Avera Health Plans



Avera Choice Formulary - 2026

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Avera Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, Qualified sign language interpreters and 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 and information written in other languages.

If you need these services, contact the Avera Health Plans Service Center at 1-888-322-2115, (TTY 711), 8 a.m. to 5 p.m. CST, Monday through Friday.

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

Complaint and Appeals Coordinator
Avera Health Plans
3816 S. Elmwood, Suite 100,
Sioux Falls, SD 57105-6538
Fax 1-800-269-8561
Email ComplaintAppeals@AveraHealthPlans.com

You can file a grievance in person or by mail, fax, or email. You may also contact the Complaint and Appeals Coordinator if you need assistance with filing a complaint.

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 call 1-800-368-1019 or 1-800-537-7697 (TDD). Or mail:

US Department of Health and Human Services,
200 Independence Avenue SW Room 509F, HHH Building,
Washington, D.C. 20201

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

Getting Help in other Languages

Language assistance services are available free of charge. Our Service Center is available 8 a.m. to 5 p.m. CST, Monday – Friday, toll-free at 1-888-322-2115 (TTY: 1-800-877-1113).

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2115 (TTY: 1-800-877-1113).
- US CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-322-2115 (TTY: 1-800-877-1113).
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- 1 برقم اتصل .بالمجان لك تتوافر اللغوية المساعدة خدمات فإن ،اللغة اذكر تتحدث كنت إذا :ملحوظة .1-888-322-2115 :والبكم الصم هاتف رقم(888-322-2115 .800-877-1113)
- ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-322-2115 (TTY: 1-800-877-1113).
- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-322-2115 (TTY: 1-800-877-1113).
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-322-2115 (TTY: 1-800-877-1113) 번으로 전화해 주십시오.
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- ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែ រ, បសវាជំនួយខ្នកភាសា ោយមិនគិតឈ្ ួល គឺអាចមានសំរារ់របរអ្ើ នក។ ចូ រ ទូ រស័ព្ 1-888-322-2115 (TTY: 1-800-877-1113)។

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Avera Health Plans

2026 Avera Choice Formulary

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Please refer to your Certificate of Coverage, Master Contract, Plan Document or other plan materials to determine if your drug is covered. The Drug Formulary does not guarantee coverage and is subject to change. The Drug Formulary is subject to change without notice. Members must use participating pharmacies to fill their prescription drugs.

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What is the Avera Health Plans Drug Formulary?

The Drug Formulary is a list of covered prescription drugs, which are approved for use for specific treatments and dispensed through participating pharmacies. Avera Health Plans works with a team of health care providers to choose drugs that provide quality treatment. Avera Health Plans covers drugs on the Drug Formulary that are:

- Medically necessary
- Approved by the United States Food and Drug Administration (FDA)
- Filled at a participating pharmacy

For more information on how to fill your prescriptions and determine if your drug is covered, please review your Certificate of Coverage, Master Contract, Plan Document or other plan materials.

Can the Drug Formulary change?

The Drug Formulary may change from time to time as described in the Certificate of Coverage, Master Contract, Plan Document or other plan materials. The enclosed Drug Formulary is the most current Drug Formulary covered by Avera Health Plans. To get updated information about the drugs covered by Avera Health Plans, please visit us online at AveraHealthPlans.com or call our Service Center at 605-322-4545 or toll-free at 1-888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday.

How do I use the Drug Formulary?

There are two ways to find your drug on the drug list:

1. Drug Therapeutic Classification

The Drug Formulary starts on page 7. The drugs on this Drug Formulary are grouped by the type of therapeutic class the drugs fall into.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that starts near the end of the formulary document after the drug therapeutic classes have been presented. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug
- Next to your drug, see the page number where you can find coverage information
- Turn to the page listed in the Index and find the name of your drug in the first column of the list

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For more information about your Avera Health Plans prescription drug coverage, please look at your Certificate of Coverage, Master Contract, Plan Document or other plan materials. If you have questions about this Drug Formulary, please call our Service Center at 605-322-4545 or toll-free at 1-888-322-2115, 8 a.m. to 5 p.m. CT, Monday through Friday. You may also visit us online at AveraHealthPlans.com

Avera Health Plans Drug Formulary

The Drug Formulary that starts on page 7 gives you information about the drugs covered by Avera Health Plans. A generic drug is a drug that has the same active ingredients as its brand-name counterpart, and has been approved by the FDA as being interchangeable with the brand-name drug as approved by your provider. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be considered non-preferred or not covered. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized. Generic drugs are generally in lowercase.

The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary. Refer to your Summary of Benefits and Coverage to find the associated co-pay for that drug tier.

The information in the Requirements/Limits column tells you if Avera Health Plans has any special requirements for coverage of your drug. These requirements and limits may include:

- **Preauthorization (PA):** Avera Health Plans needs your healthcare provider to get preauthorization for certain drugs. This means that approval from Avera Health Plans must be obtained before you fill your drug. If you don't get approval, Avera Health Plans will not cover the cost of the drug. Additional information can be found online at AveraHealthPlans.com.

- **Quantity Limits (QL):** For certain drugs, Avera Health Plans limits the amount of the drug that it will cover. For example, Avera Health Plans only covers 18 tablets of *sumatriptan* 50mg per 30 days.

- **Step Therapy (ST):** Avera Health Plans utilizes step therapy to provide the most cost-effective and safest drugs available for a specific medical condition. Step therapy programs require your healthcare provider to prescribe a step-one drug before a step-two drug will be covered. If the step-one drugs do not work for you, Avera Health Plans will cover the step-two drugs. Visit us online at AveraHealthPlans.com to review a list of Step Therapy Programs.

- **Age Limits (AL):** Certain drugs approved by the FDA or other prescribing guidelines are not appropriate based on age. In some instances Avera Health Plans may restrict use of certain FDA approved drugs to people within a certain age range.

- **Provider Restriction (PR):** For certain drugs, Avera Health Plans limits the prescribing to certain provider specialties.

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What if my drug is not on the Drug Formulary?

If your drug is not on this Drug Formulary, you have two choices:

- Your healthcare provider can prescribe a drug that is similar that is covered on the Drug Formulary. Similar drugs that are preferred and covered on the Drug Formulary may be easier to obtain and lower cost to you.

- You can request a formulary exception if you believe the drug you take should be covered because other treatment options on the Drug Formulary do not work for you. To request a formulary exception, you or your healthcare provider must provide written documentation to include the following:

    - Why no other prescription on the Drug Formulary will work as well as the requested drug,
    - A list of other drugs that have been tried and how you responded to these drugs
    - Medical documentation to support the medical necessity

How likely is it that I will get the formulary exception?

We will review the information and when a decision has been made, you and your healthcare provider will receive a letter that states the decision. If a formulary exception is approved, the non-preferred co-pay (for the applicable drug type) will be applied. The prescription must be a covered benefit on your plan. Formulary exceptions do not include reductions on prescription co-pays.

What do the tiers mean on the Drug Formulary?

Tier	Type of Drugs Included
Tier 1	Preventive drugs (covered at no cost to you)
Tier 2	Generic drugs (may include some brands)
Tier 3	Preferred brand drugs
Tier 4	Non-preferred brand drugs
Tier 5	Value specialty drugs (brand & generic)
Tier 6	Specialty drugs (brand and generic)

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2026 Avera Choice

Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS		
clonidine hcl er	2	QL
guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	2	AL
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR		
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)	2	QL
AMPHETAMINE MIXTURES		
amphet-dextroamphet 3-bead er (12.5 mg cap er 24h, 25 mg cap er 24h, 37.5 mg cap er 24h, 50 mg cap er 24h)	2	QL
amphetamine-dextroamphet er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)	2	
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2	
AMPHETAMINES		
amphetamine er (3.1 mg tab er disp, 6.3 mg tab er disp, 9.4 mg tab er disp, 12.5 mg tab er disp, 15.7 mg tab er disp, 18.8 mg tab er disp)	2	AL
amphetamine sulfate (5 mg tab, 10 mg tab)	2	
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)	2	
dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)	2	
DYANAVEL XR 2.5 MG/ML SUSP	4	QL

Drug Name	Drug Tier	Requirements / Limits
lisdexamfetamine dimesylate (10 mg cap, 10 mg chew tab, 20 mg cap, 20 mg chew tab, 30 mg cap, 30 mg chew tab, 40 mg cap, 40 mg chew tab, 50 mg cap, 50 mg chew tab, 60 mg cap, 60 mg chew tab, 70 mg cap)	2	QL
procentra	2	
zenzedi (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2	
ANALEPTICS		
caffeine citrate	2	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI (75 MG TAB, 150 MG TAB)	4	PA, QL
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX (4.45 MG TAB, 17.8 MG TAB)	6	PA
STIMULANTS - MISC.		
armodafinil (150 mg tab, 200 mg tab, 250 mg tab)	2	QL
armodafinil 50 mg tab	2	
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)	2	
methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)	2	
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)	2	
methylphenidate hcl er (10 mg tab er, 18 mg tab er, 18 mg tab er 24h, 20 mg tab er, 27 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)	2	

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)	2	
methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h)	2	
methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 45 mg tab er, 54 mg tab er, 63 mg tab er, 72 mg tab er)	2	
methylphenidate hcl er (xr) (10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h)	2	
METHYLPHENIDATE HCL ER(DIFFUS) (27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER)	2	
modafinil (100 mg tab, 200 mg tab)	2	QL
QUILLICHEW ER (20 MG, 30 MG, 40 MG)	4	
QUILLIVANT XR	4	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK	4	QL, AL, PR (Allergist)
PALFORZIA (1 MG DAILY DOSE)	6	AL
PALFORZIA (12 MG DAILY DOSE)	6	AL
PALFORZIA (120 MG DAILY DOSE)	6	AL
PALFORZIA (160 MG DAILY DOSE)	6	AL
PALFORZIA (20 MG DAILY DOSE)	6	AL
PALFORZIA (200 MG DAILY DOSE)	6	AL
PALFORZIA (240 MG DAILY DOSE)	6	AL
PALFORZIA (3 MG DAILY DOSE)	6	AL
PALFORZIA (300 MG MAINTENANCE)	6	AL
PALFORZIA (300 MG TITRATION)	6	AL

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (40 MG DAILY DOSE)	6	AL
PALFORZIA (6 MG DAILY DOSE)	6	AL
PALFORZIA (80 MG DAILY DOSE)	6	AL
PALFORZIA INITIAL DOSE 1-3YRS	6	AL
PALFORZIA INITIAL DOSE 4-17YRS	6	AL
PALFORZIA INITIAL ESCALATION	6	AL
RAGWITEK	4	QL, AL, PR (Allergist)
MIXED ALLERGENIC EXTRACTS		
ODACTRA	4	QL, AL, PR (Allergist)
ORALAIR	4	QL, AL, PR (Allergist)
ORALAIR ADULT STARTER PACK	4	QL, AL, PR (Allergist)
AMINOGLYCOSIDES		
ARIKAYCE	6	QL, PR (Pulmonology or Infectious Disease)
KITABIS PAK	6	QL
neomycin sulfate	2	
TOBI PODHALER	6	QL
TOBRAMYCIN (300 MG/4ML NEBU SOLN, 300 MG/5ML NEBU SOLN)	6	QL
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	2	QL
ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR	2	QL
ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR	2	QL
ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ	2	QL
AMJEVITA (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	2	QL

Drug Name	Drug Tier	Requirements / Limits
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	6	PA, QL
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS		
OLUMIANT (1 MG TAB, 2 MG TAB, 4 MG TAB)	6	PA, QL
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H, 45 MG TAB ER 24H)	6	PA, QL
RINVOQ LQ	6	PA, QL, AL
tofacitinib citrate (5 mg tab, 10 mg tab)	2	QL
tofacitinib citrate 1 mg/ml solution	2	QL, AL
tofacitinib citrate er 11 mg tab er 24h	2	QL
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP (10 MG/0.4ML SOLN A-INJ, 12.5 MG/0.4ML SOLN A-INJ, 15 MG/0.4ML SOLN A-INJ, 17.5 MG/0.4ML SOLN A-INJ, 20 MG/0.4ML SOLN A-INJ, 22.5 MG/0.4ML SOLN A-INJ, 25 MG/0.4ML SOLN A-INJ)	4	
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, 20 MG/0.4ML 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)	4	
CYCLOOXYGENASE 2 (COX-2) INHIBITORS		
celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)	2	
GOLD COMPOUNDS		
AURANOFIN	2	
RIDAURA	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST	6	PA

Drug Name	Drug Tier	Requirements / Limits
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET	6	PA, QL
INTERLEUKIN-6 RECEPTOR INHIBITORS		
AVTOZMA (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL
KEVZARA (150 MG/1.14ML SOLN A-INJ, 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	6	PA
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)	2	
naproxen-esomeprazole mg (375-20 mg tab dr, 500-20 mg tab dr)	2	QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
diclofenac potassium (25 mg cap, 50 mg tab)	2	
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	2	
diclofenac sodium er	2	
ec-naproxen (375 mg tab dr, 500 mg tab dr)	2	
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	2	
etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)	2	
FENOPROFEN CALCIUM 600 MG TAB	2	
flurbiprofen (50 mg tab, 100 mg tab)	2	
ibu (400 mg tab, 600 mg tab, 800 mg tab)	2	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	2	
indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)	2	

Drug Name	Drug Tier	Requirements / Limits
indomethacin er	2	
KETOPROFEN ER	2	
ketorolac tromethamine 10 mg tab	2	
MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP)	2	
mefenamic acid	2	
meloxicam (7.5 mg tab, 15 mg tab)	2	
nabumetone (500 mg tab, 750 mg tab)	2	
naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)	2	
naproxen dr	2	
naproxen sodium (275 mg tab, 550 mg tab)	2	
naproxen sodium er (375 mg tab er 24h, 500 mg tab er 24h)	2	
oxaprozin	2	
piroxicam (10 mg cap, 20 mg cap)	2	
SPRIX	4	QL
sulindac (150 mg tab, 200 mg tab)	2	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK, 20 MG TAB, 30 MG TAB)	6	PA, QL
OTEZLA XR	6	PA, QL
OTEZLA/OTEZLA XR INITIATION PK	6	PA, QL
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide (10 mg tab, 20 mg tab)	2	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ORENCIA CLICKJECT	6	PA, QL
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	6	PA, QL
ENBREL MINI	6	PA, QL
ENBREL SURECLICK	6	PA, QL
ANALGESICS - NONNARCOTIC		
ANALGESICS-SEDATIVES		
ALLZITAL	4	QL
bac (butalbital-acetamin-caff)	2	QL
butalbital-acetaminophen (50-300 mg tab, 50-325 mg tab)	2	QL
butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)	2	QL
butalbital-aspirin-caffeine	2	
esgic	2	QL
TENCON	2	QL
zebutal	2	QL
SALICYLATES		
adult aspirin regimen	1	AL
aspirin (81 mg chew tab, 81 mg tab dr)	1	AL
aspirin 81 (81 mg chew tab, 81 mg tab dr)	1	AL
aspirin adult low dose	1	AL
aspirin adult low strength	1	AL
aspirin childrens	1	AL
aspirin ec adult low dose	1	AL
aspirin ec low dose	1	AL

Drug Name	Drug Tier	Requirements / Limits
aspirin ec low strength	1	AL
aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	AL
aspirin regimen	1	AL
bayer aspirin ec low dose	1	AL
bayer low dose (81 mg chew tab, 81 mg tab dr)	1	AL
childrens aspirin	1	AL
cvs aspirin adult low dose	1	AL
cvs aspirin adult low strength	1	AL
cvs aspirin ec 81 mg tab dr	1	AL
cvs aspirin low dose	1	AL
cvs aspirin low strength	1	AL
diflunisal	2	
ecotrin low strength	1	AL
eq aspirin adult low dose	1	AL
eq aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	AL
eql aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	AL
ft aspirin 81 mg chew tab	1	AL
ft aspirin adult low dose	1	AL
ft aspirin low dose	1	AL
gnp adult aspirin low strength	1	AL
gnp aspirin 81 mg tab dr	1	AL
gnp aspirin low dose	1	AL
goodsense aspirin 81 mg chew tab	1	AL
goodsense aspirin low dose	1	AL
h-e-b aspirin	1	AL
hm aspirin 81 mg chew tab	1	AL
hm aspirin ec low dose	1	AL

Drug Name	Drug Tier	Requirements / Limits
kls aspirin low dose	1	AL
kp aspirin	1	AL
mm aspirin	1	AL
px aspirin 81 mg chew tab	1	AL
px enteric aspirin 81 mg tab dr	1	AL
qc aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	AL
qc childrens aspirin	1	AL
ra aspirin adult low dose	1	AL
ra aspirin adult low strength	1	AL
ra aspirin childrens	1	AL
ra aspirin ec 81 mg tab dr	1	AL
ra aspirin ec adult low st	1	AL
SALSALATE (500 MG TAB, 750 MG TAB)	2	
sb childrens aspirin	1	AL
sb low dose asa ec	1	AL
sm aspirin adult low strength (81 mg chew tab, 81 mg tab dr)	1	AL
sm aspirin ec low strength	1	AL
sm aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	AL
sm childrens aspirin	1	AL
st joseph aspirin	1	AL
st joseph low dose (81 mg chew tab, 81 mg tab dr)	1	AL
ANALGESICS - OPIOID		
CODEINE COMBINATIONS		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-15 MG TAB, 300-30 MG TAB, 300-30 MG/12.5ML SOLUTION, 300-60 MG TAB)	2	QL, AL

Drug Name	Drug Tier	Requirements / Limits
ascomp-codeine	2	QL, AL
butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)	2	QL
butalbital-asa-caff-codeine	2	QL, AL
DIHYDROCODEINE COMBINATIONS		
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	2	QL, AL
TREZIX	2	QL, AL
HYDROCODONE COMBINATIONS		
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)	2	QL
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 10-200 MG TAB)	2	QL
OPIOID AGONISTS		
codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)	2	QL, AL
DISKETS	2	QL
fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	2	QL
FENTANYL CITRATE (100 MCG TAB, 200 MCG LOZ HANDLE, 200 MCG TAB, 400 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG LOZ HANDLE, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	2	QL
HYDROCODONE BITARTRATE ER (10 MG CAP ER 12H, 15 MG CAP ER 12H, 20 MG CAP ER 12H, 30 MG CAP ER 12H, 40 MG CAP ER 12H, 50 MG CAP ER 12H)	2	QL
HYDROMORPHONE HCL (1 MG/ML LIQUID, 2 MG TAB, 3 MG SUPPOS, 4 MG TAB, 8 MG TAB)	2	QL

Drug Name	Drug Tier	Requirements / Limits
hydromorphone hcl er (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)	2	QL
levorphanol tartrate 2 mg tab	2	QL
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	2	QL
METHADONE HCL (5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 10 MG/5ML SOLUTION, 10 MG/ML CONC, 40 MG TAB SOL)	2	QL
methadone hcl intensol	2	QL
methadose	2	QL
morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)	2	QL
MORPHINE SULFATE (CONCENTRATE) (20 MG/ML SOLUTION, 100 MG/5ML SOLUTION)	2	QL
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, 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)	2	QL
MORPHINE SULFATE ER BEADS (30 MG CAP ER 24H, 45 MG CAP ER 24H, 60 MG CAP ER 24H, 75 MG CAP ER 24H, 90 MG CAP ER 24H, 120 MG CAP ER 24H)	2	
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)	2	QL
OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)	3	QL
oxymorphone hcl (5 mg tab, 10 mg tab)	2	QL
tapentadol hcl (50 mg tab, 75 mg tab, 100 mg tab)	2	QL
TAPENTADOL HCL ER (50 MG TAB ER 12H, 100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H, 250 MG TAB ER 12H)	4	ST, QL
tramadol hcl (50 mg tab, 100 mg tab)	2	QL, AL

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	2	QL, AL
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)	2	QL, AL
XTAMPZA ER (9 MG CP12 DETER, 13.5 MG CP12 DETER, 18 MG CP12 DETER, 27 MG CP12 DETER, 36 MG CP12 DETER)	4	ST
OPIOID COMBINATIONS		
endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	2	QL
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	2	QL
OPIOID PARTIAL AGONISTS		
BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM)	4	QL
BRIXADI (64 MG/0.18ML SOLN PRSYR, 96 MG/0.27ML SOLN PRSYR, 128 MG/0.36ML SOLN PRSYR)	6	
BRIXADI (WEEKLY) (8 MG/0.16ML SOLN PRSYR, 16 MG/0.32ML SOLN PRSYR, 24 MG/0.48ML SOLN PRSYR, 32 MG/0.64ML SOLN PRSYR)	6	
buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)	2	QL
buprenorphine hcl (2 mg sl tab, 8 mg sl tab)	2	
buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)	2	
butorphanol tartrate	2	QL
PENTAZOCINE-NALOXONE HCL	2	QL
SUBLOCADE (100 MG/0.5ML SOLN PRSYR, 300 MG/1.5ML SOLN PRSYR)	6	
ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 2.9-0.71 MG SL TAB, 5.7-1.4 MG SL TAB, 8.6-2.1 MG SL TAB, 11.4-2.9 MG SL TAB)	4	

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL COMBINATIONS		
tramadol-acetaminophen	2	QL, AL
ANDROGENS-ANABOLIC		
ANDROGENS		
ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	3	QL
danazol (50 mg cap, 100 mg cap, 200 mg cap)	2	
depo-testosterone (100 mg/ml solution, 200 mg/ml solution)	2	
JATENZO (158 MG CAP, 198 MG CAP, 237 MG CAP)	4	
KYZATREX (100 MG CAP, 150 MG CAP, 200 MG CAP)	4	
METHITEST	2	
methyltestosterone	2	
testosterone (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/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)	2	QL
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)	2	
TESTOSTERONE ENANTHATE	2	
TLANDO	4	
UNDECATREX	4	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide (2 mg foam, 2 mg/act foam)	2	
hydrocortisone 100 mg/60ml enema	2	

Drug Name	Drug Tier	Requirements / Limits
NITRATE VASODILATING AGENTS		
nitroglycerin 0.4 % ointment	2	
RECTAL ANESTHETIC/STEROIDS		
HYDROCORT-PRAMOXINE (PERIANAL) (1-1 % CREAM, 2.5-1 % CREAM)	2	
PROCORT	4	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
ANUCORT-HC	2	
ANUSOL-HC 25 MG SUPPOS	2	
HEMMOREX-HC (25 MG SUPPOS, 30 MG SUPPOS)	2	
hydrocortisone (perianal)	2	
hydrocortisone acetate (25 mg suppos, 30 mg suppos)	2	
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
ANTHELMINTICS		
albendazole	2	
BENZNIDAZOLE (12.5 MG TAB, 100 MG TAB)	4	
EMVERM	4	QL
ivermectin 3 mg tab	2	QL
praziquantel	2	
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	4	
IMPAVIDO 50 MG CAP	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
LIKMEZ	4	AL
metronidazole (250 mg tab, 375 mg cap, 500 mg tab)	2	
tinidazole (250 mg tab, 500 mg tab)	2	
TRIMETHOPRIM	2	
XIFAXAN (200 MG TAB, 550 MG TAB)	3	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	2	
sulfatrim pediatric	2	
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	3	
atovaquone	2	
LAMPIT (30 MG TAB, 120 MG TAB)	4	
nitazoxanide	2	
GLYCOPEPTIDES		
vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)	2	
LEPROSTATICS		
dapsone (25 mg tab, 100 mg tab)	2	
LINCOSAMIDES		
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	2	
clindamycin palmitate hcl	2	
MONOBACTAMS		
CAYSTON	6	PR (Pulmonology or Infectious Disease)

Drug Name	Drug Tier	Requirements / Limits
OXAZOLIDINONES		
linezolid (100 mg/5ml recon susp, 600 mg tab)	2	
SIVEXTRO	3	QL
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	2	
methenamine hippurate	2	
METHENAMINE MANDELATE (0.5 GM TAB, 1 GM TAB)	2	
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	2	
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	2	
nitrofurantoin monohyd macro	2	
URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS		
HYOPHEN	2	
MB CAPS	2	
ME/NAPHOS/MB/HYO1	2	
URELLE	2	
URIBEL	2	
URIMAR-T 120 MG CAP	2	
urin ds	2	
URNEVA	2	
URO-MP	2	
uro-sp	2	
ustell	2	
VILAMIT MB	2	
VILEVEV MB	2	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		

ASPRUZYO SPRINKLE (500 MG PACKET, 1000 MG PACKET)	4	QL
Drug Name	**Drug Tier**	**Requirements / Limits**
ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)	2	QL
NITRATES		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	2	
isosorbide mononitrate (10 mg tab, 20 mg tab)	2	
isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)	2	
nitro-bid	2	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	4	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	2	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg/hr patch 24hr, 2 % ointment)	2	
nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.6 mg sl tab)	2	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	2	
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)	2	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP)	2	
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)	2	
alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	2	

Drug Name	Drug Tier	Requirements / Limits
ALPRAZOLAM INTENSOL	2	
alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	2	
chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)	2	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)	2	
diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)	2	
diazepam intensol	2	
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)	2	
lorazepam intensol	2	
oxazepam (10 mg cap, 15 mg cap, 30 mg cap)	2	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate (100 mg cap, 150 mg cap)	2	
NORPACE CR (100 MG CAP ER 12H, 150 MG CAP ER 12H)	4	
quinidine gluconate er	2	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	2	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	2	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	2	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)	2	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	2	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	2	
MULTAQ	4	QL
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-LIPOXYGENASE INHIBITORS		
zileuton er	2	QL
ZYFLO	4	QL
ADRENERGIC COMBINATIONS		
ANORO ELLIPTA	3	QL
BEVESPI AEROSPHERE	4	QL
BREO ELLIPTA 50-25 MCG/INH AER POW BA	3	QL
breyna (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	2	QL
BREZTRI AEROSPHERE (160-18-4.8 MCG/ACT AEROSOL, 160-9-4.8 MCG/ACT AEROSOL)	3	QL
budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	2	QL
COMBIVENT RESPIMAT	3	QL
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	3	QL
FLUTICASONE FUROATE-VILANTEROL (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 55-14 MCG/ACT AER POW BA, 100-50 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL, 232-14 MCG/ACT AER POW	2	QL

BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA)		
Drug Name	**Drug Tier**	**Requirements / Limits**
ipratropium-albuterol	2	
STIOLTO RESPIMAT	3	QL
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	3	QL
wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	2	QL
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	6	PA, QL
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	2	
BETA ADRENERGICS		
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, 8 mg/20ml syrup)	2	
albuterol sulfate hfa	2	QL
arformoterol tartrate	2	QL
formoterol fumarate	2	QL
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)	2	
LEVALBUTEROL TARTRATE	2	QL
PROAIR RESPICLICK	3	QL
SEREVENT DISKUS	3	QL
STRIVERDI RESPIMAT	4	QL
terbutaline sulfate (2.5 mg tab, 5 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
BRONCHODILATORS - ANTICHOLINERGICS		
INCRUSE ELLIPTA	3	QL
ipratropium bromide 0.02 % solution	2	
ipratropium bromide hfa	2	QL
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	3	QL
tiotropium bromide	2	QL
TUDORZA PRESSAIR	4	QL
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
FASENRA 10 MG/0.5ML SOLN PRSYR	6	PA
FASENRA PEN	6	PA
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	6	PA
NUCALA 40 MG/0.4ML SOLN PRSYR	6	PA, QL
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium (4 mg chew tab, 5 mg chew tab)	2	
montelukast sodium 10 mg tab	2	QL
montelukast sodium 4 mg packet	2	QL, AL
zafirlukast (10 mg tab, 20 mg tab)	2	QL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast 250 mcg tab	2	QL
roflumilast 500 mcg tab	2	QL
STEROID INHALANTS		
ARNUITY ELLIPTA (100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	3	QL
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	3	QL, AL

Drug Name	Drug Tier	Requirements / Limits
ASMANEX (120 METERED DOSES)	3	
ASMANEX (14 METERED DOSES)	3	
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	3	
ASMANEX (60 METERED DOSES)	3	
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	3	QL
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	2	QL
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	QL
FLUTICASONE PROPIONATE HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	QL
PULMICORT FLEXHALER	3	QL
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	3	QL
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
TEZSPIRE (210 MG/1.91ML SOLN A-INJ, 210 MG/1.91ML SOLN PRSYR)	6	PA
XANTHINES		
elixophyllin	2	
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	4	
theophylline (80 mg/15ml elixir, 80 mg/15ml solution)	2	
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)	2	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	2	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS (0.15 MG CAP SPRINK, 0.5 MG TAB SOL)	3	QL, AL
ELIQUIS (1.5 MG PACK)	3	QL, AL
ELIQUIS (2 MG PACK)	3	QL, AL
ELIQUIS (2.5 MG TAB, 5 MG TAB)	3	
ELIQUIS DVT/PE STARTER PACK	3	
XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	3	
XARELTO 1 MG/ML RECON SUSP	3	QL
XARELTO STARTER PACK	3	
LOW MOLECULAR WEIGHT HEPARINS		
enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)	2	QL
FRAGMIN (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/4ML SOLUTION, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION)	4	
SYNTHETIC HEPARINOID-LIKE AGENTS		
fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)	2	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	2	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		

perampanel (0.5 mg/ml suspension, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	2	QL, AL
Drug Name	**Drug Tier**	**Requirements / Limits**
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)	2	
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)	2	
diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)	2	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	4	AL
NAYZILAM	4	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	4	
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	
VALTOCO 5 MG DOSE	4	
ANTICONVULSANTS - MISC.		
brivaracetam (10 mg tab, 10 mg/ml solution, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	2	
carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)	2	
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)	2	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	4	PA
EPIDIOLEX	4	PA
epitol	2	
eslicarbazepine acetate (200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab)	2	QL
FINTEPLA	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)	2	
lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)	2	QL
LAMICTAL XR (21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT, 50 & 100 & 200 MG KIT)	4	
lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 42 x 50 mg & 14x100 mg kit, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)	2	
lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)	2	QL
lamotrigine odt (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)	2	
lamotrigine starter kit-blue	2	
lamotrigine starter kit-green	2	
lamotrigine starter kit-orange	2	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	2	
levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)	2	QL
oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)	2	
oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h, 600 mg tab er 24h)	2	
pregabalin (20 mg/ml solution, 225 mg cap)	2	QL
pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 300 mg cap)	2	
primidone (50 mg tab, 250 mg tab)	2	
roweepra	2	
rufinamide (200 mg tab, 400 mg tab)	2	QL

Drug Name	Drug Tier	Requirements / Limits
rufinamide 40 mg/ml suspension	2	QL, AL
SPRITAM (250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB)	4	
subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2	
subvenite starter kit-blue	2	
subvenite starter kit-green	2	
subvenite starter kit-orange	2	
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	
topiramate 25 mg/ml solution	2	QL, AL
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)	2	QL
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	2	
ZTALMY	6	PA, QL
CARBAMATES		
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	2	
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, 25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	4	QL
XCOPRI (250 MG DAILY DOSE)	4	QL
XCOPRI (350 MG DAILY DOSE)	4	QL
GABA MODULATORS		
TIAGABINE HCL (2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB)	2	
vigabatrin (500 mg packet, 500 mg tab)	6	
vigadrone (500 mg packet, 500 mg tab)	6	
vigpoder	6	

Drug Name	Drug Tier	Requirements / Limits
HYDANTOINS		
DILANTIN 30 MG CAP	4	
phenytek (200 mg cap, 300 mg cap)	2	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	2	
phenytoin infatabs	2	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	2	
SUCCINIMIDES		
ethosuximide (250 mg cap, 250 mg/5ml solution)	2	
methsuximide	2	
VALPROIC ACID		
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	2	
divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)	2	
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	2	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)	2	QL
mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)	2	
ANTIDEPRESSANTS - MISC.		
bupropion hcl (75 mg tab, 100 mg tab)	2	
bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)	2	
bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)	2	

Drug Name	Drug Tier	Requirements / Limits
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE	2	
tranylcypromine sulfate	2	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)	2	
escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)	2	
fluoxetine hcl (10 mg cap, 20 mg cap, 20 mg/5ml solution, 40 mg cap)	2	
FLUOXETINE HCL 90 MG CAP DR	2	ST
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	2	
fluvoxamine maleate er (100 mg cap er 24h, 150 mg cap er 24h)	2	ST, QL
PAROXETINE HCL	2	
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	2	
paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)	2	
sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)	2	
SEROTONIN MODULATORS		
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	2	
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)	2	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	3	ST, QL
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	2	QL
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER (50 MG TAB ER 24H, 100 MG TAB ER 24H)	4	ST, QL

Drug Name	Drug Tier	Requirements / Limits
desvenlafaxine succinate er (50 mg tab er 24h, 100 mg tab er 24h)	2	
desvenlafaxine succinate er 25 mg tab er 24h	2	QL
duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)	2	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	4	ST, QL
FETZIMA TITRATION	4	ST
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	2	
venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)	2	
TRICYCLIC AGENTS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	2	
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	2	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	2	
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	2	
DOXEPIN HCL (10 MG CAP, 10 MG/ML CONC, 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP)	2	
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	2	
nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)	2	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	2	
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	4	QL

Drug Name	Drug Tier	Requirements / Limits
SYMLINPEN 60	4	QL
BIGUANIDES		
metformin hcl (500 mg tab, 500 mg/5ml solution, 1000 mg tab)	2	
metformin hcl 850 mg tab	2	
metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)	2	
DIABETIC OTHER		
BAQSIMI ONE PACK	4	
BAQSIMI TWO PACK	4	
diazoxide	2	
GLUCAGON EMERGENCY (1 MG/ML RECON SOLN)	2	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	4	
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	4	
GVOKE KIT	4	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	4	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB)	2	QL
saxagliptin hcl (2.5 mg tab, 5 mg tab)	2	QL
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
ALOGLIPTIN-METFORMIN HCL (12.5-1000 MG TAB, 12.5-500 MG TAB)	2	QL
saxagliptin-metformin er (2.5-1000 mg tab er 24h, 5-1000 mg tab er 24h, 5-500 mg tab er 24h)	2	QL
DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES		
CYCLOSET	4	

Drug Name	Drug Tier	Requirements / Limits
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS		
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	2	
HUMAN INSULIN		
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
FIASP PUMPCART	3	
HUMALOG (100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION)	4	ST
HUMALOG JUNIOR KWIKPEN	4	ST
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	4	ST
HUMALOG MIX 50/50	4	ST
HUMALOG MIX 50/50 KWIKPEN	4	ST
HUMALOG MIX 75/25	4	ST
HUMALOG MIX 75/25 KWIKPEN	4	ST
HUMALOG TEMPO PEN	4	ST
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	4	ST
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	4	ST
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ)	3	PA, QL
MOUNJARO (7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	3	PA, QL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	3	PA, QL
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	3	ST, QL
MEGLITINIDE ANALOGUES		
nateglinide (60 mg tab, 120 mg tab)	2	
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone 300 mg tab	6	PA, AL

Drug Name	Drug Tier	Requirements / Limits
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
QTERN 5-5 MG TAB	3	QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BRENZAVVY	3	QL
dapagliflozin (5 mg tab, 10 mg tab)	2	QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
dapaglifloz base-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h, 10-1000 mg tab er 24h, 10-500 mg tab er 24h)	2	QL
XIGDUO XR 2.5-1000 MG TAB ER 24H	3	QL
SULFONYLUREA-BIGUANIDE COMBINATIONS		
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	2	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	2	
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS		
pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)	2	QL
SULFONYLUREAS		
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	2	
GLIPIZIDE (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	2	
glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	2	
glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	2	
glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)	2	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	2	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
THIAZOLIDINEDIONES		
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	2	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	4	PA, QL
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX	4	
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE-ATROPINE	2	
MOTOFEN	4	
OPIUM	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	4	
deferasirox (125 mg tab sol, 250 mg tab sol, 500 mg tab sol)	6	PA
deferasirox (90 mg packet, 90 mg tab, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab)	6	PA
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	6	PA
deferiprone (500 mg tab, 1000 mg tab)	6	PA
FERRIPROX 100 MG/ML SOLUTION	6	PA
FERRIPROX TWICE-A-DAY	6	PA
PENTETATE CALCIUM TRISODIUM	4	
PENTETATE ZINC TRISODIUM	4	
VISTOGARD	6	

Drug Name	Drug Tier	Requirements / Limits
OPIOID ANTAGONISTS		
KLOXXADO	4	
naloxone hcl 4 mg/0.1ml liquid	2	
naltrexone hcl	2	
OPVEE	4	
REXTOVY	4	
REZENOPY	4	
ZIMHI	4	
ZURNAI	3	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl 1 mg tab	2	
ondansetron (4 mg tab disp, 8 mg tab disp)	2	
ondansetron hcl (4 mg tab, 8 mg tab, 24 mg tab)	2	
ondansetron hcl 4 mg/5ml solution	2	
SANCUSO	4	QL
ANTIEMETIC COMBINATIONS		
AKYNZEO 300-0.5 MG CAP	4	
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl 25 mg tab	2	
scopolamine	2	QL
trimethobenzamide hcl 300 mg cap	2	
ANTIEMETICS - MISCELLANEOUS		
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	2	
SYNDROS 5 MG/ML SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant (40 mg cap, 80 mg cap, 125 mg cap)	2	
aprepitant 80 & 125 mg cap thpk	2	
EMEND 125 MG/5ML RECON SUSP	3	
ANTIFUNGALS		
flucytosine (250 mg cap, 500 mg cap)	2	
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	2	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	2	
nystatin 500000 unit tab	2	
terbinafine hcl 250 mg tab	2	
IMIDAZOLES		
ketoconazole 200 mg tab	2	
TRIAZOLES		
CRESEMBA (74.5 MG CAP, 186 MG CAP)	4	QL, PR (Oncology or Infectious Disease)
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2	
itraconazole (10 mg/ml solution, 100 mg cap)	2	
NOXAFIL 300 MG PACKET	3	AL, PR (Oncology or Infectious Disease)
posaconazole (40 mg/ml suspension, 100 mg tab dr)	2	
voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)	2	QL, PR (Oncology or Infectious Disease)
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
RYCLORA	2	

Drug Name	Drug Tier	Requirements / Limits
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	2	
CARBINOXAMINE MALEATE ER	2	
CLEMASTINE FUMARATE	2	
ANTIHISTAMINES - NON-SEDATING		
desloratadine (2.5 mg tab disp, 5 mg tab disp)	2	
levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tab)	2	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)	2	
promethegan (12.5 mg suppos, 25 mg suppos)	2	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)	2	
ANTIHYPERLIPIDEMICS		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB		
NEXLIZET	3	PA, QL
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	3	PA, QL
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl (0.5 gm cap, 1 gm cap)	2	QL
omega-3-acid ethyl esters	2	QL
BILE ACID SEQUESTRANTS		
cholestyramine (4 gm packet, 4 gm/dose powder)	2	

Drug Name	Drug Tier	Requirements / Limits
cholestyramine light (4 gm packet, 4 gm/dose powder)	2	
colesevelam hcl (3.75 gm packet, 625 mg tab)	2	
colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)	2	
prevalite (4 gm packet, 4 gm/dose powder)	2	
FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	2	
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	2	
FENOFIBRIC ACID (35 MG TAB, 45 MG CAP DR, 105 MG TAB, 135 MG CAP DR)	2	
gemfibrozil	2	
HMG COA REDUCTASE INHIBITORS		
ALTOPREV (20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H)	4	QL
ATORVALIQ	4	AL
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	2	
FLOLIPID (20 MG/5ML SUSPENSION, 40 MG/5ML SUSPENSION)	4	AL
fluvastatin sodium (20 mg cap, 40 mg cap)	2	
fluvastatin sodium er	2	
lovastatin (10 mg tab, 20 mg tab, 40 mg tab)	2	
pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)	2	QL
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	2	
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	2	
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	2	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	2	
NICOTINIC ACID DERIVATIVES		
niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)	2	QL
PCSK9 INHIBITORS		
REPATHA	3	QL
REPATHA PUSHTRONEX SYSTEM	3	QL
REPATHA SURECLICK	3	QL
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
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)	2	
PRESTALIA (3.5-2.5 MG TAB, 7-5 MG TAB, 14-10 MG TAB)	4	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	2	
ACE INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	2	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
enalapril maleate (1 mg/ml solution, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	2	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	2	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	2	
moexipril hcl (7.5 mg tab, 15 mg tab)	2	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	2	
QBRELIS	4	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	2	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	2	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	2	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	2	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	2	
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	2	
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	2	
QUINAPRIL-HYDROCHLOROTHIAZIDE (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	2	
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine	2	
phenoxybenzamine hcl	2	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg	2	

tab, 10-320-25 mg tab)		
Drug Name	**Drug Tier**	**Requirements / Limits**
olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)	2	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	2	
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	2	
TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB)	2	
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	2	
EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB)	4	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	2	
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	2	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	2	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	2	
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
azilsartan medoxomil (40 mg tab, 80 mg tab)	2	
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	2	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	2	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	2	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	2	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	2	
valsartan 4 mg/ml solution	2	QL, AL
ANTIADRENERGICS - CENTRALLY ACTING		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	2	QL
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	2	
guanfacine hcl (1 mg tab, 2 mg tab)	2	
METHYLDOPA	2	
ANTIADRENERGICS - PERIPHERALLY ACTING		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	2	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	2	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	2	
ANTIHYPERTENSIVES - MISC.		
VECAMYL	3	
BETA BLOCKER & DIURETIC COMBINATIONS		
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	2	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	2	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	2	
DIRECT RENIN INHIBITORS		
aliskiren fumarate (150 mg tab, 300 mg tab)	2	QL

Drug Name	Drug Tier	Requirements / Limits
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone (25 mg tab, 50 mg tab)	2	QL
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	
minoxidil (2.5 mg tab, 10 mg tab)	2	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	2	
COARTEM	3	QL
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	2	
hydroxychloroquine sulfate 200 mg tab	2	
mefloquine hcl	2	
primaquine phosphate	2	
pyrimethamine	2	PA
quinine sulfate	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	6	PA
PYRIDOSTIGMINE BROMIDE (60 MG TAB)	2	QL
pyridostigmine bromide 60 mg/5ml solution	2	
pyridostigmine bromide er	2	
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE	2	
ethambutol hcl (100 mg tab, 400 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	2	
PRETOMANID	4	PR (Pulmonology or Infectious Disease)
pyrazinamide	2	
rifabutin	2	
rifampin (150 mg cap, 300 mg cap)	2	
rifapentine	2	
SIRTURO (20 MG TAB, 100 MG TAB)	6	
TRECATOR	4	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
MYLERAN	4	
ANDROGEN BIOSYNTHESIS INHIBITORS		
abiraterone acetate (250 mg tab, 500 mg tab)	5	PA, QL
abirtega	5	PA, QL
YONSA	6	PA, QL
ANTIADRENALS		
LYSODREN	6	
ANTIANDROGENS		
bicalutamide	2	QL
ERLEADA (60 MG TAB, 240 MG TAB)	6	PA, QL
NILUTAMIDE	6	
NUBEQA	6	PA, QL
XTANDI (40 MG CAP, 40 MG TAB, 80 MG TAB)	6	PA, QL
ANTIESTROGENS		
SOLTAMOX	4	

Drug Name	Drug Tier	Requirements / Limits
tamoxifen citrate (10 mg tab, 20 mg tab)	2	
toremifene citrate	2	PA
ANTIMETABOLITES		
capecitabine (150 mg tab, 500 mg tab)	5	
JYLAMVO	4	
mercaptopurine 50 mg tab	2	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	2	
methotrexate sodium (pf) 50 mg/2ml solution	2	
ONUREG (200 MG TAB, 300 MG TAB)	6	PA
TABLOID	4	PA
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	3	
XATMEP	4	
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	6	PA, QL
TRUQAP (160 MG TAB, 200 MG TAB)	6	PA, QL
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	6	PA, QL
ALUNBRIG (30 MG TAB, 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	6	PA, QL
LORBRENA (25 MG TAB, 100 MG TAB)	6	PA, QL
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 150 MG CAP SPRINK)	6	PA, QL, AL
XALKORI (200 MG CAP, 250 MG CAP)	6	PA, QL
ZYKADIA	6	PA, QL
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERNEXEOS	6	PA

Drug Name	Drug Tier	Requirements / Limits
TUKYSA (50 MG TAB, 150 MG TAB)	6	PA, QL
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA (10 MG TAB, 50 MG TAB)	6	PA, QL
VENCLEXTA 100 MG TAB	6	PA, QL
VENCLEXTA STARTING PACK	6	PA
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF (50 MG CAP, 100 MG CAP)	6	PA, QL
bosutinib (100 mg tab, 400 mg tab, 500 mg tab)	6	PA, QL
dasatinib (100 mg tab, 140 mg tab)	6	PA
dasatinib (50 mg tab, 70 mg tab)	6	PA
dasatinib 20 mg tab	6	PA
dasatinib 80 mg tab	6	PA
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	6	PA, QL
imatinib mesylate (100 mg tab, 400 mg tab)	6	PA, QL
NILOTINIB D-TARTRATE (50 MG CAP, 150 MG CAP, 200 MG CAP)	6	PA, QL
nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)	6	PA, QL
SCEMBLIX (20 MG TAB, 100 MG TAB)	6	PA, QL
SCEMBLIX 40 MG TAB	6	PA, QL
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI	6	PA, QL
OJEMDA (25 MG/ML RECON SUSP, 100 MG TAB)	6	PA
TAFINLAR (50 MG CAP, 75 MG CAP)	6	PA, QL
TAFINLAR 10 MG TAB SOL	6	PA
ZELBORAF	6	PA, QL
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA 160 MG TAB	6	PA

Drug Name	Drug Tier	Requirements / Limits
BRUKINSA 80 MG CAP	6	PA
CALQUENCE 100 MG TAB	6	PA
IMBRUVICA (70 MG CAP, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	6	PA, QL
IMBRUVICA 70 MG/ML SUSPENSION	6	PA, QL
JAYPIRCA 100 MG TAB	6	PA, QL
JAYPIRCA 50 MG TAB	6	PA, QL
ANTINEOPLASTIC - CSF1R KINASE INHIBITORS		
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	6	PA, QL
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl (25 mg tab, 100 mg tab, 150 mg tab)	6	PA, QL
gefitinib	6	PA, QL
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	6	PA, QL
LAZCLUZE (80 MG TAB, 240 MG TAB)	6	PA
TAGRISSO (40 MG TAB, 80 MG TAB)	6	PA, QL
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	6	PA, QL
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB)	6	PA
LYTGOBI (12 MG DAILY DOSE)	6	PA, QL
LYTGOBI (16 MG DAILY DOSE)	6	PA, QL
LYTGOBI (20 MG DAILY DOSE)	6	PA, QL
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	6	PA
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS		
OGSIVEO (50 MG TAB, 100 MG TAB, 150 MG TAB)	6	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO (25 MG TAB, 100 MG TAB)	6	PA

Drug Name	Drug Tier	Requirements / Limits
ERIVEDGE	6	PA, QL
ODOMZO	6	PA, QL
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
WELIREG	6	PA, QL
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
ZOLINZA	6	PA, QL
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS		
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	6	PA, QL
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	6	PA, QL
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	6	PA, QL
LUMAKRAS (120 MG TAB, 240 MG TAB, 320 MG TAB)	6	PA
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	6	PA, QL
GOMEKLI (1 MG CAP, 1 MG TAB SOL, 2 MG CAP)	6	PA
KOSELUGO (10 MG CAP, 25 MG CAP)	6	PA
KOSELUGO (5 MG CAP SPRINK, 7.5 MG CAP SPRINK)	6	PA
MEKINIST (0.5 MG TAB, 2 MG TAB)	6	PA, QL
MEKINIST 0.05 MG/ML RECON SOLN	6	PA
MEKTOVI	6	PA, QL
ANTINEOPLASTIC - MENIN INHIBITORS		
KOMZIFTI	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
REVUFORJ (25 MG TAB, 110 MG TAB, 160 MG TAB)	6	PA
ANTINEOPLASTIC - MET INHIBITORS		
TABRECTA (150 MG TAB, 200 MG TAB)	6	PA
TEPMETKO	6	PA, QL
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK	6	PA
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)	5	PA, QL
everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	2	PA, QL
yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	2	QL
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	6	PA
CAPRELSA (100 MG TAB, 300 MG TAB)	6	PA, QL
COMETRIQ (100 MG DAILY DOSE)	6	PA, QL
COMETRIQ (140 MG DAILY DOSE)	6	PA, QL
COMETRIQ (60 MG DAILY DOSE)	6	PA, QL
ENSACOVE (25 MG CAP, 100 MG CAP)	6	PA
HYRNUO	6	PA, QL
lapatinib ditosylate	6	PA, QL
NERLYNX	6	PA
PAZOPANIB HCL	6	PA, QL
pazopanib hcl	6	PA, QL
QINLOCK	6	PA
RYDAPT	6	PA

Drug Name	Drug Tier	Requirements / Limits
sorafenib tosylate	6	PA, QL
STIVARGA	6	PA, QL
sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)	5	PA
TURALIO 125 MG CAP	6	PA, QL
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	6	PA, QL
XOSPATA	6	PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	6	PA, QL
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO	6	PA
ANTINEOPLASTIC - PROTEASOME INHIBITORS		
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	6	PA, QL
ANTINEOPLASTIC - RET INHIBITORS		
GAVRETO	6	PA, QL
RETEVMO (40 MG CAP, 80 MG CAP)	6	PA, QL
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	6	PA, QL
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
AUGTYRO (40 MG CAP, 160 MG CAP)	6	PA
IBTROZI	6	PA, QL
ROZLYTREK (100 MG CAP, 200 MG CAP)	6	PA, QL
ROZLYTREK 50 MG PACKET	6	PA, QL, AL
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	6	PA
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY)	6	PA

Drug Name	Drug Tier	Requirements / Limits
XPOVIO (40 MG ONCE WEEKLY) (10 MG TAB THPK, 40 MG TAB THPK)	6	PA
XPOVIO (40 MG TWICE WEEKLY)	6	PA
XPOVIO (60 MG ONCE WEEKLY)	6	PA
XPOVIO (60 MG TWICE WEEKLY)	6	PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	6	PA
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	6	PA
XPOVIO (80 MG TWICE WEEKLY)	6	PA
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI FAKZYNJA CO-PACK	6	PA
INQOVI	6	PA
LONSURF 15-6.14 MG TAB	6	PA, QL
LONSURF 20-8.19 MG TAB	6	PA, QL
ANTINEOPLASTICS MISC.		
ACTIMMUNE	6	PA
BESREMI	6	PA
BESREMI PEN	6	PA
hydroxyurea	2	
MATULANE	6	PA
AROMATASE INHIBITORS		
anastrozole	2	
exemestane	2	
letrozole	2	
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	6	PA, QL
KISQALI (200 MG DOSE)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
KISQALI (400 MG DOSE)	6	PA, QL
KISQALI (600 MG DOSE)	6	PA, QL
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	6	PA
ESTROGEN RECEPTOR ANTAGONIST		
INLURIYO	6	PA, QL
ESTROGENS-ANTINEOPLASTIC		
EMCYT	6	PA
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	2	
GLUCOCORTICOID RECEPTOR (GR) ANTAGONISTS		
LIFYORLI (125 MG DOSE)	6	PA
LIFYORLI (150 MG DOSE)	6	PA
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS		
ORGOVYX	6	PA
IMIDAZOTETRAZINES		
temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)	6	PA
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS		
VORANIGO (10 MG TAB, 40 MG TAB)	6	PA
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS		
REZLIDHIA	6	PA, QL
TIBSOVO	6	PA
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS		
IDHIFA (50 MG TAB, 100 MG TAB)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
INREBIC	6	PA, QL
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	6	PA, QL
JAKAFI XR (22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	6	PA, QL
JAKAFI XR 11 MG TAB ER 24H	6	PA, QL
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	6	PA, QL
VONJO	6	PA, QL
LHRH ANALOGS		
leuprolide acetate	6	PA
MITOTIC INHIBITORS		
etoposide 50 mg cap	6	
NITROGEN MUSTARDS AND RELATED ANALOGUES		
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	2	
LEUKERAN	3	
NITROSOUREAS		
lomustine (10 mg cap, 40 mg cap, 100 mg cap)	6	
ORNITHINE DECARBOXYLASE (ODC) INHIBITORS		
IWILFIN	6	PA
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA (15 MG CAP, 25 MG CAP)	6	PA, QL
ITOVEBI (3 MG TAB, 9 MG TAB)	6	PA, QL
PIQRAY (200 MG DAILY DOSE)	6	PA
PIQRAY (250 MG DAILY DOSE)	6	PA

Drug Name	Drug Tier	Requirements / Limits
PIQRAY (300 MG DAILY DOSE)	6	PA
ZYDELIG (100 MG TAB, 150 MG TAB)	6	PA, QL
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA (100 MG TAB, 150 MG TAB)	6	PA, QL
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	6	PA, QL
TALZENNA (0.1 MG CAP, 0.25 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	6	PA, QL
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	6	PA, QL
PROGESTINS-ANTINEOPLASTIC		
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	2	
RETINOIDS		
tretinoin 10 mg cap	6	
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
ORSERDU (86 MG TAB, 345 MG TAB)	6	PA, QL
VEPPANU (100 MG TAB, 200 MG TAB)	6	PA, QL
SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene 75 mg cap	6	PA
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	6	PA
URINARY TRACT PROTECTIVE AGENTS		
mesna 400 mg tab	5	
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
FRUZAQLA (1 MG CAP, 5 MG CAP)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
INLYTA (1 MG TAB, 5 MG TAB)	6	PA, QL
LENVIMA (10 MG DAILY DOSE)	6	PA, QL
LENVIMA (12 MG DAILY DOSE)	6	PA, QL
LENVIMA (14 MG DAILY DOSE)	6	PA, QL
LENVIMA (18 MG DAILY DOSE)	6	PA, QL
LENVIMA (20 MG DAILY DOSE)	6	PA, QL
LENVIMA (24 MG DAILY DOSE)	6	PA, QL
LENVIMA (4 MG DAILY DOSE)	6	PA, QL
LENVIMA (8 MG DAILY DOSE)	6	PA, QL
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ADENOSINE RECEPTOR ANTAGONIST		
NOURIANZ (20 MG TAB, 40 MG TAB)	4	QL
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	2	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)	2	
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	2	
INBRIJA	4	QL
OSMOLEX ER 129 MG TAB ER 24H	4	QL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	2	QL
selegiline hcl (5 mg cap, 5 mg tab)	2	
XADAGO (50 MG TAB, 100 MG TAB)	4	QL

Drug Name	Drug Tier	Requirements / Limits
ZELAPAR	4	
CENTRAL/PERIPHERAL COMT INHIBITORS		
tolcapone	2	QL
DECARBOXYLASE INHIBITORS		
carbidopa	2	
LEVODOPA COMBINATIONS		
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)	2	
CARBIDOPA-LEVODOPA ER (23.75-95 MG CAP ER, 25-100 MG TAB ER, 36.25-145 MG CAP ER, 48.75-195 MG CAP ER, 50-200 MG TAB ER, 61.25-245 MG CAP ER)	2	
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)	2	
CREXONT (35-140 MG CAP ER, 52.5-210 MG CAP ER, 70-280 MG CAP ER, 87.5-350 MG CAP ER)	4	
DHIVY	4	
RYTARY (23.75-95 MG CAP ER, 36.25-145 MG CAP ER, 48.75-195 MG CAP ER, 61.25-245 MG CAP ER)	4	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
NEUPRO (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)	4	
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)	2	
pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)	2	QL

Drug Name	Drug Tier	Requirements / Limits
ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)	2	
ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)	2	QL
PERIPHERAL COMT INHIBITORS		
entacapone	2	
ONGENTYS (25 MG CAP, 50 MG CAP)	4	QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium	2	AL
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	2	AL
lithium carbonate er (300 mg tab er, 450 mg tab er)	2	AL
ANTIPSYCHOTICS - MISC.		
EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	4	AL
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)	2	QL, AL
NUPLAZID (10 MG TAB, 34 MG CAP)	4	PA, QL, AL
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	4	ST, QL, AL
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	2	QL, AL
BENZISOXAZOLES		
paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 6 mg tab er 24h, 9 mg tab er 24h)	2	QL, AL
risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab, 4 mg tab disp)	2	QL, AL

Drug Name	Drug Tier	Requirements / Limits
risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab)	2	AL
BUTYROPHENONES		
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	2	AL
haloperidol lactate 2 mg/ml conc	2	AL
DIBENZO-OXEPINO PYRROLES		
asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)	2	QL, AL
DIBENZODIAZEPINES		
clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	QL, AL
DIBENZOTHIAZEPINES		
QUETIAPINE FUMARATE (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB)	2	AL
quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)	2	QL, AL
DIBENZOXAZEPINES		
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	2	AL
PHENOTHIAZINES		
chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	AL
compro	2	AL
fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)	2	AL
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	2	AL

Drug Name	Drug Tier	Requirements / Limits
prochlorperazine	2	AL
prochlorperazine maleate (5 mg tab, 10 mg tab)	2	AL
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	AL
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	2	AL
QUINOLINONE DERIVATIVES		
aripiprazole (1 mg/ml solution, 2 mg tab)	2	QL, AL
aripiprazole (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2	AL
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	4	ST, QL, AL
THIENBENZODIAZEPINES		
olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)	2	AL
olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)	2	QL, AL
THIOXANTHENES		
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	2	AL
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS		
abacavir sulfate-lamivudine	6	
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	6	
CIMDUO	6	
DELSTRIGO	6	
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	6	
DOVATO	6	

Drug Name	Drug Tier	Requirements / Limits
efavirenz-emtricitab-tenofo df	2	
efavirenz-lamivudine-tenofovir	2	
emtricitab-rilpivir-tenofov df	6	
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)	5	
emtricitabine-tenofovir df 200-300 mg tab	1	
EVOTAZ	6	
GENVOYA	6	
JULUCA	6	
lamivudine-zidovudine	6	
lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)	5	
ODEFSEY	6	
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	6	
STRIBILD	6	
SYMTUZA	6	
TRIUMEQ	6	
TRIUMEQ PD	6	AL
ANTIRETROVIRALS - CAPSID INHIBITORS		
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK)	6	
SUNLENCA 300 MG TAB	6	
YEZTUGO 300 MG TAB	6	
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
maraviroc (150 mg tab, 300 mg tab)	6	
SELZENTRY 20 MG/ML SOLUTION	6	
ANTIRETROVIRALS - FUSION INHIBITORS		
FUZEON	6	

Drug Name	Drug Tier	Requirements / Limits
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR		
RUKOBIA	6	
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 100 MG PACKET)	6	
ISENTRESS 400 MG TAB	6	
ISENTRESS HD	6	
TIVICAY 50 MG TAB	6	
TIVICAY PD	6	
VOCABRIA	4	
ANTIRETROVIRALS - PROTEASE INHIBITORS		
APTIVUS	6	
atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)	5	
darunavir (600 mg tab, 800 mg tab)	6	
fosamprenavir calcium	6	
NORVIR 100 MG PACKET	6	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	6	
REYATAZ 50 MG PACKET	6	
ritonavir	6	
VIRACEPT (250 MG TAB, 625 MG TAB)	6	
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
EDURANT PED	6	QL, AL
EFAVIRENZ (50 MG CAP, 200 MG CAP)	6	
etravirine (100 mg tab, 200 mg tab)	5	
INTELENCE 25 MG TAB	6	

Drug Name	Drug Tier	Requirements / Limits
nevirapine	6	
nevirapine er	6	
PIFELTRO	6	
rilpivirine hcl	5	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
abacavir sulfate (20 mg/ml solution, 300 mg tab)	6	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
emtricitabine	6	
EMTRIVA 10 MG/ML SOLUTION	6	
lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)	6	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)	6	
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
tenofovir disoproxil fumarate	6	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	6	
ANTIRETROVIRALS ADJUVANTS		
TYBOST	4	
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	4	
PAXLOVID (300/100 & 150/100)	4	
PAXLOVID (300/100)	4	
CMV AGENTS		
LIVTENCITY	6	QL, PR (infectious Disease Spec.)

Drug Name	Drug Tier	Requirements / Limits
PREVYMIS (20 MG PACKET, 120 MG PACKET)	6	QL, AL
PREVYMIS (240 MG TAB, 480 MG TAB)	6	QL
valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)	6	
HEPATITIS B AGENTS		
adefovir dipivoxil	6	
BARACLUDE 0.05 MG/ML SOLUTION	6	
entecavir (0.5 mg tab, 1 mg tab)	6	
lamivudine 100 mg tab	6	
VEMLIDY	6	
HEPATITIS C AGENT - COMBINATIONS		
EPCLUSA (150-37.5 MG PACKET, 200-50 MG PACKET)	6	PA, QL
HARVONI (33.75-150 MG PACKET, 45-200 MG PACKET)	6	PA, QL
LEDIPASVIR-SOFOSBUVIR	2	PA, QL
MAVYRET 100-40 MG TAB	6	PA, QL
MAVYRET 50-20 MG PACKET	6	PA, QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL
VOSEVI	6	PA, QL
HEPATITIS C AGENTS		
PEGASYS (180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION)	6	QL
RIBAVIRIN (200 MG CAP, 200 MG TAB)	6	
HEPATITIS D AGENTS		
HEPCLUDEX	6	PA, QL
HERPES AGENTS - PURINE ANALOGUES		
acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)	2	

Drug Name	Drug Tier	Requirements / Limits
SITAVIG	4	
valacyclovir hcl (1 gm tab, 500 mg tab)	2	
HERPES AGENTS - THYMIDINE ANALOGUES		
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	2	
INFLUENZA AGENTS		
RIMANTADINE HCL	2	
MISC. ANTIVIRALS		
TEMBEXA (10 MG/ML SUSPENSION, 100 MG TAB)	4	
TPOXX 200 MG CAP	4	
XOCOVA	4	AL
NEURAMINIDASE INHIBITORS		
oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)	2	
RELENZA DISKHALER	4	
PA ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	4	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	2	
carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)	2	QL
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	2	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl (200 mg cap, 400 mg cap)	2	

Drug Name	Drug Tier	Requirements / Limits
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	2	
betaxolol hcl (10 mg tab, 20 mg tab)	2	
bisoprolol fumarate (5 mg tab, 10 mg tab)	2	
metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)	2	
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	2	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	2	QL
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL 4.28 MG/ML SOLUTION	4	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	2	
pindolol (5 mg tab, 10 mg tab)	2	
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)	2	
propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)	2	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	2	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	2	
SOTYLIZE	4	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
CARDAMYST	4	PA
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	2	
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	2	

Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	2	
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, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)	2	
diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)	2	
diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	2	
felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	2	
isradipine (2.5 mg cap, 5 mg cap)	2	
KATERZIA	4	AL
matzim la (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)	2	
nicardipine hcl (20 mg cap, 30 mg cap)	2	
nifedipine (10 mg cap, 20 mg cap)	2	
nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	2	
nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	2	
nimodipine	2	
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)	2	
NORLIQVA	4	QL, AL
NYMALIZE	4	
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	2	

Drug Name	Drug Tier	Requirements / Limits
tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)	2	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	2	
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)	2	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)	2	
CARDIOVASCULAR AGENTS - MISC.		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB		
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)	2	
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	6	PA, QL
MYQORZO (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	6	PA, QL
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	AL
sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)	2	
NITRATE & VASODILATOR COMBINATIONS		
isosorb dinitrate-hydralazine	2	

Drug Name	Drug Tier	Requirements / Limits
PROSTAGLANDIN - IMPOTENCE AGENTS		
CAVERJECT (20 MCG RECON SOLN, 40 MCG RECON SOLN)	4	QL
CAVERJECT IMPULSE(2 CARTRIDGE) (10 MCG CART KIT, 20 MCG CART KIT)	4	QL
EDEX (2 CARTRIDGE) (10 MCG CART KIT, 20 MCG CART KIT, 40 MCG CART KIT)	4	QL
EDEX (6 CARTRIDGE) (10 MCG CART KIT, 20 MCG CART KIT, 40 MCG CART KIT)	4	QL
PROSTAGLANDIN VASODILATORS		
ORENITRAM (0.125 MG TAB ER, 0.25 MG TAB ER, 1 MG TAB ER)	6	PA, QL
ORENITRAM 2.5 MG TAB ER	6	PA, QL
ORENITRAM 5 MG TAB ER	6	PA, QL
ORENITRAM MONTH 1	6	PA
ORENITRAM MONTH 2	6	PA
ORENITRAM MONTH 3	6	PA
TYVASO DPI INSTITUTIONAL KIT (32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	6	PA, QL
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	6	PA, QL
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	6	PA, QL
TYVASO DPI MAINTENANCE KIT (112 X 32MCG & 112 X64MCG POWDER, 112 X 48MCG & 112 X64MCG POWDER, 112 X 48MCG & 112 X80MCG POWDER)	6	PA, QL
TYVASO DPI MAINTENANCE KIT (32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	6	PA, QL
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	6	PA, QL
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	6	PA, QL
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	6	PA, QL
VENTAVIS 10 MCG/ML SOLUTION	6	PA

Drug Name	Drug Tier	Requirements / Limits
VENTAVIS 20 MCG/ML SOLUTION	6	PA
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)	5	PA, QL
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	6	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan (5 mg tab, 10 mg tab)	5	PA, QL
bosentan (62.5 mg tab, 125 mg tab)	5	PA, QL
bosentan 32 mg tab sol	5	PA, QL
macitentan	5	PA, QL
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq	5	PA, QL
sildenafil citrate 10 mg/ml recon susp	6	AL, PR (Pulmonology or Cardiology)
sildenafil citrate 20 mg tab	2	QL, PR (Pulmonology or Cardiology)
tadalafil (pah)	2	PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (100 MCG TAB, 150 MCG TAB)	6	PA, QL
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	6	PA, QL
UPTRAVI 200 & 800 MCG TAB THPK	6	PA
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
avanafil (50 mg tab, 100 mg tab, 200 mg tab)	2	QL
sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)	2	QL

Drug Name	Drug Tier	Requirements / Limits
tadalafil (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	2	QL
vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)	2	QL
SINUS NODE INHIBITORS		
CORLANOR 5 MG/5ML SOLUTION	4	AL
ivabradine hcl (5 mg tab, 7.5 mg tab)	2	QL
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	6	PA
VYNDAQEL	6	PA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	4	QL
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)	2	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap, 750 mg cap)	2	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	2	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	2	
cefuroxime axetil (250 mg tab, 500 mg tab)	2	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	2	
CEFIXIME (100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 400 MG CAP)	2	

Drug Name	Drug Tier	Requirements / Limits
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB)	2	
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL		
azurette	1	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	1	
kariva	1	
LO LOESTRIN FE	1	
pimtrea	1	
simliya	1	
viorele	1	
volnea	1	
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
apri	1	
aubra	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
AVERI	1	
aviane	1	

Drug Name	Drug Tier	Requirements / Limits
ayuna	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
charlotte 24 fe	1	
chateal	1	
chateal eq	1	
cryselle	1	
cryselle-28	1	
cyred	1	
cyred eq	1	
dasetta 1/35	1	
delyla	1	
desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab	1	
drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)	1	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	1	
elinest	1	
enskyce	1	
estarylla	1	
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	1	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
FEMLYV	4	
femynor	1	

Drug Name	Drug Tier	Requirements / Limits
finzala	1	
galbriela	1	
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
isibloom	1	
jasmiel	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
larissia	1	
layolis fe	1	

Drug Name	Drug Tier	Requirements / Limits
lessina	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	1	
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	1	
levora 0.15/30 (28)	1	
lillow	1	
lo-zumandimine	1	
loestrin 1.5/30 (21)	1	
loestrin 1/20 (21)	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
loryna	1	
low-ogestrel	1	
luizza 1.5/30	1	
luizza 1/20	1	
lutera	1	
marlissa	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
minzoya	1	
mono-linyah	1	
necon 0.5/35 (28)	1	

Drug Name	Drug Tier	Requirements / Limits
NEXTSTELLIS	1	
nikki	1	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)	1	
norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)	1	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	1	
norgestimate-eth estradiol	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nylia 1/35	1	
nymyo	1	
ocella	1	
philith	1	
pirmella 1/35	1	
portia-28	1	
reclipsen	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20	1	
tarina fe 1/20 eq	1	
taysofy	1	
turqoz	1	
TYBLUME	1	
tydemy	1	

Drug Name	Drug Tier	Requirements / Limits
valtya 1/35	1	
VALTYA 1/50	1	
vestura	1	
vienva	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xelria fe	1	
zovia 1/35 (28)	1	
zumandimine	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO	1	
norelgestromin-eth estradiol	1	
TWIRLA	1	
xulane	1	
zafemy	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	1	
eluryng	1	QL
enilloring	1	QL
etonogestrel-ethinyl estradiol	1	QL
haloette	1	QL
CONTINUOUS CONTRACEPTIVES - ORAL		
amethyst	1	
dolishale	1	
levonorgestrel-ethinyl estrad 90-20 mcg tab	1	

Drug Name	Drug Tier	Requirements / Limits
EMERGENCY CONTRACEPTIVES		
aftera	1	QL
afterpill	1	QL
curae	1	QL
econtra ez	1	QL
econtra one-step	1	QL
ELLA	1	
her style	1	QL
levonorgestrel	1	QL
my choice	1	QL
my way	1	QL
new day	1	QL
opcicon one-step	1	QL
option 2	1	QL
react	1	QL
shewise	1	QL
take action	1	QL
your choice	1	QL
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
amethia	1	
ashlyna	1	
camrese	1	
camrese lo	1	
daysee	1	
fayosim	1	
iclevia	1	
introvale	1	

Drug Name	Drug Tier	Requirements / Limits
jaimiess	1	
jolessa	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)	1	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	1	
lojaimiess	1	
rivelsa	1	
rosyrah	1	
setlakin	1	
simpesse	1	
FOUR PHASE CONTRACEPTIVES - ORAL		
NATAZIA	1	
PROGESTIN CONTRACEPTIVES - ORAL		
camila	1	
deblitane	1	
emzahh	1	
errin	1	
heather	1	
incassia	1	
jencycla	1	
lyleq	1	
lyza	1	
meleya	1	
nora-be	1	
norethindrone	1	
norlyda	1	

Drug Name	Drug Tier	Requirements / Limits
norlyroc	1	
OPILL	1	
orquidea	1	
sharobel	1	
SLYND	1	
tulana	1	
TRIPHASIC CONTRACEPTIVES - ORAL		
alyacen 7/7/7	1	
ARANELLE	1	
dasetta 7/7/7	1	
enpresse-28	1	
leena	1	
levonest	1	
levonorg-eth estrad triphasic	1	
norethindron-ethinyl estrad-fe	1	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	1	
nortrel 7/7/7	1	
nylia 7/7/7	1	
pirmella 7/7/7	1	
tilia fe	1	
tri femynor	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	

Drug Name	Drug Tier	Requirements / Limits
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
trivora (28)	1	
VELIVET	1	
xarah fe	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE (0.5 MG CAP SPRINK, 1 MG CAP SPRINK, 2 MG CAP SPRINK, 5 MG CAP SPRINK)	4	AL
budesonide 3 mg cp dr part	2	
budesonide er	2	
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 tab, 2 mg tab, 4 mg tab, 6 mg tab)	2	
DEXAMETHASONE INTENSOL	2	
EOHILIA	6	PA, QL
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	2	
hydrocortisone sod suc (pf)	2	
MEDROL 2 MG TAB	4	
methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)	2	
prednisolone (5 mg tab, 15 mg/5ml solution)	2	
prednisolone sodium phosphate (5 mg/5ml solution, 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)	2	

Drug Name	Drug Tier	Requirements / Limits
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)	2	
PREDNISONE INTENSOL	2	
SOLU-CORTEF 250 MG RECON SOLN	3	
TARPEYO	6	PA
MINERALOCORTICOIDS		
fludrocortisone acetate	2	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC		
benzonatate (100 mg cap, 150 mg cap, 200 mg cap)	2	
ANTITUSSIVE - OPIOID		
hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)	2	AL
hydromet	2	AL
ANTITUSSIVE-EXPECTORANT		
g tussin ac	2	AL
guaiatussin ac	2	AL
guaifenesin ac	2	AL
guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)	2	AL
maxi-tuss ac	2	AL
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT		
TUSNEL C	2	
DECONGESTANT & ANTIHISTAMINE		
CLARINEX-D 12 HOUR	4	AL

Drug Name	Drug Tier	Requirements / Limits
PROMETHAZINE-PHENYLEPHRINE	2	
IODINE EXPECTORANTS		
POTASSIUM IODIDE (EXPECTORANT)	2	
MISC. RESPIRATORY INHALANTS		
HYPERSAL (3.5 % NEBU SOLN, 7 % NEBU SOLN)	2	
NEBUSAL 3 % NEBU SOLN	2	
PULMOSAL	2	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	2	
MUCOLYTICS		
acetylcysteine (10 % solution, 20 % solution)	2	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
promethazine-dm	2	
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
HYDROCOD POLI-CHLORPHE POLI ER	2	AL
promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)	2	AL
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
PRO-RED AC	4	AL
DERMATOLOGICALS		
ACNE ANTIBIOTICS		
AMZEEQ	4	
clindacin	2	
clindacin etz	2	
clindacin-p	2	

Drug Name	Drug Tier	Requirements / Limits
clindamycin phos (twice-daily)	2	
clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)	2	
dapsone (5 % gel, 7.5 % gel)	2	
ERY	2	
erythromycin (2 % gel, 2 % solution)	2	
sulfacetamide sodium (acne)	2	
ACNE COMBINATIONS		
adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)	2	QL
AVAR CLEANSER	2	
AVAR-E EMOLLIENT	2	
avar-e green	2	
BENZOYL PEROX-HYDROCORTISONE	2	
benzoyl peroxide-erythromycin	2	
BP 10-1	2	
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-2.5 % gel, 1.2-3.75 % gel, 1.2-5 % gel)	2	
clindamycin-tretinoin	2	QL
neuac	2	
PLEXION CLEANSING CLOTH	4	
SSS 10-5 (10-5 % CREAM, 10-5 % FOAM)	2	
SULFACETAMIDE SOD-SULFUR WASH	2	
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, 10-1 % EMULSION, 10-2 % CREAM, 10-2 % LIQUID, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	2	
SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD	4	
SULFACETAMIDE-SULFUR IN UREA	2	

Drug Name	Drug Tier	Requirements / Limits
SULFACLEANSE 8/4	2	
SULFAMEZ WASH	2	
VANOXIDE-HC	2	
ACNE PRODUCTS		
accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	2	
adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)	2	
AKLIEF	4	
ALTRENO	4	
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	2	
AZELEX	4	
BENZEPRO (5.2 % FOAM, 5.3 % FOAM, 9.7 % FOAM)	4	
BENZEPRO (5.8 % MISC, 6.8 % LIQUID)	2	
BENZEPRO CREAMY WASH	2	
BENZEPRO FOAMING CLOTHS	2	
BENZOYL PEROXIDE 9.8 % FOAM	2	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	2	
FABIOR	4	
isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)	2	
myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	2	
PR BENZOYL PEROXIDE	2	
PR BENZOYL PEROXIDE WASH	2	
TAZAROTENE	4	
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)	2	
TRETINOIN MICROSPHERE (0.04 % GEL, 0.08 % GEL, 0.1 % GEL)	2	

Drug Name	Drug Tier	Requirements / Limits
TRETINOIN MICROSPHERE PUMP (0.04 % GEL, 0.1 % GEL)	2	
WINLEVI	4	
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	2	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	4	
ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS		
LITFULO	6	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	2	QL
diclofenac sodium 1.5 % solution	2	QL
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL		
NEO-SYNALAR 0.5-0.025 % CREAM	4	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	2	
mupirocin	2	
ANTIFUNGALS - TOPICAL		
ciclodan	2	
ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)	2	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	2	
klayesta	2	
naftifine hcl (2 % cream, 2 % gel)	2	
nyamyc	2	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)	2	

Drug Name	Drug Tier	Requirements / Limits
nystop	2	
ANTIFUNGALS - TOPICAL COMBINATIONS		
clotrimazole-betamethasone (1-0.05 % cream)	2	
hydrocortisone-iodoquinol	2	
IODOQUIMEZ-HC	2	
IODOQUINOL-HC-ALOE POLYSACCH	2	
IODOQUINOL-HYDROCORTISONE-ALOE	2	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	2	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL		
VALCHLOR	6	
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	2	
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S		
diclofenac sodium 3 % gel	2	
ANTINEOPLASTIC RETINOIDS - TOPICAL		
PANRETIN	6	
ANTIPRURITICS - TOPICAL		
doxepin hcl 5 % cream	2	
ANTIPSORIATICS		
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	2	QL
calcitrene	2	QL
CALCITRIOL	2	
tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)	2	

Drug Name	Drug Tier	Requirements / Limits
VTAMA	6	PA, QL
ZITHRANOL	4	
ANTIPSORIATICS - SYSTEMIC		
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	6	QL
BIMZELX (160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR)	6	PA, QL
BIMZELX (320 MG/2ML SOLN A-INJ, 320 MG/2ML SOLN PRSYR)	6	PA, QL
COSENTYX (300 MG DOSE)	6	PA, QL
COSENTYX 75 MG/0.5ML SOLN PRSYR	6	PA, QL
COSENTYX SENSOREADY (300 MG)	6	PA, QL
COSENTYX UNOREADY	6	PA, QL
ICOTYDE	6	PA, QL
METHOXSALEN RAPID	6	
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	2	QL
SELARSDI (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	2	QL
SELARSDI 45 MG/0.5ML SOLUTION	2	QL
SILIQ	6	PA
SKYRIZI 150 MG/ML SOLN PRSYR	6	PA, QL
SKYRIZI 55 MG/0.37ML SOLN PRSYR	6	PA, QL
SKYRIZI PEN	6	PA, QL
SOTYKTU	6	PA, QL
SPEVIGO 150 MG/ML SOLN PRSYR	6	PA
SPEVIGO 300 MG/2ML SOLN PRSYR	6	PA, QL
TALTZ (20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR, 80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	6	PA, QL
TREMFYA 100 MG/ML SOLN PRSYR	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
TREMFYA ONE-PRESS	6	PA, QL
TREMFYA PEN 100 MG/ML SOLN A-INJ	6	PA, QL
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS (9.8 % LOTION, 10 % CREAM)	4	
PLEXION NS	2	
SELENIUM SULFIDE (2.25 % SHAMPOO, 2.3 % SHAMPOO, 2.5 % LOTION)	2	
SODIUM SULFACETAMIDE (9.8 % SHAMPOO, 10 % SHAMPOO)	2	
sodium sulfacetamide wash	2	
SULFACETAMIDE SODIUM (CLEANS)	2	
sulfacetamide sodium 10 % liquid	2	
ANTIVIRAL TOPICAL COMBINATIONS		
XERESE	4	QL
ANTIVIRALS - TOPICAL		
acyclovir (5 % cream, 5 % ointment)	2	
penciclovir	2	
ZELSUVMI	6	PA, QL
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
ANZUPGO	6	PA, QL
OPZELURA	6	PA, QL
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
ADBRY (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ)	6	PA, QL
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	6	PA, QL
EBGLYSS (250 MG/2ML SOLN A-INJ, 250 MG/2ML SOLN PRSYR)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
BURN PRODUCTS		
MAFENIDE ACETATE	2	
silver sulfadiazine	2	
ssd	2	
SULFAMYLON	4	
CAUTERIZING AGENT COMBINATIONS		
ARZOL SILVER NIT APPLICATORS	2	
CAUTERIZING AGENTS		
SILVER NITRATE	2	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	4	
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	2	
AMCINONIDE 0.1 % OINTMENT	2	
APEXICON E	2	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	2	
betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	2	
BETAMETHASONE VALERATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.12 % FOAM)	2	
BRYHALI	4	
clobetasol prop emollient base	2	
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)	2	
clobetasol propionate emulsion	2	
CLOCORTOLONE PIVALATE	2	
clodan	2	

Drug Name	Drug Tier	Requirements / Limits
CORDRAN 4 MCG/SQCM TAPE	4	
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	2	
desoximetasone (0.05 % cream, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)	2	
diflorasone diacetate (0.05 % cream)	2	
fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)	2	
fluocinolone acetonide body	2	
fluocinolone acetonide scalp	2	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	2	
fluocinonide emulsified base	2	
FLURANDRENOLIDE (0.05 % CREAM, 0.05 % LOTION)	2	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	2	
halcinonide 0.1 % cream	2	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	2	
HALOBETASOL PROPIONATE 0.05 % LOTION	4	
HALOG 0.1 % OINTMENT	4	
hydrocortisone (2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment, 2.5 % solution)	2	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION)	2	
hydrocortisone valerate (0.2 % cream, 0.2 % ointment)	2	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	2	
NUCORT	4	
PANDEL	3	
SERNIVO	4	

Drug Name	Drug Tier	Requirements / Limits
TEXACORT	4	
tovet	2	
triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)	2	
triamcinolone in absorbase	2	
triderm	2	
ULTRAVATE 0.05 % LOTION	4	
EMOLLIENT/KERATOLYTIC AGENTS		
UREA 45 % CREAM	2	
EMOLLIENTS		
ammonium lactate 12 % lotion	2	
ENZYMES - TOPICAL		
SANTYL	4	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
econazole nitrate	2	
ECOZA	4	ST, QL, AL
ERTACZO 2 % CREAM	4	ST
JUBLIA	4	ST, QL
ketoconazole (2 % cream, 2 % foam, 2 % shampoo)	2	
ketodan	2	
oxiconazole nitrate	2	
OXISTAT 1 % LOTION	4	ST
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	2	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
imiquimod 3.75 % cream	2	AL

Drug Name	Drug Tier	Requirements / Limits
imiquimod 5 % cream	2	
imiquimod pump	2	AL
ZYCLARA PUMP 2.5 % CREAM	3	QL, AL
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO	6	PA, QL
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
BENSAL HP	4	
KERALYT 6 % SHAMPOO	2	
PODOCON-25	4	
PODOFILOX (0.5 % GEL, 0.5 % SOLUTION)	2	
SALICYLIC ACID (6 % FOAM, 6 % GEL, 6 % SHAMPOO, 26 % SOLUTION)	2	
SALICYLIC ACID 3 % OINTMENT	4	
SALICYLIC ACID ER	2	
SALICYLIC ACID WART REMOVER	2	
salyntra	2	
KERATOLYTIC/ANTIMITOTIC/VESICANT COMBINATIONS		
PYROGALLIC ACID	4	
LOCAL ANESTHETICS - TOPICAL		
glydo	2	
lidocaine 5 % ointment	2	
lidocaine 5 % patch	2	QL
LIDOCAINE HCL (3 % CREAM, 4 % SOLUTION)	2	
lidocaine hcl urethral/mucosal	2	
lidocan	2	QL
LIDOPIN 3 % CREAM	2	
PREMIUM LIDOCAINE	2	

Drug Name	Drug Tier	Requirements / Limits
tridacaine ii	2	QL
tridacaine iii	2	QL
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
HYFTOR	6	PA, QL
pimecrolimus	2	QL
tacrolimus (0.03 % ointment, 0.1 % ointment)	2	
MICROTUBULE INHIBITORS - TOPICAL		
KLISYRI (250 MG)	4	QL
KLISYRI (350 MG)	4	QL
MISC. TOPICAL		
DRYSOL	4	
QBREXZA	4	
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL		
tavaborole	2	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	3	
ZORYVE (0.05 % CREAM, 0.15 % CREAM, 0.3 % CREAM, 0.3 % FOAM)	4	QL, AL, PR (Dermatologist)
PHOTODYNAMIC THERAPY AGENTS - TOPICAL		
AMELUZ	4	
LEVULAN KERASTICK	4	
ROSACEA AGENTS		
azelaic acid	2	
BRIMONIDINE TARTRATE	2	QL, PR (Dermatologist)
doxycycline	2	PA

Drug Name	Drug Tier	Requirements / Limits
FINACEA 15 % FOAM	4	
ivermectin 1 % cream	2	
metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)	2	
oxymetazoline hcl 1 % cream	2	QL, PR (Dermatologist)
ZILXI	4	PR (Dermatologist)
SCABICIDES & PEDICULICIDES		
CROTAN	4	
malathion	2	
permethrin	2	
PRURADIK	4	
SPINOSAD	2	
SKIN CLEANSERS		
alcohol wipes	1	
cvs isopropyl alcohol wipes	1	
HYCLODEX	4	
HYPOCYN 0.012 % SOLUTION	4	
isopropyl alcohol 70 % misc	1	
isopropyl alcohol wipes	1	
medpura alcohol pads	1	
qc alcohol	1	
ra isopropyl alcohol wipes	1	
STEROID-LOCAL ANESTHETIC COMBINATIONS		
CORTANE-B	3	
EPIFOAM	4	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	2	

Drug Name	Drug Tier	Requirements / Limits
PRAMOSONE (1-1 % CREAM, 1-1 % LOTION, 1-2.5 % LOTION)	2	
PRAMOSONE (1-1 % OINTMENT, 1-2.5 % OINTMENT)	4	
TAR PRODUCTS		
COAL TAR	2	
TOPICAL ANESTHETIC COMBINATIONS		
CETACAINE 2-2-14 % AEROSOL	4	
lidocaine-prilocaine 2.5-2.5 % cream	2	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
bexarotene 1 % gel	6	PA
TOPICAL STEROID COMBINATIONS		
calcipotriene-betameth diprop 0.005-0.064 % ointment	2	
DUOBRII	4	
ENSTILAR	4	
WOUND CARE - GROWTH FACTOR AGENTS		
REGRANEX	3	
WOUND CARE COMBINATIONS		
B & C	4	
BALSAM PERU-CASTOR OIL	4	
BPCO	4	
VENELEX	4	
WOUND DRESSINGS		
FILSUVEZ	6	PA, QL
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		

CHEMSTRIP K	2	
Drug Name	**Drug Tier**	**Requirements / Limits**
FREESTYLE INSULINX TEST	2	QL
FREESTYLE LITE TEST	2	QL
FREESTYLE PRECISION NEO TEST	2	QL
FREESTYLE TEST	2	QL
KETONE TEST	2	
KETOSTIX	2	
PRECISION XTRA BLOOD GLUCOSE	2	QL
PRECISION XTRA KETONE	2	
RELION KETONE TEST	2	
MULTIPLE URINE TESTS		
CHEMSTRIP UGK	4	
CVS KETONE CARE	4	
KETO-DIASTIX	4	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	3	
PANCREAZE (2600-8800 CP DR PART, 4200-14200 CP DR PART, 10500-35500 CP DR PART, 16800-56800 CP DR PART, 21000-54700 CP DR PART, 37000-97300 CP DR PART)	4	
PERTZYE (4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART)	4	
SUCRAID	6	PA
VIOKACE (10440-39150 TAB, 20880-78300 TAB)	4	
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	3	

Drug Name	Drug Tier	Requirements / Limits
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	2	
acetazolamide er	2	
dichlorphenamide	6	PA, QL
methazolamide (25 mg tab, 50 mg tab)	2	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	2	
spironolactone-hctz	2	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	2	
LOOP DIURETICS		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
ethacrynic acid	2	
FUROSCIX	4	QL
furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)	2	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	2	
POTASSIUM SPARING DIURETICS		
amiloride hcl	2	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	2	
spironolactone 25 mg/5ml suspension	2	AL
triamterene (50 mg cap, 100 mg cap)	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone (25 mg tab, 50 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
DIURIL	4	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	2	
indapamide (1.25 mg tab, 2.5 mg tab)	2	
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
THALITONE	4	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS		
VYKAT XR (25 MG TAB ER 24H, 75 MG TAB ER 24H, 150 MG TAB ER 24H)	6	PA
BISPHOSPHONATES		
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	2	QL
alendronate sodium 70 mg/75ml solution	2	
BINOSTO	4	
FOSAMAX PLUS D (70-2800 TAB, 70-5600 TAB)	4	
ibandronate sodium 150 mg tab	2	QL
risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)	2	QL
CALCIMIMETIC AGENTS		
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	6	
CALCITONINS		
calcitonin (salmon) (200 unit/act solution, 200 unit/ml solution)	2	
CARNITINE REPLENISHER - AGENTS		
levocarnitine (1 gm/10ml solution, 330 mg tab)	2	
levocarnitine sf	2	

Drug Name	Drug Tier	Requirements / Limits
CORTICOTROPIN		
ACTHAR GEL (40 UNIT/0.5ML PEN, 80 UNIT/ML PEN)	6	PA
CORTROPHIN GEL (40 UNIT/0.5ML PRSYR, 80 UNIT/ML PRSYR)	6	PA
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG		
CRENESSITY (25 MG CAP, 50 MG CAP, 50 MG/ML SOLUTION, 100 MG CAP)	6	PA, QL
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA 1 MG TAB	6	PA
ISTURISA 5 MG TAB	6	PA
DOPAMINE RECEPTOR AGONISTS		
cabergoline	2	
FABRY DISEASE - AGENTS		
GALAFOLD	6	PA, QL
FAMILIAL CHYLOMICRONEMIA SYNDROME (FCS) - AGENTS		
REDEMPLO	6	PA, QL
GAA DEFICIENCY TREATMENT - AGENTS		
OPFOLDA	6	PA
GNRH/LHRH ANTAGONISTS		
ORILISSA (150 MG TAB, 200 MG TAB)	4	QL
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	6	PA, QL
GROWTH HORMONES		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	6	PA

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	6	PA
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	6	PA
NGENLA (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	6	PA
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	6	PA
NUTROPIN AQ NUSPIN 10	6	PA
NUTROPIN AQ NUSPIN 20	6	PA
NUTROPIN AQ NUSPIN 5	6	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	6	PA
SAIZEN 5 MG RECON SOLN	6	PA
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	6	PA
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE)	6	PA, QL
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	6	PA, QL
SOGROYA (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	6	PA
ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN)	6	PA
HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS		
XURIDEN	6	PA
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS		
nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)	6	PA

Drug Name	Drug Tier	Requirements / Limits
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	6	PA
ORFADIN 4 MG/ML SUSPENSION	6	PA
HOMOCYSTINURIA TREATMENT - AGENTS		
betaine	6	
HYPERAMMONEMIA TREATMENT - AGENTS		
carglumic acid	6	PA
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)	2	
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	2	
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	2	
RAYALDEE	6	
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS		
YORVIPATH (168 MCG/0.56ML SOLN PEN, 294 MCG/0.98ML SOLN PEN, 420 MCG/1.4ML SOLN PEN)	6	PA, QL
HYPOPHOSPHATASIA (HPP) AGENTS		
STRENSIQ 18 MG/0.45ML SOLUTION	6	PA
STRENSIQ 28 MG/0.7ML SOLUTION	6	PA
STRENSIQ 40 MG/ML SOLUTION	6	PA
STRENSIQ 80 MG/0.8ML SOLUTION	6	PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	6	PA
METABOLIC MODIFIER COMBINATIONS		
KYGEVVI	6	PA

Drug Name	Drug Tier	Requirements / Limits
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	6	PA
NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS		
VEOZAH	4	QL
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	4	QL
PARATHYROID HORMONE AND DERIVATIVES		
teriparatide	6	PA, QL
TYMLOS	6	PA, QL
PHENYLKETONURIA TREATMENT - AGENTS		
javygtor (100 mg packet, 100 mg tab, 500 mg packet)	6	PA
PALYNZIQ (2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR, 20 MG/ML SOLN PRSYR)	6	PA
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	6	PA
SEPHIENCE (250 MG PACKET, 1000 MG PACKET)	6	PA
zelvysia (100 mg packet, 500 mg packet)	6	PA
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
OSPHENA	4	QL
raloxifene hcl	2	
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS		
tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)	6	PA, QL
tolvaptan (15 mg tab, 30 mg tab)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
tolvaptan (hyponatremia) (15 mg tab, 30 mg tab)	6	PA, QL
SOMATOSTATIC AGENTS		
MYCAPSSA	6	PA, QL
octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)	6	
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	6	PA
UREA CYCLE DISORDER - AGENTS		
glycerol phenylbutyrate	6	PA, QL
OLPRUVA (2 GM DOSE)	6	PA
OLPRUVA (3 GM DOSE)	6	PA
OLPRUVA (4 GM DOSE)	6	PA
OLPRUVA (5 GM DOSE)	6	PA
OLPRUVA (6 GM DOSE)	6	PA
OLPRUVA (6.67 GM DOSE)	6	PA
PHEBURANE	6	
sodium phenylbutyrate 3 gm/tsp powder	6	
sodium phenylbutyrate 500 mg tab	6	
VASOPRESSIN		
desmopressin ace spray refrig	2	
DESMOPRESSIN ACETATE	4	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	2	
desmopressin acetate spray	2	
ESTROGENS		
ESTROGEN & ANDROGEN		
COVARYX	2	

Drug Name	Drug Tier	Requirements / Limits
COVARYX HS	2	
EEMT	2	
EEMT HS	2	
EST ESTROGENS-METHYLTEST	2	
est estrogens-methyltest ds	2	
est estrogens-methyltest hs	2	
estratest f.s.	2	
ESTRATEST H.S.	2	
ESTROGEN & PROGESTIN		
abigale	2	
abigale lo	2	
amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)	2	
ANGELIQ (0.25-0.5 MG TAB, 0.5-1 MG TAB)	3	
BIJUVA (0.5-100 MG CAP, 1-100 MG CAP)	4	
CLIMARA PRO	3	QL
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	4	QL
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	2	
fyavolv (0.5-2.5 tab, 1-5 tab)	1	
jinteli	1	
mimvey	2	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	1	
PREMPHASE	3	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	3	
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
MYFEMBREE	4	QL

Drug Name	Drug Tier	Requirements / Limits
ORIAHNN	4	QL
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB		
DUAVEE	4	QL, AL
ALORA (0.025 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	4	QL
DEPO-ESTRADIOL	4	
dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	2	QL
ELESTRIN	4	QL
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/0.5gm gel, 0.75 mg/0.75gm gel, 0.75 mg/1.25 gm (0.06%) gel, 1 mg/gm gel, 1.25 mg/1.25gm gel)	2	QL
estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	2	
estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)	2	
EVAMIST	4	QL
lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	2	QL
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	2	
MENOSTAR	4	QL
FLUOROQUINOLONES		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	4	

Drug Name	Drug Tier	Requirements / Limits
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	2	
levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)	2	
moxifloxacin hcl 400 mg tab	2	
OFLOXACIN (300 MG TAB, 400 MG TAB)	2	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate (1 mg tab, 2 mg tab)	2	QL
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM 250 MG CAP	6	PA
CHOLBAM 50 MG CAP	6	PA
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	4	ST, QL
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA (5 MG TAB, 10 MG TAB)	6	ST, QL
GALLSTONE SOLUBILIZING AGENTS		
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	2	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	2	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone (8 mcg cap, 24 mcg cap)	2	QL, AL
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	2	

Drug Name	Drug Tier	Requirements / Limits
GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS		
GATTEX	6	PA
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS		
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	6	PA, QL
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3	QL, AL
IBS AGENT - MU-OPIOID RECEPTOR AGONISTS		
VIBERZI (75 MG TAB, 100 MG TAB)	3	PA, QL
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	2	AL
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY (400 MCG CAP, 1200 MCG CAP)	6	PA
BYLVAY (PELLETS) (200 MCG CAP SPRINK, 600 MCG CAP SPRINK)	6	PA
LIVMARLI (9.5 MG/ML SOLUTION, 10 MG TAB, 15 MG TAB, 19 MG/ML SOLUTION, 20 MG TAB, 30 MG TAB)	6	PA, QL
LYNAVOY	6	PA, QL
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium	2	
DIPENTUM	4	
MESALAMINE (1.2 GM TAB DR, 400 MG CAP DR, 800 MG TAB DR)	2	QL
mesalamine (4 gm enema, 1000 mg suppos)	2	
mesalamine er (0.375 gm cap er 24h, 250 mg cap er, 500 mg cap er)	2	QL

Drug Name	Drug Tier	Requirements / Limits
mesalamine-cleanser	2	
SFROWASA	4	
sulfasalazine (500 mg tab, 500 mg tab dr)	2	
INTEGRIN RECEPTOR ANTAGONISTS		
ENTYVIO PEN	6	PA, QL
INTERLEUKIN ANTAGONISTS		
OMVOH (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	6	PA, QL
OMVOH (200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	6	PA, QL
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ	6	PA, QL
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	6	PA, QL
TREMFYA 200 MG/2ML SOLN PRSYR	6	PA, QL
TREMFYA PEN 200 MG/2ML SOLN A-INJ	6	PA, QL
TREMFYA-CD/UC INDUCTION	6	PA, QL
INTESTINAL ACIDIFIERS		
enulose	2	
generlac	2	
lactulose encephalopathy	2	
LIVE FECAL MICROBIOTA (HUMAN)		
VOWST	6	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan	2	
MOVANTIK (12.5 MG TAB, 25 MG TAB)	3	QL
RELISTOR (12 MG/0.6ML SOLN PRSYR, 12 MG/0.6ML SOLUTION)	4	

Drug Name	Drug Tier	Requirements / Limits
RELISTOR 150 MG TAB	4	QL
RELISTOR 8 MG/0.4ML SOLN PRSYR	4	
SYMPROIC	4	
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS		
IQIRVO	6	PA, QL
LIVDELZI	6	PA, QL
PHOSPHATE BINDER AGENTS		
calcium acetate	2	
calcium acetate (phos binder) (667 mg cap, 667 mg tab)	2	
ferric citrate	2	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	3	
lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)	2	
sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)	2	
sevelamer hcl (400 mg tab, 800 mg tab)	2	
VELPHORO	4	QL
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)		
VELSIPITY	6	PA, QL
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	6	PA, QL
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
CIMZIA	6	PA, QL
CIMZIA (1 SYRINGE)	6	PA, QL
CIMZIA (2 SYRINGE)	6	PA, QL
CIMZIA-STARTER	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ZYMFENTRA (1 PEN)	6	PA, QL
ZYMFENTRA (2 PEN)	6	PA, QL
ZYMFENTRA (2 SYRINGE)	6	PA, QL
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS		
dutasteride	2	QL
finasteride 5 mg tab	2	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
alfuzosin hcl er	2	QL
CARDURA XL (4 MG TAB ER 24H, 8 MG TAB ER 24H)	4	
silodosin (4 mg cap, 8 mg cap)	2	QL
tamsulosin hcl	2	
CITRATES		
CYTRA K CRYSTALS	2	
ORACIT	4	
ORAL CITRATE	4	
pot & sod cit-cit ac	2	
potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)	2	
POTASSIUM CITRATE-CITRIC ACID	2	
sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution, 1500-1002 mg/15ml solution, 3000-2004 mg/30ml solution)	2	
TRICITRATES	2	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	6	

Drug Name	Drug Tier	Requirements / Limits
PROCYSBI (25 MG CAP DR, 75 MG CAP DR, 75 MG PACKET, 300 MG PACKET)	6	PA
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI (200 MG TAB, 400 MG TAB)	6	PA, QL
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	
PHOSPHATES		
K-PHOS NO 2	4	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
dutasteride-tamsulosin hcl	2	
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)		
RIVFLOZA (80 MG/0.5ML SOLUTION, 128 MG/0.8ML SOLN PRSYR, 160 MG/ML SOLN PRSYR)	6	PA
URINARY ANALGESICS		
phenazo 200 mg tab	2	
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	2	
URINARY STONE AGENTS		
LITHOSTAT	4	
tiopronin (100 mg tab dr, 300 mg tab dr)	6	
tiopronin 100 mg tab	6	
venxxiva (100 mg tab dr, 300 mg tab dr)	6	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid	2	

Drug Name	Drug Tier	Requirements / Limits
allopurinol (100 mg tab, 300 mg tab)	2	
colchicine (0.6 mg cap, 0.6 mg tab)	2	QL
febuxostat (40 mg tab, 80 mg tab)	2	QL
GLOPERBA	4	
URICOSURICS		
probenecid	2	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
ALHEMO (60 MG/1.5ML SOLN PEN, 150 MG/1.5ML SOLN PEN, 300 MG/3ML SOLN PEN)	6	PA
HYMPAVZI 150 MG/ML SOLN A-INJ	6	PA, QL
HYMPAVZI 75 MG/0.5ML SOLN A-INJ	6	PA, QL
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate	6	PA, QL
sajazir	6	PA, QL
BRUTON'S TYROSINE KINASE (BTK) INHIBITORS		
WAYRILZ	6	PA, QL
COMPLEMENT C5 INHIBITORS		
ZILBRYSQ (16.6 MG/0.416ML SOLN PRSYR, 23 MG/0.574ML SOLN PRSYR, 32.4 MG/0.81ML SOLN PRSYR)	6	PA, QL
COMPLEMENT C5A RECEPTOR INHIBITORS		
TAVNEOS	6	PA
COMPLEMENT FACTOR B INHIBITORS		
FABHALTA	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
COMPLEMENT FACTOR D INHIBITORS		
VOYDEYA (50 & 100 MG TAB THPK, 100 MG TAB)	6	PA, QL
DIRECT-ACTING P2Y12 INHIBITORS		
ticagrelor (60 mg tab, 90 mg tab)	2	QL
HEMATORHEOLOGIC AGENTS		
pentoxifylline er	2	
PHOSPHODIESTERASE III INHIBITORS		
cilostazol (50 mg tab, 100 mg tab)	2	
PLASMA KALLIKREIN INHIBITORS		
EKTERLY	6	PA, QL
ORLADEYO (110 MG CAP, 150 MG CAP)	6	PA
ORLADEYO (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 132 MG PACKET)	6	PA, QL
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES		
TAKHZYRO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	6	PA, QL
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
aspirin-dipyridamole er	2	
PLATELET AGGREGATION INHIBITORS		
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	2	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS		
ZONTIVITY	4	QL
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	6	PA, QL
QUINAZOLINE AGENTS		
anagrelide hcl (0.5 mg cap, 1 mg cap)	2	
SPLEEN TYROSINE KINASE (SYK) INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	6	PA
THIENOPYRIDINE DERIVATIVES		
clopidogrel bisulfate (75 mg tab, 300 mg tab)	2	
prasugrel hcl (5 mg tab, 10 mg tab)	2	QL
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	6	PA, QL
miglustat	6	PA, QL
yargesa	6	PA, QL
COBALAMINS		
cyanocobalamin 1000 mcg/ml solution	2	
dodex	2	
CXCR4 RECEPTOR ANTAGONIST		
XOLREMDI	6	PA, QL
CYTOTOXIC AGENTS		
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	4	
XROMI	4	AL
FOLIC ACID/FOLATES		
cvs folic acid	1	AL

Drug Name	Drug Tier	Requirements / Limits
fa-8	1	AL
folate	1	AL
folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)	1	AL
folic acid 1 mg tab	2	
ft folic acid (400 mcg tab, 800 mcg tab)	1	AL
gnp folic acid	1	AL
hm folic acid	1	AL
kp folic acid 800 mcg tab	1	AL
px folic acid	1	AL
qc folic acid	1	AL
ra folic acid (400 mcg tab, 800 mcg tab)	1	AL
sm folic acid	1	AL
true folic acid 400 mcg tab	1	AL
yl folic acid	1	AL
HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS		
JESDUVROQ (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	6	PA
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS		
DOPTELET	6	PA
DOPTELET SPRINKLE	6	PA, QL, AL
eltrombopag olamine (12.5 mg packet, 25 mg packet)	6	PA
eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)	5	PA, QL
MULPLETA 3 MG TAB	6	PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid (0.25 gm/ml solution, 500 mg tab, 1000 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
tranexamic acid 650 mg tab	2	QL
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)	2	
BENZODIAZEPINE HYPNOTICS		
estazolam (1 mg tab, 2 mg tab)	2	
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	2	
QUAZEPAM	2	
temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)	2	QL
triazolam (0.125 mg tab, 0.25 mg tab)	2	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (3 mg tab, 6 mg tab)	2	QL
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
EDLUAR (5 MG SL TAB, 10 MG SL TAB)	4	QL
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	2	QL
zaleplon (5 mg cap, 10 mg cap)	2	QL
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	2	QL
zolpidem tartrate (5 mg tab, 10 mg tab)	2	
zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)	2	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	4	QL

Drug Name	Drug Tier	Requirements / Limits
DAYVIGO (5 MG TAB, 10 MG TAB)	4	QL
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ LQ	6	PA, QL
ramelteon	2	QL
tasimelteon	6	PA, QL
LAXATIVES		
BOWEL EVACUANT COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	4	
GAVILYTE-C	2	
gavilyte-g	2	
gavilyte-n with flavor pack	2	
na sulfate-k sulfate-mg sulf	2	
peg 3350-kcl-na bicarb-nacl	2	
peg-3350/electrolytes	2	
peg-3350/electrolytes/ascorbat	2	
peg-kcl-nacl-nasulf-na asc-c	2	
PEG-PREP	4	
PLENVU	4	
SUFLAVE	4	
SUTAB	4	
LAXATIVES - MISCELLANEOUS		
constulose	2	
kristalose (10 gm packet, 20 gm packet)	2	
lactulose (10 gm packet, 10 gm/15ml solution, 20 gm packet, 20 gm/30ml solution)	2	
MACROLIDES		
AZITHROMYCIN		

azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	2	
Drug Name	**Drug Tier**	**Requirements / Limits**
CLARITHROMYCIN		
clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	2	
clarithromycin er	2	
ERYTHROMYCINS		
E.E.S. 400	2	
ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	2	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	2	
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)	2	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)	2	
FIDAXOMICIN		
DIFICID 40 MG/ML RECON SUSP	3	AL
fidaxomicin	2	
MEDICAL DEVICES AND SUPPLIES		
APPLICATORS,COTTON BALLS,ETC		
ADVOCATE ALCOHOL PREP PADS	1	
ALCOH-GLOVE CONTOURED WIPE	1	
ALCOHOL PADS	1	
ALCOHOL PREP (70 % PAD, PAD)	1	
ALCOHOL PREP PADS	1	
ALCOHOL SWABS (70 % PAD, PAD)	1	

Drug Name	Drug Tier	Requirements / Limits
ALCOHOL SWABSTICK	1	
AUM ALCOHOL PREP PADS	1	
BD SWAB SINGLE USE REGULAR	1	
CARETOUCH ALCOHOL PREP	1	
COMFORT TOUCH ALCOHOL PREP	1	
CURITY ALCOHOL PREPS	1	
CVS ALCOHOL PREP PADS	1	
CVS PREP	1	
DROPSAFE ALCOHOL PREP	1	
EASY COMFORT ALCOHOL PADS	1	
EASY TOUCH ALCOHOL PREP MEDIUM	1	
EQL ALCOHOL SWABS	1	
FIFTY50 ALCOHOL PREP	1	
GLOBAL ALCOHOL PREP EASE	1	
GNP ALCOHOL SWABS	1	
GOODSENSE ALCOHOL SWABS	1	
H-E-B INCONTROL ALCOHOL	1	
HM STERILE ALCOHOL PREP	1	
MEIJER ALCOHOL SWABS	1	
PHARMACIST CHOICE ALCOHOL	1	
PRO COMFORT ALCOHOL	1	
PURE COMFORT ALCOHOL PREP	1	
QC ALCOHOL SWABS	1	
RA ALCOHOL SWABS	1	
REALITY SWABS	1	
RELION ALCOHOL SWABS (70 % PAD, PAD)	1	
SAPS CARE ALCOHOL PREP	1	
SAPS HEALTH ALCOHOL PREP (70 % PAD, PAD)	1	

Drug Name	Drug Tier	Requirements / Limits
SAPS HEALTH CARE ALCOHOL PREP	1	
SB ALCOHOL PREP	1	
SM ALCOHOL PREP (70 % PAD, PAD)	1	
SURE COMFORT ALCOHOL PREP	1	
TRUE COMFORT ALCOHOL PREP PADS	1	
TRUE COMFORT PRO ALCOHOL PREP	1	
ULTICARE ALCOHOL SWABS (70 % PAD, PAD)	1	
ULTILET ALCOHOL SWABS	1	
ULTRA-CARE ALCOHOL PREP PADS	1	
WEBCOL ALCOHOL PREP LARGE	1	
WEBCOL ALCOHOL PREP MEDIUM	1	
ZEVRX STERILE ALCOHOL PREP PAD	1	
CONDOMS - FEMALE		
FC2 FEMALE CONDOM	1	
CONDOMS - MALE		
AIMSCO LUBRICATED	1	
CONDOMS	1	
DUREX EXTRA SENSITIVE THIN (DEVICE, MISC)	1	
DUREX REALFEEL	1	
DUREX TROPICAL	1	
FANTASY LUBRICATED	1	
FANTASY LUBRICATED/SPERMICIDE	1	
K-Y ME & YOU EXTRA LUBRICATED	1	
K-Y ME & YOU INTENSE	1	
KAMELEON LUBRICATED	1	
KIMONO	1	
KIMONO COLORS	1	

Drug Name	Drug Tier	Requirements / Limits
KIMONO MAXX-LARGE FLARE	1	
KIMONO MICRO THIN	1	
KIMONO MICRO THIN PLUS	1	
KIMONO PLUS	1	
KIMONO PS	1	
KIMONO PS PLUS	1	
KIMONO SENSATION	1	
KIMONO SENSATION PLUS	1	
KIMONO SPECIAL	1	
MAXX	1	
MAXX PLUS	1	
REALITY LATEX CONDOMS	1	
REALITY LATEX/ULTRA TEXTURED	1	
REALITY LATEX/ULTRA THIN	1	
TROJAN BARESKIN	1	
TROJAN ENZ	1	
TROJAN MAGNUM	1	
TROJAN ULTRA RIBBED LUBRICATED	1	
TROJAN ULTRA THIN (DEVICE, MISC)	1	
TROJAN ULTRA THIN/SPERMICIDAL	1	
TROJAN-ENZ LUBRICATED	1	
TROJAN-ENZ/SPERMICIDAL	1	
TRUE COVER	1	
TRUSTEX COLOR CONDOMS + LUBE	1	
TRUSTEX LUB/RIBBED/STUDDED	1	
TRUSTEX LUB/SPERMICIDE EX ST	1	
TRUSTEX LUB/SPERMICIDE XL	1	
TRUSTEX LUBRICATED	1	

Drug Name	Drug Tier	Requirements / Limits
TRUSTEX LUBRICATED EX LARGE	1	
TRUSTEX LUBRICATED EXTRA ST	1	
TRUSTEX LUBRICATED/SPERMICIDE	1	
TRUSTEX NATURAL CONDOMS + LUBE	1	
TRUSTEX NON-LUBRICATED	1	
TRUSTEX RIA LUB/SPERMICIDE	1	
TRUSTEX RIA LUBRICATED	1	
TRUSTEX RIA NON-LUBRICATED	1	
TRUSTEX-NONOXYNOL-9/RIB/STUD	1	
GLUCOSE MONITOR & KETONE MONITOR COMBINATIONS		
PRECISION XTRA-GLUCOSE/KETONE	3	
GLUCOSE MONITORING TEST SUPPLIES		
1ST TIER UNILET COMFORTOUCH	1	
ACCU-CHEK AVIVA	3	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE CONTROL	3	QL
ACCU-CHEK SAFE-T PRO LANCETS	1	
ACCU-CHEK SMARTVIEW CONTROL	3	QL
ACCU-CHEK SOFTCLIX LANCET DEV	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE CONTROL	3	QL
ACTI-LANCE 28G	1	
ACTI-LANCE LITE LANCETS 28G	1	
ACTI-LANCE SPECIAL LANCETS 17G	1	
ACTI-LANCE UNIVERSAL 23G	1	
ADJUSTABLE LANCING DEVICE	1	

Drug Name	Drug Tier	Requirements / Limits
ADVANCE INTUITION CONTROL	3	QL
ADVANCE MICRO-DRAW CONTROL	3	QL
ADVANCE MICRO-DRAW NORMAL	3	QL
ADVANCED MOBILE LANCET	1	
ADVANTAGE SAFETY LANCETS 28G	1	
ADVOCATE CONTROL SOLUTION (HIGH LIQUID, LOW LIQUID)	3	QL
ADVOCATE LANCETS	1	
ADVOCATE LANCETS 30G	1	
ADVOCATE LANCING DEVICE	1	
ADVOCATE RAPID-SAFE LANCING	1	
ADVOCATE REDI-CODE+ CONTROL (HIGH SOLUTION, LOW SOLUTION)	3	QL
ADVOCATE SAFETY LANCETS	1	
ADVOCATE SAFETY LANCETS 21G	1	
ADVOCATE SAFETY LANCETS 23G	1	
ADVOCATE SAFETY LANCETS 26G	1	
ADVOCATE SAFETY LANCETS 28G	1	
AGAMATRIX CONTROL (HIGH SOLUTION, NORMAL SOLUTION)	3	QL
AGAMATRIX CONTROL LEVEL 2	3	QL
AGAMATRIX CONTROL LEVEL 4	3	QL
AGAMATRIX CONTROL NORMAL/HIGH	3	QL
AGAMATRIX ULTRA-THIN LANCETS	1	
AIMSCO TWIST LANCETS 32G	1	
AIMSCO TWIST LANCETS 33G	1	
AQUALANCE LANCETS 30G	1	
ASSURE 3 CONTROL	3	QL
ASSURE 4 CONTROL LEVEL 1 & 2	3	QL

Drug Name	Drug Tier	Requirements / Limits
ASSURE COMFORT LANCETS 28G	1	
ASSURE CONTROL SOLUTION 2/3	3	QL
ASSURE DOSE CONTROL	3	QL
ASSURE DOSE NORM/HIGH CONTROL	3	QL
ASSURE II CONTROL	3	QL
ASSURE II CONTROL LEVEL 1 & 2	3	QL
ASSURE LANCE LANCETS	1	
ASSURE LANCE LANCETS 21G	1	
ASSURE LANCE PLUS SAFETY 25G	1	
ASSURE LANCE PLUS SAFETY 30G	1	
ASSURE LANCE SAFETY LANCET 28G	1	
ASSURE PRISM CONTROL LEVEL 1&2	3	QL
ASSURE PRO CONTROL LEVEL 1 & 2	3	QL
AURORA LANCET SUPER THIN 30G	1	
AURORA LANCET THIN 23G	1	
AUTO-LANCET	1	
AUTO-LANCET MINI	1	
AUTOLET II CLINISAFE	1	
AUTOLET LANCING DEVICE	1	
AUTOLET LITE CLINISAFE	1	
AUTOLET LITE LANCING DEVICE	1	
AUTOLET LITE STARTER PACK	1	
AUTOLET MINI	1	
AUTOLET PLATFORMS	1	
AUTOLET PLUS	1	
BD MICROTAINER LANCETS	1	
BLULINK CONTROL HIGH & LOW	3	QL
CARDIOCOM LANCING DEVICE	1	

Drug Name	Drug Tier	Requirements / Limits
CAREONE ADVANCED LANCING DEV	1	
CAREONE LANCET SUPER THIN 30G	1	
CAREONE LANCET THIN 23G	1	
CARESENS CONTROL A	3	QL
CARESENS CONTROL SOLUTION A/B	3	QL
CARESENS LANCETS	1	
CARESENS LANCETS 30G	1	
CARESENS S CONTROL SOLN A/B	3	QL
CARETOUCH CONTROL SOL LEVEL 2	3	QL
CARETOUCH LANCING/EJECTOR	1	
CARETOUCH SAFETY LANCETS	1	
CARETOUCH SAFETY LANCETS 26G	1	
CARETOUCH TWIST LANCETS 28G	1	
CARETOUCH TWIST LANCETS 30G	1	
CARETOUCH TWIST LANCETS 33G	1	
CARETOUCH TWIST MC LANCETS 30G	1	
CHOSEN LANCETS 30G	1	
CHOSEN LANCING DEVICE	1	
CHOSEN SAFETY LANCETS 28G	1	
CLEANLET LANCETS 28G	1	
CLEVER CHEK LANCETS	1	
CLEVER CHOICE COMFORT EZ MISC	1	
CLEVER CHOICE GLUCOSE CONTROL (HIGH LIQUID, LOW LIQUID)	3	QL
CLEVER CHOICE LANCETS 21G	1	
CLEVER CHOICE LANCETS 23G	1	
CLEVER CHOICE LANCETS 28G	1	
COAGUCHEK LANCETS	1	
COMFORT ASSURED LANCETS 28G	1	

Drug Name	Drug Tier	Requirements / Limits
COMFORT ASSURED LANCETS 33G	1	
COMFORT LANCETS	1	
COMFORT TOUCH LANCETS 31G	1	
COMFORT TOUCH PLUS LANCETS 28G	1	
COMFORT TOUCH PLUS LANCETS 30G	1	
COMFORT TOUCH TWIST LANCET 30G	1	
CONTOUR CONTROL (HIGH LIQUID, LOW LIQUID, NORMAL LIQUID)	3	QL
CONTOUR NEXT CONTROL (LOW SOLUTION, NORMAL SOLUTION)	3	QL
CONTOUR PLUS CONTROL SOLUTION	3	QL
CONTROL	3	QL
COOL CONTROL A	3	QL
COOL CONTROL B	3	QL
CVS LANCETS 21G	1	
CVS LANCETS MICRO THIN 33G	1	
CVS LANCETS ORIGINAL	1	
CVS LANCETS THIN 26G	1	
CVS LANCETS ULTRA THIN 30G	1	
CVS LANCETS ULTRA-THIN 30G	1	
CVS LANCING DEVICE	1	
CVS ULTRA THIN LANCETS	1	
DEXCOM G6 RECEIVER	3	
DEXCOM G6 SENSOR	3	
DEXCOM G6 TRANSMITTER	3	
DEXCOM G7 15 DAY SENSOR	3	
DEXCOM G7 RECEIVER	3	
DEXCOM G7 SENSOR	3	
DIASCREEN 10	4	

Drug Name	Drug Tier	Requirements / Limits
DIASCREEN 1B	4	
DIASCREEN 1G	4	
DIASCREEN 1K (MISC, STRIP)	4	
DIASCREEN 2GK	4	
DIASCREEN 2GP	4	
DIASCREEN 3	4	
DIASCREEN 4NL	4	
DIASCREEN 4OBL	4	
DIASCREEN 4PH	4	
DIASCREEN 5	4	
DIASCREEN 6	4	
DIASCREEN 7	4	
DIASCREEN 8	4	
DIASCREEN 9	4	
DIASCREEN LIQUID URINE CONTROL	4	
DIATHRIVE GLUCOSE CONTROL SOLN	3	QL
DIATHRIVE LANCET ULTRA THIN 30	1	
DIATHRIVE LANCETS	1	
DIATHRIVE LANCING DEVICE	1	
DIATRUE CONTROL LEVEL 1	3	QL
DIATRUE CONTROL LEVEL 2	3	QL
DIATRUE CONTROL LEVEL 3	3	QL
DROPLET GENTEEL LANCING DEVICE	1	
DROPLET LANCETS ULTRA THIN 30G	1	
DROPLET LANCING DEVICE	1	
DROPLET MEDLANCE LANCET 30G	1	
DROPLET PERSONAL LANCETS 30G	1	
DROPSAFE ACTI-LANCE 23G	1	

Drug Name	Drug Tier	Requirements / Limits
DROPSAFE ACTI-LANCE LANCET 17G	1	
DROPSAFE ACTI-LANCE LANCET 23G	1	
DROPSAFE ACTI-LANCE LANCET 28G	1	
DROPSAFE ERGOLANCE LANCET 21G	1	
DROPSAFE ERGOLANCE LANCET 25G	1	
DROPSAFE ERGOLANCE LANCET 30G	1	
DROPSAFE HAEMOLANCE LANCET 1.5	1	
DROPSAFE HAEMOLANCE LANCET 18G	1	
DROPSAFE HAEMOLANCE LANCET 21G	1	
DROPSAFE HAEMOLANCE LANCET 25G	1	
DROPSAFE HAEMOLANCE LANCET 28G	1	
DROPSAFE MEDISAFE LANCET 23G	1	
DROPSAFE MEDISAFE LANCET 29G	1	
DROPSAFE MEDLANCE LANCET 0.8MM	1	
DROPSAFE MEDLANCE LANCET 21G	1	
DROPSAFE MEDLANCE LANCET 25G	1	
DROPSAFE MEDLANCE LANCET 30G	1	
DRUG MART LANCETS THIN 26G	1	
DRUG MART LANCING DEVICE	1	
DRUG MART ON-THE-GO LANCET 30G	1	
DRUG MART UNILET LANCETS 28G	1	
DRUG MART UNILET LANCETS 30G	1	
DRUG MART UNILET LANCETS 33G	1	
DUO-CARE CONTROL SOLUTION	3	QL
E-Z JECT LANCET MICRO-THIN 33G	1	
E-Z JECT LANCET SUPER THIN 30G	1	
E-Z JECT LANCETS	1	
E-Z JECT LANCETS 21G	1	

Drug Name	Drug Tier	Requirements / Limits
E-Z JECT LANCETS THIN 26G	1	
EASY COMFORT LANCETS	1	
EASY COMFORT LANCETS TWIST TOP	1	
EASY MINI EJECT LANCING DEVICE	1	
EASY MINI LANCING DEVICE	1	
EASY PLUS II CONTROL (HIGH SOLUTION, LOW SOLUTION)	3	QL
EASY STEP CONTROL (HIGH SOLUTION, LOW SOLUTION, NORMAL SOLUTION)	3	QL
EASY TALK CONTROL (HIGH SOLUTION, LOW SOLUTION, NORMAL SOLUTION)	3	QL
EASY TALK PLUS II CONTROL (HIGH SOLUTION, LOW SOLUTION)	3	QL
EASY TOUCH CONTROL HIGH & LOW	3	QL
EASY TOUCH HEALTHPRO HIGH/LOW	3	QL
EASY TOUCH LANCETS 21G	1	
EASY TOUCH LANCETS 23G	1	
EASY TOUCH LANCETS 26G	1	
EASY TOUCH LANCETS 28G	1	
EASY TOUCH LANCETS 28G/TWIST	1	
EASY TOUCH LANCETS 30G	1	
EASY TOUCH LANCETS 30G/TWIST	1	
EASY TOUCH LANCETS 32G	1	
EASY TOUCH LANCETS 32G/TWIST	1	
EASY TOUCH LANCETS 33G/TWIST	1	
EASY TOUCH LANCING DEVICE	1	
EASY TOUCH SAFETY LANCETS 21G	1	
EASY TOUCH SAFETY LANCETS 23G	1	
EASY TOUCH SAFETY LANCETS 26G	1	
EASY TOUCH SAFETY LANCETS 28G	1	

Drug Name	Drug Tier	Requirements / Limits
EASY TRAK CONTROL (HIGH SOLUTION, LOW SOLUTION, NORMAL SOLUTION)	3	QL
EASY TRAK II CONTROL	3	QL
EASYMAX 15 LEVEL 2 CONTROL	3	QL
EASYMAX 15 LEVEL 2-3 CONTROL	3	QL
EASYMAX CONTROL	3	QL
EASYMAX CONTROL NORMAL/HIGH	3	QL
ELEMENT COMPACT CONTROL 2	3	QL
ELEMENT COMPACT CONTROL 3	3	QL
ELEMENT CONTROL (HIGH LIQUID, LOW LIQUID, NORMAL LIQUID)	3	QL
EMBRACE CONTROL	3	QL
EMBRACE EVO CONTROL LEVEL 1	3	QL
EMBRACE GLUCOSE CONTROL	3	QL
EMBRACE LANCETS ULTRA THIN 30G	1	
EMBRACE LANCING DEVICE/EJECTOR	1	
EMBRACE PRESSURE ACTIVATED 21G	1	
EMBRACE PRESSURE ACTIVATED 28G	1	
EMBRACE PRO GLUCOSE CONTROL	3	QL
EMBRACE TALK GLUCOSE CONTROL (HIGH SOLUTION, LOW SOLUTION)	3	QL
EMBRACE WAVE GLUCOSE CONTROL	3	QL
EQL COLOR LANCETS 21G	1	
EQL COLOR LANCETS MICRO 33G	1	
EQL SUPER THIN LANCETS 30G	1	
EQL THIN LANCETS 26G	1	
EVOLUTION CONTROL	3	QL
EZ-LETS LANCETS 21G	1	
EZ-LETS LANCETS 26G	1	

Drug Name	Drug Tier	Requirements / Limits
EZ-LETS LANCETS 28G	1	
EZ-LETS LANCETS 30G	1	
FIFTY50 SAFETY SEAL LANCETS	1	
FIFTY50 UNILET LANCETS 33G	1	
FINE 30	1	
FINGERSTIX LANCETS	1	
FONDCIRCLE CONTROL SOLUTION	3	QL
FONDCIRCLE LANCING DEVICE	1	
FONDCIRCLE SINGLE USE LANCETS	1	
FORA CONTROL (HIGH SOLUTION, LOW SOLUTION, NORMAL SOLUTION)	3	QL
FORA LANCETS	1	
FORA LANCING DEVICE	1	
FORACARE GDH CONTROL (HIGH SOLUTION, LOW SOLUTION, NORMAL SOLUTION)	3	QL
FORTISCARE CONTROL (HIGH SOLUTION, LOW SOLUTION, NORMAL SOLUTION)	3	QL
FREDS PHARMACY AUTOLET LANCING	1	
FREDS PHARMACY UNILET LANC 28G	1	
FREDS PHARMACY UNILET LANC 30G	1	
FREESTYLE CONTROL SOLUTION	3	QL
FREESTYLE FREEDOM LITE	3	
FREESTYLE LANCETS	1	
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR	3	
FREESTYLE LIBRE 2 PLUS SENSOR	3	
FREESTYLE LIBRE 2 READER	3	
FREESTYLE LIBRE 2 SENSOR	3	
FREESTYLE LIBRE 3 PLUS SENSOR	3	

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 3 READER	3	
FREESTYLE LIBRE 3 SENSOR	3	
FREESTYLE LIBRE READER	3	
FREESTYLE LITE W/DEVICE KIT	3	
FREESTYLE PRECISION NEO SYSTEM	3	
FREESTYLE UNISTICK II LANCETS	1	
GE100 CONTROL	3	QL
GENTEEL BUTTERFLY TOUCH LANCET	1	
GENTEEL CONTACT TIPS (BLUE)	1	
GENTEEL CONTACT TIPS (CLEAR)	1	
GENTEEL CONTACT TIPS (GREEN)	1	
GENTEEL CONTACT TIPS (ORANGE)	1	
GENTEEL CONTACT TIPS (RAINBOW)	1	
GENTEEL CONTACT TIPS (VIOLET)	1	
GENTEEL CONTACT TIPS (YELLOW)	1	
GENTEEL LANCING KIT (BLUE)	1	
GENTEEL NOZZLES	1	
GENTEEL PLUS LANCING (BLACK)	1	
GENTEEL PLUS LANCING (PURPLE)	1	
GENTEEL PLUS LANCING (WHITE)	1	
GENTEEL PLUS LANCING DEV(BLUE)	1	
GENTEEL PLUS LANCING DEV(PINK)	1	
GENTLE-LET GP LANCETS	1	
GENTLE-LET LANCETS	1	
GENTLE-LET PLATFORMS	1	
GLOBAL INJECT EASE LANCETS 28G	1	
GLOBAL INJECT EASE LANCETS 30G	1	
GLOBAL LANCING DEVICE	1	

Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD 01 CONTROL (LIQUID, NORMAL SOLUTION)	3	QL
GLUCOCARD EXPRESSION CONTROL	3	QL
GLUCOCARD SHINE CONTROL	3	QL
GLUCOCARD X-SENSOR CONTROL	3	QL
GLUCOCOM CONTROL (HIGH LIQUID, NORMAL LIQUID)	3	QL
GLUCOCOM LANCETS 28G	1	
GLUCOCOM LANCETS 30G	1	
GLUCOCOM LANCETS 33G	1	
GLUCOSE CONTROL (NORMAL SOLUTION, SOLUTION)	3	QL
GNP EASY TOUCH CONT HIGH/LOW (LIQUID, SOLUTION)	3	QL
GNP LANCETS 21G	1	
GNP LANCETS THIN 26G	1	
GNP LANCING SYSTEM DEVICE	1	
GNP STERILE LANCETS 28G	1	
GNP STERILE LANCETS 30G	1	
GNP STERILE LANCETS 33G	1	
GOJJI CONTROL	3	QL
GOJJI LANCING DEVICE/CLEAR CAP	1	
GOJJI STERILE LANCETS	1	
GOODSENSE COLOR LANCETS 33G	1	
GOODSENSE LANCETS 26G UNIV	1	
GOODSENSE LANCETS 30G	1	
GOODSENSE LANCETS 30G UNIV	1	
GOODSENSE LANCETS 33G	1	
GOODSENSE LANCETS 33G UNIV	1	
GOODSENSE LANCING DEVICE	1	

Drug Name	Drug Tier	Requirements / Limits
H-E-B INCONTROL ADV LANCING	1	
H-E-B INCONTROL LANCETS 28G	1	
H-E-B INCONTROL LANCETS 30G	1	
H-E-B INCONTROL LANCETS 33G	1	
HAEMOLANCE	1	
HAEMOLANCE LOW FLOW LANCETS	1	
HAEMOLANCE PLUS	1	
HAEMOLANCE PLUS HIGH FLOW	1	
HAEMOLANCE PLUS LOW FLOW	1	
HAEMOLANCE PLUS MAX FLOW	1	
HAEMOLANCE PLUS PEDIATRIC FLOW	1	
HEALTH CARE LANCING DEVICE	1	
HEALTHY ACCENTS LANCING DEVICE	1	
HEALTHY ACCENTS UNILET LANCETS	1	
HY-VEE LANCETS	1	
HY-VEE THIN LANCETS	1	
HYPOLANCE AST LANCING	1	
IHEALTH CONTROL SOLUTION	3	QL
IHEALTH LANCING DEVICE	1	
IN TOUCH GLUCOSE CONTROL	3	QL
IN TOUCH LANCING DEVICE	1	
IN TOUCH STERILE LANCETS 30G	1	
INFINITY CONTROL (HIGH SOLUTION, LOW SOLUTION, NORMAL SOLUTION)	3	QL
INFINITY VOICE NORMAL LIQUID	3	QL
KINNEY LANCETS	1	
KINNEY THIN LANCETS	1	
KROGER AUTOLET LANCING DEVICE	1	
KROGER HEALTHPRO CONTROL HI/LO	3	QL

Drug Name	Drug Tier	Requirements / Limits
KROGER HEALTHPRO LANCET 26G	1	
KROGER LANCETS	1	
KROGER LANCETS 21G	1	
KROGER LANCETS MICRO THIN 33G	1	
KROGER LANCETS SUPER THIN	1	
KROGER LANCETS THIN	1	
KROGER LANCETS THIN 26G	1	
KROGER LANCETS ULTRATHIN 30G	1	
KROGER LANCING DEVICE	1	
LANCET DEVICE	1	
LANCET DEVICE WITH EJECTOR	1	
LANCETS	1	
LANCETS 28G THIN	1	
LANCETS 30G	1	
LANCETS 33G	1	
LANCETS MICRO THIN 33G	1	
LANCETS SUPER THIN	1	
LANCETS SUPER THIN 28G	1	
LANCETS THIN	1	
LANCETS ULTRA THIN	1	
LANCETS ULTRA THIN 30G	1	
LANCING DEVICE	1	
LANZO	1	
LEADER ADVANCED LANCING DEVICE	1	
LIBERTY GLUCOSE CONTROL (HIGH SOLUTION, NORMAL LIQUID, NORMAL SOLUTION)	3	QL
LIBERTY GLUCOSE CONTROL MID	3	QL
LIBERTY MEDICAL LANCETS	1	
LIBERTY MINI LANCING DEVICE	1	

Drug Name	Drug Tier	Requirements / Limits
LIFELINE LANCETS	1	
LITE TOUCH LANCETS	1	
LITE TOUCH LANCING PEN	1	
LITETOUCH LANCETS	1	
LIVE BETTER ADV LANCING DEVICE	1	
LIVE BETTER LANCET SUPER THIN	1	
LIVE BETTER LANCET ULTRA THIN	1	
LONGS LANCETS STANDARD	1	
LONGS LANCETS THIN	1	
LONGS LANCETS ULTRA THIN	1	
MEDICHOICE SAFETY LANCET	1	
MEDICHOICE SAFETY LANCET EXTRA	1	
MEDICHOICE SAFETY LANCET NORM	1	
MEDISENSE GLUCOSE KETONE CONTR	3	QL
MEDISENSE HI/MID/LOW CONTROL	3	QL
MEDLANCE EXTRA 21G	1	
MEDLANCE LITE 25G	1	
MEDLANCE PLUS EXTRA 21G	1	
MEDLANCE PLUS LANCETS	1	
MEDLANCE PLUS LITE 25G	1	
MEDLANCE PLUS SPECIAL 0.8MM	1	
MEDLANCE PLUS SUPERLITE 30G	1	
MEDLANCE PLUS UNIVERSAL 21G	1	
MEDLANCE UNIVERSAL 21G	1	
MEIJER LANCETS	1	
MEIJER LANCETS THIN	1	
MEIJER LANCETS UNIVERSAL 21G	1	
MEIJER LANCETS UNIVERSAL 30G	1	

Drug Name	Drug Tier	Requirements / Limits
MEIJER LANCETS UNIVERSAL 33G	1	
MEIJER SUPER THIN LANCETS	1	
MICRODOT CONTROL HIGH/LOW	3	QL
MICROLET LANCETS	1	
MICROLET NEXT LANCETS	1	
MICROLET NEXT LANCING DEVICE	1	
MINI LANCING DEVICE	1	
MM LANCING DEVICE	1	
MM TWIST LANCETS	1	
MOBI CONNECT LANCING DEVICE	1	
MOBI CONNECT TWIST LANCETS	1	
MOBILE LANCETS 30G	1	
MONOLET LANCETS	1	
MONOLET OPD LANCETS	1	
MONOLETTOR SAFETY LANCETS	1	
MPD SAFETY LANCET 21G	1	
MPD SAFETY LANCET 23G	1	
MPD SAFETY LANCET 28G	1	
MPD SAFETY LANCET 30G	1	
MULTI-LANCET DEVICE	1	
MULTI-LANCET DEVICE 2	1	
MYGLUCOHEALTH CONTROL	3	QL
MYGLUCOHEALTH LANCETS 30G	1	
NEUTEK 2TEK CONTROL	3	QL
NOVA MAX PLUS GLU/KET CONTROL	3	QL
NOVA SAFETY LANCETS 23G	1	
NOVA SAFETY LANCETS 28G	1	
NOVA SUREFLEX LANCETS	1	

Drug Name	Drug Tier	Requirements / Limits
NOVA SUREFLEX LANCING DEVICE	1	
ONETOUCH DELICA PLUS LANCET30G	1	
ONETOUCH DELICA PLUS LANCET33G	1	
ONETOUCH DELICA PLUS LANCING	1	
ONETOUCH DELICA SAFETY LANCING	1	
ONETOUCH ULTRA CONTROL	3	QL
ONETOUCH ULTRASOFT 2 LANCETS	1	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	3	QL
PC LANCETS SUPER THIN 30G	1	
PERFECT LANCETS 28G	1	
PERFECT LANCETS 30G	1	
PERFECT POINT SAFETY LANCETS	1	
PHARMACIST CHOICE LANCETS	1	
PHARMACY COUNTER LANCETS	1	
PIP GLUCOSE CONTROL SOLUTION	3	QL
PIP LANCETS 28G	1	
PIP LANCETS 30G	1	
POCKETCHEM EZ CONTROL	3	QL
PRECISION GLUCOSE KETONE CONTR	3	QL
PRECISION THINS GP LANCETS	1	
PREFERRED PLUS LANCETS COLORED	1	
PREFERRED PLUS LANCETS THIN	1	
PRO COMFORT LANCETS 30G	1	
PRO COMFORT LANCETS 31G	1	
PRO COMFORT SAFETY LANCETS 30G	1	
PRODIGY CONTROL SOLUTION (HIGH SOLUTION, LOW SOLUTION)	3	QL
PRODIGY LANCETS 28G	1	
PRODIGY LANCING DEVICE	1	

Drug Name	Drug Tier	Requirements / Limits
PRODIGY SAFETY LANCETS 26G	1	
PRODIGY TWIST TOP LANCETS 28G	1	
PSS SELECT GP LANCETS	1	
PSS SELECT PLATFORMS	1	
PSS SELECT SAFETY LANCETS	1	
PURE COMFORT LANCETS 30G	1	
PURE COMFORT SAFETY LANCET 30G	1	
PX ADVANCED LANCING DEVICE	1	
PX LANCET AUTO INJECTOR	1	
PX LANCETS MICROTHIN 33G	1	
PX LANCETS ULTRA THIN	1	
PX LANCETS ULTRA THIN 28G	1	
QC ADVANCED LANCING DEVICE	1	
QC LANCETS SUPER THIN 30G	1	
QC LANCETS ULTRA THIN	1	
QC UNILET LANCETS 28G	1	
QC UNILET LANCETS MICRO THIN	1	
QUICKTEK CONTROL SOLUTION	3	QL
QUINTET CONTROL HIGH/NORMAL	3	QL
RA E-ZJECT LANCETS 28G	1	
RA E-ZJECT LANCETS THIN 26G	1	
RA E-ZJECT LANCETS THIN 28G	1	
RA E-ZJECT LANCETS ULTRA THIN	1	
READYLANCE SAFETY LANCETS	1	
REALITY LANCETS	1	
REALITY TRIGGER LANCETS	1	
REFUAH PLUS GLUCOSE CONTROL	3	QL
RELION LANCET DEVICES 30G	1	

Drug Name	Drug Tier	Requirements / Limits
RELION LANCETS	1	
RELION LANCETS MICRO-THIN 33G	1	
RELION LANCETS THIN 26G	1	
RELION LANCETS ULTRA-THIN 30G	1	
RELION LANCING DEVICE (KIT, MISC)	1	
RELION ULTRA THIN LANCETS 30G	1	
RELION ULTRA THIN PLUS LANCETS	1	
REXALL LANCETS ULTRA THIN 30G	1	
RIGHTEST ALTERNATE SITE ADAPT	1	
RIGHTEST GC300 CONTROL (HIGH LIQUID, NORMAL LIQUID)	3	QL
RIGHTEST GD500 LANCING DEVICE	1	
RIGHTEST GL300 LANCETS	1	
SAFE-T-LANCE	1	
SAFE-T-LANCE PLUS	1	
SAFETY LANCET 30G/PRESSURE ACT	1	
SAFETY LANCETS	1	
SAFETY LANCETS 21G	1	
SAFETY LANCETS 23G	1	
SAFETY LANCETS 28G	1	
SAPS HEALTH PLUS LANCETS	1	
SAPS HEALTH TWIST TOP LANCETS	1	
SAPS TWIST TOP LANCETS	1	
SAPSCARE TWIST TOP LANCETS	1	
SB LANCETS THIN	1	
SB LANCETS ULTRA THIN	1	
SELECT-LITE DEVICE/LANCETS	1	
SELECT-LITE LANCING DEVICE	1	
SENSILANCE SAFETY LANCETS 21G	1	

Drug Name	Drug Tier	Requirements / Limits
SENSILANCE SAFETY LANCETS 26G	1	
SENSILANCE SAFETY LANCETS 28G	1	
SHOPKO AUTOLET LANCING DEVICE	1	
SHOPKO ON-THE-GO LANCETS 30G	1	
SHOPKO UNILET LANCETS 28G	1	
SHOPKO UNILET LANCETS 30G	1	
SIMPLE DIAGNOSTICS LANCING DEV	1	
SINGLE-LET	1	
SM LANCETS 33G	1	
SM TRUEDRAW LANCING DEVICE	1	
SMART DIABETES VANTAGE LANCING	1	
SMART SENSE COLOR LANCETS 33G	1	
SMART SENSE STANDARD LANCETS	1	
SMART SENSE SUPER THIN LANCETS	1	
SMART SENSE THIN LANCETS 26G	1	
SMARTEST CONTROL MEDIUM	3	QL
SMARTEST LANCETS 28G	1	
SOLUS V2 CONTROL (HIGH SOLUTION, LOW SOLUTION)	3	QL
SOLUS V2 LANCETS 28G	1	
SOLUS V2 LANCING DEVICE	1	
SOLUS V2 TWIST LANCETS 30G	1	
STERILANCE TL	1	
SUPER THIN LANCETS	1	
SUPREME II HIGH/LOW CONTROL	3	QL
SURE COMFORT LANCETS 18G	1	
SURE COMFORT LANCETS 21G	1	
SURE COMFORT LANCETS 23G	1	
SURE COMFORT LANCETS 28G	1	

Drug Name	Drug Tier	Requirements / Limits
SURE COMFORT LANCETS 30G	1	
SURE COMFORT LANCING PEN	1	
SURELITE LANCETS	1	
TAI DOC CONTROL	3	QL
TECHLITE AST LANCETS	1	
TECHLITE LANCETS	1	
TECHLITE LANCETS 26G	1	
TGT LANCET MICRO THIN 33G	1	
TGT LANCET THIN 26G	1	
TGT LANCET ULTRA THIN 30G	1	
TGT LANCING DEVICE	1	
THINLETS GP LANCETS	1	
TODAYS HEALTH LANCING DEVICE	1	
TODAYS HEALTH THIN LANCETS 28G	1	
TODAYS HEALTH THIN LANCETS 30G	1	
TOPCARE LANCETS MICRO-THIN 33G	1	
TRAVEL LANCETS	1	
TRAVEL LANCETS ADVANCED 28G	1	
TRUE COMFORT SAFETY LANCETS	1	
TRUE COMFORT TWIST TOP LANCETS	1	
TRUE METRIX LEVEL 1	3	QL
TRUE METRIX LEVEL 2	3	QL
TRUE METRIX LEVEL 3	3	QL
TRUECONTROL GLUCOSE CONT LEV 0	3	QL
TRUECONTROL GLUCOSE CONT LEV 1	3	QL
TRUEDRAW LANCING DEVICE	1	
TRUEPLUS LANCETS 26G	1	
TRUEPLUS LANCETS 28G	1	

Drug Name	Drug Tier	Requirements / Limits
TRUEPLUS LANCETS 30G	1	
TRUEPLUS LANCETS 33G	1	
TRUEPLUS SAFETY LANCETS 28G	1	
TWIST TOP LANCETS 30G	1	
ULTI-LANCE AUTOMATIC	1	
ULTILET CLASSIC LANCETS	1	
ULTILET LANCETS	1	
ULTILET SAFETY LANCETS	1	
ULTILET SAFETY LANCETS 23G	1	
ULTRA THIN LANCETS 31G	1	
ULTRA-CARE LANCETS 30G	1	
ULTRA-CARE SAFETY LANCETS 30G	1	
ULTRA-THIN II AUTO LANCET	1	
ULTRA-THIN II LANCETS	1	
UNILET COMFORTOUCH LANCET	1	
UNILET EXCELITE	1	
UNILET EXCELITE II	1	
UNILET G.P. LANCET	1	
UNILET G.P. SUPERLITE LANCET	1	
UNILET GP 28 ULTRA THIN	1	
UNILET LANCET	1	
UNILET MICRO-THIN 33G	1	
UNILET SUPER-THIN 30G	1	
UNILET SUPERLITE LANCET	1	
UNILET ULTRA-THIN 28G	1	
UNISTIK 1	1	
UNISTIK 2	1	
UNISTIK 2 COMFORT	1	

Drug Name	Drug Tier	Requirements / Limits
UNISTIK 2 EXTRA	1	
UNISTIK 2 NEONATAL	1	
UNISTIK 2 NORMAL	1	
UNISTIK 2 SUPER	1	
UNISTIK 3	1	
UNISTIK 3 COMFORT	1	
UNISTIK 3 EXTRA	1	
UNISTIK 3 GENTLE	1	
UNISTIK 3 NEONATAL	1	
UNISTIK 3 NORMAL	1	
UNISTIK CZT COMFORT	1	
UNISTIK CZT NORMAL	1	
UNISTIK NORMAL	1	
UNISTIK PRO SAFETY LANCET	1	
UNISTIK SAFETY LANCETS 28G	1	
UNISTIK SAFETY LANCETS 30G	1	
UNISTIK TOUCH SAFETY LANC 21G	1	
UNISTIK TOUCH SAFETY LANC 23G	1	
UNISTIK TOUCH SAFETY LANC 28G	1	
UNISTIK TOUCH SAFETY LANC 30G	1	
UNISTRIP CONTROL (HIGH SOLUTION, LOW SOLUTION)	3	QL
UNIVERSAL 1 LANCETS THIN 26G	1	
UNIVERSAL 1 LANCETS THIN 33G	1	
UNIVERSAL 1 LANCETS ULTRA THIN	1	
VALUE PLUS LANCET STANDARD 21G	1	
VALUE PLUS LANCETS SUPER THIN	1	
VALUE PLUS LANCETS THIN 26G	1	
VALUE PLUS LANCING DEVICE	1	

Drug Name	Drug Tier	Requirements / Limits
VALUMARK LANCET SUPER THIN 30G	1	
VALUMARK LANCET ULTRA THIN 28G	1	
VERASENS GLUCOSE CONTROL	3	QL
VERIFINE SAFE LANCET MINI 21G	1	
VERIFINE SAFE LANCET MINI 23G	1	
VERIFINE SAFE LANCET MINI 28G	1	
VERIFINE SAFE LANCET MINI 30G	1	
VERIFINE UNIVERSAL LANCETS 28G	1	
VERIFINE UNIVERSAL LANCETS 30G	1	
VERIFINE UNIVERSAL LANCETS 33G	1	
VIDA MIA AUTOLET LANCING DEV	1	
VIDA MIA UNILET LANCETS 28G	1	
VIDA MIA UNILET LANCETS 30G	1	
VIVAGUARD INO CONTROL SOLUTION	3	QL
VIVAGUARD LANCETS	1	
VIVAGUARD LANCETS 30G	1	
VIVAGUARD LANCING DEVICE	1	
VIVAGUARD SAFETY LANCETS 28G	1	
WALGREENS ADV TRAVEL LANCETS	1	
WALGREENS LANCETS	1	
WALGREENS LANCETS MICRO THIN	1	
WALGREENS LANCETS SUPER THIN	1	
WALGREENS THIN LANCETS	1	
WALGREENS ULTRA THIN LANCETS	1	
ZEVRX TWIST TOP LANCETS 30G	1	
INSULIN ADMINISTRATION SUPPLIES		
MODD1 PATIENT WELCOME KIT	3	
MODD1 SUPPLY KIT	3	

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 DEXG7G6 INTRO GEN 5	3	
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	
OMNIPOD 5 G7 INTRO (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE INTRO	3	
OMNIPOD 5 LIBRE PODS	3	
OMNIPOD CLASSIC PDM (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO (GEN 4)	3	
OMNIPOD DASH PDM (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO (10 UNIT/24HR KIT, 15 UNIT/24HR KIT, 20 UNIT/24HR KIT, 25 UNIT/24HR KIT, 30 UNIT/24HR KIT, 35 UNIT/24HR KIT, 40 UNIT/24HR KIT)	3	
TWIIST REFILL KIT	3	
TWIIST REFILL KIT/INFUSION SET	3	
TWIIST STARTER KIT	3	
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS (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, 33G X 4 MM MISC)	1	
1ST TIER UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	1	
ABOUTTIME PEN NEEDLE (30G X 8 MISC, 31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
ADVOCATE INSULIN PEN NEEDLE	1	
ADVOCATE INSULIN PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 33G X 4 MM MISC)	1	

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
AQINJECT PEN NEEDLE (31G X 5 MISC, 32G X 4 MISC)	1	
ASSURE ID DUO PRO PEN NEEDLES	1	
ASSURE ID PRO PEN NEEDLES	1	
ASSURE ID SAFETY PEN NEEDLES	1	
AUM INSULIN SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	1	
AUM MINI INSULIN PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	1	
AUM 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)	1	
AUM READYGARD DUO PEN NEEDLE	1	
AUM SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	1	
AURORA PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	1	
AURORA UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	1	
AUTOJECT 2	1	
AUTOKEEPER SAFETY PEN NEEDLE (X 5 MISC, X 8 MISC)	1	
AUTOPEN	1	
BD AUTOSHIELD DUO	1	
BD INSULIN SYR ULTRAFINE II (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	1	QL
BD INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	1	QL

Drug Name	Drug Tier	Requirements / Limits
BD INSULIN SYRINGE HALF-UNIT	1	QL
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	1	QL
BD INSULIN SYRINGE U-100 1 ML MISC	1	
BD INSULIN SYRINGE U-500	1	
BD INSULIN SYRINGE U/F	1	QL
BD INSULIN SYRINGE U/F 1/2UNIT	1	QL
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.3 ML MISC, 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)	1	QL
BD PEN	1	
BD PEN MINI	1	
BD PEN NEEDLE MICRO ULTRAFINE	1	
BD PEN NEEDLE MINI ULTRAFINE	1	
BD PEN NEEDLE NANO 2ND GEN	1	
BD PEN NEEDLE NANO ULTRAFINE	1	
BD PEN NEEDLE ORIG ULTRAFINE	1	
BD PEN NEEDLE SHORT ULTRAFINE	1	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 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)	1	QL
BD VEO INSULIN SYR U/F 1/2UNIT	1	QL
BD VEO INSULIN SYR ULTRAFINE (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	1	QL
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 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)	1	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 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)	1	QL

Drug Name	Drug Tier	Requirements / Limits
CAREONE UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	1	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 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)	1	QL
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, 33G X 4 MM MISC)	1	
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	1	
CLEVER CHOICE COMFORT EZ PLUS	1	
CLICKFINE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
COMFORT ASSIST INSULIN SYRINGE	1	QL
COMFORT EZ INSULIN SYRINGE (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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
COMFORT EZ MICRO PEN NEEDLES	1	
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, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC, 33G X 8 MISC)	1	
COMFORT EZ PRO PEN NEEDLES (30G X 8 MISC, 31G X 4 MISC, 31G X 5 MISC)	1	

Drug Name	Drug Tier	Requirements / Limits
COMFORT EZ SHORT PEN NEEDLES	1	
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, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	1	
DIATHRIVE PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 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, 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)	1	QL
DROPLET MICRON	1	
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12.7MM MISC, 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, 32G X 8 MM MISC)	1	
DROPSAFE AUTOPROTECT DUO (X 4 MISC, X 5 MISC, X 8 MISC)	1	
DROPSAFE SAFETY PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 MISC)	1	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 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)	1	QL
DRUG MART UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
DRUG MART UNIFINE PENTIPS PLUS	1	
EASY COMFORT INSULIN SYRINGE (29G X 5/16" 0.5 ML MISC, 29G X 5/16" 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 1/2" 0.3 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, 32G X 5/16"	1	QL

0.5 ML MISC, 32G X 5/16" 1 ML MISC)		
Drug Name	**Drug Tier**	**Requirements / Limits**
EASY COMFORT PEN NEEDLES (29G X 4MM MISC, 29G X 5MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	1	
EASY GLIDE PEN NEEDLES	1	
EASY TOUCH FLIPLOCK INSULIN SY (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)	1	QL
EASY TOUCH INSULIN BARRELS	1	
EASY TOUCH INSULIN SAFETY SYR (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)	1	QL
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 6 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)	1	
EASY TOUCH SAFETY PEN NEEDLES (29G X 5MM MISC, 29G X 8MM MISC, 30G X 8 MM MISC)	1	
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)	1	QL
EMBECTA AUTOSHIELD DUO	1	
EMBECTA INS SYR U/F 1/2 UNIT (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC)	1	QL
EMBECTA INSULIN SYR ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 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)	1	QL

Drug Name	Drug Tier	Requirements / Limits
EMBECTA INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	1	QL
EMBECTA INSULIN SYRINGE U-100	1	QL
EMBECTA INSULIN SYRINGE U-500	1	
EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 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)	1	QL
EMBECTA PEN NEEDLE NANO	1	
EMBECTA PEN NEEDLE NANO 2 GEN	1	
EMBECTA PEN NEEDLE U/F	1	
EMBECTA PEN NEEDLE ULTRAFINE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)	1	
EMBRACE 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)	1	
EQL INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	1	QL
EXEL COMFORT POINT PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	1	
FIFTY50 PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	1	
FIFTY50 SUPERIOR COMFORT SYR (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	1	QL

Drug Name	Drug Tier	Requirements / Limits
FREDS PHARMACY UNIFINE PENTIP+ (X 5 MISC, X 8 MISC)	1	
FREDS PHARMACY UNIFINE PENTIPS	1	
GLOBAL EASE INJECT PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
GLOBAL EASY GLIDE INSULIN SYR (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC)	1	QL
GLOBAL EASY GLIDE PEN NEEDLES	1	
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
GLOBAL INSULIN SYRINGES (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	1	QL
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
GNP CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	1	
GNP INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
GNP INSULIN SYRINGES	1	QL
GNP INSULIN SYRINGES 28GX1/2"	1	QL
GNP INSULIN SYRINGES 29GX1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	1	QL
GNP INSULIN SYRINGES 30GX5/16"	1	QL

Drug Name	Drug Tier	Requirements / Limits
GNP INSULIN SYRINGES 31GX5/16"	1	QL
GNP PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	1	
GNP ULTICARE PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	1	
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	1	
GNP ULTRA COM INSULIN SYRINGE	1	QL
GOODSENSE CLICKFINE PEN NEEDLE	1	
GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	1	
H-E-B INCONTROL 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)	1	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC)	1	
HAN-EASE	1	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.3 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)	1	QL
HEALTHWISE MICRON PEN NEEDLES	1	
HEALTHWISE MINI PEN NEEDLES	1	
HEALTHWISE PEN NEEDLES	1	
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	1	
HEALTHWISE UNIFINE PENTIPS	1	
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	1	QL
HM ULTICARE MINI PEN NEEDLES	1	

Drug Name	Drug Tier	Requirements / Limits
HM ULTICARE SHORT PEN NEEDLES	1	
HUMATROPEN FOR 12MG	1	
HUMATROPEN FOR 24MG	1	
HUMATROPEN FOR 6MG	1	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
INJECT-EASE	1	
INPEN 100-BLUE-LILLY-HUMALOG	1	
INPEN 100-BLUE-NOVOLOG-FIASP	1	
INPEN 100-GREY-LILLY-HUMALOG	1	
INPEN 100-GREY-NOVOLOG-FIASP	1	
INPEN 100-PINK-LILLY-HUMALOG	1	
INPEN 100-PINK-NOVOLOG-FIASP	1	
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
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, 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" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 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, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
INSULIN SYRINGE/NEEDLE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	1	QL
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	1	
INSUPEN SENSITIVE (X 6 MISC, X 8 MISC)	1	
INSUPEN ULTRAFIN (30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC)	1	

Drug Name	Drug Tier	Requirements / Limits
INSUPEN32G EXTR3ME	1	
J-TIP KIT W/VIAL ADAPTERS	1	
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 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)	1	QL
KMART VALU INSULIN SYRINGE 29G (0.5 ML MISC, 1 ML MISC)	1	
KMART VALU INSULIN SYRINGE 30G (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC)	1	
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
KROGER 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, 33G X 4 MM MISC)	1	
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
LEADER UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	1	
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
LONGS INSULIN SYRINGE	1	QL

Drug Name	Drug Tier	Requirements / Limits
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	1	QL
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	1	QL
MAXI-COMFORT SAFETY PEN NEEDLE (X 5MM MISC, X 8MM MISC)	1	
MAXICOMFORT II PEN NEEDLE	1	
MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	1	QL
MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	1	QL
MEDICINE SHOPPE PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	1	
MEIJER PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	1	
MICRODOT PEN NEEDLE (31G X 6 MISC, 32G X 4 MISC, 33G X 4 MISC)	1	
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.3 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)	1	QL
MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
MONOJECT INSULIN SYRINGE U-100 1 ML MISC	1	
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL

Drug Name	Drug Tier	Requirements / Limits
MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	1	QL
NORDIPEN 5 INJECTION DEVICE	1	
NORDIPEN DELIVERY SYSTEM	1	
NOVOFINE AUTOCOVER PEN NEEDLE	1	
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
NOVOPEN ECHO	1	
PC UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	1	
PEN NEEDLE/5-BEVEL TIP (31G X 8 MISC, 32G X 4 MISC)	1	
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, 33G X 4 MM MISC)	1	
PEN NEEDLES 5/16"	1	
PENTIPS (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)	1	
PENTIPS GENERIC 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)	1	
PIP PEN NEEDLES 31G X 5MM	1	
PIP PEN NEEDLES 32G X 4MM	1	
PRECISION SURE-DOSE SYRINGE	1	QL
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	1	QL
PREFERRED PLUS UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	

Drug Name	Drug Tier	Requirements / Limits
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	1	
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	1	
PRO 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)	1	QL
PRO COMFORT PEN NEEDLES (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	1	
PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	1	QL
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	1	
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	1	
PX EXTRA SHORT PEN NEEDLES	1	
PX INSULIN SYRINGE	1	QL
PX MINI PEN NEEDLES	1	
PX PEN NEEDLE (29G X 12MM MISC, 31G X 8 MM MISC)	1	
PX SHORTLENGTH PEN NEEDLES	1	
QC PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	1	
QC UNIFINE PENTIPS	1	
QUICK TOUCH INSULIN PEN NEEDLE (29G X 12.7MM MISC, 31G X 4 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, 32G X 8 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC, 33G X 8 MM MISC)	1	
RA 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)	1	QL
RA PEN NEEDLES (X 5 MISC, X 8 MISC)	1	

Drug Name	Drug Tier	Requirements / Limits
RAYA SURE PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	1	
REALITY INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	1	QL
RELION INSULIN SYRINGE (29G X 1/2" 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, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
RELION MINI PEN NEEDLES	1	
RELION PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
RELION SHORT PEN NEEDLES	1	
SAFETY PEN NEEDLES (X 5 MISC, X 8 MISC)	1	
SB 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)	1	QL
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	1	QL
SECURESAFE SAFETY PEN NEEDLES (30G X 8 MISC, 31G X 5 MISC)	1	
SHOPKO UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
SHOPKO UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
SUPER TOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
SUPER TOUCH PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	

Drug Name	Drug Tier	Requirements / Limits
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 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, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
SURE COMFORT PEN NEEDLES (29G X 12.7MM 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 6 MM MISC)	1	
TECHLITE INSULIN SYRINGE (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" 0.3 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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
TECHLITE PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	1	
TECHLITE PLUS PEN NEEDLES	1	
TODAYS HEALTH MINI PEN NEEDLES	1	
TODAYS HEALTH PEN NEEDLES	1	
TODAYS HEALTH SHORT PEN NEEDLE	1	
TOPCARE CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	1	
TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
TOPFINE INSULIN PEN NEEDLE	1	
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, 32G X 5/16" 1 ML MISC)	1	QL

Drug Name	Drug Tier	Requirements / Limits
TRUE COMFORT 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)	1	
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" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	1	QL
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
TRUE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	1	
TRUEPLUS 5-BEVEL PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
TRUEPLUS 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)	1	
ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	1	QL
ULTICARE INSULIN SYR 1/2 UNIT	1	QL
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, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 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, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	1	QL
ULTICARE MICRO PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	

Drug Name	Drug Tier	Requirements / Limits
ULTICARE MINI PEN NEEDLES (30G X 5 MISC, 31G X 6 MISC, 32G X 6 MISC)	1	
ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)	1	
ULTICARE SHORT PEN NEEDLES (30G X 8 MISC, 31G X 8 MISC)	1	
ULTIGUARD SAFEPACK PEN NEEDLE (29G X 12.7MM 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)	1	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 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)	1	QL
ULTILET PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
ULTRA COMFORT INSULIN SYRINGE	1	QL
ULTRA COMFORT PEN NEEDLES	1	
ULTRA FLO INSULIN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	1	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	1	QL
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
ULTRA THIN PEN NEEDLES	1	
ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.3 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)	1	QL
ULTRA-THIN II INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	1	QL

Drug Name	Drug Tier	Requirements / Limits
ULTRA-THIN II MINI PEN NEEDLE	1	
ULTRA-THIN II PEN NEEDLE SHORT	1	
ULTRA-THIN II PEN NEEDLES	1	
ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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)	1	QL
ULTRACARE 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)	1	
UNIFINE OTC PEN NEEDLES (31G X 5 MISC, 32G X 4 MISC)	1	
UNIFINE PEN NEEDLES	1	
UNIFINE PENTIPS (29G X 12MM MISC, 30G X 5 MM 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, 33G X 4 MM MISC)	1	
UNIFINE PENTIPS PLUS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	1	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	1	
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
UNIFINE ULTRA PEN NEEDLE (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, 34G X 3.5 MM MISC)	1	
VALUE HEALTH INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	1	QL
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	1	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	1	QL

Drug Name	Drug Tier	Requirements / Limits
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	1	
VERIFINE INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 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)	1	QL
VERIFINE PLUS PEN NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
VERISAFE SAFETY INSULIN SYR	1	QL
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	1	
VP INSULIN SYRINGE	1	QL
WEGMANS UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	1	QL
ZEVRX PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	1	
PEAK FLOW METERS		
AEROGEAR ACTION ASTHMA KIT	4	
AIRZONE PEAK FLOW METER	4	
ASSESS PEAK FLOW METER	4	
BREATHE EASE PEAK FLOW METER	4	
CLEVER CHOICE PEAK FLOW METER	4	
FONDCIRCLE ELECTRONIC PEAK FLO	4	
LUNG PERFORM PEAK FLOW METER	4	
MICROLIFE DIGITAL PEAK FLOW	4	
MINI WRIGHT PEAK FLOW METER	4	
PEAK A-I-R FLOW METER	4	

Drug Name	Drug Tier	Requirements / Limits
PEAK AIR PEAK FLOW METER	4	
PEAK FLOW METER UNIVERSAL RANG	4	
PERSONAL BEST FULL RANGE	4	
PIKO 1	4	
POCKET PEAK FLOW METER	4	
POCKETPEAK PEAK FLOW METER	4	
PURE COMFORT FLOW METER ADULT	4	
PURE COMFORT FLOW METER CHILD	4	
STRIVE DUAL ZONE PEAK FLOW MTR	4	
TRUZONE PEAK FLOW METER	4	
RESPIRATORY THERAPY SUPPLIES		
ACE AEROSOL CLOUD ENHANCER	3	
ACTIVITY POUCH	3	
ADULT MASK	3	
ADULT MASK LARGE	3	
AEROBIKA	3	
AEROECLIPSE EZ TWIST TUBING	3	
AEROTRACH PLUS	3	
AIRS PEDIATRIC AEROSOL MASK	3	
ALL FLOW 1000 PFT FILTER DEVICE	3	
ALL FLOW 1000 PFT FILTER MISC	3	
ALL FLOW 2000 PFT FILTER	3	
ALL FLOW 3000 PFT FILTER DEVICE	3	
ALL FLOW 4000 PFT FILTER DEVICE	3	
ALL FLOW 5000 PFT FILTER DEVICE	3	
ALL FLOW 6000 PFT FILTER DEVICE	3	
ALL FLOW 7000 PFT FILTER	3	
BREATHE EASE NEB MASK/CHILD	3	

Drug Name	Drug Tier	Requirements / Limits
BREATHE EASE NEB MASK/INFANT	3	
CARETOUCH 2 CPAP HOSE HANGER	3	
CARETOUCH CPAP & BIPAP HOSE	3	
CARETOUCH CPAP MASK WIPES	3	
CARETOUCH CPAP PRE-WASH SOLN	3	
CARETOUCH CPAP TUBE BRUSH	3	
CARETOUCH UNIVERSL CPAP FILTER	3	
CO MONITOR	3	
CO MONITOR REPLACEMENT PIECES	3	
DISPOSABLE FULL RANGE	3	
DISPOSABLE LOW RANGE	3	
DISPOSABLE LOW RANGE/PEDIATRIC	3	
DISPOSABLE UNIVERSAL RANGE	3	
EBASE CONTROLLER KIT	3	
FILTER AIR PP	3	
FULL KIT NEBULIZER SET	3	
IN-CHECK DIAL FLOW TRAINER	3	
IN-CHECK INSPIRATORY FLOW MTR	3	
INNOSPIRE REPLACEMENT FILTER	3	
LITETOUCH MASK LARGE	3	
LITETOUCH MASK MEDIUM	3	
LITETOUCH MASK SMALL	3	
NEBULIZER AIR TUBE/PLUGS	3	
NEBULIZER MASK ADULT	3	
NEBULIZER MASK CHILD	3	
OMBRA TABLE TOP COMPRESSOR	3	
ONE FLOW SPIROMETER DEVICE	3	
PARI ALTERA NEBULIZER HANDSET	3	

Drug Name	Drug Tier	Requirements / Limits
PARI BABY CONVERSION KIT	3	
PARI ERAPID NEBULIZER HANDSET	3	
PARI EXPIRATORY FILTER SET	3	
PARI MANUAL INTERRUPTER	3	
PARI MASK SET	3	
PARI SOFT PLASTIC ADULT MASK	3	
PARI SOFT PLASTIC PED MASK	3	
PARI TREK S COMBO PACK	3	
PFLEX	3	
PILLOW MASK/ADULT	3	
PILLOW MASK/CHILD	3	
PILLOW MASK/PEDIATRIC	3	
QUAKE	3	
REPLACEMENT AIR FILTER	3	
RESP-O2 NASAL OXY CANNULA-CUSH	3	
RESP-O2 OXYGEN MASK-MEDIUM CON	3	
RESP-O2 OXYGEN SUPPLY TUBING	3	
RESP-O2 SML VOLUME NEB CUP	3	
REUSABLE COMFORTSEAL MASK-LRG	3	
REUSABLE COMFORTSEAL MASK-MED	3	
REUSABLE COMFORTSEAL MASK-SML	3	
SIDESTREAM ADULT FACE MASK	3	
SIDESTREAM PEDIATRIC FACE MASK	3	
SILICONE MASK/ADULT	3	
SILICONE MASK/INFANT	3	
SILICONE MASK/PEDIATRIC	3	
SPIRO PD	3	
THRESHOLD IMT	3	

Drug Name	Drug Tier	Requirements / Limits
THRESHOLD PEP	3	
VERSAPAP	3	
VERSAPAP W/UNIVERSAL TUBING	3	
WINDMILL TRAINER	3	
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES		
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER MINI CHAMBER	3	
AEROCHAMBER MV	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE (DEVICE, MISC)	3	
AEROCHAMBER PLUS FLO-VU MEDIUM (DEVICE, MISC)	3	
AEROCHAMBER PLUS FLO-VU SMALL (DEVICE, MISC)	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
AEROCHAMBER PLUS FLOW VU	3	
AEROCHAMBER W/FLOWSIGNAL	3	
AEROCHAMBER Z-STAT PLUS	3	
AEROCHAMBER Z-STAT PLUS CHAMBR	3	
AEROCHAMBER Z-STAT PLUS/LARGE	3	
AEROCHAMBER Z-STAT PLUS/MEDIUM	3	
AEROCHAMBER Z-STAT PLUS/SMALL	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AEROVENT PLUS	3	
BREATHE COMFORT CHAMBER/ADULT	3	
BREATHE COMFORT CHAMBER/CHILD	3	

Drug Name	Drug Tier	Requirements / Limits
BREATHE EASE LARGE	3	
BREATHE EASE MEDIUM	3	
BREATHE EASE SMALL	3	
BREATHERITE VALVED MDI CHAMBER	3	
CLEVER CHOICE HOLDING CHAMBER	3	
COMPACT SPACE CHAMBER	3	
COMPACT SPACE CHAMBER/LG MASK	3	
COMPACT SPACE CHAMBER/MED MASK	3	
COMPACT SPACE CHAMBER/SM MASK	3	
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
EQ SPACE CHAMBER ANTI-STATIC	3	
EQ SPACE CHAMBER ANTI-STATIC L	3	
EQ SPACE CHAMBER ANTI-STATIC M	3	
EQ SPACE CHAMBER ANTI-STATIC S	3	
FLEXICHAMBER	3	
FLEXICHAMBER ADULT MASK/SMALL	3	
FLEXICHAMBER CHILD MASK/LARGE	3	
FLEXICHAMBER CHILD MASK/SMALL	3	
INSPIREASE	3	
MASK VORTEX/CHILD/FROG	3	
MASK VORTEX/TODDLER/LADYBUG	3	
MICROCHAMBER (DEVICE, MISC)	3	
MICROSPACER	3	
OPTICHAMBER DIAMOND (DEVICE, MISC)	3	
OPTICHAMBER DIAMOND-LG MASK	3	

Drug Name	Drug Tier	Requirements / Limits
OPTICHAMBER DIAMOND-MD MASK	3	
OPTICHAMBER DIAMOND-SM MASK	3	
PANDA MASK LARGE	3	
PANDA MASK MEDIUM	3	
PANDA MASK SMALL	3	
PARI VORTEX ADULT MASK	3	
PARI VORTEX PEDIATRIC MASK	3	
PEDIATRIC PANDA MASK	3	
POCKET CHAMBER	3	
POCKET SPACER	3	
PRO COMFORT SPACER ADULT	3	
PRO COMFORT SPACER CHILD	3	
PRO COMFORT SPACER INFANT	3	
PROCARE SPACER/ADULT MASK	3	
PROCARE SPACER/CHILD MASK	3	
PROCHAMBER VHC	3	
PURE COMFORT SPACER CHAMBER	3	
RITEFLO	3	
VORTEX HOLD CHMBR/MASK/CHILD	3	
VORTEX HOLD CHMBR/MASK/TODDLER	3	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER	3	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
NURTEC	3	PA, QL
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	4	PA, QL
UBRELVY (50 MG TAB, 100 MG TAB)	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ZAVZPRET	4	PA
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	6	PA
AJOVY (225 MG/1.5ML SOLN A-INJ, 225 MG/1.5ML SOLN PRSYR)	6	PA
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	6	PA
EMGALITY (300 MG DOSE)	6	PA
ERGOT COMBINATIONS		
ERGOTAMINE-CAFFEINE	2	
MIGERGOT	2	
dihydroergotamine mesylate 1 mg/ml solution	2	
dihydroergotamine mesylate 4 mg/ml solution	2	QL
ERGOMAR	4	
MIGRAINE PRODUCTS - NSAIDS		
diclofenac potassium(migraine)	2	QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
almotriptan malate (6.25 mg tab, 12.5 mg tab)	2	QL
eletriptan hydrobromide (20 mg tab, 40 mg tab)	2	QL
frovatriptan succinate	2	QL
naratriptan hcl (1 mg tab, 2.5 mg tab)	2	QL
ONZETRA XSAIL	4	
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	2	QL
sumatriptan (5 mg/act solution, 20 mg/act solution)	2	QL
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution, 25 mg tab, 50 mg tab, 100 mg tab)	2	QL

Drug Name	Drug Tier	Requirements / Limits
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	2	QL
ZEMBRACE SYMTOUCH	4	QL
ZOLMITRIPTAN (2.5 MG TAB, 2.5 MG TAB DISP, 5 MG SOLUTION, 5 MG TAB, 5 MG TAB DISP)	2	QL
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE 8.4 % SOLUTION	2	
FLUORIDE		
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	2	
FLUORIDE COMBINATIONS		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	4	
IODINE PRODUCTS		
IODINE STRONG	2	
PHOSPHATE		
K-PHOS-NEUTRAL	2	
PHOSPHA 250 NEUTRAL	2	
PHOSPHO-TRIN 250 NEUTRAL	2	
PHOSPHO-TRIN K500	2	
PHOSPHOROUS	2	
WES-PHOS 250 NEUTRAL	2	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	2	
k-prime	2	

Drug Name	Drug Tier	Requirements / Limits
klor-con (8 tab er, 20 packet)	2	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con/ef	2	
potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	2	
potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)	2	
POTASSIUM CHLORIDE ER (8 CAP ER, 8 TAB ER, 10 CAP ER, 10 TAB ER, 15 TAB ER, 20 TAB ER)	2	
POTASSIUM COMBINATIONS		
EFFER-K (10 EFFER TAB, 20 EFFER TAB)	4	
TRACE MINERALS		
ZYCUBO	6	PA, QL
ZINC		
GALZIN	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT		
JOENJA (40 MG TAB, 50 MG TAB)	6	PA, QL
JOENJA 70 MG TAB	6	PA, QL
ANTILEPROTICS		
THALOMID (50 MG CAP, 100 MG CAP)	6	PA, QL
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
CHELATING AGENTS		
penicillamine (250 mg cap, 250 mg tab)	2	
trientine hcl	6	
CYCLOSPORINE ANALOGS		
cyclosporine (25 mg cap, 100 mg cap)	2	
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	2	
gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)	2	
LUPKYNIS	6	PA
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY (50 MG CAP, 75 MG CAP)	6	PA
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES		
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)	6	QL
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	2	
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	2	
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	2	
MACROLIDE IMMUNOSUPPRESSANTS		
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	6	
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)	5	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4	AL
sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	2	
tacrolimus er (0.5 mg cap er 24h, 1 mg cap er 24h, 5 mg cap er 24h)	5	
MONOCLONAL ANTIBODIES		
ENSPRYNG	6	PA
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB		
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK)	6	PA, QL
VIJOICE 50 MG PACKET	6	PA, QL
POTASSIUM REMOVING AGENTS		
kionex	2	
LOKELMA (5 GM PACKET, 10 GM PACKET)	4	
sodium polystyrene sulfonate (15 gm/60ml suspension, powder)	2	
sps (sodium polystyrene sulf)	2	
VELTASSA (1 GM PACKET, 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	4	
PURINE ANALOGS		
azasan (75 mg tab, 100 mg tab)	2	
azathioprine (50 mg tab, 75 mg tab, 100 mg tab)	2	
ROCK INHIBITORS		
REZUROCK	6	PA
TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS		
SAPHNELO 120 MG/0.8ML SOLN PRSYR	6	PA, QL
SAPHNELO PEN	6	PA, QL
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	2	

Drug Name	Drug Tier	Requirements / Limits
lidocaine viscous hcl	2	
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	2	
NYSTATIN (100000 UNIT/ML SUSPENSION, 500000 UNIT/5ML SUSPENSION)	2	
ANTISEPTIC COMBINATIONS - MOUTH/THROAT		
DEBACTEROL	4	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	2	
periogard	2	
PROTECTANTS - MOUTH/THROAT		
ORAFATE	4	
ORAMAGICRX	4	
PROTHELIAL	4	
SALIVA STIMULANTS		
cevimeline hcl	2	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	2	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq	2	
oralone	2	
triamcinolone acetonide 0.1 % paste	2	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
FLORAFOL FE PEDIATRIC	4	AL
POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB	4	

Drug Name	Drug Tier	Requirements / Limits
PED MV W/ FLUORIDE		
DAVIMET-FLUORIDE	4	
FLORAFOL PEDIATRIC (0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
FLORAFOL PEDIATRIC 0.25 MG/ML SUSPENSION	2	
FLORIVA PLUS	2	
FLOTREX (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
MULTI-VITAMIN/FLUORIDE (MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION)	2	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	2	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	2	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	4	
QUFLORA PEDIATRIC (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION)	2	
PRENATAL MV & MIN W/FE-FA		
ATABEX EC	4	
ATABEX OB	4	
C-NATE DHA	4	
CITRANATAL B-CALM	4	
CO-NATAL FA	4	
CONCEPT DHA	4	

Drug Name	Drug Tier	Requirements / Limits
CONCEPT OB	4	
ELITE-OB	2	
ENBRACE HR	4	
FOLIVANE-OB	4	
INATAL GT	2	
NATALVIT	4	
NEONATAL COMPLETE 29-1 MG TAB	4	
NESTABS	4	
NESTABS DHA	4	
OB COMPLETE	2	
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	
OB COMPLETE PREMIER	4	
OB COMPLETE/DHA	4	
OBSTETRIX EC	4	
PNV 27-CA/FE/FA	4	
PNV PRENATAL PLUS MULTIVIT+DHA	2	
PNV-OMEGA	4	
PNV-SELECT	2	
PRENA1 PEARL	4	
PRENATABS FA	4	
PRENATAL-U	4	
PRENATE ELITE	4	
PRIMACARE	4	
PROVIDA OB	4	
RELNATE DHA	4	
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	4	
TARON-C DHA	4	

Drug Name	Drug Tier	Requirements / Limits
THRIVITE RX	2	
TRINATAL RX 1	4	
TRINATE	2	
VINATE CARE	2	
VIRT-NATE DHA	4	
VITAFOL-OB	4	
VITAPEARL	4	
VIVA DHA	4	
WESCAP-C DHA	4	
WESNATE DHA	4	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL		
COMPLETE NATAL DHA	4	
WESNATAL DHA COMPLETE	4	
PRENATAL MV & MIN W/FE-FA-DHA		
CITRANATAL 90 DHA	4	
CITRANATAL ASSURE	4	
CITRANATAL HARMONY	4	
NESTABS ONE	4	
OBSTETRIX ONE	4	
PNV-DHA	2	
PNV-DHA+DOCUSATE	4	
PRENA 1 TRUE	4	
PRENAISSANCE	4	
PRENAISSANCE PLUS	4	
PRENATE DHA	4	
PRENATE ENHANCE	4	
PRENATE ESSENTIAL	4	

Drug Name	Drug Tier	Requirements / Limits
PRENATE MINI	4	
PRENATE PIXIE	4	
PRENATE RESTORE	4	
SELECT-OB+DHA	4	
VIRT-PN DHA	2	
VITAFOL ULTRA	4	
VITAFOL-OB+DHA	4	
VITAFOL-ONE	4	
VITAMEDMD ONE RX/QUATREFOLIC	4	
VITATRUE	4	
WESCAP-PN DHA	2	
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATE	4	
PRENATAL VITAMINS		
PRENA1	4	
VITAMEDMD REDICHEW RX	4	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 15 mg tab, 20 mg tab)	2	
baclofen 25 mg/5ml suspension	2	QL
carisoprodol (250 mg tab, 350 mg tab)	2	QL
chlorzoxazone (375 mg tab, 500 mg tab, 750 mg tab)	2	
cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)	2	
cyclobenzaprine hcl er (15 mg cap er 24h, 30 mg cap er 24h)	2	

Drug Name	Drug Tier	Requirements / Limits
fexmid	2	
lorzone (375 mg tab, 750 mg tab)	2	
metaxalone (400 mg tab, 800 mg tab)	2	
methocarbamol (500 mg tab, 750 mg tab)	2	
orphenadrine citrate er	2	
tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)	2	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	2	
MUSCLE RELAXANT COMBINATIONS		
ORPHENADRINE-ASPIRIN-CAFFEINE	2	
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS		
SOHONOS 1 MG CAP	6	PA, QL
SOHONOS 1.5 MG CAP	6	PA, QL
SOHONOS 10 MG CAP	6	PA, QL
SOHONOS 2.5 MG CAP	6	PA, QL
SOHONOS 5 MG CAP	6	PA, QL
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ANTIHISTAMINE-STEROID		
azelastine-fluticasone	2	QL, AL
NASAL ANTICHOLINERGICS		
ipratropium bromide (0.03 % solution, 0.06 % solution)	2	QL
NASAL ANTIHISTAMINES		
azelastine hcl (0.1 % solution, 137 mcg/spray solution)	2	QL

Drug Name	Drug Tier	Requirements / Limits
olopatadine hcl 0.6 % solution	2	
NASAL STEROIDS		
flunisolide	2	
fluticasone propionate 50 mcg/act suspension	2	
mometasone furoate 50 mcg/act suspension	2	QL
OMNARIS	4	QL
QNASL	4	QL
QNASL CHILDRENS	4	QL
NEUROMUSCULAR AGENTS		
ALS AGENTS - MISCELLANEOUS		
RADICAVA ORS	6	QL
RADICAVA ORS STARTER KIT	6	QL
BENZATHIAZOLES		
riluzole	2	
TEGLUTIK	4	
TIGLUTIK	4	
FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS		
SKYCLARYS	6	PA, QL
RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS		
DAYBUE	6	PA
DAYBUE STIX 5000 MG PACKET	6	PA
DAYBUE STIX 6000 MG PACKET	6	PA
DAYBUE STIX 8000 MG PACKET	6	PA
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI (0.75 MG/ML RECON SOLN, 5 MG TAB)	6	PA, QL

Drug Name	Drug Tier	Requirements / Limits
NUTRIENTS		
LIPIDS		
mct oil	4	
organic mct oil	4	
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
BIMATOPROST-BRIMONIDINE-DORZOL	2	
SIMBRINZA	4	
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL	2	
BETIMOL 0.25 % SOLUTION	4	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL	2	
timolol hemihydrate	2	
timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)	2	
timolol maleate (once-daily)	2	
timolol maleate ocudose	2	
timolol maleate pf (0.25 % solution, 0.5 % solution)	2	
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS		
brimonidine tartrate-timolol	2	
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	2	
dorzolamide hcl-timolol mal pf	2	
CYCLOPLEGIC MYDRIATIC COMBINATIONS		
CYCLOMYDRIL	2	

Drug Name	Drug Tier	Requirements / Limits
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN (2.5 % SOLUTION, 10 % SOLUTION)	2	
ATROPINE SULFATE (1 % OINTMENT, 1 % SOLUTION)	2	
cyclopentolate hcl 1 % solution	2	
HOMATROPAIRE	2	
phenylephrine hcl (2.5 % solution, 10 % solution)	2	
tropicamide (0.5 % solution, 1 % solution)	2	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG		
XIIDRA	3	QL
MIOTIC COMBINATIONS		
YUVEZZI	4	
MIOTICS - DIRECT ACTING		
PILOCARPINE HCL (1 % SOLUTION, 2 % SOLUTION, 4 % SOLUTION)	2	
QLOSI	4	
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
BACITRACIN-POLYMYXIN B	2	
neo-polycin	2	
neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
polycin	2	
polymyxin b-trimethoprim	2	
OPHTHALMIC ANTIALLERGIC		
ALOCRIL	3	

Drug Name	Drug Tier	Requirements / Limits
ALOMIDE	3	
azelastine hcl 0.05 % solution	2	
bepotastine besilate	2	
CROMOLYN SODIUM	2	
epinastine hcl	2	
olopatadine hcl (0.1 % solution, 0.2 % solution)	2	
ZERVIATE	4	
OPHTHALMIC ANTIBIOTICS		
AZASITE	4	
BACITRACIN 500 UNIT/GM OINTMENT	2	
BESIFLOXACIN HCL	2	
CILOXAN	4	
ciprofloxacin hcl 0.3 % solution	2	
ERYTHROMYCIN 5 MG/GM OINTMENT	2	
gatifloxacin	2	
gentamicin sulfate 0.3 % solution	2	
KLARITY-A	4	
MOXIFLOXACIN HCL (2X DAY)	2	
moxifloxacin hcl 0.5 % solution	2	
ofloxacin 0.3 % solution	2	
tobramycin 0.3 % solution	2	
TOBREX	4	
OPHTHALMIC ANTIFUNGAL		
NATACYN	4	
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	2	
ZIRGAN	4	

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
brinzolamide	2	
DORZOLAMIDE HCL	2	
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (pf)	2	QL
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	4	
ALTACAINE	2	
proparacaine hcl	2	
tetracaine hcl (0.5 % solution)	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	6	PA, QL
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	4	
bromfenac sodium (0.07 % solution, 0.075 % solution)	2	AL
bromfenac sodium (once-daily)	2	AL
diclofenac sodium 0.1 % solution	2	
FLURBIPROFEN SODIUM	2	
ILEVRO	4	AL
KETOROLAC TROMETHAMINE (0.4 % SOLUTION, 0.5 % SOLUTION)	2	
NEVANAC	4	AL
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
APRACLONIDINE HCL	2	
brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)	2	

Drug Name	Drug Tier	Requirements / Limits
IOPIDINE	4	
OPHTHALMIC STEROID COMBINATIONS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	2	
loteprednol-tobramycin	2	
neo-polycin hc	2	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	2	
NEOMYCIN-POLYMYXIN-HC	2	
SULFACETAMIDE-PREDNISOLONE	2	
TOBRADEX 0.3-0.1 % OINTMENT	3	
TOBRADEX ST	4	
tobramycin-dexamethasone	2	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
difluprednate	2	
FLAREX	3	
fluorometholone	2	
FML FORTE	3	
INVELTYS	4	
LOTEMAX 0.5 % OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)	2	
MAXIDEX	4	
PRED MILD	4	
prednisolone acetate	2	
PREDNISOLONE ACETATE P-F	4	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
OPHTHALMIC SULFONAMIDES		
SULFACETAMIDE SODIUM (10 % OINTMENT, 10 % SOLUTION)	2	
OPHTHALMIC SURGICAL AIDS		
GELFILM	4	
OPHTHALMICS - BLEPHAROPTOSIS AGENTS		
UPNEEQ	4	AL
OPHTHALMICS - CYSTINOSIS AGENTS		
CYSTARAN	6	PA
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost (0.01 % solution, 0.03 % solution)	2	
LATANOPROST	2	
tafluprost (pf)	2	
travoprost (bak free)	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	2	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl 0.2 % solution	2	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
CIPRO HC	4	
ciprofloxacin-dexamethasone	2	

Drug Name	Drug Tier	Requirements / Limits
CIPROFLOXACIN-FLUOCINOLONE PF	2	
ciprofloxacin-hydrocortisone	2	
CORTISPORIN-TC	4	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	2	
OTOVEL	3	
OTIC STEROIDS		
flac	2	
fluocinolone acetonide 0.01 % oil	2	
hydrocortisone-acetic acid	2	
OXYTOCICS		
CERVICAL RIPENING - PROSTAGLANDINS		
CERVIDIL	4	
PREPIDIL	4	
methergine	2	
methylergonovine maleate 0.2 mg tab	2	
PENICILLINS		
AMINOPENICILLINS		
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)	2	
amoxicillin trihydrate	2	
ampicillin	2	
NATURAL PENICILLINS		
penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)	2	

Drug Name	Drug Tier	Requirements / Limits
PENICILLIN COMBINATIONS		
amoxicillin-pot clavulanate (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)	2	
amoxicillin-pot clavulanate er	2	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium (250 mg cap, 500 mg cap)	2	
PROGESTINS		
gallifrey	2	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
MEGESTROL ACETATE	2	
norethindrone acetate	2	
progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ALCOHOL DETERRENTS		
acamprosate calcium	2	
disulfiram (250 mg tab, 500 mg tab)	2	
ALZHEIMER'S TREATMENT - ANTI-AMYLOID ANTIBODIES		
LEQEMBI IQLIK	6	PA, QL
LEQEMBI IQLIK (500 MG DOSE)	6	PA, QL
ANTI-CATAPLECTIC AGENTS		
LUMRYZ (4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET)	6	PA, QL
LUMRYZ STARTER PACK	6	PA

Drug Name	Drug Tier	Requirements / Limits
SODIUM OXYBATE	6	PA, QL
sodium oxybate	6	PA, QL
ANTIDEMENTIA AGENT COMBINATIONS		
memantine hcl-donepezil hcl (14-10 mg cap er 24h, 21-10 mg cap er 24h, 28-10 mg cap er 24h)	2	QL
memantine hcl-donepezil hcl er (14-10 mg cap er 24h, 28-10 mg cap er 24h)	2	QL
NAMZARIC 7 & 14 & 21 &28 -10 MG CP24 THPK	3	
NAMZARIC 7-10 MG CAP ER 24H	3	QL
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS		
TEGSEDI	6	PA
WAINUA 45 MG/0.8ML SOLN A-INJ	6	PA, QL
WAINUA 45 MG/0.8ML SOLN PRSYR	6	PA, QL
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB)	2	
CHOLINOMIMETICS - ACHE INHIBITORS		
ADLARITY (5 MG/DAY PATCH WK, 10 MG/DAY PATCH WK)	4	QL
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	2	QL
donepezil hcl 23 mg tab	2	
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	2	
galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)	2	QL
rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)	2	QL
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	2	QL

Drug Name	Drug Tier	Requirements / Limits
FIBROMYALGIA AGENT - SNRIS		
milnacipran hcl (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	QL
milnacipran hcl 12.5 & 25 & 50 mg misc	2	
MELANOCORTIN RECEPTOR AGONISTS		
VYLEESI	4	QL
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB)	6	PA
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 24 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	6	PA
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	6	PA
INGREZZA (40 & 80 MG CAP THPK, 40 MG CAP, 60 MG CAP, 80 MG CAP)	6	PA, QL
INGREZZA (40 MG CAP SPRINK, 60 MG CAP SPRINK, 80 MG CAP SPRINK)	6	PA
tetrabenazine (12.5 mg tab, 25 mg tab)	2	QL
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
teriflunomide (7 mg tab, 14 mg tab)	2	QL
MULTIPLE SCLEROSIS AGENTS		
glatiramer acetate (20 mg/ml soln prsyr, 40 mg/ml soln prsyr)	2	PA, QL
glatopa (20 mg/ml soln prsyr, 40 mg/ml soln prsyr)	2	PA, QL
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES		
cladribine (10 tabs)	6	PA
cladribine (4 tabs)	6	PA
cladribine (5 tabs)	6	PA

Drug Name	Drug Tier	Requirements / Limits
cladribine (6 tabs)	6	PA
cladribine (7 tabs)	6	PA
cladribine (8 tabs)	6	PA
cladribine (9 tabs)	6	PA
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
AVONEX PEN	6	PA, QL
AVONEX PREFILLED	6	PA, QL
EXTAVIA	6	PA, QL
PLEGRIDY (125 MCG/0.5ML SOLN A-INJ, 125 MCG/0.5ML SOLN PRSYR)	6	PA, QL
PLEGRIDY STARTER PACK (63 & 94 MCG/0.5ML SOLN A-INJ, 63 & 94 MCG/0.5ML SOLN PRSYR)	6	PA, QL
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
KESIMPTA	6	PA
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
BAFIERTAM	6	PA, QL
dimethyl fumarate (120 mg cap dr, 240 mg cap dr)	2	QL
dimethyl fumarate starter pack	2	QL
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
dalfampridine er	2	QL
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
MEMANTINE HCL	2	QL
memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)	2	
memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)	2	QL
PHENOTHIAZINES & TRICYCLIC AGENTS		
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	2	AL

Drug Name	Drug Tier	Requirements / Limits
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) (300 mg tab, 450 mg tab, 600 mg tab, 750 mg tab, 900 mg tab)	2	
pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h, 330 mg tab er 24h)	2	QL
PSEUDOBULBAR AFFECT AGENT COMBINATIONS		
dextromethorphan-quinidine	2	PA
AQNEURSA	6	PA, QL
ERGOLOID MESYLATES	2	
pimozide (1 mg tab, 2 mg tab)	2	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT (300 MG TAB ER, 600 MG TAB ER)	4	
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG		
ADDYI	4	QL, AL
SMOKING DETERRENTS		
bupropion hcl er (smoking det)	2	
cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL
cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	QL
eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL
eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	QL
eq nicotine step 3	1	QL
eql nicotine polacrilex (2 mg lozenge, 4 mg lozenge)	1	QL
ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL

Drug Name	Drug Tier	Requirements / Limits
ft nicotine mini (2 mg lozenge, 4 mg lozenge)	1	QL
gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL
gnp nicotine mini (2 mg lozenge, 4 mg lozenge)	1	QL
gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	QL
goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	QL
goodsense nicotine policrilex	1	QL
hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL
hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	QL
kls quit2 2 mg lozenge	1	QL
nicorette mini 2 mg lozenge	1	QL
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR)	1	QL
nicotine mini (2 mg lozenge, 4 mg lozenge)	1	QL
nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	QL
nicotine polacrilex mini	1	QL
nicotine step 1	1	QL
nicotine step 2	1	QL
nicotine step 3	1	QL
NICOTROL	1	QL
NICOTROL NS	1	QL
px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	QL
qc nicotine transdermal system (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL
ra mini nicotine (2 mg lozenge, 4 mg lozenge)	1	QL

Drug Name	Drug Tier	Requirements / Limits
ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL
ra nicotine gum (2 mg gum, 4 mg gum)	1	QL
ra nicotine polacrilex (2 mg lozenge, 4 mg lozenge)	1	QL
sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	QL
sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	QL
varenicline tartrate (0.5 mg tab, 1 mg tab)	2	
varenicline tartrate (starter)	2	
varenicline tartrate(continue)	2	
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
fingolimod hcl	2	PA, QL
GILENYA 0.25 MG CAP	6	PA, QL
MAYZENT (0.25 MG TAB, 1 MG TAB, 2 MG TAB)	6	PA, QL
MAYZENT STARTER PACK (7 X 0.25 MG TAB THPK, 12 X 0.25 MG TAB THPK)	6	PA
PONVORY	6	PA, QL
PONVORY STARTER PACK	6	PA
ZEPOSIA	6	PA, QL
ZEPOSIA 7-DAY STARTER PACK	6	PA
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	6	PA
THIENBENZODIAZEPINES & SSRIS		
olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)	2	QL, AL
VASOMOTOR SYMPTOM AGENTS - SSRIS		
paroxetine mesylate	2	QL
RESPIRATORY AGENTS - MISC.		
CFTR POTENTIATORS		

KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	6	PA, QL
Drug Name	**Drug Tier**	**Requirements / Limits**
KALYDECO 150 MG TAB	6	PA, QL
CYSTIC FIBROSIS AGENT - COMBINATIONS		
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	6	PA, QL
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	6	PA, QL, AL
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	6	PA, QL
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 80-40-60 & 59.5 MG THER PACK, 100-50-75 & 150 MG TAB THPK, 100-50-75 & 75 MG THER PACK)	6	PA
CYSTIC FIBROSIS AGENTS - MISCELLANEOUS		
BRONCHITOL	6	
BRONCHITOL TOLERANCE TEST	6	
DIPEPTIDYL PEPTIDASE 1 (DPP1) INHIBITORS		
BRINSUPRI (10 MG TAB, 25 MG TAB)	6	PA, QL
HYDROLYTIC ENZYMES		
PULMOZYME	6	
PULMONARY FIBROSIS AGENTS		
pirfenidone (267 mg cap, 267 mg tab, 801 mg tab)	5	PA, QL
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
nintedanib esylate (100 mg cap, 150 mg cap)	5	PA, QL
SULFONAMIDES		
sulfadiazine	2	
TETRACYCLINES		
avidoxy	2	

Drug Name	Drug Tier	Requirements / Limits
demeclocycline hcl (150 mg tab, 300 mg tab)	2	
doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 75 mg tab dr, 100 mg cap, 100 mg tab, 150 mg tab, 150 mg tab dr, 200 mg tab dr)	2	
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)	2	
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	2	
mondoxyne nl	2	
tetracycline hcl (250 mg cap, 500 mg cap)	2	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	2	
propylthiouracil	2	
THYROID HORMONES		
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	4	
euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	2	
levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	2	
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, 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, 300 MCG TAB)	2	

Drug Name	Drug Tier	Requirements / Limits
levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	2	
liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)	2	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	2	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	2	
RENTHYROID (15 MG TAB, 30 MG TAB, 45 MG TAB, 60 MG TAB, 75 MG TAB, 90 MG TAB, 120 MG TAB)	4	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	4	
THYQUIDITY	4	
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	
TIROSINT (13 MCG CAP, 25 MCG CAP, 37.5 MCG CAP, 44 MCG CAP, 50 MCG CAP, 62.5 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP)	4	
TIROSINT-SOL (13 MCG/ML SOLUTION, 25 MCG/ML SOLUTION, 37.5 MCG/ML SOLUTION, 44 MCG/ML SOLUTION, 50 MCG/ML SOLUTION, 62.5 MCG/ML SOLUTION, 75 MCG/ML SOLUTION, 88 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG/ML SOLUTION, 125 MCG/ML SOLUTION, 137 MCG/ML SOLUTION, 150 MCG/ML SOLUTION, 175 MCG/ML SOLUTION, 200 MCG/ML SOLUTION)	4	
unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	2	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSP PRSYR	1	

Drug Name	Drug Tier	Requirements / Limits
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	1	
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	1	
DAPTACEL	1	
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	AL
PENTACEL	1	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	1	
TDVAX	1	
TENIVAC	1	
TETANUS-DIPHTHERIA TOXOIDS TD	1	
VAXELIS (SUSP PRSYR, SUSPENSION)	1	AL
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTICHOLINERGIC COMBINATIONS		
BELLADONNA ALKALOIDS-OPIUM (16.2-30 MG SUPPOS, 16.2-60 MG SUPPOS)	4	
CHLORDIAZEPOXIDE-CLIDINIUM	2	
PB-HYOSCY-ATROPINE-SCOPOLAMINE (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	2	
PHENOHYTRO (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	2	
ANTISPASMODICS		
dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)	2	
BELLADONNA ALKALOIDS		
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)	2	

Drug Name	Drug Tier	Requirements / Limits
hyoscyamine sulfate er	2	
HYOSCYAMINE SULFATE SL	2	
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	2	
NULEV	2	
OSCIMIN (0.125 MG SL TAB, 0.125 MG TAB)	2	
H-2 ANTAGONISTS		
cimetidine (300 mg tab, 400 mg tab)	2	
cimetidine hcl	2	AL
famotidine 20 mg tab	2	
famotidine 40 mg/5ml recon susp	2	AL
nizatidine	2	
MISC. ANTI-ULCER		
sucralfate (1 gm tab, 1 gm/10ml suspension)	2	
PROTON PUMP INHIBITORS		
dexlansoprazole (30 mg cap dr, 60 mg cap dr)	2	QL
esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)	2	QL, AL
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	2	QL
FIRST-LANSOPRAZOLE	3	AL
FIRST-OMEPRAZOLE	3	AL
FIRST-PANTOPRAZOLE	3	AL
lansoprazole (15 mg cap dr, 30 mg cap dr)	2	QL
lansoprazole (15 mg tab dr disp, 30 mg tab dr disp)	2	QL, AL
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	2	QL
OMEPRAZOLE+SYRSPEND SF ALKA	3	AL

Drug Name	Drug Tier	Requirements / Limits
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	2	QL
pantoprazole sodium 40 mg packet	2	QL, AL
rabeprazole sodium	2	QL
QUATERNARY ANTICHOLINERGICS		
glycopyrrolate (1 mg tab, 2 mg tab)	2	
methscopolamine bromide (2.5 mg tab, 5 mg tab)	2	
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS		
AMOXICILL-CLARITHRO-LANSOPRAZ	2	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol (100 mcg tab, 200 mcg tab)	2	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)	2	QL
fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)	2	QL
GELNIQUE	4	QL
oxybutynin chloride 5 mg tab	2	
oxybutynin chloride 5 mg/5ml solution	2	AL
oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)	2	
solifenacin succinate (5 mg tab, 10 mg tab)	2	QL
tolterodine tartrate (1 mg tab, 2 mg tab)	2	
tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)	2	
trospium chloride	2	
trospium chloride er	2	

Drug Name	Drug Tier	Requirements / Limits
VESICARE LS	4	AL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	4	QL
mirabegron er (25 mg tab er 24h, 50 mg tab er 24h)	2	QL
mirabegron er 8 mg/ml srer	2	QL, AL
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	2	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	2	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	1	
BEXSERO	1	
CAPVAXIVE	1	
HIBERIX	1	
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	1	
MENVEO RECON SOLN	1	
MENVEO SOLUTION	1	
PEDVAXHIB	1	
PENBRAYA	1	AL
PENMENVY	1	AL
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	1	
PREVNAR 20	1	
TRUMENBA	1	

Drug Name	Drug Tier	Requirements / Limits
VAXNEUVANCE	1	
VIRAL VACCINE COMBINATIONS		
M-M-R II	1	
PRIORIX	1	
PROQUAD	1	
TWINRIX	1	
VIRAL VACCINES		
ABRYSVO	1	
ACAM2000	1	
AFLURIA	1	
AFLURIA PRESERVATIVE FREE	1	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	1	
AREXVY	1	
AUDENZ (0.5 ML PRSYR, EMULSION)	1	
COMIRNATY (30 MCG/0.3ML SUSP PRSYR, 30 MCG/0.3ML SUSPENSION)	1	
COMIRNATY 5-11 YEARS	1	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR)	1	
ENGERIX-B 20 MCG/ML SUSPENSION	1	
FLUAD	1	
FLUAD QUADRIVALENT	1	
FLUARIX	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	1	

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	1	
FLULAVAL	1	
FLULAVAL QUADRIVALENT	1	
FLUMIST	1	
FLUMIST QUADRIVALENT	1	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	1	
FLUZONE HIGH-DOSE	1	
FLUZONE HIGH-DOSE QUADRIVALENT	1	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	1	
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	1	
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	1	
HAVRIX 1440 EL U/ML SUSP PRSYR	1	
HEPLISAV-B	1	
IPOL	1	
JYNNEOS	1	
MFLUSIVA	1	AL
MNEXSPIKE	1	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	1	
MRESVIA	1	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	1	
NUVAXOVID COVID-19 VACCINE	1	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	1	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	
PREHEVBRIO	1	

Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	1	
ROTARIX SUSPENSION	1	
ROTATEQ	1	
SHINGRIX 50 MCG/0.5ML RECON SUSP	1	AL
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	1	AL
SPIKEVAX (50 MCG/0.5ML SUSP PRSYR, 50 MCG/0.5ML SUSPENSION)	1	
SPIKEVAX 6M-11Y	1	
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 50 UNIT/ML SUSP PRSYR)	1	
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	1	
VARIVAX	1	
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS		
GYNAZOLE-1	4	
terconazole 0.4 % cream	2	
terconazole 0.8 % cream	2	
terconazole 80 mg suppos	2	
MISCELLANEOUS VAGINAL COMBINATIONS		
FEM PH	3	
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA	4	QL
SPERMICIDES		
ENCARE	1	

Drug Name	Drug Tier	Requirements / Limits
OPTIONS GYNOL II CONTRACEPTIVE	1	
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	4	
clindamycin phosphate 2 % cream	2	
CLINDESSE	4	
NUVESSA	4	
VANDAZOLE	4	
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXX	1	
PHEXXI	1	
VAGINAL ESTROGENS		
estradiol (0.01 % cream, 10 mcg tab)	2	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	3	
FEMRING (0.05 MG/24HR RING, 0.1 MG/24HR RING)	4	
IMVEXXY MAINTENANCE PACK (4 MCG INSERT, 10 MCG INSERT)	4	
IMVEXXY STARTER PACK (4 MCG INSERT, 10 MCG INSERT)	4	
PREMARIN 0.625 MG/GM CREAM	3	
yuvafem	2	
VAGINAL PROGESTINS		
CRINONE (4 % GEL, 8 % GEL)	6	
FIRST-PROGESTERONE VGS 200 MG SUPPOS	3	
progesterone 100 mg insert	2	

Drug Name	Drug Tier	Requirements / Limits
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
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, 0.3 mg/0.3ml soln prsyr)	2	QL
NEFFY (1 MG/0.1ML SOLUTION, 2 MG/0.1ML SOLUTION)	4	QL
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
VITAMINS		
VITAMIN D		
d3-50	2	
decara	2	
ergocalciferol 1.25 mg (50000 ut) cap	2	
optimal d3	2	
true vitamin d3 1.25 mg (50000 ut) cap	2	
vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)	2	
vitamin d 1.25 mg (50000 ut) cap	2	
vitamin d high potency 1.25 mg (50000 ut) cap	2	
vitamin d3 1.25 mg (50000 ut) cap	2	
weekly-d	2	
VITAMIN K		
phytonadione 5 mg tab	2	

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