

A photograph of a man with tattoos lying on a blue mat on a wooden floor. A cat is perched on his back. The man is wearing a yellow t-shirt and has his arms crossed. The background is a dark wood floor.

GEISINGER HEALTH PLAN

2024

Geisinger High Performance RX

Geisinger

List of covered drugs

General Formulary Information

This formulary is an option for self-insured employer groups with pharmacy benefits administered by Geisinger Health Plan

We encourage you to contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit in which you are enrolled. Also, please refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary represents the High Performance Rx Prescription Medication benefit. This formulary was designed to be a useful tool if you have prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be looked up by using the index at the back.

Please note that you can also view the formulary online at www.geisinger.org/health-plan.

Pharmacy Customer Service Team Contact Information

Telephone: (800) 988-4861 or (570)-271-5673; TDD/TTY 711

Fax: 570-300-2122

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Geisinger Health Plan

Pharmacy Department

Internal Mail Code 24-10

100 North Academy Avenue

Danville, PA 17822

High Performance Rx Benefit

The High Performance Rx Benefit formulary assigns each prescription medication to one of three different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication benefits. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment.
- Tier 2 - Includes preferred brand name medications with no generic equivalent
- Tier 3 - Includes non-preferred brand name medications

It is important to note that only medications listed on this formulary are covered, non-listed medications are excluded from coverage.

The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to immediate generic availability or changes in medication availability in the marketplace.

Specialty Vendor Medication Program

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Service Team for additional information on the program and a complete list of the medications included. Note that a maximum of a 34-day supply may be dispensed for specialty vendor medications unless a shorter duration is specified in the formulary or in your specific benefit documents. Medications included in the Specialty Vendor Medication Program are designated in the formulary with SP in the Requirements/Limits column.

A few things you should remember when using this formulary and your prescription benefit:

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 2.
- Non-prescription (over-the-counter) medications are typically not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.
- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 1 copay level if the primary ingredient is generic or the Tier 3 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- Medications listed on Tier 0 are covered at \$0 copay.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization for opioid naïve members if more than a 10-day supply is required for an adult or more than a 5-day supply for a member under 18 years of age.

Using this formulary

- Medications are listed by therapeutic class within the table of contents. An alphabetical index of all medications can be found at the back of the formulary.
- The medication Tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits.
- Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of May 1, 2024 and is subject to change. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.
- **Restrictions in medication availability may result from use of a formulary.**

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits are dependent upon the coverage selected by you or your employer. Please be aware that if you choose to obtain a non-formulary medication, you will be required to pay the full price of that medication. For information about your specific prescription medication benefits, please contact the Pharmacy Customer Service Team.

Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column
- If not listed above, the maximum day supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

Health Care Reform

The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, the government created “provisions,” or laws, that health insurers must adapt to, which change health benefits for consumers. These changes include the expansion of preventive services, including vaccinations, prescription drugs, and more. In accordance with the ACA requirements, and subject to any applicable limitations of your pharmacy plan, the following preventive medications will be covered with no cost-sharing under the prescription drug benefit:

- Aspirin Products - Low dose (81 mg) aspirin products
 - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives - For females
- Bowel Preparations for Colonoscopy - Brands with no generic and generic products
 - In preparation of a screening colonoscopy for members 45-75 years of age.
- Breast Cancer Prevention - Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
 - For women who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic Acid Supplements - Generic folic acid 0.4 mg and 0.8 mg tablets
 - All women who are planning or capable of pregnancy.
- Fluoride Supplements - Fluoride drops and chewable tablets

- Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV Pre-Exposure Prophylaxis - Apretude 600 mg/3 mL injection, Descovy 200-25 mg tablet, emtricitabine/tenofovir 200-300 mg tablet, and Vocabria 30 mg tablet
- Smoking Cessation Products - Brands with no generic and generic products
 - Two, 90-day treatment courses per benefit year.
- Statin Preventive Medication - generic products
 - For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations - Preventive vaccines are covered for \$0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications.

What are generics?

When a company develops a new medication, it receives a patent that protects the medication company's right to be the only manufacturer of that medication for a certain period of time. This means that no generic can be manufactured during that time. After that patent expires, other companies can then make the same medication and sell it in its generic form. The generic form of a medication has the same active ingredients, the same strength, and the same dosage as the brand name medication. The inactive ingredients (which provide texture, shape and color) may be different, which is why a generic typically looks different than its brand name counterpart. Generic medications are usually less expensive than brand name medications, but are just as safe and effective. This is because generic manufacturers have lower advertising costs and greater competition from other generic manufacturers. Additionally, the U.S. Food and Drug Administration regulates all pharmaceuticals, including generics, to assure quality, strength, purity and potency.

Your prescription plan is based on coverage of generic medications. Whenever possible, you should use a cost-effective generic medication.

Formulary addition requests: Requests for changes or additions, comments, and suggestions for the formulary are welcome and can be made by written request to the Health Plan Pharmacy Department.

Sources:

Academy of Managed Care Pharmacy (AMCP), "Formulary Management," "Formularies," www.amcp.org., November 2001.

Health Insurance Association of America (HIAA), "Guide to Managed Care: Choosing and Using a Health Plan." www.hiaa.org., November 2001.

National Consumers League (NCL), "Consumer Guide to Generic Medications," www.nclnet.org., November 2001.

"From the Pharmacist," www.cvs.com., November 2001.

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue, Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

LEGEND

0 Preventative

1 Generics

2 Preferred Brands

3 Non-Preferred Brands

Quantity Limit

Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. This could include a: per fill, daily, monthly, or yearly limitation.

AL Age Limit

Our plan limits certain medications to members who meet minimum or maximum age requirements.

PN Note

This drug has unique restrictions.

Publishing Note (C0)

This drug has unique restrictions.

SP Specialty Drug

Specialty Vendor Medication Program

SUM3 SMART UM #3

Customizable UM #3.

LA Limited Access

Drugs that are only available at certain pharmacies

SUM7 Program Edits (SMART UM #7)

Customizable UM #7.

PN Note

This drug has unique restrictions.

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Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
ADDERALL XR	2	
<i>amphet-dextroamphet 3-bead er</i>	1	(1 EA / 1 DAYS)
<i>amphetamine sulfate</i>	1	
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
DEXEDRINE	3	
<i>dextroamphetamine sulfate (2.5 mg tab, 5 mg tab, 5 mg/5ml solution, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	1	(1 EA / 1 day(s))
<i>lisdexamfetamine dimesylate (10 mg chew tab, 20 mg chew tab, 30 mg chew tab, 40 mg chew tab, 50 mg chew tab, 60 mg chew tab)</i>	1	
<i>methamphetamine hcl</i>	1	
MYDAYIS	2	
<i>procentra</i>	1	
VYVANSE	2	(1 EA / 1 DAYS)
<i>zenzedi</i>	1	
ANALECTICS		
<i>caffeine citrate</i>	1	
CAFFEINE-SODIUM BENZOATE	1	
ANOREXIANTS NON-AMPHETAMINE		
<i>benzphetamine hcl 50 mg tab</i>	1	
<i>diethylpropion hcl</i>	1	
DIETHYLPROPION HCL ER	1	
<i>phendimetrazine tartrate</i>	1	
PHENDIMETRAZINE TARTRATE ER	1	
<i>phentermine hcl</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
QSYMIA	2	
ANTI-OBESITY AGENTS		
ORLISTAT	1	
SAXENDA	2	
WEGOVY	2	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	
<i>clonidine hcl er 0.1 mg tab er 12h</i>	1	
<i>guanfacine hcl er</i>	1	
QELBREE 100 MG CAP ER 24H	2	(1 EA / 1 DAYS)
QELBREE 150 MG CAP ER 24H	2	(2 EA / 1 DAYS)
QELBREE 200 MG CAP ER 24H	2	(3 EA / 1 DAYS)
STRATTERA	3	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX	2	SP
STIMULANTS - MISC.		
<i>armodafinil</i>	1	
AZSTARYS	2	
CONCERTA (18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER)	2	
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	
FOCALIN	3	
JORNAY PM	2	
METHYLIN	3	
<i>methylphenidate</i>	1	
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er (10 mg tab er, 18 mg tab er, 18 mg tab er 24h, 20 mg tab er, 27 mg tab er 24h, 36 mg tab er, 36 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h)</i>	1	
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la)</i>	1	
<i>methylphenidate hcl er (osm) (18 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
METHYLPHENIDATE HCL ER (OSM) (45 MG TAB ER, 63 MG TAB ER, 72 MG TAB ER)	1	
<i>methylphenidate hcl er (xr)</i>	1	
<i>modafinil</i>	1	
RELEXXII 54 MG TAB ER	1	
RITALIN	3	

ALLERGENIC EXTRACTS/BIOLOGICALS MISC (CONTINUED)

ALLERGENIC EXTRACTS

GRASTEK	2	
ORALAIR	2	SP
ORALAIR ADULT SAMPLE KIT	2	SP
ORALAIR ADULT STARTER PACK	2	SP
RAGWITEK	2	

AMINOGLYCOSIDES (CONTINUED)

AMINOGLYCOSIDES

<i>amikacin sulfate</i>	1	
BETHKIS	2	(224 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION, 2-0.9 MG/ML-% SOLUTION)	1	
<i>gentamicin sulfate 40 mg/ml solution</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
STREPTOMYCIN SULFATE	1	
<i>tobramycin 300 mg/4ml nebu soln</i>	1	(224 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	(280 ML / 56 day(s)), SP
<i>tobramycin 300 mg/5ml nebu soln</i>	1	(280 ML / 56 DAYS), SP
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	1	
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ	2	(0.8 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT	2	(2 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	2	(2 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) 80 MG/0.8ML PEN KIT	2	(3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 SYRINGE) (40 MG/0.4ML PEF SY KT, 40 MG/0.8ML PEF SY KT)	2	(2 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 SYRINGE) 20 MG/0.2ML PEF SY KT	2	(2 EA / 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA 20 MG/0.2ML PEF SY KT	2	(2 EA / 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA 40 MG/0.4ML PEF SY KT	2	(2 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	2	(2 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT	2	(3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN	2	(3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-CD/UC/HS STARTER	2	(3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-PEDIATRIC UC START	2	(4 EA / 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-PSOR/UEIT STARTER	2	(3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-CD/UC/HS STARTER	2	(6 EA / 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PS/UV/ADOL HS STARTER	2	(4 EA / 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HYRIMOZ (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	2	(0.8 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ (40 MG/0.8ML SOLN A-INJ, 40 MG/0.8ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	2	(1.6 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ 10 MG/0.1 ML SOLN PRSYR	2	(0.2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ 20 MG/0.2ML SOLN PRSYR	2	(0.4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ-CROHNS/UC STARTER	2	(2.4 ML / 28 day(s)), SP
HYRIMOZ-CROHNS/UC STARTER PACK	2	(2.4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR	2	(1.2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR	2	(2.4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ-PLAQUE PSORIASIS START	2	(1.6 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
SIMPONI ARIA	2	SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	2	(28 EA / 28 DAYS), SP, PN (84 DAYS SUPPLY IN 180 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	2	(300 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO (7.5 MG/0.15ML SOLN A-INJ, 10 MG/0.2ML SOLN A-INJ, 12.5 MG/0.25ML SOLN A-INJ, 15 MG/0.3ML SOLN A-INJ, 17.5 MG/0.35ML SOLN A-INJ, 22.5 MG/0.45ML SOLN A-INJ, 25 MG/0.5ML SOLN A-INJ, 30 MG/0.6ML SOLN A-INJ)	2	
RASUVO 20 MG/0.4ML SOLN A-INJ	2	
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA	2	(2.28 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS	3	
<i>cataflam</i>	1	
<i>celecoxib</i>	1	
<i>diclofenac potassium (25 mg cap, 50 mg tab)</i>	1	
<i>diclofenac potassium 25 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>flexipak</i>	1	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen lysine</i>	1	
<i>ibuprofen-famotidine</i>	1	
<i>indomethacin (20 mg cap, 25 mg cap, 25 mg/5ml suspension, 50 mg cap, 100 mg suppos)</i>	1	
<i>indomethacin 50 mg suppos</i>	1	
<i>indomethacin er</i>	1	
<i>indomethacin sodium</i>	1	
KETOPROFEN	1	
<i>ketorolac tromethamine (15 mg/ml solution, 15.75 mg/spray solution, 30 mg/ml solution, 60 mg/2ml solution)</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	(20 EA / FILL)
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	
<i>meloxicam (5 mg cap, 7.5 mg tab, 7.5 mg/5ml suspension, 10 mg cap, 15 mg tab)</i>	1	
<i>nabumetone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>naproxen sodium er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>naproxen sodium er 375 mg tab er 24h</i>	1	
OXAPROZIN (300 MG CAP, 600 MG TAB)	1	
<i>piroxicam</i>	1	
<i>previdolrx plus analgesic</i>	1	
<i>sulindac</i>	1	
TOLMETIN SODIUM	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	2	(55 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA	2	
<i>leflunomide</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	2	(4 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	2	(8 EA / 28 DAYS), SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	2	(8 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	2	(4 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	2	(4 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
<i>bac</i>	1	
<i>butalbital-acetaminophen (50-300 mg cap, 50-325 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen 50-300 mg tab</i>	1	
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg tab)</i>	1	
<i>butalbital-apap-caffeine 50-325-40 mg cap</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
TENCON	1	
ANALGESICS OTHER		
<i>acetaminophen (10 mg/ml solution, 100 mg/10ml soln prsyr)</i>	1	
<i>clonidine hcl (analgesia)</i>	1	
SALICYLATES		
<i>adult aspirin regimen</i>	0	
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin 81</i>	0	
<i>aspirin adult low dose</i>	0	
<i>aspirin adult low strength</i>	0	
<i>aspirin childrens</i>	0	
<i>aspirin ec low dose</i>	0	
<i>aspirin ec low strength</i>	0	
<i>aspirin low dose</i>	0	
<i>aspirin regimen</i>	0	
<i>bayer aspirin ec low dose</i>	0	
<i>bayer low dose</i>	0	
<i>childrens aspirin</i>	0	
<i>childrens aspirin low strength</i>	0	
<i>cvs aspirin adult low dose</i>	0	
<i>cvs aspirin adult low strength</i>	0	
<i>cvs aspirin ec 81 mg tab dr</i>	0	
<i>cvs aspirin low dose</i>	0	
<i>cvs aspirin low strength</i>	0	
<i>diflunisal</i>	1	
<i>ecotrin low strength</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>eq aspirin adult low dose</i>	0	
<i>eq aspirin low dose</i>	0	
<i>eq aspirin low dose</i>	0	
<i>ft aspirin low dose</i>	0	
<i>gnp adult aspirin low strength</i>	0	
<i>gnp aspirin 81 mg tab dr</i>	0	
<i>gnp aspirin low dose</i>	0	
<i>goodsense aspirin 81 mg chew tab</i>	0	
<i>goodsense aspirin adult low st</i>	0	
<i>goodsense aspirin low dose</i>	0	
<i>h-e-b aspirin</i>	0	
<i>hm aspirin 81 mg chew tab</i>	0	
<i>hm aspirin ec low dose</i>	0	
<i>klis aspirin low dose</i>	0	
<i>kp aspirin</i>	0	
<i>miniprin low dose</i>	0	
<i>mm aspirin</i>	0	
<i>px aspirin 81 mg chew tab</i>	0	
<i>px enteric aspirin 81 mg tab dr</i>	0	
<i>qc aspirin low dose</i>	0	
<i>qc childrens aspirin</i>	0	
<i>ra aspirin adult low dose</i>	0	
<i>ra aspirin adult low strength</i>	0	
<i>ra aspirin childrens</i>	0	
<i>ra aspirin ec 81 mg tab dr</i>	0	
<i>ra aspirin ec adult low st</i>	0	
<i>salsalate</i>	1	
<i>sb aspirin 81 mg tab dr</i>	0	
<i>sb aspirin adult low strength</i>	0	
<i>sb childrens aspirin</i>	0	
<i>sb low dose asa ec</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>sm aspirin adult low strength</i>	0	
<i>sm aspirin ec low strength</i>	0	
<i>sm aspirin low dose</i>	0	
<i>sm childrens aspirin</i>	0	
<i>st joseph aspirin</i>	0	
<i>st joseph low dose</i>	0	
<i>tgt aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>tgt aspirin low dose</i>	0	
<i>tgt childrens aspirin</i>	0	
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	1	
<i>duramorph</i>	1	
<i>fentanyl</i>	1	PN (34 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (10 MCG/ML SOLN PRSYR, 20 MCG/2ML SOLN PRSYR, 50 MCG/5ML SOLN PRSYR, 50 MCG/ML SOLN PRSYR, 100 MCG TAB, 100 MCG/10ML SOLN PRSYR, 100 MCG/2ML SOLN PRSYR, 200 MCG TAB, 250 MCG/5ML SOLN PRSYR, 400 MCG TAB, 500 MCG/50ML SOLN PRSYR, 600 MCG TAB, 800 MCG TAB, 1000 MCG/100ML SOLUTION, 1000 MCG/20ML SOLN PRSYR, 1000 MCG/50ML SOLUTION, 1250 MCG/25ML SOLN PRSYR, 1500 MCG/30ML SOLN PRSYR, 1500 MCG/30ML SOLUTION, 1600 MCG/100ML SOLUTION, 2000 MCG/100ML SOLUTION, 2500 MCG/50ML SOLN PRSYR, 2500 MCG/50ML SOLUTION, 2750 MCG/55ML SOLN PRSYR, 5000 MCG/100ML SOLUTION)	1	
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	1	(120 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
<i>fentanyl citrate (pf) (50 mcg/ml solution, 100 mcg/2ml soln cart, 100 mcg/2ml solution, 250 mcg/5ml solution, 500 mcg/10ml solution, 1000 mcg/20ml solution, 2500 mcg/50ml solution)</i>	1	
<i>fentanyl citrate pf 50 mcg/ml soln prsyr</i>	1	
FENTANYL CITRATE-NACL	1	
<i>hydrocodone bitartrate er (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 20 mg tb24 deter, 30 mg cap er 12h, 30 mg tb24 deter, 40 mg cap er 12h, 40 mg tb24 deter, 50 mg cap er 12h, 60 mg tb24 deter, 80 mg tb24 deter, 100 mg tb24 deter, 120 mg tb24 deter)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HYDROMORPHONE HCL (0.25 MG/0.5ML SOLUTION, 0.5 MG/ML SOLUTION, 1 MG/ML LIQUID, 1 MG/ML SOLUTION, 2 MG TAB, 2 MG/ML SOLUTION, 3 MG SUPPOS, 4 MG TAB, 4 MG/ML SOLUTION, 8 MG TAB)	1	
HYDROMORPHONE HCL 0.2 MG/ML SOLUTION	1	
<i>hydromorphone hcl er</i>	1	
<i>hydromorphone hcl pf (1 mg/ml solution, 2 mg/ml solution, 4 mg/ml solution, 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution)</i>	1	
HYDROMORPHONE HCL-NAACL	1	
<i>meperidine hcl (25 mg/ml solution, 50 mg/5ml solution, 50 mg/ml solution, 100 mg/ml solution)</i>	1	
METHADONE HCL (5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 10 MG/5ML SOLUTION, 10 MG/ML CONC, 10 MG/ML SOLN PRSYR, 10 MG/ML SOLUTION, 40 MG TAB SOL)	1	
<i>methadone hcl intensol</i>	1	
METHADOSE 10 MG/ML CONC	1	
<i>methadose 40 mg tab sol</i>	1	
<i>mitigo</i>	1	
<i>morphine sulfate (0.5 mg/ml solution, 1 mg/ml solution, 2 mg/ml solution, 4 mg/ml solution, 5 mg suppos, 8 mg/ml solution, 10 mg suppos, 10 mg/5ml solution, 10 mg/ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab, 50 mg/ml solution)</i>	1	
<i>morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)</i>	1	
MORPHINE SULFATE (PF) (0.5 MG/ML SOLUTION, 1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 40 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	1	
MORPHINE SULFATE ER BEADS	1	
NUCYNTA	2	
NUCYNTA ER	2	
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1	
OXYCODONE HCL ER (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl</i>	1	
OXYMORPHONE HCL ER	1	
<i>remifentanil hcl</i>	1	
SUBSYS	2	(120 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
SUFENTANIL CITRATE	1	
<i>tramadol hcl (5 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
TRAMADOL HCL (ER BIPHASIC)	1	
TRAMADOL HCL ER (100 MG CAP ER 24H, 100 MG TAB ER 24H, 200 MG CAP ER 24H, 200 MG TAB ER 24H, 300 MG CAP ER 24H, 300 MG TAB ER 24H)	1	
<i>tramadol hcl er (biphasic)</i>	1	
XTAMPZA ER	2	
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-30 mg tab, 300-60 mg tab)</i>	1	
APAP-CAFF-DIHYDROCODEINE	1	
<i>ascomp-codeine</i>	1	
<i>butalbital-apap-caff-cod</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	
<i>endocet</i>	1	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab, 10-325 mg/15ml solution)</i>	1	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	1	
<i>lorcet</i>	1	
<i>lorcet hd</i>	1	
<i>lorcet plus</i>	1	
OXYCODONE-ACETAMINOPHEN (2.5-300 MG TAB, 5-300 MG TAB, 10-300 MG TAB)	1	
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
OXYCODONE-ASPIRIN	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i>	1	
TREZIX	1	
OPIOID PARTIAL AGONISTS		
BELBUCA	2	
<i>buprenorphine</i>	1	(0.143 EA / 1 DAYS)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl 0.3 mg/ml solution</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	PN (34 DAYS SUPPLY PER FILL)
BUTORPHANOL TARTRATE (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
<i>nalbuphine hcl</i>	1	
<i>pentazocine-naloxone hcl</i>	1	
ZUBSOLV	2	
ANDROGENS-ANABOLIC (CONTINUED)		
ANABOLIC STEROIDS		
<i>oxandrolone</i>	1	
ANDROGENS		
ANDRODERM	2	
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
<i>methyltestosterone</i>	1	
NATESTO	2	
TESTOSTERONE (1.62 % GEL, 10 MG/ACT (2%) GEL, 12.5 MG/ACT (1%) GEL, 20.25 MG/1.25GM (1.62%) GEL, 20.25 MG/ACT (1.62%) GEL, 25 MG PELLETT, 25 MG/2.5GM (1%) GEL, 30 MG/ACT SOLUTION, 40.5 MG/2.5GM (1.62%) GEL, 50 MG PELLETT, 50 MG/5GM (1%) GEL, 100 MG PELLETT, 200 MG PELLETT)	1	
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	1	
TESTOSTERONE ENANTHATE	1	
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>budesonide 2 mg foam</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>colocort</i>	1	
CORTENEMA	3	
CORTIFOAM	2	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	2	
RECTAL COMBINATIONS		
<i>ana-lex</i>	1	
<i>hydrocort-pramoxine (perianal)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
HYDROCORTISONE ACE-PRAMOXINE 25-18 MG SUPPOS	1	
<i>lidocaine-hydrocort (perianal)</i>	1	
LIDOCAINE-HYDROCORTISONE ACE (2-2 % KIT, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
<i>anucort-hc</i>	1	
<i>anusol-hc (2.5 % cream, 25 mg suppos)</i>	1	
<i>hemmorex-hc</i>	1	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	1	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
ANTACIDS (CONTINUED)		
ANTACIDS - BICARBONATE		
SODIUM BICARBONATE POWDER	1	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole</i>	1	(4 EA / day(s))
EMVERM	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin 3 mg tab</i>	1	
<i>praziquantel</i>	1	
STROMECTOL	3	
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	1	
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab, 500 mg/100ml solution)</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
TRIMETHOPRIM	1	
XIFAXAN	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
HYOPHEN	1	
<i>me/naphos/mb/hyo1</i>	1	
<i>phosphasal</i>	1	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 400-80 mg/5ml solution, 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric</i>	1	
<i>urelle</i>	1	
<i>uretron d/s</i>	1	
<i>uribel (81.6 mg tab, 118 mg cap)</i>	1	
<i>urimar-t 120 mg cap</i>	1	
URIMAR-T 120 MG TAB	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
<i>uro-mp</i>	1	
<i>uro-sp</i>	1	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>vilamit mb</i>	1	
<i>vilevev mb</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i>	1	
<i>nitazoxanide</i>	1	
CARBAPENEMS		
<i>ertapenem sodium</i>	1	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	1	
<i>meropenem (1 gm recon soln, 2 gm recon soln, 500 mg recon soln)</i>	1	
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	1	PN (34 DAYS SUPPLY PER FILL)
DAPTOMYCIN (350 MG RECON SOLN, 500 MG RECON SOLN)	1	
GLYCOPEPTIDES		
VANCOGIN	2	
VANCOMYCIN HCL (1 GM RECON SOLN, 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 5 GM RECON SOLN, 10 GM RECON SOLN, 25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN, 100 GM RECON SOLN, 125 MG CAP, 250 MG CAP, 250 MG RECON SOLN, 250 MG/5ML RECON SOLN, 500 MG RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION)	1	
VANCOMYCIN HCL IN DEXTROSE (1-5 GM/200ML-% SOLUTION, 1.25-5 GM/250ML-% SOLUTION, 1.5-5 GM/250ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION)	1	
VANCOMYCIN HCL IN NACL	1	
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
CLEOCIN (75 MG CAP, 75 MG/5ML RECON SOLN, 150 MG CAP, 300 MG CAP)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>lincomycin hcl</i>	1	
MONOBACTAMS		
<i>aztreonam</i>	1	
OXAZOLIDINONES		
<i>linezolid (100 mg/5ml recon susp, 600 mg/300ml solution)</i>	1	
<i>linezolid 600 mg tab</i>	1	(2 EA / 1 DAYS), PN (56 DAYS SUPPLY IN 180 DAYS)
LINEZOLID IN SODIUM CHLORIDE	1	
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfite</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
MACROBID	2	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/5ml suspension)</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
NITRO-DUR (0.2 MG/HR PATCH 24HR, 0.3 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	2	
NITRO-DUR 0.1 MG/HR PATCH 24HR	3	
NITRO-TIME	1	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr, 5 mg/ml solution)</i>	1	
NITROGLYCERIN IN D5W	1	
NITROLINGUAL	3	
NITROSTAT	3	

ANTIANSXIETY AGENTS (CONTINUED)

ANTIANSXIETY AGENTS - MISC.

<i>bupirone hcl</i>	1	
DROPERIDOL 2.5 MG/ML SOLUTION	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i>	1	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	1	
<i>meprobamate</i>	1	

BENZODIAZEPINES

<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	
<i>alprazolam xr</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 5 mg/ml solution, 10 mg tab, 10 mg/2ml soln a-inj, 10 mg/2ml solution)</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc, 2 mg/ml solution, 4 mg/ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS - MISC.		
<i>adenosine (6 mg/2ml solution, 12 mg/4ml solution)</i>	1	
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	
NORPACE CR 100 MG CAP ER 12H	3	(8 EA / 1 DAYS)
NORPACE CR 150 MG CAP ER 12H	3	(5 EA / 1 DAYS)
<i>procainamide hcl (100 mg/ml solution, 500 mg/ml solution)</i>	1	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
LIDOCAINE HCL (CARDIAC) (50 MG/5ML SOLN PRSYR, 100 MG/10ML SOLN PRSYR, 100 MG/5ML SOLN PRSYR)	1	
LIDOCAINE HCL (CARDIAC) PF	1	
<i>lidocaine in d5w (4-5 mg/ml-% solution, 8-5 mg/ml-% solution)</i>	1	
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
RYTHMOL SR	2	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 150 mg/3ml solution, 200 mg tab, 400 mg tab, 450 mg/9ml solution, 900 mg/18ml solution)</i>	1	
<i>dofetilide</i>	1	
<i>ibutilide fumarate</i>	1	
MULTAQ	2	
<i>pacerone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN	2	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA	2	(1 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN	2	(1 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	2	(1 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE	2	(1.91 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG RECON SOLN	2	SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	2	(4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	2	(5 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
<i>tiotropium bromide monohydrate</i>	1	
YUPELRI	2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP	2	
<i>roflumilast</i>	1	
STEROID INHALANTS		
ARNUIITY ELLIPTA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
PULMICORT	3	
PULMICORT FLEXHALER	2	
QVAR REDHALER	2	
SYMPATHOMIMETICS		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
AIRSUPRA	2	(32.1 QUANTITY / 30 day(s))
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln)</i>	1	
ALBUTEROL SULFATE ER	1	
<i>albuterol sulfate hfa</i>	1	
ANORO ELLIPTA	2	
<i>arformoterol tartrate</i>	1	
BREO ELLIPTA	2	(2 EA / 1 DAYS)
BREZTRI AEROSPHERE	2	(10.7 GM / 28 DAYS)
FLUTICASONE FUROATE-VILANTEROL	1	
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	(2 EA / 1 DAYS)
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	1	
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	(1 EA / 30 DAYS)
<i>formoterol fumarate</i>	1	
<i>ipratropium-albuterol</i>	1	
<i>isoproterenol hcl</i>	1	
ISOPROTERENOL-SODIUM CHLORIDE	1	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LEVALBUTEROL TARTRATE	1	
PERFOROMIST	2	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	2	
<i>terbutaline sulfate (1 mg/ml solution, 2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA	2	(2 EA / 1 DAYS)
<i>wixela inhub</i>	1	(2 EA / 1 DAYS)
XANTHINES		
<i>aminophylline</i>	1	
<i>elixophyllin</i>	1	
<i>theophylline</i>	1	
THEOPHYLLINE ER (100 MG TAB ER 12H, 200 MG TAB ER 12H, 300 MG TAB ER 12H, 400 MG TAB ER 24H, 450 MG TAB ER 12H, 600 MG TAB ER 24H)	1	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	2	(2 EA / 1 DAYS)
ELIQUIS 5 MG TAB	2	(4 EA / 1 DAYS)
ELIQUIS DVT/PE STARTER PACK	2	(74 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
XARELTO (10 MG TAB, 20 MG TAB)	2	(1 EA / 1 DAYS)
XARELTO (2.5 MG TAB, 15 MG TAB)	2	(2 EA / 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	2	(20 ML / 1 DAYS)
XARELTO STARTER PACK	2	(51 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bd heparin posiflush</i>	1	
<i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy)</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium</i>	1	PN (34 DAYS SUPPLY PER FILL)
FRAGMIN	2	
HEPARIN (PORCINE) IN NAACL (20-0.9 UNT/20ML-% SOLN PRSYR, 50-0.9 UNT/50ML-% SOLN PRSYR, 500-0.9 UT/500ML-% SOLUTION, 1000-0.9 UT/500ML-% SOLUTION, 2000-0.9 UNIT/L-% SOLUTION, 2500-0.9 UT/500ML-% SOLUTION, 4000-0.9 UNIT/L-% SOLUTION, 5000-0.9 UT/500ML-% SOLUTION, 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION, 30000-0.9 UNIT/L-% SOLUTION)	1	
<i>heparin lock flush</i>	1	
HEPARIN NA (PORK) LOCK FLSH PF (1 UNIT/ML SOLUTION, 10 UNIT/ML SOLUTION, 100 UNIT/ML SOLUTION)	1	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/0.5ml soln prsy, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution, 5000 unit/ml solution)</i>	1	
<i>heparin sodium lock flush</i>	1	
THROMBIN INHIBITORS		
<i>argatroban</i>	1	
<i>bivalirudin trifluoroacetate (250 mg recon soln, 250 mg/50ml solution)</i>	1	
<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	1	
ANTICONVULSANTS (CONTINUED)		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	(1 EA / 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	2	(24 ML / 1 DAYS)
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	1	
<i>clonazepam</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	1	
NAYZILAM	2	(10 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
VALTOCO 10 MG DOSE	2	(10 EA / 30 DAYS)
VALTOCO 15 MG DOSE	2	(10 EA / 30 DAYS)
VALTOCO 20 MG DOSE	2	(10 EA / 30 DAYS)
VALTOCO 5 MG DOSE	2	(10 EA / 30 DAYS)
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	2	(1 EA / 1 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	2	(2 EA / 1 DAYS)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i>	1	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	1	
CARBATROL	3	
<i>epitol</i>	1	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 200 mg/20ml solution)</i>	1	
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	1	
<i>levetiracetam er</i>	1	
LEVETIRACETAM IN NACL (250 MG/50ML SOLUTION, 500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	1	
MYSOLINE	3	

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN (100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB)	3	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1	
OXTELLAR XR	2	
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	1	
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	1	
<i>subvenite</i>	1	
<i>subvenite starter kit-blue</i>	1	
<i>subvenite starter kit-green</i>	1	
<i>subvenite starter kit-orange</i>	1	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate</i>	1	
<i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cap er 24h, 200 mg cp24 sprnk)</i>	1	
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	3	
TROKENDI XR	2	
VIMPAT (10 MG/ML SOLUTION, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 200 MG/20ML SOLUTION)	2	
<i>zonisamide</i>	1	
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	2	(28 EA / 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	2	(2 EA / 1 DAYS)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK	2	
XCOPRI (350 MG DAILY DOSE)	2	(2 EA / 1 DAYS)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	2	(1 EA / 1 DAYS)
XCOPRI 200 MG TAB	2	(2 EA / 1 DAYS)
GABA MODULATORS		
<i>tiagabine hcl</i>	1	
<i>vigabatrin</i>	1	SP
<i>vigadrone</i>	1	SP
<i>vigpoder</i>	1	SP
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	3	
DILANTIN INFATABS	3	
<i>fosphenytoin sodium</i>	1	
<i>phenytek</i>	1	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	1	
ZARONTIN (250 MG CAP, 250 MG/5ML SOLUTION)	3	
VALPROIC ACID		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproate sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	1	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	1	
REMERON	3	
REMERON SOLTAB	3	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	0	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	0	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	(1 EA / 1 DAYS)
MAPROTILINE HCL	1	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
NARDIL	2	
PARNATE	2	
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfata</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA	3	
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	1	SUM7 (ZERO)
CITALOPRAM HYDROBROMIDE 30 MG CAP	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab)</i>	1	SUM7 (ZERO)
FLUOXETINE HCL (20 MG/5ML SOLUTION, 60 MG TAB, 90 MG CAP DR)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>paroxetine hcl er</i>	1	
SERTRALINE HCL (150 MG CAP, 200 MG CAP)	1	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	SUM7 (ZERO)
SEROTONIN MODULATORS		
NEFAZODONE HCL	1	
<i>trazodone hcl</i>	1	
TRINTELLIX	2	
<i>vilazodone hcl</i>	1	(1 EA / 1 DAYS)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER	1	
<i>desvenlafaxine succinate er</i>	1	(1 EA / 1 DAYS)
<i>duloxetine hcl</i>	1	
<i>venlafaxine hcl</i>	1	SUM7 (ZERO)
<i>venlafaxine hcl er</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	2	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
NORPRAMIN	2	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PAMELOR	2	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL	1	
PRECOSE	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	2	
SYMLINPEN 60	2	
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET	3	
DUETACT	3	
<i>glipizide-metformin hcl</i>	1	SUM7 (ZERO)
<i>glyburide-metformin</i>	1	SUM7 (ZERO)
GLYXAMBI	2	(1 EA / 1 DAYS)
JANUMET	2	
JANUMET XR	2	
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	1	(1 EA / 1 day(s))
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	1	(2 EA / 1 day(s))
SOLQUA	2	
SYNJARDY	2	(2 EA / 1 DAYS)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	(1 EA / 1 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	(2 EA / 1 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	(1 EA / 1 DAYS)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	(2 EA / 1 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	(1 EA / 1 DAYS)
XIGDUO XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	2	(1 EA / 1 day(s))
XULTOPHY	2	(0.5 ML / 1 DAYS)
BIGUANIDES		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	SUM7 (ZERO)
METFORMIN HCL (500 MG/5ML SOLUTION, 625 MG TAB)	1	
<i>metformin hcl er</i>	1	SUM7 (ZERO)
<i>metformin hcl er (mod)</i>	1	
<i>metformin hcl er (osm)</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	2	(2 EA / FILL)
BAQSIMI TWO PACK	2	(2 EA / FILL)
<i>diazoxide</i>	1	
GLUCAGON EMERGENCY 1 MG KIT	1	(2 EA / fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	(2 EA / FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	(0.2 ML / FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	(0.4 ML / FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	(0.2 ML / FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	(0.4 ML / FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	2	(0.4 ML / FILL)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	(0.2 ML / FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	(0.4 ML / FILL), PN (1 DAY SUPPLY PER FILL)
<i>mifepristone 300 mg tab</i>	1	(112 EA / 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ZEGALOGUE	2	(1.2 ML / FILL)

Drug Name	Drug Tier	Requirements/Limits
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	2	
<i>saxagliptin hcl</i>	1	(1 EA / 1 day(s))
INCRETIN MIMETIC AGENTS		
MOUNJARO (5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN)	2	(2 ML / 28 DAYS)
MOUNJARO 2.5 MG/0.5ML SOLN PEN	2	(2 ML / 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	(0.06 ML / 1 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	(0.11 ML / 1 DAYS)
OZEMPIC (1 MG/DOSE)	2	(0.11 ML / 1 DAYS)
OZEMPIC (2 MG/DOSE)	2	(0.11 ML / 1 DAYS)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	(1 EA / 1 DAYS)
RYBELSUS 3 MG TAB	2	(30 EA / 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
TRULICITY	2	(0.072 ML / 1 DAYS)
VICTOZA	2	(0.3 ML / 1 DAYS)
INSULIN		
BASAGLAR KWIKPEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG PENFILL	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA	2	(1 EA / 1 day(s))
JARDIANCE	2	(1 EA / 1 DAYS)
SULFONYLUREAS		
AMARYL	3	
<i>glimepiride</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	SUM7 (ZERO)
GLIPIZIDE 2.5 MG TAB	1	
<i>glipizide er</i>	1	SUM7 (ZERO)
<i>glipizide xl</i>	1	SUM7 (ZERO)
GLUCOTROL 10 MG TAB	3	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide</i>	1	SUM7 (ZERO)
GLYBURIDE MICRONIZED	1	SUM7 (ZERO)
TOLBUTAMIDE	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
LOMOTIL	2	
<i>loperamide hcl 2 mg cap</i>	1	
<i>opium</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox</i>	1	SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferasirox granules</i>	1	SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferiprone 1000 mg tab</i>	1	SP
<i>deferiprone 500 mg tab</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>acetylcysteine 200 mg/ml solution</i>	1	
<i>deferoxamine mesylate</i>	1	
<i>fomepizole</i>	1	
<i>methylene blue (1 % solution, 20 mg/2ml soln prsyr, 50 mg/10ml solution)</i>	1	
SODIUM THIOSULFATE	1	
VISTOGARD	2	LA, SP
BENZODIAZEPINE ANTAGONISTS		
<i>flumazenil</i>	1	
OPIOID ANTAGONISTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid, 4 mg/10ml solution)</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	1	
<i>granisetron hcl 1 mg tab</i>	1	(2 EA / FILL), PN (1 DAY SUPPLY PER FILL)
<i>ondansetron</i>	1	
<i>ondansetron hcl (4 mg tab, 4 mg/2ml soln prsy, 4 mg/2ml solution, 4 mg/5ml solution, 8 mg tab, 24 mg tab, 40 mg/20ml solution)</i>	1	
PALONOSETRON HCL (0.25 MG/2ML SOLUTION, 0.25 MG/5ML SOLN PRSYR, 0.25 MG/5ML SOLUTION)	1	SP
<i>palonosetron hcl 0.25 mg/5ml soln prsy</i>	1	
SANCUSO	2	(4 EA / 28 DAYS), PN (28 DAYS SUPPLY PER FILL)
ZOFRAN 4 MG TAB	3	
ANTIEMETICS - ANTICHOLINERGIC		
MECLIZINE HCL (12.5 MG TAB, 25 MG TAB, 50 MG TAB)	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine</i>	1	(4 EA / 1 DAYS)
<i>dronabinol</i>	1	
MARINOL	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant</i>	1	
FOSAPREPITANT DIMEGLUMINE	1	
ANTIFUNGALS (CONTINUED)		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate</i>	1	
MICAFUNGIN SODIUM	1	
ANTIFUNGALS		
AMPHOTERICIN B	1	
<i>amphotericin b liposome</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>flucytosine</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN (10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	1	(90 EA / 30 DAYS), PN (34 DAYS SUPPLY PER FILL)
<i>posaconazole 300 mg/16.7ml solution</i>	1	
<i>posaconazole 40 mg/ml suspension</i>	1	(20 ML / 1 DAYS), PN (30 DAYS SUPPLY PER FILL)
VFEND (40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB)	2	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	1	PN (34 DAYS SUPPLY PER FILL)
VORICONAZOLE 200 MG RECON SOLN	1	
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	
CARBINOXAMINE MALEATE 6 MG TAB	1	
CLEMASTINE FUMARATE (0.67 MG/5ML SYRUP, 2.68 MG TAB)	1	
<i>di-phen</i>	1	
<i>diphen 12.5 mg/5ml elixir</i>	1	
<i>diphenhydramine hcl (12.5 mg/5ml elixir, 50 mg/ml solution)</i>	1	
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine (2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tab)</i>	1	
XYZAL ALLERGY 24HR	3	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>phenadoz</i>	1	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i>	1	
<i>promethegan (12.5 mg suppos, 25 mg suppos, 50 mg suppos)</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTIHYPERLIPIDEMICS (CONTINUED)		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	(1 EA / 1 DAYS)
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	
NEXLIZET	2	(1 EA / 1 DAYS)
VYTORIN	3	
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl 0.5 gm cap</i>	1	(8 EA / 1 DAYS)
<i>icosapent ethyl 1 gm cap</i>	1	(4 EA / 1 DAYS)
LOVAZA	3	
<i>omega-3-acid ethyl esters</i>	1	
VASCEPA 0.5 GM CAP	2	(8 EA / 1 DAYS)
VASCEPA 1 GM CAP	2	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	
<i>colesevelam hcl</i>	1	
COLESTID (1 GM TAB, 5 GM GRANULES, 5 GM PACKET)	3	

Drug Name	Drug Tier	Requirements/Limits
COLESTID FLAVORED (5 GM GRANULES, 5 GM PACKET)	3	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
QUESTRAN (4 GM PACKET, 4 GM/DOSE POWDER)	3	
QUESTRAN LIGHT	3	
FIBRIC ACID DERIVATIVES		
FENOFIBRATE (40 MG TAB, 48 MG TAB, 50 MG CAP, 54 MG TAB, 67 MG CAP, 120 MG TAB, 134 MG CAP, 145 MG TAB, 150 MG CAP, 160 MG TAB, 200 MG CAP)	1	
FENOFIBRATE MICRONIZED (30 MG CAP, 43 MG CAP, 67 MG CAP, 90 MG CAP, 130 MG CAP, 134 MG CAP, 200 MG CAP)	1	
FENOFIBRIC ACID (35 MG TAB, 45 MG CAP DR, 105 MG TAB, 135 MG CAP DR)	1	
<i>gemfibrozil</i>	1	SUM7 (ZERO)
LOPID	3	
TRILIPIX	3	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (40 mg tab, 80 mg tab)</i>	1	(1 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	0	(2 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 20 mg tab</i>	0	(1 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 20 mg cap</i>	0	(4 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 40 mg cap</i>	0	(2 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium er</i>	0	(1 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>lovastatin 10 mg tab</i>	1	(4 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>lovastatin 20 mg tab</i>	0	(2 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	0	(1 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>pitavastatin calcium</i>	1	PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	0	(8 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75)

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium 20 mg tab</i>	0	(4 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	0	(2 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 80 mg tab</i>	0	(1 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	(1 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium 5 mg tab</i>	1	(2 EA / 1 DAYS), PN (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	0	(4 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75)
<i>simvastatin 20 mg tab</i>	0	(2 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75)
<i>simvastatin 40 mg tab</i>	0	(1 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	1	(8 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75)
<i>simvastatin 80 mg tab</i>	1	(1 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75)
ZOCOR	3	PN (\$0 copay for members age 40-75)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	1	
NIASPAN	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT	2	(0.072 ML / 1 DAYS)
REPATHA	2	(0.072 ML / 1 DAYS)
REPATHA PUSHTRONEX SYSTEM	2	(0.125 ML / 1 DAYS)
REPATHA SURECLICK	2	(0.072 ML / 1 DAYS)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITORS		
ACCUPRIL	3	
ALTACE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (1 mg/ml solution, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>enalaprilat</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	SUM7 (ZERO)
LOTENSIN	3	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	1	
PRINIVIL	3	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ZESTRIL	3	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine</i>	1	SP
<i>phenoxybenzamine hcl</i>	1	SP
<i>phentolamine mesylate</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (4 mg/ml solution, 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA	3	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
CLONIDINE HCL ER 0.17 MG TAB ER 24H	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
METHYLDOPA	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC	3	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	SUM7 (ZERO)
<i>losartan potassium-hctz</i>	1	
LOTENSIN HCT	3	
LOTREL	2	
METHYLDOPA-HYDROCHLOROTHIAZIDE	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROPRANOLOL-HCTZ	1	
<i>quinapril-hydrochlorothiazide</i>	1	
TARKA	3	
TEKTURNA HCT	2	
TELMISARTAN-AMLODIPINE	1	
<i>telmisartan-hctz</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER	1	
TRIBENZOR	3	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
ZIAC	2	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
INSPRA	2	
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 20 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
<i>nitroprusside sodium</i>	1	
<i>sodium nitroprusside</i>	1	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
MALARONE	2	
ANTIMALARIALS		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>mefloquine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PLAQUENIL	2	
<i>primaquine phosphate</i>	1	(14 EA / 14 day(s)), PN (14 DAY SUPPLY IN 180 DAYS)
<i>pyrimethamine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>quinine sulfate</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
NEOSTIGMINE METHYLSULFATE (2 MG/2ML SOLN PRSYR, 3 MG/3ML SOLN PRSYR, 3 MG/3ML SOLUTION, 4 MG/4ML SOLN PRSYR, 5 MG/10ML SOLUTION, 5 MG/5ML SOLN PRSYR, 5 MG/5ML SOLUTION, 10 MG/10ML SOLUTION)	1	
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	1	
<i>pyridostigmine bromide er</i>	1	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine</i>	1	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	1	
ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, 100 MG/ML SOLUTION, 300 MG TAB)	1	
MYAMBUTOL	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
ALKERAN (2 MG TAB, 50 MG RECON SOLN)	2	
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>busulfan</i>	1	SP
<i>carboplatin</i>	1	SP
CARMUSTINE (50 MG RECON SOLN, 100 MG RECON SOLN, 300 MG RECON SOLN)	1	SP
<i>cisplatin (50 mg recon soln, 50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)</i>	1	SP

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide (1 gm recon soln, 1 gm/5ml solution, 2 gm recon soln, 2 gm/10ml solution, 500 mg recon soln, 500 mg/2.5ml solution, 500 mg/ml solution)</i>	1	SP
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	1	SP
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	1	
IFOSFAMIDE (1 GM RECON SOLN, 1 GM/20ML SOLUTION, 3 GM/60ML SOLUTION)	1	SP
<i>ifosfamide (1 gm/20ml solution, 3 gm/60ml solution)</i>	1	SP
IFOSFAMIDE 3 GM RECON SOLN	1	SP
KEMOPLAT	1	SP
LEUKERAN	2	SP
MELPHALAN	1	
<i>melfhalan hcl</i>	1	SP
MYLERAN	2	SP
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION, 200 MG/40ML SOLUTION)	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>paraplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i>	1	SP
PARAPLATIN 1000 MG/100ML SOLUTION	1	SP
TEMODAR (100 MG CAP, 140 MG CAP, 250 MG CAP)	2	
TEMODAR 180 MG CAP	3	
<i>temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
ANTIMETABOLITES		
<i>adrucil</i>	1	
<i>azacitidine</i>	1	SP
<i>capecitabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>cladribine</i>	1	SP
<i>clofarabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
CYTARABINE	1	SP
<i>cytarabine (pf)</i>	1	SP
<i>decitabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
FLOXURIDINE	1	SP
<i>fludarabine phosphate (25 mg/ml solution, 50 mg recon soln, 50 mg/2ml solution)</i>	1	SP
<i>fludarabine phosphate 50 mg recon soln</i>	1	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	1	
GEMCITABINE HCL (1 GM RECON SOLN, 1 GM/10ML SOLUTION, 1 GM/26.3ML SOLUTION, 1.5 GM/15ML SOLUTION, 2 GM RECON SOLN, 2 GM/20ML SOLUTION, 2 GM/52.6ML SOLUTION, 200 MG RECON SOLN, 200 MG/2ML SOLUTION, 200 MG/5.26ML SOLUTION)	1	SP
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>nelarabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	1	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED 500 MG/20ML SOLUTION	1	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	1	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	1	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE	1	SP, PN (34 DAYS SUPPLY PER FILL)
TABLOID	2	SP
TREXALL	2	
XELODA	2	SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA 1 MG TAB	2	(180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	2	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (14 MG DAILY DOSE)	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (18 MG DAILY DOSE)	2	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	2	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ZIRABEV	2	SP
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA	2	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	2	SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	2	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	2	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	2	SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE	2	SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>erlotinib hcl 25 mg tab</i>	1	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>gefitinib</i>	1	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
IRESSA	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
TAGRISSO	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE	2	(28 EA / 28 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ODOMZO	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>abiraterone acetate 500 mg tab</i>	1	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>anastrozole</i>	0	(\$0 copay for women)
ARIMIDEX	2	
AROMASIN	2	
<i>bicalutamide</i>	1	
CASODEX	3	(30 EA / 30 DAYS)
ELIGARD 22.5 MG KIT	2	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	2	SP, SUM3 (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	2	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT	2	SP
ERLEADA 240 MG TAB	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>exemestane</i>	0	(\$0 copay for women)
FEMARA	2	
FIRMAGON	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FLUTAMIDE	1	
<i>fulvestrant</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
FULVESTRANT	1	SP, PN (34 DAYS SUPPLY PER FILL)
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	1	SP
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	1	SUM7 (INF)

Drug Name	Drug Tier	Requirements/Limits
LEUPROLIDE ACETATE (3 MONTH)	1	SP
LYSODREN	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide</i>	1	SP
NUBEQA	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>tamoxifen citrate 10 mg tab</i>	0	(\$0 copay for women)
<i>tamoxifen citrate 20 mg tab</i>	0	(\$0 copay for women), PN (\$0 copay for women)
<i>toremifene citrate</i>	1	SP
XTANDI (40 MG CAP, 40 MG TAB)	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
YONSA	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	2	(21 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ANTIBIOTICS		
ADRIAMYCIN (2 MG/ML SOLUTION, 10 MG RECON SOLN)	1	SP
<i>adriamycin 50 mg recon soln</i>	1	SP
<i>bleomycin sulfate</i>	1	SP
<i>dactinomycin</i>	1	SP
DAUNORUBICIN HCL (20 MG/4ML SOLUTION, 50 MG/10ML SOLUTION)	1	SP
<i>doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	1	SP
<i>doxorubicin hcl liposomal</i>	1	SP
<i>epirubicin hcl</i>	1	SP
<i>idarubicin hcl</i>	1	SP
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
MITOMYCIN 20 MG/40ML SOLN PRSYR	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl</i>	1	SP
<i>mutamycin</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>valrubicin</i>	1	SP
ANTINEOPLASTIC COMBINATIONS		
KISQALI FEMARA (400 MG DOSE)	2	(70 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE)	2	(91 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA(200 MG DOSE)	2	(49 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	2	(100 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	2	(80 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PHESGO	2	SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	2	(240 EA / 30 DAYS), SP, SUM3 (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	1	SP, PN (34 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF (50 MG CAP, 100 MG CAP)	2	SP
BOSULIF 100 MG TAB	2	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	2	(180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG CAP	2	(60 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	2	(90 EA / 30 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	1	(28 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
GAVRETO	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	2	(21 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>imatinib mesylate 100 mg tab</i>	1	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 400 mg tab</i>	1	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	2	(28 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 560 MG TAB	2	(28 EA / 28 DAYS), PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	2	(216 ML / 36 DAYS), SP, PN (36 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	2	(21 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	2	(42 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	2	(63 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	2	(240 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
KOSELUGO 25 MG CAP	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	2	(180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>lapatinib ditosylate</i>	1	(180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	2	(240 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 320 MG TAB	2	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	2	(180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
NEXAVAR	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	2	(3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>pazopanib hcl</i>	1	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 40 MG CAP	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>romidepsin (10 mg recon soln, 27.5 mg/5.5ml solution)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	2	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	2	(336 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	2	(224 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
<i>sorafenib tosylate</i>	1	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 20 MG TAB	2	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	2	(84 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>sunitinib malate</i>	1	(28 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
<i>temsirolimus</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
VELCADE	2	SP
VITRAKVI 100 MG CAP	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	2	(300 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI 25 MG CAP	2	(180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
VOTRIENT	2	(120 EA / 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	2	SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	2	(30 EA / 30 DAYS), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
ZEJULA 100 MG CAP	2	(90 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	2	(240 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	2	(84 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTICS MISC.		
<i>arsenic trioxide</i>	1	SP
BESREMI	2	LA, (2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
<i>bexarotene 75 mg cap</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
DACARBAZINE (100 MG RECON SOLN, 200 MG RECON SOLN)	1	SP
HYDREA	2	
<i>hydroxyurea</i>	1	
INTRON A (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL)
INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION)	2	
MATULANE	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
TARGRETIN 75 MG CAP	3	SP
<i>tretinoin 10 mg cap</i>	1	SP
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>dexrazoxane</i>	1	SP
<i>dexrazoxane hcl</i>	1	SP
LEUCOVORIN CALCIUM (5 MG TAB, 10 MG TAB, 15 MG TAB, 25 MG TAB, 50 MG RECON SOLN, 100 MG RECON SOLN, 100 MG/10ML SOLUTION, 200 MG RECON SOLN, 350 MG RECON SOLN, 500 MG RECON SOLN, 500 MG/50ML SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium</i>	1	SP
<i>levoleucovorin calcium pf</i>	1	SP
<i>mesna</i>	1	
MITOTIC INHIBITORS		
DOCETAXEL (20 MG/2ML SOLUTION, 20 MG/ML CONC, 80 MG/4ML CONC, 80 MG/8ML SOLUTION, 160 MG/16ML SOLUTION, 160 MG/8ML CONC)	1	SP
ETOPOSIDE (1 GM/50ML SOLUTION, 50 MG CAP, 100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	1	SP
<i>paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)</i>	1	SP
PACLITAXEL PROTEIN-BOUND PART	1	SP, PN (34 DAYS SUPPLY PER FILL)
TAXOTERE	1	SP
<i>toposar</i>	1	SP
VINBLASTINE SULFATE	1	SP
<i>vincasar pfs</i>	1	SP
<i>vincristine sulfate</i>	1	SP
<i>vinorelbine tartrate</i>	1	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	SP, PN (34 DAYS SUPPLY PER FILL)
HYCAMTIN 4 MG RECON SOLN	2	SP
<i>irinotecan hcl (40 mg/2ml solution, 100 mg/5ml solution, 300 mg/15ml solution, 500 mg/25ml solution)</i>	1	SP
<i>topotecan hcl (4 mg recon soln, 4 mg/4ml solution)</i>	1	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa</i>	1	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>entacapone</i>	1	
<i>tolcapone</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1	
<i>apomorphine hcl</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>bromocriptine mesylate</i>	1	
CARBIDOPA-LEVODOPA (10-100 MG TAB, 10-100 MG TAB DISP, 25-100 MG TAB, 25-100 MG TAB DISP, 25-250 MG TAB, 25-250 MG TAB DISP)	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	1	
DHIVY	3	
INBRIJA	2	(300 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	2	(150 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
MIRAPEX (0.125 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB)	3	
NEUPRO	2	
PARLODEL	3	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	
RYTARY	2	
SINEMET (10-100 MG TAB, 25-100 MG TAB)	3	
STALEVO 150	1	
STALEVO 75	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
LITHOBID	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	2	(1 EA / 1 DAYS)
LATUDA	2	
<i>lurasidone hcl</i>	1	
VRAYLAR	2	(1 EA / 1 DAYS)
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
BENZISOXAZOLES		
<i>paliperidone er</i>	1	
PERSERIS	2	(1 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL (0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB)	3	
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1	
<i>risperidone microspheres er</i>	1	(2 EA / 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BUTYROPHENONES		
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
DIBENZAPINES		
<i>asenapine maleate</i>	1	
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL	3	
<i>loxapine succinate</i>	1	
<i>olanzapine</i>	1	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	1	
SEROQUEL	3	
ZYPREXA	3	
ZYPREXA ZYDIS	3	
DIHYDROINDOLONES		
MOLINDONE HCL	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate (10 mg/2ml solution, 50 mg/10ml solution)</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA	2	(1 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)</i>	1	
THIOXANTHENES		
<i>thiothixene</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTISEPTICS & DISINFECTANTS (CONTINUED)		
ANTISEPTICS & DISINFECTANTS		
FORMALDEHYDE	1	
HYDROGEN PEROXIDE 30 % SOLUTION	1	
CHLORINE ANTISEPTICS		
CHLORHEXIDINE GLUCONATE 20 % SOLUTION	1	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	1	(30 ML / 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	1	(2 EA / 1 DAYS)
<i>abacavir sulfate-lamivudine</i>	1	(1 EA / 1 DAYS)
<i>abacavir-lamivudine-zidovudine</i>	1	(2 EA / 1 DAYS)
APRETUDE	3	(3 ML / FILL), (\$0 copay for pre-exposure prophylaxis; 7 INJECTIONS IN 365 DAYS; 365 DAYS PER FILL), PN (HIV PREP: Drug covered at \$0 unless member has a hx of HIV Treatment drug in last 120 days. REF: HIV Supplemental List)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1	(2 EA / 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	1	(1 EA / 1 DAYS)
BIKTARVY	2	(1 EA / 1 DAYS)
CIMDUO	2	(1 EA / 1 day(s))
<i>darunavir 600 mg tab</i>	1	(2 EA / 1 day(s))
<i>darunavir 800 mg tab</i>	1	(1 EA / 1 day(s))
DESCOVY 120-15 MG TAB	2	(1 EA / 1 DAYS)
DESCOVY 200-25 MG TAB	0	(1 EA / 1 DAYS), PN (\$0 copay for pre-exposure prophylaxis)
DOVATO	2	(1 EA / 1 DAYS)
EDURANT	2	(2 EA / 1 DAYS)
EFAVIRENZ 200 MG CAP	1	(2 EA / 1 DAYS)
EFAVIRENZ 50 MG CAP	1	(3 EA / 1 DAYS)
<i>efavirenz 600 mg tab</i>	1	(1 EA / 1 DAYS)
<i>efavirenz-emtricitab-tenofo df</i>	1	(1 EA / 1 DAYS)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir</i>	1	(1 EA / 1 DAYS)
<i>emtricitabine</i>	1	(1 EA / 1 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	(1 EA / 1 DAYS)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	0	(1 EA / 1 DAYS), (\$0 copay for pre-exposure prophylaxis)
EMTRIVA 10 MG/ML SOLUTION	2	(24 ML / 1 DAYS)
EMTRIVA 200 MG CAP	2	
EPZICOM	3	
<i>etravirine</i>	1	(2 EA / 1 DAYS)
EVOTAZ	2	(1 EA / 1 DAYS)
<i>fosamprenavir calcium</i>	1	(4 EA / 1 DAYS)
FUZEON	2	(2 EA / 1 DAYS), SP
GENVOYA	2	(1 EA / 1 DAYS)
INTELENCE (100 MG TAB, 200 MG TAB)	2	
INTELENCE 25 MG TAB	2	(4 EA / 1 DAYS)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	(6 EA / 1 DAYS)
ISENTRESS 100 MG PACKET	2	(2 EA / 1 DAYS)
ISENTRESS 400 MG TAB	2	(4 EA / 1 DAYS)
ISENTRESS HD	2	(2 EA / 1 DAYS)
<i>lamivudine 10 mg/ml solution</i>	1	(30 ML / 1 DAYS)
<i>lamivudine 150 mg tab</i>	1	(2 EA / 1 DAYS)
<i>lamivudine 300 mg tab</i>	1	(1 EA / 1 DAYS)
<i>lamivudine-zidovudine</i>	1	(2 EA / 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	(8 EA / 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	(4 EA / 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	(14 ML / 1 DAYS)
<i>maraviroc 150 mg tab</i>	1	(2 EA / 1 DAYS)
<i>maraviroc 300 mg tab</i>	1	(4 EA / 1 DAYS)
<i>nevirapine 200 mg tab</i>	1	(2 EA / 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	(40 ML / 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	1	(3 EA / 1 DAYS)

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine er 400 mg tab er 24h</i>	1	(1 EA / 1 DAYS)
NORVIR 100 MG PACKET	2	(12 EA / 1 DAYS)
NORVIR 100 MG TAB	2	(12 EA / 1 day(s))
NORVIR 80 MG/ML SOLUTION	2	(16 ML / 1 DAYS)
ODEFSEY	2	(1 EA / 1 DAYS)
PREZCOBIX	2	(1 EA / 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	2	(13.34 ML / 1 DAYS)
PREZISTA 150 MG TAB	2	(6 EA / 1 DAYS)
PREZISTA 600 MG TAB	2	(2 EA / 1 day(s))
PREZISTA 75 MG TAB	2	(2 EA / 1 DAYS)
PREZISTA 800 MG TAB	2	(1 EA / 1 day(s))
RETROVIR (10 MG/ML SOLUTION, 50 MG/5ML SYRUP, 100 MG CAP)	2	
<i>ritonavir</i>	1	(12 EA / 1 day(s))
STAVUDINE	1	(2 EA / 1 DAYS)
STRIBILD	2	(1 EA / 1 DAYS)
SYMTUZA	2	(1 EA / 1 DAYS)
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	(1 EA / 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	2	(2 EA / 1 DAYS)
TIVICAY 10 MG TAB	2	(8 EA / 1 DAYS)
TIVICAY PD	2	(12 EA / 1 DAYS)
TRIUMEQ	2	(1 EA / 1 DAYS)
TRIUMEQ PD	2	(6 EA / 1 DAYS)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	(1 EA / 1 DAYS)
VIREAD 300 MG TAB	2	
VIREAD 40 MG/GM POWDER	2	(8 GM / 1 DAYS)
<i>zidovudine 100 mg cap</i>	1	(6 EA / 1 DAYS)
<i>zidovudine 300 mg tab</i>	1	(2 EA / 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	1	(6 ML / 1 DAYS)
CMV AGENTS		
<i>cidofovir</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>foscarnet sodium</i>	1	
GANCICLOVIR	1	
GANCICLOVIR SODIUM (500 MG RECON SOLN, 500 MG/10ML SOLUTION)	1	
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	1	PN (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
BARACLUDE (0.5 MG TAB, 1 MG TAB)	3	
BARACLUDE 0.05 MG/ML SOLUTION	3	SP
<i>entecavir</i>	1	
EPCLUSA 150-37.5 MG PACKET	2	(28 EA / 28 DAYS), SP
EPCLUSA 200-50 MG PACKET	2	(56 EA / 28 DAYS), SP
EPCLUSA 200-50 MG TAB	2	(2 EA / 1 day(s)), SP
EPCLUSA 400-100 MG TAB	2	(1 EA / 1 day(s)), SP
HARVONI 33.75-150 MG PACKET	2	(1 EA / 1 day(s)), SP
HARVONI 45-200 MG PACKET	2	(2 EA / 1 day(s)), SP
HARVONI 45-200 MG TAB	2	SP
HARVONI 90-400 MG TAB	2	SP
<i>lamivudine 100 mg tab</i>	1	(1 EA / 1 DAYS)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	(2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	2	(4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	SP
VEMLIDY	2	(1 EA / 1 DAYS)
VOSEVI	2	(1 EA / 1 day(s)), SP
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	1	
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	(84 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate 45 mg cap</i>	1	(48 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	(540 ML / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	1	(42 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RELENZA DISKHALER	2	(60 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	1	
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin 6 gm recon soln</i>	1	SP
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
COREG	3	
<i>labetalol hcl (5 mg/ml solution, 10 mg/2ml soln prsyr, 20 mg/4ml soln prsyr, 100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	SUM7 (ZERO)
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>esmolol hcl (100 mg/10ml soln prsyr, 100 mg/10ml solution, 2000 mg/100ml solution, 2500 mg/250ml solution)</i>	1	
<i>esmolol hcl-sodium chloride</i>	1	
<i>metoprolol succinate er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	SUM7 (ZERO)
<i>metoprolol tartrate 5 mg/5ml solution</i>	1	
<i>nebivolol hcl</i>	1	
BETA BLOCKERS NON-SELECTIVE		
CORGARD	3	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (1 mg/ml solution, 10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl (80 mg tab, 120 mg tab, 150 mg/10ml solution, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	SUM7 (ZERO)
CALAN SR	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (25 mg/5ml solution, 30 mg tab, 50 mg/10ml solution, 60 mg tab, 90 mg tab, 100 mg recon soln, 120 mg tab, 125 mg/25ml solution)</i>	1	
<i>diltiazem hcl er (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	1	
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg tab er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LEVAMLODIPINE MALEATE	1	
<i>nicardipine hcl (2.5 mg/ml solution, 20 mg cap, 30 mg cap)</i>	1	
NICARDIPINE HCL IN NACL	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine er (8.5 mg tab er 24h, 17 mg tab er 24h, 20 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h)</i>	1	
PROCARDIA XL	3	
<i>taztia xt</i>	1	
<i>tiadytl er</i>	1	
TIAZAC	3	
<i>verapamil hcl (2.5 mg/ml solution, 40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
VERAPAMIL HCL ER (100 MG CAP ER 24H, 120 MG CAP ER 24H, 120 MG TAB ER, 180 MG CAP ER 24H, 180 MG TAB ER, 200 MG CAP ER 24H, 240 MG CAP ER 24H, 240 MG TAB ER, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	1	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin (0.05 mg/ml solution, 0.25 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	1	
INOTROPES		
<i>dobutamine hcl</i>	1	
DOPAMINE HCL	1	
<i>milrinone lactate</i>	1	
<i>milrinone lactate in dextrose</i>	1	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIOPLEGIC SOLUTIONS		
<i>cardioplegic</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CARDIOPLEGIC SOLN W/ LIDOCAINE	1	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	
BIDIL	2	
CADUET	3	
ENTRESTO 24-26 MG TAB	2	(6 EA / 1 DAYS)
ENTRESTO 49-51 MG TAB	2	(3 EA / 1 DAYS)
ENTRESTO 97-103 MG TAB	2	(2 EA / 1 DAYS)
<i>isosorb dinitrate-hydralazine</i>	1	
IMPOTENCE AGENTS		
MUSE (250 MCG PELLETT, 500 MCG PELLETT, 1000 MCG PELLETT)	2	
PHENYLEPHRINE HCL 2 MG/2ML SOLUTION	1	
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>tadalafil (10 mg tab, 20 mg tab)</i>	1	
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	1	(1 EA / 1 day(s))
<i>vardeafil hcl</i>	1	
PERIPHERAL VASODILATORS		
<i>isoxsuprine hcl (10 mg tab, 20 mg tab)</i>	1	
<i>papaverine hcl</i>	1	
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
FLOLAN	2	SP
ORENITRAM	2	SP
ORENITRAM MONTH 1	2	SP
ORENITRAM MONTH 2	2	SP
ORENITRAM MONTH 3	2	SP
<i>treprostinil</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	1	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan</i>	1	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
OPSUMIT	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	1	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
REVATIO (10 MG/12.5ML SOLUTION, 10 MG/ML RECON SUSP)	3	SP
REVATIO 20 MG TAB	3	
<i>sildenafil citrate 10 mg/12.5ml solution</i>	1	SP
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 20 mg tab</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>tadalafil (pah)</i>	1	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
TADLIQ	2	(300 ML / 30 DAYS), SP
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	2	(60 EA / 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 200 & 800 MCG TAB THPK	2	(200 EA / 180 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	2	(140 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	2	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	2	(2 EA / 1 DAYS)
CORLANOR 5 MG/5ML SOLUTION	2	(20 ML / 1 DAYS)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	2	(1 EA / 1 DAYS)
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium (1 gm recon soln, 1 gm/10ml soln prsyr, 2 gm recon soln, 2 gm/20ml soln prsyr, 3 gm recon soln, 3 gm/30ml soln prsyr, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	1	
CEFAZOLIN SODIUM-DEXTROSE (1-4 GM/50ML-% SOLUTION, 2-4 GM/100ML-% SOLUTION)	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)</i>	1	
KEFLEX 750 MG CAP	3	
CEPHALOSPORINS - 2ND GENERATION		
CEFACTOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP)	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1	
CEFOTAXIME SODIUM	1	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	1	
SUPRAX (100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP)	2	
TAZICEF (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 6 GM RECON SOLN)	1	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution, 100 gm recon soln)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CHEMICALS (CONTINUED)		
LIQUIDS		
ISOPROPYL ALCOHOL 70 % SOLUTION	1	
CONTRACEPTIVES (CONTINUED)		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	0	
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethia</i>	0	
<i>amethia lo</i>	0	
<i>amethyst</i>	0	
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30</i>	0	
<i>aurovela 1/20</i>	0	
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30</i>	0	
<i>aurovela fe 1/20</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette</i>	0	
BALCOLTRA	0	
<i>balziva</i>	0	
<i>bekyree</i>	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1/20</i>	0	
<i>briellyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>caziant</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal</i>	0	
<i>chateal eq</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>daysee</i>	0	
<i>delyla</i>	0	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	0	
<i>dolishale</i>	0	
<i>drospiren-eth estrad-levomefol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>elinest</i>	0	
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>femynor</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>finzala</i>	0	
<i>gemmily</i>	0	
<i>gianvi</i>	0	
<i>hailey 1.5/30</i>	0	
<i>hailey 24 fe</i>	0	
<i>hailey fe 1.5/30</i>	0	
<i>hailey fe 1/20</i>	0	
<i>iclevia</i>	0	
<i>introvale</i>	0	
<i>isibloom</i>	0	
<i>jaimiess</i>	0	
<i>jasmiel</i>	0	
<i>jolessa</i>	0	
<i>joyeaux</i>	1	
<i>juleber</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kelnor 1/50</i>	0	
<i>kurvelo</i>	0	
<i>larin 1.5/30</i>	0	
<i>larin 1/20</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30</i>	0	
<i>larin fe 1/20</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>larissia</i>	0	
<i>layolis fe</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth estrad triphasic</i>	0	
<i>levonorgest-eth est & eth est</i>	0	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	0	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad</i>	0	
<i>levora 0.15/30 (28)</i>	0	
<i>lillow</i>	0	
LO LOESTRIN FE	0	
<i>lo-zumandimine</i>	0	
<i>loestrin 1.5/30 (21)</i>	0	
<i>loestrin 1/20 (21)</i>	0	
<i>loestrin fe 1.5/30</i>	0	
<i>loestrin fe 1/20</i>	0	
<i>lojaimiess</i>	0	
<i>loryna</i>	0	
LOSEASONIQUE	3	
<i>low-ogestrel</i>	0	
<i>lutra</i>	0	
<i>marlissa</i>	0	
<i>melodetta 24 fe</i>	0	
<i>merzee</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30</i>	0	
<i>microgestin 1/20</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 24 fe</i>	0	
<i>microgestin fe 1.5/30</i>	0	
<i>microgestin fe 1/20</i>	0	
<i>mili</i>	0	
MIRCETTE	3	
<i>mono-linyah</i>	0	
NATAZIA	0	
<i>necon 0.5/35 (28)</i>	0	
NEXTSTELLIS	0	
<i>nikki</i>	0	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	0	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	0	
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>	1	
<i>norethindron-ethinyl estrad-fe</i>	0	
<i>norethindrone acet-ethinyl est</i>	0	
<i>norgestim-eth estrad triphasic</i>	0	
<i>norgestimate-eth estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	
<i>nortrel 1/35 (28)</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>nylia 7/7/7</i>	0	
<i>nymyo</i>	0	
<i>ocella</i>	0	
<i>orsythia</i>	0	
<i>philith</i>	0	
<i>pimtrea</i>	0	
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
<i>setlakin</i>	0	
<i>simliya</i>	0	
<i>simpesse</i>	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20</i>	0	
<i>tarina fe 1/20 eq</i>	0	
<i>taysofy</i>	0	
TAYTULLA	0	
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	
<i>tri-linyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-nymyo</i>	0	
<i>tri-previfem</i>	0	
<i>tri-sprintec</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>trivora (28)</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>turqoz</i>	1	
TYBLUME	0	
<i>tydemy</i>	0	
VELIVET	0	
<i>vestura</i>	0	
<i>vienva</i>	0	
<i>viorele</i>	0	
<i>volnea</i>	0	
<i>vyfemla</i>	0	
<i>vylibra</i>	0	
<i>wera</i>	0	
<i>wymzya fe</i>	0	
<i>zarah</i>	0	
<i>zovia 1/35 (28)</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine</i>	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	1	
TWIRLA	0	
<i>xulane</i>	0	
<i>zafemy</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	0	
<i>eluryng</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	
<i>haloette</i>	0	
NUVARING	2	
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER	0	SP
EMERGENCY CONTRACEPTIVES		
ELLA	0	

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON	0	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION)	2	
DEPO-SUBQ PROVERA 104	0	PN (84 DAYS SUPPLY PER FILL)
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	PN (84 DAYS SUPPLY PER FILL)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	0	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
LILETTA (52 MG)	0	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
MIRENA (52 MG)	0	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	0	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	
<i>deblitane</i>	0	
<i>emzahh</i>	1	
<i>errin</i>	0	
<i>heather</i>	0	
<i>incassia</i>	0	
<i>jencycla</i>	0	
<i>lyleq</i>	1	
<i>lyza</i>	0	
<i>nora-be</i>	0	
<i>norethindrone</i>	0	
<i>norlyda</i>	0	
<i>norlyroc</i>	0	
OPILL	0	
<i>sharobel</i>	0	

Drug Name	Drug Tier	Requirements/Limits
SLYND	0	
<i>tulana</i>	0	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
BETAMETHASONE SOD PHOS & ACET 6 (3-3) MG/ML SUSPENSION	1	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml suspension</i>	1	
BETAMETHASONE SODIUM PHOSPHATE	1	
<i>budesonide 3 mg cp dr part</i>	1	
CORTEF	3	
<i>decadron</i>	1	
DEXAMETH SOD PHOS-BUPIV-EPIN	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
<i>dexamethasone 1.5 mg (21) tab thpk</i>	1	
DEXAMETHASONE SOD PHOS-BUPIV	1	
DEXAMETHASONE SOD PHOS-NACL	1	
DEXAMETHASONE SOD PHOSPHATE PF (10 MG/ML SOLN PRSYR, 10 MG/ML SOLUTION)	1	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsy, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	1	
<i>hidex 6-day</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
MEDROL (2 MG TAB, 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB)	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate (40 mg/ml suspension, 50 mg/ml suspension, 80 mg/ml suspension)</i>	1	
<i>methylprednisolone sodium succ</i>	1	
METHYLPREDNISOLONE-BUPIVACAINE	1	
PEDIAPRED	3	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone 5 mg tab</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE (6.7 (5 BASE) MG/5ML SOLUTION, 10 MG TAB DISP, 10 MG/5ML SOLUTION, 15 MG TAB DISP, 15 MG/5ML SOLUTION, 20 MG/5ML SOLUTION, 25 MG/5ML SOLUTION, 30 MG TAB DISP)	1	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG (21) TAB THPK, 5 MG (48) TAB THPK, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK, 10 MG TAB, 20 MG TAB, 50 MG TAB)	1	
TRIAMCINOLONE ACETONIDE (40 MG/ML SUSPENSION, 50 MG/ML SUSPENSION)	1	
UCERIS 9 MG TAB ER 24H	2	
MINERALOCORTICIDS		
<i>fludrocortisone acetate</i>	1	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i>	1	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	
<i>hydromet</i>	1	
TESSALON PERLES	3	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	1	
<i>hydrocod poli-chlorphe poli er</i>	1	
PROMETHAZINE VC	1	
PROMETHAZINE VC/CODEINE	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
<i>pseudoeph-bromphen-dm</i>	1	
EXPECTORANTS		
<i>potassium iodide</i>	1	
MISC. RESPIRATORY INHALANTS		
NEBUSAL (3 % NEBU SOLN, 6 % NEBU SOLN)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pulmosal</i>	1	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
<i>acutane</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>adapalene (0.1 % cream, 0.1 % gel, 0.1 % pad, 0.1 % solution, 0.3 % gel)</i>	1	
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.1-2.5 % pad, 0.3-2.5 % gel)</i>	1	
AKLIEF	2	
<i>amnesteem</i>	1	PN (30 DAYS SUPPLY PER FILL)
ARAZLO	2	
<i>avar cleanser</i>	1	
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
<i>avita</i>	1	
BENZAC AC WASH	3	
BENZAMYCIN	3	
BENZEPRO (5.2 % FOAM, 5.3 % FOAM, 5.8 % MISC, 6.8 % LIQUID, 9.7 % FOAM)	1	
BENZEPRO CREAMY WASH	1	
<i>benzepro foaming cloths</i>	1	
<i>benzoyl perox-hydrocortisone</i>	1	
BENZOYL PEROXIDE (6.5 % GEL, 8 % GEL, 9.8 % FOAM)	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>bp 10-1</i>	1	
BP CLEANSING WASH	1	
<i>claravis</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>clindacin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-2.5 % gel, 1.2-3.75 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % foam, 1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone (5 % gel, 7.5 % gel)</i>	1	
<i>enzoclear</i>	1	
EPIDUO	2	
EPIDUO FORTE	2	
ERY	1	
ERYGEL	3	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
<i>isotretinoin</i>	1	PN (30 DAYS SUPPLY PER FILL)
KLARON	3	
<i>myorisan</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>neuac 1.2-5 % gel</i>	1	
ONEXTON	2	
PR BENZOYL PEROXIDE WASH	1	
<i>resorcinol-sulfur</i>	1	
RETIN-A	3	
<i>sss 10-5 (10-5 % cream, 10-5 % foam)</i>	1	
<i>sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % liquid)</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % cream, 9.8-4.8 % liquid, 9.8-4.8 % lotion, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % liquid, 10-5 % lotion, 10-5 % suspension)</i>	1	
SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION	1	
SULFACETAMIDE-SULFUR IN UREA	1	
<i>sulfacleanse 8/4</i>	1	
<i>sulfamez wash</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TAZAROTENE 0.1 % FOAM	1	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	
<i>tretinoin microsphere</i>	1	
<i>tretinoin microsphere pump</i>	1	
TWYNEO	2	
WINLEVI	2	
<i>zenatane</i>	1	PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
REFISSA	1	
TRETINOIN (EMOLLIENT)	1	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	1	(30 EA / 15 DAYS), PN (15 DAYS SUPPLY PER FILL)
<i>diclofenac sodium (1.5 % solution, 2 % solution)</i>	1	
<i>diclofenac sodium 1 % gel</i>	1	(10 GM / 1 DAYS)
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	1	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
CICLOPIROX TREATMENT	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	1	
<i>econazole nitrate</i>	1	
<i>hydrocortisone-iodoquinol</i>	1	
<i>iodoquimez-hc</i>	1	
<i>iodoquinol-hc-aloe polysacch</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>iodoquinol-hydrocortisone-aloe</i>	1	
<i>ketoconazole (2 % cream, 2 % shampoo)</i>	1	
<i>ketoconazole 2 % foam</i>	1	
<i>klayesta</i>	1	
LOPROX 1 % SHAMPOO	3	
MICONAZOLE-ZINC OXIDE-PETROLAT	1	
<i>naftifine hcl (1 % cream, 1 % gel, 2 % cream, 2 % gel)</i>	1	
NAFTIN (1 % GEL, 2 % GEL)	2	
<i>nyamyc</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole nitrate</i>	1	
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 3 % gel</i>	1	
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	1	
TARGRETIN 1 % GEL	3	SP
TOLAK	2	
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl 5 % cream</i>	1	
ANTIPSORIATICS		
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	1	
CALCIPOTRIENE 0.005 % FOAM	1	
<i>calcitrene</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
COSENTYX (300 MG DOSE)	2	(2 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	2	(1 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX 125 MG/5ML SOLUTION	2	SP
COSENTYX SENSOREADY (300 MG)	2	(2 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	2	(1 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	2	(2 ML / 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ILUMYA	2	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
METHOXSALLEN RAPID	1	PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	2	(1 EA / 84 DAYS), PN (84 DAYS SUPPLY PER FILL)
SKYRIZI 150 MG/ML SOLN PRSYR	2	(1 ML / 84 DAYS), SP, PN (84 DAYS SUPPLY PER FILL)
SKYRIZI PEN	2	(1 ML / 84 DAYS), SP, PN (84 DAYS SUPPLY PER FILL)
SORIATANE	3	SP
STELARA 45 MG/0.5ML SOLN PRSYR	2	(0.5 ML / 84 DAYS), SP, PN (84 DAYS SUPPLY PER FILL)
STELARA 45 MG/0.5ML SOLUTION	2	(0.5 ML / 84 DAYS), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 90 MG/ML SOLN PRSYR	2	(1 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	
TREMFYA	2	(1 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
VTAMA	2	
ZORYVE 0.3 % CREAM	2	(60 GM / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
ANTISEBORRHEIC PRODUCTS		
<i>plexion ns</i>	1	
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>sodium sulfacetamide wash</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	1	
<i>sulfacetamide sodium (cleans)</i>	1	
ZORYVE 0.3 % FOAM	2	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	1	(5 GM / fill(s))
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir</i>	1	(5 GM / FILL), PN (1 DAY SUPPLY PER FILL)
BURN PRODUCTS		
<i>mafenide acetate</i>	1	
SILVADENE	2	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
CAUTERIZING AGENTS		
GRAFCO SILVER NIT APPLICATOR	1	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	1	
<i>beseer (0.05 % kit, 0.05 % lotion)</i>	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
BRYHALI	2	
CAPEX	3	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emulsion</i>	1	
CLOBEX	2	
CLOBEX SPRAY	2	
<i>clodan 0.05 % shampoo</i>	1	
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/FS SCALP	3	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
DESONIDE 0.05 % GEL	1	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	1	
ENSTILAR	2	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	
<i>fluocinonide emulsified base</i>	1	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
<i>hydrocortisone ace-pramoxine 2.5-1 % cream</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate</i>	1	
LIDOCAINE-HYDROCORTISONE ACE 1-1 % CREAM	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
<i>nutriarx creampak</i>	1	
PRAMOXINE-HC	1	
PREDNICARBATE	1	
<i>preparation h 1 % cream</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sanadermr skin repair</i>	1	
TEMOVATE	2	
TEXACORT	2	
<i>triadime</i>	1	
<i>triadime-80</i>	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone acetonide 0.05 % ointment</i>	1	
<i>triderm</i>	1	
<i>triheal-80</i>	1	
<i>trivix</i>	1	
ECZEMA AGENTS		
ADBRY	2	(4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT (200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR)	2	(2.28 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT (300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	2	(4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	(1.34 ML / 28 DAYS), PN (28 DAYS SUPPLY PER FILL)
OPZELURA	2	(240 GM / 28 DAYS)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>cerovel</i>	1	
<i>dermacinrx urea</i>	1	
<i>umecta mousse</i>	1	
UREA (35 % FOAM, 39 % CREAM, 39.5 % CREAM, 40 % CREAM, 40 % LOTION, 41 % CREAM, 45 % CREAM, 47 % CREAM)	1	
UREA HYDRATING	1	
<i>urea nail</i>	1	
<i>urea-c40</i>	1	
<i>uredeb</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>uremez-40</i>	1	
<i>xurea</i>	1	
EMOLLIENTS		
<i>ammonium lactate</i>	1	
HAIR GROWTH AGENTS		
<i>bimatoprost</i>	1	
<i>finasteride 1 mg tab</i>	1	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod (3.75 % cream, 5 % cream)</i>	1	
<i>imiquimod pump</i>	1	
ZYCLARA	2	
ZYCLARA PUMP (2.5 % CREAM, 3.75 % CREAM)	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	1	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX	2	
<i>keralyt (6 % gel, 6 % shampoo)</i>	1	
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	1	
<i>salicylic acid (6 % foam, 6 % gel, 6 % shampoo, 26 % solution, 27.5 % liquid)</i>	1	
SALICYLIC ACID 3 % OINTMENT	1	
<i>salicylic acid er</i>	1	
<i>salicylic acid wart remover</i>	1	
<i>salicylic acid-cleanser 6 % (cream) kit</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>7t lido</i>	1	
<i>agoneaze</i>	1	
<i>anodyne lpt</i>	1	
<i>dermacinrx empricaine</i>	1	
<i>dermacinrx prizopak</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ETHYL CHLORIDE	1	
<i>glydo</i>	1	
<i>lido bdk</i>	1	
<i>lido-prilo caine pack</i>	1	
<i>lido-sorb</i>	1	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine 5 % patch</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>lidocaine hcl (3 % cream, 3 % lotion, 4 % solution)</i>	1	
LIDOCAINE HCL 4.12 % CREAM	1	
LIDOCAINE HCL URETHRAL/MUCOSAL (2 % GEL, 2 % PRSYR)	1	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	1	
<i>lidocan</i>	1	PN (34 DAYS SUPPLY PER FILL)
LIDODERM	2	
LIDOPIN (3 % CREAM, 3.25 % CREAM)	1	
<i>lidopril</i>	1	
<i>lidopril xr</i>	1	
<i>lidozion</i>	1	
<i>livixil pak</i>	1	
<i>nuvakaan</i>	1	
<i>premium lidocaine</i>	1	
<i>prilolid</i>	1	
<i>prilovix</i>	1	
<i>prilovix lite</i>	1	
<i>prilovix lite plus</i>	1	
<i>prilovix plus</i>	1	
<i>prilovix ultralite</i>	1	
<i>prilovix ultralite plus</i>	1	
<i>relador pak</i>	1	
<i>relador pak plus</i>	1	
<i>tridacaine</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>vexatrol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zeruvia</i>	1	
<i>zionodil</i>	1	
<i>zionodil 100</i>	1	
MISC. TOPICAL		
<i>benzoin compound</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	
PIGMENTING-DEPIGMENTING AGENTS		
<i>blanche</i>	1	
<i>hydroquinone 4 % cream</i>	1	
<i>remergent hq</i>	1	
<i>tl hydroquinone</i>	1	
ROSACEA AGENTS		
<i>azelaic acid</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	(30 GM / FILL)
<i>doxycycline</i>	1	
FINACEA (15 % FOAM, 15 % GEL)	2	
<i>ivermectin 1 % cream</i>	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
ORACEA	2	
RHOFADE	2	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	1	
SOOLANTRA	2	
SCABICIDES PEDICULICIDES		
CROTAN	1	
ELIMITE	3	
IVERMECTIN 0.5 % LOTION	1	

Drug Name	Drug Tier	Requirements/Limits
LINDANE	1	
<i>malathion</i>	1	
OVIDE	2	
<i>permethrin</i>	1	
SPINOSAD	1	
SCAR TREATMENT PRODUCTS		
<i>celacyn</i>	1	
TAR PRODUCTS		
COAL TAR	1	
WOUND CARE PRODUCTS		
<i>scarcare gel-pad kit/large</i>	1	
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC DRUGS		
<i>adenosine (diagnostic)</i>	1	
<i>adenosine 3 mg/ml solution</i>	1	
<i>cosyntropin</i>	1	
DIPYRIDAMOLE 5 MG/ML SOLUTION	1	
INDIGO CARMINE	1	
INDOCYANINE GREEN	1	
<i>isosulfan blue</i>	1	
<i>regadenoson</i>	1	
DIAGNOSTIC PRODUCTS, MISC.		
<i>ultrasound gel</i>	1	
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS STRIP	2	(200 STRIPS / 30 DAYS)
ACCU-CHEK COMPACT PLUS	2	(200 STRIPS / 30 DAYS)
ACCU-CHEK GUIDE STRIP	2	(200 STRIPS / 30 DAYS)
ACCU-CHEK SMARTVIEW	2	(200 STRIPS / 30 DAYS)
ACCU-TREND GLUCOSE	2	(200 STRIPS / 30 DAYS)
ADVANCE INTUITION TEST	2	(200 STRIPS / 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
ADVANCE MICRO-DRAW TEST	2	(200 STRIPS / 30 DAYS)
ADVOCATE REDI-CODE STRIP	2	(200 STRIPS / 30 DAYS)
ADVOCATE REDI-CODE+ TEST	2	(200 STRIPS / 30 DAYS)
ADVOCATE TEST	2	(200 STRIPS / 30 DAYS)
AGAMATRIX AMP TEST	2	(200 STRIPS / 30 DAYS)
AGAMATRIX JAZZ TEST	2	(200 STRIPS / 30 DAYS)
AGAMATRIX KEYNOTE TEST	2	(200 STRIPS / 30 DAYS)
AGAMATRIX PRESTO TEST	2	(200 STRIPS / 30 DAYS)
ASSURE 3 TEST	2	(200 STRIPS / 30 DAYS)
ASSURE 4 TEST	2	(200 STRIPS / 30 DAYS)
ASSURE II	2	(200 STRIPS / 30 DAYS)
ASSURE II CHECK	2	(200 STRIPS / 30 DAYS)
ASSURE PLATINUM	2	(200 STRIPS / 30 DAYS)
ASSURE PRISM MULTI TEST	2	(200 STRIPS / 30 DAYS)
ASSURE PRO TEST	2	(200 STRIPS / 30 DAYS)
BIOSCANNER GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
BIOTEL CARE TEST STRIPS	2	(200 STRIPS / 30 DAYS)
BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
BLOOD GLUCOSE TEST STRIPS 333	2	(200 STRIPS / 30 DAYS)
BLULINK GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
CAREONE BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
CARESENS N GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
CARETOUCH TEST	2	(200 STRIPS / 30 DAYS)
CLEVER CHEK AUTO-CODE TEST	2	(200 STRIPS / 30 DAYS)
CLEVER CHEK AUTO-CODE VOICE STRIP	2	(200 STRIPS / 30 DAYS)
CLEVER CHEK TEST	2	(200 STRIPS / 30 DAYS)
CLEVER CHOICE AUTO-CODE TEST	2	(200 STRIPS / 30 DAYS)
CLEVER CHOICE MICRO TEST	2	(200 STRIPS / 30 DAYS)
CLEVER CHOICE NO CODING	2	(200 STRIPS / 30 DAYS)
CLEVER CHOICE TALK SYSTEM STRIP	2	(200 STRIPS / 30 DAYS)
CONTOUR NEXT TEST	2	(200 STRIPS / 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
CONTOUR TEST	2	(200 STRIPS / 30 DAYS)
COOL BLOOD GLUCOSE TEST STRIPS	2	(200 STRIPS / 30 DAYS)
CVS ADVANCED GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
CVS GLUCOSE METER TEST STRIPS	2	(200 STRIPS / 30 DAYS)
DIATHRIVE BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
DIATHRIVE GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
DIATHRIVE+ GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
DIATRUE PLUS TEST	2	(200 STRIPS / 30 DAYS)
DUO-CARE TEST	2	(200 STRIPS / 30 DAYS)
EASY PLUS II GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EASY STEP TEST	2	(200 STRIPS / 30 DAYS)
EASY TALK BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EASY TALK PLUS II TEST STRIPS	2	(200 STRIPS / 30 DAYS)
EASY TOUCH HEALTHPRO GLUCOSE STRIP	2	(200 STRIPS / 30 DAYS)
EASY TOUCH TEST	2	(200 STRIPS / 30 DAYS)
EASY TRAK BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EASY TRAK II GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EASYGLUCO STRIP	2	(200 STRIPS / 30 DAYS)
EASYGLUCO PLUS	2	(200 STRIPS / 30 DAYS)
EASYMAX 15 TEST	2	(200 STRIPS / 30 DAYS)
EASYMAX TEST	2	(200 STRIPS / 30 DAYS)
EASYPRO BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EASYPRO PLUS STRIP	2	(200 STRIPS / 30 DAYS)
ELEMENT COMPACT TEST	2	(200 STRIPS / 30 DAYS)
ELEMENT TEST	2	(200 STRIPS / 30 DAYS)
EMBRACE BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EMBRACE EVO BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EMBRACE PRO GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EMBRACE TALK GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EMBRACE WAVE BLOOD GLUCOSE STRIP	2	(200 STRIPS / 30 DAYS)
EQ BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
EVENCARE + BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EVENCARE BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EVENCARE G2 TEST	2	(200 STRIPS / 30 DAYS)
EVENCARE G3 TEST	2	(200 STRIPS / 30 DAYS)
EVENCARE MINI GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EVENCARE PROVIEW GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
EVOLUTION AUTOCODE STRIP	2	(200 STRIPS / 30 DAYS)
EXACTECH R-S-G TEST	2	(200 STRIPS / 30 DAYS)
EXACTECH TEST	2	(200 STRIPS / 30 DAYS)
FIFTY50 GLUCOSE TEST 2.0	2	(200 STRIPS / 30 DAYS)
FORA 6 CONNECT STRIP	2	(200 STRIPS / 30 DAYS)
FORA 6 CONNECT/GTEL TEST	2	(200 STRIPS / 30 DAYS)
FORA BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORA D15G BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORA D20 BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORA D40/G31 BLOOD GLUCOSE	2	(200 STRIPS / 30 DAYS)
FORA G20 BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORA G30/PREM V10 GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORA GD20 TEST	2	(200 STRIPS / 30 DAYS)
FORA GD50 BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORA GTEL BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORA TN'G ADVANCE PRO STRIP	2	(200 STRIPS / 30 DAYS)
FORA TN'G/TN'G VOICE	2	(200 STRIPS / 30 DAYS)
FORA V10 BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORA V12 BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORA V20 BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORA V30A BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
FORACARE GD40 TEST	2	(200 STRIPS / 30 DAYS)
FORACARE PREMIUM V10 TEST	2	(200 STRIPS / 30 DAYS)
FORACARE TEST N GO TEST	2	(200 STRIPS / 30 DAYS)
FORTISCARE G1 TEST STRIP	2	(200 STRIPS / 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
FORTISCARE TEST	2	(200 STRIPS / 30 DAYS)
FREESTYLE INSULINX TEST	2	(200 STRIPS / 30 DAYS)
FREESTYLE LITE TEST	2	(200 STRIPS / 30 DAYS)
FREESTYLE PRECISION NEO TEST	2	(200 STRIPS / 30 DAYS)
FREESTYLE TEST	2	(200 STRIPS / 30 DAYS)
GE100 BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
GENULTIMATE TEST	2	(200 STRIPS / 30 DAYS)
GHT TEST	2	(200 STRIPS / 30 DAYS)
GLUCO PERFECT 3 TEST	2	(200 STRIPS / 30 DAYS)
GLUCOCARD 01 SENSOR PLUS	2	(200 STRIPS / 30 DAYS)
GLUCOCARD EXPRESSION TEST	2	(200 STRIPS / 30 DAYS)
GLUCOCARD SHINE TEST	2	(200 STRIPS / 30 DAYS)
GLUCOCARD VITAL TEST	2	(200 STRIPS / 30 DAYS)
GLUCOCARD X-SENSOR	2	(200 STRIPS / 30 DAYS)
GLUCOCOM TEST	2	(200 STRIPS / 30 DAYS)
GLUCONAVII BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
GLUCOSE METER TEST	2	(200 STRIPS / 30 DAYS)
GNP EASY TOUCH GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
GNP TRUE METRIX GLUCOSE STRIPS	2	(200 STRIPS / 30 DAYS)
GNP TRUETRACK SMART SYSTEM	2	(200 STRIPS / 30 DAYS)
GNP TRUETRACK TEST STRIPS	2	(200 STRIPS / 30 DAYS)
GOJJI BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
GOJJI BLOOD TEST STRIP/LANCETS	2	(200 STRIPS / 30 DAYS)
GOODSENSE BLOOD GLUCOSE STRIP	2	(200 STRIPS / 30 DAYS)
HARMONY BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
HW EMBRACE PRO GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
HW EMBRACE TALK GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
IGLUCOSE TEST STRIPS	2	(200 STRIPS / 30 DAYS)
IN TOUCH BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
INFINITY BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
INFINITY VOICE STRIP	2	(200 STRIPS / 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
KROGER BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
KROGER HEALTHPRO GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
KROGER PREMIUM GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
KROGER TEST	2	(200 STRIPS / 30 DAYS)
LIBERTY NEXT GENERATION TEST	2	(200 STRIPS / 30 DAYS)
LIBERTY TEST	2	(200 STRIPS / 30 DAYS)
MEIJER BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
MEIJER ESSENTIAL GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
MEIJER PREMIUM GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
MEIJER TRUETEST TEST	2	(200 STRIPS / 30 DAYS)
MEIJER TRUETRACK TEST	2	(200 STRIPS / 30 DAYS)
MICRODOT TEST	2	(200 STRIPS / 30 DAYS)
MM BLULINK GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
MM EASY TOUCH GLUCOSE	2	(200 STRIPS / 30 DAYS)
MYGLUCOHEALTH TEST	2	(200 STRIPS / 30 DAYS)
NEUTEK 2TEK TEST	2	(200 STRIPS / 30 DAYS)
NOVA MAX GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
ON CALL EXPRESS BLOOD GLUCOSE	2	(200 STRIPS / 30 DAYS)
ON CALL PLUS BLOOD GLUCOSE	2	(200 STRIPS / 30 DAYS)
ON CALL VIVID BLOOD GLUCOSE	2	(200 STRIPS / 30 DAYS)
ONE DROP TEST	2	(200 STRIPS / 30 DAYS)
ONETOUCH ULTRA	2	(200 STRIPS / 30 DAYS)
ONETOUCH ULTRA TEST	2	(200 STRIPS / 30 DAYS)
ONETOUCH VERIO STRIP	2	(200 STRIPS / 30 DAYS)
OPTIUM TEST	2	(200 STRIPS / 30 DAYS)
OPTIUMEZ TEST	2	(200 STRIPS / 30 DAYS)
OPTUMRX BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
PHARMACIST CHOICE AUTOCODE	2	(200 STRIPS / 30 DAYS)
PHARMACIST CHOICE NO CODING	2	(200 STRIPS / 30 DAYS)
PIP BLOOD GLUCOSE TEST STRIP	2	(200 STRIPS / 30 DAYS)
POCKETCHEM EZ TEST	2	(200 STRIPS / 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
PRECISION PCX	2	(200 STRIPS / 30 DAYS)
PRECISION PCX PLUS TEST	2	(200 STRIPS / 30 DAYS)
PRECISION POINT OF CARE TEST	2	(200 STRIPS / 30 DAYS)
PRECISION QID TEST	2	(200 STRIPS / 30 DAYS)
PRECISION SOF-TACT TEST	2	(200 STRIPS / 30 DAYS)
PRECISION XTRA BLOOD GLUCOSE	2	(200 STRIPS / 30 DAYS)
PREMIUM BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
PRO VOICE V8/V9 GLUCOSE	2	(200 STRIPS / 30 DAYS)
PRODIGY NO CODING BLOOD GLUC STRIP	2	(200 STRIPS / 30 DAYS)
PTS PANELS GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
PTS PANELSEGLU TEST	2	(200 STRIPS / 30 DAYS)
QUICKTEK TEST	2	(200 STRIPS / 30 DAYS)
QUINTET AC BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
QUINTET BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
REFUAH PLUS BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
RELION BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
RELION CONFIRM/MICRO TEST	2	(200 STRIPS / 30 DAYS)
RELION PREMIER TEST	2	(200 STRIPS / 30 DAYS)
RELION PRIME TEST	2	(200 STRIPS / 30 DAYS)
RELION TRUE METRIX TEST STRIPS	2	(200 STRIPS / 30 DAYS)
RELION ULTIMA TEST	2	(200 STRIPS / 30 DAYS)
REVEAL BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
REXALL BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
RIGHTEST GS100 BLOOD GLUCOSE	2	(200 STRIPS / 30 DAYS)
RIGHTEST GS300 BLOOD GLUCOSE	2	(200 STRIPS / 30 DAYS)
RIGHTEST GS550 BLOOD GLUCOSE	2	(200 STRIPS / 30 DAYS)
RIGHTEST GT333 BLOOD GLUCOSE STRIP	2	(200 STRIPS / 30 DAYS)
RIGHTEST GT333 GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
SMART SENSE PREMIUM TEST	2	(200 STRIPS / 30 DAYS)
SMART SENSE VALUE TEST	2	(200 STRIPS / 30 DAYS)
SMARTEST BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
SOLUS V2 TEST	2	(200 STRIPS / 30 DAYS)
SUPREME TEST	2	(200 STRIPS / 30 DAYS)
SURE EDGE TEST	2	(200 STRIPS / 30 DAYS)
SURE-TEST EASYPLUS MINI TEST	2	(200 STRIPS / 30 DAYS)
SURECHEK BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
TGT BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
TRUE FOCUS BLOOD GLUCOSE STRIP	2	(200 STRIPS / 30 DAYS)
TRUE METRIX BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
TRUE METRIX PRO BLOOD GLUCOSE	2	(200 STRIPS / 30 DAYS)
TRUETEST TEST	2	(200 STRIPS / 30 DAYS)
TRUETRACK TEST	2	(200 STRIPS / 30 DAYS)
ULTRATRAK PRO TEST	2	(200 STRIPS / 30 DAYS)
ULTRATRAK ULTIMATE TEST	2	(200 STRIPS / 30 DAYS)
UNISTRIP1 GENERIC	2	(200 STRIPS / 30 DAYS)
VERASENS BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
VIVAGUARD INO TEST STRIPS	2	(200 STRIPS / 30 DAYS)
VOCAL POINT BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
MISCELLANEOUS CONTRAST MEDIA		
<i>clariscan</i>	1	
<i>gadobutrol</i>	1	
<i>gadoterate meglumine</i>	1	
RADIOGRAPHIC CONTRAST MEDIA		
<i>iodixanol</i>	1	
<i>iopamidol</i>	1	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS (CONTINUED)		
DIETARY MANAGEMENT PRODUCTS		
L-METHYLFOLATE	1	
L-METHYLFOLATE CALCIUM	1	
WESTAB MAX	1	
NUTRITIONAL SUPPLEMENTS		
<i>asilnasalrms</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	2	
VIOKACE	2	
ZENPEP	2	
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>acetazolamide sodium</i>	1	
<i>dichlorphenamide</i>	1	(136 EA / 34 DAYS), SP
<i>methazolamide</i>	1	
<i>ormalvi</i>	1	(136 EA / 34 DAYS), SP
DIURETIC COMBINATIONS		
ALDACTAZIDE (25-25 MG TAB, 50-50 MG TAB)	3	
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
MAXZIDE	3	
MAXZIDE-25	3	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
LASIX	3	
<i>toremide</i>	1	
OSMOTIC DIURETICS		
<i>mannitol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>osmitrol (10 % solution, 15 % solution, 20 % solution)</i>	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE	2	
<i>amiloride hcl</i>	1	
<i>spironolactone (25 mg tab, 25 mg/5ml suspension, 50 mg tab, 100 mg tab)</i>	1	
<i>triamterene</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	SUM7 (ZERO)
<i>indapamide</i>	1	
<i>metolazone</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
ACTONEL	3	
<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	1	
AELVIA	3	
BONIVA 150 MG TAB	3	
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
<i>calcitonin (salmon) 200 unit/ml solution</i>	1	SP
FORTEO	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FOSAMAX	3	
<i>ibandronate sodium 150 mg tab</i>	1	(1 EA / 30 DAYS)
<i>ibandronate sodium 3 mg/3ml solution</i>	1	SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
PAMIDRONATE DISODIUM (6 MG/ML SOLUTION, 30 MG/10ML SOLUTION, 90 MG/10ML SOLUTION)	1	
PROLIA	2	SP, SUM3 (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>teriparatide</i>	1	SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	1	SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	1	(2.48 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS	2	(1.56 ML / 30 DAYS), SP, SUM3 (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC)	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>zoledronic acid 5 mg/100ml solution</i>	1	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CLOMID	1	SUM7 (INF)
CLOMIPHENE CITRATE	1	SUM7 (INF)
FOLLISTIM AQ	2	SUM7 (INF), PN (34 DAYS SUPPLY PER FILL)
GONAL-F	2	SUM7 (INF), PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF	2	SUM7 (INF), PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF REDIJECT	2	SUM7 (INF), PN (34 DAYS SUPPLY PER FILL)
MENOPUR	2	SUM7 (INF), PN (34 DAYS SUPPLY PER FILL)
OVIDREL	2	SUM7 (INF), PN (34 DAYS SUPPLY PER FILL)
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate</i>	1	SUM7 (INF), PN (34 DAYS SUPPLY PER FILL)
CETROTIDE	2	SUM7 (INF), PN (34 DAYS SUPPLY PER FILL)
<i>fyremadel</i>	1	SUM7 (INF)
<i>ganirelix acetate</i>	1	SUM7 (INF)
ORILISSA 150 MG TAB	2	(30 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
ORILISSA 200 MG TAB	2	(60 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONES		
GENOTROPIN	2	SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	2	SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	2	SP, PN (34 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPRO	2	SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	2	SP, PN (34 DAY SUPPLY PER FILL)
HORMONE RECEPTOR MODULATORS		
EVISTA	3	
<i>raloxifene hcl</i>	0	(\$0 copay for women)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH)	2	(1 EA / 168 DAYS), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH)	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	2	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	2	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	2	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
TRIPTODUR	2	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
<i>betaine</i>	1	SP
CALCITRIOL (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION)	1	
<i>carglumic acid</i>	1	LA, SP
<i>cinacalcet hcl</i>	1	
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution)</i>	1	
<i>javygtor (100 mg tab, 500 mg packet)</i>	1	SP, PN (30 DAYS SUPPLY PER FILL)
<i>javygtor 100 mg packet</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>levocarnitine (1 gm/10ml solution, 200 mg/ml solution, 330 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine sf</i>	1	
<i>nitisinone</i>	1	SP
ORFADIN (2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP)	2	LA, SP
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	1	
PHEBURANE	2	LA, SP
ROCALTROL (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION)	2	
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	1	SP, PN (30 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride 100 mg packet</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>sod benz-sod phenylacet</i>	1	
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	1	SP
ZEMPLAR (1 MCG CAP, 2 MCG CAP, 2 MCG/ML SOLUTION, 5 MCG/ML SOLUTION)	2	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	2	
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution)</i>	1	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
VASOPRESSIN (5 UNIT/5ML SOLN PRSYR, 20 UNIT/ML SOLUTION)	1	
<i>vasopressin +rfid</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsy, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
TOLVAPTAN 15 MG TAB	1	(60 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	0	
CLIMARA PRO	2	
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>est estrogens-methyltest</i>	1	
<i>est estrogens-methyltest ds</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>estradiol-norethindrone acet</i>	0	
<i>fyavolv</i>	0	
<i>jinteli</i>	0	
<i>lopreeza</i>	0	
<i>mimvey</i>	0	
MYFEMBREE	2	(28 EA / 28 DAYS), PN (28 DAYS SUPPLY PER FILL)
<i>norethindrone-eth estradiol</i>	0	
ORIAHNN	2	(56 EA / 28 DAYS), PN (28 DAYS SUPPLY PER FILL)
PREMPHASE	2	

Drug Name	Drug Tier	Requirements/Limits
PREMPRO	2	
ESTROGENS		
CLIMARA	3	
DIVIGEL (0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL)	2	
<i>dotti</i>	1	
ESTRACE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	3	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 6 mg pellet)</i>	1	
<i>estradiol valerate</i>	1	
EVAMIST	2	
<i>lyllana</i>	1	
FLUOROQUINOLONES (CONTINUED)		
FLUOROQUINOLONES		
CIPRO (250 MG TAB, 250 MG/5ML (5%) RECON SUSP, 500 MG TAB, 500 MG/5ML (10%) RECON SUSP)	3	
<i>ciprofloxacin</i>	1	
CIPROFLOXACIN HCL (100 MG TAB, 250 MG TAB, 500 MG TAB, 750 MG TAB)	1	
<i>ciprofloxacin in d5w</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin in d5w</i>	1	
MOXIFLOXACIN HCL (400 MG TAB, 400 MG/250ML SOLUTION)	1	
MOXIFLOXACIN HCL IN NACL	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
GALLSTONE SOLUBILIZING AGENTS		
URSO 250	2	

Drug Name	Drug Tier	Requirements/Limits
URSO FORTE	2	
URSODIOL (200 MG CAP, 400 MG CAP)	1	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	(2 EA / 1 DAYS)
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg tab, 10 mg tab disp, 10 mg/10ml solution)</i>	1	
REGLAN	3	
INFLAMMATORY BOWEL AGENTS		
ASACOL HD	2	
AVSOLA	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
REMICADE	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROWASA	3	
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	2	(2.4 ML / 56 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	2	SP, PN (56 DAYS SUPPLY PER FILL)
<i>sulfasalazine</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl</i>	1	
LINZESS	2	(1 EA / 1 DAYS)
VIBERZI	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan</i>	1	
SYMPROIC	2	
PHOSPHATE BINDER AGENTS		
AURYXIA	2	(408 EA / 34 DAYS), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
PHOSLYRA	2	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	2	PN (34 DAYS SUPPLY PER FILL)
GENERAL ANESTHETICS (CONTINUED)		
ANESTHETICS - MISC.		
<i>etomidate</i>	1	
<i>fresenius propoven (200 mg/20ml emulsion, 500 mg/50ml emulsion, 1000 mg/100ml emulsion)</i>	1	
KETAMINE HCL (0.6 MG/ML SOLUTION, 1 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG/2ML SOLN PRSYR, 30 MG/3ML SOLN PRSYR, 50 MG/5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR, 50 MG/ML SOLUTION, 100 MG TROCHE, 100 MG/100ML SOLUTION, 100 MG/2ML SOLN PRSYR, 100 MG/ML SOLUTION, 300 MG/30ML SOLN PRSYR)	1	
<i>propofol</i>	1	
<i>propofol-lipuro</i>	1	
VOLATILE ANESTHETICS		
<i>desflurane</i>	1	
<i>isoflurane</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sevoflurane</i>	1	
<i>terrell</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
CYTRA K CRYSTALS	1	
<i>pot & sod cit-cit ac</i>	1	
<i>potassium citrate er</i>	1	
<i>potassium citrate-citric acid</i>	1	
<i>sod citrate-citric acid</i>	1	
<i>tricitrates</i>	1	
UROCIT-K 10	2	
UROCIT-K 15	2	
UROCIT-K 5	2	
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
<i>aminoacetic acid</i>	1	
<i>argyle sterile saline</i>	1	
<i>curity sterile saline</i>	1	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	
NEOMYCIN-POLYMYXIN B GU	1	
<i>sodium chloride 0.9 % solution</i>	1	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	
AVODART	3	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride 5 mg tab</i>	1	
FLOMAX	3	
PROSCAR	3	

Drug Name	Drug Tier	Requirements/Limits
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
URINARY ANALGESICS		
<i>phenazo 200 mg tab</i>	1	
<i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>	1	
URINARY STONE AGENTS		
<i>tiopronin 100 mg tab</i>	1	SP
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	
GOUT AGENTS		
<i>allopurinol (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
<i>allopurinol sodium</i>	1	
<i>colchicine 0.6 mg cap</i>	1	(3 EA / 1 DAYS)
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	(1 EA / 1 DAYS)
MITIGARE	2	(3 EA / 1 day(s))
URICOSURICS		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
ANTIHEMOPHILIC PRODUCTS		
ADVATE	2	SP, PN (34 DAYS SUPPLY PER FILL)
ADYNOVATE	2	SP
AFSTYLA	2	SP, PN (34 DAYS SUPPLY PER FILL)
ALPROLIX	2	SP
ELOCTATE	2	SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	2	SP, PN (34 DAYS SUPPLY PER FILL)
JIVI	2	SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	2	SP, PN (34 DAYS SUPPLY PER FILL)
KOVALTRY	2	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
NOVOEIGHT	2	SP, PN (34 DAYS SUPPLY PER FILL)
NOVOSEVEN RT	2	SP
NUWIQ	2	SP
REBINYN	2	SP
SEVENFACT	2	SP
XYNTHA	2	SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	2	SP, PN (34 DAYS SUPPLY PER FILL)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	1	(9 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sajazir</i>	1	(9 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
COMPLEMENT INHIBITORS		
EMPAVELI	2	LA, SP, PN (28 DAYS SUPPLY PER FILL)
RUCONEST	2	SP, PN (34 DAYS SUPPLY PER FILL)
SOLIRIS	3	SP, PN (28 DAYS SUPPLY PER FILL)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	
PLASMA EXPANDERS		
<i>hetastarch-nacl</i>	1	
LMD IN D5W	1	
LMD IN NACL	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO	2	LA, SP
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	2	(4 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	2	(2 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN	2	SP

Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	1	SP
<i>aspirin-dipyridamole er</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<i>eptifibatide</i>	1	
<i>prasugrel hcl</i>	1	
<i>tirofiban hcl in nacl</i>	1	
PROTAMINE		
PROTAMINE SULFATE	1	
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	2	SP
CEREZYME	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>miglustat</i>	1	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>yargesa</i>	1	(90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR SICKLE CELL DISEASE		
ENDARI	2	(180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
SIKLOS	2	SP, PN (34 DAYS SUPPLY PER FILL)
COBALAMINS		
<i>cyanocobalamin (500 mcg/0.1ml solution, 1000 mcg/ml solution, 2000 mcg/ml solution)</i>	1	
<i>dodex</i>	1	
HYDROXOCOBALAMIN ACETATE	1	
FOLIC ACID/FOLATES		
<i>cvs folic acid</i>	0	
<i>folate</i>	0	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid (1 mg tab, 5 mg/ml solution)</i>	1	
<i>gnp folic acid</i>	0	
<i>hm folic acid</i>	0	
<i>kp folic acid 800 mcg tab</i>	0	
<i>px folic acid</i>	0	
<i>qc folic acid</i>	0	
<i>ra folic acid</i>	0	
<i>sm folic acid</i>	0	
<i>true folic acid 400 mcg tab</i>	0	
<i>yl folic acid</i>	0	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	2	SP, PN (34 DAYS SUPPLY PER FILL)
DOPTELET	2	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN 2000 UNIT/ML SOLUTION	2	SP, PN (34 DAYS SUPPLY PER FILL)
FYLNETRA	2	(0.043 ML / 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
NIVESTYM	2	SP, PN (34 DAYS SUPPLY PER FILL)
NYVEPRIA	2	(0.043 ML / 1 DAYS), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	SP, PN (34 DAYS SUPPLY PER FILL)
PROCRIT 40000 UNIT/ML SOLUTION	2	SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA	2	SP, PN (30 DAYS SUPPLY PER FILL)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT 40000 UNIT/ML SOLUTION	2	SP, PN (34 DAYS SUPPLY PER FILL)
ZIEXTENZO	2	(0.043 ML / 1 DAYS), SP
HEMATOPOIETIC MIXTURES		
<i>abaneu-sl</i>	1	
<i>airavite</i>	1	
<i>chromagen</i>	1	
<i>corvita 150</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fa-vitamin b-6-vitamin b-12</i>	1	
<i>fabb</i>	1	
<i>ferocon</i>	1	
<i>ferotrinsic</i>	1	
<i>ferrocite plus</i>	1	
<i>folbee</i>	1	
<i>folplex 2.2</i>	1	
<i>foltrin</i>	1	
<i>hematinic plus vit/minerals</i>	1	
HEMATINIC/FOLIC ACID	1	
<i>hematogen</i>	1	
<i>hematogen forte</i>	1	
<i>hemocyte-f</i>	1	
<i>hemocyte-plus</i>	1	
<i>iferex 150 forte</i>	1	
<i>k-tan plus</i>	1	
<i>nufol</i>	1	
<i>poly-iron 150 forte</i>	1	
<i>polysaccharide iron forte</i>	1	
<i>purevit dualfe plus</i>	1	
<i>se-tan plus</i>	1	
<i>tandem plus</i>	1	
<i>tl-hem 150</i>	1	
<i>tricon</i>	1	
<i>trigels-f forte</i>	1	
<i>virt-gard</i>	1	
<i>westab mini</i>	1	
<i>westab one</i>	1	
IRON		
<i>ferumoxytol</i>	1	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>na ferric gluc cplx in sucrose</i>	1	SP

Drug Name	Drug Tier	Requirements/Limits
STEM CELL MOBILIZERS		
MOZOBIL	2	SP
<i>plerixafor</i>	1	SP
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid (0.25 gm/ml solution, 250 mg/ml solution, 500 mg tab, 1000 mg tab)</i>	1	
<i>tranexamic acid (650 mg tab, 1000 mg/10ml solution)</i>	1	
<i>tranexamic acid-nacl</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
<i>pentobarbital sodium</i>	1	
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
<i>phenobarbital sodium</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN	3	
AMBIEN CR	3	
DEXMEDETOMIDINE HCL (200 MCG/2ML SOLUTION, 400 MCG/4ML SOLUTION, 1000 MCG/10ML SOLUTION)	1	
DEXMEDETOMIDINE HCL IN NACL (20-0.9 MCG/5ML-% SOLN PRSYR, 40-0.9 MCG/10ML-% SOLN PRSYR, 80 MCG/20ML SOLUTION, 200 MCG/50ML SOLUTION, 200-0.9 MCG/50ML-% SOLUTION, 400 MCG/100ML SOLUTION)	1	
DEXMEDETOMIDINE HCL-DEXTROSE	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
FLURAZEPAM HCL	1	
HALCION	3	
MIDAZOLAM	1	

Drug Name	Drug Tier	Requirements/Limits
MIDAZOLAM HCL (2 MG/2ML SOLUTION, 2 MG/ML SYRUP, 5 MG/5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/10ML SOLUTION, 10 MG/2ML SOLUTION, 25 MG/5ML SOLUTION, 50 MG/10ML SOLUTION, 150 MG/30ML SOLN PRSYR, 150 MG/30ML SOLUTION)	1	
<i>midazolam hcl (pf) (2 mg/2ml solution, 5 mg/ml solution, 10 mg/2ml solution)</i>	1	
MIDAZOLAM HCL-SODIUM CHLORIDE (30-0.9 MG/30ML-% SOLN PRSYR, 50-0.9 MG/50ML-% SOLN PRSYR, 60-0.9 MG/30ML-% SOLN PRSYR)	1	
MIDAZOLAM HCL-SODIUM CHLORIDE 55-0.9 MG/55ML-% SOLN PRSYR	1	
MIDAZOLAM-SODIUM CHLORIDE	1	
MIDAZOLAM-SODIUM CHLORIDE (PF)	1	(30 ML / 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
RESTORIL	3	
<i>temazepam</i>	1	
<i>triazolam (0.125 mg tab, 0.25 mg tab)</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab, 5 mg tab, 7.5 mg cap, 10 mg tab)</i>	1	
<i>zolpidem tartrate er</i>	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	2	
DAYVIGO	2	
QUVIVIQ	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon</i>	1	
<i>tasimelteon</i>	1	(30 EA / 30 DAYS), SP
LAXATIVES (CONTINUED)		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	0	PN (\$0 copay for members age 45-75 years)
GAVILYTE-C	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g</i>	0	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	1	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
NULYTELY LEMON-LIME	3	PN (\$0 copay for members age 45-75 years)
NULYTELY WITH FLAVOR PACKS	3	PN (\$0 copay for members age 45-75 years)
<i>peg-3350-kcl-na bicarb-nacl</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	0	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes/ascorbat</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
PLENVU	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
SUPREP BOWEL PREP KIT	1	PN (\$0 copay for members age 45-75 years)
<i>trilyte</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
LACTULOSE 10 GM PACKET	1	
LUBRICANT LAXATIVES		
<i>mineral oil heavy</i>	1	
SALINE LAXATIVES		
OSMOPREP	0	PN (\$0 copay for members age 45-75 years)

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS-PARENTERAL (CONTINUED)		
LOCAL ANESTHETIC COMBINATIONS		
<i>articadent dental 4 %-1:100000 soln cart</i>	1	
<i>bupivacaine-epinephrine</i>	1	
<i>bupivacaine-epinephrine (pf) (0.25% solution, 0.5% solution)</i>	1	
<i>lidocaine-epinephrine (0.5 %-1:200000 solution, 1 %-1:100000 solution, 1.5 %-1:200000 solution, 2 %-1:100000 solution, 2 %-1:200000 solution, 2 %-1:50000 solution)</i>	1	
ROPIV-CLONIDINE-KETOROLAC	1	
SENSORCAINE-MPF/EPINEPHRINE (SENSORCAINE-MPF/EPINEPHRINE 0.25% -1:200000 SOLUTION, SENSORCAINE-MPF/EPINEPHRINE 0.5% -1:200000 SOLUTION, SENSORCAINE-MPF/EPINEPHRINE 0.75-1:200000 % SOLUTION)	1	
<i>sensorcaine/epinephrine</i>	1	
<i>xylocaine dental 2 %-1:100000 solution</i>	1	
LOCAL ANESTHETICS - AMIDES		
<i>bupivacaine hcl (0.125 % (50 ml) soln prsy, 0.125 % solution, 0.25 % (10 ml) soln prsy, 0.25 % solution, 0.5 % solution)</i>	1	
<i>bupivacaine hcl (pf)</i>	1	
BUPIVACAINE HCL-NACL	1	
<i>bupivacaine in dextrose</i>	1	
<i>bupivacaine spinal</i>	1	
LIDOCAINE HCL (0.5 % SOLUTION, 0.5 MG J-INJ, 1 % SOLUTION, 2 % SOLUTION, 9 MG/ML SOLN PRSYR, 10 MG/ML SOLN PRSYR, 60 MG/3ML SOLN PRSYR, 100 MG/10ML SOLN PRSYR, 100 MG/5ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR)	1	
LIDOCAINE HCL (BUFFERED)	1	
<i>lidocaine hcl (pf) (0.5 % solution, 1 % solution, 1.5 % solution, 2 % solution)</i>	1	
POLOCAINE	1	
POLOCAINE-MPF	1	
ROPIVACAINE HCL (0.2 % SOLN PRSYR, 0.2 % SOLUTION, 0.5 % SOLN PRSYR, 2 MG/ML SOLUTION, 5 MG/ML SOLUTION, 7.5 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
ROPIVACAINE HCL-NACL	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sensorcaine</i>	1	
<i>sensorcaine-mpf</i>	1	
LOCAL ANESTHETICS - ESTERS		
<i>chloroprocaine hcl (pf)</i>	1	
<i>tetracaine hcl 1 % solution</i>	1	
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i>	1	
CLARITHROMYCIN		
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>clarithromycin er</i>	1	
ERYTHROMYCINS		
E.E.S. 400	1	
<i>ery-tab</i>	1	
ERYTHROCIN LACTOBIONATE	1	
ERYTHROCIN STEARATE	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	1	
<i>erythromycin lactobionate</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	2	(20 EA / FILL)
DIFICID 40 MG/ML RECON SUSP	2	(150 ML / FILL)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH	2	
ACCU-CHEK AVIVA	2	

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	2	(1 METER / 2 YEARS)
ACCU-CHEK COMPACT PLUS CONTROL	2	
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE CONTROL	2	
ACCU-CHEK GUIDE ME	2	(1 METER / 2 YEARS)
ACCU-CHEK GUIDE W/DEVICE KIT	2	(1 METER / 2 YEARS)
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SMARTVIEW CONTROL	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACCU-TREND GLUCOSE CONTROL	2	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADJUSTABLE LANCING DEVICE	2	
ADVANCE MICRO-DRAW CONTROL	2	
ADVANCE MICRO-DRAW NORMAL	2	
ADVANCED MOBILE LANCET	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 26G	2	
AGAMATRIX CONTROL SOLUTION	2	
AGAMATRIX CONTROL LEVEL 2	2	
AGAMATRIX CONTROL LEVEL 4	2	
AGAMATRIX ULTRA-THIN LANCETS	2	
AIMSCO TWIST LANCETS 32G	2	

Drug Name	Drug Tier	Requirements/Limits
AIMSCO TWIST LANCETS 33G	2	
ALTERNATE SITE LANCING DEVICE	2	
AQUA LANCE ADJUSTABLE LANCING	2	
AQUALANCE LANCETS 30G	2	
ASSURE 3 CONTROL	2	
ASSURE 4 CONTROL LEVEL 1 & 2	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE DOSE NORM/HIGH CONTROL	2	
ASSURE HAEMOLANCE PLUS HIGH	2	
ASSURE HAEMOLANCE PLUS LOW	2	
ASSURE HAEMOLANCE PLUS MICRO	2	
ASSURE HAEMOLANCE PLUS NORMAL	2	
ASSURE HAEMOLANCE PLUS PED	2	
ASSURE II CONTROL	2	
ASSURE II CONTROL LEVEL 1 & 2	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
ASSURE LANCETS	2	
ASSURE PRISM CONTROL LEVEL 1&2	2	
ASSURE PRO CONTROL LEVEL 1 & 2	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE	2	
AUTOLET LITE STARTER PACK	2	

Drug Name	Drug Tier	Requirements/Limits
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
BD LANCET ULTRAFINE 30G	2	
BD LANCET ULTRAFINE 33G	2	
BD MICROTAINER LANCETS	2	
BLULINK CONTROL HIGH & LOW	2	
BULLSEYE MINI SAFETY LANCETS	2	
BULLSEYE SAFETY LANCETS	2	
CARDIOCOM LANCING DEVICE	2	
CAREONE ADVANCED LANCING DEV	2	
CAREONE LANCET SUPER THIN 30G	2	
CAREONE LANCET THIN 23G	2	
CARESENS CONTROL A	2	
CARESENS CONTROL SOLUTION A/B	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARETOUCH CONTROL SOL LEVEL 2	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	
CLEANLET LANCETS 28G	2	
CLEVER CHEK LANCETS	2	
CLEVER CHOICE COMFORT EZ MISC	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	

Drug Name	Drug Tier	Requirements/Limits
COAGUCHEK LANCETS	2	
COMFORT ASSURED LANCETS 28G	2	
COMFORT ASSURED LANCETS 33G	2	
COMFORT LANCETS	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 28G	2	
COMFORT TOUCH PLUS LANCETS 30G	2	
COOL CONTROL A	2	
COOL CONTROL B	2	
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	
CVS ULTRA THIN LANCETS	2	
DEXCOM G4 PLAT PED RCV/SHARE	2	
DEXCOM G4 PLAT PED RECEIVER	2	
DEXCOM G4 PLATINUM RCV/SHARE	2	
DEXCOM G4 PLATINUM RECEIVER	2	
DEXCOM G4 PLATINUM TRANSMITTER	2	
DEXCOM G5 MOB/G4 PLAT SENSOR	2	
DEXCOM G5 MOBILE RECEIVER	2	
DEXCOM G5 MOBILE TRANSMITTER	2	
DEXCOM G5 RECEIVER KIT	2	
DEXCOM G6 RECEIVER	2	(1 EA / 730 DAYS)
DEXCOM G6 SENSOR	2	(0.1 EA / 1 day(s))
DEXCOM G6 TRANSMITTER	2	(1 EA / 90 DAYS), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 RECEIVER	2	(1 EA / 730 DAYS)

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G7 SENSOR	2	(0.1 EA / 1 day(s))
DIATHRIVE GLUCOSE CONTROL SOLN	2	
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	
DROPLET PERSONAL LANCETS 30G	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART LANCING DEVICE	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
DUO-CARE CONTROL SOLUTION	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCET SUPER THIN 30G	2	
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	
E-Z JECT LANCETS THIN 26G	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	
EASY MINI EJECT LANCING DEVICE	2	
EASY MINI LANCING DEVICE	2	
EASY TOUCH CONTROL HIGH & LOW	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
EASY TWIST & CAP LANCETS	2	
EASYGLUCO PLUS LEVEL 1	2	
EASYMAX 15 LEVEL 1-2 CONTROL	2	
EASYMAX 15 LEVEL 2 CONTROL	2	
EASYMAX 15 LEVEL 2-3 CONTROL	2	
EASYMAX CONTROL NORMAL/HIGH	2	
EASYMAX CONTROL NORMAL/LOW	2	
ELEMENT COMPACT CONTROL 2	2	
ELEMENT COMPACT CONTROL 3	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EMBRACE PRO GLUCOSE CONTROL	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
EVENCARE CONTROL LOW/HIGH	2	
EVENCARE G2 LOW/HIGH CONTROL	2	
EVENCARE G3 LOW/HIGH CONTROL	2	

Drug Name	Drug Tier	Requirements/Limits
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G	2	
EZ-LETS LANCETS 28G	2	
EZ-LETS LANCETS 30G	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINE 30	2	
FINGERSTIX LANCETS	2	
FORA LANCETS	2	
FORA LANCING DEVICE	2	
FREDS PHARMACY AUTOLET LANCING	2	
FREDS PHARMACY UNILET LANC 28G	2	
FREDS PHARMACY UNILET LANC 30G	2	
FREESTYLE CONTROL SOLUTION	2	
FREESTYLE LANCETS	2	
FREESTYLE UNISTICK II LANCETS	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL CONTACT TIPS (BLUE)	2	
GENTEEL CONTACT TIPS (CLEAR)	2	
GENTEEL CONTACT TIPS (GREEN)	2	
GENTEEL CONTACT TIPS (ORANGE)	2	
GENTEEL CONTACT TIPS (RAINBOW)	2	
GENTEEL CONTACT TIPS (VIOLET)	2	
GENTEEL CONTACT TIPS (YELLOW)	2	
GENTEEL LANCING DEVICE (GOLD)	2	
GENTEEL LANCING DEVICE(PLATNM)	2	
GENTEEL LANCING DEVICE(SILVER)	2	
GENTEEL LANCING KIT (BLUE)	2	
GENTEEL NOZZLES	2	
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	

Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL LANCING DEVICE	2	
GLUCOCARD 01 CONTROL LIQUID	2	
GLUCOCARD EXPRESSION CONTROL	2	
GLUCOCARD SHINE CONTROL	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GLUCOSE CONTROL SOLUTION	2	
GNP EASY TOUCH CONT HIGH/LOW	2	
GNP LANCETS 21G	2	
GNP LANCETS MICRO THIN 33G	2	
GNP LANCETS SUPER THIN 30G	2	
GNP LANCETS THIN	2	
GNP LANCETS THIN 26G	2	
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	
GNP STERILE LANCETS 30G	2	
GNP STERILE LANCETS 33G	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	
GOODSENSE LANCING DEVICE	2	
H-E-B INCONTROL ADV LANCING	2	
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	
H-E-B INCONTROL LANCETS 33G	2	
HAEMOLANCE	2	
HAEMOLANCE LOW FLOW LANCETS	2	
HAEMOLANCE PLUS	2	
HAEMOLANCE PLUS HIGH FLOW	2	
HAEMOLANCE PLUS LOW FLOW	2	
HAEMOLANCE PLUS MAX FLOW	2	
HAEMOLANCE PLUS PEDIATRIC FLOW	2	
HEALTH CARE LANCING DEVICE	2	
HEALTHY ACCENTS LANCING DEVICE	2	
HEALTHY ACCENTS UNILET LANCETS	2	
HY-VEE LANCETS	2	
HY-VEE THIN LANCETS	2	
HYPOLANCE AST LANCING	2	
IN TOUCH GLUCOSE CONTROL	2	
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	
KINNEY LANCETS	2	
KINNEY THIN LANCETS	2	
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO CONTROL HI/LO	2	
KROGER HEALTHPRO LANCET 26G	2	
KROGER LANCETS	2	
KROGER LANCETS 21G	2	

Drug Name	Drug Tier	Requirements/Limits
KROGER LANCETS MICRO THIN 33G	2	
KROGER LANCETS SUPER THIN	2	
KROGER LANCETS THIN	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER LANCING DEVICE	2	
LANCET DEVICE	2	
LANCET DEVICE WITH EJECTOR	2	
LANCET TRANSPORTER CASE	2	
LANCETS	2	
LANCETS 28G	2	
LANCETS 30G	2	
LANCETS 33G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA FINE	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
LANCING DEVICE	2	
LANZO	2	
LEADER ADVANCED LANCING DEVICE	2	
LIBERTY GLUCOSE CONTROL MID	2	
LIBERTY MEDICAL LANCETS	2	
LIBERTY MINI LANCING DEVICE	2	
LIFESCAN UNISTIK 2	2	
LIFESCAN UNISTIK II LANCETS	2	
LITE TOUCH LANCETS	2	
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS	2	
LIVE BETTER ADV LANCING DEVICE	2	

Drug Name	Drug Tier	Requirements/Limits
LIVE BETTER LANCET SUPER THIN	2	
LIVE BETTER LANCET ULTRA THIN	2	
LONGS LANCETS STANDARD	2	
LONGS LANCETS THIN	2	
LONGS LANCETS ULTRA THIN	2	
MEDICHOICE SAFETY LANCET	2	
MEDICHOICE SAFETY LANCET EXTRA	2	
MEDICHOICE SAFETY LANCET NORM	2	
MEDISENSE GLUCOSE KETONE CONTR	2	
MEDISENSE HI/MID/LOW CONTROL	2	
MEDISENSE HIGH/LOW CONTROL	2	
MEDISENSE MID CONTROL	2	
MEDISENSE THIN LANCETS	2	
MEDLANCE EXTRA 21G	2	
MEDLANCE LITE 25G	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEDLANCE UNIVERSAL 21G	2	
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER SUPER THIN LANCETS	2	
MICRODOT CONTROL HIGH/LOW	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	

Drug Name	Drug Tier	Requirements/Limits
MINI LANCING DEVICE	2	
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2	2	
MYGLUCOHEALTH CONTROL	2	
MYGLUCOHEALTH LANCETS 30G	2	
NEUTEK 2TEK CONTROL	2	
NOVA MAX PLUS GLU/KET CONTROL	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
ON CALL EXPRESS GLUCOSE CONTR	2	
ON CALL LANCETS	2	
ON CALL LANCING DEVICE	2	
ON CALL PLUS GLUCOSE CONTROL	2	
ON CALL PLUS LANCETS	2	
ON CALL PLUS LANCING DEVICE	2	

Drug Name	Drug Tier	Requirements/Limits
ON CALL VIVID GLUCOSE CONTROL	2	
ONETOUCH CLUB LANCETS FINE PT	2	
ONETOUCH DELICA LANCETS 30G	2	
ONETOUCH DELICA LANCETS 33G	2	
ONETOUCH DELICA LANCING DEV	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH FINEPOINT LANCETS	2	
ONETOUCH SOLUTIONS STARTER KIT	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRA 2	2	(1 METER / 2 YEARS)
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO LIQUID	2	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	2	(1 METER / 2 YEARS)
ONETOUCH VERIO REFLECT	2	(1 METER / 2 YEARS)
OPTUMRX GLUCOSE CONTROL	2	
PC LANCETS SUPER THIN 30G	2	
PENLET II BLOOD SAMPLER	2	
PENLET II REPLACEMENT CAP	2	
PERFECT LANCETS 28G	2	
PERFECT LANCETS 30G	2	
PHARMACIST CHOICE LANCETS	2	
PHARMACY COUNTER LANCETS	2	
PIP GLUCOSE CONTROL SOLUTION	3	
PIP LANCETS 28G	2	
PIP LANCETS 30G	2	
POCKETCHEM EZ CONTROL	2	

Drug Name	Drug Tier	Requirements/Limits
PRECISION GLUCOSE CONTROL	2	
PRECISION GLUCOSE CONTROL SOLN	2	
PRECISION GLUCOSE KETONE CONTR	2	
PRECISION GLUCOSE/KETONE CONTR	2	
PRECISION THINS GP LANCETS	2	
PREFERRED PLUS LANCETS COLORED	2	
PREFERRED PLUS LANCETS THIN	2	
PRESSURE ACTIVAT SAFETY LANCET	2	
PRO COMFORT LANCETS 30G	2	
PRO COMFORT LANCETS 31G	2	
PRO COMFORT SAFETY LANCETS 30G	2	
PRODIGY LANCETS 28G	2	
PRODIGY LANCING DEVICE	2	
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PSS SELECT GP LANCETS	2	
PSS SELECT PLATFORMS	2	
PSS SELECT SAFETY LANCETS	2	
PURE COMFORT LANCETS 30G	2	
PUSH BUTTON SAFETY LANCETS	2	
PUSH BUTTON SAFETY LANCETS 28G	2	
PX ADVANCED LANCING DEVICE	2	
PX LANCET AUTO INJECTOR	2	
PX LANCETS MICROTHIN 33G	2	
PX LANCETS ULTRA THIN	2	
PX LANCETS ULTRA THIN 28G	2	
QC ADVANCED LANCING DEVICE	2	
QC LANCETS SUPER THIN 30G	2	
QC LANCETS ULTRA THIN	2	
QC UNILET LANCETS 28G	2	
QC UNILET LANCETS MICRO THIN	2	

Drug Name	Drug Tier	Requirements/Limits
QUICKTEK CONTROL SOLUTION	2	
QUINTET CONTROL HIGH/NORMAL	2	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
READYLANCE SAFETY LANCETS	2	
REALITY LANCETS	2	
REALITY TRIGGER LANCETS	2	
REFUAH PLUS GLUCOSE CONTROL	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION LANCING DEVICE	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST ALTERNATE SITE ADAPT	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	
SAFE-T-LANCE	2	
SAFE-T-LANCE PLUS	2	
SAFETY LANCET 21G/PRESSURE ACT	2	
SAFETY LANCET 23G/PRESSURE ACT	2	
SAFETY LANCET 28G/PRESSURE ACT	2	
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	

Drug Name	Drug Tier	Requirements/Limits
SAFETY LANCETS 28G	2	
SAFETY LET LANCETS	2	
SAFETY SEAL LANCETS	2	
SAPS HEALTH PLUS LANCETS	2	
SAPS HEALTH TWIST TOP LANCETS	2	
SAPS TWIST TOP LANCETS	2	
SAPSCARE TWIST TOP LANCETS	2	
SB LANCETS THIN	2	
SB LANCETS ULTRA THIN	2	
SELECT-LITE DEVICE/LANCETS	2	
SELECT-LITE LANCING DEVICE	2	
SHOPKO AUTOLET LANCING DEVICE	2	
SHOPKO ON-THE-GO LANCETS 30G	2	
SHOPKO UNILET LANCETS 28G	2	
SHOPKO UNILET LANCETS 30G	2	
SIDE BUTTON SAFETY LANCET	2	
SIMPLE DIAGNOSTICS LANCING DEV	2	
SINGLE-LET	2	
SM LANCETS 33G	2	
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	
SMART SENSE STANDARD LANCETS	2	
SMART SENSE SUPER THIN LANCETS	2	
SMART SENSE THIN LANCETS 26G	2	
SMARTEST CONTROL MEDIUM	2	
SMARTEST LANCETS 28G	2	
SOLARTEK GLUCOSE CONTROL	2	
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	

Drug Name	Drug Tier	Requirements/Limits
STERILANCE PA	2	
STERILANCE TL	2	
SUPER THIN LANCETS	2	
SUPREME II HIGH/LOW CONTROL	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURE-LANCE FLAT LANCETS	2	
SURE-LANCE LANCETS 26G	2	
SURE-LANCE THIN LANCETS 28G	2	
SURE-LANCE ULTRA THIN LANCETS	2	
SURE-PEN	2	
SURE-TOUCH LANCETS UNIVERSAL	2	
SURELITE LANCETS	2	
SURESTEP GLUCOSE CONTROL	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	
TECHLITE LANCETS 30G	2	
TELCARE GLUCOSE CONTROL	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
TGT LANCING DEVICE	2	
THINLETS GP LANCETS	2	
TODAYS HEALTH LANCING DEVICE	2	
TODAYS HEALTH THIN LANCETS 28G	2	
TODAYS HEALTH THIN LANCETS 30G	2	

Drug Name	Drug Tier	Requirements/Limits
TOPCARE LANCETS MICRO-THIN 33G	2	
TRAVEL LANCETS	2	
TRAVEL LANCETS ADVANCED 28G	2	
TRUE COMFORT SAFETY LANCETS	2	
TRUE COMFORT TWIST TOP LANCETS	2	
TRUECONTROL GLUCOSE CONT LEV 0	2	
TRUECONTROL GLUCOSE CONT LEV 1	2	
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TWIST TOP LANCETS 30G	2	
ULTI-LANCE AUTOMATIC	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET SAFETY LANCETS	2	
ULTILET SAFETY LANCETS 23G	2	
ULTRA THIN LANCETS 31G	2	
ULTRA-CARE LANCETS 30G	2	
ULTRA-THIN II AUTO LANCET	2	
ULTRA-THIN II LANCETS	2	
ULTRALANCE	2	
ULTRATRAK PRO CONTROL SOLUTION	2	
ULTRATRAK ULTIMATE CONTROL	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	

Drug Name	Drug Tier	Requirements/Limits
UNILET GP 28 ULTRA THIN	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPER-THIN 30G	2	
UNILET SUPERLITE LANCET	2	
UNILET ULTRA-THIN 28G	2	
UNISTIK 1	2	
UNISTIK 2	2	
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	

Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 LANCETS ULTRA THIN	2	
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	
VERASENS GLUCOSE CONTROL	2	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	
VERIFINE UNIVERSAL LANCETS 33G	2	
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNILET LANCETS 28G	2	
VIDA MIA UNILET LANCETS 30G	2	
VIVAGUARD INO CONTROL SOLUTION	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	2	
WALGREENS ADV TRAVEL LANCETS	2	
WALGREENS LANCETS	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
ZEV RX TWIST TOP LANCETS 30G	2	
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS	2	

Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PENTIPS PLUS	2	
ABOUTTIME PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 33G X 4 MISC)	2	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM MISC	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ASSURE ID INSULIN SAFETY SYR	2	
ASSURE ID SAFETY PEN NEEDLES	2	
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM MISC	2	
AUM MINI INSULIN PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM MISC	2	
AUM PEN NEEDLE (32G X 4 MISC, 32G X 6 MISC, 33G X 4 MISC)	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AURORA PEN NEEDLES	2	
AURORA UNIFINE PENTIPS	2	
BD AUTOSHIELD	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, U-100 1 ML MISC)	2	
BD INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT	2	
BD INSULIN SYRINGE MICROFINE	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE U/F (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC)	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
BD PEN NEEDLE MICRO U/F	2	
BD PEN NEEDLE MINI U/F	2	
BD PEN NEEDLE NANO 2ND GEN	2	
BD PEN NEEDLE NANO U/F	2	
BD PEN NEEDLE ORIGINAL U/F	2	
BD PEN NEEDLE SHORT U/F	2	
BD SAFETY-LOK INSULIN SYRINGE	2	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYRINGE U/F	2	
CAREFINE PEN NEEDLES	2	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	2	
CAREONE UNIFINE PENTIPS	2	
CAREONE UNIFINE PENTIPS PLUS	2	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC)	2	
CARETOUCH INSULIN SYRINGE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC)	2	
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
CLICKFINE PEN NEEDLES	2	
COMFORT ASSIST INSULIN SYRINGE	2	
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
COMFORT EZ INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
COMFORT EZ PEN NEEDLES (32G X 8 MISC, 33G X 8 MISC)	2	
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM MISC	2	
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM MISC	2	
DIATHRIVE PEN NEEDLE	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 1 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
DROPLET MICRON	2	
DROPLET PEN NEEDLES (29G X 10MM MISC, 32G X 8 MM MISC)	2	
DROPLET PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
DROPSAFE SAFETY PEN NEEDLES	2	
DRUG MART UNIFINE PENTIPS	2	

Drug Name	Drug Tier	Requirements/Limits
DRUG MART UNIFINE PENTIPS PLUS	2	
EASY COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	2	
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML MISC	2	
EASY COMFORT PEN NEEDLES	2	
EASY GLIDE PEN NEEDLES	2	
EASY TOUCH FLIPLOCK INSULIN SY	2	
EASY TOUCH INSULIN SAFETY SYR	2	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
EASY TOUCH INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	2	
EASY TOUCH SAFETY PEN NEEDLES (X 5MM MISC, X 8MM MISC)	2	
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM MISC	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ELITE-THIN INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC)	2	
ELITE-THIN INSULIN SYRINGE (X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
EMBRACE PEN NEEDLES	2	
EQL INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
EQL INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
EXEL COMFORT POINT INSULIN SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
EXEL COMFORT POINT PEN NEEDLE	2	
FIFTY50 PEN NEEDLES	2	
FIFTY50 SUPERIOR COMFORT SYR	2	
FREDS PHARMACY UNIFINE PENTIP+	2	
FREDS PHARMACY UNIFINE PENTIPS	2	
FREESTYLE PRECISION INS SYR	2	
GLOBAL EASE INJECT PEN NEEDLES	2	
GLOBAL EASY GLIDE INSULIN SYR	2	
GLOBAL EASY GLIDE PEN NEEDLES	2	
GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
GLOBAL INJECT EASE INSULIN SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL INSULIN SYRINGES	2	
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLUCOPRO INSULIN SYRINGE (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
GNP CLICKFINE PEN NEEDLES	2	
GNP INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
GNP INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GNP INSULIN SYRINGES	2	
GNP INSULIN SYRINGES 28GX1/2"	2	

Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGES 29GX1/2"	2	
GNP INSULIN SYRINGES 30GX5/16"	2	
GNP INSULIN SYRINGES 31GX5/16"	2	
GNP ULTICARE PEN NEEDLES	2	
GNP ULTIGUARD SAFEPACK NEEDLE	2	
GNP ULTRA COM INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	
GOODSENSE PEN NEEDLE PENFINE	2	
H-E-B INCONTROL PEN NEEDLES	2	
H-E-B INCONTROL UNIFINE PENTIP	2	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML MISC	2	
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE MINI PEN NEEDLES	2	
HEALTHWISE PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES	2	
HEALTHWISE UNIFINE PENTIPS	2	
HEALTHY ACCENTS UNIFINE PENTIP	2	
HM ULTICARE INSULIN SYRINGE	2	
HM ULTICARE MINI PEN NEEDLES	2	
HM ULTICARE SHORT PEN NEEDLES	2	
INCONTROL ULTICARE PEN NEEDLES	2	
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE/NEEDLE	2	
INSUPEN PEN NEEDLES	2	
INSUPEN SENSITIVE 32G X 6 MM MISC	2	
INSUPEN SENSITIVE 32G X 8 MM MISC	2	
INSUPEN ULTRAFIN	2	
KINRAY INSULIN SYRINGE	2	
KMART VALU INSULIN SYRINGE 29G	2	
KMART VALU INSULIN SYRINGE 30G	2	
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
KROGER INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KROGER PEN NEEDLES	2	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
LEADER INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS	2	
LEADER UNIFINE PENTIPS PLUS	2	
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
LITETOUCH INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LITETOUCH PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
LITETOUCH PEN NEEDLES 29G X 12.7MM MISC	2	
LONGS INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
MAXI-COMFORT INSULIN SYRINGE	2	
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	2	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEIJER PEN NEEDLES	2	
MICRODOT PEN NEEDLE	2	
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML MISC	2	
MM PEN NEEDLES	2	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, U-100 1 ML MISC)	2	
MONOJECT INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
MS INSULIN SYRINGE	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST PEN NEEDLE	2	
PC UNIFINE PENTIPS	2	
PEN NEEDLES	2	

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 5/16" 31G X 8 MM MISC	2	
PENTIPS	2	
PRECISION SURE-DOSE SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 3/8" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML MISC	2	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML MISC	2	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML MISC	2	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
PREFERRED PLUS INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT PEN NEEDLES	2	
PRODIGY INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML MISC	2	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC)	2	
PURE COMFORT PEN NEEDLE 32G X 8 MM MISC	2	
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	
PX MINI PEN NEEDLES	2	
PX PEN NEEDLE	2	
PX SHORTLENGTH PEN NEEDLES	2	
QC PEN NEEDLES	2	
QC UNIFINE PENTIPS	2	
RA INSULIN SYRINGE	2	
RA PEN NEEDLES	2	

Drug Name	Drug Tier	Requirements/Limits
REALITY INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
REALITY INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
RELION INSULIN SYRINGE	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES	2	
RELION SHORT PEN NEEDLES	2	
SAFESNAP INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
SAFESNAP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	2	
SAFETY INSULIN SYRINGES	2	
SAFETY PEN NEEDLES	2	
SB INSULIN SYRINGE	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
SHOPKO UNIFINE PENTIPS	2	
SHOPKO UNIFINE PENTIPS PLUS	2	
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC)	2	
SURE COMFORT INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SURE COMFORT PEN NEEDLES (30G X 8 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
SURE COMFORT PEN NEEDLES 29G X 12.7MM MISC	2	
SURE-FINE PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
SURE-FINE PEN NEEDLES 29G X 12.7MM MISC	2	
SURE-JECT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
SURE-JECT INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE PEN NEEDLES (29G X 10MM MISC, 32G X 8 MM MISC)	2	
TECHLITE PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
TECHLITE PLUS PEN NEEDLES	2	
TODAYS HEALTH MINI PEN NEEDLES	2	
TODAYS HEALTH PEN NEEDLES	2	
TODAYS HEALTH SHORT PEN NEEDLE	2	
TOPCARE CLICKFINE PEN NEEDLES	2	
TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PEN NEEDLES	2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML MISC	2	
TRUE COMFORT PRO PEN NEEDLES	2	
TRUEPLUS 5-BEVEL PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM MISC	2	
TRUEPLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUEPLUS PEN NEEDLES	2	
ULTICARE INSULIN SAFETY SYR	2	
ULTICARE INSULIN SYR 1/2 UNIT	2	
ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC)	2	
ULTICARE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTICARE MICRO PEN NEEDLES	2	
ULTICARE MINI PEN NEEDLES	2	
ULTICARE PEN NEEDLES 29G X 12.7MM MISC	2	
ULTICARE PEN NEEDLES 31G X 5 MM MISC	2	
ULTICARE SHORT PEN NEEDLES	2	
ULTIGUARD SAFEPACK PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM MISC	2	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML MISC	2	
ULTILET INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE (30G X 5/16" 0.3 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE SHORT (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE SHORT (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
ULTILET PEN NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
ULTILET PEN NEEDLE 29G X 12.7MM MISC	2	
ULTRA COMFORT INSULIN SYRINGE	2	
ULTRA FLO INSULIN PEN NEEDLES	2	
ULTRA FLO INSULIN SYR 1/2 UNIT (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC	2	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA THIN PEN NEEDLES	2	
ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML MISC	2	
ULTRA-THIN II INSULIN SYRINGE	2	
ULTRA-THIN II MINI PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	2	
ULTRACARE PEN NEEDLES	2	
UNIFINE PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE SAFECONTROL PEN NEEDLE	2	
UNIFINE ULTRA PEN NEEDLE	2	
VALUE HEALTH INSULIN SYRINGE	2	
VALUMARK PEN NEEDLES	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INSULIN SYRINGE (29G X 5/16" 1 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC)	2	
VIDA MIA UNIFINE PENTIPS	2	
VP INSULIN SYRINGE	2	
WEGMANS UNIFINE PENTIPS PLUS	2	
ZEVX INSULIN SYRINGE	2	
ZEVX PEN NEEDLES	2	
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	2	(1 ML / 28 DAYS)
AJOVY	2	(1.5 ML / 28 DAYS), SUM3 (MIN 30 DAY SUPPLY; MAX 90 DAY SUPPLY)
EMGALITY	2	(1 ML / 28 DAYS)
EMGALITY (300 MG DOSE)	2	(3 ML / 28 DAYS)
NURTEC	2	(18 EA / 30 DAYS)
QULIPTA (30 MG TAB, 60 MG TAB)	2	(60 EA / 30 DAYS)
QULIPTA 10 MG TAB	2	(30 EA / 30 DAYS)
UBRELVY	2	(16 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL)
MIGRAINE PRODUCTS		
D.H.E. 45	2	
<i>dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)</i>	1	
MIGRAINE PRODUCTS - NSAIDS		
<i>diclofenac potassium(migraine)</i>	1	
SEROTONIN AGONISTS		
<i>almotriptan malate</i>	1	(16 EA / 28 DAYS)
<i>eletriptan hydrobromide</i>	1	(16 EA / 28 DAYS)
<i>frovatriptan succinate</i>	1	(16 EA / 28 DAYS)
IMITREX (5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION, 25 MG TAB, 50 MG TAB, 100 MG TAB)	3	(16 EA / 28 DAYS)
IMITREX 6 MG/0.5ML SOLUTION	3	(8 ML / 28 DAYS)
IMITREX STATDOSE REFILL	3	(8 ML / 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM	3	(8 ML / 28 DAYS)
<i>naratriptan hcl</i>	1	(16 EA / 28 DAYS)
ONZETRA XSAIL	2	(8 ML / 28 DAYS)
RELPAK	3	(16 EA / 28 DAYS)
<i>rizatriptan benzoate</i>	1	(16 EA / 28 DAYS)
<i>sumatriptan</i>	1	(16 EA / 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	(16 EA / 28 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	(8 ML / 28 DAYS)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	1	
<i>sumatriptan succinate refill</i>	1	(8 ML / 28 DAYS)
ZEMBRACE SYMTOUCH	2	(8 ML / 28 DAYS), PN (28 DAYS SUPPLY PER FILL)
ZOLMITRIPTAN (2.5 MG SOLUTION, 2.5 MG TAB, 2.5 MG TAB DISP, 5 MG SOLUTION, 5 MG TAB, 5 MG TAB DISP)	1	(16 EA / 28 DAYS)
ZOMIG (2.5 MG SOLUTION, 2.5 MG TAB, 5 MG SOLUTION, 5 MG TAB)	2	(16 EA / 28 DAYS)
ZOMIG ZMT	3	(16 EA / 28 DAYS)
MINERALS ELECTROLYTES (CONTINUED)		
BICARBONATES		
<i>sodium acetate (2 meq/ml solution, 4 meq/ml solution)</i>	1	
SODIUM BICARBONATE (4.2 % SOLUTION, 7.5 % SOLUTION, 8.4 % SOLUTION)	1	
CALCIUM		
<i>calcium chloride</i>	1	
<i>calcium gluconate (10 % solution, 1000 mg/10ml soln prsyr)</i>	1	
CALCIUM GLUCONATE-NACL (1-0.675 GM/50ML-% SOLUTION, 1-0.8 GM/100ML-% SOLUTION, 1-0.9 GM/100ML-% SOLUTION, 2-0.675 GM/100ML-% SOLUTION, 2-0.9 GM/100ML-% SOLUTION)	1	
ELECTROLYTE MIXTURES		
<i>dextrose in lactated ringers</i>	1	
DEXTROSE-SODIUM CHLORIDE (2.5-0.45 % SOLUTION, 5-0.2 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION, 5-0.33 % SOLUTION, 5-0.45 % SOLUTION, 5-0.9 % SOLUTION, 10-0.45 % SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
HYPERLYTE-CR	1	
KCL (0.149%) IN NAACL	1	
KCL (0.298%) IN NAACL	1	
KCL (IN NAACL 0.9%)	1	
<i>kcl in dextrose-nacl (10-5-0.45 meq/l-% solution, 20-5-0.2 meq/l-% solution, 20-5-0.225 meq/l-% solution, 20-5-0.45 meq/l-% solution, 20-5-0.9 meq/l-% solution, 30-5-0.45 meq/l-% solution, 40-5-0.45 meq/l-% solution, 40-5-0.9 meq/l-% solution)</i>	1	
KCL-LACTATED RINGERS-D5W	1	
<i>lactated ringers</i>	1	
<i>multiple electro type 1 ph 5.5</i>	1	
<i>multiple electro type 1 ph 7.4</i>	1	
<i>potassium chloride in dextrose (10-5 meq/l-% solution, 20-5 meq/l-% solution)</i>	1	
POTASSIUM CHLORIDE IN NAACL (20 MEQ/250ML SOLUTION, 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	1	
<i>ringers</i>	1	
FLUORIDE		
<i>fluritab</i>	1	
<i>nafrinse</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
NAFRINSE DROPS	1	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution)</i>	0	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (1.1 (0.5 F) MG TAB, 2.2 (1 F) MG TAB)	1	
<i>sodium fluoride 2.2 (1 f) mg chew tab</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
IODINE PRODUCTS		
IODINE STRONG 5 % SOLUTION	1	
MAGNESIUM		
MAGNESIUM CHLORIDE 200 MG/ML SOLUTION	1	
<i>magnesium sulfate (2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution, 50 % solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in d5w</i>	1	
MANGANESE		
MANGANESE CHLORIDE	1	
PHOSPHATE		
<i>phospha 250 neutral</i>	1	
<i>phospho-trin 250 neutral</i>	1	
<i>phospho-trin k500</i>	1	
<i>phosphorous</i>	1	
POTASSIUM PHOSPHATES	1	
<i>potassium phosphates(66 meq k)</i>	1	
POTASSIUM PHOSPHATES(71 MEQ K)	1	
SODIUM PHOSPHATES (15 MMOLE/5ML SOLUTION, 45 MMOLE/15ML SOLUTION, 150 MMOLE/50ML SOLUTION)	1	
<i>virt-phos 250 neutral</i>	1	
<i>wes-phos 250 neutral</i>	1	
POTASSIUM		
<i>effer-k (10 effer tab, 20 effer tab, 25 effer tab)</i>	1	
<i>k-prime</i>	1	
K-TAB	3	
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
<i>klor-con/ef</i>	1	
POTASSIUM ACETATE	1	
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION, 100 MEQ/50ML SOLN PRSYR)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride crys er</i>	1	
POTASSIUM CHLORIDE ER (8 CAP ER, 8 TAB ER, 10 CAP ER, 10 TAB ER, 15 TAB ER, 20 TAB ER)	1	
SODIUM		
<i>aquastat</i>	1	
<i>aquastat sfr</i>	1	
<i>bd posiflush</i>	1	
<i>bd posiflush safescrub</i>	1	
<i>monoject flush syringe</i>	1	
<i>monoject sodium chloride flush</i>	1	
<i>normal saline flush</i>	1	
<i>saline flush</i>	1	
<i>saline flush zr</i>	1	
SODIUM CHLORIDE (0.45 % SOLUTION, 0.9 % SOLUTION, 2.5 MEQ/ML SOLUTION, 3 % SOLUTION, 4 MEQ/ML SOLUTION, 5 % SOLUTION)	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride flush</i>	1	
<i>swabflush saline flush</i>	1	
TRACE MINERALS		
CHROMIC CHLORIDE	1	
<i>cupric chloride</i>	1	
ZINC		
<i>zinc chloride</i>	1	
<i>zinc sulfate (1 mg/ml solution, 3 mg/ml solution, 5 mg/ml solution)</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>clovique</i>	1	SP
<i>penicillamine</i>	1	SP
<i>trientine hcl (250 mg cap, 500 mg cap)</i>	1	SP
IMMUNOMODULATORS		
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	(21 EA / 28 DAYS), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	(28 EA / 28 DAYS), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (15 MG CAP, 20 MG CAP, 25 MG CAP)	2	(21 EA / 28 DAYS), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	2	(28 EA / 28 DAYS), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
THALOMID	2	SP, PN (34 DAYS SUPPLY PER FILL)
IMMUNOSUPPRESSIVE AGENTS		
<i>azasan</i>	1	
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
AZATHIOPRINE SODIUM	1	
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	1	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
ENSPRYNG	2	(1 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
IMURAN	2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg recon soln, 500 mg tab)</i>	1	
<i>mycophenolate mofetil hcl</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
IRRIGATION SOLUTIONS		
<i>argyle sterile water</i>	1	
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
<i>ringers irrigation</i>	1	
<i>sterile water for irrigation</i>	1	
<i>tis-u-sol</i>	1	
<i>water for irrigation, sterile</i>	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM REMOVING AGENTS		
LOKELMA 10 GM PACKET	2	(1.14 EA / 1 DAYS)
LOKELMA 5 GM PACKET	2	(1 EA / 1 DAYS)
<i>sodium polystyrene sulfonate powder</i>	1	
SPS	1	
VELTASSA	2	(1 EA / 1 DAYS)
PROSTAGLANDINS		
<i>alprostadil</i>	1	
SCLEROSING AGENTS		
<i>sodium tetradecyl sulfate</i>	1	
SOTRADECOL (1 % SOLUTION, 3 % SOLUTION)	1	
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
DENTAL PRODUCTS		
<i>cavarest</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>clinpro 5000</i>	1	
<i>denta 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>dentagel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>easygel</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoridex</i>	1	
<i>fluoridex daily renewal</i>	1	
<i>fluoridex enhanced whitening</i>	1	
<i>fluorimax 5000</i>	1	
<i>just right 5000 1.1 % gel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>just right 5000 1.1 % paste</i>	1	
<i>sf</i>	0	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 5000 plus</i>	0	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (1.1 % cream, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 0.2 % solution</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 enamel</i>	1	
<i>sodium fluoride 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	1	
<i>sodium fluoride 5000 sensitive</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	1	
EPISIL	2	
EVOXAC	2	
MUGARD	2	SP
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
SALAGEN	2	
MULTIVITAMINS (CONTINUED)		
B-COMPLEX VITAMINS		
<i>vitamin b complex 100</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>vitamin b-complex 100</i>	1	
B-COMPLEX W/ FOLIC ACID		
<i>b-plex</i>	1	
<i>dialyvite</i>	1	
<i>folbee plus</i>	1	
FOLBEE PLUS CZ	1	
<i>mynephron</i>	1	
<i>nephronex tab</i>	1	
<i>renal</i>	1	
<i>reno caps</i>	1	
<i>tm-vite rx</i>	1	
<i>triphrocaps</i>	1	
<i>virt-caps</i>	1	
<i>vp-vite rx</i>	1	
<i>wescaps</i>	1	
IRON W/ VITAMINS		
<i>vitafol</i>	1	
MULTIPLE VITAMINS W/ MINERALS		
<i>b-plex plus</i>	1	
<i>biocel</i>	1	
CORVITA	1	
<i>lysiplex plus tab</i>	1	
<i>nutrifac zx</i>	1	
<i>v-c forte</i>	1	
<i>vic-forte</i>	1	
<i>vita s forte</i>	1	
<i>vitacel</i>	1	
MULTIVITAMINS		
<i>novite</i>	1	
PED MULTI VITAMINS W/FL & FE		
<i>multi-vitamin/fluoride/iron</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PED MV W/ FLUORIDE		
<i>adc/f (0.5mg/ml)</i>	1	
<i>multi-vitamin/fluoride</i>	1	
MULTIVITAMIN W/FLUORIDE	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
<i>tri-vite/fluoride</i>	1	
<i>vitamins acd-fluoride</i>	1	
PRENATAL VITAMINS		
ELITE-OB	1	
INATAL GT	1	
MYNATAL	1	
MYNATAL ADVANCE	1	
PNV-DHA	1	
PNV-SELECT	1	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	1	
TRINATE	1	
SPECIALTY VITAMINS PRODUCTS		
<i>urosex</i>	1	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (10 mg/20ml solution, 40 mg/20ml solution, 20000 mcg/20ml solution, 40000 mcg/20ml solution)</i>	1	SP
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab, 25 mg/5ml suspension)</i>	1	
BACLOFEN 10 MG/5ML SOLUTION	1	SP
BACLOFEN 5 MG/5ML SOLUTION	1	(16 ML / 1 day(s)), SP
BACLOFEN 50 MCG/ML SOLN PRSYR	1	SP
<i>carisoprodol 250 mg tab</i>	1	
<i>carisoprodol 350 mg tab</i>	1	
<i>chlorzoxazone (250 mg tab, 500 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone (375 mg tab, 750 mg tab)</i>	1	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	1	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	
<i>cyclobenzaprine hcl er</i>	1	
LYVISPAH	2	
<i>metaxalone (400 mg tab, 800 mg tab)</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab, 1000 mg tab, 1000 mg/10ml solution)</i>	1	
<i>orphenadrine citrate er</i>	1	
SKELAXIN	2	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	1	
ZANAFLEX	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM (25 MG CAP, 50 MG CAP)	2	
<i>dantrolene sodium (20 mg recon soln, 25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>revonto</i>	1	
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL-ASPIRIN-CODEINE	1	
VISCOSUPPLEMENTS		
DUROLANE	2	(3 ML / 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
EUFLEXXA	2	(6 ML / 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	2	SP, PN (180 DAYS SUPPLY PER FILL)
SUPARTZ FX	2	(12.5 ML / 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENT COMBINATIONS		
<i>azelastine-fluticasone</i>	1	
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl 0.6 % solution</i>	1	
PATANASE	3	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
NASAL STEROIDS		
<i>flunisolide</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	
SYMPATHOMIMETIC DECONGESTANTS		
<i>epinephrine hcl (nasal)</i>	1	
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
<i>riluzole</i>	1	PN (34 DAYS SUPPLY PER FILL)
DEPOLARIZING MUSCLE RELAXANTS		
SUCCINYLCHOLINE CHLORIDE (20 MG/ML SOLUTION, 100 MG/5ML SOLN PRSYR, 140 MG/7ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR)	1	
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
DYSPORT	2	SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	2	SP, PN (90 DAYS SUPPLY PER FILL)
NONDEPOLARIZING MUSCLE RELAXANTS		
<i>atracurium besylate</i>	1	
<i>cisatracurium besylate</i>	1	
<i>cisatracurium besylate (pf)</i>	1	
<i>rocuronium bromide (50 mg/5ml soln prsy, 50 mg/5ml solution, 75 mg/7.5ml soln prsy, 100 mg/10ml soln prsy, 100 mg/10ml solution)</i>	1	
<i>vecuronium bromide (10 mg recon soln, 10 mg/10ml soln prsy, 20 mg recon soln)</i>	1	
NUTRIENTS (CONTINUED)		
CARBOHYDRATES		
<i>dextrose (5 % solution, 10 % solution, 50 % solution, 70 % solution, 250 mg/ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROTEINS		
<i>aminoamrms</i>	1	
<i>aminoreliefrms</i>	1	
AMINOSYN II 10 % SOLUTION	1	
AMINOSYN II 15 % SOLUTION	1	
<i>clinisol sf</i>	1	
GLYCINE 50 MG/ML SOLUTION	1	
<i>plenamine</i>	1	
OPHTHALMIC AGENTS (CONTINUED)		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETOPTIC-S	2	
<i>brimonidine tartrate-timolol</i>	1	
CARTEOLOL HCL	1	
COMBIGAN	2	
DORZOLAMIDE HCL-TIMOLOL MAL	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate pf</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin</i>	1	
ATROPINE SULFATE (0.01 % SOLUTION, 0.025 % SOLUTION, 0.05 % SOLUTION, 1 % OINTMENT, 1 % SOLUTION)	1	
ATROPINE SULFATE 1 % SOLUTION	1	
<i>cyclopentolate hcl</i>	1	
HOMATROPAIRE	1	
<i>phenylephrine hcl (1.5 % soln prsyr, 2.5 % solution, 10 % solution)</i>	1	
<i>tropicamide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MIOTICS		
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BYOOVIZ	2	SP
CIMERLI	2	(0.1 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	2	(0.1 ML / 25 DAYS), SP, SUM3 (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	2	(0.14 ML / 21 DAYS), SP, SUM3 (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	2	(0.1 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	2	(0.1 ML / 28 DAYS), SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P	2	
APRACLONIDINE HCL	1	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	1	
SIMBRINZA	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	2	
BLEPH-10	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<i>gatifloxacin</i>	1	
GENTAK	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
<i>levofloxacin (0.5 % solution, 1.5 % solution)</i>	1	
MITOMYCIN (0.02 % SOLN PRSYR, 0.04 % SOLN PRSYR)	1	

Drug Name	Drug Tier	Requirements/Limits
MOXIFLOXACIN HCL (0.16 % SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR, 0.5 % SOLN PRSYR, 0.5 % SOLUTION, 1 MG/ML SOLUTION, 5 MG/ML SOLUTION)	1	
MOXIFLOXACIN HCL (2X DAY)	1	
MOXIFLOXACIN HCL-BSS	1	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
OCUFLOX	3	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TOBREX (0.3 % OINTMENT, 0.3 % SOLUTION)	3	
TRIFLURIDINE	1	
VANCOMYCIN HCL 10 MG/ML SOLN PRSYR	1	
VIGAMOX	3	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	2	
ROCKLATAN	2	
OPHTHALMIC LOCAL ANESTHETICS		
<i>altacaine</i>	1	
<i>proparacaine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tetracaine hcl 0.5 % solution</i>	1	
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate</i>	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	1	
MAXITROL (0.1 % SUSPENSION, 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION)	3	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
PREDNISOLON-GATIFLOX-BROMFENAC 1-0.5-0.075 % SOLUTION	1	
PREDNISOLON-MOXIFLOX-BROMFENAC	1	
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
PREDNISOLONE-BROMFENAC 1-0.075 % SOLUTION	1	
PREDNISOLONE-MOXIFLOXACIN	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX (0.3-0.1 % OINTMENT, 0.3-0.1 % SUSPENSION)	2	
<i>tobramycin-dexamethasone</i>	1	
OPHTHALMICS - MISC.		
ACULAR	3	
ACULAR LS	3	
AK-FLUOR (10 % SOLUTION, 25 % SOLUTION)	1	
<i>altafluor benox</i>	1	
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	
BIO GLO	1	

Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide</i>	1	
<i>bromfenac sodium (once-daily)</i>	1	
<i>bromfenac sodium 0.07 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
DORZOLAMIDE HCL	1	
<i>epinastine hcl</i>	1	
<i>flucaine</i>	1	
FLUOR-I-STRIPS A.T.	1	
<i>fluorescein</i>	1	
<i>fluorescein-benoxinate</i>	1	
FLURBIPROFEN SODIUM	1	
<i>ful-glo (0.6 mg strip, 1 mg strip)</i>	1	
GLOSTRIPS 1 MG STRIP	1	
ILEVRO	2	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	
PROLENSA	2	
<i>proparacaine-fluorescein</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
LATANOPROST	1	
LUMIGAN	2	
<i>tafluprost (pf)</i>	1	
<i>travoprost (bak free)</i>	1	
ZIOPTAN	2	
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	

Drug Name	Drug Tier	Requirements/Limits
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	1	
CORTIC-ND	1	
<i>neomycin-polymyxin-hc</i>	1	
OTIC STEROIDS		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
OXYTOCICS (CONTINUED)		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
<i>carboprost tromethamine (250 mcg/ml soln prsyr, 250 mcg/ml solution)</i>	1	
OXYTOCICS		
<i>methergine</i>	1	
<i>methylergonovine maleate (0.2 mg tab, 0.2 mg/ml solution)</i>	1	
<i>oxytocin</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
CUTAQUIG	2	SP, PN (34 DAYS SUPPLY PER FILL)
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	1	
NATURAL PENICILLINS		
<i>penicillin g potassium</i>	1	
PENICILLIN G SODIUM	1	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PFIZERPEN	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1	
AMOXICILLIN-POT CLAVULANATE ER	1	
AMPICILLIN-SULBACTAM SODIUM (1.5 (1-0.5) GM RECON SOLN, 3 (2-1) GM RECON SOLN)	1	
AUGMENTIN (125-31.25 MG/5ML RECON SUSP, 250-62.5 MG/5ML RECON SUSP, 500-125 MG TAB)	3	
AUGMENTIN ES-600	3	
<i>piperacillin sod-tazobactam so</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>	1	
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	1	
PHARMACEUTICAL ADJUVANTS (CONTINUED)		
LIQUID VEHICLES		
<i>diluent for treprostinil</i>	1	SP
<i>saline bacteriostatic</i>	1	
<i>sodium chloride bacteriostatic</i>	1	
<i>sterile diluent/epoprostenol</i>	1	SP
<i>sterile water for injection</i>	1	
SEMI SOLID VEHICLES		
WHITE PETROLATUM OINTMENT	1	
PROGESTINS (CONTINUED)		
PROGESTINS		
AYGESTIN	3	
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate 625 mg/5ml suspension</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
PROVERA	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	1	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	1	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	2	(270 EA / 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	2	LA, (540 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ANTIDEMENTIA AGENTS		
ARICEPT	3	
<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)</i>	1	
EXELON	3	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	1	
<i>memantine hcl er</i>	1	
NAMZARIC	2	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
<i>olanzapine-fluoxetine hcl</i>	1	
PERPHENAZINE-AMITRIPTYLINE	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (9 MG TAB, 12 MG TAB)	2	(120 EA / 30 DAYS), SP

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO 6 MG TAB	2	(60 EA / 30 DAYS), SP
AUSTEDO XR	2	SP
AUSTEDO XR PATIENT TITRATION	2	SP
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	2	(30 EA / 30 DAYS), SP
INGREZZA 40 & 80 MG CAP THPK	2	(28 EA / 28 DAYS), SP
<i>tetrabenazine 12.5 mg tab</i>	1	(102 EA / 34 DAYS), SP, PN (34 DAYS SUPPLY PER FILL)
<i>tetrabenazine 25 mg tab</i>	1	(136 EA / 34 DAYS), SP, PN (34 DAYS SUPPLY PER FILL)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
AVONEX PEN	2	(1 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
AVONEX PREFILLED	2	(1 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
BETASERON	2	(14 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
COPAXONE 20 MG/ML SOLN PRSYR	2	(30 ML / 30 DAYS), SP
COPAXONE 40 MG/ML SOLN PRSYR	2	(12 ML / 28 DAYS), SP
<i>dalfampridine er</i>	1	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 120 mg cap dr</i>	1	(14 EA / 7 DAYS), SP, PN (7 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 240 mg cap dr</i>	1	(60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate starter pack</i>	1	(60 EA / 30 day(s)), SP
<i>fingolimod hcl</i>	1	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
GILENYA 0.25 MG CAP	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
GILENYA 0.5 MG CAP	2	(30 EA / 30 day(s)), SP
<i>glatiramer acetate 20 mg/ml soln prsy</i>	1	(30 ML / 30 DAYS), SP, PN (34 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	(12 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
<i>glatopa 20 mg/ml soln prsy</i>	1	(30 ML / 30 DAYS), SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa 40 mg/ml soln prsyr</i>	1	(12 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	2	(0.4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT (1 MG TAB, 2 MG TAB)	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	2	(140 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 0.25 MG TAB THPK	2	(7 EA / 4 day(s)), SP, PN (4 DAY SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	(12 EA / 5 day(s)), SP, PN (5 DAY SUPPLY IN 180 DAYS)
OCREVUS	2	(20 EA / 180 day(s)), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY), PN (TWO 180 DAY SUPPLIES IN 365 DAYS)
REBIF	2	(6 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE	2	(6 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	2	(4.2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	2	(4.2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
<i>teriflunomide</i>	1	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VUMERITY	2	(120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA	2	(30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	2	(7 EA / 7 day(s)), SP, PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	(37 EA / 37 day(s)), PN (37 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	(28 EA / 28 DAYS), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily)</i>	1	
GRALISE (300 MG TAB, 450 MG TAB, 600 MG TAB, 750 MG TAB, 900 MG TAB)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin er</i>	1	
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	1	SUM7 (ZERO)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	1	
PIMOZIDE	1	
SMOKING DETERRENTS		
CHANTIX	0	(2 EA / 1 DAYS)
CHANTIX CONTINUING MONTH PAK	0	(2 EA / 1 DAYS)
CHANTIX STARTING MONTH PAK	0	(53 EA / 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
NICODERM CQ	2	
NICOTROL	0	
NICOTROL NS	0	
<i>varenicline tartrate</i>	1	(2 EA / 1 DAYS)
<i>varenicline tartrate (starter)</i>	1	(53 EA / 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
<i>varenicline tartrate(continue)</i>	1	(2 EA / 1 DAYS)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI	2	LA, (6 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL)
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C 1000 MG RECON SOLN	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C 1000 MG/20ML SOLUTION	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA (4000 MG RECON SOLN, 5000 MG RECON SOLN)	2	
ZEMAIRA 1000 MG RECON SOLN	2	SP, PN (34 DAYS SUPPLY PER FILL)
CYSTIC FIBROSIS AGENTS		
PULMOZYME	2	SP, PN (30 DAYS SUPPLY PER FILL)
PULMONARY FIBROSIS AGENTS		
ESBRIET	2	(270 EA / 30 DAYS), SP

Drug Name	Drug Tier	Requirements/Limits
OFEV	2	LA, (60 EA / 30 DAYS), SP
<i>pirfenidone (267 mg cap, 267 mg tab, 801 mg tab)</i>	1	(270 EA / 30 DAYS), SP
PIRFENIDONE 534 MG TAB	1	SP
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
SULFADIAZINE	1	
TETRACYCLINES (CONTINUED)		
GLYCYLCYCLINES		
TIGECYCLINE	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg recon soln, 150 mg tab)</i>	1	
<i>doxycycline hyclate (50 mg tab, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg cap, 150 mg tab)</i>	1	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er (45 mg cap er 24h, 55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 90 mg cap er 24h, 105 mg tab er 24h, 115 mg tab er 24h, 135 mg cap er 24h)</i>	1	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	1	
<i>mondoxyne nl</i>	1	
<i>morgidox 100 mg cap</i>	1	
<i>okebo</i>	1	
<i>tetracycline hcl (250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab)</i>	1	
VIBRAMYCIN (25 MG/5ML RECON SUSP, 100 MG CAP)	2	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil</i>	1	
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 25 MCG TAB, 50 MCG CAP, 50 MCG TAB, 75 MCG CAP, 75 MCG TAB, 88 MCG CAP, 88 MCG TAB, 100 MCG CAP, 100 MCG TAB, 100 MCG/5ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG CAP, 112 MCG TAB, 125 MCG CAP, 125 MCG TAB, 137 MCG CAP, 137 MCG TAB, 150 MCG CAP, 150 MCG TAB, 175 MCG CAP, 175 MCG TAB, 200 MCG CAP, 200 MCG TAB, 200 MCG/5ML SOLUTION, 300 MCG TAB, 500 MCG/5ML SOLUTION)	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium (5 mcg tab, 10 mcg/ml solution, 25 mcg tab, 50 mcg tab)</i>	1	
NP THYROID	1	
SYNTHROID	2	
<i>unithroid</i>	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
ANASPAZ	3	
<i>atropine sulfate (0.4 mg/ml solution, 0.5 mg/5ml soln prsyr, 0.8 mg/2ml soln prsyr, 1 mg/10ml soln prsyr, 1 mg/2.5ml soln prsyr, 1 mg/ml solution, 1.2 mg/3ml soln prsyr, 8 mg/20ml solution)</i>	1	
ATROPINE SULFATE (PF)	1	
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 10 mg/ml solution, 20 mg tab)</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate (0.2 mg/ml solution, 0.4 mg/2ml solution, 0.6 mg/3ml soln prsyr, 1 mg tab, 1 mg/5ml soln prsyr, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution)</i>	1	
GLYCOPYRROLATE (PF)	1	
GLYCOPYRROLATE 1.5 MG TAB	1	
<i>glycopyrrolate pf</i>	1	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution, 0.5 mg/ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hyosyne</i>	1	
LEVSIN (0.125 MG TAB, 0.5 MG/ML SOLUTION)	2	
LEVSIN/SL	2	
<i>methscopolamine bromide</i>	1	
<i>nulev</i>	1	
<i>oscimin</i>	1	
<i>pb-hyoscy-atropine-scopolamine (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
<i>phenohydro (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
<i>symax-sl</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine</i>	1	
CIMETIDINE HCL (300 MG/5ML SOLUTION)	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution)</i>	1	
<i>famotidine (pf)</i>	1	
FAMOTIDINE PREMIXED	1	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP)	1	
PEPCID	3	
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)</i>	1	
<i>esomeprazole sodium</i>	1	
<i>lansoprazole</i>	1	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC	2	

Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz</i>	1	
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
<i>omeprazole-sodium bicarbonate</i>	1	
PYLERA	2	
TALICIA	2	(168 EA / 14 DAYS)
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	1	
DETROL	3	
DITROPAN XL	3	
<i>fesoterodine fumarate er</i>	1	
<i>oxybutynin chloride (2.5 mg tab, 5 mg tab, 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	2	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	1	
VACCINES (CONTINUED)		
VIRAL VACCINES		
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	

Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR	0	
ENGERIX-B (20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	0	AL (20 to 999 yrs old)
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	0	AL (Up to 19 yrs old)
FLUAD	0	
FLUAD QUADRIVALENT	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK QUADRIVALENT	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST QUADRIVALENT	0	
FLUZONE QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSPENSION)	0	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
GARDASIL 9	0	AL (Up to 45 yrs old)
HAVRIX 1440 EL U/ML SUSPENSION	0	AL (19 to 999 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
HEPLISAV-B	0	AL (18 to 999 yrs old)
IPOL	0	AL (Up to 18 yrs old)
PREHEVBRIO	0	AL (18 to 999 yrs old)
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION)	0	AL (11 to 999 yrs old)
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	0	AL (Up to 19 yrs old)
RECOMBIVAX HB 40 MCG/ML SUSPENSION	0	AL (18 to 999 yrs old)
SHINGRIX	0	(2 EA / LIFETIME), AL (18 to 999 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	0	AL (19 to 999 yrs old)

VAGINAL AND RELATED PRODUCTS (CONTINUED)

VAGINAL ANTI-INFECTIVES

CLEOCIN (2 % CREAM, 100 MG SUPPOS)	2	
<i>clindamycin phosphate 2 % cream</i>	1	
MICONAZOLE 3 200 MG SUPPOS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI	0	
VAGINAL ESTROGENS		
ESTRACE 0.1 MG/GM CREAM	3	
<i>estradiol 0.1 mg/gm cream</i>	1	
<i>estradiol 10 mcg tab</i>	1	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
VAGIFEM	2	
VAGINAL PROGESTINS		
CRINONE	2	SUM7 (INF)
ENDOMETRIN	2	SUM7 (INF)
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q (0.1 MG/0.1ML SOLN A-INJ, 0.15 MG/0.15ML SOLN A-INJ)	2	(2 EA / FILL)
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	2	(2 EA / fill(s))
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	(2 EA / FILL)
<i>epinephrine (anaphylaxis)</i>	1	
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	(2 EA / fill(s))
EPIPEN 2-PAK	2	(2 EA / fill(s))
EPIPEN JR 2-PAK	2	(2 EA / fill(s))
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa</i>	1	SP
EPHEDRINE SULFATE (5 MG/ML SOLUTION, 25 MG/5ML SOLN PRSYR)	1	
EPHEDRINE SULFATE (PRESSORS) (25 MG/5ML SOLN PRSYR, 50 MG/10ML SOLN PRSYR, 50 MG/5ML SOLN PRSYR, 50 MG/ML SOLUTION)	1	
EPHEDRINE SULFATE (PRESSORS) 5 MG/ML SOLUTION	1	
EPHEDRINE SULFATE 50 MG/ML SOLUTION	1	

Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE (0.1 MG/10ML SOLN PRSYR, 0.2 MG/0.2ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 1 MG/10ML SOLUTION, 1 MG/ML SOLN PRSYR, 1 MG/ML SOLUTION, 10 MG/10ML SOLUTION)	1	
EPINEPHRINE PF	1	
<i>midodrine hcl</i>	1	
<i>norepinephrine bitartrate</i>	1	
NOREPINEPHRINE-DEXTROSE	1	
NOREPINEPHRINE-SODIUM CHLORIDE	1	
PHENYLEPHRINE HCL (0.4 MG/10ML SOLN PRSYR, 0.8 MG/10ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 10 MG/ML SOLUTION)	1	
PHENYLEPHRINE HCL (1 MG/10ML SOLUTION, 10 MG/ML SOLUTION)	1	
PHENYLEPHRINE HCL (PRESSORS) (0.4 MG/10ML SOLUTION, 0.5 MG/5ML SOLN PRSYR, 0.8 MG/10ML SOLUTION, 1 MG/10ML SOLN PRSYR, 10 MG/ML SOLUTION)	1	
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML SOLUTION	1	
PHENYLEPHRINE HCL-NACL	1	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>phytonadione (1 mg/0.5ml solution, 5 mg tab, 10 mg/ml solution)</i>	1	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
<i>vitamin k1</i>	1	
WATER SOLUBLE VITAMINS		
<i>ascorbic acid (500 mg/ml solution, 15000 mg/30ml solution)</i>	1	
PYRIDOXINE HCL 100 MG/ML SOLUTION	1	
<i>thiamine hcl (100 mg/ml solution, 200 mg/2ml solution)</i>	1	

Appendix

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1ST TIER UNIFINE PENTIPS	141
1ST TIER UNIFINE PENTIPS PLUS	142
1ST TIER UNILET COMFORTOUCH	121

7

7t lido	91
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A

abacavir sulfate	63
abacavir sulfate-lamivudine	63
abacavir-lamivudine-zidovudine	63
abaneu-sl	115
ABILIFY MAINTENA	62
abiraterone acetate	53
ABOUTTIME PEN NEEDLE	142
acamprosate calcium	174
acarbose	36
ACCU-CHEK AVIVA	121
ACCU-CHEK AVIVA PLUS	94,122
ACCU-CHEK COMPACT PLUS	94
ACCU-CHEK COMPACT PLUS CONTROL	122
ACCU-CHEK FASTCLIX LANCET	122
ACCU-CHEK FASTCLIX LANCETS	122
ACCU-CHEK GUIDE	94,122
ACCU-CHEK GUIDE CONTROL	122
ACCU-CHEK GUIDE ME	122
ACCU-CHEK SAFE-T PRO LANCETS	122
ACCU-CHEK SMARTVIEW	94
ACCU-CHEK SMARTVIEW CONTROL	122
ACCU-CHEK SOFTCLIX LANCET DEV	122
ACCU-CHEK SOFTCLIX LANCETS	122
ACCUPRIL	45
ACCURETIC	47
accutane	83
ACCU-TREND GLUCOSE	94
ACCU-TREND GLUCOSE CONTROL	122
acebutolol hcl	67
acetaminophen	15
acetaminophen-codeine	19

acetazolamide	102
acetazolamide er	102
acetazolamide sodium	102
acetic acid	111,171
acetylcysteine	40,83
acitretin	86
ACTI-LANCE 28G	122
ACTI-LANCE LITE LANCETS 28G	122
ACTI-LANCE SPECIAL LANCETS 17G	122
ACTI-LANCE UNIVERSAL 23G	122
ACTONEL	103
ACTOPLUS MET	36
ACULAR	170
ACULAR LS	170
acyclovir	66,88
acyclovir sodium	66
ADALIMUMAB-ADAZ	11
adapalene	83
adapalene-benzoyl peroxide	83
ADBRY	90
adc/f (0.5mg/ml)	164
ADDERALL XR	8
adefovir dipivoxil	66
ADEMPAS	71
adenosine	26,94
adenosine (diagnostic)	94
ADJUSTABLE LANCING DEVICE	122
ADRIAMYCIN	54
adriamycin	54
adrucil	50
adult aspirin regimen	15
ADVAIR DISKUS	28
ADVAIR HFA	28
ADVANCE INTUITION TEST	94
ADVANCE MICRO-DRAW CONTROL	122
ADVANCE MICRO-DRAW NORMAL	122
ADVANCE MICRO-DRAW TEST	95
ADVANCED MOBILE LANCET	122
ADVATE	112
ADVOCATE INSULIN PEN NEEDLES	142
ADVOCATE INSULIN SYRINGE	142

ADVOCATE LANCETS	122	alendronate sodium	103
ADVOCATE LANCETS 30G	122	alfuzosin hcl er	111
ADVOCATE LANCING DEVICE	122	aliskiren fumarate	48
ADVOCATE RAPID-SAFE LANCING	122	ALKERAN	49
ADVOCATE REDI-CODE	95	allopurinol	112
ADVOCATE REDI-CODE+ TEST	95	allopurinol sodium	112
ADVOCATE SAFETY LANCETS	122	almotriptan malate	155
ADVOCATE SAFETY LANCETS 26G	122	alosetron hcl	110
ADVOCATE TEST	95	ALPHAGAN P	168
ADYNOVATE	112	alprazolam	25
afirmelle	73	alprazolam er	25
AFLURIA QUADRIVALENT	181,182	alprazolam xr	25
AFSTYLA	112	ALPROLIX	112
AGAMATRIX AMP TEST	95	alprostadil	161
AGAMATRIX CONTROL	122	altacaine	169
AGAMATRIX CONTROL LEVEL 2	122	ALTACE	45
AGAMATRIX CONTROL LEVEL 4	122	altafluor benox	170
AGAMATRIX JAZZ TEST	95	altafrin	167
AGAMATRIX KEYNOTE TEST	95	altavera	73
AGAMATRIX PRESTO TEST	95	ALTERNATE SITE LANCING DEVICE	123
AGAMATRIX ULTRA-THIN LANCETS	122	ALUNBRIG	55
agoneaze	91	alvimopan	110
AGRYLIN	113	alyacen 1/35	73
AIMOVIG	155	alyacen 7/7/7	73
AIMSCO TWIST LANCETS 32G	122	alyq	71
AIMSCO TWIST LANCETS 33G	123	amabelz	107
airavite	115	amantadine hcl	60
AIRSUPRA	28	AMARYL	39
AJOVY	155	AMBIEN	117
AK-FLUOR	170	AMBIEN CR	117
ak-poly-bac	168	ambrisentan	70
AKLIEF	83	AMCINONIDE	88
ala-cort	88	amethia	73
albendazole	21	amethia lo	73
albuterol sulfate	28	amethyst	73
ALBUTEROL SULFATE ER	28	amikacin sulfate	10
albuterol sulfate hfa	28	amiloride hcl	103
alclometasone dipropionate	88	AMILORIDE-HYDROCHLOROTHIAZIDE	102
ALDACTAZIDE	102	aminoacetic acid	111
ALDACTONE	103	aminoamrms	167
ALECENSA	55	aminocaproic acid	117

aminophylline	29	APRACLONIDINE HCL	168
aminoreliefrms	167	aprepitant	41
AMINOSYN II	167	APRETUDE	63
amiodarone hcl	26	apri	73
amitriptyline hcl	35	APTIOM	31
amlodipine besy-benazepril hcl	47	AQUA LANCE ADJUSTABLE LANCING	123
amlodipine besylate	68	AQUALANCE LANCETS 30G	123
amlodipine besylate-valsartan	47	aquastat	159
amlodipine-atorvastatin	70	aquastat sfr	159
amlodipine-olmesartan	47	aranelle	73
amlodipine-valsartan-hctz	47	ARANESP (ALBUMIN FREE)	115
ammonium lactate	91	ARAVA	14
amnesteem	83	ARAZLO	83
amoxapine	35	arformoterol tartrate	28
amoxicill-clarithro-lansopraz	181	argatroban	30
amoxicillin	172	argyle sterile saline	111
amoxicillin-pot clavulanate	173	argyle sterile water	160
AMOXICILLIN-POT CLAVULANATE ER	173	ARICEPT	174
amphet-dextroamphet 3-bead er	8	ARIMIDEX	53
amphetamine sulfate	8	aripiprazole	62
amphetamine-dextroamphet er	8	ARIXTRA	29
amphetamine-dextroamphetamine	8	armodafinil	9
AMPHOTERICIN B	41	ARNUITY ELLIPTA	27
amphotericin b liposome	41	AROMASIN	53
ampicillin	172	arsenic trioxide	58
ampicillin sodium	172	articadent dental	120
AMPICILLIN-SULBACTAM SODIUM	173	ASACOL HD	109
ana-lex	21	ascomp-codeine	19
ANAFRANIL	35	ascorbic acid	184
anagrelide hcl	114	asenapine maleate	61
ANAPROX DS	13	ashlyna	73
ANASPAZ	179	asilnasalrms	101
anastrozole	53	aspirin	15
ANDRODERM	20	aspirin 81	15
ANNOVERA	79	aspirin adult low dose	15
anodyne lpt	91	aspirin adult low strength	15
ANORO ELLIPTA	28	aspirin childrens	15
anucort-hc	21	aspirin ec low dose	15
anusol-hc	21	aspirin ec low strength	15
APAP-CAFF-DIHYDROCODEINE	19	aspirin low dose	15
apomorphine hcl	60	aspirin regimen	15

aspirin-dipyridamole er	114	AUBAGIO	175
ASSURE 3 CONTROL	123	aubra	73
ASSURE 3 TEST	95	aubra eq	73
ASSURE 4 CONTROL LEVEL 1 & 2	123	AUGMENTIN	173
ASSURE 4 TEST	95	AUGMENTIN ES-600	173
ASSURE COMFORT LANCETS 28G	123	AUM INSULIN SAFETY PEN NEEDLE	142
ASSURE DOSE NORM/HIGH CONTROL	123	AUM MINI INSULIN PEN NEEDLE	142
ASSURE HAEMOLANCE PLUS HIGH	123	AUM PEN NEEDLE	142
ASSURE HAEMOLANCE PLUS LOW	123	AUM READYGARD DUO PEN NEEDLE	142
ASSURE HAEMOLANCE PLUS MICRO	123	AUM SAFETY PEN NEEDLE	142
ASSURE HAEMOLANCE PLUS NORMAL	123	AURORA LANCET SUPER THIN 30G	123
ASSURE HAEMOLANCE PLUS PED	123	AURORA LANCET THIN 23G	123
ASSURE ID INSULIN SAFETY SYR	142	AURORA PEN NEEDLES	142
ASSURE ID SAFETY PEN NEEDLES	142	AURORA UNIFINE PENTIPS	142
ASSURE II	95	aurovela 1.5/30	73
ASSURE II CHECK	95	aurovela 1/20	73
ASSURE II CONTROL	123	aurovela 24 fe	73
ASSURE II CONTROL LEVEL 1 & 2	123	aurovela fe 1.5/30	73
ASSURE LANCE LANCETS	123	aurovela fe 1/20	73
ASSURE LANCE LANCETS 21G	123	AURYXIA	110
ASSURE LANCE PLUS SAFETY 25G	123	AUSTEDO	174,175
ASSURE LANCE PLUS SAFETY 30G	123	AUSTEDO XR	175
ASSURE LANCE SAFETY LANCET 28G	123	AUSTEDO XR PATIENT TITRATION	175
ASSURE LANCETS	123	AUTO-LANCET	123
ASSURE PLATINUM	95	AUTO-LANCET MINI	123
ASSURE PRISM CONTROL LEVEL 1&2	123	AUTOLET II CLINISAFE	123
ASSURE PRISM MULTI TEST	95	AUTOLET LANCING DEVICE	123
ASSURE PRO CONTROL LEVEL 1 & 2	123	AUTOLET LITE CLINISAFE	123
ASSURE PRO TEST	95	AUTOLET LITE STARTER PACK	123
atazanavir sulfate	63	AUTOLET MINI	124
ATELVIA	103	AUTOLET PLATFORMS	124
atenolol	67	AUTOLET PLUS	124
atenolol-chlorthalidone	47	AUVI-Q	183
atomoxetine hcl	9	avar cleanser	83
atorvastatin calcium	44	avar-e emollient	83
atovaquone	23	avar-e green	83
atovaquone-proguanil hcl	48	aviane	73
atracurium besylate	166	avidoxy	178
ATROPINE SULFATE	167	avita	83
atropine sulfate	179	AVODART	111
ATROPINE SULFATE (PF)	179	AVONEX PEN	175

AVONEX PREFILLED	175	BD INSULIN SYR ULTRAFINE II	142
AVSOLA	109	BD INSULIN SYRINGE	142
AYGESTIN	173	BD INSULIN SYRINGE HALF-UNIT	142
ayuna	73	BD INSULIN SYRINGE MICROFINE	142
azacitidine	50	BD INSULIN SYRINGE U-500	142
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KROGER HEALTHPRO CONTROL HI/LO	130	LANCETS 33G	131
KROGER HEALTHPRO GLUCOSE TEST	99	LANCETS MICRO THIN 33G	131
KROGER HEALTHPRO LANCET 26G	130	LANCETS SUPER THIN 28G	131
KROGER INSULIN SYRINGE	148	LANCETS THIN	131
KROGER LANCETS	130	LANCETS ULTRA FINE	131
KROGER LANCETS 21G	130	LANCETS ULTRA THIN	131
KROGER LANCETS MICRO THIN 33G	131	LANCETS ULTRA THIN 30G	131
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KROGER LANCETS THIN	131	lansoprazole	180
KROGER LANCETS THIN 26G	131	LANZO	131
KROGER LANCETS ULTRATHIN 30G	131	lapatinib ditosylate	56
KROGER LANCING DEVICE	131	larin 1.5/30	75
KROGER PEN NEEDLES	148	larin 1/20	75
KROGER PREMIUM GLUCOSE TEST	99	larin 24 fe	75
KROGER TEST	99	larin fe 1.5/30	75
kurvelo	75	larin fe 1/20	75
KYLEENA	80	larissia	76
KYNMOBI	60	LASIX	102
L		LATANOPROST	171
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leflunomide	14	LEVOTHYROXINE SODIUM	179
lenalidomide	159,160	levoxyl	179
LENVIMA (10 MG DAILY DOSE)	51	LEVSIN	180
LENVIMA (12 MG DAILY DOSE)	51	LEVSIN/SL	180
LENVIMA (14 MG DAILY DOSE)	52	LIBERTY GLUCOSE CONTROL MID	131
LENVIMA (18 MG DAILY DOSE)	52	LIBERTY MEDICAL LANCETS	131
LENVIMA (20 MG DAILY DOSE)	52	LIBERTY MINI LANCING DEVICE	131
LENVIMA (24 MG DAILY DOSE)	52	LIBERTY NEXT GENERATION TEST	99
LENVIMA (4 MG DAILY DOSE)	52	LIBERTY TEST	99
LENVIMA (8 MG DAILY DOSE)	52	lido bdk	92
lessina	76	lido-prilo caine pack	92
letrozole	53	lido-sorb	92
LEUCOVORIN CALCIUM	58	lidocaine	92
LEUKERAN	50	lidocaine hcl	92
leuprolide acetate	53	LIDOCAINE HCL	92,120,161
LEUPROLIDE ACETATE (3 MONTH)	54	LIDOCAINE HCL (BUFFERED)	120
levabuterol hcl	28	LIDOCAINE HCL (CARDIAC)	26
LEVALBUTEROL TARTRATE	29	LIDOCAINE HCL (CARDIAC) PF	26
LEVAMLODIPINE MALEATE	69	lidocaine hcl (pf)	120
LEVEMIR	38	LIDOCAINE HCL URETHRAL/MUCOSAL	92
LEVEMIR FLEXPEN	38	lidocaine in d5w	26
LEVEMIR FLEXTOUCH	38	lidocaine viscous hcl	161
levetiracetam	31	lidocaine-epinephrine	120
levetiracetam er	31	lidocaine-hydrocort (perianal)	21
LEVETIRACETAM IN NACL	31	LIDOCAINE-HYDROCORTISONE ACE	21,89
levo-t	179	lidocaine-prilocaine	92
LEVOBUNOLOL HCL	167	lidocan	92
levocarnitine	105	LIDODERM	92
levocarnitine sf	106	LIDOPIN	92
levocetirizine dihydrochloride	43	lidopril	92
levofloxacin	108,168	lidopril xr	92
levofloxacin in d5w	108	lidozion	92
levoleucovorin calcium	59	LIFESCAN UNISTIK 2	131
levoleucovorin calcium pf	59	LIFESCAN UNISTIK II LANCETS	131
levonest	76	LILETTA (52 MG)	80
levonorg-eth estrad triphasic	76	lillow	76
levonorgest-eth est & eth est	76	lincomycin hcl	24
levonorgest-eth estrad 91-day	76	LINDANE	94
levonorgest-eth estradiol-iron	76	linezolid	24
levonorgestrel-ethinyl estrad	76	LINEZOLID IN SODIUM CHLORIDE	24

LINZESS	110	lorcet hd	19
liothyronine sodium	179	lorcet plus	19
lisdexamfetamine dimesylate	8	loryna	76
lisinopril	46	losartan potassium	46
lisinopril-hydrochlorothiazide	47	losartan potassium-hctz	47
LITE TOUCH LANCETS	131	LOSEASONIQUE	76
LITE TOUCH LANCING PEN	131	LOTENSIN	46
LITETOUCH INSULIN SYRINGE	148	LOTENSIN HCT	47
LITETOUCH LANCETS	131	loteprednol etabonate	170
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lithium carbonate	61	lovastatin	44
lithium carbonate er	61	LOVAZA	43
LITHOBID	61	low-ogestrel	76
LIVE BETTER ADV LANCING DEVICE	131	loxapine succinate	62
LIVE BETTER LANCET SUPER THIN	132	lubiprostone	109
LIVE BETTER LANCET ULTRA THIN	132	LUCENTIS	168
livixil pak	92	LUMAKRAS	56
LMD IN D5W	113	LUMIGAN	171
LMD IN NACL	113	LUMRYZ	174
LO LOESTRIN FE	76	LUPRON DEPOT-PED (1-MONTH)	105
lo-zumandimine	76	LUPRON DEPOT-PED (3-MONTH)	105
loestrin 1.5/30 (21)	76	LUPRON DEPOT-PED (6-MONTH)	105
loestrin 1/20 (21)	76	lurasidone hcl	61
loestrin fe 1.5/30	76	lutera	76
loestrin fe 1/20	76	lyleq	80
lojaimiess	76	lyllana	108
LOKELMA	161	LYNPARZA	57
LOMOTIL	40	lysiplex plus	163
LONGS INSULIN SYRINGE	148	LYSODREN	54
LONGS LANCETS STANDARD	132	LYVISPAH	165
LONGS LANCETS THIN	132	lyza	80
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LONSURF	55	M	
loperamide hcl	40	MACROBID	24
LOPID	44	mafenide acetate	88
lopinavir-ritonavir	64	MAGELLAN INSULIN SAFETY SYR	148,149
lopreeza	107	MAGNESIUM CHLORIDE	157
LOPROX	86	magnesium sulfate	157
lorazepam	25	magnesium sulfate in d5w	158
lorazepam intensol	26	MALARONE	48
lorcet	19	malathion	94

MANGANESE CHLORIDE	158	mefloquine hcl	48
mannitol	102	megestrol acetate	54,174
MAPROTILINE HCL	34	MEIJER BLOOD GLUCOSE TEST	99
maraviroc	64	MEIJER ESSENTIAL GLUCOSE TEST	99
MARINOL	41	MEIJER LANCETS	132
marlissa	76	MEIJER LANCETS THIN	132
MATULANE	58	MEIJER LANCETS UNIVERSAL 21G	132
MAXI-COMFORT INSULIN SYRINGE	149	MEIJER LANCETS UNIVERSAL 30G	132
MAXI-COMFORT SAFETY PEN NEEDLE	149	MEIJER LANCETS UNIVERSAL 33G	132
MAXICOMFORT II PEN NEEDLE	149	MEIJER PEN NEEDLES	149
MAXICOMFORT SYR 27G X 1/2"	149	MEIJER PREMIUM GLUCOSE TEST	99
MAXITROL	170	MEIJER SUPER THIN LANCETS	132
MAXZIDE	102	MEIJER TRUETEST TEST	99
MAXZIDE-25	102	MEIJER TRUETRACK TEST	99
MAYZENT	176	MEKTOVI	57
MAYZENT STARTER PACK	176	melodetta 24 fe	76
me/naphos/mb/hyo1	22	meloxicam	13
MECLIZINE HCL	41	MELPHALAN	50
MECLOFENAMATE SODIUM	13	melphalan hcl	50
MEDIC INSULIN SYRINGE	149	memantine hcl	174
MEDICHOICE SAFETY LANCET	132	memantine hcl er	174
MEDICHOICE SAFETY LANCET EXTRA	132	MENOPUR	104
MEDICHOICE SAFETY LANCET NORM	132	mepерidine hcl	18
MEDICINE SHOPPE PEN NEEDLES	149	meprobamate	25
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MEDLANCE LITE 25G	132	mesna	59
MEDLANCE PLUS EXTRA 21G	132	metaxalone	165
MEDLANCE PLUS LANCETS	132	metformin hcl	37
MEDLANCE PLUS LITE 25G	132	METFORMIN HCL	37
MEDLANCE PLUS SPECIAL 0.8MM	132	metformin hcl er	37
MEDLANCE PLUS SUPERLITE 30G	132	metformin hcl er (mod)	37
MEDLANCE PLUS UNIVERSAL 21G	132	metformin hcl er (osm)	37
MEDLANCE UNIVERSAL 21G	132	METHADONE HCL	18
MEDROL	81	methadone hcl intensol	18
medroxyprogesterone acetate	80,173	METHADOSE	18
mefenamic acid	13	methadose	18

methamphetamine hcl	8	mibelas 24 fe	76
methazolamide	102	MICAFUNGIN SODIUM	41
methenamine hippurate	24	MICONAZOLE 3	182
methenamine mandelate	24	MICONAZOLE-ZINC OXIDE-PETROLAT	86
methergine	172	MICRODOT CONTROL HIGH/LOW	132
methimazole	178	MICRODOT PEN NEEDLE	149
methocarbamol	165	MICRODOT TEST	99
methotrexate sodium	51	microgestin 1.5/30	76
methotrexate sodium (pf)	51	microgestin 1/20	76
METHOXSALEN RAPID	87	microgestin 24 fe	77
methscopolamine bromide	180	microgestin fe 1.5/30	77
methsuximide	33	microgestin fe 1/20	77
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methylergonovine maleate	172	MIDAZOLAM HCL	118
METHYLIN	9	midazolam hcl (pf)	118
methylphenidate	9	MIDAZOLAM HCL-SODIUM CHLORIDE	118
methylphenidate hcl	9	MIDAZOLAM-SODIUM CHLORIDE	118
methylphenidate hcl er	10	MIDAZOLAM-SODIUM CHLORIDE (PF)	118
methylphenidate hcl er (cd)	10	midodrine hcl	184
methylphenidate hcl er (la)	10	mifepristone	37,106
methylphenidate hcl er (osm)	10	MIGLITOL	36
METHYLPHENIDATE HCL ER (OSM)	10	miglustat	114
methylphenidate hcl er (xr)	10	mili	77
methylprednisolone	81	milrinone lactate	69
methylprednisolone acetate	81	milrinone lactate in dextrose	69
METHYLPREDNISOLONE-BUPIVACAINE	81	mimvey	107
methyltestosterone	20	mineral oil heavy	119
metoclopramide hcl	109	MINI LANCING DEVICE	133
metolazone	103	miniprin low dose	16
metoprolol succinate er	67	minitran	25
metoprolol tartrate	68	minocycline hcl	178
metoprolol-hydrochlorothiazide	47	minocycline hcl er	178
METROCREAM	93	minoxidil	48
METROGEL	93	MIRAPEX	60
METROLOTION	93	MIRCETTE	77
metronidazole	22,93	MIRENA (52 MG)	80
metryrosine	46	mirtazapine	34
mexiletine hcl	26	misoprostol	181
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mitigo	18	MS INSULIN SYRINGE	149
mitomycin	54	MUGARD	162
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mitoxantrone hcl	55	MULTI-LANCET DEVICE	133
mm aspirin	16	MULTI-LANCET DEVICE 2	133
MM BLULINK GLUCOSE TEST	99	multi-vitamin/fluoride	164
MM EASY TOUCH GLUCOSE	99	multi-vitamin/fluoride/iron	163
MM INSULIN SYRINGE/NEEDLE	149	multiple electro type 1 ph 5.5	157
MM LANCING DEVICE	133	multiple electro type 1 ph 7.4	157
MM PEN NEEDLES	149	MULTIVITAMIN W/FLUORIDE	164
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modafinil	10	mupirocin	85
moexipril hcl	46	mupirocin calcium	85
MOLINDONE HCL	62	MUSE	70
mometasone furoate	89,166	mutamycin	55
mondoxyne nl	178	MYAMBUTOL	49
mono-linyah	77	mycophenolate mofetil	160
monoject flush syringe	159	mycophenolate mofetil hcl	160
MONOJECT INSULIN SYRINGE	149	mycophenolate sodium	160
monoject sodium chloride flush	159	mycophenolic acid	160
MONOJECT ULTRA COMFORT SYRINGE	149	MYDAYIS	8
MONOLET LANCETS	133	MYFEMBREE	107
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morgidox	178	MYLERAN	50
morphine sulfate	18	MYNATAL	164
morphine sulfate (concentrate)	18	MYNATAL ADVANCE	164
MORPHINE SULFATE (PF)	18	mynephron	163
morphine sulfate er	18	myorisan	84
MORPHINE SULFATE ER BEADS	18	MYSOLINE	31
MOUNJARO	38		
MOXIFLOXACIN HCL	108,169	N	
MOXIFLOXACIN HCL (2X DAY)	169	na ferric gluc cplx in sucrose	116
MOXIFLOXACIN HCL IN NACL	108	na sulfate-k sulfate-mg sulf	119
MOXIFLOXACIN HCL-BSS	169	nabumetone	13
MOZOBIL	117	nadolol	68
MPD SAFETY LANCET 21G	133	nafcillin sodium	173
MPD SAFETY LANCET 23G	133	nafrinse	157
MPD SAFETY LANCET 28G	133	NAFRINSE DROPS	157
MPD SAFETY LANCET 30G	133	naftifine hcl	86

NAFTIN	86	NEXAVAR	57
nalbuphine hcl	20	NEXLETOL	43
naloxone hcl	40	NEXLIZET	43
naltrexone hcl	40	NEXPLANON	80
NAMZARIC	174	NEXTSTELLIS	77
naproxen	14	niacin er (antihyperlipidemic)	45
naproxen dr	14	NIASPAN	45
naproxen sodium	14	nicardipine hcl	69
naproxen sodium er	14	NICARDIPINE HCL IN NACL	69
naratriptan hcl	156	NICODERM CQ	177
NARCAN	40	NICOTROL	177
NARDIL	34	NICOTROL NS	177
NATAZIA	77	nifedipine	69
nateglinide	39	nifedipine er	69
NATESTO	20	nifedipine er osmotic release	69
NAYZILAM	31	nikki	77
nebivolol hcl	68	nilutamide	54
NEBUSAL	82	nimodipine	69
necon 0.5/35 (28)	77	NINLARO	57
NEFAZODONE HCL	35	nisoldipine er	69
nelarabine	51	nitazoxanide	23
neo-polycin	169	nitisinone	106
neo-polycin hc	170	NITRO-DUR	25
neomycin sulfate	10	NITRO-TIME	25
neomycin-bacitracin zn-polymyx	169	nitrofurantoin	24
NEOMYCIN-POLYMYXIN B GU	111	nitrofurantoin macrocrystal	24
neomycin-polymyxin-dexameth	170	nitrofurantoin monohyd macro	24
NEOMYCIN-POLYMYXIN-GRAMICIDIN	169	nitroglycerin	25
NEOMYCIN-POLYMYXIN-HC	170	NITROGLYCERIN IN D5W	25
neomycin-polymyxin-hc	172	NITROLINGUAL	25
NEOSTIGMINE METHYLSULFATE	49	nitroprusside sodium	48
nephronex	163	NITROSTAT	25
neuac	84	NIVESTYM	115
NEUPRO	60	NIZATIDINE	180
NEURONTIN	32	nora-be	80
NEUTEK 2TEK CONTROL	133	NORDITROPIN FLEXPRO	105
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nevirapine	64	norepinephrine bitartrate	184
NEVIRAPINE	64	NOREPINEPHRINE-DEXTROSE	184
NEVIRAPINE ER	64	NOREPINEPHRINE-SODIUM CHLORIDE	184
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norethindron-ethinyl estrad-fe	77	NOVOLOG PENFILL	39
norethindrone	80	NOVOSEVEN RT	113
norethindrone acet-ethinyl est	77	NOVOTWIST PEN NEEDLE	149
norethindrone acetate	174	NP THYROID	179
norethindrone-eth estradiol	107	NUBEQA	54
norgestim-eth estrad triphasic	77	NUCALA	27
norgestimate-eth estradiol	77	NUCYNTA	18
norlyda	80	NUCYNTA ER	18
norlyroc	80	nufol	116
normal saline flush	159	nulev	180
NORPACE CR	26	NULYTELY LEMON-LIME	119
NORPRAMIN	35	NULYTELY WITH FLAVOR PACKS	119
nortrel 0.5/35 (28)	77	NURTEC	155
nortrel 1/35 (21)	77	nutriarx creampak	89
nortrel 1/35 (28)	77	nutrifac zx	163
nortrel 7/7/7	77	nuvakaan	92
nortriptyline hcl	35	NUVARING	79
NORVIR	65	NUWIQ	113
NOVA MAX GLUCOSE TEST	99	nyamyc	86
NOVA MAX PLUS GLU/KET CONTROL	133	nylia 1/35	77
NOVA SAFETY LANCETS 23G	133	nylia 7/7/7	77
NOVA SAFETY LANCETS 28G	133	nymyo	77
NOVA SUREFLEX LANCETS	133	nystatin	42,86,161
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NOVOFINE PEN NEEDLE	149	O	
NOVOFINE PLUS PEN NEEDLE	149	ocella	77
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NOVOLIN 70/30 FLEXPEN	38	octreotide acetate	106
NOVOLIN 70/30 FLEXPEN RELION	38	OCUFLOX	169
NOVOLIN N	39	ODEFSEY	65
NOVOLIN N FLEXPEN	39	ODOMZO	52
NOVOLIN R	39	OFEV	178
NOVOLIN R FLEXPEN	39	OFLOXACIN	108
NOVOLOG	39	ofloxacin	169
NOVOLOG 70/30 FLEXPEN RELION	39	OGIVRI	52
NOVOLOG FLEXPEN	39	okebo	178
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olmesartan medoxomil	46	ONETOUCH ULTRASOFT LANCETS	134
olmesartan medoxomil-hctz	47	ONETOUCH VERIO	99,134
olmesartan-amlodipine-hctz	47	ONETOUCH VERIO FLEX SYSTEM	134
olopatadine hcl	166,171	ONETOUCH VERIO REFLECT	134
omega-3-acid ethyl esters	43	ONEXTON	84
omeprazole	180	ONZETRA XSAIL	156
omeprazole-sodium bicarbonate	181	OPILL	80
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ON CALL PLUS BLOOD GLUCOSE	99	ORALAIR ADULT SAMPLE KIT	10
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ONETOUCH DELICA LANCING DEV	134	ormalvi	102
ONETOUCH DELICA PLUS LANCET30G	134	orphenadrine citrate er	165
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ONETOUCH DELICA PLUS LANCING	134	oscimin	180
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oxandrolone	20	PATANASE	166
OXAPROZIN	14	pazopanib hcl	57
oxazepam	26	pb-hyoscy-atropine-scopolamine	180
oxcarbazepine	32	PC LANCETS SUPER THIN 30G	134
oxiconazole nitrate	86	PC UNIFINE PENTIPS	149
OXTELLAR XR	32	PEDIAPRED	81
oxybutynin chloride	181	peg 3350-kcl-na bicarb-nacl	119
oxybutynin chloride er	181	peg-3350/electrolytes	119
oxycodone hcl	18	peg-3350/electrolytes/ascorbat	119
OXYCODONE HCL ER	18	peg-kcl-nacl-nasulf-na asc-c	119
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oxycodone-acetaminophen	19	PEMETREXED	51
OXYCODONE-ASPIRIN	19	PEMETREXED DISODIUM	51
oxymorphone hcl	19	PEMETREXED DITROMETHAMINE	51
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OZEMPIC (1 MG/DOSE)	38	penicillamine	159
OZEMPIC (2 MG/DOSE)	38	penicillin g potassium	172
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pacerone	26	penicillin v potassium	172
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paliperidone er	61	pentamidine isethionate	22
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PAMELOR	36	pentobarbital sodium	117
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pantoprazole sodium	180	PEPCID	180
papaverine hcl	70	PERFECT LANCETS 28G	134
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paraplatin	50	PERFOROMIST	29
PARAPLATIN	50	PERINDOPRIL ERBUMINE	46
paricalcitol	106	periogard	161
PARLODEL	60	PERJETA	52
PARNATE	34	permethrin	94
paroex	161	perphenazine	62
paromomycin sulfate	10	PERPHENAZINE-AMITRIPTYLINE	174
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PHARMACIST CHOICE NO CODING	99	pindolol	68
PHARMACY COUNTER LANCETS	134	pioglitazone hcl	39
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