G X 5/16" .....	155	28G .....	137	GLYCATE TABS .....	213
GLOBAL INJECT EASE INSULIN		GLOBAL INJECT EASE LANCETS		glycine (gu irrigant) SOLN 1.5 % .....	122
SYRINGE/U-100/0.3ML/30G X 5/16" .....	155	30G .....	137	glycine diluent .....	205
GLOBAL INJECT EASE INSULIN		GLOBAL INSULIN SYRINGE/U-		GLYCOPYRROLATE .....	89
SYRINGE/U-100/0.3ML/31G X 5/16" .....	156	100/0.3ML/30G X 1/2" .....	156	glycopyrrolate SOLN OR 1 MG/5ML .....	213
GLOBAL INJECT EASE INSULIN				GLYCOPYRROLATE SOSY IJ 0.6	
SYRINGE/U-100/0.3ML/31G X 5/16" .....	156	GLOBAL INSULIN SYRINGES/U-		MG/3ML .....	213
GLOBAL INJECT EASE INSULIN		100/0.3ML/30GX5/16" .....	156	glycopyrrolate SOSY IJ .....	213
SYRINGE/U-100/0.5ML/28G X 1/2" .....	156			glycopyrrolate TABS 1 MG, 2 MG	
GLOBAL INJECT EASE INSULIN		GLOBAL LANCING DEVICE MISC		213	
SYRINGE/U-100/0.5ML/30G X 1/2" .....	156	137		GLYNASE 1.5 MG (Use glyburide	
GLOBAL INJECT EASE INSULIN		GLOPERBA SOLN OR .....	123		
SYRINGE/U-100/0.5ML/30G X 1/2" .....	156	GLOSTRIPS STRP 1 MG .....	201		
GLOBAL INJECT EASE INSULIN		GLUCAGEN DIAGNOSTIC .....	106		
SYRINGE/U-100/0.5ML/30G X 1/2" .....	156	glucagon (rdna) .....	41		
GLOBAL INJECT EASE INSULIN		GLUCAGON .....	106		
SYRINGE/U-100/0.5ML/30G X 1/2" .....	156	GLUCAGON EMERGENCY KIT			
GLOBAL INJECT EASE INSULIN		(Use glucagon (rdna)) .....	41		



micronized) .....45	GLYXAMBI .....40	NEEDLES/32GX 5/32" .....156
GLYNASE 3 MG (Use glyburide micronized) .....45	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" .....156	GNP ULTICARE PEN NEEDLES/32GX1/4" .....156
GLYNASE 6 MG (Use glyburide micronized) .....45	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" .....156	GNP ULTICARE PEN NEEDLES31G X 5MM .....156
GLYRX-PF SOLN IJ .....214	GNP INSULIN SYRINGE/0.3ML/29G X 1/2" .....156	GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM .....156
GLYRX-PF SOSY IJ 1 MG/5ML .214	GNP INSULIN SYRINGE/0.3ML/30G X 5/16" .....156	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM .....157
GLYTACTIN BETTERMILK 15 PACK .....108	GNP INSULIN SYRINGE/0.3ML/31G X 5/16" .....156	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM .....157
GLYTACTIN BETTERMILK DE-LITE PACK .....108	GNP INSULIN SYRINGE/0.5ML/28G X 1/2" .....156	GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM .....157
GLYTACTIN BETTERMILK POWD 108	GNP INSULIN SYRINGE/0.5ML/29G X 1/2" .....156	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" .....157
GLYTACTIN BUILD 10PE PACK .108	GNP INSULIN SYRINGE/0.5ML/30G X 5/16" .....156	GOCOVRI CP24 .....72
GLYTACTIN BUILD 20/20 PACK 108	GNP INSULIN SYRINGE/0.5ML/31G X 5/16" .....156	GOJJI LANCING DEVICE/CLEAR CAP MISC .....138
GLYTACTIN BUILD 20/20 PKU PACK .....108	GNP INSULIN SYRINGE/1ML/29G X 1/2" .....156	GOJJI STERILE LANCETS 30G 138
GLYTACTIN BURST PACK .....108	GNP INSULIN SYRINGE/1ML/30G X 5/16" .....156	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate) .....130
GLYTACTIN COMPLETE 10PE BAR .....109	GNP INSULIN SYRINGE/1ML/31G X 5/16" .....156	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" .....157
GLYTACTIN RESTORE 10 LIQD OR .....109	GNP INSULIN SYRINGES/1ML/28GX1/2" .....156	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL .138
GLYTACTIN RESTORE 5 PACK .109	GNP LANCETS 21G .....138	GOODSENSE LANCETS MICRO- THIN 33G .....138
GLYTACTIN RESTORE LITE 10 LIQD OR .....109	GNP LANCETS THIN 26G .....138	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL .....138
GLYTACTIN RESTORE LITE 10PE PACK .....109	GNP LANCING SYSTEM DEVICE MISC .....138	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL .....138
GLYTACTIN RTD 10 LIQD OR ...109	GNP STERILE LANCETS 33G ...138	GOODSENSE LANCETS ULTRA- THIN 30G .....138
GLYTACTIN RTD 15 LIQD OR ...109	GNP ULTICARE PEN NEEDLES/31GX5/16" .....156	
GLYTACTIN RTD LITE 15 LIQD OR . 109	GNP ULTICARE PEN	
GLYTACTIN SWIRL 15 PACK ...109		
GLYTACTIN SWIRL 15PE PACK 109		

GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	138	guanfacine hcl (adhd)	2	HEALTH CARE LANCING DEVICE MISC	138
GOODSENSE LANCING DEVICE MISC	138	guanfacine hcl	55	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	157
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	157	GVOKE HYPOPEN 2-PACK SOAJ 41	41	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	157
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	157	GVOKE KIT SOLN	41	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	157
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	157	GVOKE PFS SOSY 1 MG/0.2ML	41	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	157
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	157	HADLIMA PUSHTOUCH SOAJ	7	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	157
GOPRELTO	190	HADLIMA PUSHTOUCH SOAJ	8	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	157
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	107	HADLIMA SOSY	8	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	157
GRALISE TABS (Use gabapentin (once-daily))	209	HAEGARDA SOLR SC	123	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	157
GRALISE TABS 300 MG, 450 MG	209	halcinonide CREA	101	HEALTHWISE MINI PEN NEEDLES 31GX6MM	157
GRALISE TABS 600 MG, 750 MG, 900 MG	209	HALCION 0.25 MG (Use triazolam) 129	129	HEALTHWISE PEN NEEDLES 29GX12MM	157
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	47	HALDOL DECANOATE 100 (Use haloperidol decanoate)	75	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	157
granisetron hcl SOLN IV 1 MG/ML	47	HALDOL DECANOATE 50 (Use haloperidol decanoate)	75	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	157
granisetron hcl TABS	47	halobetasol propionate CREA	101	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	157
GRANIX SOLN 300 MCG/ML	126	halobetasol propionate FOAM	101	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	157
GRANIX SOLN 480 MCG/1.6ML	126	halobetasol propionate OINT	101	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	138
GRASTEK SUBL	5	HALOG CREA (Use halcinonide)	101	HEALTHY ACCENTS UNIFINE	
griseofulvin microsize SUSP	48	HALOG OINT	101		
griseofulvin microsize TABS	48	HALOG SOLN	101		
griseofulvin ultramicrosize	48	haloperidol decanoate	75		
		haloperidol lactate CONC	75		
		haloperidol lactate SOLN	75		
		haloperidol TABS	75		
		HARVONI PACK 33.75 MG-150 MG . 80	80		
		HARVONI PACK 45 MG-200 MG . 80	80		
		HARVONI TABS 45 MG-200 MG . 80	80		
		HAVRIX	219		

PENTIPS PEN NEEDLES 29GX12MM ..... 157	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM .....158	UNIT/ML ..... 29
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM .....157	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32" .....158	HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML ..... 30
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM .....157	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32" .....158	HEPARIN SODIUM/D5W ..... 29
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM .....157	H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC .....138	HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML ..... 29
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM .....157	H-E-B INCONTROL LANCETS MICRO THIN 33G .....138	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (Use heparin (porcine) in sodium chloride) 29
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G ... 138	H-E-B INCONTROL LANCETS SUPER THIN 30G ..... 138	HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML ..... 29
H-E-B IN CONTROL PEN NEEDLE 31GX3/16" ..... 157	H-E-B INCONTROL LANCETS ULTRA THIN 28G .....138	HEPLISAV-B SOSY .....219
H-E-B IN CONTROL PEN NEEDLES 31GX5MM .....157	H-E-B INCONTROL PEN NEEDLES 29GX12MM ..... 158	HERCEPTIN 150 MG .....64
H-E-B IN CONTROL PEN NEEDLES 31GX6MM .....157	HECTOROL SOLN (Use doxercalciferol) ..... 114	HERCEPTIN HYLECTA .....66
H-E-B IN CONTROL PEN NEEDLES 31GX8MM .....157	HEMABATE SOLN (Use carboprost tromethamine) ..... 203	HERZUMA ..... 64
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM ....158	HEMADY TABS .....93	HESPAN (Use hetastarch in sodium chloride) .....124
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" . 158	HEMANGEOL SOLN OR ..... 83	hetastarch in sodium chloride ...124
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16" .....158	HEMGENIX ..... 123	HETLIOZ CAPS (Use tasimelteon) 130
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" .....158	HEMLIBRA .....123	HETLIOZ LQ SUSP ..... 130
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM .....158	HEPAGAM B SOLN IJ .....203	HEXTEND .....124
	heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L ..... 29	HIBERIX SOLR IJ ..... 217
	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....29	HIPREX (Use methenamine hippurate) ..... 60
	HEPARIN SODIUM SOLN IJ 5000	HIZENTRA SOLN 10 GM/50ML .204
		HIZENTRA SOSY ..... 204
		HM ULTICARE MINI PEN

NEEDLES/31G X 5MM (3/16") .. 158	MG/0.2ML ..... 8	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... 16
HORIZANT .....209	HUMIRA PSKT 40 MG/0.4ML, 40 MG/0.8ML ..... 8	
HULIO AJKT .....8	HUMULIN 70/30 KWIKPEN SUPN 42	hydrocodone-acetaminophen SOLN 325 MG/15ML-7.5 MG/15ML ..... 16
HULIO PSKT 20 MG/0.4ML .....8	HUMULIN 70/30 SUSP ..... 43	
HULIO PSKT 40 MG/0.8ML .....8	HUMULIN N KWIKPEN SUPN .... 43	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....16
HUMALOG JUNIOR KWIKPEN SOPN ..... 42	HUMULIN N SUSP ..... 43	
HUMALOG KWIKPEN SOPN 200 UNIT/ML ..... 42	HUMULIN R SOLN IJ .....43	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....16
HUMALOG MIX 50/50 KWIKPEN SUPN ..... 42	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....43	
HUMALOG MIX 75/25 KWIKPEN SUPN ..... 42	HUMULIN R U-500 KWIKPEN SOPN SC .....43	hydrocodone-ibuprofen 10 MG-200 MG ..... 16
HUMALOG MIX 75/25 SUSP .....42	HYCANTIN CAPS ..... 72	hydrocodone-ibuprofen 7.5 MG-200 MG ..... 16
HUMALOG SOCT .....42	HYCANTIN SOLR (Use topotecan hcl) ..... 72	hydrocortisone (intrarectal) .....18
HUMALOG SOLN IJ .....42	hydralazine hcl SOLN .....57	hydrocortisone (rectal) EX 1 % .... 19
HUMATROPE CART IJ .....113	hydralazine hcl TABS 10 MG .....57	hydrocortisone (rectal) EX 2.5 % .. 19
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML ..... 8	hydralazine hcl TABS 100 MG ....57	hydrocortisone (topical) CREA 1 %, 2.5 % .....101
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..8	hydralazine hcl TABS 25 MG .....57	hydrocortisone (topical) LOTN 2.5 % . 101
HUMIRA PEN PNKT 40 MG/0.4ML .8	hydralazine hcl TABS 50 MG .....57	hydrocortisone (topical) OINT 1 %, 2.5 % .....101
HUMIRA PEN PNKT 40 MG/0.8ML .8	HYDREA (Use hydroxyurea) .....71	
HUMIRA PEN PNKT 80 MG/0.8ML .8	hydrochlorothiazide CAPS .....111	HYDROCORTISONE ACETATE MICRONIZED POWD ..... 101
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML .....8	hydrochlorothiazide TABS 12.5 MG 111	HYDROCORTISONE ACETATE POWD ..... 102
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML .....8	hydrochlorothiazide TABS 25 MG, 50 MG .....111	hydrocortisone butyrate CREA ... 102
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....8	hydrocodone bitartrate CP12 20 MG, 30 MG, 40 MG ..... 13	hydrocortisone butyrate hydrophilic lipo base .....102
HUMIRA PEN-PS/UV STARTER PNKT .....8	HYDROCODONE BITARTRATE CRYS .....89	hydrocortisone butyrate LOTN ... 102
HUMIRA PSKT 10 MG/0.1ML, 20	HYDROCODONE BITARTRATE POWD .....90	hydrocortisone butyrate SOLN ... 102
	hydrocodone bitartrate T24A ..... 13	HYDROCORTISONE MICRONIZED .....102

HYDROCORTISONE POWD . . . . .	102	hydroxyzine hcl SYRP . . . . .	20	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 8
hydrocortisone TABS . . . . .	93	hydroxyzine hcl TABS . . . . .	20	HYRIMOZ SOAJ 40 MG/0.4ML . . . . .
hydrocortisone valerate CREA . . . . .	102	hydroxyzine pamoate CAPS 100 MG 20		HYRIMOZ SOAJ 80 MG/0.8ML . . . . .
hydrocortisone valerate OINT . . . . .	102	hydroxyzine pamoate CAPS 25 MG, 50 MG . . . . .	20	HYRIMOZ SOSY 10 MG/0.1 ML . . . . .
hydrocortisone w/acetic acid . . . . .	203	HYFTOR . . . . .	104	HYRIMOZ SOSY 20 MG/0.2ML . . . . .
HYDROCORTISONE/ACETIC ACID (Use hydrocortisone w/acetic acid) 203		hyoscyamine sulfate SUBL 0.125 MG . . . . .	214	HYRIMOZ SOSY 40 MG/0.4ML . . . . .
hydromorphone hcl LIQD . . . . .	13	hyoscyamine sulfate TABS 0.125 MG . . . . .	214	HYSINGLA ER T24A . . . . .
HYDROMORPHONE HCL POWD 13		hyoscyamine sulfate TB12 0.375 MG 214		HYZAAR (Use losartan potassium & hydrochlorothiazide) . . . . .
hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML . . . . .	13	hyoscyamine sulfate TBDP 0.125 MG . . . . .	214	ibandronate sodium TABS . . . . .
hydromorphone hcl TABS . . . . .	13	HYPERHEP B SOLN IM . . . . .	204	IBRANCE CAPS . . . . .
hydromorphone hcl TB24 12 MG . . . . .	13	HYPERHEP B SOSY 110 UNIT/0.5ML . . . . .	204	IBRANCE TABS . . . . .
hydromorphone hcl TB24 8 MG, 16 MG, 32 MG . . . . .	13	HYPERRAB SOLN . . . . .	204	IBSRELA . . . . .
HYDROMORPHONE HYDROCHLORIDE SOLN IJ (Use hydromorphone hcl) . . . . .	13	HYPERRHO S/D SOSY IM 1500 UNIT . . . . .	204	ibuprofen lysine . . . . .
HYDROMORPHONE HYDROCHLORIDE SOLN IJ (Use hydromorphone hcl) . . . . .	14	HYPERSAL NEBU (Use sodium chloride (inhalant)) . . . . .	94	IBUPROFEN POWD . . . . .
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML . . . . .	13	HYPERTET SOSY . . . . .	204	ibuprofen SUSP 100 MG/5ML . . . . .
hydroxychloroquine sulfate . . . . .	60	HYPOLANCE AST LANCING KIT KIT . . . . .	138	ibuprofen TABS 400 MG, 600 MG, 800 MG . . . . .
hydroxyprogesterone caproate (antineoplastic) . . . . .	65	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ . . . . .	8	ibuprofen-famotidine . . . . .
hydroxyurea . . . . .	71	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY . . . . .	8	ibutilide fumarate . . . . .
HYDROXYUREA . . . . .	90	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY . . . . .	8	icatibant acetate SOLN . . . . .
HYDROXYZINE HCL . . . . .	90			icatibant acetate SOSY . . . . .
hydroxyzine hcl SOLN 50 MG/ML . . . . .	20			ICLUSIG 10 MG, 30 MG, 45 MG . . . . .
				ICLUSIG 15 MG . . . . .
				icosapent ethyl 0.5 GM . . . . .
				icosapent ethyl 1 GM . . . . .
				ID NOW COVID-19 . . . . .
				IDACIO (2 PEN) AJKT . . . . .
				IDACIO (2 SYRINGE) PSKT . . . . .

IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	9	succinate)	180	indomethacin CAPS 25 MG, 50 MG	10
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	9	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	180	indomethacin CPCR	10
IDAMYCIN PFS (Use idarubicin hcl)	66	IMITREX TABS (Use sumatriptan succinate)	180	indomethacin SUPP	10
idarubicin hcl	66	IMJUDO	64	indomethacin SUSP	10
IDELVION	123	IMLYGIC	71	INFANRIX	213
IDHIFA	68	IMMPHENTIV SOLN IV	222	INFED	128
ifosfamide SOLN	62	IMODIUM A-D CAPS (Use loperamide hcl)	45	INFLECTRA SOLR	119
ILARIS SOLN	9	IMOYAX RABIES (H.D.C.V.) SUSR 219		INFLIXIMAB	119
ILEVRO	201	IMURAN TABS (Use azathioprine)	184	INFUMORPH 200 (Use morphine sulfate for continuous microinfusion)	14
ILUMYA	98	INBRIJA CAPS	72	INFUMORPH 500 (Use morphine sulfate for continuous microinfusion)	14
imatinib mesylate 100 MG	68	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	158	INGREZZA CAPS	207
imatinib mesylate 400 MG	68	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	158	INGREZZA CPPK	207
IMBRUVICA CAPS 140 MG	68	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	158	INJECTAFER	128
IMBRUVICA CAPS 70 MG	68	INCRELEX	113	INLYTA	63
IMBRUVICA SUSP	68	INCRUSE ELLIPTA	23	INPEFA	86
IMBRUVICA TABS	68	indapamide TABS 1.25 MG, 2.5 MG	111	INPEFA 200 MG	86
IMCIVREE	2	INDERAL LA CP24 120 MG (Use propranolol hcl)	83	INQOVI	66
IMFINZI	63	INDERAL LA CP24 60 MG, 80 MG, 160 MG (Use propranolol hcl)	83	INREBIC	68
imipenem-cilastatin IV	58	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	107	INSPIRA (Use eplerenone)	57
imipramine hcl TABS	39	INDOCIN SUSP (Use indomethacin)	10	INSULIN ASPART FLEXPEN SOPN	43
imipramine pamoate 125 MG	39	INDOMETHACIN	10	INSULIN ASPART PENFILL SOCT	43
imiquimod 3.75 %	103			INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	43
imiquimod 5 %	103			INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	43
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	179				
IMITREX STATDOSE REFILL SOCT (Use sumatriptan succinate)	179				
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan					

INSULIN ASPART SOLN IJ ..... 43	INSULIN SYRINGE/0.5ML/30G X 5/16" .....158	INSULIN SYRINGES/U- 100/0.5ML/27GX1/2" .....159
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML ..... 43	INSULIN SYRINGE/0.5ML/31G X 5/16" .....158	INSULIN SYRINGES/U- 100/0.5ML/28GX1/2" .....159
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML ..... 43	INSULIN SYRINGE/1ML/28G X 1/2" 158	INSULIN SYRINGES/U- 100/0.5ML/29GX1/2" .....159
INSULIN DEGLUDEC SOLN ..... 43	INSULIN SYRINGE/1ML/30G X 5/16" .....158	INSULIN SYRINGES/U- 100/0.5ML/30GX5/16" ..... 159
INSULIN GLARGINE MAX SOLOSTAR SOPN ..... 43	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" .....158	INSULIN SYRINGES/U- 100/0.5ML/31GX5/16" ..... 159
INSULIN GLARGINE SOLN ..... 43	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" .....158	INSULIN SYRINGES/U- 100/1ML/27GX1/2" .....159
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML ..... 43	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" .....158	INSULIN SYRINGES/U- 100/1ML/28GX1/2" .....159
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML ..... 43	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" .....158	INSULIN SYRINGES/U- 100/1ML/29GX1/2" .....159
INSULIN GLARGINE-YFGN SOLN 43	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" .....158	INSULIN SYRINGES/U- 100/1ML/30GX1/2" .....159
INSULIN GLARGINE-YFGN SOPN 43	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" .....158	INSULIN SYRINGES/U- 100/1ML/31GX5/16" ..... 159
INSULIN LISPRO JUNIOR KWIKPEN SOPN ..... 43	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" .....158	INSUPEN 29G X 12MM ..... 159
INSULIN LISPRO KWIKPEN SOPN . 43	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" .....158	INSUPEN 31G X 5MM .....159
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN ..... 43	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" ..... 159	INSUPEN 31G X 8MM .....159
INSULIN LISPRO SOLN IJ ..... 43	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" .....158	INSUPEN 32G X 4MM .....159
INSULIN SYRINGE 1ML/31G X1/4" . 158	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" ..... 159	INSUPEN 33GX4MM ..... 159
INSULIN SYRINGE/0.3ML/30G X 5/16" .....158	INSULIN SYRINGE/U-100/1ML/29G X 1/2" .....159	INSUPEN PEN NEEDLES 32G X4MM ..... 159
INSULIN SYRINGE/0.3ML/31G X 5/16" .....158	INSULIN SYRINGE/U-100/1ML/31G X 5/16" ..... 159	INSUPEN SENSITIVE 32GX6MM 159
INSULIN SYRINGE/0.5ML/27G X 1/2" .....158	INSULIN SYRINGES 0.3ML/31G X 1/4" .....159	INSUPEN SENSITIVE 32GX8MM 159
INSULIN SYRINGE/0.5ML/28G X 1/2" .....158	INSULIN SYRINGES 0.5ML/31G X 1/4" .....159	INSUPEN ULTRAFIN 30GX8MM 159
		INSUPEN ULTRAFIN 31GX6MM 159

INSUPEN ULTRAFIN 31GX8MM 159	INVOKANA 300 MG ..... 45	ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate) ..... 19
INTELENCE 100 MG (Use etravirine) ..... 78	IONOSOL-MB/DEXTROSE 5% . 181	isosorbide dinitrate TABS 10 MG ..20
INTELENCE 200 MG (Use etravirine) ..... 78	iopamidol IJ .....108	isosorbide dinitrate TABS 20 MG ..20
INTELENCE 25 MG .....78	IOPIDINE .....197	isosorbide dinitrate TABS 40 MG ..20
INTELISWAB COVID-19 RAPID TEST KIT ..... 107	IPOL INACTIVATED IPV ..... 219	isosorbide dinitrate TABS 5 MG, 30 MG ..... 20
INTUNIV 1 MG, 2 MG, 3 MG (Use guanfacine hcl (adhd)) ..... 2	ipratropium bromide (nasal) ..... 190	isosorbide dinitrate-hydralazine hcl 86
INTUNIV 4 MG (Use guanfacine hcl (adhd)) .....3	ipratropium bromide SOLN 0.02 % 23	isosorbide mononitrate TABS ..... 20
INVANZ IJ (Use ertapenem sodium) . 58	ipratropium-albuterol SOLN .....27	isosorbide mononitrate TB24 120 MG .....20
INVEGA 1.5 MG (Use paliperidone) 74	irbesartan .....54	isosorbide mononitrate TB24 30 MG . 20
INVEGA 3 MG, 9 MG (Use paliperidone) ..... 74	irbesartan-hydrochlorothiazide ...56	isosorbide mononitrate TB24 60 MG . 20
INVEGA 6 MG (Use paliperidone) .74	IRESSA (Use gefitinib) .....64	isotretinoin .....95
INVEGA HAFYERA 1092 MG/3.5ML . 74	irinotecan hcl 40 MG/2ML, 100 MG/5ML, 300 MG/15ML ..... 72	ISOVUE-M 200 IJ (Use iopamidol) 108
INVEGA HAFYERA 1560 MG/5ML 74	iron w/ vitamins TABS ..... 187	ISOVUE-M 300 IJ (Use iopamidol) 108
INVEGA SUSTENNA 78 MG/0.5ML 74	irrigation solutions, physiological 185	isradipine CAPS ..... 84
INVEGA TRINZA 273 MG/0.88ML 74	ISENTRESS CHEW ..... 78	ISTALOL SOLN (Use timolol maleate (ophth)) ..... 196
INVELTYS SUSP .....199	ISENTRESS HD TABS ..... 78	ISTODAX SOLR (Use romidepsin) 68
INVOKAMET TABS 1000 MG-150 MG ..... 40	ISENTRESS PACK .....78	ISTURISA 1 MG .....111
INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG .....40	ISENTRESS TABS ..... 78	ISTURISA 10 MG .....112
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG .....40	isoflurane .....121	ISTURISA 5 MG ..... 112
INVOKANA 100 MG ..... 45	ISOLYTE-P/DEXTROSE 5% .... 181	itraconazole CAPS .....49
	ISOLYTE-S .....181	itraconazole SOLN .....49
	ISOLYTE-S PH 7.4 ..... 181	ivermectin (pediculicide) ..... 105
	isoniazid SOLN .....61	ivermectin .....19
	isoniazid SYRP .....61	IWILFIN .....71
	isoniazid TABS .....61	
	isoproterenol hcl .....27	
	ISOPTO CARPINE SOLN 1 %, 2 % (Use pilocarpine hcl) .....197	
	ISORDIL TITRADOSE TABS 40 MG (Use isosorbide dinitrate) ..... 20	



IXCHIQ .....	219	JESDUVROQ 8 MG .....	127	alogliptin-metformin hcl) .....	40
IXIARO .....	219	JIVI .....	123	KCENTRA .....	123
IXINITY SOLR .....	123	JOENJA .....	183	KCL 0.15%/D5W/NACL 0.225% ..	181
IYUZEH SOLN .....	202	JORNAY PM CP24 .....	3	KCL 0.3%/D5W/NACL 0.9% (Use potassium chloride in dextrose & sodium chloride) .....	181
JADENU SPRINKLE PACK (Use deferasirox) .....	46	JUBLIA .....	96	KEDBUMIN .....	124
JADENU TABS (Use deferasirox) ..	46	JULUCA .....	78	KEDRAB SOLN .....	204
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG .....	68	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG .....	52	KEMOPLAT SOLN .....	62
JAKAFI 5 MG .....	68	JYLAMVO SOLN .....	63	KENALOG AERS (Use triamcinolone acetonide (topical)) .....	102
JALYN (Use dutasteride-tamsulosin hcl) .....	122	JYNARQUE TABS .....	116	KENALOG-10 SUSP .....	93
JANSSEN COVID-19 VACCINE ..	219	JYNARQUE TBPK .....	116	KENALOG-40 SUSP (Use triamcinolone acetonide) .....	93
JANUMET TABS .....	40	JYNNEOS .....	219	KENALOG-80 SUSP .....	93
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG .....	40	KADCYLA .....	64	KENGREAL .....	125
JANUMET XR TB24 1000 MG-50 MG .....	40	KALETRA SOLN (Use lopinavir- ritonavir) .....	78	KEPIVANCE 5.16 MG .....	71
JANUVIA 25 MG .....	41	KALETRA TABS (Use lopinavir- ritonavir) .....	78	KEPPRA SOLN OR 100 MG/ML (Use levetiracetam) .....	32
JANUVIA 50 MG, 100 MG .....	41	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir) .....	78	KEPPRA TABS 1000 MG (Use levetiracetam) .....	32
JARDIANCE 10 MG .....	45	KALYDECO PACK 25 MG, 50 MG, 75 MG .....	210	KEPPRA TABS 250 MG (Use levetiracetam) .....	32
JARDIANCE 25 MG .....	45	KALYDECO PACK 5.8 MG, 13.4 MG 210		KEPPRA TABS 500 MG, 750 MG (Use levetiracetam) .....	32
JATENZO CAPS 158 MG, 198 MG 18		KALYDECO TABS .....	210	KEPPRA XR TB24 500 MG (Use levetiracetam) .....	32
JAYPIRCA 100 MG .....	68	KANJINTI .....	64	KEPPRA XR TB24 750 MG (Use levetiracetam) .....	32
JAYPIRCA 50 MG .....	68	KANUMA .....	114	KERENDIA .....	115
JEMPERLI .....	64	KAPSPARGO SPRINKLE CS24 ..	82	KERYDIN (Use tavaborole) .....	96
JENTADUETO TABS .....	40	KAPVAY TB12 (Use clonidine hcl (adhd)) .....	3	KESIMPTA .....	208
JENTADUETO XR TB24 .....	40	KATERZIA .....	84	KETALAR SOLN IJ (Use ketamine hcl) .....	121
JESDUVROQ 1 MG, 2 MG, 4 MG 127		KAZANO 1000 MG-12.5 MG (Use alogliptin-metformin hcl) .....	40		
JESDUVROQ 6 MG .....	126	KAZANO 500 MG-12.5 MG (Use			

KETAMINE HCL .....	90	KIMONO MAXX/LARGE FLARE	sodium (acne)) .....	95	
ketamine hcl SOLN IJ .....	121	MISC .....	133	KLONOPIN TABS 0.5 MG, 1 MG	
ketoconazole (topical) CREA .....	96	KIMONO MICRO THIN MISC ....	133	(Use clonazepam) .....	31
ketoconazole (topical) FOAM .....	96	KIMONO MICRO THIN PLUS	KLONOPIN TABS 2 MG (Use	clonazepam) .....	31
ketoconazole (topical) SHAM 2 %	.96	SPERMICIDE LUBRICATED MISC	133	KLOXXADO LIQD .....	46
ketoconazole .....	49	KIMONO PLUS SPERMICIDE	LUBRICATED MISC .....	133	KMART VALU PLUS INSULIN
KETOCONAZOLE .....	90	LUBRICATED MISC .....	133	SYRINGE/0.5ML/29G .....	159
KETONE STRP .....	107	KIMONO SENSATION	LUBRICATED MISC .....	133	KMART VALU PLUS INSULIN
KETONE TEST STRIPS STRP ..	107	LUBRICATED MISC .....	133	SYRINGE/0.5ML/30G .....	159
ketoprofen CAPS 25 MG .....	10	KIMONO SENSATION PLUS	SPERMICIDE LUBRICATED MISC	133	KMART VALU PLUS INSULIN
ketoprofen CAPS 75 MG .....	10	SPERMICIDE LUBRICATED MISC	133	SYRINGE/1ML/30G .....	159
ketorolac tromethamine (ophth) 0.4	% .....	KIMONO SPECIAL DEVI .....	133	KOATE SOLR .....	123
201		KIMYRSA .....	58	KOMBIGLYZE XR 1000 MG-2.5 MG	
ketorolac tromethamine (ophth) 0.5	% .....	KINERET SOSY .....	9	(Use saxagliptin-metformin hcl) ...	40
201		KINNEY LANCETS .....	138	KOMBIGLYZE XR 1000 MG-5 MG,	
ketorolac tromethamine SOLN IJ 15	MG/ML, 30 MG/ML .....	KINNEY THIN LANCETS .....	138	500 MG-5 MG (Use saxagliptin-	
10		KINRAY INSULIN SYRINGE	PREFERRED PLUS/0.3ML/31G X	metformin hcl) .....	40
KETOROLAC TROMETHAMINE	SOLN NA 15.75 MG/SPRAY .....	5/16" .....	159	KONVOMEPEP SUSR .....	215
10		KINRAY INSULIN SYRINGE	PREFERRED PLUS/0.5ML/31G X	KORLYM (Use mifepristone	
ketorolac tromethamine TABS .....	10	5/16" .....	159	(hyperglycemia)) .....	41
KETOSTIX STRP .....	107	KINRIX SUSY .....	213	KORSUVA .....	186
ketotifen fumarate (ophth) 0.035 %	201	KISQALI .....	68	KOSELUGO 10 MG .....	68
201		KISQALI FEMARA 200 DOSE ....	66	KOSELUGO 25 MG .....	68
KETOTIFEN FUMARATE .....	201	KISQALI FEMARA 400 DOSE ....	66	K-PHOS NEUTRAL (Use pot	
KEVEYIS (Use dichlorphenamide)	110	KISQALI FEMARA 600 DOSE ....	67	phosphate monobasic w/ sod	
110		KITABIS PAK NEBU (Use	tobramycin) .....	phosphate dibasic & monobasic) .	
KEVZARA SOAJ .....	9	5		182	
KEVZARA SOSY .....	9	KLARON (Use sulfacetamide		K-PHOS NO 2 .....	121
KEYTRUDA .....	64			K-PHOS TABS (Use potassium	
KHAPZORY 175 MG .....	71			phosphate monobasic) .....	182
KIMONO COLORS DEVI .....	133			KRAZATI .....	68
KIMONO LUBRICATED MISC ...	133			KRINTAFEL .....	60

DEVICE MISC .....	138	KROGER PEN NEEDLES/31G X1/4" .....	160	CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML .....	82
KROGER HEALTHPRO TWIST LANCETS/26G .....	138	KROGER PEN NEEDLES/31G X3/16" .....	160	lacosamide SOLN OR 10 MG/ML .....	32
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" ....	159	KROGER PEN NEEDLES/31G X5/16" .....	160	lacosamide TABS .....	32
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" ...	159	KROGER PEN NEEDLES/32G X5/32" .....	160	lactated ringer's (irrigation) .....	185
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" ...	159	KROGER PEN NEEDLES/33G X5/32" .....	160	lactated ringer's .....	181
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" ....	159	KRYSTEXXA .....	123	lactic acid (ammonium lactate) CREA .....	103
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" ...	159	K-TAB TBCR (Use potassium chloride) .....	183	lactic acid (ammonium lactate) LOTN 12 % .....	103
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" ...	159	KUVAN PACK (Use sapropterin dihydrochloride) .....	114	lactulose (encephalopathy) .....	120
KROGER INSULIN SYRINGE/1ML/29G X 1/2" .....	160	KUVAN PACK 100 MG (Use sapropterin dihydrochloride) .....	114	lactulose SOLN .....	131
KROGER INSULIN SYRINGE/1ML/30G X 5/16" .....	160	KUVAN PACK 500 MG (Use sapropterin dihydrochloride) .....	114	LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (Use lamotrigine) .....	32
KROGER INSULIN SYRINGE/1ML/31G X 5/16" .....	160	KUVAN TABS (Use sapropterin dihydrochloride) .....	114	LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (Use lamotrigine) .....	32
KROGER LANCETS 21G .....	138	KYLEENA .....	93	LAMICTAL ODT KIT (Use lamotrigine) .....	32
KROGER LANCETS MICRO THIN33G .....	138	KYMRIAH .....	64	LAMICTAL ODT KIT .....	32
KROGER LANCETS THIN 26G .....	138	KYPROLIS 10 MG, 30 MG .....	68	LAMICTAL ODT TBDP 100 MG, 200 MG (Use lamotrigine) .....	32
KROGER LANCETS ULTRATHIN30G .....	138	labetalol hcl SOLN .....	81	LAMICTAL ODT TBDP 25 MG (Use lamotrigine) .....	32
KROGER LANCING DEVICE MISC 138		labetalol hcl TABS 100 MG .....	82	LAMICTAL ODT TBDP 50 MG (Use lamotrigine) .....	32
KROGER PEN NEEDLES 29G X12MM .....	160	labetalol hcl TABS 200 MG .....	82	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine) .....	32
KROGER PEN NEEDLES 31G X8MM .....	160	labetalol hcl TABS 300 MG .....	82	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine) .....	32
KROGER PEN NEEDLES 31GX1/4" .....	160	LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML .....	82	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine) .....	32
		LABETALOL HYDROCHLORIDE/DEXTROSE 5 %-200 MG/200ML .....	82	LAMICTAL STARTER/TAKING	
		LABETALOL HYDROCHLORIDE/SODIUM			

VALPROATE KIT (Use lamotrigine) 32	MG ..... 33	lansoprazole TBDD .....214
LAMICTAL TABS 100 MG (Use lamotrigine) .....32	lamotrigine TB24 300 MG ..... 33	lanthanum carbonate CHEW .....121
LAMICTAL TABS 150 MG (Use lamotrigine) .....32	lamotrigine TBDP 25 MG, 100 MG, 200 MG .....33	LANTUS SOLN ..... 44
LAMICTAL TABS 200 MG (Use lamotrigine) .....32	lamotrigine TBDP 50 MG ..... 33	LANTUS SOLOSTAR SOPN ..... 43
LAMICTAL TABS 25 MG (Use lamotrigine) .....32	LAMPIT 120 MG ..... 58	LANZO MISC ..... 139
LAMICTAL XR KIT .....32	LAMPIT 30 MG ..... 58	lapatinib ditosylate ..... 68
LAMICTAL XR TB24 200 MG, 250 MG (Use lamotrigine) .....32	LAMZEDE .....114	LASIX TABS 20 MG (Use furosemide) ..... 111
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG (Use lamotrigine) ..... 32	LANAFLEX PACK ..... 109	LASIX TABS 40 MG (Use furosemide) ..... 111
LAMICTAL XR TB24 300 MG (Use lamotrigine) .....32	LANCET DEVICE WITH EJECTOR MISC .....138	LASIX TABS 80 MG (Use furosemide) ..... 111
LAMISIL AT CREA (Use terbinafine hcl (topical)) .....96	LANCETS ..... 138	latanoprost SOLN ..... 202
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical)) .....96	LANCETS 30G .....138	LATUDA 20 MG, 40 MG, 60 MG, 120 MG (Use lurasidone hcl) .....74
lamivudine (hbv) TABS ..... 80	LANCETS 30G TWIST TOP .....138	LATUDA 80 MG (Use lurasidone hcl) 74
lamivudine SOLN ..... 78	LANCETS 30G/TWIST TOP .....138	LEADER ADVANCED LANCING DEVICE MISC ..... 139
lamivudine-zidovudine .....78	LANCETS 33G EXTRA FINE ....138	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" .... 160
lamotrigine CHEW 25 MG ..... 33	LANCETS 33G UNIVERSAL DESIGN .....138	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" ...160
lamotrigine CHEW 5 MG .....32	LANCETS MICRO THIN 33G ....139	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" ...160
lamotrigine KIT 25 MG .....33	LANCETS SUPER THIN 28G ... 139	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" .... 160
lamotrigine TABS 100 MG .....33	LANCETS THIN .....139	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" .... 160
lamotrigine TABS 150 MG .....33	LANCETS ULTRA THIN .....139	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ...160
lamotrigine TABS 200 MG .....33	LANCETS ULTRA THIN 30G ....139	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" .... 160
lamotrigine TABS 25 MG ..... 33	LANCING DEVICE MISC .....139	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" .... 160
lamotrigine TB24 200 MG, 250 MG 33	LANOXIN PEDIATRIC SOLN IJ ...85	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" ...160
lamotrigine TB24 25 MG, 50 MG, 100	LANOXIN SOLN IJ (Use digoxin) .86	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" ...160
	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use digoxin) ....86	LEADER INSULIN SYRINGE/1ML/28G X 1/2" ..... 160
	LANREOTIDE ACETATE .....116	
	LANSOPRAZOLE .....90	
	lansoprazole CPDR ..... 214	

LEADER INSULIN SYRINGE/1ML/29G X 1/2" .....	160	LETAIRIS (Use ambrisentan) .....	87	levobunolol hcl 0.5 % .....	196
LEADER INSULIN SYRINGE/1ML/30G X 5/16" .....	160	letrozole .....	65	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML .....	114
LEADER INSULIN SYRINGE/1ML/31G X 5/16" .....	160	leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML .....	71	levocarnitine (metabolic modifiers) TABS .....	114
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" .....	160	leucovorin calcium SOLR .....	71	levocetirizine dihydrochloride SOLN 50	
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" .....	160	leucovorin calcium TABS .....	71	levocetirizine dihydrochloride TABS 50	
LEADER UNIFINE PENTIPS/MINI/31GX3/16" .....	160	LEUKERAN .....	62	levofloxacin in d5w .....	118
LEADER UNIFINE PENTIPS/NANO/32GX5/32" .....	160	LEUKINE SOLR IJ .....	127	levofloxacin SOLN OR .....	118
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" .....	160	LEUPROLIDE ACETATE INJ .....	65	levofloxacin TABS 250 MG, 500 MG . 118	
LEDIPASVIR/SOFOSBUVIR TABS 80		leuprolide acetate KIT IJ 1 MG/0.2ML .....	65	levofloxacin TABS 750 MG .....	118
leflunomide .....	11	levabuterol hcl .....	27	levoleucovorin calcium SOLN .....	71
LEMTRADA .....	208	levabuterol tartrate .....	27	levoleucovorin calcium SOLR .....	71
lenalidomide .....	183	levamlodipine maleate .....	84	levonorgestrel & eth estradiol TABS 91	
LENVIMA 10 MG DAILY DOSE ...	63	LEVVID TB12 (Use hyoscyamine sulfate) .....	214	levonorgestrel (emergency oc) 1.5 MG .....	92
LENVIMA 12MG DAILY DOSE ...	63	LEVEMIR FLEXPEN SOPN .....	44	levonorgestrel-eth estradiol (triphasic) .....	91
LENVIMA 14 MG DAILY DOSE ...	63	LEVEMIR FLEXTOUCH SOPN ...	44	levonorgestrel-ethinyl estradiol (91- day) .....	91
LENVIMA 18 MG DAILY DOSE ...	63	LEVEMIR SOLN .....	44	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG .....	91
LENVIMA 20 MG DAILY DOSE ...	63	LEVETIRACETAM (Use levetiracetam in sodium chloride) ..	33	levonorgestrel-ethinyl estradiol (continuous) .....	91
LENVIMA 24 MG DAILY DOSE ...	63	levetiracetam in sodium chloride ..	33	levonorgestrel-ethinyl estradiol-iron 91	
LENVIMA 4 MG DAILY DOSE ....	63	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML .....	33	LEVOPHED IV (Use norepinephrine bitartrate) .....	222
LENVIMA 8 MG DAILY DOSE ....	63	levetiracetam TABS 1000 MG .....	33	levorphanol tartrate TABS .....	14
LEQEMBI .....	206	levetiracetam TABS 250 MG .....	33	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88	
LEQVIO .....	52	levetiracetam TABS 500 MG, 750 MG .....	33		
LESCOL XL TB24 (Use fluvastatin sodium) .....	52	levetiracetam TB24 500 MG .....	33		
		levetiracetam TB24 750 MG .....	33		
		LEVETIRACETAM/SODIUM CHLORIDE .....	33		

MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG .....	212	LIDOCAINE HCL MONOHYDRATE . . . . .	189	liothyronine sodium SOLN .....	212
LEVOTHYROXINE SODIUM SOLN IV .....	212	lidocaine hcl PRSY .....	104	liothyronine sodium TABS .....	212
LEVOTHYROXINE SODIUM SOLR IV (Use levothyroxine sodium) ...	212	lidocaine hcl SOLN .....	104	LIPITOR TABS 10 MG, 20 MG, 40 MG (Use atorvastatin calcium) ....	52
levothyroxine sodium SOLR IV ..	212	LIDOCAINE HCL SOLN .....	22	LIPITOR TABS 10 MG, 80 MG (Use atorvastatin calcium) .....	52
levothyroxine sodium TABS .....	212	lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML .....	22	LIPITOR TABS 20 MG, 40 MG (Use atorvastatin calcium) .....	52
LEVSIN TABS (Use hyoscyamine sulfate) .....	214	lidocaine OINT .....	104	LIPITOR TABS 80 MG (Use atorvastatin calcium) .....	52
LEVSIN/SL SUBL (Use hyoscyamine sulfate) .....	214	LIDOCAINE POWD .....	90	LIPOFEN CAPS (Use fenofibrate) .	51
LEXAPRO TABS 10 MG (Use escitalopram oxalate) .....	38	lidocaine PTCH 5 % .....	105	LIQREV SUSP .....	87
LEXAPRO TABS 5 MG, 20 MG (Use escitalopram oxalate) .....	38	lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 % .....	131	lisdexamfetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG .....	2
LEXETTE FOAM .....	102	lidocaine-hydrocortisone acetate (rectal) CREA EX .....	19	lisdexamfetamine dimesylate CAPS 2	
LEXISCAN (Use regadenoson) ..	106	lidocaine-hydrocortisone acetate (rectal) KIT 2.5 %-3 % .....	19	lisdexamfetamine dimesylate CHEW .	2
LEXIVA SUSP .....	78	lidocaine-prilocaine CREA .....	105	lisinopril & hydrochlorothiazide ...	56
LEXIVA TABS (Use fosamprenavir calcium) .....	78	LIDODERM PTCH (Use lidocaine)	105	lisinopril TABS 10 MG .....	53
LIALDA TBEC (Use mesalamine)	119	LIKMEZ SUSP .....	57	lisinopril TABS 2.5 MG, 5 MG .....	53
LIBTAYO .....	64	LILETTA 20.1 MCG/DAY .....	93	lisinopril TABS 20 MG .....	53
LICART PT24 .....	97	LINCOCIN (Use lincomycin hcl) ..	59	lisinopril TABS 30 MG, 40 MG .....	53
LIDOCAINE BASE POWD .....	90	lincomycin hcl .....	59	LITE TOUCH LANCETS .....	139
LIDOCAINE CRYSTALS .....	90	LINEZOLID .....	59	LITE TOUCH LANCING PEN MISC	139
lidocaine hcl (cardiac) SOLN .....	22	linezolid SOLN .....	59	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" ....	160
lidocaine hcl (local anesth.) SOLN	132	linezolid SUSP .....	59	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" ...	160
lidocaine hcl (mouth-throat) .....	186	linezolid TABS .....	59	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" ...	160
LIDOCAINE HCL .....	90	LINZESS .....	120	LITETOUCH INSULIN	
lidocaine hcl CREA 3 % .....	104	LIORESAL INTRATHECAL SOLN IT (Use baclofen) .....	189	LITETOUCH INSULIN	
		LIORESAL INTRATHECAL SOLN IT			

SYRINGE/0.5ML/30G X 5/16" ... 160	LIVALO (Use pitavastatin calcium) 52	LOPRESSOR TABS 100 MG (Use metoprolol tartrate) .....82
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" ... 160	LIVE BETTER ADVANCED LANCING DEVICE MISC .....139	LOPRESSOR TABS 50 MG (Use metoprolol tartrate) .....82
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" ..... 161	LIVE BETTER LANCET SUPERTHIN 30G .....139	LOPROX CREA (Use ciclopirox olamine) .....96
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" ..... 161	LIVE BETTER LANCET ULTRATHIN 28G .....139	LOPROX SHAMPOO SHAM (Use ciclopirox) ..... 96
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" ..... 161	LIVMARLI ..... 119	LOPROX SUSP (Use ciclopirox olamine) .....96
LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2" ..... 161	LIVTENCITY .....79	LOQTORZI ..... 64
LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2" ..... 161	LO LOESTRIN FE TABS ..... 91	loratadine SOLN ..... 50
LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....161	LOCAMETZ KIT ..... 106	loratadine TABS ..... 50
LITETOUCH LANCETS MICRO THIN 33G ..... 139	LOCOID LIPOCREAM .....102	loratadine TBDP 10 MG ..... 50
LITETOUCH PEN NEEDLES 29GX12.7MM ..... 161	LOCOID LOTN (Use hydrocortisone butyrate) ..... 102	LORAZEPAM .....90
LITETOUCH PEN NEEDLES 31G X 6MM .....161	LODINE TABS (Use etodolac) .....10	lorazepam CONC .....21
LITETOUCH PEN NEEDLES 31GX8MM SHORT ..... 161	LODOSYN (Use carbidopa) .....72	lorazepam SOLN 2 MG/ML, 4 MG/ML ..... 21
LITETOUCH PEN NEEDLES/31G X 3/16" .....161	LOKELMA .....185	lorazepam TABS .....21
LITFULO ..... 103	LOMOTIL TABS (Use diphenoxylate w/ atropine) ..... 46	LORBRENA 100 MG ..... 68
lithium .....74	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" ...161	LORBRENA 25 MG .....68
LITHIUM .....74	LONGS LANCETS STANDARD .139	LOREEV XR CS24 ..... 21
lithium carbonate CAPS ..... 74	LONGS LANCETS THIN ..... 139	losartan potassium & hydrochlorothiazide ..... 56
lithium carbonate TABS .....74	LONGS LANCETS ULTRA THIN 139	losartan potassium 25 MG .....54
lithium carbonate TBCR ..... 74	LONSURF .....67	losartan potassium 50 MG, 100 MG 54
LITHOBID TBCR (Use lithium carbonate) .....74	loperamide hcl CAPS ..... 46	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91- day)) .....91
LITHOSTAT .....122	LOPHLEX LQ 20 LIQD OR .....109	LOTEMAX GEL (Use loteprednol etabonate) ..... 199
	LOPHLEX PACK ..... 109	LOTEMAX OINT .....199
	LOPID TABS (Use gemfibrozil) ...51	LOTEMAX SM GEL ..... 199
	lopinavir-ritonavir SOLN ..... 78	
	lopinavir-ritonavir TABS .....78	

LOTEMAX SUSP (Use loteprednol etabonate) ..... 199	LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium) .....30	LUPRON DEPOT-PED (3-MONTH) . 113
LOTENSIN 10 MG (Use benazepril hcl) ..... 53	LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium) .....30	LUPRON DEPOT-PED (6-MONTH) IM ..... 113
LOTENSIN 20 MG, 40 MG (Use benazepril hcl) ..... 53	LOVENOX SOSY 80 MG/0.8ML (Use enoxaparin sodium) .....30	lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG ..... 74
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .56	loxapine succinate .....76	lurasidone hcl 80 MG ..... 74
loteprednol etabonate GEL .....199	lubiprostone .....119	LUXIQ FOAM (Use betamethasone valerate) ..... 102
loteprednol etabonate SUSP 0.2 % 199	LUCEMYRA .....206	LUXTURNA ..... 198
loteprednol etabonate SUSP 0.5 % 199	LUCENTIS SOSY ..... 197	LUZU (Use luliconazole) .....96
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG (Use amlodipine besylate-benazepril hcl) .....56	LUCIRA CHECK IT COVID-19TEST KIT KIT .....107	LYBALVI ..... 207
LOTREL 40 MG-10 MG (Use amlodipine besylate-benazepril hcl) 56	luliconazole .....96	LYFGENIA ..... 126
LOTRIMIN AF CREA (Use clotrimazole (topical)) .....96	LUMAKRAS 120 MG .....68	LYNPARZA TABS ..... 69
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical)) ..... 96	LUMAKRAS 320 MG .....69	LYRICA CAPS 225 MG (Use pregabalin) .....33
LOTRONEX (Use alosetron hcl) .120	LUMIGAN SOLN 0.01 % ..... 202	LYRICA CAPS 25 MG (Use pregabalin) .....33
lovastatin TABS .....52	LUMIZYME .....114	LYRICA CAPS 50 MG, 75 MG, 100 MG, 150 MG (Use pregabalin) ....33
LOVAZA (Use omega-3-acid ethyl esters) .....50	LUMOXITI .....64	LYRICA CAPS 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG (Use pregabalin) .....33
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium) .....30	LUNESTA (Use eszopiclone) ....129	LYRICA CR 165 MG, 330 MG (Use pregabalin (once-daily)) ..... 209
LOVENOX SOSY (Use enoxaparin sodium) .....30	LUNSUMIO .....64	LYRICA CR 82.5 MG (Use pregabalin (once-daily)) ..... 209
LOVENOX SOSY 120 MG/0.8ML (Use enoxaparin sodium) .....30	LUPKYNIS ..... 184	LYRICA SOLN (Use pregabalin) .. 33
LOVENOX SOSY 150 MG/ML (Use enoxaparin sodium) .....30	LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG .....65	LYSODREN .....65
	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG .....65	LYSTEDA TABS (Use tranexamic acid) .....128
	LUPRON DEPOT (3-MONTH) KIT IM 11.25 MG .....65	LYTGOBI .....69
	LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG .....65	LYUMJEV KWIKPEN SOPN 100 UNIT/ML ..... 44
	LUPRON DEPOT (4-MONTH) IM .65	
	LUPRON DEPOT (6-MONTH) IM .65	
	LUPRON DEPOT-PED (1-MONTH) 7.5 MG, 11.25 MG .....113	



LYUMJEV SOLN .....	44	magnesium sulfate IV .....	182	rizatriptan benzoate) .....	180
LYUMJEV TEMPO PEN SOPN ...	44	MALARONE 100 MG-250 MG (Use atovaquone-proguanil hcl) .....	60	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate) .....	180
LYVISPAH PACK .....	189	MALARONE 25 MG-62.5 MG (Use atovaquone-proguanil hcl) .....	60	MAXICOMFORT II PEN NEEDLES/31G X 1/4" .....	161
MACRILEN .....	106	malathion .....	105	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 161	
MACROBID (Use nitrofurantoin monohyd macro) .....	60	mannitol 10 %, 20 %, 25 % .....	111	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" 161	
MACRODANTIN 25 MG (Use nitrofurantoin macrocrystal) .....	60	MARATHON MEDICAL PENTIPS29GX12MM .....	161	MAXI-COMFORT INSULIN SYRINGES 27G X 1/2" .....	161
MACRODANTIN 50 MG, 100 MG (Use nitrofurantoin macrocrystal) ..	60	MARATHON MEDICAL PENTIPS31GX5MM .....	161	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16" .....	161
mafenide acetate PACK .....	99	MARATHON MEDICAL PENTIPS31GX8MM .....	161	MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" .....	161
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" .	161	MARATHON MEDICAL PENTIPS32GX4MM .....	161	MAXIDEX SUSP OP .....	199
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" .....	161	maraviroc TABS 150 MG .....	78	MAXITROL OINT (Use neomycin- polymy-dexameth) .....	199
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" .	161	maraviroc TABS 300 MG .....	78	MAXITROL SUSP (Use neomycin- polymy-dexameth) .....	199
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" .....	161	MARCAINE SOLN IJ (Use bupivacaine hcl) .....	132	MAXX LUBRICATED MISC .....	133
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" 161		MARCAINE SPINAL SOLN (Use bupivacaine in dextrose) .....	132	MAXZIDE TABS (Use triamterene & hydrochlorothiazide) .....	110
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 161		MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % (Use bupivacaine w/ epinephrine) 131		MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide) .....	110
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 161		MARGENZA .....	64	MAYZENT STARTER PACK TBPK 208	
magnesium chloride SOLN .....	182	MARINOL CAPS 2.5 MG (Use dronabinol) .....	48	MAYZENT TABS 0.25 MG .....	208
MAGNESIUM SULFATE IN D5W (Use magnesium sulfate in dextrose) 182		MARPLAN .....	37	MAYZENT TABS 1 MG, 2 MG ...	208
magnesium sulfate in dextrose ..	182	MATULANE .....	71	MCT OIL OIL .....	194
MAGNESIUM SULFATE IV (Use magnesium sulfate) .....	182	MAVENCLAD .....	208	meclizine hcl TABS 12.5 MG, 25 MG 47	
		MAVYRET PACK .....	80	meclofenamate sodium CAPS 50 MG .....	10
		MAVYRET TABS .....	80		
		MAXALT TABS 10 MG (Use			

MEDICINE SHOPPE PEN NEEDLES 29G X 12MM .....	161	mefloquine hcl .....	60	MENVEO SOLR .....	217
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM .....	161	megestrol acetate (appetite) .....	205	meperidine hcl TABS 50 MG .....	14
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM .....	161	megestrol acetate SUSP .....	65	MEPHYTON TABS (Use phytonadione) .....	222
MEDLANCE PLUS EXTRA LANCETS 21G .....	139	megestrol acetate TABS .....	65	mepivacaine hcl SOLN 1 %, 1.5 %, 2 % .....	132
MEDLANCE PLUS LANCETS ...	139	MEIJER LANCETS .....	139	meprobamate 200 MG .....	20
MEDLANCE PLUS LANCETS LITE 25G .....	139	MEIJER LANCETS THIN .....	139	MEPRON (Use atovaquone) .....	58
MEDLANCE PLUS LITE LANCETS 25G .....	139	MEIJER LANCETS UNIVERSAL33G .....	139	MEPSEVII .....	114
MEDLANCE PLUS SPECIAL LANCETS 0.8MM .....	139	MEIJER PEN NEEDLES 29G X12MM .....	161	mercaptapurine TABS .....	63
MEDLANCE PLUS SUPERLITE 30G .....	139	MEIJER PEN NEEDLES 31G X6MM .....	161	meropenem .....	58
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX .....	139	MEIJER PEN NEEDLES 31G X8MM .....	161	MEROPENEM .....	58
MEDLANCE PLUS UNIVERSAL LANCETS 21G .....	139	MEIJER SUPER THIN LANCETS 139		MEROPENEM/SODIUM CHLORIDE .....	58
MEDLANCE PLUS/LITE 25G ...	139	MEKINIST SOLR .....	69	mesalamine CP24 .....	119
MEDLANCE/LITE .....	139	MEKINIST TABS .....	69	mesalamine CPCR .....	119
MEDLANCE/UNIVERSAL .....	139	MEKTOVI .....	69	mesalamine CPDR .....	119
MEDROL DOSEPAK TBPK (Use methylprednisolone) .....	94	meloxicam CAPS .....	10	mesalamine ENEM .....	119
MEDROL TABS 4 MG, 8 MG, 16 MG (Use methylprednisolone) .....	94	meloxicam TABS .....	10	mesalamine SUPP .....	119
medroxyprogesterone acetate (contraceptive) SUSP IM .....	92	melphalan .....	62	mesalamine TBEC 1.2 GM .....	119
medroxyprogesterone acetate (contraceptive) SUSY IM .....	92	melphalan hcl .....	62	mesalamine TBEC 800 MG .....	119
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG .....	205	memantine hcl CP24 .....	206	mesna SOLN .....	71
mefenamic acid CAPS .....	10	memantine hcl SOLN 2 MG/ML ..	206	MESNEX SOLN (Use mesna) .....	71
		memantine hcl TABS 10 MG .....	206	MESNEX TABS .....	71
		memantine hcl TABS 5 MG .....	206	MESTINON SOLN OR (Use pyridostigmine bromide) .....	61
		memantine hcl TABS .....	206	MESTINON TABS (Use pyridostigmine bromide) .....	61
		MENACTRA .....	217	MESTINON TIMESPAN TBCR (Use pyridostigmine bromide) .....	61
		MENEST 2.5 MG .....	117	METADATE CD CPCR (Use methylphenidate hcl) .....	3
		MENQUADFI .....	217		
		MENVEO SOLN .....	217		

metaxalone .....	189	methocarbamol TABS 500 MG, 750 MG .....	189	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG .....	4
METFORMIN HCL .....	90	METHOTREXATE .....	6	methylphenidate hcl TBCR 36 MG ..	4
metformin hcl SOLN .....	41	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	63	METHYLPHENIDATE HYDROCHLORIDE ER TBCR .....	4
metformin hcl TABS 500 MG .....	41	methotrexate sodium SOLR .....	63	methylphenidate PTCH .....	4
metformin hcl TABS 625 MG .....	41	methotrexate sodium TABS 2.5 MG 63		methylprednisolone acetate SUSP	94
metformin hcl TABS 850 MG, 1000 MG .....	41	methoxsalen rapid .....	98	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....	94
metformin hcl TB24 500 MG, 1000 MG .....	41	methsuximide .....	36	methylprednisolone TABS .....	94
metformin hcl TB24 500 MG .....	41	methyldopa TABS .....	55	methylprednisolone TBPK .....	94
metformin hcl TB24 750 MG .....	41	methylene blue (antidote) SOLN IV 50 MG/10ML .....	46	methyltestosterone CAPS .....	18
methadone hcl CONC .....	14	methylergonovine maleate SOLN 203		METHYLTESTOSTERONE POWD 18	
METHADONE HCL SOLN IJ .....	14	methylergonovine maleate TABS 203		METOCLOPRAMIDE HCL MONOHYDRATE .....	119
methadone hcl SOLN OR 10 MG/5ML .....	14	METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl) .....	3	METOCLOPRAMIDE HCL POWD 119	
methadone hcl SOLN OR 5 MG/5ML 14		METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl) .....	4	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	119
methadone hcl TABS 10 MG .....	14	methylphenidate hcl CHEW .....	4	metoclopramide hcl TABS .....	119
methadone hcl TABS .....	14	methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG .....	4	METOCLOPRAMIDE HYDROCHLORIDE POWD .....	119
METHADOSE CONC (Use methadone hcl) .....	14	methylphenidate hcl CP24 30 MG ..	4	metolazone .....	111
METHADOSE SUGAR-FREE CONC (Use methadone hcl) .....	14	methylphenidate hcl CP24 .....	4	METOPIRONE .....	106
methazolamide TABS 25 MG .....	110	methylphenidate hcl CPCR .....	4	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG .....	56
methazolamide TABS 50 MG .....	110	methylphenidate hcl SOLN .....	4	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG .....	56
methenamine hippurate .....	60	methylphenidate hcl TABS .....	4	metoprolol succinate TB24 100 MG, 200 MG .....	82
methenamine mandelate 0.5 GM, 1 GM .....	60	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....	4	metoprolol succinate TB24 25 MG, 50 MG .....	82
METHIMAZOLE POWD .....	212	methylphenidate hcl TBCR 10 MG, 20 MG .....	4	metoprolol tartrate SOLN IV 5	
methimazole TABS .....	212				
METHITEST TABS .....	18				
methocarbamol SOLN .....	189				

MG/5ML .....	82	54	miglustat .....	125
metoprolol tartrate TABS 25 MG, 50 MG .....	82	54	MIGRANAL SOLN NA (Use dihydroergotamine mesylate) .....	179
metoprolol tartrate TABS 37.5 MG, 75 MG, 100 MG .....	82		milrinone lactate .....	86
METROCREAM CREA (Use metronidazole (topical)) .....	105		milrinone lactate in dextrose .....	86
METROGEL GEL 1 % (Use metronidazole (topical)) .....	105		MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe) .....	91
METROLOTION LOTN (Use metronidazole (topical)) .....	105		MINI LANCING DEVICE MISC ...	139
metronidazole (topical) CREA ....	105		MINIPRESS CAPS 1 MG (Use prazosin hcl) .....	55
metronidazole (topical) GEL 0.75 % 105			MINIPRESS CAPS 2 MG (Use prazosin hcl) .....	55
metronidazole (topical) GEL 1 % .105			MINIPRESS CAPS 5 MG (Use prazosin hcl) .....	55
metronidazole (topical) LOTN ....	105		MINIVELLE PTTW (Use estradiol) 117	
METRONIDAZOLE .....	90		MINIVELLE PTTW 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol) .....	117
METRONIDAZOLE BENZOATE ..	90		MINOCIN SOLR .....	212
metronidazole CAPS .....	57		minocycline hcl CAPS .....	212
METRONIDAZOLE SOLN (Use metronidazole) .....	57		minocycline hcl TABS .....	212
metronidazole SOLN .....	57		minocycline hcl TB24 45 MG, 55 MG, 65 MG, 90 MG, 105 MG, 115 MG, 135 MG .....	212
metronidazole vaginal .....	220		MINOLIRA TB24 .....	212
metyrosine .....	54		minoxidil 10 MG .....	57
mexiletine hcl .....	22		minoxidil 2.5 MG .....	57
MIACALCIN IJ (Use calcitonin (salmon)) .....	112		MIOCHOL-E SOLR .....	197
MICAFUNGIN .....	48		MIOSTAT IO .....	197
micafungin sodium .....	48		MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350) .....	131
MICARDIS 20 MG (Use telmisartan) .	54		MIRALAX PACK (Use polyethylene glycol 3350) .....	131
MICARDIS 40 MG (Use telmisartan) .	54			
MICARDIS 80 MG (Use telmisartan) .	54			
MICARDIS HCT (Use telmisartan-hydrochlorothiazide) .....	56			
MICONAZOLE .....	49			
miconazole-zinc oxide-white petrolatum .....	96			
MICROCHAMBER DEVI .....	177			
MICROCHAMBER MISC .....	177			
MICRODOT PEN NEEDLE/31G X 6 MM .....	162			
MICRODOT PEN NEEDLE/32G X 4 MM .....	162			
MICRODOT PEN NEEDLE/33G X 4 MM .....	162			
MICROLET LANCETS .....	139			
MICROLET NEXT MISC .....	139			
MICROSPACER MISC .....	177			
midazolam hcl SOLN IJ .....	129			
midazolam hcl SYRP .....	129			
MIDAZOLAM/SODIUM CHLORIDE (Use midazolam-sodium chloride) 129				
MIDAZOLAM/SODIUM CHLORIDE . 129				
midazolam-sodium chloride .....	129			
midodrine hcl .....	222			
MIEBO .....	201			
MIFEPREX (Use mifepristone) ..	116			
mifepristone (hyperglycemia) .....	41			
mifepristone .....	116			
miglitol .....	39			

MIRALAX POWD (Use polyethylene glycol 3350) .....	131	MIRALAX POWD (Use polyethylene glycol 3350) .....	162	RELIEF MAXIMUM STRENGTH CREA (Use hydrocortisone (topical)) .	102
MIRAPEX ER TB24 0.375 MG, 2.25 MG, 3.75 MG (Use pramipexole dihydrochloride) .....	73	MM PEN NEEDLES 31G X 5/16"	162	MONOJECT INSULIN SYRINGE/1ML .....	162
MIRAPEX ER TB24 0.75 MG, 1.5 MG, 3 MG, 4.5 MG (Use pramipexole dihydrochloride) .....	73	MM PEN NEEDLES 32G X 5/32"	162	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" .....	162
MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) .....	91	MM TWIST LANCETS .....	139	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" .....	162
MIRENA .....	93	M-M-R II SOLR .....	219	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" .....	162
mirtazapine TABS .....	36	M-NATAL PLUS TABS .....	187	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/28G X 1/2" .....	162
mirtazapine TBDP .....	36	MOBIC TABS (Use meloxicam) ...	10	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" .....	162
MIRVASO (Use brimonidine tartrate (topical)) .....	105	modafinil .....	4	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" .....	162
misoprostol .....	215	MODERNA COVID-19 VACCINE SUSP .....	219	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" .....	162
MITIGARE CAPS (Use colchicine) 123		MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON .....	219	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" .....	162
mitomycin SOLR IV .....	66	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	219	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" .....	162
mitoxantrone hcl 2 MG/ML .....	66	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..	219	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" .....	162
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	162	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	219	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" .....	162
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	162	MODERNA COVID-19 VACCINE6-11Y SUSP .....	219	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" .....	162
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" .....	162	MODERNA COVID-19 VACCINE6MO-5Y SUSP .....	219	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" .....	162
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" .....	162	moexipril hcl .....	53	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/27G X 1/2" .....	162
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....	162	molindone hcl 5 MG, 25 MG .....	76	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/27G X 1/2" .....	162
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....	162	mometasone furoate (nasal) SUSP	191	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/28G X 1/2" .....	162
MM LANCING DEVICE MISC ....	139	mometasone furoate CREA .....	102	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/28G X 1/2" .....	162
MM PEN NEEDLES 31G X 1/4" .	162	mometasone furoate OINT .....	102	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/28G X 1/2" .....	162
MM PEN NEEDLES 31G X 3/16"		mometasone furoate SOLN .....	102	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/28G X 1/2" .....	162
		MONISTAT CARE INSTANT ITCH		MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	162

MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....	162	montelukast sodium PACK .....	23	198
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" .....	162	montelukast sodium TABS .....	23	moxifloxacin hcl in sodium chloride 118
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....	162	MONUROL (Use fosfomycin tromethamine) .....	60	moxifloxacin hcl TABS .....
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML .....	162	morphine sulfate beads 75 MG ....	14	MOXIFLOXACIN HYDROCHLORIDE SOLN 400 MG/250ML .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" .....	163	morphine sulfate CP24 10 MG, 20 MG, 30 MG .....	14	MOZOBIL (Use plerixafor) .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" .....	163	morphine sulfate for continuous microinfusion .....	14	MS CONTIN TBCR 15 MG (Use morphine sulfate) .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" .....	163	MORPHINE SULFATE POWD ....	14	MS CONTIN TBCR 200 MG (Use morphine sulfate) .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" .....	163	MORPHINE SULFATE SOLN IJ 2 MG/ML, 4 MG/ML, 5 MG/ML, 10 MG/ML, 50 MG/ML .....	14	MS CONTIN TBCR 30 MG, 60 MG, 100 MG (Use morphine sulfate) ...
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" .....	163	morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/ML, 100 MG/5ML .....	14	MS INSULIN SYRINGE/0.3ML/31G X 5/16" .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" .....	163	morphine sulfate SUPP .....	14	MS INSULIN SYRINGE/0.5ML/31G X 5/16" .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 1/2" .....	163	morphine sulfate TABS .....	14	MS INSULIN SYRINGE/1ML/31G X 5/16" .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" .....	163	morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG .....	14	MULPLETA .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" .....	163	morphine sulfate TBCR 200 MG ...	14	MULTAQ .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" .....	163	MORPHINE SULFATE/SODIUM CHLORIDE SOLN IV .....	14	MULTI-LANCET DEVICE 2 KIT ..
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" .....	163	MOTTEGRITY .....	118	MULTI-LANCET DEVICE MISC ..
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" .....	163	MOTOFEN .....	46	MUPIROCIN .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" .....	163	MOTPOLY XR CP24 100 MG .....	33	mupirocin calcium (topical) .....
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" .....	163	MOTPOLY XR CP24 150 MG, 200 MG .....	33	mupirocin OINT .....
MONOLET LANCETS .....	139	MOUNJARO .....	42	MVASI .....
montelukast sodium CHEW .....	23	MOVANTIK .....	120	MVW COMPLETE FORMULATION CAPS .....
		MOVIPREP (Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid) .....	130	MVW COMPLETE FORMULATIOND3000 CAPS ....
		moxifloxacin hcl (ophth) SOLN OP		MVW COMPLETE FORMULATIOND500 CAPS .....
				MVW COMPLETE

FORMULATIONMINIS CAPS . . . . .	187	nabumetone . . . . .	10	NAPRELAN TB24 (Use naproxen sodium) . . . . .	11
MYALEPT . . . . .	114	nadolol TABS 20 MG . . . . .	83	NAPRELAN TB24 500 MG (Use naproxen sodium) . . . . .	11
MYAMBUTOL TABS 400 MG (Use ethambutol hcl) . . . . .	61	nadolol TABS 40 MG, 80 MG . . . . .	83	NAPROSYN SUSP (Use naproxen) . . . . .	11
MYCAMINE (Use micafungin sodium) . . . . .	48	NAFCILLIN . . . . .	205	NAPROSYN TABS 500 MG (Use naproxen) . . . . .	11
MYCAPSSA CPDR . . . . .	116	naftifine hcl CREA . . . . .	96	naproxen sodium TABS 550 MG . . . . .	11
MYCOBUTIN (Use rifabutin) . . . . .	61	naftifine hcl GEL 2 % . . . . .	96	naproxen sodium TB24 . . . . .	11
mycophenolate mofetil CAPS . . . . .	184	NAFTIN GEL (Use naftifine hcl) . . . . .	96	naproxen SUSP . . . . .	11
mycophenolate mofetil hcl . . . . .	184	NAFTIN GEL . . . . .	96	naproxen TABS . . . . .	11
mycophenolate mofetil SUSR . . . . .	184	nalbuphine hcl . . . . .	17	naproxen TBEC . . . . .	11
mycophenolate mofetil TABS . . . . .	184	NALFON CAPS (Use fenoprofen calcium) . . . . .	11	naproxen-esomeprazole magnesium . . . . .	11
mycophenolate sodium . . . . .	184	NALFON TABS (Use fenoprofen calcium) . . . . .	11	naratriptan hcl 1 MG . . . . .	180
MYDAYIS CP24 (Use amphetamine-dextroamphetamine) . . . . .	2	NALMEFENE HYDROCHLORIDE IJ . . . . .	46	naratriptan hcl 2.5 MG . . . . .	180
MYDRIACYL SOLN (Use tropicamide) . . . . .	196	NALOCET TABS . . . . .	16	NARCAN LIQD (Use naloxone hcl) . . . . .	47
MYFEMBREE . . . . .	117	naloxone hcl LIQD . . . . .	46	NARDIL (Use phenelzine sulfate) . . . . .	37
MYFORTIC (Use mycophenolate sodium) . . . . .	184	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML . . . . .	46	NAROPIN SOLN IJ (Use ropivacaine hcl) . . . . .	132
MYGLUCOHEALTH MGH		naloxone hcl SOSY . . . . .	46	NAROPIN SOLN IJ 2 MG/ML, 5 MG/ML, 10 MG/ML (Use ropivacaine hcl) . . . . .	132
SOFTLANCE LANCETS 30G . . . . .	139	naltrexone hcl . . . . .	46	NATACYN . . . . .	198
MYLERAN TABS . . . . .	62	NALTREXONE HCL . . . . .	90	NATAZIA . . . . .	91
MYLOTARG . . . . .	64	NALTREXONE HYDROCHLORIDE . . . . .	90	nateglinide . . . . .	45
MYOBLOC . . . . .	193	NAMENDA TABS (Use memantine hcl) . . . . .	207	NAYZILAM . . . . .	31
MYRBETRIQ SRER . . . . .	217	NAMENDA TITRATION PAK TABS (Use memantine hcl) . . . . .	206	neбиволол hcl . . . . .	82
MYRBETRIQ TB24 . . . . .	217	NAMENDA XR CP24 (Use memantine hcl) . . . . .	206	NEBUPENT IN (Use pentamidine isethionate) . . . . .	57
MYSOLINE 250 MG (Use primidone) . . . . .	33	NAMZARIC C4PK . . . . .	207	nefazodone hcl 50 MG . . . . .	38
MYSOLINE 50 MG (Use primidone) . . . . .	33	NAMZARIC CP24 . . . . .	207		
MYXREDLIN . . . . .	44				
NABI-HB SOLN IM . . . . .	204				

nelarabine .....	63	neostigmine methylsulfate SOSY ..	61	NEXIUM 24HR CPDR (Use esomeprazole magnesium) .....	215
NEMBUTAL SODIUM SOLN (Use pentobarbital sodium) .....	128	NEO-SYNALAR KIT .....	96	NEXIUM CPDR 20 MG (Use esomeprazole magnesium) .....	215
neomycin sulfate TABS .....	6	NERLYNX .....	69	NEXIUM CPDR 40 MG (Use esomeprazole magnesium) .....	215
neomycin-bacitracin zn-polymyxin 198		NESACAINE IJ .....	132	NEXIUM I.V. 40 MG (Use esomeprazole sodium) .....	215
neomycin-polymy-dexameth OINT 199		NESACAINE-MPF IJ (Use chloroprocaine hcl) .....	132	NEXIUM PACK (Use esomeprazole magnesium) .....	215
neomycin-polymy-dexameth SUSP 199		NESINA (Use alogliptin benzoate) 41		NEXIUM PACK .....	215
neomycin-polymyxin-gramicidin .	198	NESTABS ONE .....	187	NEXLETOL .....	50
neomycin-polymyxin-hc (ophth) .	199	NEULASTA ONPRO KIT PSKT ..	127	NEXLIZET .....	50
neomycin-polymyxin-hc (otic) SOLN .	203	NEUPRO .....	73	NEXPLANON .....	92
neomycin-polymyxin-hc (otic) SUSP .	203	NEUROLITE .....	106	NEXTSTELLIS .....	91
NEOPHE POWD .....	108	NEURONTIN CAPS 100 MG (Use gabapentin) .....	33	NEXVIAZYME .....	114
NEOPHE TABS .....	108	NEURONTIN CAPS 300 MG (Use gabapentin) .....	33	NGENLA .....	113
NEOPROFEN (Use ibuprofen lysine) .....	11	NEURONTIN CAPS 400 MG (Use gabapentin) .....	33	niacin (antihyperlipidemic) TBCR 500 MG .....	52
NEORAL CAPS (Use cyclosporine modified (for microemulsion)) .....	184	NEURONTIN SOLN (Use gabapentin) .....	33	niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG .....	52
NEORAL CAPS 25 MG (Use cyclosporine modified (for microemulsion)) .....	184	NEURONTIN TABS 600 MG (Use gabapentin) .....	33	NIASPAN TBCR (Use niacin (antihyperlipidemic)) .....	52
NEORAL SOLN (Use cyclosporine modified (for microemulsion)) .....	184	NEURONTIN TABS 800 MG (Use gabapentin) .....	33	nicardipine hcl CAPS .....	84
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML .....	61	NEVANAC .....	201	nicardipine hcl SOLN .....	84
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML 61		nevirapine SUSP .....	78	NICARDIPINE HYDROCHLORIDE SOLN .....	85
NEOSTIGMINE METHYLSULFATE SOSY (Use neostigmine methylsulfate) .....	61	nevirapine TABS .....	78	NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 0.9 %-40 MG/200ML .....	85
		nevirapine TB24 100 MG .....	78	NICODERM CQ PT24 TD (Use nicotine) .....	209
		NEXAVAR (Use sorafenib tosylate) . 69		NICORETTE GUM (Use nicotine polacrilex) .....	209
		NEXICLON XR TB24 (Use clonidine hcl) .....	55		
		NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) .	214		



NICORETTE LOZG (Use nicotine polacrilex) .....	209	nitroglycerin) .....	20	NIVA THYROID TABS .....	212
NICORETTE MINI LOZG (Use nicotine polacrilex) .....	209	NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR (Use nitroglycerin) .....	20	NIVESTYM SOLN 300 MCG/ML .	127
NICORETTE STARTER KIT GUM (Use nicotine polacrilex) .....	209	NITRO-DUR PT24 .....	20	NIVESTYM SOLN 480 MCG/1.6ML	127
nicotine polacrilex GUM .....	209	nitrofurantoin .....	60	NIVESTYM SOSY 300 MCG/0.5ML	127
nicotine polacrilex LOZG .....	209	NITROFURANTOIN .....	60	NIVESTYM SOSY 480 MCG/0.8ML	127
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	209	nitrofurantoin macrocrystal .....	60	NIX CREME RINSE LIQD EX (Use permethrin) .....	105
NICOTINE TRANSDERMAL SYSTEM KIT .....	209	nitrofurantoin monohyd macro .....	60	NOCDURNA SUBL .....	116
NICOTROL INHALER INHA .....	210	nitroglycerin (intra-anal) .....	19	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 30 MG/3ML .....	113
NICOTROL NS SOLN .....	210	nitroglycerin in d5w .....	20	norelgestromin-ethinyl estradiol ...	92
NIFEDIPINE .....	90	nitroglycerin PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR .....	20	norepinephrine bitartrate IV .....	222
nifedipine CAPS .....	85	nitroglycerin PT24 0.6 MG/HR .....	20	NOREPINEPHRINE BITARTRATE/DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML .....	222
nifedipine TB24 .....	85	NITROGLYCERIN SOLN IV .....	20	NOREPINEPHRINE BITARTRATE/SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML .	222
NILANDRON (Use nilutamide) ....	65	nitroglycerin SOLN TL 0.4 MG/SPRAY .....	20	norethin acet & estrad-fe CAPS ...	91
nilutamide .....	65	nitroglycerin SUBL 0.3 MG, 0.4 MG	20	norethin acet & estrad-fe CHEW ..	91
NIMBEX SOLN (Use cisatracurium besylate) .....	193	nitroglycerin SUBL 0.6 MG .....	20	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	91
nimodipine CAPS .....	85	NITROLINGUAL SOLN TL (Use nitroglycerin) .....	20	norethindrone & eth estradiol .....	91
NINLARO .....	69	nitroprusside sodium .....	57	norethindrone & ethinyl estradiol-fe	91
NIPENT .....	71	nitroprusside sodium-sodium chloride .....	57	norethindrone (contraceptive) .....	93
NIPRIDE RTU (Use nitroprusside sodium-sodium chloride) .....	57	NITROSTAT SUBL 0.3 MG, 0.4 MG (Use nitroglycerin) .....	20	norethindrone acet & eth estra ....	91
nitazoxanide TABS .....	58	NITROSTAT SUBL 0.4 MG (Use nitroglycerin) .....	20	norethindrone acetate TABS .....	205
nitisinone CAPS .....	114	NITROSTAT SUBL 0.4 MG, 0.6 MG (Use nitroglycerin) .....	20		
NITRO-BID OINT .....	20	NITROSTAT SUBL 0.6 MG (Use nitroglycerin) .....	20		
NITRO-DUR PT24 (Use nitroglycerin) .....	20	NITYR TABS .....	114		
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR (Use					

norethindrone acetate-ethinyl estradiol .....	117	NORVIR TABS (Use ritonavir) .....	78	FLEXPEN RELION SUPN .....	44
norethindrone acetate-ethinyl estradiol-fe .....	91	NOURIANZ .....	72	NOVOLOG MIX 70/30 RELION SUSP .....	44
norethindrone-eth estradiol (triphasic) .....	91	NOVA SAFETY LANCETS 23G ..	139	NOVOLOG RELION SOLN IJ .....	44
NORGESIC FORTE (Use orphenadrine w/ aspirin & caff) ...	190	NOVA SAFETY LANCETS 28G ..	139	NOVOTWIST PEN NEEDLE 32GX 5MM .....	163
norgestimate-ethinyl estradiol (triphasic) .....	91	NOVA SUREFLEX LANCETS ...	139	NOXAFIL PACK .....	49
norgestimate-ethinyl estradiol .....	91	NOVA SUREFLEX LANCING DEVICE MISC .....	139	NOXAFIL SOLN (Use posaconazole) .....	49
norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....	91	NOVAREL IM 5000 UNIT .....	113	NOXAFIL SUSP (Use posaconazole) .....	49
NORLIQVA SOLN .....	85	NOVAVAX COVID-19 VACCINE	219	NOXAFIL TBEC (Use posaconazole) 49	
NORMOSOL -R .....	181	NOVAVAX COVID-19 VACCINE/2023-24 .....	219	NPLATE 125 MCG, 500 MCG ...	127
NORMOSOL-M/D5W .....	182	NOVOEIGHT 1000 UNIT .....	123	NUBEQA .....	65
NORMOSOL-R .....	182	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM .....	163	NUCALA SOAJ .....	22
NORPACE CAPS (Use disopyramide phosphate) .....	22	NOVOFINE PEN NEEDLE 32G X 6MM .....	163	NUCALA SOLR .....	22
NORPRAMIN TABS 10 MG, 25 MG (Use desipramine hcl) .....	39	NOVOFINE PLUS PEN NEEDLE 32G X 4MM .....	163	NUCALA SOSY 100 MG/ML .....	22
NORTHERA 100 MG, 200 MG (Use droxidopa) .....	221	NOVOLIN 70/30 FLEXPEN RELION SUPN .....	44	NUCALA SOSY 40 MG/0.4ML ....	22
NORTHERA 300 MG (Use droxidopa) .....	221	NOVOLIN 70/30 FLEXPEN SUPN	44	NUCYNTA ER TB12 100 MG, 150 MG, 200 MG, 250 MG .....	14
nortriptyline hcl CAPS .....	39	NOVOLIN 70/30 SUSP .....	44	NUCYNTA ER TB12 50 MG .....	14
nortriptyline hcl SOLN .....	39	NOVOLIN N FLEXPEN RELION SUPN .....	44	NUCYNTA TABS .....	15
NORVASC TABS 10 MG (Use amlodipine besylate) .....	85	NOVOLIN N FLEXPEN SUPN ....	44	NUEDEXTA .....	209
NORVASC TABS 2.5 MG (Use amlodipine besylate) .....	85	NOVOLIN N SUSP .....	44	NULIBRY .....	115
NORVASC TABS 5 MG (Use amlodipine besylate) .....	85	NOVOLIN R FLEXPEN RELION SOPN IJ .....	44	NULYTELY (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride) .....	130
NORVIR PACK .....	78	NOVOLIN R FLEXPEN SOPN IJ ..	44	NUMBRINO .....	190
		NOVOLIN R SOLN IJ .....	44	NUPLAZID CAPS .....	74
		NOVOLOG FLEXPEN RELION SOPN .....	44	NUPLAZID TABS 10 MG .....	74
		NOVOLOG MIX 70/30 PREFILLED		NURTEC .....	179
				NUTROPIN AQ NUSPIN 10 SOPN	

113	124	olopatadine hcl 0.1 % ..... 202
NUTROPIN AQ NUSPIN 20 SOPN 113	OCTAPLAS BLOOD GROUP B .124	olopatadine hcl 0.2 % ..... 202
NUTROPIN AQ NUSPIN 5 SOPN 113	OCTAPLAS BLOOD GROUP O .124	OLPRUVA THPK 3 GM, 4 GM, 5 GM, 6 GM, 6.67 GM ..... 115
NUVARING (Use etonogestrel- ethinyl estradiol) .....92	octreotide acetate SOLN ..... 116	OLUMIANT 1 MG, 2 MG ..... 6
NUVESSA .....220	octreotide acetate SOSY ..... 116	OLUX FOAM (Use clobetasol propionate) .....102
NUVIGIL 250 MG (Use armodafinil) 4	OCUFLOX (Use ofloxacin (ophth)) 198	OLUX-E (Use clobetasol propionate emulsion) ..... 102
NUVIGIL 50 MG, 150 MG, 200 MG (Use armodafinil) ..... 4	ODACTRA SUBL .....5	omega-3-acid ethyl esters ..... 50
NUWIQ KIT 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT ..... 123	ODEFSEY .....78	OMEGAVEN ..... 194
NUZYRA SOLR ..... 211	ODOMZO .....65	OMEPRAZOLE .....90
NUZYRA TABS .....211	OFEV .....211	omeprazole CPDR 10 MG ..... 215
NYMALIZE SOLN 6 MG/ML ..... 85	OFIRMEV SOLN IV (Use acetaminophen) .....12	omeprazole CPDR 20 MG ..... 215
nystatin (mouth-throat) .....186	ofloxacin (ophth) ..... 198	omeprazole CPDR 40 MG ..... 215
nystatin (topical) CREA .....96	ofloxacin (otic) ..... 203	omeprazole-sodium bicarbonate CAPS ..... 215
nystatin (topical) OINT .....96	ofloxacin 300 MG, 400 MG ..... 118	omeprazole-sodium bicarbonate PACK ..... 215
nystatin (topical) POWD EX ..... 96	OGIVRI ..... 64	OMIDRIA .....200
nystatin TABS .....48	OGSIVEO ..... 69	OMNARIS SUSP ..... 191
nystatin-triamcinolone CREA ..... 96	OJJAARA .....69	OMNIPAQUE SOLN CO 350 MG/ML 108
nystatin-triamcinolone OINT .....96	olanzapine SOLR ..... 76	OMNITROPE SOCT .....113
NYVEPRIA ..... 127	olanzapine TABS ..... 76	OMNITROPE SOLR SC .....113
OB COMPLETE PREMIER .....187	olanzapine TBDP ..... 76	OMVOH SOAJ .....119
OB COMPLETE TABS ..... 187	olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG ..... 207	OMVOH SOLN ..... 119
OBIZUR ..... 123	olmesartan medoxomil 20 MG ....54	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT ..... 107
OICALIVA .....118	olmesartan medoxomil 40 MG ....54	ONCASPAR .....70
OCREVUS .....208	olmesartan medoxomil 5 MG ..... 54	ondansetron hcl SOLN OR 4 MG/5ML .....47
OCTAGAM SOLN ..... 204	olmesartan medoxomil-amlodipine- hydrochlorothiazide ..... 56	ondansetron hcl SOSY ..... 47
OCTAPLAS BLOOD GROUP A .124	olmesartan medoxomil- hydrochlorothiazide ..... 56	
OCTAPLAS BLOOD GROUP AB	olopatadine hcl (nasal) .....190	

ondansetron hcl TABS 4 MG, 8 MG 47	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD .....140	ORA-BLEND SUSP ..... 205
ondansetron TBDP ..... 47	ONETOUCH VERIO TEST STRIPS STRP ..... 107	ORACEA (Use doxycycline (rosacea)) .....105
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW (Use pediatric multiple vitamin w/ minerals) ..... 187	ONFI SUSP (Use clobazam) ..... 31	ORACIT ..... 121
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G ...139	ONFI TABS (Use clobazam) .....31	ORAL CITRATE .....121
ONETOUCH DELICA PLUS LANCETS FINE 30G .....140	ONGENTYS .....72	ORAL SUSPEND LIQD ..... 205
ONETOUCH DELICA PLUS LANCING DEVICE MISC .....140	ONGLYZA 2.5 MG (Use saxagliptin hcl) ..... 41	ORAL SYRUP SF SYRP .....205
ONETOUCH DELICA PLUS LANCING DEVICE MISC .....140	ONGLYZA 5 MG (Use saxagliptin hcl) ..... 41	ORALAIR SUBL .....5
ONETOUCH DELICA SAFETY LANCING DEVICE 30G MISC ... 140	ONIVYDE .....72	ORA-PLUS LIQD .....205
ONETOUCH DELICA SAFETY LANCING DEVICE MISC .....140	ONTRUZANT .....64	ORAPRED ODT TBDP (Use prednisolone sodium phosphate) ..94
ONETOUCH SURESOFT LANCING DEVICE/28G MISC .....140	ONUREG TABS .....63	ORA-SWEET SF SYRP 10 %-9 % 205
ONETOUCH ULTRA 2 KIT .....140	OPDIVO 120 MG/12ML, 240 MG/24ML .....64	ORBACTIV .....58
ONETOUCH ULTRA CONTROL LIQD ..... 140	OPDUALAG .....67	ORENCIA SOLR .....11
ONETOUCH ULTRA CONTROL SOLUTION LIQD ..... 140	OPFOLDA .....115	ORENCIA SOSY 50 MG/0.4ML ... 11
ONETOUCH ULTRA STRP ..... 107	OPILL .....93	ORENCIA SOSY 87.5 MG/0.7ML . 11
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....140	opium tincture ..... 46	ORENITRAM TBCR ..... 87
ONETOUCH ULTRASOFT LANCETS .....140	OPSUMIT .....87	ORENITRAM TITRATION KIT MONTH 1 TEPK ..... 87
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI ..... 140	OPTICHAMBER DIAMOND MISC 177	ORENITRAM TITRATION KIT MONTH 2 TEPK ..... 87
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT ..... 140	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI ..... 177	ORENITRAM TITRATION KIT MONTH 3 TEPK ..... 87
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD .....140	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC ..... 177	ORFADIN CAPS (Use nitisinone) 115
	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC .....177	ORFADIN SUSP .....115
	OPVEE NA .....47	ORGOVYX ..... 65
	OPZELURA .....103	ORIAHNN .....117
	ORA-BLEND SF SUSP .....205	ORLISSA 150 MG ..... 113
		ORLISSA 200 MG ..... 113
		ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG .....210

ORKAMBI PACK 94 MG-75 MG .210	OXBRYTA TABS 300 MG .....126	oxymorphone hcl TB12 10 MG, 15 MG, 20 MG, 30 MG ..... 15
ORKAMBI TABS .....210	OXBRYTA TABS 500 MG .....126	oxytocin ..... 203
ORLADEYO .....124	OXBRYTA TBSO .....126	OYSTER SHELL CALCIUM/D TABS . 181
orphenadrine citrate SOLN 60 MG/2ML .....189	oxcarbazepine SUSP ..... 33	OZEMPIC SOPN 2 MG/1.5ML .... 42
orphenadrine citrate TB12 .....189	oxcarbazepine TABS 150 MG, 300 MG ..... 33	OZEMPIC SOPN ..... 42
orphenadrine w/ aspirin & caff ...190	oxcarbazepine TABS 600 MG ....34	OZOBAX DS SOLN OR (Use baclofen) .....189
ORSERDU 345 MG .....65	OXERVATE .....199	OZOBAX SOLN OR (Use baclofen) 189
ORSERDU 86 MG .....65	OXISTAT LOTN .....96	OZURDEX IMPL ..... 200
oseltamivir phosphate CAPS ..... 81	OXLUMO .....122	paclitaxel ..... 71
oseltamivir phosphate SUSR ..... 81	OXTELLAR XR TB24 150 MG, 300 MG ..... 34	paclitaxel protein-bound particles .71
OSENI 15 MG-25 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin- pioglitazone) ..... 40	OXTELLAR XR TB24 600 MG ....34	PACLITAXEL PROTEIN- BOUNDPARTICLES ..... 71
OSENI 30 MG-12.5 MG (Use alogliptin-pioglitazone) .....40	oxybutynin chloride SOLN .....216	PADCEV ..... 64
OSMOLEX ER TB24 129 MG, 193 MG ..... 73	oxybutynin chloride TABS 2.5 MG 216	PALFORZIA INITIAL DOSE ESCALATION CSPK .....5
OTEZLA TABS .....11	oxybutynin chloride TABS 5 MG . 216	PALFORZIA LEVEL 1 CSPK ..... 5
OTEZLA TBPK .....11	oxybutynin chloride TB24 10 MG 216	PALFORZIA LEVEL 10 CSPK ..... 5
OTOVEL (Use ciprofloxacin- fluocinolone acetonide) .....203	oxybutynin chloride TB24 15 MG 216	PALFORZIA LEVEL 11 (MAINTENANCE) PACK .....5
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML ..... 6	oxybutynin chloride TB24 5 MG ..216	PALFORZIA LEVEL 11 (TITRATION) PACK .....5
OVIDE (Use malathion) .....105	oxycodone hcl CAPS ..... 15	PALFORZIA LEVEL 2 CSPK ..... 5
OXACILLIN SODIUM 2 GM/50ML- 300 MG/50ML ..... 205	oxycodone hcl CONC 100 MG/5ML 15	PALFORZIA LEVEL 3 CSPK ..... 5
oxacillin sodium IJ 1 GM, 2 GM ..205	OXYCODONE HCL POWD .....15	PALFORZIA LEVEL 4 CSPK ..... 5
oxaliplatin SOLN .....62	oxycodone hcl SOLN ..... 15	PALFORZIA LEVEL 5 CSPK ..... 5
oxaliplatin SOLR .....62	oxycodone hcl TABS .....15	PALFORZIA LEVEL 6 CSPK ..... 5
oxaprozin TABS .....11	oxycodone w/ acetaminophen SOLN 16	PALFORZIA LEVEL 7 CSPK ..... 5
oxazepam CAPS .....21	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....16	PALFORZIA LEVEL 8 CSPK ..... 5
	oxymorphone hcl TABS .....15	PALFORZIA LEVEL 9 CSPK ..... 5

paliperidone 1.5 MG, 3 MG, 9 MG	.74	sulfate)	.....	37	PC UNIFINE PENTIPS 31G X5MM MINI	.....	163	
paliperidone 6 MG	.....	74	paroxetine hcl SUSP	.....	38	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	.....	163
palonosetron hcl SOLN	.....	47	paroxetine hcl TABS 10 MG, 40 MG	.....	38	PC UNIFINE PENTIPS 31G X8MM SHORT	.....	163
palonosetron hcl SOSY	.....	47	paroxetine hcl TABS 20 MG	.....	38	PEDIAPRED SOLN (Use prednisolone sodium phosphate)	.....	94
PALONOSETRON HYDROCHLORIDE SOLN	.....	47	paroxetine hcl TABS 30 MG	.....	38	PEDIARIX SUSY	.....	213
PALYNZIQ 10 MG/0.5ML	.....	115	paroxetine hcl TB24 12.5 MG, 37.5 MG	.....	38	pediatric multiple vitamin w/ minerals CHEW	.....	187
PALYNZIQ 2.5 MG/0.5ML	.....	115	paroxetine hcl TB24 25 MG	.....	38	PEDMARK	.....	71
PALYNZIQ 20 MG/ML	.....	115	paroxetine mesylate (vasomotor) 210	.....	115	PEDVAX HIB SUSP	.....	217
PAMELOR CAPS (Use nortriptyline hcl)	.....	39	PARSABIV	.....	202	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	.....	130
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	.....	112	PATADAY (Use olopatadine hcl)	.....	202	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.72 GM- 2.98 GM-5.84 GM-22.72 GM-240 GM	.....	130
PAMIDRONATE DISODIUM SOLN 112	.....	112	PATADAY 0.2 % (Use olopatadine hcl)	.....	202	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM	.....	130
PANDEL	.....	102	PATANASE (Use olopatadine hcl (nasal))	.....	190	peg 3350-potassium chloride-sod bicarbonate-sod chloride	.....	130
PANHEMATIN 350 MG	.....	124	PAXIL CR TB24 12.5 MG, 37.5 MG (Use paroxetine hcl)	.....	38	PEGASYS SOLN	.....	80
pantoprazole sodium PACK	.....	215	PAXIL CR TB24 25 MG (Use paroxetine hcl)	.....	38	PEGASYS SOSY	.....	80
pantoprazole sodium SOLR	.....	215	PAXIL SUSP (Use paroxetine hcl)	.....	38	PEMAZYRE	.....	69
pantoprazole sodium TBEC	.....	215	PAXIL TABS 10 MG, 40 MG (Use paroxetine hcl)	.....	38	PEMETREXED	.....	63
PANZYGA	.....	204	PAXIL TABS 20 MG (Use paroxetine hcl)	.....	38	pemetrexed disodium SOLR	.....	63
papaverine hcl SOLN	.....	86	PAXIL TABS 30 MG (Use paroxetine hcl)	.....	38	PEMETREXED SOLN	.....	63
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	.....	92	PAXLOVID 100 MG-150 MG	.....	79	PEMFEXY	.....	63
paricalcitol CAPS	.....	115	pazopanib hcl	.....	69	PEMRYDI RTU SOLN	.....	63
paricalcitol SOLN 5 MCG/ML	.....	115	PC LANCETS SUPER THIN 30G 140	.....	163	PEN NEEDLES	.....	163
paricalcitol SOLN	.....	115	PC UNIFINE PENTIPS 29G X1/2"	.....	163			
PARLODEL CAPS (Use bromocriptine mesylate)	.....	73						
PARLODEL TABS (Use bromocriptine mesylate)	.....	73						
PARNATE (Use tranlycypromine								

PEN NEEDLES 29GX12MM	.....163	UNIT/ML, 60000 UNIT/ML	.....204	PERCOCET TABS 325 MG-10 MG,	
PEN NEEDLES 30GX5MM	.....163	penicillin g sodium	.....204	325 MG-2.5 MG, 325 MG-5 MG, 325	
PEN NEEDLES 30GX8MM	.....163	penicillin v potassium SOLR	.....204	MG-7.5 MG (Use oxycodone w/	
PEN NEEDLES 31G X 3/16"	.....163	penicillin v potassium TABS	.....204	acetaminophen)	.....16
PEN NEEDLES 31G X 5MM	.....163	PENNSAID SOLN EX 2 % (Use		PERFOROMIST NEBU (Use	
PEN NEEDLES 31G X 6MM	.....163	diclofenac sodium (topical))	.....97	formoterol fumarate)	.....27
PEN NEEDLES 31G X 8MM	.....163	PENTAM 300 IJ (Use pentamidine		PERIDEX (Use chlorhexidine	
PEN NEEDLES 31GX5/16"	.....163	isethionate)	.....57	gluconate (mouth-throat))	.....186
PEN NEEDLES 31GX6MM (1/4")	163	pentamidine isethionate IJ	.....57	PERIFLEX ADVANCE POWD	... 109
PEN NEEDLES 31GX8MM (5/16")	163	PENTASA CPCR (Use mesalamine)	. 120	PERIFLEX INFANT POWD	..... 108
PEN NEEDLES 31GX8MM	.....163	PENTASA CPCR 250 MG	.....120	PERIFLEX JUNIOR POWD	..... 109
PEN NEEDLES 32G X 4MM	.....163	PENTIPS 29G X 12MM	.....164	PERIFLEX LQ PKU LIQD	..... 195
PEN NEEDLES 32G X 5MM	.....163	PENTIPS 29GX12MM	.....164	perindopril erbumine 2 MG, 4 MG	.53
PEN NEEDLES 32G X 6MM	.....164	PENTIPS 31G X 5MM	.....164	permethrin CREA	.....106
PEN NEEDLES 32GX4MM	.....164	PENTIPS 31G X 8MM	.....164	permethrin LIQD EX	.....106
PEN NEEDLES 33G X 5/32"	.....164	PENTIPS 31GX5MM	.....164	permethrin LOTN	.....106
PEN NEEDLES/29G X 1/2"	.....164	PENTIPS 31GX6MM	.....164	perphenazine TABS	.....76
PEN NEEDLES/31G X 1/4"	.....164	PENTIPS 31GX8MM	.....164	perphenazine-amitriptyline 4 MG-10	
PEN NEEDLES/31G X 3/16"	.....164	PENTIPS 32G X 4MM	.....164	MG	.....207
PEN NEEDLES/31G X 5/16"	.....164	PENTIPS 32GX4MM	.....164	PERSERIS PRSY	.....75
PEN NEEDLES/31G X 6MM	.....164	PENTIPS 32GX6MM	.....164	PERTZYE CPEP	.....110
PEN NEEDLES/32G X 5/32"	.....164	pentobarbital sodium SOLN	.....128	PEXEVA	.....38
PENBRAYA	.....217	pentoxifylline	.....124	PFIZER-BIONTECH COVID-	
penciclovir	.....99	PEPCID AC MAXIMUM STRENGTH		19VACCINE SUSP	.....220
penicillamine CAPS	.....183	TABS (Use famotidine)	.....214	PFIZER-BIONTECH COVID-	
penicillamine TABS	.....183	PEPCID AC TABS (Use famotidine)	. 214	19VACCINE/5-11Y SUSP	.....219
penicillin g potassium	.....204	PEPCID TABS 20 MG (Use		PFIZER-BIONTECH COVID-	
PENICILLIN G POTASSIUM IN ISO-		famotidine)	.....214	19VACCINE/6MO-4Y SUSP	.....220
OSMOTIC DEXTROSE 40000		PEPCID TABS 40 MG (Use		PFIZER-BIONTECH COVID-	
		famotidine)	.....214	19VACCINE/6MO-4Y/2023-24 SUSP	.....220

PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP .220	PHENYLADE AMINO ACID BLEND PACK ..... 195	PHENYLADE60 DRINK MIX PACK 109
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ..220	PHENYLADE DRINK MIX POWD 109	PHENYLADE60 DRINK MIX POWD . 109
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y . 220	PHENYLADE ESSENTIAL DRINK MIX PACK ..... 109	phenylephrine hcl (mydriatic) SOLN 196
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 220	PHENYLADE ESSENTIAL DRINK MIX POWD ..... 109	phenylephrine hcl (pressors) SOLN IV 10 MG/ML ..... 222
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN 140	PHENYLADE ESSENTIAL DRINK MIX/FLAX/FIBER PACK .....109	PHENYLEPHRINE HYDROCHLORIDE SOLN IV (Use phenylephrine hcl (pressors)) .... 222
PHARMACIST CHOICE ULTRA THIN LANCETS .....140	PHENYLADE ESSENTIAL DRINK MIX/FLAX/FIBER POWD .....109	PHENYL-FREE 1 POWD .....108
PHARMACIST CHOICE ULTRA THIN LANCETS 28G ..... 140	PHENYLADE GMP DRINK MIX/DHA/FIBER POWD .....109	PHENYL-FREE 2 POWD .....109
PHARMACIST CHOICE ULTRA THIN LANCETS 30G ..... 140	PHENYLADE GMP MIX-IN PACK 109	PHENYL-FREE 2HP POWD ..... 109
PHARMACIST CHOICE ULTRA THIN LANCETS 31G ..... 140	PHENYLADE GMP MIX-IN POWD 109	phenytoin CHEW ..... 36
PHARMACIST CHOICE ULTRA THIN LANCETS 33G ..... 140	PHENYLADE GMP PACK .....109	phenytoin sodium extended 100 MG . 35
PHEBURANE PLLT ..... 115	PHENYLADE GMP POWD .....109	phenytoin sodium extended 200 MG . 35
phenelzine sulfate .....37	PHENYLADE GMP READY LIQD OR ..... 109	phenytoin sodium extended 300 MG . 35
PHENERGAN SOLN (Use promethazine hcl) .....50	PHENYLADE GMP ULTRA PACK 109	phenytoin sodium SOLN .....35
PHENEX-1 POWD .....109	PHENYLADE MTE AMINO ACIDBLEND PACK .....195	phenytoin SUSP ..... 36
PHENEX-2 POWD .....109	PHENYLADE MTE POWD OR ...195	PHESSGO ..... 67
phenobarbital ELIX ..... 129	PHENYLADE PHEBLOC POWD OR 195	PHEXXI ..... 221
phenobarbital sodium SOLN ..... 129	PHENYLADE PHEBLOC TABS ..195	PHLEXY-10 PACK .....109
phenobarbital TABS ..... 129	PHENYLADE POWD OR .....195	PHLEXY-VITS POWD .....187
phenoxybenzamine hcl .....54	PHENYLADE RTD PKU 10 LIQD OR .....109	PHOSPHOLINE IODIDE .....197
phentolamine mesylate SOLR .....54	PHENYLADE40 DRINK MIX PACK 195	PHYTONADIONE LIQD ..... 90
PHENYLADE AMINO ACID BAR 195		phytonadione SOLN 1 MG/0.5ML 222
		phytonadione SOLN 10 MG/ML ..222
		phytonadione TABS 5 MG ..... 222



PIFELTRO .....	78	PKU 3 POWD .....	109	levonorgestrel (emergency oc)) ...	92
pilocarpine hcl (oral) .....	186	PKU AIR20 GOLD LIQD OR .....	109	PLAQUENIL (Use hydroxychloroquine sulfate) .....	60
PILOCARPINE HCL POWD .....	90	PKU AIR20 GREEN LIQD OR ...	109	PLASMA-LYTE A (Use electrolyte-a) .....	182
pilocarpine hcl SOLN 1 %, 2 %, 4 % .		PKU AIR20 YELLOW LIQD OR ..	109	PLASMA-LYTE-148 (Use electrolyte-148) .....	182
197		PKU COOLER 10 LIQD OR .....	109	PLAVIX 75 MG (Use clopidogrel bisulfate) .....	125
PILOT COVID-19 AT-HOME TEST KIT .....	107	PKU COOLER 15 LIQD OR .....	109	PLEGISOL (Use cardioplegic soln) 86	
pimecrolimus .....	104	PKU COOLER 20 LIQD OR .....	109	PLEGRIDY SOPN .....	208
pindolol TABS .....	83	PKU EASY MICROTABS TBEC .	109	PLEGRIDY SOSY IM .....	208
pioglitazone hcl 15 MG .....	45	PKU EASY SHAKE & GO POWD 109		PLEGRIDY STARTER PACK SOPN .	208
pioglitazone hcl 30 MG, 45 MG ....	45	PKU EASY TABS .....	110	PLEGRIDY STARTER PACK SOSY SC .....	208
pioglitazone hcl-metformin hcl TABS .	40	PKU EXPLORE10 ORANGE PACK 110		PLENVU .....	130
PIP LANCETS/30G .....	140	PKU EXPLORE10 RASPBERRY PACK .....	110	plerixafor .....	128
PIP PEN NEEDLES 31G X 5MM 164		PKU EXPLORE5 PACK .....	110	PLUVICTO .....	70
PIP PEN NEEDLES 32G X 4MM 164		PKU EXPRESS 15 PLUS+ PACK 110		PNEUMOVAX 23 .....	217
piperacillin sodium-tazobactam sodium .....	205	PKU EXPRESS 20 PLUS+ PACK 110		PNEUMOVAX 23/1 DOSE .....	217
PIQRAY 200MG DAILY DOSE ...	69	PKU GEL PACK .....	110	PNV-OMEGA .....	187
PIQRAY 250MG DAILY DOSE ...	69	PKU GO PACK .....	110	POCKET CHAMBER DEVI .....	178
PIQRAY 300MG DAILY DOSE ...	69	PKU LOPHLEX LQ 20 LIQD OR ..	110	PODOCON-25 SOLN .....	104
pirfenidone CAPS .....	211	PKU MAXAMUM POWD OR .....	195	podofilox GEL .....	104
pirfenidone TABS 267 MG .....	211	PKU PERIFLEX JUNIOR PLUS POWD .....	110	podofilox SOLN .....	104
pirfenidone TABS 534 MG, 801 MG 211		PKU SPHERE 15 PACK .....	110	POKONZA PACK OR .....	183
piroxicam CAPS .....	11	PKU SPHERE 20 LIQD OR .....	110	POLIVY 140 MG .....	64
pitavastatin calcium .....	52	PKU SPHERE 20 PACK .....	110	POLIVY 30 MG .....	64
PITOCIN (Use oxytocin) .....	203	PKU START POWD .....	110	polyethylene glycol 3350 PACK ..	131
PIXEL COVID-19 PCR TEST HOME COLLECTION KIT .....	107	PKU TRIO POWD .....	110	polyethylene glycol 3350 POWD .	131
PKU 2 POWD .....	109	PLAN B ONE-STEP (Use			

polymyxin b sulfate SOLR	60	0.9 %	182	MG, 110 MG	30
polymyxin b-trimethoprim	198	potassium chloride		pralatrexate	63
POLYTRIM (Use polymyxin b-trimethoprim)	198	microencapsulated crystals er	183	PRALUENT SOAJ	52
POMALYST	66	potassium chloride PACK OR 20 MEQ	183	pramipexole dihydrochloride TABS 0.125 MG	73
POMBILITI	115	POTASSIUM CHLORIDE SOLN IV (Use potassium chloride)	183	pramipexole dihydrochloride TABS 0.25 MG	73
PONVORY 14-DAY STARTER PACK TBPK	208	potassium chloride SOLN OR 10 %, 20 %	183	pramipexole dihydrochloride TABS 0.5 MG	73
PONVORY TABS	208	potassium chloride TBCR	183	pramipexole dihydrochloride TABS 0.75 MG	73
PORTRAZZA	64	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	182	pramipexole dihydrochloride TABS 1 MG	73
posaconazole SOLN	49	POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use potassium chloride in nacl)	182	pramipexole dihydrochloride TABS 1.5 MG	73
posaconazole SUSP	49	potassium citrate (alkalinizer) TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG	121	pramipexole dihydrochloride TB24 0.375 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	73
posaconazole TBEC	49	potassium citrate-citric acid SOLN	121	prasugrel hcl	125
POSLUMA	106	potassium phosphate monobasic TABS	182	pravastatin sodium 10 MG	52
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	182	POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML (Use potassium phosphates)	182	pravastatin sodium 20 MG, 40 MG	52
potassium acetate SOLN 2 MEQ/ML	183	POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML (Use potassium phosphates)	182	pravastatin sodium 80 MG	52
POTASSIUM ACETATE SOLN 2 MEQ/ML	183	POTELIGEO	64	PRAXBIND	46
potassium bicarbonate TBEF	183	PRADAXA CAPS (Use dabigatran etexilate mesylate)	30	praziquantel	19
potassium chloride CPCR	183	PRADAXA CAPS 110 MG (Use dabigatran etexilate mesylate)	30	prazosin hcl CAPS 1 MG	55
potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.225 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	182	PRADAXA CAPS	30	prazosin hcl CAPS 2 MG	55
potassium chloride in dextrose 5 %-10 MEQ/L, 5 %-20 MEQ/L	182	PRADAXA PACK 20 MG, 150 MG	30	prazosin hcl CAPS 5 MG	55
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-		PRADAXA PACK 30 MG, 40 MG, 50		PRECEDEX SOLN (Use dexmedetomidine hcl in sodium chloride)	129

prednicarbate OINT .....	102	SYRINGE/U-100/1ML/29G X 1/2" 164	PREMARIN TABS .....	118
prednisolone acetate (ophth) ....	200	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" 164	PREMASOL SOLN .....	195
PREDNISOLONE SODIUM PHOSPHATE POWD .....	94	PREFERRED PLUS LANCETS COLORED 21G .....	PREMPHASE .....	117
prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML ...	94	PREFERRED PLUS LANCETS SUPER THIN 30G .....	PREMPRO .....	117
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 25 MG/5ML .....	94	PREFERRED PLUS LANCETS THIN 26G .....	PRENAISSANCE .....	187
prednisolone sodium phosphate TBDP .....	94	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM .....	PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	187
prednisolone SOLN .....	94	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT .....	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG- 1200 MCG-27 MG-200 MG-1.84 MG- 25 MG-2 MG-10 MG .....	188
prednisolone TABS .....	94	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT ..	prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG- 2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG .....	188
PREDNISONONE POWD .....	94	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM .....	prenatal without a w/ fe fumarate-l methylfolate-fa-dha .....	188
prednisone SOLN .....	94	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM .....	PRENATE .....	188
prednisone TABS .....	94	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM .....	PRENATE AM .....	188
prednisone TBPK .....	94	pregabalin (once-daily) .....	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG .	188
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" . 164		pregabalin CAPS 225 MG .....	PRENATE ENHANCE .....	188
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	164	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG .....	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG- 18 MG .....	188
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 164		pregabalin SOLN .....	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG- 80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG .	188
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 164		PREGNENOLONE .....	PRENATE PIXIE .....	188
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....	164	PREGNENOLONE MICRONIZED 91	PRENATE RESTORE .....	188
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" 164		PREGNYL IM .....		
PREFERRED PLUS INSULIN		PREHEVBRIO .....		
		PREMARIN .....		
		PREMARIN SOLR .....		

PREPIDIL GEL .....	203	PREVYMIS SOLN 480 MG/24ML .	79	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" ...	164
PREVACID 24HR CPDR (Use lansoprazole) .....	215	PREVYMIS TABS .....	79	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" .	164
PREVACID CPDR 30 MG (Use lansoprazole) .....	215	PREZCOBIX .....	78	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" .	164
PREVACID SOLUTAB TBDD (Use lansoprazole) .....	215	PREZISTA SUSP .....	78	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" .....	165
PREVACID SOLUTAB TBDD 15 MG (Use lansoprazole) .....	215	PREZISTA TABS 600 MG (Use darunavir) .....	78	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" ...	165
PREVDUO .....	46	PREZISTA TABS 75 MG, 150 MG	78	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	165
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4" .....	164	PREZISTA TABS 800 MG (Use darunavir) .....	78	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" ...	165
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16" .....	164	PRIFTIN .....	61	PRO COMFORT LANCETS 30G 140	
PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental)) .....	186	PRILO PATCH II KIT .....	105	PRO COMFORT LANCETS 31G 140	
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental)) 186		PRILOSEC PACK 10 MG .....	215	PRO COMFORT PEN NEEDLES/31G X 8MM .....	165
PREVIDENT 5000 ENAMEL PROTECT GEL (Use sodium fluoride-potassium nitrate) .....	186	PRIMACARE .....	188	PRO COMFORT PEN NEEDLES/32G X 4MM .....	165
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental)) .....	186	PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) .....	60	PRO COMFORT PEN NEEDLES/32G X 5MM .....	165
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental)) .....	186	primaquine phosphate TABS .....	60	PRO COMFORT PEN NEEDLES/32G X 6MM .....	165
PREVIDENT 5000 SENSITIVE GEL (Use sodium fluoride-potassium nitrate) .....	186	PRIMAXIN IV IV 500 MG-500 MG (Use imipenem-cilastatin) .....	58	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ..	140
PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental)) .....	186	primidone 125 MG .....	34	PROAIR DIGIHALER .....	27
PREVNAR 13 .....	217	primidone 250 MG .....	34	PROAIR HFA AERS (Use albuterol sulfate) .....	27
PREVNAR 20 .....	217	primidone 50 MG .....	34	PROAIR RESPICLICK AEPB .....	27
PREVYMIS SOLN 240 MG/12ML .	79	PRIORIX SUSR .....	220	probenecid .....	123
		PRISTIQ (Use desvenlafaxine succinate) .....	39	procainamide hcl SOLN 100 MG/ML . 22	
		PRISTIQ 50 MG (Use desvenlafaxine succinate) .....	39	PROCARDIA XL TB24 30 MG, 60 MG (Use nifedipine) .....	85
		PRIZOTRAL II KIT .....	105		
		PRO COMFORT INHALER SPACER CHAMBER ADULT MISC .....	178		
		PRO COMFORT INHALER SPACER CHAMBER CHILD MISC .....	178		
		PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI .....	178		

PROCARDIA XL TB24 90 MG (Use nifedipine) .....	85	PRODIGY TWIST TOP LANCETS 141	PROLENSA (Use bromfenac sodium (ophth)) .....	202
PROCARE SPACER CHAMBER W/ADULT MASK DEVI .....	178	PROFILNINE .....	PROMACTA PACK .....	127
PROCARE SPACER CHAMBER W/CHILD MASK DEVI .....	178	progesterone CAPS .....	PROMACTA TABS .....	127
PROCHAMBER VALVED HOLDINGCHAMBER DEVI .....	178	PROGESTERONE MICRONIZED (SOY) .....	PROMETHAZINE HCL POWD .....	90
prochlorperazine edisylate 10 MG/2ML .....	76	PROGESTERONE MICRONIZED (YAM) .....	promethazine hcl SOLN 6.25 MG/5ML .....	50
PROCHLORPERAZINE MALEATE POWD .....	76	PROGESTERONE MICRONIZED 90	promethazine hcl SUPP 12.5 MG, 25 MG .....	50
prochlorperazine maleate TABS .....	76	PROGESTERONE MILLED POWD 90	promethazine hcl SYRP .....	50
PROCRIT 2000 UNIT/ML, 3000 UNIT/ML, 10000 UNIT/ML .....	127	progesterone OIL .....	promethazine hcl TABS .....	50
PROCTOCORT EX (Use hydrocortisone (rectal)) .....	19	PROGESTERONE POWD .....	PROMETRIUM CAPS (Use progesterone) .....	205
PROCTOFOAM HC FOAM EX .....	19	PROGESTERONE ULTRA MICRONIZED .....	propafenone hcl CP12 .....	22
PROCYSBI CPDR .....	122	PROGESTERONE WETTABLE (SOY) POWD .....	propafenone hcl TABS .....	22
PROCYSBI PACK .....	122	PROGESTERONE WETTABLE (YAM) POWD .....	propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML .....	121
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT .....	140	PROGESTERONE WETTABLE POWD .....	propranolol hcl CP24 120 MG .....	83
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	165	PROGRAF CAPS 0.5 MG (Use tacrolimus) .....	propranolol hcl CP24 60 MG, 80 MG, 160 MG .....	83
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" .....	165	PROGRAF CAPS 1 MG (Use tacrolimus) .....	propranolol hcl SOLN OR 20 MG/5ML .....	83
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" .....	165	PROGRAF CAPS 5 MG (Use tacrolimus) .....	propranolol hcl TABS 10 MG, 20 MG 83	
PRODIGY LANCING DEVICE MISC . 140		PROGRAF PACK 0.2 MG .....	propranolol hcl TABS 40 MG .....	83
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP .107		PROGRAF PACK 1 MG .....	propranolol hcl TABS 60 MG, 80 MG 83	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS .....	140	PROGRAF SOLN .....	propylthiouracil .....	212
		PROLASTIN-C SOLN .....	PROQUAD SUSR .....	220
		PROLATE SOLN .....	PROSCAR (Use finasteride) .....	122
		PROLATE TABS .....	PROSOL SOLN .....	195
			PROSTIN VR PEDIATRIC .....	185
			protamine sulfate .....	125

PROTONIX PACK (Use pantoprazole sodium) .....	215	PULMICORT SUSP 1 MG/2ML (Use budesonide (inhalation)) .....	25	PX PEN NEEDLE 29GX12MM ..	165
PROTONIX SOLR (Use pantoprazole sodium) .....	215	PULMOZYME .....	210	PX PEN NEEDLE 31GX8MM ....	165
PROTONIX TBEC 20 MG (Use pantoprazole sodium) .....	215	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 178		PYLARIFY .....	106
PROTONIX TBEC 40 MG (Use pantoprazole sodium) .....	215	PURE COMFORT LANCETS 30G 141		PYLERA (Use bismuth subcitrate potassium-metronidazole-tetracycline) .....	216
PROTOPIC OINT 0.03 % (Use tacrolimus (topical)) .....	104	PURE COMFORT PEN NEEDLE 32G X6MM .....	165	pyrazinamide .....	61
PROTOPIC OINT 0.1 % (Use tacrolimus (topical)) .....	104	PURE COMFORT PEN NEEDLE 32G X8MM .....	165	pyridostigmine bromide SOLN OR	61
protriptyline hcl 10 MG .....	39	PURE COMFORT PEN NEEDLE/32G X 5MM .....	165	pyridostigmine bromide TABS 30 MG .....	61
PROVAYBLUE SOLN IV (Use methylene blue (antidote)) .....	46	PURE COMFORT PEN NEEDLE/32G X4MM .....	165	pyridostigmine bromide TABS 60 MG .....	61
PROVENTIL HFA AERS (Use albuterol sulfate) .....	27	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM .....	165	pyridostigmine bromide TBCR .....	61
PROVERA (Use medroxyprogesterone acetate) ..	205	PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM .....	165	pyrimethamine .....	60
PROVIGIL 100 MG (Use modafinil) .4		PURIXAN SUSP .....	63	PYRUKYND TABS .....	125
PROVIGIL 200 MG (Use modafinil) .4		PX ADVANCED LANCING DEVICE MISC .....	141	PYRUKYND TAPER PACK TBPK 125	
PROZAC CAPS 10 MG (Use fluoxetine hcl) .....	38	PX EXTRA SHORT PEN NEEDLES 31GX6MM .....	165	QALSODY .....	191
PROZAC CAPS 20 MG (Use fluoxetine hcl) .....	38	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .....	165	QBRELIS SOLN .....	53
PROZAC CAPS 40 MG (Use fluoxetine hcl) .....	38	PX LANCETS MICROTHIN 33G	141	QC ADVANCED LANCING DEVICE MISC .....	141
PRUDOXIN (Use doxepin hcl (antipruritic)) .....	97	PX LANCETS ULTRA THIN .....	141	QC LANCETS SUPER THIN ....	141
pseudoephedrine hcl TB12 .....	191	PX LANCETS ULTRA THIN 28G 141		QC UNIFINE PENTIPS 32GX4MM 165	
PULMICORT FLEXHALER AEPB .25		PX MINI PEN NEEDLES 31GX5MM 165		QC UNILET LANCETS 28G/ULTRA THIN .....	141
PULMICORT SUSP 0.25 MG/2ML (Use budesonide (inhalation)) .....	25			QC UNILET LANCETS 33G/MICRO THIN .....	141
PULMICORT SUSP 0.5 MG/2ML (Use budesonide (inhalation)) .....	25			QDOLO SOLN (Use tramadol hcl) .15	
				QELBREE 100 MG .....	3
				QELBREE 150 MG .....	3
				QELBREE 200 MG .....	3
				QINLOCK .....	69

QNASL .....	191	QUILLICHEW ER CHER .....	4	RADICAVA ORS STARTER KIT SUSP .....	191
QNASL CHILDRENS .....	191	QUILLIVANT XR SRER .....	4	RADICAVA ORS SUSP .....	191
QTERN .....	40	quinapril hcl .....	53	RADICAVA SOLN .....	191
QUADRACEL SUSP .....	213	quinapril-hydrochlorothiazide .....	56	RAGWITEK SUBL .....	5
QUADRACEL SUSY .....	213	quinidine gluconate TBCR .....	22	raloxifene hcl .....	113
QUALAQUIN CAPS (Use quinine sulfate) .....	60	quinidine sulfate TABS 300 MG ...	22	ramelteon .....	130
QUARTETTE (Use levonorgestrel- ethinyl estradiol (91-day)) .....	92	quinine sulfate CAPS 324 MG .....	60	ramipril CAPS 1.25 MG, 2.5 MG ..	53
quazepam .....	129	QULIPTA .....	179	ramipril CAPS 5 MG, 10 MG .....	53
QUDEXY XR CS24 150 MG, 200 MG (Use topiramate) .....	34	QUTENZA .....	105	RANEXA TB12 1000 MG (Use ranolazine) .....	19
QUDEXY XR CS24 25 MG (Use topiramate) .....	34	QUVIVIQ .....	130	RANEXA TB12 500 MG (Use ranolazine) .....	19
QUDEXY XR CS24 50 MG, 100 MG (Use topiramate) .....	34	QVAR REDIHALER 40 MCG/ACT	25	ranolazine TB12 1000 MG .....	19
QUELICIN SOLN (Use succinylcholine chloride) .....	191	QVAR REDIHALER 80 MCG/ACT	25	ranolazine TB12 500 MG .....	19
QUESTRAN LIGHT POWD (Use cholestyramine light) .....	51	RA E-ZJECT LANCETS 28G ....	141	RAPAFLO (Use silodosin) .....	122
QUESTRAN PACK (Use cholestyramine) .....	51	RA E-ZJECT LANCETS THIN 26G 141		RAPAFLO 8 MG (Use silodosin) .	122
QUESTRAN POWD (Use cholestyramine) .....	51	RA E-ZJECT LANCETS THIN 28G 141		RAPAMUNE SOLN (Use sirolimus) 185	
quetiapine fumarate TABS 150 MG 76		RA E-ZJECT LANCETS ULTRATHIN 30G .....	141	RAPAMUNE TABS 0.5 MG (Use sirolimus) .....	185
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG .....	76	RA INSULIN SYRINGE/0.5ML/29G X 1/2" .....	165	RAPAMUNE TABS 1 MG (Use sirolimus) .....	185
quetiapine fumarate TB24 150 MG, 200 MG .....	76	RA INSULIN SYRINGE/1ML/29G X 1/2" .....	165	RAPAMUNE TABS 2 MG (Use sirolimus) .....	185
quetiapine fumarate TB24 50 MG, 300 MG, 400 MG .....	76	RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....	165	RAPIVAB .....	81
QUICKVUE AT-HOME COVID-19 TEST KIT .....	107	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" .....	165	rasagiline mesylate .....	73
		RA PEN NEEDLES 31G X 5MM3/16" .....	165	RASUVO SOAJ 10 MG/0.2ML .....	6
		RA PEN NEEDLES 31G X 8MM5/16" .....	165	RASUVO SOAJ 12.5 MG/0.25ML ...	6
		RABAVERT .....	220	RASUVO SOAJ 15 MG/0.3ML .....	6
		rabeprazole sodium TBEC .....	215	RASUVO SOAJ 17.5 MG/0.35ML ...	6
				RASUVO SOAJ 20 MG/0.4ML .....	6

RASUVO SOAJ 22.5 MG/0.45ML ...6	RECARBRIO .....58	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....166
RASUVO SOAJ 25 MG/0.5ML .....6	RECLAST SOLN (Use zoledronic acid) .....112	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .....166
RASUVO SOAJ 30 MG/0.6ML .....6	RECOMBIVAX HB SUSP .....220	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....166
RASUVO SOAJ 7.5 MG/0.15ML ....7	RECOMBIVAX HB SUSY .....220	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" .....166
RAVICTI .....115	RECORLEV .....112	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....166
RAYA SURE PEN NEEDLE 29GX 12MM .....165	RECOTHROM .....128	RELION KETONE TEST STRIPS STRP .....107
RAYA SURE PEN NEEDLE 31GX 4MM .....165	RECOTHROM/SPRAY APPLICATOR KIT .....128	RELION LANCETS MICRO-THIN33G .....141
RAYA SURE PEN NEEDLE 31GX 5MM .....165	RECTIV (Use nitroglycerin (intra-anal)) .....19	RELION LANCETS THIN 26G ...141
RAYA SURE PEN NEEDLE 31GX 6MM .....165	regadenoson .....106	RELION LANCETS ULTRA-THIN30G .....141
RAYA SURE PEN NEEDLE 31GX 8MM .....165	REGLAN TABS (Use metoclopramide hcl) .....119	RELION LANCING DEVICE KIT .141
RAYALDEE .....115	REGONOL SOLN IV .....61	RELION LANCING DEVICE MISC 141
RAYOS TBEC 1 MG, 2 MG .....94	RELAFEN DS .....11	RELION MINI PEN NEEDLES 31GX6MM .....166
RAZADYNE ER CP24 (Use galantamine hydrobromide) .....207	RELEUKO SOLN 300 MCG/ML ..127	RELION PEN NEEDLES 29GX12MM .....166
READYLANCE SAFETY LANCETS/23G/1.8MM .....141	RELEUKO SOLN 480 MCG/1.6ML 127	RELION PEN NEEDLES 31G X6MM .....166
READYLANCE SAFETY LANCETS/26G/1.8MM .....141	RELEUKO SOSY 300 MCG/0.5ML 127	RELION PEN NEEDLES 31G X8MM .....166
READYLANCE SAFETY LANCETS/28G/1.8MM .....141	RELEUKO SOSY 480 MCG/0.8ML 127	RELION PEN NEEDLES 31GX6MM 166
READYLANCE SAFETY LANCETS/30G/1.6MM .....141	RELEXXII TBCR 27 MG, 45 MG, 54 MG, 63 MG, 72 MG .....4	RELION PEN NEEDLES 31GX8MM 166
REBIF REBIDOSE SOAJ .....208	RELEXXII TBCR 36 MG .....4	RELION PEN NEEDLES 32G X4MM .....166
REBIF REBIDOSE TITRATIONPACK SOAJ .....208	RELION 2-IN-1 LANCET DEVICES 30G MISC .....141	RELION PEN NEEDLES 32G X5/32" .....166
REBIF TITRATION PACK SOSY 208	RELION INSULIN SYRINGE 0.5ML/31G X 15/64" .....165	
REBINYN .....123	RELION INSULIN SYRINGE 1ML/31GX15/64" .....165	
REBLOZYL .....127	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" .....165	
REBYOTA .....120		



RELION PEN NEEDLES 32GX4MM 166	REVELA PACK (Use sevelamer carbonate) ..... 121	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC ..... 178
RELION PEN NEEDLES/31G X1/4" 166	REVELA TABS (Use sevelamer carbonate) ..... 121	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC ..... 178
RELION SHORT PEN NEEDLES31GX8MM ..... 166	repaglinide ..... 45	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) . 87
RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT ..... 141	REPATHA PUSHTRONEX SYSTEM SOCT ..... 52	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) . 87
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP ..... 108	REPATHA SOSY ..... 53	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) . 87
RELION ULTRA THIN LANCETS/30G ..... 141	REPATHA SURECLICK SOAJ .... 53	REVCОВI ..... 115
RELION ULTRA THIN LANCETS30G ..... 141	RESTASIS EMUL (Use cyclosporine (ophth)) ..... 198	REVLIMID ..... 183
RELION ULTRA THIN PLUS LANCETS 32G ..... 141	RESTASIS MULTIDOSE EMUL . 198	REXULTI ..... 77
RELION ULTRA THIN PLUS LANCETS 33G ..... 141	RESTORIL 15 MG (Use temazepam) ..... 129	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate) ..... 78
RELISTOR SOLN 12 MG/0.6ML . 120	RESTORIL 30 MG (Use temazepam) ..... 129	REYATAZ PACK ..... 78
RELISTOR TABS ..... 120	RESTORIL 7.5 MG, 22.5 MG (Use temazepam) ..... 129	REYVOW ..... 180
RELPAХ (Use eletriptan hydrobromide) ..... 180	RETACRIT ..... 127	REZLIDHIA ..... 69
RELPAХ 40 MG (Use eletriptan hydrobromide) ..... 180	RETAVASE 10 UNIT ..... 125	REZUROCK ..... 183
RELTONE CAPS ..... 118	RETAVASE HALF-KIT 10 UNIT . 125	REZVOGLAR KWIKPEN ..... 44
RELYVRIO ..... 191	RETEVMO 40 MG ..... 69	REZZAYO ..... 48
REMERON SOLTAB TБDP (Use mirtazapine) ..... 36	RETEVMO 80 MG ..... 69	R-GENE 10 ..... 106
REMERON TABS 15 MG, 30 MG (Use mirtazapine) ..... 36	RETIN-A CREA 0.025 %, 0.05 % (Use tretinoin) ..... 95	RHOPRESSA ..... 198
remifentanil hcl ..... 15	RETISERT ..... 200	RIABNI ..... 64
RENAGEL (Use sevelamer hcl) . 121	RETROVIR CAPS (Use zidovudine) . 78	RIASTAP ..... 123
RENFLEXIS ..... 120	RETROVIR IV INFUSION SOLN .. 78	ribavirin (hepatitis c) TABS 200 MG 80
	RETROVIR SYRP (Use zidovudine) . 78	ribavirin ..... 81
	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC ..... 178	RIDAURA ..... 9
		rifabutin ..... 61
		RIFADIN SOLR (Use rifampin) .... 61

rifampin CAPS .....	61	1 MG, 2 MG, 4 MG .....	75	rocuronium bromide SOLN .....	193
rifampin SOLR .....	61	risperidone TBDP 3 MG .....	75	roflumilast 250 MCG .....	23
RIGHTEST GD500 LANCING DEVICE MISC .....	141	RITALIN LA CP24 10 MG, 20 MG (Use methylphenidate hcl) .....	5	roflumilast 500 MCG .....	23
RIGHTEST GL300 LANCETS ...	141	RITALIN LA CP24 30 MG (Use methylphenidate hcl) .....	5	ROLVEDON .....	127
RILUTEK TABS (Use riluzole) ...	191	RITALIN LA CP24 40 MG (Use methylphenidate hcl) .....	5	ROMIDEPSIN SOLN .....	69
riluzole TABS .....	191	RITALIN TABS (Use methylphenidate hcl) .....	5	romidepsin SOLR .....	69
rimantadine hydrochloride TABS ..	81	RITALEX TABS (Use methylphenidate hcl) .....	5	ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG .....	73
ringer's .....	182	RITALEX TABS (Use methylphenidate hcl) .....	5	ropinirole hydrochloride TABS 0.5 MG .....	73
ringer's irrigation .....	185	RITALEX DEVI .....	178	ropinirole hydrochloride TABS 3 MG . 73	
RINVOQ 15 MG, 30 MG .....	6	RITALEX HYCELA .....	67	ropinirole hydrochloride TABS 4 MG, 5 MG .....	73
RINVOQ 45 MG .....	6	rivastigmine .....	207	ropinirole hydrochloride TB24 .....	73
RIOMET SOLN (Use metformin hcl) . 41		rivastigmine tartrate CAPS 1.5 MG, 4.5 MG, 6 MG .....	207	ropivacaine hcl SOLN IJ .....	132
risedronate sodium TABS 150 MG 112		rivastigmine tartrate CAPS 3 MG	207	ROSDAN KIT .....	105
risedronate sodium TABS 30 MG	112	RIVFLOZA SOLN .....	122	rosuvastatin calcium TABS .....	52
risedronate sodium TABS 35 MG	112	RIVFLOZA SOSY .....	122	ROTARIX SUSP .....	220
risedronate sodium TABS 5 MG ..	112	rizatriptan benzoate TABS .....	180	ROTARIX SUSR .....	220
risedronate sodium TBEC .....	112	rizatriptan benzoate TBDP .....	180	ROTATEQ SOLN .....	220
RISPERDAL CONSTA (Use risperidone microspheres) .....	75	ROBAXIN SOLN (Use methocarbamol) .....	189	ROWASA (Use mesalamine w/ cleanser) .....	120
RISPERDAL SOLN (Use risperidone) .....	75	ROBINUL FORTE TABS (Use glycopyrrolate) .....	214	ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl) .....	15
RISPERDAL TABS 0.5 MG (Use risperidone) .....	75	ROBINUL TABS (Use glycopyrrolate) .....	214	ROXICODONE TABS 5 MG (Use oxycodone hcl) .....	15
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 75		ROCALTROL CAPS (Use calcitriol) 115		ROXYBOND TABA .....	15
risperidone microspheres .....	75	ROCALTROL SOLN OR (Use calcitriol) .....	115	ROZEREM (Use ramelteon) .....	130
risperidone SOLN .....	75	ROCKLATAN .....	198	ROZLYTREK CAPS 100 MG .....	69
risperidone TABS .....	75	ROCTAVIAN .....	123	ROZLYTREK CAPS 200 MG .....	69
risperidone TBDP 0.25 MG, 0.5 MG,				ROZLYTREK PACK .....	69

RUBRACA .....	69	SAFETY LANCET 30G/PRESSURE ACTIVATED .....	141	SAPHNELO .....	186
RUCONEST .....	124	SAFETY LANCETS .....	141	SAPHRIS (Use asenapine maleate) .	76
rufinamide SUSP .....	34	SAFETY LANCETS 21G .....	141	SAPHRIS 5 MG, 10 MG (Use asenapine maleate) .....	76
rufinamide TABS .....	34	SAFETY LANCETS 23G .....	141	sapropterin dihydrochloride PACK	115
RUKOBIA .....	79	SAFETY LANCETS 28G .....	141	sapropterin dihydrochloride TABS	115
RUXIENCE .....	64	SAFETY PEN NEEDLES/30G X3/16" .....	166	SAPS HEALTH CARE TWIST TOP LANCETS .....	142
RYALTRIS .....	190	SAFETY PEN NEEDLES/30G X5/16" .....	166	SAPS HEALTH PLUS TWIST TOP LANCETS 30G .....	142
RYANODEX SUSR .....	190	SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium) ....	92	SAPS HEALTH TWIST TOP LANCETS 30G .....	142
RYBELSUS TABS .....	42	SAIZEN IJ .....	113	SAPSCARE TWIST TOP LANCETS 30G .....	142
RYBREVANT .....	64	SALAGEN (Use pilocarpine hcl (oral)) .....	187	SARCLISA .....	64
RYDAPT .....	69	SALICYLIC ACID OINT .....	104	SAVAYSA 15 MG, 60 MG .....	28
RYKINDO SRER .....	75	salsalate 500 MG .....	12	SAVELLA TABS .....	207
RYLAZE .....	70	SALYCIM CREA .....	104	SAVELLA TITRATION PACK MISC	207
RYPLAZIM .....	124	SAMSCA TABS 15 MG (Use tolvaptan) .....	116	saxagliptin hcl 2.5 MG .....	41
RYSTIGGO .....	183	SAMSCA TABS 30 MG (Use tolvaptan) .....	116	saxagliptin hcl 5 MG .....	41
RYTARY CPR .....	73	SANCUSO PTCH .....	47	saxagliptin-metformin hcl 1000 MG- 2.5 MG .....	40
RYTHMOL SR CP12 (Use propafenone hcl) .....	22	SANDIMMUNE CAPS (Use cyclosporine) .....	185	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG .....	40
S2 (Use racepinephrine hcl) .....	27	SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine) .....	185	SCSEMBLIX 20 MG .....	69
SABRIL PACK (Use vigabatrin) ...	35	SANDOSTATIN LAR DEPOT KIT 10 MG .....	116	SCSEMBLIX 40 MG .....	69
SABRIL TABS (Use vigabatrin) ...	35	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate) .....	116	scopolamine .....	47
SAFE-T-LANCE LOW FLOW 25G 141		SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT .	220	SEASONIQUE (Use levonorgestrel- ethinyl estradiol (91-day)) .....	92
SAFE-T-LANCE NORMAL FLOW21G .....	141			SECUADO .....	76
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ..	141				
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ..	141				
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 141					

SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" 166	200 MG (Use quetiapine fumarate) 76	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4 MM ..... 166
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" 166	SEROQUEL XR TB24 150 MG, 200 MG (Use quetiapine fumarate) .....76	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5M M ..... 166
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16" ..... 166	SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (Use quetiapine fumarate) .....76	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM . 166
SEGLENTIS ..... 16	SEROSTIM SC 4 MG, 5 MG, 6 MG 113	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM ..... 166
SEGLUROMET ..... 40	sertraline hcl CONC .....38	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM ..... 166
SELECT-LITE LANCING DEVICE MISC .....142	sertraline hcl TABS ..... 38	SHOPKO UNILET LANCETS SUPER THIN 30G ..... 142
SELECT-OB CHEW ..... 188	SERTRALINE HYDROCHLORIDE CAPS .....38	SHOPKO UNILET LANCETS ULTRA THIN 28G ..... 142
selegiline hcl CAPS ..... 73	sevelamer carbonate PACK .....121	SIGNIFOR .....116
selegiline hcl TABS ..... 73	sevelamer carbonate TABS ..... 121	SIGNIFOR LAR ..... 116
selenium sulfide LOTN 2.5 % ..... 99	sevelamer hcl ..... 121	SIKLOS TABS ..... 126
SELZENTRY SOLN .....79	SEVENFACT .....123	sildenafil citrate (pulmonary hypertension) SOLN ..... 87
SELZENTRY TABS (Use maraviroc) . 79	sevoflurane .....121	sildenafil citrate (pulmonary hypertension) SUSR .....87
SELZENTRY TABS 150 MG (Use maraviroc) .....79	SEZABY SOLR ..... 129	sildenafil citrate (pulmonary hypertension) TABS ..... 87
SELZENTRY TABS 25 MG, 75 MG, 300 MG .....79	SFROWASA ENEM ..... 120	SILENOR (Use doxepin hcl (sleep)) . 129
SEMGLEE SOLN .....44	SHINGRIX ..... 220	SILIQ ..... 98
SEMGLEE SOPN .....44	SHOPKO AUTOLET LANCING DEVICE MISC ..... 142	silodosin .....122
SE-NATAL 19 TABS .....188	SHOPKO ON-THE-GO COMFORTLANCETS 30G ..... 142	SILVADENE (Use silver sulfadiazine) ..... 99
SENSIPAR (Use cinacalcet hcl) . 115	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM ...166	SILVER NITRATE SOLN 0.5 % ... 99
SENSORCAINE-MPF/EPINEPHRINE SOLN ..... 131	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM .....166	silver sulfadiazine ..... 99
SEREVENT DISKUS .....27	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM 166	
SEROQUEL TABS 25 MG, 300 MG, 400 MG (Use quetiapine fumarate) 76	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM .. 166	
SEROQUEL TABS 50 MG, 100 MG,		

SIMBRINZA .....	197	SKYCLARYS .....	191	SODIUM DIURIL (Use chlorothiazide sodium) .....	111
SIMPLE DIAGNOSTICS LANCING DEVICE MISC .....	142	SKYLA .....	93	SODIUM EDECIN (Use ethacrynate sodium) .....	111
SIMPLE SYRUP .....	205	SKYRIZI PEN SOAJ .....	98	sodium ferric gluconate complex in sucrose .....	128
SIMPONI SOAJ 100 MG/ML .....	9	SKYRIZI SOCT 180 MG/1.2ML ..	120	sodium fluoride (dental) CREA ...	186
SIMPONI SOAJ 50 MG/0.5ML .....	9	SKYRIZI SOCT 360 MG/2.4ML ..	120	sodium fluoride (dental) GEL .....	186
SIMPONI SOSY 100 MG/ML .....	9	SKYRIZI SOLN .....	120	sodium fluoride (dental) PSTE DT 186	
simvastatin TABS 10 MG, 20 MG .	52	SKYSONA .....	207	sodium fluoride (dental) SOLN 0.2 % 186	
simvastatin TABS 40 MG .....	52	SKYTROFA .....	113	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG .....	182
simvastatin TABS 5 MG, 80 MG ...	52	SLYND .....	93	sodium fluoride SOLN 0.5 MG/ML 182	
SINCALIDE .....	106	SM MICRO THIN LANCETS 33G 142		sodium fluoride-potassium nitrate GEL .....	186
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa) .....	73	SMART DIABETES VANTAGE LANCING DEVICE MISC .....	142	SODIUM OXYBATE SOLN .....	206
SINGULAIR CHEW (Use montelukast sodium) .....	23	SMARTTEST LANCETS 28G .....	142	sodium phenylbutyrate POWD ...	115
SINGULAIR PACK (Use montelukast sodium) .....	23	sod benzoate & sod phenylacetate 115		sodium phenylbutyrate TABS ....	115
SINGULAIR TABS (Use montelukast sodium) .....	23	SODIUM ACETATE SOLN (Use sodium acetate) .....	180	sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML .....	182
sirolimus SOLN .....	185	sodium acetate SOLN .....	180	sodium polystyrene sulfonate POWD 185	
sirolimus TABS 0.5 MG .....	185	SODIUM BENZOATE .....	205	sodium polystyrene sulfonate SUSP OR 15 GM/60ML .....	185
sirolimus TABS 1 MG .....	185	sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 % .....	180	sodium sulfate-potassium sulfate-magnesium sulfate .....	130
sirolimus TABS 2 MG .....	185	sodium chloride (gu irrigant) 0.9 % 122		SOFIA2 FLU/SARS ANTIGEN FIA 108	
SIRTURO 100 MG .....	61	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 % .....	94	SOFOSBUVIR/VELPATASVIR TABS .....	80
SIRTURO 20 MG .....	61	sodium chloride (inhalant) NEBU 7 % .....	94	SOGROYA .....	113
SITAVIG TABS BU .....	81	SODIUM CHLORIDE GRAN .....	183		
SIVEXTRO SOLR .....	59	sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % .....	183		
SIVEXTRO TABS .....	59	sodium citrate & citric acid .....	121		
SKELAXIN (Use metaxalone) ...	189				
SKLICE (Use ivermectin (pediculicide)) .....	106				

SOHONOS 1 MG, 1.5 MG, 5 MG	190	sorafenib tosylate	69	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	23
SOHONOS 10 MG	190	SORBITOL 3 %	122	spironolactone & hydrochlorothiazide	110
SOHONOS 2.5 MG	190	SORBITOL/MANNITOL IRRIGATION	122	SPIRONOLACTONE POWD	111
solifenacin succinate TABS 10 MG	216	SORILUX FOAM	98	spironolactone SUSP	111
solifenacin succinate TABS 5 MG	216	sotalol hcl (afib/afI) 120 MG	83	spironolactone TABS	111
SOLILUX FOAM		sotalol hcl (afib/afI) 160 MG	83	SPORANOX CAPS (Use itraconazole)	49
SOLILUX FOAM		sotalol hcl (afib/afI) 80 MG	83	SPORANOX PULSEPAK CAPS (Use itraconazole)	49
SOLILUX FOAM		sotalol hcl TABS 120 MG	83	SPORANOX SOLN (Use itraconazole)	49
SOLILUX FOAM		sotalol hcl TABS 160 MG	83	SPRAVATO 56MG DOSE	37
SOLILUX FOAM		sotalol hcl TABS 240 MG	83	SPRAVATO 84MG DOSE	37
SOLILUX FOAM		sotalol hcl TABS 80 MG	83	SPRITAM TB3D	34
SOLILUX FOAM		SOTYKTU	98	SPRYCEL 20 MG	70
SOLILUX FOAM		SOTYLIZE SOLN OR	83	SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG	69
SOLILUX FOAM		SOVALDI PACK 150 MG	81	SSKI SOLN (Use potassium iodide (expectorant))	94
SOLILUX FOAM		SOVALDI PACK 200 MG	81	STALEVO 100 (Use carbidopa-levodopa-entacapone)	73
SOLILUX FOAM		SOVALDI TABS 200 MG	81	STALEVO 125 (Use carbidopa-levodopa-entacapone)	73
SOLILUX FOAM		SOVUNA	60	STALEVO 150 (Use carbidopa-levodopa-entacapone)	73
SOLILUX FOAM		SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	108	STALEVO 200 (Use carbidopa-levodopa-entacapone)	73
SOLILUX FOAM		SPEVIGO	98	STALEVO 50 (Use carbidopa-levodopa-entacapone)	73
SOLILUX FOAM		SPIKEVAX COVID-19 VACCINE SUSP	220	STALEVO 75 (Use carbidopa-levodopa-entacapone)	73
SOLILUX FOAM		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	220	STAMARIL SUSR	220
SOLILUX FOAM		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	220		
SOLILUX FOAM		SPINRAZA	193		
SOLILUX FOAM		SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate)	23		
SOLILUX FOAM		SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	23		

STEGLATRO .....	45	1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	17	58
STEGLUJAN 100 MG-15 MG .....	40	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	17	sulfamethoxazole-trimethoprim SUSP .....
STELARA 130 MG/26ML .....	120	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	17	58
STELARA SOLN 45 MG/0.5ML ...	98	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	17	sulfamethoxazole-trimethoprim TABS .....
STELARA SOSY 45 MG/0.5ML ...	98	succinylcholine chloride SOLN ...	191	58
STERILANCE PA MISC .....	142	SUCCINYLCHOLINE CHLORIDE SOSY IJ 100 MG/5ML .....	191	SULFAMYLON CREA .....
STERILANCE TL .....	142	SUCRAID .....	110	99
STERILE DILUENT FOR REMODULIN (Use glycine diluent) 205		SUCRALFATE POWD .....	214	SULFAMYLON PACK 5 % (Use mafenide acetate) .....
STIMUFEND .....	127	sucralfate SUSP .....	214	99
STIOLTO RESPIMAT .....	27	sucralfate TABS .....	214	SULFASALAZINE POWD .....
STIVARGA .....	70	SUFENTANIL CITRATE SOLN IV 50 MCG/ML (Use sufentanil citrate) ...	15	120
STRATTERA 10 MG, 18 MG, 25 MG (Use atomoxetine hcl) .....	3	sufentanil citrate SOLN IV 50 MCG/ML .....	15	sulfasalazine TABS .....
STRATTERA 40 MG, 60 MG (Use atomoxetine hcl) .....	3	SUFLAVE .....	130	120
STRATTERA 80 MG, 100 MG (Use atomoxetine hcl) .....	3	SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine) .....	85	sulfasalazine TBEC .....
STRENSIQ .....	115	sulfacetamide sodium (acne) .....	95	120
streptomycin sulfate SOLR .....	6	sulfacetamide sodium (ophth) SOLN . 198		sulindac TABS .....
STRIBILD .....	79	sulfacetamide sodium w/ sulfur CREA 10 %-5 % .....	95	11
STRIVERDI RESPIMAT .....	28	sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 % ...	95	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ...
STROMECTOL (Use ivermectin) .	19	sulfacetamide sodium w/ sulfur SUSP 8 %-4 % .....	95	95
STRONTIUM CHLORIDE SR-89 .	71	sulfacetamide sod-prednisolone SOLN .....	200	sumatriptan .....
SUBLOCADE SOSY 100 MG/0.5ML . 17		sulfadiazine TABS .....	211	180
SUBLOCADE SOSY 300 MG/1.5ML . 17		sulfamethoxazole-trimethoprim SOLN		180
SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate) .....	17			180
SUBOXONE FILM SL 0.5 MG-2 MG,				180
				179
				95
				70
				79
				79
				3
				113
				121
				130

magnesium sulfate) .....131	167	SURE COMFORT PEN NEEDLES31GX3/16" (5MM) ....	167
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4" .	166	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	167
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	167	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	167
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	167	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	167
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	167	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	167
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	167	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	167
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	167	SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM .	167
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	167	SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	167
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	167	SURE COMFORT LANCETS 18G	142
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	167	SURE COMFORT LANCETS 21G	142
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	167	SURE COMFORT LANCETS 23G	142
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	167	SURE COMFORT LANCETS 28G	142
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	167	SURE COMFORT LANCETS 30G	142
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	167	SURE COMFORT LANCING PEN MISC .....	142
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	167	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM ....	167
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	167	SURE COMFORT PEN NEEDLES30GX5/16" SHORT ...	167
		SURE COMFORT PEN NEEDLES31GX5/16" (8MM) ....	167
		SURE COMFORT PEN NEEDLES32GX5/32" (4MM) ....	167
		SURE COMFORT PEN NEEDLES32GX5/32" .....	167
		SURE COMFORT PEN NEEDLES32GX6MM .....	167
		SUSTIVA CAPS (Use efavirenz) ..	79
		SUSTIVA TABS (Use efavirenz) ..	79
		SUSTOL PRSY .....	47
		SUSVIMO SOLN .....	197
		SUTAB .....	131
		SUTENT (Use sunitinib malate) ..	70
		SYFOVRE .....	198
		SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (Use budesonide- formoterol fumarate dihydrate) ....	28
		SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (Use budesonide- formoterol fumarate dihydrate) ....	28
		SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl)	207
		SYMDEKO 150 MG-100 MG .....	210
		SYMDEKO 75 MG-50 MG .....	210
		SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate) .....	79
		SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate) .....	79
		SYMPAZAN FILM .....	31
		SYMPROIC .....	120



SYMTUZA .....	79	tacrolimus (topical) OINT 0.03 %	.104	phosphate) .....	81
SYNAGIS SOLN 100 MG/ML .....	204	tacrolimus (topical) OINT 0.1 %	.104	tamoxifen citrate TABS .....	65
SYNAGIS SOLN 50 MG/0.5ML ..	204	tacrolimus CAPS 0.5 MG .....	185	tamsulosin hcl .....	122
SYNALAR CREA (Use fluocinolone acetoneide) .....	102	tacrolimus CAPS 1 MG .....	185	TARCEVA (Use erlotinib hcl) .....	64
SYNALAR CREAM KIT .....	102	tacrolimus CAPS 5 MG .....	185	TARGRETIN (Use bexarotene (topical)) .....	97
SYNALAR OINT (Use fluocinolone acetoneide) .....	102	tadalafil (pulmonary hypertension) TABs .....	87	TARGRETIN (Use bexarotene) ...	71
SYNALAR OINTMENT KIT .....	102	tadalafil 5 MG .....	86	TARPEYO CPDR .....	94
SYNALAR SOLN (Use fluocinolone acetoneide) .....	102	TADLIQ SUSP .....	88	TASCENSO ODT .....	208
SYNALAR TS .....	102	TAFINLAR CAPS .....	70	TASIGNA 50 MG, 150 MG .....	70
SYNAREL .....	114	TAFINLAR TBSO .....	70	tasimelteon CAPS .....	130
SYNDROS SOLN .....	48	tafluprost .....	202	TASMAR (Use tolcapone) .....	72
SYNJARDY TABS .....	40	TAGAMET HB 200 TABS (Use cimetidine) .....	214	TAUVID .....	106
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG .....	40	TAGAMET HB TABS (Use cimetidine) .....	214	tavorole .....	97
SYNJARDY XR TB24 1000 MG-25 MG .....	40	TAGRISSE .....	64	TAVALISSE .....	124
SYNRIBO .....	71	TAKHZYRO SOLN .....	124	TAVNEOS .....	124
SYNTHROID TABS (Use levothyroxine sodium) .....	212	TAKHZYRO SOSY 150 MG/ML ..	124	TAYTULLA CAPS (Use norethin acet & estrad-fe) .....	92
SYPRINE (Use trientine hcl) .....	183	TAKHZYRO SOSY 300 MG/2ML	.124	tazarotene CREA .....	98
SYRPALTA SYRP .....	205	TALICIA .....	216	tazarotene GEL .....	98
SYRUP VEHICLE SYRP .....	205	TALTZ SOAJ .....	98	TAZORAC CREA (Use tazarotene)	98
TABRECTA .....	70	TALTZ SOSY .....	98	TAZORAC GEL (Use tazarotene) .	98
TACHOSIL .....	128	TALVEY .....	64	TAZVERIK .....	70
TACLONEX OINT (Use calcipotriene- betamethasone dipropionate) ....	102	TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG .....	70	TDVAX SUSP .....	213
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate) .....	102	TALZENNA 0.25 MG .....	70	TECARTUS .....	64
		TAMIFLU CAPS 30 MG, 45 MG (Use oseltamivir phosphate) .....	81	TECENTRIQ .....	64
		TAMIFLU CAPS 75 MG (Use oseltamivir phosphate) .....	81	TECFIDERA CPDR 120 MG (Use dimethyl fumarate) .....	209
		TAMIFLU SUSR (Use oseltamivir		TECFIDERA CPDR 240 MG (Use dimethyl fumarate) .....	209
				TECFIDERA STARTER PACK CDPK	

(Use dimethyl fumarate) .....	209	TECHLITE PEN NEEDLES/31GX 8MM .....	168	temozolomide CAPS .....	62
TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2" .....	167	TECHLITE PEN NEEDLES/32GX 4MM .....	168	temsirolimus .....	70
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16" .....	167	TECHLITE PEN NEEDLES/32GX 6MM .....	168	TENIVAC INJ .....	213
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 15/64" .....	167	TECVAYLI .....	64	tenofovir disoproxil fumarate TABS 79	
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16" .....	168	TEFLARO .....	89	TENORETIC 100 (Use atenolol & chlorthalidone) .....	56
TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2" .....	168	TEGLUTIK SUSP .....	191	TENORETIC 50 (Use atenolol & chlorthalidone) .....	56
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2" .....	168	TEGRETOL SUSP (Use carbamazepine) .....	34	TENORMIN TABS 100 MG (Use atenolol) .....	83
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2" .....	168	TEGRETOL TABS (Use carbamazepine) .....	34	TENORMIN TABS 25 MG (Use atenolol) .....	82
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16" .....	168	TEGRETOL-XR TB12 100 MG, 200 MG (Use carbamazepine) .....	34	TENORMIN TABS 50 MG (Use atenolol) .....	83
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64" .....	168	TEGRETOL-XR TB12 400 MG (Use carbamazepine) .....	34	TEPADINA (Use thiotepa) .....	62
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16" .....	168	TEGSEDI .....	210	TEPEZZA .....	113
TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2" .....	168	TEKTURNA (Use aliskiren fumarate) .....	57	TEPMETKO .....	70
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2" .....	168	telmisartan 20 MG .....	54	terazosin hcl 1 MG .....	55
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64" .....	168	telmisartan 40 MG .....	54	terazosin hcl 10 MG .....	55
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16" .....	168	telmisartan 80 MG .....	54	terazosin hcl 2 MG .....	55
TECHLITE LANCETS .....	142	telmisartan-amlodipine .....	56	terazosin hcl 5 MG .....	55
TECHLITE LANCETS 30G .....	142	telmisartan-hydrochlorothiazide ..	56	terbinafine hcl (topical) CREA .....	97
TECHLITE PEN NEEDLES 29GX 10MM .....	168	temazepam 15 MG, 30 MG .....	129	terbinafine hcl TABS .....	48
TECHLITE PEN NEEDLES 29GX 12 MM .....	168	temazepam 7.5 MG, 22.5 MG .....	129	terbutaline sulfate SOLN .....	28
TECHLITE PEN NEEDLES 31GX 5MM .....	168	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (Use temozolomide) .....	62	terbutaline sulfate TABS .....	28
		TEMOVATE CREA (Use clobetasol propionate) .....	102	terconazole vaginal CREA .....	220
		TEMOVATE OINT (Use clobetasol propionate) .....	102	terconazole vaginal SUPP .....	220
				teriflunomide .....	209
				teriparatide (recombinant) SOPN	112
				TERIPARATIDE SOPN .....	113
				TESTIM GEL TD (Use testosterone) .	

18	TEZSPIRE SOSY .....	22	extended release beads) .....	85
TESTOPEL PLLT .....	18	THALITONE .....	111	TIAZAC 300 MG, 420 MG (Use diltiazem hcl extended release beads) .....
testosterone cypionate SOLN IM ..	18	THALOMID .....	183	85
testosterone GEL TD 1 %, 50 MG/5GM .....	18	THAM .....	180	TIAZAC 360 MG (Use diltiazem hcl extended release beads) .....
testosterone GEL TD 1.62 %, 25 MG/2.5GM, 40.5 MG/2.5GM .....	18	THEO-24 CP24 .....	28	85
testosterone GEL TD 10 MG/ACT ..	18	theophylline ELIX .....	28	TIBSOVO .....
testosterone GEL TD 20.25 MG/1.25GM .....	18	theophylline SOLN .....	28	70
TESTOSTERONE MICRONIZED (SOY) POWD .....	90	theophylline TB12 .....	28	TICOVAC .....
TESTOSTERONE MICRONIZED POWD .....	90	theophylline TB24 .....	28	220
TESTOSTERONE MICRONIZED SOY POWD .....	90	THIAMINE HCL POWD .....	222	TIGAN SOLN .....
TESTOSTERONE MICRONIZED YAM CRYSTALS .....	90	THICK-IT #2 POWD .....	205	47
TESTOSTERONE POWD .....	90	THIOLA EC TBEC .....	122	tigecycline .....
TESTOSTERONE PROPIONATE ..	90	THIOLA TABS (Use tiopronin) ...	122	211
testosterone SOLN .....	18	thioridazine hcl 25 MG, 50 MG ....	77	TIGECYCLINE .....
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP .....	213	thiotepa .....	62	211
tetrabenazine .....	207	thiothixene .....	77	191
tetracaine hcl (ophth) .....	198	THROMBATE III .....	124	TIGLUTIK SUSP .....
TETRACYCLINE HCL .....	96	THROMBIN-JMI DILUENT SOLR 128		191
tetracycline hcl CAPS .....	212	THROMBIN-JMI EPISTAXIS KIT ..	128	196
TETRACYCLINE HYDROCHLORID TABS .....	212	THROMBIN-JMI SYRINGE SPRAY KIT KIT .....	128	196
TETRACYCLINE HYDROCHLORIDE TABS .....	212	THROMBIN-JMI W/DIL SPRAYPUMP ACTUATOR KIT ..	128	196
TEXACORT SOLN 2.5 % .....	102	THYMOGLOBULIN .....	185	196
TEZSPIRE SOAJ .....	22	THYQUIDITY SOLN OR .....	212	196
		tiagabine hcl .....	35	196
		TIAZAC 120 MG (Use diltiazem hcl extended release beads) .....	85	97
		TIAZAC 180 MG (Use diltiazem hcl extended release beads) .....	85	57
		TIAZAC 240 MG (Use diltiazem hcl extended release beads) .....	85	122
				122

tiotropium bromide monohydrate CAPS .....	23	tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML .....	6	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" .....	168
tirofiban hcl in sodium chloride ..	125	tobramycin sulfate SOLR .....	6	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" .....	168
TIROSINT CAPS (Use levothyroxine sodium) .....	213	tobramycin-dexamethasone SUSP 200		TOPCARE LANCETS MICRO-THIN 33G .....	142
TIROSINT CAPS 75 MCG, 100 MCG (Use levothyroxine sodium) .....	213	TOBREX OINT .....	198	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" .....	168
TIROSINT CAPS .....	213	TODAYS HEALTH ADVANCED LANCING DEVICE MISC .....	142	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" .....	168
TIROSINT-SOL SOLN OR 13 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML .....	213	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" .....	168	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" .....	168
TISSEEL KIT .....	128	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" .....	168	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" .....	168
TISSEEL SOLN .....	128	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" .....	168	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" .....	168
TIVDAK .....	64	TODAYS HEALTH SUPER THINLANCETS 30G .....	142	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" .....	168
TIVICAY PD TBSO .....	79	TODAYS HEALTH ULTRA THINLANCETS 28G .....	142	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" .....	168
TIVICAY TABS .....	79	tolcapone .....	72	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" .....	168
tizanidine hcl CAPS .....	189	tolmetin sodium CAPS .....	11	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" .....	168
tizanidine hcl TABS .....	190	tolmetin sodium TABS 600 MG ....	11	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" .....	169
TLANDO CAPS .....	18	tolnaftate CREA .....	97	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" .....	169
TNKASE .....	125	TOLSURA CAPS .....	49	TOPICORT CREA 0.05 % (Use desoximetasone) .....	103
TOBI NEBU (Use tobramycin) .....	6	tolterodine tartrate CP24 .....	216	TOPICORT CREA 0.25 % (Use desoximetasone) .....	102
TOBI PODHALER CAPS .....	6	tolterodine tartrate TABS .....	216	TOPICORT GEL (Use	
TOBRADEX OINT .....	200	tolvaptan TABS .....	116		
TOBRADEX ST SUSP .....	200	TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate) .....	34		
TOBRADEX SUSP (Use tobramycin- dexamethasone) .....	200	TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate) .....	34		
tobramycin (ophth) SOLN .....	198	TOPAMAX TABS 200 MG (Use topiramate) .....	34		
tobramycin NEBU .....	6	TOPAMAX TABS 25 MG, 50 MG, 100 MG (Use topiramate) .....	34		
TOBRAMYCIN SULFATE POWD ..	6				

desoximetasone) ..... 103	TOVIAZ 4 MG (Use fesoterodine fumarate) ..... 216	tranylcypromine sulfate ..... 37
TOPICORT OINT 0.05 % (Use desoximetasone) ..... 103	TOVIAZ 8 MG (Use fesoterodine fumarate) ..... 216	TRAVASOL SOLN 1760 MG/100ML-1760 MG/100ML-500 MG/100ML-492 MG/100ML-34 MG/100ML-526 MG/100ML-492 MG/100ML-526 MG/100ML-372 MG/100ML-52 MEQ/L-152 MG/100ML-356 MG/100ML-390 MG/100ML-406 MG/100ML-880 MG/100ML-356 MG/100ML-34 MEQ/L ..... 195
TOPICORT OINT 0.25 % (Use desoximetasone) ..... 103	TPN ELECTROLYTES CONC ... 182	TRAVATAN Z SOLN (Use travoprost) ..... 202
TOPIRAMATE .....90	TRACLEER TABS (Use bosentan) 87	TRAVEL LANCETS 30G .....142
topiramate CP24 200 MG .....34	TRACLEER TBSO .....87	travoprost SOLN .....202
topiramate CP24 25 MG, 50 MG, 100 MG ..... 34	TRADJENTA ..... 41	TRAZIMERA ..... 64
topiramate CPSP ..... 34	tramadol hcl CP24 100 MG, 200 MG, 300 MG .....15	trazodone hcl TABS 300 MG ..... 38
topiramate CS24 150 MG, 200 MG 34	tramadol hcl SOLN .....15	trazodone hcl TABS 50 MG, 100 MG, 150 MG ..... 38
topiramate CS24 25 MG, 50 MG, 100 MG ..... 34	tramadol hcl TABS 25 MG, 100 MG 15	TREANDA SOLR 100 MG (Use bendamustine hcl) ..... 62
topiramate TABS 200 MG ..... 34	tramadol hcl TABS 50 MG ..... 15	TREANDA SOLR 25 MG (Use bendamustine hcl) ..... 62
topiramate TABS 25 MG, 50 MG, 100 MG ..... 34	tramadol hcl TB24 .....15	TRECATOR ..... 61
TOPOTECAN HCL SOLN (Use topotecan hcl) .....72	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl) ..... 15	TRELEGY ELLIPTA .....28
topotecan hcl SOLN .....72	tramadol-acetaminophen .....16	TRELSTAR MIXJECT .....65
topotecan hcl SOLR .....72	trandolapril .....53	TREMFYA SOPN .....98
TOPROL XL TB24 100 MG, 200 MG (Use metoprolol succinate) ..... 83	trandolapril-verapamil hcl 180 MG-2 MG, 240 MG-1 MG, 240 MG-2 MG 56	TREMFYA SOSY ..... 99
TOPROL XL TB24 25 MG, 50 MG (Use metoprolol succinate) ..... 83	tranexamic acid SOLN 1000 MG/10ML ..... 128	treprostinil SOLN IJ ..... 87
toremifene citrate .....65	tranexamic acid TABS .....128	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML ..... 45
TORISEL (Use temsirolimus) ..... 70	TRANEXAMIC ACID/SODIUM CHLORIDE (Use tranexamic acid-sodium chloride) ..... 128	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML ..... 45
toremide TABS 100 MG .....111	tranexamic acid-sodium chloride 128	TRESIBA SOLN ..... 45
toremide TABS 5 MG, 10 MG, 20 MG .....111	TRANSDERM-SCOP (Use scopolamine) .....47	tretinoin (chemotherapy) ..... 71
TOSYMRA ..... 180	TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium) ..... 21	tretinoin CREA 0.025 %, 0.05 % ... 95
TOUJEO MAX SOLOSTAR SOPN 44		
TOUJEO SOLOSTAR SOPN .....44		

TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	63	hydrochlorothiazide) .....	57	trimethobenzamide hcl CAPS .....	47
TREXIMET (Use sumatriptan-naproxen sodium) .....	179	TRICARE TABS .....	188	trimethoprim TABS .....	57
TRIAMCINOLONE .....	90	TRICHLOROACETIC ACID CRYSTALS 90 .....	90	trimipramine maleate CAPS .....	39
triamcinolone acetonide (mouth) .....	186	TRICOR TABS (Use fenofibrate) ..	51	TRINTELLIX .....	38
triamcinolone acetonide (topical) AERS .....	103	TRIDESILON CREA 0.05 % (Use desonide) .....	103	TRIOSTAT SOLN (Use liothyronine sodium) .....	213
triamcinolone acetonide (topical) CREA .....	103	trientine hcl 250 MG .....	183	TRIPTODUR .....	114
triamcinolone acetonide (topical) LOTN .....	103	trientine hcl 500 MG .....	183	TRISENOX (Use arsenic trioxide) ..	71
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % .....	103	TRIESENCE .....	200	TRISTART DHA .....	188
triamcinolone acetonide (topical) OINT 0.05 % .....	103	trifluoperazine hcl TABS 2 MG, 5 MG .....	77	TRIUMEQ PD TBSO .....	79
TRIAMCINOLONE ACETONIDE POWD .....	103	trifluridine .....	198	TRIUMEQ TABS .....	79
triamcinolone acetonide SUSP 40 MG/ML, 400 MG/10ML .....	94	trihexyphenidyl hcl SOLN .....	72	TRODELVY .....	72
TRIAMCINOLONE ACETONIDE USP, MICRONIZED POWD .....	103	trihexyphenidyl hcl TABS .....	72	TROGARZO .....	79
TRIAMCINOLONE USP, MICRONIZED .....	90	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG ..	40	TROKENDI XR CP24 200 MG (Use topiramate) .....	34
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	111	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG .....	40	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (Use topiramate) ....	34
triamterene & hydrochlorothiazide TABS .....	111	TRIKAFTA TBPK 100 MG-50 MG 211 .....	211	TROPHAMINE SOLN 0.36 GM/100ML-0.54 GM/100ML-0.38 GM/100ML-0.32 GM/100ML-0.24 GM/100ML-1.4 GM/100ML-0.34 GM/100ML-0.48 GM/100ML-0.48 GM/100ML-0.78 GM/100ML-0.42 GM/100ML-0.2 GM/100ML-0.82 GM/100ML-1.2 GM/100ML-0.025 GM/100ML-0.68 GM/100ML-0.5 GM/100ML-5 MEQ/L-1.2 GM/100ML .	195
triazolam .....	130	TRIKAFTA TBPK 50 MG-25 MG ..	211	TROPHAMINE SOLN 0.36 GM/100ML-0.54 GM/100ML-0.38 GM/100ML-0.32 GM/100ML-0.24 GM/100ML-1.4 GM/100ML-0.34 GM/100ML-0.48 GM/100ML-0.48 GM/100ML-0.78 GM/100ML-0.42 GM/100ML-0.2 GM/100ML-0.82 GM/100ML-1.2 GM/100ML-0.025 GM/100ML-0.68 GM/100ML-0.5 GM/100ML-5 MEQ/L-1.2 GM/100ML .	195
TRIBENZOR (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide) .....	56	TRILEPTAL SUSP (Use oxcarbazepine) .....	34	TROPHAMINE SOLN 0.36 GM/100ML-0.54 GM/100ML-0.38 GM/100ML-0.32 GM/100ML-0.24 GM/100ML-1.4 GM/100ML-0.34 GM/100ML-0.48 GM/100ML-0.48 GM/100ML-0.78 GM/100ML-0.42 GM/100ML-0.2 GM/100ML-0.82 GM/100ML-1.2 GM/100ML-0.025 GM/100ML-0.68 GM/100ML-0.5 GM/100ML-5 MEQ/L-1.2 GM/100ML .	195
TRIBENZOR (Use olmesartan medoxomil-amlodipine-		TRILEPTAL TABS (Use oxcarbazepine) .....	34	TROPHAMINE SOLN 0.36 GM/100ML-0.54 GM/100ML-0.38 GM/100ML-0.32 GM/100ML-0.24 GM/100ML-1.4 GM/100ML-0.34 GM/100ML-0.48 GM/100ML-0.48 GM/100ML-0.78 GM/100ML-0.42 GM/100ML-0.2 GM/100ML-0.82 GM/100ML-1.2 GM/100ML-0.025 GM/100ML-0.68 GM/100ML-0.5 GM/100ML-5 MEQ/L-1.2 GM/100ML .	195
		TRILEPTAL TABS 300 MG (Use oxcarbazepine) .....	34	tropicamide SOLN 1 % .....	196
		TRILEPTAL TABS 600 MG (Use oxcarbazepine) .....	34	trospium chloride CP24 .....	216
		TRILIPIX 135 MG (Use choline fenofibrate) .....	51	trospium chloride TABS .....	216
		TRILIPIX 45 MG (Use choline fenofibrate) .....	51	TRUDHESA .....	179
				TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	169
				TRUE COMFORT INSULIN	

SYRINGE/1ML/31G X 5/16" .....169	TRUE COMFORT PRO PEN NEEDLES 32G X 5MM ..... 169	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM .....170
TRUE COMFORT PEN NEEDLES31G X 5MM .....169	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM ..... 169	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM .....170
TRUE COMFORT PEN NEEDLES31G X 6MM .....169	TRUE COMFORT PRO PEN NEEDLES 33G X 4MM ..... 169	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM .....170
TRUE COMFORT PEN NEEDLES32G X 4MM .....169	TRUE COMFORT PRO PEN NEEDLES 33G X 5MM ..... 169	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" ..... 170
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16" ..... 169	TRUE COMFORT PRO PEN NEEDLES 33G X 6MM ..... 169	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" .....170
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" .....169	TRUE COMFORT SAFETY LANCETS/30G .....142	TRUEPLUS INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" .....170
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" .....169	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM ..... 169	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" ..... 170
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16" .....169	TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM ..... 169	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" ..... 170
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16" .....169	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM ..... 169	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" .....170
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" .....169	TRUE COMFORT TWIST TOP LANCETS 30G .....142	TRUEPLUS INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" .....170
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" .....169	TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT .....142	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/28G X 1/2" ..... 170
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" .....169	TRUE METRIX BLOOD GLUCOSEMETER KIT .....142	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/29G X 1/2" ..... 170
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" .....169	TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP .108	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/30G X 5/16" .....170
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM ..... 169	TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN .....142	TRUEPLUS INSULIN SYRINGE/U- 100/1ML/31G X 5/16" .....170
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM ..... 169	TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN .....142	TRUEPLUS LANCETS 26G ..... 142
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM ..... 169	TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN .....142	TRUEPLUS LANCETS 28G ..... 143
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM ..... 169	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM ..... 169	TRUEPLUS LANCETS 28G SUPER THIN .....143
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM ..... 169	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM .....169	TRUEPLUS LANCETS 30G ..... 143
		TRUEPLUS LANCETS 30G ULTRA THIN .....143

TRUEPLUS LANCETS 33G .....143	TRUSTEX	TYR EASY TABS .....110
TRUEPLUS LANCETS 33G MICRO THIN .....143	LUBRICATED/SPERMICIDE MISC 133	TYRVAYA .....196
TRUEPLUS PEN NEEDLES 29GX12MM .....170	TRUSTEX NON-LUBRICATED MISC .....133	TYVASO DPI MAINTENANCE KIT POWD .....87
TRUEPLUS PEN NEEDLES 31GX5MM .....170	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC .....134	TYVASO DPI TITRATION KIT POWD .....87
TRUEPLUS PEN NEEDLES 31GX6MM .....170	TRUSTEX/RIA LUBRICATED MISC .134	TYVASO REFILL SOLN IN .....87
TRUEPLUS PEN NEEDLES 31GX8MM .....170	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC .....134	TYVASO SOLN IN .....87
TRUEPLUS PEN NEEDLES 32GX4MM .....170	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 134	TYVASO STARTER SOLN IN .....87
TRUEPLUS SAFETY LANCETS 28G .....143	TRUSTEX/RIA NON-LUBRICATED MISC .....134	TZIELD .....41
TRULANCE .....118	TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate) .....79	UBRELVY .....179
TRULICITY .....42	TRUXIMA .....64	UCERIS (Use budesonide (intrarectal)) .....19
TRUMENBA .....217	TUDORZA PRESSAIR .....23	UCERIS TB24 (Use budesonide) .94
TRUQAP .....70	TUKYSA 150 MG .....64	UDENYCA ONBODY SOSY .....127
TRUSOPT (Use dorzolamide hcl) 202	TUKYSA 50 MG .....64	UDENYCA SOAJ .....127
TRUSTEX LUBRICATED EXTRALARGE MISC .....133	TURALIO 125 MG .....70	UDENYCA SOSY .....127
TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....133	TWINRIX SUSY .....220	ULORIC 40 MG (Use febuxostat) 123
TRUSTEX LUBRICATED MISC ..133	TWIRLA .....92	ULORIC 80 MG (Use febuxostat) 123
TRUSTEX LUBRICATED/RIBBED/STUDED MISC .....133	TWIST TOP LANCETS 30G .....143	ULTANE (Use sevoflurane) .....121
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....133	TYBLUME CHEW .....92	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" ....170
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....133	TYBOST .....79	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" .....170
	TYGACIL (Use tigecycline) .....211	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" ....170
	TYKERB (Use lapatinib ditosylate) 70	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" ....170
	TYMLOS .....113	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" ...170
	TYPHIM VI SOLN .....217	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" ....170
	TYPHIM VI SOSY .....217	ULTICARE INSULIN



SYRINGE/0.5ML/29G X 1/2" .... 170	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....171	ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16" .....171
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" .... 170	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" ..... 171	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE .....171
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" ...170	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....171	ULTICARE PEN NEEDLES 31GX 5MM/MINI .....171
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" ..... 170	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" .....171	ULTICARE PEN NEEDLES/29GX 12.7MM ..... 171
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" ..... 170	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" .....171	ULTICARE SAFETY SYRINGE/LOW DEAD SPACE/1.5ML/22GX1-1/2" 171
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" ..... 170	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" .....171	ULTICARE SHORT PEN NEEDLES 31GX8MM .....171
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" .....171	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" .....171	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV .....171
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" .....171	ULTICARE MICRO PEN NEEDLES 31G X 8MM ..... 171	ULTICARE SHORT PEN NEEDLES/31G X 8MM ..... 172
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" .....171	ULTICARE MICRO PEN NEEDLES 32G X 4MM ..... 171	ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16" ..... 172
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" .....171	ULTICARE MICRO PEN NEEDLES/31G X 1/4" ..... 171	ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC .. 172
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" .....171	ULTICARE MICRO PEN NEEDLES/31G X 5/16" .....171	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" ...172
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" .....171	ULTICARE MICRO PEN NEEDLES/32G X 4MM ..... 171	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4" ... 172
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" .....171	ULTICARE MICRO PEN NEEDLES/32G X 5/32" ..... 171	ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4" ...172
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" .....171	ULTICARE MINI PEN NEEDLES 31GX6MM .....171	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4" .....172
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" ..... 171	ULTICARE MINI PEN NEEDLES/31G X 6MM ..... 171	ULTIGUARD SAFEPAK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C .....172
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....171	ULTICARE MINI PEN NEEDLES/32G X 1/4" ..... 171	ULTIGUARD SAFEPAK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C .....172
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" ..... 171	ULTICARE MINI PEN NEEDLES31GX6MM ..... 171	ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS

CON .....	172	ULTILET CLASSIC LANCETS ...	143	UNIT/0.3ML/31GX5/16" .....	173
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO .....	172	ULTILET LANCETS .....	143	ULTRA THIN LANCETS 31G ....	143
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS .....	172	ULTILET LANCETS 33G .....	143	ULTRA THIN PEN NEEDLES 32G X 4MM .....	173
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI .....	172	ULTILET PEN NEEDLE 32GX4MM/SHORT .....	172	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	173
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER .....	172	ULTILET SAFETY LANCETS 23G 143		ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....	173
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM .....	172	ULTIVA (Use remifentanil hcl) ....	15	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .....	173
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN .....	172	ULTOMIRIS .....	124	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .....	173
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32" .....	172	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....	172	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....	173
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN .....	172	ULTRA FLO INSULIN PEN NEEDLE 31GX5MM .....	172	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" .....	173
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN .....	172	ULTRA FLO INSULIN PEN NEEDLE 32GX4MM .....	172	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" .....	173
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA .....	172	ULTRA FLO INSULIN PEN NEEDLE 33GX4MM .....	172	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....	173
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN .....	172	ULTRA FLO INSULIN PEN NEEDLES .....	172	ULTRA-CARE LANCETS 30G ...	143
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC .....	143	ULTRA FLO INSULIN PEN NEELE 31GX8MM .....	172	ULTRACARE PEN NEEDLES/31G X 1/4" .....	173
		ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" .....	173	ULTRACARE PEN NEEDLES/31G X 3/16" .....	173
		ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" .....	173	ULTRACARE PEN NEEDLES/31G X 5/16" .....	173
		ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" .....	173	ULTRACARE PEN NEEDLES/32G X 1/14" .....	173
		ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" .....	173	ULTRACARE PEN NEEDLES/32G X 3/16" .....	173
		ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" .....	173	ULTRACARE PEN NEEDLES/32G X 5/32" .....	173
		ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" .....	173	ULTRACARE PEN NEEDLES/33G X 5/32" .....	173
		ULTRA FLO INSULIN SYRINGE 1/2			

ULTRACET (Use tramadol- acetaminophen) .....	16	GM (Use ampicillin & sulbactam sodium) .....	205	NEEDLE 32G X 4MM .....	174
ULTRAM TABS (Use tramadol hcl) 15		UNIFINE PEN NEEDLE/32G X4MM .	174	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM .....	174
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" 173		UNIFINE PENTIPS 29GX12MM .	174	UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16" .....	174
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" 173		UNIFINE PENTIPS 31G X 3/16" .	174	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" .....	174
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" 173		UNIFINE PENTIPS 31GX5MM ..	174	UNIFINE ULTRA PEN NEEDLE/31GX5MM .....	174
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" 173		UNIFINE PENTIPS 31GX6MM ..	174	UNIFINE ULTRA PEN NEEDLE/31GX6MM .....	174
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" 173		UNIFINE PENTIPS 31GX8MM ..	174	UNIFINE ULTRA PEN NEEDLE/31GX8MM .....	174
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" 173		UNIFINE PENTIPS 32GX4MM ..	174	UNIFINE ULTRA PEN NEEDLE/31GX8MM .....	174
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" 173		UNIFINE PENTIPS 32GX6MM ..	174	UNIFINE ULTRA PEN NEEDLE/32GX4MM .....	174
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" ..	173	UNIFINE PENTIPS 32GX6MM ..	174	UNIFINE ULTRA PEN NEEDLE/32GX4MM .....	174
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" ..	173	UNIFINE PENTIPS PLUS 29GX12MM .....	174	UNIFINE ULTRA PEN NEEDLE/32GX4MM .....	174
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" 173		UNIFINE PENTIPS PLUS 31GX5MM .....	174	UNILET COMFORTOUCH LANCET 143	
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" 173		UNIFINE PENTIPS PLUS 31GX6MM .....	174	UNILET EXCELITE .....	143
ULTRA-THIN II LANCETS 28G ..	143	UNIFINE PENTIPS PLUS 31GX8MM .....	174	UNILET EXCELITE II .....	143
ULTRA-THIN II LANCETS 30G ..	143	UNIFINE PENTIPS PLUS 32GX4MM .....	174	UNILET G.P. SUPERLITE LANCET . 143	
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" .....	173	UNIFINE PENTIPS PLUS 33GX 5/32" .....	174	UNILET GP 28 ULTRA THIN ....	143
ULTRA-THIN II PEN NEEDLES 29GX1/2" .....	174	UNIFINE PENTIPS PLUS 33GX4MM .....	174	UNILET LANCETS MICRO-THIN33G .....	143
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" ..	174	UNIFINE PENTIPS PLUS 33GX 5/32" .....	174	UNILET LANCETS SUPER- THIN30G .....	143
ULTRAVATE LOTN .....	103	UNIFINE PENTIPS PLUS/30GX 3/16" .....	174	UNILET LANCETS ULTRA-THIN 28G .....	143
UNASYN BULK PACK IV (Use ampicillin & sulbactam sodium) ..	205	UNIFINE PENTIPS/30G X 3/16" .	174	UNISTIK 2 NORMAL MISC .....	143
UNASYN IJ 1 GM-0.5 GM, 2 GM-1		UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM .....	174	UNISTIK 3 COMFORT MISC .....	143
Index 101		UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM .....	174	UNISTIK 3 EXTRA MISC .....	143
		UNIFINE PROTECT SAFETY PEN		UNISTIK 3 GENTLE .....	143
				UNISTIK 3 NORMAL MISC .....	143
				UNISTIK 3 NORMAL MISC .....	143
				UNISTIK CZT COMFORT MISC .	143

UNISTIK CZT NORMAL MISC ...	143	UROCIT-K 15 TBCR (Use potassium citrate (alkalinizer)) .....	121	VALIUM TABS (Use diazepam) ...	21
UNISTIK NORMAL MISC .....	143	UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer)) .....	121	valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML .....	36
UNISTIK PRO SAFETY LANCET 21G .....	143	UROXATRAL (Use alfuzosin hcl) 122		valproate sodium SOLN OR 250 MG/5ML .....	36
UNISTIK PRO SAFETY LANCET 25G .....	143	URSO 250 TABS (Use ursodiol) .	118	valproic acid CAPS .....	36
UNISTIK PRO SAFETY LANCET 28G .....	143	URSO FORTE TABS (Use ursodiol) .	118	valrubicin .....	66
UNISTIK SAFETY LANCETS 28G 143		URSODIOL .....	90	valsartan SOLN .....	54
UNISTIK SAFETY LANCETS 30G 143		ursodiol CAPS .....	118	valsartan TABS .....	54
UNISTIK TOUCH SAFETY LANCETS 21G .....	143	ursodiol TABS .....	118	valsartan-hydrochlorothiazide ....	57
UNISTIK TOUCH SAFETY LANCETS 23G .....	143	UZEDY SUSY 100 MG/0.28ML ...	75	VALSTAR (Use valrubicin) .....	66
UNISTIK TOUCH SAFETY LANCETS 28G .....	143	UZEDY SUSY 125 MG/0.35ML ...	75	VALTOCO 10 MG DOSE LIQD ...	31
UNISTIK TOUCH SAFETY LANCETS 30G .....	143	UZEDY SUSY 150 MG/0.42ML ...	75	VALTOCO 15 MG DOSE LQPK ...	31
UNITUXIN .....	64	UZEDY SUSY 200 MG/0.56ML ...	75	VALTOCO 20 MG DOSE LQPK ...	31
UNIVERSAL 1 LANCETS THIN26G . 143		UZEDY SUSY 250 MG/0.7ML ....	75	VALTOCO 5 MG DOSE LIQD .....	31
UNIVERSAL 1 LANCETS ULTRA THIN 30G .....	143	UZEDY SUSY 50 MG/0.14ML .....	75	VALTrex (Use valacyclovir hcl) ..	81
UPLIZNA .....	185	UZEDY SUSY 75 MG/0.21ML .....	75	VALUE PLUS LANCETS STANDARD 21G .....	144
UPTRAVI SOLR .....	88	VABOMERE .....	58	VALUE PLUS LANCING DEVICE MISC .....	144
UPTRAVI TABS .....	88	VABYSMO .....	197	VALUMARK LANCET SUPER THIN 30G .....	144
UPTRAVI TITRATION PACK TBPK 88		VAGIFEM TABS (Use estradiol vaginal) .....	221	VALUMARK LANCET ULTRA THIN 28G .....	144
urea CREA 39 %, 40 % .....	103	valacyclovir hcl .....	81	VALUMARK PEN NEEDLES 29GX12MM .....	174
URE-NA .....	108	VALCHLOR .....	97	VALUMARK PEN NEEDLES 31GX 6MM .....	174
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer)) .....	121	VALCYTE SOLR (Use valganciclovir hcl) .....	79	VALUMARK PEN NEEDLES 31GX 8MM .....	174
		VALCYTE SOLR (Use valganciclovir hcl) .....	80	VANALICE GEL .....	106
		VALCYTE TABS (Use valganciclovir hcl) .....	80	VANCOCIN CAPS (Use vancomycin hcl) .....	58
		valganciclovir hcl SOLR .....	80		
		valganciclovir hcl TABS .....	80		

vancomycin hcl CAPS .....	58	hydrochlorothiazide) .....	57	VELTASSA 16.8 GM, 25.2 GM ...	185
VANCOMYCIN HCL SOLN .....	58	VASHE WOUND THERAPY SOLN		VELTASSA 8.4 GM .....	185
vancomycin hcl SOLR IV 1 GM, 1.25		106		VEMLIDY .....	81
GM, 1.5 GM, 5 GM, 10 GM, 500 MG,		vasopressin SOLN IV .....	116	VENCLEXTA STARTING PACK	
750 MG, 1000 MG .....	58	VASOPRESSIN/SODIUM		TBPK .....	64
VANCOMYCIN HYDROCHLORIDE		CHLORIDE SOLN 0.9 %-20		VENCLEXTA TABS 10 MG .....	64
SOLN IV 500 MG/100ML, 750		UNIT/100ML, 0.9 %-40 UNIT/100ML .		VENCLEXTA TABS 100 MG .....	64
MG/150ML, 1000 MG/200ML, 1250		116		VENCLEXTA TABS 50 MG .....	64
MG/250ML, 1500 MG/300ML, 1750		VASOSTRICT SOLN IV (Use		VENLAFAXINE BESYLATE ER ..	39
MG/350ML .....	59	vasopressin) .....	116	venlafaxine hcl CP24 150 MG .....	39
VANCOMYCIN HYDROCHLORIDE		VASOSTRICT SOLN IV .....	116	venlafaxine hcl CP24 37.5 MG, 75	
SOLR IV (Use vancomycin hcl) ...	59	VASOTEC TABS 10 MG, 20 MG		MG .....	39
VANCOMYCIN HYDROCHLORIDE		(Use enalapril maleate) .....	53	venlafaxine hcl TABS .....	39
SOLR IV .....	59	VASOTEC TABS 2.5 MG (Use		venlafaxine hcl TB24 150 MG .....	39
VANCOMYCIN SOLN IV .....	59	enalapril maleate) .....	53	venlafaxine hcl TB24 225 MG .....	39
VANDAZOLE .....	221	VASOTEC TABS 5 MG (Use		venlafaxine hcl TB24 37.5 MG, 75	
VANFLYTA .....	70	enalapril maleate) .....	53	MG .....	39
VANISHPOINT INSULIN		VAXCHORA .....	217	VENOFER .....	128
SYRINGE/1ML/29G X 1/2" .....	174	VAXNEUVANCE .....	217	VENTAVIS .....	87
VANISHPOINT INSULIN		VAZCULEP SOLN IV (Use		VENTOLIN HFA AERS (Use	
SYRINGE/1ML/30G X 3/16" .....	174	phenylephrine hcl (pressors)) ....	222	albuterol sulfate) .....	28
VANOS CREA (Use fluocinonide)		VCF VAGINAL CONTRACEPTIVE		VEOPOZ .....	124
103		FILM FILM .....	220	VEOZAH .....	114
VAPRISOL .....	116	VECTICAL (Use calcitriol (topical))		verapamil hcl CP24 .....	85
VAQTA .....	220	99		verapamil hcl SOLN 2.5 MG/ML ...	85
varenicline tartrate TABS .....	210	vecuronium bromide SOLR .....	193	verapamil hcl TABS 40 MG .....	85
varenicline tartrate TBPK .....	210	VEGZELMA .....	63	verapamil hcl TABS 80 MG, 120 MG .	85
VARIVAX INJ .....	220	VEKLURY SOLR .....	81	85	
VARIZIG SOLN .....	204	VELCADE SOLR IJ (Use bortezomib)		verapamil hcl TBCR 120 MG, 180	
VASCEPA 0.5 GM (Use icosapent		.....	70	MG .....	85
ethyl) .....	50	VELETRI (Use epoprostenol		verapamil hcl TBCR 240 MG .....	85
VASCEPA 1 GM (Use icosapent		sodium) .....	87	VERAPAMIL HYDROCHLORIDE ER	
ethyl) .....	51	VELPHORO .....	121		
VASERETIC 25 MG-10 MG (Use		VELSIPITY .....	120		
enalapril maleate &					

CP24 (Use verapamil hcl) .....	85	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM .....	175	VFEND SUSR (Use voriconazole) .	49
VEREGEN .....	95	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM .....	175	VFEND TABS (Use voriconazole) .	49
VERELAN CP24 (Use verapamil hcl) 85		VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM .....	175	VIBATIV 750 MG .....	59
VERELAN PM CP24 (Use verapamil hcl) .....	85	VERIFINE PLUS PEN NEEDLE/32G X 4MM .....	175	VIBERZI .....	120
VERIFINE INSULIN PEN NEEDLE 29G X 12MM .....	174	VERIFINE SAFETY LANCET MINI 21G X 2.4MM .....	144	VIBRAMYCIN CAPS (Use doxycycline hyclate) .....	212
VERIFINE INSULIN PEN NEEDLE 31G X 5MM .....	174	VERIFINE SAFETY LANCET MINI 23G X 1.8MM .....	144	VIBRAMYCIN SUSR (Use doxycycline (monohydrate)) .....	212
VERIFINE INSULIN PEN NEEDLE 31G X 8MM .....	174	VERIFINE SAFETY LANCET MINI 28G X 1.8MM .....	144	VICTOZA .....	42
VERIFINE INSULIN PEN NEEDLE 32G X 4MM .....	175	VERIFINE SAFETY LANCET MINI 30G X 1.8MM .....	144	VIDA MIA AUTOLET LANCINGDEVICE MISC .....	144
VERIFINE INSULIN PEN NEEDLE 32G X 6MM .....	175	VERIFINE UNIVERSAL LANCETS 28G .....	144	VIDA MIA UNIFINE PENTIPS32GX4MM .....	175
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM ...	175	VERIFINE UNIVERSAL LANCETS 30G .....	144	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM .....	175
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM ..	175	VERIFINE UNIVERSAL LANCETS 33G .....	144	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM 175	
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM ...	175	VERKAZIA EMUL .....	198	VIDA MIA UNILET LANCETS SUPER THIN 30G .....	144
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM ....	175	VERQUOVO .....	88	VIDA MIA UNILET LANCETS ULTRA THIN 28G .....	144
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM .....	175	VERSACLOZ SUSP .....	76	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM ....	175
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM ....	175	VERZENIO 100 MG .....	70	VIDAZA SUSR (Use azacitidine) ..	63
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM ...	175	VERZENIO 50 MG, 150 MG, 200 MG .....	70	vigabatrin PACK .....	35
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM ....	175	VESICARE LS SUSP .....	216	vigabatrin TABS .....	35
VERIFINE INSULIN SYRINGE1ML/29G X 12MM ....	175	VESICARE TABS 10 MG (Use solifenacin succinate) .....	217	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth)) .....	198
VERIFINE INSULIN SYRINGE1ML/31G X 8MM .....	175	VESICARE TABS 5 MG (Use solifenacin succinate) .....	216	VIIBRYD TABS (Use vilazodone hcl) 38	
		VEVYE SOLN .....	198	VIJOICE .....	185
		VFEND IV SOLR (Use voriconazole)		vilazodone hcl TABS .....	38

VILTEPSO .....	193	VITAMIN D3 LIQD OR 5000 UNIT/ML .....	222	voriconazole SUSR .....	49
VIMIZIM .....	115	vitamin e SOLN 15 MG/0.67ML ..	222	voriconazole TABS .....	49
VIMOVO (Use naproxen- esomeprazole magnesium) .....	11	VITRAKVI CAPS .....	70	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI .....	178
VIMPAT SOLN IV 200 MG/20ML (Use lacosamide) .....	35	VITRAKVI SOLN .....	70	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI .....	178
VIMPAT SOLN OR 10 MG/ML (Use lacosamide) .....	35	VITRASE SOLN .....	183	VORTEX VALVED HOLDING CHAMBER DEVI .....	178
VIMPAT TABS (Use lacosamide) ..	35	VIVAGUARD LANCETS .....	144	VOSEVI .....	81
vinblastine sulfate SOLN .....	71	VIVAGUARD LANCING DEVICE MISC .....	144	VOTRIENT (Use pazopanib hcl) ..	70
vincristine sulfate .....	71	VIVELLE-DOT PTTW (Use estradiol) 118		VOWST .....	120
vinorelbine tartrate .....	71	VIVELLE-DOT PTTW 0.1 MG/24HR (Use estradiol) .....	118	VOXZOGO .....	115
VIOKACE TABS .....	110	VIVIMUSTA SOLN .....	62	VPRIV .....	125
VIRACEPT TABS 250 MG .....	79	VIVITROL .....	47	VRAYLAR CAPS .....	74
VIRAMUNE XR TB24 400 MG (Use nevirapine) .....	79	VIVJOA .....	49	VRAYLAR CPPK .....	74
VIRAZOLE (Use ribavirin) .....	81	VIVOTIF .....	217	VTAMA .....	99
VIREAD POWD .....	79	VIZIMPRO .....	64	VUITY SOLN .....	197
VIREAD TABS (Use tenofovir disoproxil fumarate) .....	79	VOGELXO GEL TD (Use testosterone) .....	18	VUMERITY .....	209
VIREAD TABS 150 MG, 200 MG, 250 MG .....	79	VOGELXO PUMP GEL TD (Use testosterone) .....	18	VUSION (Use miconazole-zinc oxide-white petrolatum) .....	97
VIRT-NATE DHA CAPS .....	188	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) . 97		VYEPTI .....	179
VIRT-PN DHA .....	188	VONJO .....	70	VYJUVEK .....	106
VISTARIL CAPS 25 MG (Use hydroxyzine pamoate) .....	20	VONVENDI .....	123	VYNDAMAX .....	88
VISTARIL CAPS 50 MG (Use hydroxyzine pamoate) .....	20	VOQUEZNA .....	215	VYNDAQEL .....	88
VISUDYNE .....	199	VOQUEZNA DUAL PAK .....	216	VYONDYS 53 .....	193
VITAFOL FE+ .....	188	VOQUEZNA TRIPLE PAK .....	216	VYTORIN (Use ezetimibe- simvastatin) .....	50
VITAFOL GUMMIES .....	188	VORICONAZOLE SOLR (Use voriconazole) .....	49	VYVANSE CAPS .....	2
VITAFOL ULTRA .....	188	voriconazole SOLR .....	49	VYVANSE CHEW .....	2
VITAFOL-ONE CAPS .....	188			VYVGART .....	183

VYVGART HYTRULO .....	183	WELLBUTRIN SR TB12 100 MG, 150 MG (Use bupropion hcl) .....	37	alprazolam) .....	21
VYXEOS .....	67	WELLBUTRIN SR TB12 200 MG (Use bupropion hcl) .....	37	XARELTO STARTER PACK TBPK 28	
VYZULTA .....	202	WELLBUTRIN XL TB24 (Use bupropion hcl) .....	37	XARELTO SUSR .....	28
WAINUA .....	210	WESCAP-PN DHA .....	188	XARELTO TABS 10 MG .....	29
WAKIX .....	3	WESNATAL DHA COMPLETE ..	188	XARELTO TABS 15 MG .....	29
WALGREENS ADVANCED TRAVELLANCETS 28G .....	144	WESNATE DHA CAPS .....	188	XARELTO TABS 20 MG .....	28
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G .....	144	WESTAB PLUS TABS .....	189	XARELTO TABS 2.5 MG .....	29
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G .....	144	WESTGEL DHA .....	189	XARELTO TABS 20 MG .....	28
WALGREENS LANCETS .....	144	WILZIN .....	183	XATMEP SOLN .....	63
WALGREENS THIN LANCETS ..	144	WINLEVI .....	95	XCOPRI TABS 150 MG, 200 MG ..	35
WALGREENS ULTRA THIN LANCETS .....	144	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 15000 UNIT/13ML .....	204	XCOPRI TABS 50 MG, 100 MG ...	35
warfarin sodium TABS .....	28	WINRHO SDF SOLN 5000 UNIT/4.4ML .....	204	XCOPRI TBPK .....	35
water for injection, sterile IJ .....	205	XACIATO GEL .....	221	XDEMVI .....	198
water for irrigation, sterile .....	185	XADAGO .....	73	XELJANZ SOLN .....	6
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM .....	175	XALATAN SOLN (Use latanoprost) 202		XELJANZ TABS .....	6
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM .....	175	XALKORI CAPS .....	70	XELJANZ XR TB24 .....	6
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM .....	175	XALKORI CPSP 150 MG .....	70	XELODA (Use capecitabine) .....	63
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM 175		XALKORI CPSP 20 MG, 50 MG ...	70	XELPROS EMUL .....	202
WELCHOL PACK (Use colesevelam hcl) .....	51	XANAX TABS 0.25 MG, 0.5 MG, 1 MG (Use alprazolam) .....	21	XELSTRYM .....	2
WELCHOL TABS (Use colesevelam hcl) .....	51	XANAX TABS 2 MG (Use alprazolam) .....	21	XEMBIFY .....	204
WELIREG .....	66	XANAX XR TB24 0.5 MG, 3 MG (Use alprazolam) .....	21	XENAZINE (Use tetrabenazine) .	207
		XANAX XR TB24 1 MG (Use alprazolam) .....	21	XENON XE 133 .....	106
		XANAX XR TB24 2 MG (Use		XENPOZYME .....	115
				XEOMIN .....	193
				XEPI .....	96
				XERAVA 100 MG .....	211
				XHANCE EXHU .....	191
				XIAFLEX .....	183
				XIFAXAN 200 MG .....	57
				XIFAXAN 550 MG .....	57



XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	40	XTANDI TABS 80 MG	66	YUFLYMA 1-PEN KIT AJKT 80 MG/0.8ML	9
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	40	XULTOPHY 100/3.6	41	YUFLYMA 2-PEN KIT AJKT	9
XIIDRA	198	XYLOCAINE SOLN 0.5 %, 1 %, 2 % (Use lidocaine hcl (local anesth.))	132	YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML	9
XIPERE	200	XYLOCAINE SOLN 1 %, 2 % (Use lidocaine hcl (local anesth.))	132	YUFLYMA CD/UC/HS STARTER AJKT	9
XOFIGO	71	XYLOCAINE/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine)	131	YUPELRI	23
XOFLUZA 40 MG	81	XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % (Use lidocaine hcl (local anesth.))	132	YUSIMRY	9
XOFLUZA 80 MG	81	XYLOCAINE-MPF/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine)	131	ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	202
XOLAIR SOAJ	23	XYLOCAINE-MPF/EPINEPHRINE SOLN	131	zafirlukast	23
XOLAIR SOSY 300 MG/2ML	23	XYLOCAINE-MPF/EPINEPHRINE SOLN	131	zaleplon	130
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	23	XYLOCAINE-MPF/EPINEPHRINE SOLN	131	ZALTRAP 100 MG/4ML	63
XOPENEX (Use levalbuterol hcl)	28	XYOSTED SOAJ	18	ZANAFLEX CAPS (Use tizanidine hcl)	190
XOPENEX CONCENTRATE (Use levalbuterol hcl)	28	XYREM SOLN	206	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	190
XOPENEX HFA (Use levalbuterol tartrate)	28	XYWAV	206	ZARONTIN CAPS (Use ethosuximide)	36
XOSPATA	70	XYZAL ALLERGY 24HR CHILDRENS SOLN (Use levocetirizine dihydrochloride)	50	ZARONTIN SOLN (Use ethosuximide)	36
XPHE MAXAMAID POWD	110	XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	50	ZARXIO 300 MCG/0.5ML	127
XPHE MAXAMUM PACK	195	YASMIN 28 (Use drospirenone-ethinyl estradiol)	92	ZARXIO 480 MCG/0.8ML	127
XPHE-XTYR MAXAMAID POWD	110	YAZ (Use drospirenone-ethinyl estradiol)	92	ZATEAN-PN DHA	189
XPHOZAH	115	YERVOY	64	ZATEAN-PN PLUS	189
XPOVIO 40 MG, 50 MG	66	YF-VAX INJ	220	ZAVESCA (Use miglustat)	125
XPOVIO 40 MG, 60 MG	66	YONDELIS	62	ZAVZPRET	179
XPOVIO 60 MG TWICE WEEKLY	66	YONSA	66	ZEGALOGUE SOAJ	41
XPOVIO 80 MG TWICE WEEKLY	66	YUFLYMA 1-PEN KIT AJKT 40 MG/0.4ML	9	ZEGALOGUE SOSY	41
XTAMPZA ER	15			ZEGERID CAPS 1100 MG-20 MG (Use omeprazole-sodium bicarbonate)	216
XTANDI CAPS	66				
XTANDI TABS 40 MG	66				

ZEGERID CAPS 1100 MG-40 MG (Use omeprazole-sodium bicarbonate) .....	216	ZEPZELCA .....	62	ZIAGEN SOLN (Use abacavir sulfate) .....	79
ZEGERID PACK (Use omeprazole- sodium bicarbonate) .....	216	ZERBAXA .....	88	ZIAGEN TABS (Use abacavir sulfate) .....	79
ZEGERID PACK 1680 MG-40 MG (Use omeprazole-sodium bicarbonate) .....	216	ZERVIAE .....	202	ZIEXTENZO .....	127
ZEJULA CAPS .....	70	ZESTORETIC (Use lisinopril & hydrochlorothiazide) .....	57	ZILBRYSQ .....	124
ZEJULA TABS .....	70	ZESTRIL TABS 10 MG (Use lisinopril) .....	53	ZIMHI SOSY .....	47
ZELBORAF .....	70	ZESTRIL TABS 2.5 MG, 5 MG (Use lisinopril) .....	53	ZINPLAVA .....	204
ZEMAIRA SOLR 4000 MG, 5000 MG .....	210	ZESTRIL TABS 20 MG (Use lisinopril) .....	53	ZIOPTAN (Use tafluprost) .....	202
ZEMBRACE SYMTOUCH SOAJ .	180	ZESTRIL TABS 30 MG, 40 MG (Use lisinopril) .....	53	ziprasidone hcl .....	74
ZEMDRI .....	6	ZETIA (Use ezetimibe) .....	52	ziprasidone mesylate .....	74
ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol) .....	115	ZIVALIN Y-90 .....	64	ZIPSOR CAPS (Use diclofenac potassium) .....	11
ZEMPLAR SOLN 2 MCG/ML (Use paricalcitol) .....	115	ZEVXRX INSULIN SYRINGE/0.5ML/30G X 1/2" ....	175	ZIRABEV .....	63
ZEMPLAR SOLN 5 MCG/ML (Use paricalcitol) .....	115	ZEVXRX INSULIN SYRINGE/0.5ML/30G X 5/16" ...	175	ZIRGAN GEL .....	198
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT .....	110	ZEVXRX INSULIN SYRINGE/1ML/30G X 1/2" .....	175	ZITHROMAX PACK (Use azithromycin) .....	132
ZE-PLUS CAPS (Use multiple vitamin) .....	187	ZEVXRX INSULIN SYRINGE/1ML/30G X 5/16" ....	175	ZITHROMAX SOLR (Use azithromycin) .....	132
ZEPOSIA 7-DAY STARTER PACK CPPK .....	209	ZEVXRX INSULIN SYRINGE/1ML/30G X 5/16" ....	175	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin) .....	132
ZEPOSIA CAPS .....	209	ZEVXRX PEN NEEDLES 31G X 5MM .....	175	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin) .....	132
ZEPOSIA STARTER KIT CPPK .	209	ZEVXRX PEN NEEDLES 31G X 6MM .....	175	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin) .....	132
		ZEVXRX PEN NEEDLES 31G X 8MM .....	175	ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin) .....	132
		ZEVXRX PEN NEEDLES 31G X 8MM .....	175	ZITHROMAX TABS 500 MG (Use azithromycin) .....	132
		ZEVXRX PEN NEEDLES 32G X 4MM .....	175	ZITHROMAX TRI-PAK TABS (Use azithromycin) .....	132
		ZEVXRX TWIST TOP LANCETS 30G 144		ZITHROMAX Z-PAK TABS (Use azithromycin) .....	132
		ZIAC (Use bisoprolol & hydrochlorothiazide) .....	57	ZITUVIO .....	41
				ZOCOR TABS 10 MG (Use simvastatin) .....	52

ZOCOR TABS 20 MG (Use simvastatin) .....	52	ZOLGENSMA 3.6-4.0 KG .....	194	ZONALON (Use doxepin hcl (antipruritic)) .....	97
ZOCOR TABS 40 MG (Use simvastatin) .....	52	ZOLGENSMA 4.1-4.5 KG .....	194	ZONEGRAN CAPS 100 MG (Use zonisamide) .....	35
ZOKINVY .....	185	ZOLGENSMA 4.6-5.0 KG .....	194	ZONEGRAN CAPS 25 MG (Use zonisamide) .....	35
zoledronic acid CONC .....	113	ZOLGENSMA 5.1-5.5 KG .....	194	ZONISADE SUSP .....	35
zoledronic acid SOLN .....	113	ZOLGENSMA 5.6-6.0 KG .....	194	zonisamide CAPS 100 MG .....	35
ZOLGENSMA 10.1-10.5 KG .....	193	ZOLGENSMA 6.1-6.5 KG .....	194	zonisamide CAPS 25 MG, 50 MG .....	35
ZOLGENSMA 10.6-11.0 KG .....	193	ZOLGENSMA 6.6-7.0 KG .....	194	ZORTRESS (Use everolimus (immunosuppressant)) .....	185
ZOLGENSMA 11.1-11.5 KG .....	193	ZOLGENSMA 7.1-7.5 KG .....	194	ZORTRESS 0.25 MG, 1 MG (Use everolimus (immunosuppressant)) .....	185
ZOLGENSMA 11.6-12.0 KG .....	193	ZOLGENSMA 7.6-8.0 KG .....	194	ZORTRESS 0.5 MG, 0.75 MG (Use everolimus (immunosuppressant)) .....	185
ZOLGENSMA 12.1-12.5 KG .....	193	ZOLGENSMA 8.1-8.5 KG .....	194	ZORYVE .....	99
ZOLGENSMA 12.6-13.0 KG .....	193	ZOLGENSMA 8.6-9.0 KG .....	194	ZOSYN .....	205
ZOLGENSMA 13.1-13.5 KG .....	193	ZOLGENSMA 9.1-9.5 KG .....	194	ZOVIRAX CREA (Use acyclovir topical) .....	99
ZOLGENSMA 13.6-14.0 KG .....	193	ZOLGENSMA 9.6-10.0 KG .....	194	ZOVIRAX OINT (Use acyclovir topical) .....	99
ZOLGENSMA 14.1-14.5 KG .....	193	ZOLINZA .....	70	ZOVIRAX SUSP (Use acyclovir) .....	81
ZOLGENSMA 14.6-15.0 KG .....	193	zolmitriptan SOLN .....	180	ZTALMY .....	35
ZOLGENSMA 15.1-15.5 KG .....	193	zolmitriptan TABS .....	180	ZTLIDO PTCH .....	105
ZOLGENSMA 15.6-16.0 KG .....	193	zolmitriptan TBDP .....	180	ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG .....	17
ZOLGENSMA 16.1-16.5 KG .....	193	ZOLOFT CONC (Use sertraline hcl) .....	38	ZUBSOLV SUBL 1.4 MG-5.7 MG .....	17
ZOLGENSMA 16.6-17.0 KG .....	193	ZOLOFT TABS 25 MG (Use sertraline hcl) .....	38	ZUBSOLV SUBL 2.1 MG-8.6 MG, 2.9 MG-11.4 MG .....	17
ZOLGENSMA 17.1-17.5 KG .....	193	ZOLOFT TABS 50 MG, 100 MG (Use sertraline hcl) .....	38	ZURZUVAE 25 MG .....	37
ZOLGENSMA 17.6-18.0 KG .....	194	ZOLPIDEM TARTRATE CAPS .....	130	ZURZUVAE 30 MG .....	37
ZOLGENSMA 18.1-18.5 KG .....	194	zolpidem tartrate SUBL .....	130		
ZOLGENSMA 18.6-19.0 KG .....	194	zolpidem tartrate TABS .....	130		
ZOLGENSMA 19.1-19.5 KG .....	194	zolpidem tartrate TBCR .....	130		
ZOLGENSMA 19.6-20.0 KG .....	194	ZOMACTON SOLR SC .....	113		
ZOLGENSMA 2.6-3.0 KG .....	194	ZOMIG SOLN (Use zolmitriptan) .....	180		
ZOLGENSMA 20.1-20.5 KG .....	194	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan) .....	180		
ZOLGENSMA 20.6-21.0 KG .....	194				
ZOLGENSMA 3.1-3.5 KG .....	194				

ZYCLARA (Use imiquimod) .....	104	ZYTIGA 500 MG (Use abiraterone acetate) .....	66
ZYCLARA PUMP (Use imiquimod) 104		ZYVOX SOLN (Use linezolid) .....	59
ZYDELIG .....	70	ZYVOX SUSR (Use linezolid) .....	59
ZYFLO TABS .....	23	ZYVOX TABS (Use linezolid) .....	60
ZYKADIA TABS .....	70		
ZYLET .....	200		
ZYLOPRIM (Use allopurinol) ....	123		
ZYMAXID (Use gatifloxacin (ophth)) .	198		
ZYMFENTRA 1-PEN AJKT .....	120		
ZYMFENTRA 2-PEN AJKT .....	120		
ZYMFENTRA 2-SYRINGE PSKT	120		
ZYNLONTA .....	64		
ZYNRELEF .....	11		
ZYNTEGLO .....	126		
ZYNYZ .....	64		
ZYPITAMAG 2 MG, 4 MG .....	52		
ZYPREXA RELPREVV .....	76		
ZYPREXA SOLR (Use olanzapine)	76		
ZYPREXA TABS 10 MG, 15 MG, 20 MG (Use olanzapine) .....	76		
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG (Use olanzapine) .....	76		
ZYPREXA ZYDIS TBDP (Use olanzapine) .....	76		
ZYRTEC ALLERGY TABS (Use cetirizine hcl) .....	50		
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl) .....	50		
ZYTIGA 250 MG (Use abiraterone acetate) .....	66		