BayCare Health Plans
P. O. Box 30764
Tampa, FL 33630

Member.BayCarePlus.org

Toll-free: (866) 509-5396 (TTY: 711)
Seven days a week, 8am to 8pm

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

This formulary was updated on [X/XX/XXXX]. For the most recent information or if you have questions, contact **BayCare**Plus Member Services. BayCare Select Health Plans is an HMO plan with a Medicare contract. Enrollment in BayCare Select Health Plans depends on contract renewal. BayCare Select Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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BayCarePlus®
Medicare Advantage

BayCare Health Plans (HMO)
2027 Formulary
(List of Covered Drugs)

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

Note to existing members: This formulary has changed since last year.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin -You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if the insulin is not considered a Select Insulin under the plan's Prescription Drug Formulary.

Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means **BayCare** Health Plans. When it refers to "plan" or "our plan," it means **BayCare** Health Plans (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of October 2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the BayCare Health Plans (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the BayCare Health Plans (HMO) Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes**. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the BayCare Health Plans (HMO) Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make other types of formulary changes than those listed above (non-maintenance changes), we will mail written notification to affected members in the form of Formulary Errata Sheets.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug. **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will 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.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- Prior Authorization: We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- Quantity Limits: For certain drugs, we limit the amount of the drug that we will cover. For example, we provide eighteen per prescription for sumatriptan 50mg tablet. This may be in addition to a standard one-month or three-month supply.
- Step Therapy: In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the BayCare Health Plans formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Pharmacy Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Members who have a change in level of care (setting) will be allowed up to a one-time 30-day transition supply per drug. Examples include beneficiaries who are entering a long-term care facility are discharged from a hospital to home or are ending a long-term care stay and returning to the community.

For more information

For more detailed information about your BayCare Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BayCare Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 day a week. TTY users should call 1-877-486-2048. Or visit http://www.medicare.gov.

BayCare Health Plans Formulary

The formulary below provides coverage information about the drugs covered by BayCare Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMIRA) and generic drugs are listed in lower-case italics (e.g., warfarin).

The second column of the chart is for *reference only* to identify the common Brand or generic name. The specific products in the second column are not on the formulary this is again, *for reference only*.

Example 1:

Thyroid and Antithyroid Agents		
Levothyroxine oral tablet 100 mcg 112mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Synthroid)	1

Levothyroxine is the formulary product and Synthroid is not on the formulary and was only provided for reference.

Example 2:

Antidiabetic Agents		
Farxiga Oral Tablet 10 MG, 5MG	(dapagliflozin propanediol)	3

Farxiga is the formulary product and dapagliflozin propanediol is not on the formulary and was only provided for reference.

The information in the Requirements/Limits column tells you if BayCare Health Plans has any special requirements for coverage of your drug.

List of Abbreviations

CB: Capped benefit. For drugs not normally covered in a Medicare Prescription Drug Plan, we limit the amount of the drug that the plan will cover. For example, we provide six tablets per 30-day prescription for sildenafil.

EX: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Provider Directory or call pharmacy customer service at **888-999-3265 TTY 711 toll-free**. TTY users should call 711.

NM: Non-Mail Order. The prescription cannot be filled by a plan network mail order pharmacy.

PA: Prior Authorization. We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BayCare Health Plans before you fill your prescriptions. If you don't get approval, the plan may not cover the drug.

BvD: Prior Authorization for Part B vs Part D Determination. This prescription drug has a Part B versus D administrative prior authorization requirement. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, the plan may not cover this drug.

PA NSO: Prior Authorization, New Starts Only. If you are a new member or if you have not taken this drug before, you or your physician are required to get prior authorization from BayCare Health Plans before you fill your prescription for this drug. Without prior approval, the plan may not cover this drug. **QL:** Quantity Limit. For certain drugs, we limit the amount of the drug that the plan will cover. For example, we provide eighteen tablets per prescription for sumatriptan succinate. This may be in addition to a standard one-month or three-month supply.

ST: Step Therapy. In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

See information below regarding copayment amounts and/or coinsurance percentages. For more information, refer to Chapter 6, Section 5.2 and Section 5.4 in your Evidence of Coverage.

Cost Sharing Tier Level	Standard retail or Long-term care (LTC) cost sharing for a one-month supply at a network pharmacy	Standard retail cost sharing for a three-month supply (up to 100 days' supply) at a network pharmacy	Mail-order cost sharing for a three-month supply (up to 100 days' supply)
BayCarePlus Rewards (HMO)			
Annual Deductible - Tiers 3,4, and 5	$700	$700	$700
Tier 1	$0	$0	$0
Tier 2	$0	$0	$0
Tier 3	$47	$121	$121
Tier 3 - Select Insulins	$35	$105	$105
Tier 4 – Non-Preferred Medication	25 % coinsurance	25% coinsurance	25% coinsurance
Tier 4 – Select Insulins	$35	$105	$105
Tier 5 – Specialty	25% coinsurance	A three-month supply is not available for drugs in Tier 5	A three-month supply is not available for drugs in Tier 5

	Standard retail or Long-term care (LTC) cost sharing for a one-month supply at a network pharmacy	Standard retail cost sharing for a three-month supply (up to 100 days' supply) at a network pharmacy	Mail-order cost sharing for a three-month supply (up to 100 days' supply)
BayCarePlus Complete (HMO)			
Annual Deductible - Tiers 3,4, and 5	$250	$250	$250
Tier 1 -	$0	$0	$0
Tier 2 -	$5	$15	$15
Tier 3 -	$47	$121	$121
Tier 3 - Select Insulins	$35	$105	$105
Tier 4 – Non-Preferred Medication	25 % coinsurance	25% coinsurance	25% coinsurance
Tier 4 – Select Insulins	$35	$105	$105
Tier 5 – Specialty	30% coinsurance	A three-month supply is not available for drugs in Tier 5	A three-month supply is not available for drugs in Tier 5

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANALGESICS		
ANALGESICS COMBINATIONS		
acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)	3	QL (390 PER 30 DAYS)
ascomp-codeine	3	QL (180 PER 30 DAYS), NM
bac (butalbital-acetamin-caff)	3	QL (60 PER 30 DAYS), NM
butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)	3	QL (60 PER 30 DAYS), NM
butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)	3	QL (60 PER 30 DAYS), NM
butalbital-asa-caff-codeine	3	QL (60 PER 30 DAYS), NM
butalbital-aspirin-caffeine	3	QL (60 PER 30 DAYS), NM
hydrocodone-acetaminophen (5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3	QL (240 PER 30 DAYS)
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	3	QL (240 PER 30 DAYS), NM
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3	QL (180 PER 30 DAYS)
tramadol-acetaminophen	3	QL (120 PER 30 DAYS)
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
cataflam	2	
celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)	2	
diclofenac potassium 50 mg tab	2	
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	2	
diclofenac sodium 1.5 % solution	3	QL (450 PER 30 DAYS)
diclofenac sodium 3 % gel	3	
diclofenac sodium er	2	

PA: Prior authorization, QL: Quantity Limitations, ST: Step Therapy
LA: Limited Access, HI: Home Infusion, NM: Non-Mail Order
BvD: This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page vii

DRUG NAME	TIER	REQUIREMENTS/LIMITS
diflunisal	2	QL (90 PER 30 DAYS)
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	2	
etodolac er (er 400 mg tab er, er 500 mg tab er)	2	QL (60 PER 30 DAYS)
etodolac er 600 mg tab 24h	2	QL (30 PER 30 DAYS)
FENOPROFEN CALCIUM (FENOPROFEN CALCIUM 400 MG CAP, FENOPROFEN CALCIUM 400 MG CAP)	2	
flurbiprofen (flurbiprofen, flurbiprofen 100 mg tab)	2	
ibu (600 mg tab, 800 mg tab)	2	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	2	
indomethacin (25 mg cap, 50 mg cap)	2	
MECLOFENAMATE SODIUM 100 MG CAP	2	QL (120 PER 30 DAYS)
MECLOFENAMATE SODIUM 50 MG CAP	2	QL (240 PER 30 DAYS)
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, 500 mg tab)	2	
naproxen sodium (275 mg tab, 550 mg tab)	2	
piroxicam (10 mg cap, 20 mg cap)	2	
sulindac (150 mg tab, 200 mg tab)	2	
OPIOID ANALGESICS		
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 (4 PER 28 OVER TIME), NM
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)	2	QL (10 PER 30 OVER TIME), NM
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	3	QL (120 PER 30 DAYS), NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
methadone hcl (5 mg tab, 10 mg tab)	3	QL (90 PER 30 DAYS), NM
morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)	3	QL (120 PER 30 DAYS), NM
morphine sulfate er (er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)	3	QL (60 PER 30 DAYS), NM
morphine sulfate er 15 mg tab	3	QL (90 PER 30 DAYS), NM
oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	QL (120 PER 30 DAYS), NM
tramadol hcl 100 mg tab	2	QL (120 PER 30 DAYS)
tramadol hcl 50 mg tab	2	QL (240 PER 30 DAYS)
ANESTHETICS		
LOCAL ANESTHETICS		
AGONEAZE	3	
lidocaine 5 % patch	3	PA
lidocaine-prilocaine 2.5-2.5 % cream	3	
lidocaine-prilocaine 2.5-2.5 % kit	3	
lidocan	3	PA
LIVIXIL PAK	3	
PRILOVIX	3	
prilovix lite	3	
prilovix lite plus	3	
PRILOVIX PLUS	3	
prilovix ultralite	3	
prilovix ultralite plus	3	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate calcium	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
buprenorphine hcl 2 mg sl tab	2	QL (210 PER 30 DAYS), NM
buprenorphine hcl 8 mg sl tab	2	QL (120 PER 30 DAYS), NM
buprenorphine hcl-naloxone hcl (2-0.5 mg tab, 8-2 mg tab)	2	QL (120 PER 30 DAYS), NM
buprenorphine hcl-naloxone hcl (2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg)	3	QL (120 PER 30 DAYS), NM
bupropion hcl er (smoking det)	2	
disulfiram (250 mg tab, 500 mg tab)	2	
KLOXXADO	3	QL (2 PER 30 OVER TIME)
lofexidine hcl	5	PA, QL (224 PER 30 OVER TIME)
naloxone hcl (naloxone hcl, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 4 mg/10ml solution)	2	
naloxone hcl 0.4 mg/ml soln prsyr	2	
naltrexone hcl	2	
NICOTROL NS	4	PA, QL (360 PER 30 DAYS)
varenicline tartrate (starter)	2	
varenicline tartrate 0.5 mg tab	2	
varenicline tartrate 1 mg tab	2	
varenicline tartrate(continue)	2	

ANTIBACTERIALS

amikacin sulfate 500 mg/2ml solution	2	BVD
amoxicillin (125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml)	2	
amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)	2	
amoxicillin trihydrate	2	
amoxicillin-pot clavulanate (200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 875-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 500-125 MG TAB)	2	
ampicillin	2	
ampicillin sodium (1 gm soln, 10 gm soln)	2	BVD
ampicillin sodium 2 gm recon soln	2	BVD
ampicillin-sulbactam sodium (1.5 (1-0.5) gm soln, 3 (2-1) gm soln, 15 (10-5) gm soln)	2	BVD
ARIKAYCE	5	QL (252 PER 30 DAYS)
azithromycin (100 mg/5ml, 200 mg/5ml)	2	NM
azithromycin (500 mg tab, 600 mg tab)	2	NM
azithromycin 250 mg tab	2	QL (60 PER 30 DAYS), NM
azithromycin 500 mg recon soln	2	BVD, NM
aztreonam (1 gm soln, 2 gm soln)	2	BVD, NM
BAXDELA 300 MG RECON SOLN	5	QL (28 PER 14 DAYS), BVD, NM
BAXDELA 450 MG TAB	5	QL (28 PER 14 DAYS), NM
BICILLIN C-R	4	NM
BICILLIN C-R 900/300	4	NM
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	4	NM
CAYSTON	5	PA, QL (280 PER 30 DAYS), NM
CEFACLOR (250 MG CAP, 500 MG CAP)	2	NM
CEFACLOR ER	2	NM
cefadroxil (cefadroxil, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)	2	NM

DRUG NAME	TIER	REQUIREMENTS/LIMITS
cefazolin sodium (1 gm soln, 10 gm soln, 500 mg soln)	2	BVD, NM
cefdinir (125 mg/5ml, 250 mg/5ml)	2	NM
cefdinir 300 mg cap	2	NM
cefepime hcl (1 gm soln, 2 gm soln)	2	BVD, NM
cefixime (cefixime 100 mg/5ml recon susp, cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp)	3	NM
cefixime 400 mg cap	2	QL (60 PER 30 DAYS)
cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)	2	BVD, NM
cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 200 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp)	3	NM
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	2	NM
ceftaroline fosamil (400 mg soln, 600 mg soln)	4	BVD
CEFTAZIDIME (CEFTAZIDIME, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	2	BVD, NM
ceftriaxone sodium (1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln)	2	BVD, NM
cefuroxime axetil (250 mg tab, 500 mg tab)	3	NM
cefuroxime sodium (1.5 gm soln, 750 mg soln)	3	BVD, NM
cephalexin (125 mg/5ml, 250 mg/5ml)	2	NM
cephalexin (250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab)	2	NM
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	2	NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)	2	BVD, NM
CLARITHROMYCIN (CLARITHROMYCIN 250 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG TAB, CLARITHROMYCIN 500 MG TAB, CLARITHROMYCIN 125 MG/5ML RECON SUSP)	2	NM
clarithromycin er	3	NM
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	2	NM
clindamycin palmitate hcl	3	NM
clindamycin phosphate (300 mg/2ml, 600 mg/4ml)	3	BVD, NM
clindamycin phosphate (9 gm/60ml, 900 mg/6ml)	3	BVD, NM
clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)	3	BVD, NM
colistimethate sodium (cba)	2	BVD, NM
dalbavancin hcl	4	BVD
daptomycin (daptomycin, daptomycin 350 mg recon soln)	2	BVD, NM
daptomycin 500 mg recon soln	2	QL (150 PER 30 DAYS), BVD, NM
dicloxacillin sodium (250 mg cap, 500 mg cap)	3	NM
DIFICID 40 MG/ML RECON SUSP	5	QL (136 PER 10 DAYS), NM
doxy 100	4	BVD, NM
doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)	2	NM
doxycycline hyclate 100 mg recon soln	4	BVD
doxycycline hyclate 20 mg tab	2	QL (60 PER 30 DAYS), NM
doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)	2	NM
ertapenem sodium	2	BVD, NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
erythrocin lactobionate (erythrocin lactobionate, erythrocin lactobionate)	2	BVD, NM
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	4	NM
erythromycin base (250 mg tab, 500 mg tab)	2	NM
erythromycin base (erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr)	4	NM
erythromycin ethylsuccinate 200 mg/5ml recon susp	2	NM
erythromycin ethylsuccinate 400 mg/5ml recon susp	2	
erythromycin lactobionate	2	
fidaxomicin	5	QL (20 PER 10 DAYS), NM
FIRVANQ 25 MG/ML RECON SOLN	3	QL (450 PER 30 DAYS)
FIRVANQ 50 MG/ML RECON SOLN	3	QL (450 PER 30 DAYS)
fosfomycin tromethamine	2	NM
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)	2	BVD, NM
gentamicin sulfate 40 mg/ml solution	2	BVD, NM
imipenem-cilastatin (imipenem-cilastatin, imipenem-cilastatin)	3	BVD, NM
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	2	NM
levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)	2	BVD, NM
linezolid 100 mg/5ml recon susp	3	NM
linezolid 600 mg tab	2	QL (60 PER 30 DAYS), NM
linezolid 600 mg/300ml solution	3	BVD, NM
meropenem (1 gm soln, 500 mg soln)	2	BVD, NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
methenamine hippurate	2	NM
metronidazole (250 mg tab, 375 mg cap)	2	NM
metronidazole (metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution)	2	BVD, NM
metronidazole 500 mg tab	2	NM
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	2	NM
moxifloxacin hcl 400 mg tab	3	NM
MOXIFLOXACIN HCL IN NACL	3	BVD, NM
nafcillin sodium (1 gm soln, 2 gm soln, 10 gm soln)	2	BVD, NM
neomycin sulfate	2	NM
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	3	PA, NM
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	3	NM
nitrofurantoin monohyd macro	3	NM
ofloxacin (ofloxacin, ofloxacin 400 mg tab)	3	NM
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	2	BVD, NM
penicillin g potassium 20000000 unit recon soln	2	BVD, NM
PENICILLIN G SODIUM	2	BVD, NM
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG TAB, PENICILLIN V POTASSIUM 500 MG TAB)	2	NM
piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 40.5 (36-4.5) gm ln)	2	BVD, NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
piperacillin sod-tazobactam so 13.5 (12-1.5) gm recon ln	2	BVD, NM
SIVEXTRO 200 MG RECON SOLN	4	QL (6 PER 30 OVER TIME), BVD, NM
SIVEXTRO 200 MG TAB	4	QL (6 PER 30 OVER TIME), NM
STREPTOMYCIN SULFATE	2	BVD, NM
sulfadiazine	2	NM
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)	2	NM
sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)	2	NM
tetracycline hcl (250 mg cap, 500 mg cap)	2	NM
tigecycline	2	BVD, NM
tinidazole (250 mg tab, 500 mg tab)	2	NM
tobramycin 300 mg/5ml nebu soln	5	PA, NM
tobramycin sulfate (tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 80 mg/2ml solution)	2	BVD, NM
TOBRAMYCIN SULFATE 1.2 GM RECON SOLN	2	NM
trimethoprim (trimethoprim, trimethoprim)	2	NM
vancomycin hcl (1 gm soln, 10 gm soln, 750 mg soln)	2	BVD, NM
vancomycin hcl (125 mg cap, 250 mg cap)	2	QL (120 PER 30 DAYS), NM
vancomycin hcl (50 mg/ml soln, 250 mg/5ml soln)	2	QL (450 PER 30 DAYS), NM
vancomycin hcl 25 mg/ml recon soln	2	QL (450 PER 30 DAYS)
vancomycin hcl 500 mg recon soln	2	BVD, NM
VANCOMYCIN HCL 750 MG RECON SOLN	2	BVD
XIFAXAN 200 MG TAB	3	PA, QL (180 PER 30 DAYS), NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
XIFAXAN 550 MG TAB	3	PA, QL (90 PER 30 DAYS), NM
ANTICONVULSANTS		
brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	5	QL (60 PER 30 DAYS)
brivaracetam 10 mg/ml solution	5	QL (600 PER 30 DAYS)
CARBAMAZEPINE	3	QL (240 PER 30 DAYS)
carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)	2	
carbamazepine er (er 100 mg cap er, er 100 mg tab er, er 200 mg cap er, er 200 mg tab er, er 300 mg cap er, er 400 mg tab er)	2	
clobazam (10 mg tab, 20 mg tab)	2	QL (60 PER 30 DAYS)
clobazam 2.5 mg/ml suspension	2	QL (480 PER 30 DAYS)
CLONAZEPAM (CLONAZEPAM, CLONAZEPAM 0.125 MG TAB DISP, CLONAZEPAM 0.25 MG TAB DISP, CLONAZEPAM 0.5 MG TAB, CLONAZEPAM 0.5 MG TAB DISP, CLONAZEPAM 1 MG TAB, CLONAZEPAM 1 MG TAB DISP, CLONAZEPAM 2 MG TAB, CLONAZEPAM 2 MG TAB DISP)	2	QL (300 PER 30 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	4	LA, QL (300 PER 30 DAYS), PA NSO
diazepam (10 mg gel, 20 mg gel)	2	
diazepam 2.5 mg gel	4	
DILANTIN 100 MG CAP	4	QL (300 PER 30 DAYS)
DILANTIN 125 MG/5ML SUSPENSION	4	QL (750 PER 30 DAYS)
DILANTIN 30 MG CAP	4	
DILANTIN INFATABS	4	QL (600 PER 30 DAYS)
DILANTIN-125	4	QL (750 PER 30 DAYS)
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
divalproex sodium er (er 250 mg tab er, er 500 mg tab er)	2	
EPIDIOLEX	5	QL (900 PER 30 DAYS), PA NSO
EPRONTIA	4	QL (480 PER 30 DAYS)
eslicarbazepine acetate (200 mg tab, 400 mg tab)	4	ST, QL (30 PER 30 DAYS)
eslicarbazepine acetate (600 mg tab, 800 mg tab)	4	ST, QL (60 PER 30 DAYS)
ethosuximide 250 mg cap	2	
ethosuximide 250 mg/5ml solution	2	
felbamate (400 mg tab, 600 mg tab)	3	
felbamate 600 mg/5ml suspension	3	
FINTEPLA	5	LA, QL (360 PER 30 DAYS), PA NSO
gabapentin (250 mg/5ml, 300 mg/6ml)	2	QL (2160 PER 30 DAYS)
gabapentin 100 mg cap	2	QL (960 PER 30 DAYS)
gabapentin 200 mg cap	4	
gabapentin 300 mg cap	2	QL (330 PER 30 DAYS)
gabapentin 400 mg cap	2	QL (270 PER 30 DAYS)
gabapentin 600 mg tab	2	QL (180 PER 30 DAYS)
gabapentin 800 mg tab	2	QL (120 PER 30 DAYS)
lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)	3	QL (1200 PER 30 DAYS)
lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2	QL (60 PER 30 DAYS)
LAMICTAL ODT 100 MG TAB DISP	2	QL (60 PER 30 DAYS)
LAMICTAL ODT 200 MG TAB DISP	2	QL (90 PER 30 DAYS)
lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)	2	
lamotrigine 21 x 25 mg & 7 x 50 mg kit	4	QL (28 PER 180 OVER TIME)
lamotrigine 25 & 50 & 100 mg kit	4	QL (70 PER 365 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
lamotrigine 42 x 50 mg & 14x100 mg kit	4	QL (56 PER 365 OVER TIME)
lamotrigine er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er, er 250 mg tab er, er 300 mg tab er)	3	
lamotrigine odt (odt 25 mg tab disp, odt 50 mg tab disp, odt 100 mg tab disp, odt 200 mg tab disp)	2	
lamotrigine starter kit-blue	4	
lamotrigine starter kit-green	4	
lamotrigine starter kit-orange	4	
levetiracetam (750 mg tab, 1000 mg tab)	2	QL (120 PER 30 DAYS)
levetiracetam 100 mg/ml solution	2	QL (900 PER 30 DAYS)
levetiracetam 250 mg tab	2	QL (480 PER 30 DAYS)
levetiracetam 500 mg tab	2	QL (240 PER 30 DAYS)
levetiracetam er (er 500 mg tab er, er 750 mg tab er)	3	QL (120 PER 30 DAYS)
methsuximide	3	QL (120 PER 30 DAYS)
NAYZILAM	4	QL (10 PER 30 OVER TIME)
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	2	
oxcarbazepine 300 mg/5ml suspension	3	
oxcarbazepine er 150 mg tab 24h	4	ST, QL (480 PER 30 DAYS)
oxcarbazepine er 300 mg tab 24h	4	ST, QL (240 PER 30 DAYS)
oxcarbazepine er 600 mg tab 24h	4	ST, QL (120 PER 30 DAYS)
perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	4	ST, QL (30 PER 30 DAYS)
perampanel 0.5 mg/ml suspension	5	ST, QL (720 PER 30 DAYS)
perampanel 2 mg tab	3	ST, QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
phenobarbital (phenobarbital 15 mg tab, phenobarbital 97.2 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 100 mg tab, phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)	2	
phenytek (200 mg cap, 300 mg cap)	2	
phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension)	2	
phenytoin 50 mg chew tab	2	
phenytoin infatabs	2	
phenytoin sodium extended 100 mg cap	2	
pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)	2	
PRIMIDONE (PRIMIDONE, PRIMIDONE 50 MG TAB, PRIMIDONE 250 MG TAB)	2	
rufinamide 200 mg tab	3	QL (120 PER 30 DAYS)
rufinamide 40 mg/ml suspension	5	QL (2400 PER 30 DAYS)
rufinamide 400 mg tab	5	QL (240 PER 30 DAYS)
SPRITAM (250 MG TAB, 500 MG TAB)	4	ST, QL (180 PER 30 DAYS)
SUBVENITE	5	QL (1500 PER 30 DAYS)
SYMPAZAN (10 MG FILM, 20 MG FILM)	5	QL (60 PER 30 DAYS), PA NSO
SYMPAZAN 5 MG FILM	4	QL (60 PER 30 DAYS), PA NSO
TIAGABINE HCL (TIAGABINE HCL 12 MG TAB, TIAGABINE HCL 12 MG TAB)	3	QL (120 PER 30 DAYS)
TIAGABINE HCL (TIAGABINE HCL 16 MG TAB, TIAGABINE HCL 16 MG TAB)	3	QL (90 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
tiagabine hcl 2 mg tab	3	QL (840 PER 30 DAYS)
tiagabine hcl 4 mg tab	3	QL (420 PER 30 DAYS)
topiramate (15 mg cap, 25 mg cap)	2	
topiramate (25 mg/ml solution, 50 mg cap sprink)	4	
topiramate 100 mg tab	2	QL (180 PER 30 DAYS)
topiramate 200 mg tab	2	QL (60 PER 30 DAYS)
topiramate 25 mg tab	2	QL (720 PER 30 DAYS)
topiramate 50 mg tab	2	QL (360 PER 30 DAYS)
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	2	
VALTOCO 10 MG DOSE	4	QL (10 PER 30 OVER TIME)
VALTOCO 15 MG DOSE	4	QL (10 PER 30 OVER TIME)
VALTOCO 20 MG DOSE	4	QL (10 PER 30 OVER TIME)
VALTOCO 5 MG DOSE	4	QL (10 PER 30 OVER TIME)
vigabatrin 500 mg packet	5	QL (9000 PER 30 DAYS), PA NSO
vigabatrin 500 mg tab	5	QL (180 PER 30 DAYS), PA NSO
vigadrone 500 mg packet	5	QL (180 PER 30 DAYS), PA NSO
VIGAFYDE	5	LA, QL (750 PER 30 OVER TIME), PA NSO
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5	QL (60 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE)	5	QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE)	5	QL (56 PER 28 DAYS)
XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	5	QL (28 PER 28 DAYS)
XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK	4	QL (28 PER 28 DAYS)
ZONISADE	5	PA NSO
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZTALMY	5	LA, QL (1080 PER 30 DAYS), PA NSO
ANTIDEMENTIA AGENTS		
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)	2	
GALANTAMINE HYDROBROMIDE	3	
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	2	
galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)	2	
LEQEMBI IQLIK	5	PA
LEQEMBI IQLIK (500 MG DOSE)	5	PA
memantine hcl (2 mg/ml, 10 mg/5ml)	3	
memantine hcl (5 mg tab, 10 mg tab)	2	QL (60 PER 30 DAYS)
memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)	2	QL (30 PER 30 DAYS)
rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)	2	
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	2	
ANTIDEPRESSANTS		
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	
APLENZIN (174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H)	4	QL (30 PER 30 DAYS)
AUVELITY 30-105 MG TAB ER	5	ST, QL (60 PER 30 DAYS)
AUVELITY 45-105 MG TAB ER	5	QL (60 PER 30 DAYS)
bupropion hcl (75 mg tab, 100 mg tab)	2	

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bupropion hcl er (sr) (er 100 mg tab er, er 150 mg tab er, er 200 mg tab er)	2	
BUPROPION HCL ER (XL)	4	
bupropion hcl er (xl) (er 150 mg tab er, er 300 mg tab er)	2	
CITALOPRAM HYDROBROMIDE	3	
citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)	1	
citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)	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	
DESVENLAFAXINE ER (ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H)	2	
desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er)	2	
doxepin hcl (doxepin hcl 10 mg/ml conc, doxepin hcl 10 mg/ml conc)	2	
DOXEPIN HCL (DOXEPIN HCL 150 MG CAP, DOXEPIN HCL 10 MG CAP, DOXEPIN HCL 25 MG CAP, DOXEPIN HCL 50 MG CAP, DOXEPIN HCL 75 MG CAP, DOXEPIN HCL 100 MG CAP, DOXEPIN HCL 150 MG CAP)	2	
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)	4	QL (60 PER 30 DAYS)
duloxetine hcl (20 mg dr, 30 mg dr, 60 mg dr)	2	
DULOXETINE HCL (80 MG CP DR PART, 90 MG CP DR PART, 120 MG CP DR PART)	4	
duloxetine hcl 40 mg cp dr part	2	QL (60 PER 30 DAYS)
EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	5	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)	1	
escitalopram oxalate (escitalopram oxalate, escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg/10ml solution)	2	
EXXUA (36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	5	QL (30 PER 30 DAYS)
EXXUA 18.2 MG TAB ER 24H	5	QL (60 PER 30 DAYS)
EXXUA TITRATION PACK	5	QL (32 PER 180 OVER TIME)
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	4	QL (30 PER 30 DAYS)
FETZIMA TITRATION	4	QL (30 PER 30 DAYS)
fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)	1	
fluoxetine hcl (fluoxetine hcl 10 mg tab, fluoxetine hcl 20 mg tab, fluoxetine hcl 60 mg tab, fluoxetine hcl 60 mg tab)	3	
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	3	
fluoxetine hcl 20 mg/5ml solution	2	
FLUOXETINE HCL 90 MG CAP DR	3	QL (4 PER 28 OVER TIME)
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	2	
fluvoxamine maleate er (er 100 mg cap er, er 150 mg cap er)	3	
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	2	
imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)	2	
MARPLAN 10 MG TAB	4	
mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)	2	QL (30 PER 30 DAYS)
mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	2	
nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)	2	
olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)	4	
PAROXETINE HCL	2	QL (900 PER 30 DAYS)
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	2	
paroxetine hcl er (er 12.5 mg tab er, er 37.5 mg tab er)	2	QL (30 PER 30 DAYS)
paroxetine hcl er 25 mg tab 24h	2	QL (90 PER 30 DAYS)
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	4	
PHENELZINE SULFATE	2	
protriptyline hcl (5 mg tab, 10 mg tab)	3	ST
RALDESY	4	
sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)	1	
sertraline hcl 20 mg/ml conc	2	QL (300 PER 30 DAYS)
tranylcypromine sulfate	3	
TRAZODONE HCL (25 MG TAB, 75 MG TAB)	2	
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)	1	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	3	ST
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	4	QL (30 PER 30 DAYS)
VENLAFAXINE BESYLATE ER	4	
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
venlafaxine hcl er (er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er)	2	
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	2	
ZURZUVAE (20 MG CAP, 25 MG CAP, 30 MG CAP)	5	QL (28 PER 14 DAYS), PA NSO

ANTIEMETICS

aprepitant 125 mg cap	2	QL (3 PER 30 OVER TIME), BVD
aprepitant 40 mg cap	2	QL (1 PER 30 OVER TIME), BVD
aprepitant 80 & 125 mg cap thpk	3	QL (9 PER 30 OVER TIME), BVD
aprepitant 80 mg cap	2	QL (6 PER 30 OVER TIME), BVD
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	2	PA, QL (60 PER 30 DAYS)
granisetron hcl 1 mg tab	3	BVD
hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)	2	
HYDROXYZINE PAMOATE (HYDROXYZINE PAMOATE, HYDROXYZINE PAMOATE 25 MG CAP, HYDROXYZINE PAMOATE 50 MG CAP)	2	
metoclopramide hcl (5 mg tab, 10 mg tab)	2	
metoclopramide hcl (5 mg/5ml, 10 mg/10ml)	2	
ondansetron 4 mg tab disp	2	QL (240 PER 30 DAYS), BVD
ondansetron 8 mg tab disp	2	QL (240 PER 30 DAYS), BVD
ondansetron hcl 4 mg tab	2	QL (240 PER 30 DAYS), BVD
ondansetron hcl 4 mg/5ml solution	2	BVD
ondansetron hcl 8 mg tab	2	QL (240 PER 30 DAYS), BVD
promethazine hcl (12.5 mg suppos, 25 mg suppos)	2	
promethazine hcl (6.25 mg/5ml solution, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg tab, 50 mg tab)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
promethegan (promethegan, promethegan 25 mg suppos)	2	
scopolamine	3	QL (10 PER 28 OVER TIME)
VARUBI (180 MG DOSE)	4	QL (4 PER 28 OVER TIME), BVD

ANTIFUNGALS

AMPHOTERICIN B	4	BVD
amphotericin b liposome	4	BVD
caspofungin acetate (50 mg soln, 70 mg soln)	4	BVD, NM
clotrimazole (1 % cream, 1 % solution)	2	
clotrimazole 10 mg troche	2	
clotrimazole-betamethasone (clotrimazole-betamethasone, clotrimazole-betamethasone 1-0.05 % cream, clotrimazole-betamethasone 1-0.05 % lotion)	3	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	5	PA
econazole nitrate	3	
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	3	NM
fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)	3	BVD, NM
flucytosine (250 mg cap, 500 mg cap)	5	NM
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	3	NM
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	3	NM
itraconazole 10 mg/ml solution	3	NM
itraconazole 100 mg cap	2	QL (126 PER 30 DAYS), NM
ketoconazole (2 % cream, 2 % shampoo)	3	
ketoconazole 200 mg tab	3	NM

DRUG NAME	TIER	REQUIREMENTS/LIMITS
klayesta	2	
micafungin sodium (50 mg soln, 100 mg soln)	2	BVD
MICONAZOLE 3	3	
NOXAFIL 300 MG PACKET	5	PA, QL (31 PER 30 DAYS), NM
nyamyc	2	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment)	2	
nystatin 100000 unit/gm powder	2	
nystatin 100000 unit/ml suspension	2	NM
nystatin 500000 unit tab	2	NM
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	3	
nystop	2	
oxiconazole nitrate	3	
posaconazole 100 mg tab dr	5	QL (240 PER 30 DAYS)
posaconazole 40 mg/ml suspension	5	NM
terbinafine hcl 250 mg tab	2	QL (90 PER 30 DAYS), NM
terconazole (0.4 %, 0.8 %)	2	
terconazole 80 mg suppos	2	
VORICONAZOLE	5	NM
voriconazole 200 mg recon soln	3	BVD, NM
voriconazole 200 mg tab	2	QL (90 PER 30 DAYS), NM
voriconazole 40 mg/ml recon susp	3	QL (450 PER 30 DAYS), NM
voriconazole 50 mg tab	2	QL (360 PER 30 DAYS), NM

ANTIGOUT AGENTS

allopurinol (100 mg tab, 300 mg tab)	1	
colchicine 0.6 mg tab	3	QL (120 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
colchicine-probenecid	3	
febuxostat (40 mg tab, 80 mg tab)	2	QL (30 PER 30 DAYS)
probenecid	3	
ANTIMIGRAINE AGENTS		
AJOVY 225 MG/1.5ML SOLN A-INJ	3	QL (4.5 PER 84 OVER TIME)
AJOVY 225 MG/1.5ML SOLN PRSYR	3	QL (4.5 PER 84 OVER TIME)
diclofenac potassium(migraine)	3	ST, QL (9 PER 30 OVER TIME)
dihydroergotamine mesylate 4 mg/ml solution	3	PA
eletriptan hydrobromide 20 mg tab	2	QL (9 PER 30 OVER TIME)
eletriptan hydrobromide 40 mg tab	2	QL (9 PER 30 OVER TIME)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	3	QL (5 PER 84 OVER TIME)
EMGALITY (300 MG DOSE)	3	QL (3 PER 30 OVER TIME)
frovatriptan succinate	4	ST, QL (12 PER 30 OVER TIME)
naratriptan hcl (1 mg tab, 2.5 mg tab)	3	QL (9 PER 30 OVER TIME)
NURTEC	3	PA, QL (8 PER 30 OVER TIME)
rizatriptan benzoate (5 mg tab disp, 10 mg tab, 10 mg tab disp)	2	QL (18 PER 30 OVER TIME)
rizatriptan benzoate 5 mg tab	2	QL (18 PER 30 OVER TIME)
sumatriptan (5 mg/act, 20 mg/act)	2	ST, QL (12 PER 30 OVER TIME)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	2	QL (9 PER 30 OVER TIME)
sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	2	QL (4 PER 30 OVER TIME)
zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	3	QL (9 PER 30 OVER TIME)
zolmitriptan 5 mg solution	4	ST, QL (8 PER 30 OVER TIME)
ANTIMYCOBACTERIALS		
dapsone (25 mg tab, 100 mg tab)	2	

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ethambutol hcl (100 mg tab, 400 mg tab)	2	NM
isoniazid (100 mg tab, 300 mg tab)	2	NM
PRETOMANID	3	PA, QL (30 PER 30 DAYS)
pyrazinamide	2	NM
rifabutin	2	NM
rifampin (150 mg cap, 300 mg cap)	3	NM
rifampin 600 mg recon soln	3	BVD, NM
rifapentine	4	QL (32 PER 28 DAYS), NM
SIRTURO (20 MG TAB, 100 MG TAB)	5	PA, NM

ANTINEOPLASTICS

abiraterone acetate 250 mg tab	3	QL (120 PER 30 DAYS)
abirtega	3	QL (120 PER 30 DAYS)
ACTIMMUNE	5	PA NSO
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	5	QL (60 PER 30 DAYS), PA NSO
ALECENSA	5	QL (240 PER 30 DAYS), PA NSO
ALUNBRIG (90 MG TAB, 180 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
ALUNBRIG 30 MG TAB	5	QL (180 PER 30 DAYS), PA NSO
ALUNBRIG 90 & 180 MG TAB THPK	5	QL (30 PER 180 OVER TIME), PA NSO
anastrozole	2	QL (30 PER 30 DAYS)
AUGTYRO 160 MG CAP	5	QL (60 PER 30 DAYS), PA NSO
AUGTYRO 40 MG CAP	5	QL (240 PER 30 DAYS), PA NSO
AVMAPKI FAKZYNJA CO-PACK	5	QL (66 PER 28 OVER TIME), PA NSO
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB)	5	QL (84 PER 28 DAYS), PA NSO
BEQALZI (1 MG TAB, 5 MG TAB)	5	QL (11 PER 7 DAYS), PA NSO
BEQALZI 20 MG TAB	5	QL (60 PER 30 DAYS), PA NSO

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
BEQALZI 80 MG TAB	5	QL (120 PER 30 DAYS), PA NSO
BEQALZI STARTER PACK	5	QL (44 PER 180 OVER TIME), PA NSO
BESREMI	5	QL (2 PER 28 OVER TIME), PA NSO
BESREMI PEN	5	QL (2 PER 28 OVER TIME), PA NSO
bexarotene 1 % gel	5	PA NSO
bexarotene 75 mg cap	5	PA NSO
bicalutamide	2	QL (30 PER 30 DAYS)
BOSULIF (100 MG CAP, 100 MG TAB)	5	QL (180 PER 30 DAYS), PA NSO
BOSULIF 50 MG CAP	5	QL (210 PER 30 DAYS), PA NSO
BOSULIF 500 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
bosutinib 400 mg tab	5	QL (30 PER 30 DAYS), PA NSO
BRAFTOVI	5	QL (180 PER 30 DAYS), PA NSO
BRUKINSA 160 MG TAB	5	QL (60 PER 30 DAYS), PA NSO
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
CALQUENCE 100 MG TAB	5	QL (60 PER 30 DAYS), PA NSO
CAPRELSA (100 MG TAB, 300 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA NSO
COMETRIQ (100 MG DAILY DOSE)	5	PA NSO
COMETRIQ (140 MG DAILY DOSE)	5	PA NSO
COMETRIQ (60 MG DAILY DOSE)	5	PA NSO
COPIKTRA (15 MG CAP, 25 MG CAP)	5	QL (60 PER 30 DAYS), PA NSO
COTELLIC	5	LA, QL (63 PER 28 DAYS), PA NSO
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	2	BVD
DANZITEN (71 MG TAB, 95 MG TAB)	5	LA, QL (120 PER 30 DAYS), PA NSO
dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)	4	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
dasatinib 20 mg tab	4	QL (90 PER 30 DAYS)
DAURISMO 100 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
DAURISMO 25 MG TAB	5	QL (90 PER 30 DAYS), PA NSO
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT)	4	BVD
ELIGARD 45 MG KIT	5	BVD
ENSACOVE (25 MG CAP, 100 MG CAP)	5	QL (60 PER 30 DAYS), PA NSO
ERIVEDGE	5	QL (30 PER 30 DAYS), PA NSO
ERLEADA 240 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
ERLEADA 60 MG TAB	5	QL (120 PER 30 DAYS), PA NSO
erlotinib hcl (100 mg tab, 150 mg tab)	5	QL (30 PER 30 DAYS), PA NSO
erlotinib hcl 25 mg tab	5	QL (60 PER 30 DAYS), PA NSO
ETCAMAH	5	QL (30 PER 30 DAYS), PA NSO
EULEXIN	5	QL (180 PER 30 DAYS), PA NSO
everolimus (2 mg tab, 3 mg tab, 5 mg tab)	5	QL (60 PER 30 DAYS), PA NSO
everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	5	QL (30 PER 30 DAYS), PA NSO
exemestane	2	QL (60 PER 30 DAYS)
FIRMAGON	4	BVD
FIRMAGON (240 MG DOSE)	5	BVD
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	5	QL (21 PER 28 OVER TIME), PA NSO
FRUZAQLA 1 MG CAP	5	QL (84 PER 28 DAYS), PA NSO
FRUZAQLA 5 MG CAP	5	QL (21 PER 28 DAYS), PA NSO
GAVRETO 100 MG CAP	5	QL (120 PER 30 DAYS), PA NSO
gefitinib	5	QL (30 PER 30 DAYS), PA NSO
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	5	QL (240 PER 30 DAYS), PA NSO
GOMEKLI 2 MG CAP	5	QL (120 PER 30 DAYS), PA NSO
HERNEXEOS	5	QL (90 PER 30 DAYS), PA NSO

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
hydroxyurea	2	
HYRNUO	5	QL (120 PER 30 DAYS), PA NSO
IBRANCE (75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)	5	QL (21 PER 28 OVER TIME), PA NSO
IBTROZI	5	QL (90 PER 30 DAYS), PA NSO
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
IDHIFA (50 MG TAB, 100 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
imatinib mesylate 100 mg tab	2	QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	2	QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
IMBRUVICA 140 MG CAP	5	QL (120 PER 30 DAYS), PA NSO
IMBRUVICA 70 MG/ML SUSPENSION	5	QL (216 PER 30 DAYS), PA NSO
IMKELDI	5	QL (300 PER 30 DAYS), PA NSO
INLURIYO	5	QL (60 PER 30 DAYS), PA NSO
INLYTA 1 MG TAB	5	QL (600 PER 30 DAYS), PA NSO
INLYTA 5 MG TAB	5	QL (120 PER 30 DAYS), PA NSO
INQOVI	5	QL (5 PER 28 OVER TIME), PA NSO
INREBIC	5	QL (120 PER 30 DAYS), PA NSO
ITOVEBI 3 MG TAB	5	QL (60 PER 30 DAYS), PA NSO
ITOVEBI 9 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
IWILFIN	5	QL (240 PER 30 DAYS), PA NSO
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	5	QL (60 PER 30 DAYS), PA NSO
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	5	QL (30 PER 30 DAYS), PA NSO
JAYPIRCA 100 MG TAB	5	QL (60 PER 30 DAYS), PA NSO
JAYPIRCA 50 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
JIDEYTRO 100 MG TAB	5	QL (30 PER 30 DAYS), PA NSO

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JIDEYTRO 25 MG TAB	5	QL (90 PER 30 DAYS), PA NSO
KISQALI (200 MG DOSE)	5	QL (63 PER 28 DAYS), PA NSO
KISQALI (400 MG DOSE)	5	QL (63 PER 28 DAYS), PA NSO
KISQALI (600 MG DOSE)	5	QL (63 PER 28 DAYS), PA NSO
KISQALI FEMARA (200 MG DOSE)	5	QL (49 PER 28 DAYS), PA NSO
KISQALI FEMARA (400 MG DOSE)	5	QL (70 PER 28 DAYS), PA NSO
KISQALI FEMARA (600 MG DOSE)	5	QL (91 PER 28 DAYS), PA NSO
KOMZIFTI	5	QL (90 PER 30 DAYS), PA NSO
KOSELUGO (10 MG CAP, 25 MG CAP)	5	QL (120 PER 30 DAYS), PA NSO
KOSELUGO 5 MG CAP SPRINK	5	QL (600 PER 30 DAYS), PA NSO
KOSELUGO 7.5 MG CAP SPRINK	5	QL (360 PER 30 DAYS), PA NSO
KRAZATI	5	QL (180 PER 30 DAYS), PA NSO
lapatinib ditosylate	5	QL (180 PER 30 DAYS), PA NSO
LAZCLUZE 240 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
LAZCLUZE 80 MG TAB	5	QL (60 PER 30 DAYS), PA NSO
LEDERLE LEUCOVORIN	3	
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)	5	LA, QL (28 PER 28 DAYS), PA NSO
LENVIMA (10 MG DAILY DOSE)	5	QL (90 PER 30 DAYS), PA NSO
LENVIMA (12 MG DAILY DOSE)	5	QL (90 PER 30 DAYS), PA NSO
LENVIMA (14 MG DAILY DOSE)	5	QL (90 PER 30 DAYS), PA NSO
LENVIMA (18 MG DAILY DOSE)	5	QL (90 PER 30 DAYS), PA NSO
LENVIMA (20 MG DAILY DOSE)	5	QL (90 PER 30 DAYS), PA NSO
LENVIMA (24 MG DAILY DOSE)	5	QL (90 PER 30 DAYS), PA NSO
LENVIMA (4 MG DAILY DOSE)	5	QL (90 PER 30 DAYS), PA NSO
LENVIMA (8 MG DAILY DOSE)	5	QL (90 PER 30 DAYS), PA NSO
letrozole	2	QL (30 PER 30 DAYS)
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	3	

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LEUKERAN	5	PA NSO
leuprolide acetate	3	
LIFYORLI (125 MG DOSE)	5	QL (18 PER 28 OVER TIME), PA NSO
LIFYORLI (150 MG DOSE)	5	QL (28 PER 28 OVER TIME), PA NSO
lomustine (40 mg cap, 100 mg cap)	5	PA NSO
lomustine 10 mg cap	3	PA NSO
LONSURF (15-6.14 MG TAB, 20-8.19 MG TAB)	5	QL (80 PER 28 DAYS), PA NSO
LORBRENA 100 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
LORBRENA 25 MG TAB	5	QL (90 PER 30 DAYS), PA NSO
LUMAKRAS 120 MG TAB	5	QL (240 PER 30 DAYS), PA NSO
LUMAKRAS 240 MG TAB	5	QL (120 PER 30 DAYS), PA NSO
LUMAKRAS 320 MG TAB	5	QL (90 PER 30 DAYS), PA NSO
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	5	BVD
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	5	BVD
LUPRON DEPOT (4-MONTH)	5	BVD
LUPRON DEPOT (6-MONTH)	5	BVD
LUTRATE DEPOT	4	BVD
LYNPARZA (100 MG TAB, 150 MG TAB)	5	QL (120 PER 30 DAYS), PA NSO
LYSODREN	5	
LYTGOBI (12 MG DAILY DOSE)	5	QL (150 PER 30 DAYS), PA NSO
LYTGOBI (16 MG DAILY DOSE)	5	QL (150 PER 30 DAYS), PA NSO
LYTGOBI (20 MG DAILY DOSE)	5	QL (150 PER 30 DAYS), PA NSO
MATULANE	5	
megestrol acetate (20 mg tab, 40 mg tab)	2	
megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	2	
MEKINIST 0.05 MG/ML RECON SOLN	5	QL (1200 PER 30 DAYS), PA NSO

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MEKINIST 0.5 MG TAB	5	QL (90 PER 30 DAYS), PA NSO
MEKINIST 2 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
MEKTOVI	5	QL (180 PER 30 DAYS), PA NSO
mercaptopurine 2000 mg/100ml suspension	5	QL (300 PER 30 DAYS), PA NSO
mercaptopurine 50 mg tab	2	
mesna 400 mg tab	4	
methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)	2	BVD
methotrexate sodium 2.5 mg tab	2	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	2	BVD
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	2	BVD
MIMRYLO (9.5 MG RECON SOLN, 19 MG RECON SOLN, 28 MG RECON SOLN, 41 MG RECON SOLN, 54 MG RECON SOLN)	5	QL (8 PER 28 OVER TIME), PA NSO
MODEYSO	5	LA, QL (20 PER 28 OVER TIME), PA NSO
NERLYNX	5	QL (180 PER 30 DAYS), PA NSO
nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)	5	QL (120 PER 30 DAYS), PA NSO
NILUTAMIDE (NILUTAMIDE, NILUTAMIDE)	5	
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	5	QL (3 PER 28 OVER TIME), PA NSO
NUBEQA	5	QL (120 PER 30 DAYS), PA NSO
ODOMZO	5	LA, QL (30 PER 30 DAYS), PA NSO
OGSIVEO (100 MG TAB, 150 MG TAB)	5	QL (60 PER 30 DAYS), PA NSO
OJEMDA 100 MG TAB	5	QL (24 PER 28 OVER TIME), PA NSO

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
OJEMDA 25 MG/ML RECON SUSP	5	QL (96 PER 28 OVER TIME), PA NSO
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
ONUREG (200 MG TAB, 300 MG TAB)	5	QL (14 PER 28 OVER TIME), PA NSO
ORGOVYX	5	QL (32 PER 30 DAYS), PA NSO
ORSERDU 345 MG TAB	5	LA, QL (30 PER 30 DAYS), PA NSO
ORSERDU 86 MG TAB	5	LA, QL (90 PER 30 DAYS), PA NSO
PANRETIN	5	QL (60 PER 30 DAYS), PA NSO
pazopanib hcl	5	PA NSO
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	5	LA, PA NSO
PIQRAY (200 MG DAILY DOSE)	5	QL (30 PER 30 DAYS), PA NSO
PIQRAY (250 MG DAILY DOSE)	5	QL (60 PER 30 DAYS), PA NSO
PIQRAY (300 MG DAILY DOSE)	5	QL (60 PER 30 DAYS), PA NSO
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	5	QL (21 PER 28 DAYS), PA NSO
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	5	QL (21 PER 28 OVER TIME), PA NSO
QINLOCK	5	QL (90 PER 30 DAYS), PA NSO
RASONQUE 100 MG TAB	5	QL (90 TAB PER 30 DAYS), PA NSO
RASONQUE 150 MG TAB	5	QL (60 TAB PER 30 DAYS), PA NSO
RETEVMO (120 MG TAB, 160 MG TAB)	5	QL (60 PER 30 DAYS), PA NSO
RETEVMO 40 MG TAB	5	QL (180 PER 30 DAYS), PA NSO
RETEVMO 80 MG TAB	5	QL (120 PER 30 DAYS), PA NSO
REVUFORJ 110 MG TAB	5	QL (120 PER 30 DAYS), PA NSO
REVUFORJ 160 MG TAB	5	QL (60 PER 30 DAYS), PA NSO
REVUFORJ 25 MG TAB	5	QL (240 PER 30 DAYS), PA NSO
REZLIDHIA	5	QL (60 PER 30 DAYS), PA NSO
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	5	QL (8 PER 28 OVER TIME), PA NSO
ROZLYTREK 100 MG CAP	5	QL (150 PER 30 DAYS), PA NSO

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ROZLYTREK 200 MG CAP	5	QL (90 PER 30 DAYS), PA NSO
ROZLYTREK 50 MG PACKET	5	QL (360 PER 30 DAYS), PA NSO
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	5	QL (120 PER 30 DAYS), PA NSO
RYDAPT	5	QL (240 PER 30 DAYS), PA NSO
SCEMBLIX 100 MG TAB	5	QL (120 PER 30 DAYS), PA NSO
SCEMBLIX 20 MG TAB	5	QL (60 PER 30 DAYS), PA NSO
SCEMBLIX 40 MG TAB	5	QL (300 PER 30 DAYS), PA NSO
SOLTAMOX	4	
sorafenib tosylate	5	QL (120 PER 30 DAYS), PA NSO
STIVARGA	5	QL (84 PER 21 DAYS), PA NSO
sunitinib malate (25 mg cap, 37.5 mg cap, 50 mg cap)	5	QL (30 PER 30 DAYS), PA NSO
sunitinib malate 12.5 mg cap	5	QL (90 PER 30 DAYS), PA NSO
TABLOID	5	PA NSO
TABRECTA (150 MG TAB, 200 MG TAB)	5	QL (120 PER 30 DAYS), PA NSO
TAFINLAR (50 MG CAP, 75 MG CAP)	5	QL (120 PER 30 DAYS), PA NSO
TAFINLAR 10 MG TAB SOL	5	QL (900 PER 30 DAYS), PA NSO
TAGRISSO (40 MG TAB, 80 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA NSO
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5	QL (30 PER 30 DAYS), PA NSO
TALZENNA 0.25 MG CAP	5	QL (90 PER 30 DAYS), PA NSO
tamoxifen citrate (10 mg tab, 20 mg tab)	2	
TEPMETKO	5	QL (60 PER 30 DAYS), PA NSO
THALOMID 100 MG CAP	5	QL (120 PER 30 DAYS)
THALOMID 50 MG CAP	5	QL (240 PER 30 DAYS)
TIBSOVO	5	QL (60 PER 30 DAYS), PA NSO
toremifene citrate	4	QL (30 PER 30 DAYS), PA NSO
torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	5	LA, QL (30 PER 30 DAYS), PA NSO

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	4	BVD
tretinoin 10 mg cap	5	QL (360 PER 30 DAYS)
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	3	
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	5	QL (64 PER 28 OVER TIME), PA NSO
TUKYSA (50 MG TAB, 150 MG TAB)	5	QL (120 PER 30 DAYS), PA NSO
TURALIO 125 MG CAP	5	LA, QL (120 PER 30 DAYS), PA NSO
VANFLYTA 17.7 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
VANFLYTA 26.5 MG TAB	5	QL (60 PER 30 DAYS), PA NSO
VENCLEXTA 10 MG TAB	4	QL (120 PER 30 DAYS), PA NSO
VENCLEXTA 100 MG TAB	5	QL (240 PER 40 DAYS), PA NSO
VENCLEXTA 50 MG TAB	5	QL (120 PER 30 DAYS), PA NSO
VENCLEXTA STARTING PACK	5	QL (120 PER 30 DAYS), PA NSO
VEPPANU 100 MG TAB	5	QL (60 PER 30 DAYS), PA NSO
VEPPANU 200 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5	QL (60 PER 30 DAYS), PA NSO
VITRAKVI 100 MG CAP	5	QL (60 PER 30 DAYS), PA NSO
VITRAKVI 20 MG/ML SOLUTION	5	QL (300 PER 30 DAYS), PA NSO
VITRAKVI 25 MG CAP	5	QL (180 PER 30 DAYS), PA NSO
VONJO	5	QL (120 PER 30 DAYS), PA NSO
VORANIGO 10 MG TAB	5	QL (60 PER 30 DAYS), PA NSO
VORANIGO 40 MG TAB	5	QL (30 PER 30 DAYS), PA NSO
WELIREG	5	QL (90 PER 30 DAYS), PA NSO
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	5	QL (120 PER 30 DAYS), PA NSO
XALKORI (200 MG CAP, 250 MG CAP)	5	QL (60 PER 30 DAYS), PA NSO
XALKORI 150 MG CAP SPRINK	5	QL (180 PER 30 DAYS), PA NSO

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
XOSPATA	5	QL (90 PER 30 DAYS), PA NSO
XPOVIO (100 MG ONCE WEEKLY)	5	QL (8 PER 28 OVER TIME), PA NSO
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	5	QL (16 PER 28 OVER TIME), PA NSO
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	QL (4 PER 28 OVER TIME), PA NSO
XPOVIO (40 MG TWICE WEEKLY)	5	QL (8 PER 28 OVER TIME), PA NSO
XPOVIO (60 MG ONCE WEEKLY)	5	QL (4 PER 28 OVER TIME), PA NSO
XPOVIO (60 MG TWICE WEEKLY)	5	QL (24 PER 28 OVER TIME), PA NSO
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	QL (8 PER 28 OVER TIME), PA NSO
XPOVIO (80 MG ONCE WEEKLY) TAB THPK	5	QL (4 PER 28 OVER TIME), PA NSO
XPOVIO (80 MG TWICE WEEKLY)	5	QL (32 PER 28 OVER TIME), PA NSO
XTANDI (40 MG CAP, 40 MG TAB, 80 MG TAB)	5	QL (120 PER 30 DAYS), PA NSO
YONSA	5	QL (120 PER 30 DAYS), PA NSO
yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	4	QL (30 PER 30 DAYS), PA NSO
ZEGFROVY (150 MG TAB, 200 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
ZELBORAF	5	QL (240 PER 30 DAYS), PA NSO
ZENBEXUS (0.75 MG CAP, 1 MG CAP)	5	QL (30 PER 30 DAYS), PA NSO
ZOLINZA	5	QL (120 PER 30 DAYS), PA NSO
ZYKADIA	5	QL (150 PER 30 DAYS), PA NSO

ANTIPARASITICS

albendazole	2	
atovaquone	2	NM
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	2	NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
chloroquine phosphate (chloroquine phosphate, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)	2	NM
COARTEM	4	QL (24 PER 30 OVER TIME), NM
HYDROXYCHLOROQUINE SULFATE (HYDROXYCHLOROQUINE SULFATE 100 MG TAB, HYDROXYCHLOROQUINE SULFATE 200 MG TAB, HYDROXYCHLOROQUINE SULFATE 300 MG TAB, HYDROXYCHLOROQUINE SULFATE 400 MG TAB, HYDROXYCHLOROQUINE SULFATE 100 MG TAB, HYDROXYCHLOROQUINE SULFATE 300 MG TAB, HYDROXYCHLOROQUINE SULFATE 400 MG TAB)	2	NM
ivermectin 3 mg tab	2	NM
KRINTAFEL	4	QL (4 PER 30 OVER TIME), NM
LAMPIT (30 MG TAB, 120 MG TAB)	4	PA, NM
mefloquine hcl	2	NM
nitazoxanide	4	QL (20 PER 10 DAYS), NM
pentamidine isethionate	2	BVD, NM
praziquantel	3	NM
primaquine phosphate (primaquine phosphate, primaquine phosphate)	2	NM
pyrimethamine	5	PA
quinine sulfate	3	NM

ANTIPARKINSON AGENTS

amantadine hcl (50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution)	2	
amantadine hcl 100 mg cap	2	QL (120 PER 30 DAYS)
apomorphine hcl	5	PA
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
bromocriptine mesylate 2.5 mg tab	3	
bromocriptine mesylate 5 mg cap	2	
carbidopa	3	
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 (er 25-100 mg tab er, er 50-200 mg tab er)	2	QL (360 PER 30 DAYS)
CARBIDOPA-LEVODOPA ER 23.75-95 MG CAP	3	QL (750 PER 30 DAYS)
CARBIDOPA-LEVODOPA ER 36.25-145 MG CAP	3	QL (480 PER 30 DAYS)
CARBIDOPA-LEVODOPA ER 48.75-195 MG CAP	3	QL (360 PER 30 DAYS)
CARBIDOPA-LEVODOPA ER 61.25-245 MG CAP	3	QL (300 PER 30 DAYS)
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)	3	
entacapone	2	
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 (er 0.375 mg tab er, er 2.25 mg tab er, er 3 mg tab er, er 3.75 mg tab er, er 4.5 mg tab er)	3	QL (30 PER 30 DAYS)
pramipexole dihydrochloride er (er 0.75 mg tab er, er 1.5 mg tab er)	3	QL (90 PER 30 DAYS)
rasagiline mesylate (0.5 mg tab, 1 mg tab)	2	
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 (er 2 mg tab er, er 4 mg tab er, er 6 mg tab er, er 8 mg tab er, er 12 mg tab er)	2	QL (90 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
selegiline hcl (5 mg cap, 5 mg tab)	2	
trihexyphenidyl hcl (2 mg tab, 5 mg tab)	2	QL (150 PER 30 DAYS)
trihexyphenidyl hcl 0.4 mg/ml solution	2	

ANTIPSYCHOTICS

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 PER 56 OVER TIME), BVD
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 PER 56 OVER TIME), BVD
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	5	QL (2 PER 28 OVER TIME), BVD
aripiprazole (10 mg tab disp, 15 mg tab disp)	2	QL (60 PER 30 DAYS)
aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2	
aripiprazole 1 mg/ml solution	2	QL (900 PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 PER 56 OVER TIME), BVD
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 PER 28 OVER TIME), BVD
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 PER 28 OVER TIME), BVD
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 PER 28 OVER TIME), BVD
ARISTADA INITIO	5	QL (2.4 PER 28 OVER TIME), BVD
asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)	2	ST, QL (60 PER 30 DAYS)
BYSANTI (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5	PA, QL (60 PER 30 DAYS)
BYSANTI TITRATION PACK A	5	PA, QL (8 PER 180 OVER TIME)
BYSANTI TITRATION PACK B	5	PA, QL (12 PER 180 OVER TIME)
BYSANTI TITRATION PACK C	5	PA, QL (8 PER 180 DAYS)
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	5	QL (30 PER 30 DAYS), PA NSO
chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CHLORPROMAZINE HCL (CHLORPROMAZINE HCL 100 MG/ML CONC, CHLORPROMAZINE HCL 30 MG/ML CONC, CHLORPROMAZINE HCL 30 MG/ML CONC, CHLORPROMAZINE HCL 100 MG/ML CONC)	3	
clozapine (100 mg tab, 150 mg tab disp, 200 mg tab disp)	3	QL (180 PER 30 DAYS)
clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp)	3	QL (270 PER 30 DAYS)
clozapine (25 mg tab, 50 mg tab)	3	QL (90 PER 30 DAYS)
clozapine 200 mg tab	3	QL (135 PER 30 DAYS)
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	5	QL (60 PER 30 DAYS), PA NSO
COBENFY STARTER PACK	5	QL (56 PER 180 OVER TIME), PA NSO
compro	2	
EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	4	QL (180 PER 30 DAYS)
ERZOFRI 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 PER 28 OVER TIME), BVD
ERZOFRI 156 MG/ML SUSP PRSYR	5	QL (1 PER 28 OVER TIME), BVD
ERZOFRI 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 PER 28 OVER TIME), BVD
ERZOFRI 351 MG/2.25ML SUSP PRSYR	5	QL (2.25 PER 28 OVER TIME), BVD
ERZOFRI 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 PER 28 OVER TIME), BVD
ERZOFRI 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 PER 28 OVER TIME), BVD
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5	QL (60 PER 30 DAYS), PA NSO
FANAPT TITRATION PACK A	4	QL (8 PER 30 OVER TIME), PA NSO
FANAPT TITRATION PACK B	4	QL (8 PER 30 OVER TIME), PA NSO
FANAPT TITRATION PACK C	4	QL (8 PER 30 OVER TIME), PA NSO
fluphenazine decanoate	2	BVD

DRUG NAME	TIER	REQUIREMENTS/LIMITS
fluphenazine hcl (fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg tab)	2	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	2	BVD
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	2	
haloperidol decanoate (50 mg/ml, 100 mg/ml)	2	BVD
haloperidol lactate 2 mg/ml conc	2	
haloperidol lactate 5 mg/ml solution	2	BVD
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 PER 180 OVER TIME), BVD
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 PER 180 OVER TIME), BVD
INVEGA SUSTENNA (78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR)	5	BVD
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	BVD
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 PER 90 OVER TIME), BVD
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 PER 90 OVER TIME), BVD
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QL (1.75 PER 90 OVER TIME), BVD
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	QL (2.63 PER 90 OVER TIME), BVD
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	2	
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)	2	
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO

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MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	2	QL (270 PER 30 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	5	QL (60 PER 30 DAYS), PA NSO
olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)	2	
olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)	3	QL (30 PER 30 DAYS)
olanzapine 10 mg recon soln	2	BVD
OPIPZA 10 MG FILM	5	QL (90 PER 30 DAYS), PA NSO
OPIPZA 2 MG FILM	5	QL (30 PER 30 DAYS), PA NSO
OPIPZA 5 MG FILM	5	QL (180 PER 30 DAYS), PA NSO
paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)	2	QL (30 PER 30 DAYS)
paliperidone er 6 mg tab 24h	2	QL (60 PER 30 DAYS)
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	2	
pimozide (1 mg tab, 2 mg tab)	2	
prochlorperazine	2	
prochlorperazine maleate (5 mg tab, 10 mg tab)	2	
QUETIAPINE FUMARATE (QUETIAPINE FUMARATE, QUETIAPINE FUMARATE 25 MG TAB, QUETIAPINE FUMARATE 50 MG TAB, QUETIAPINE FUMARATE 100 MG TAB, QUETIAPINE FUMARATE 200 MG TAB, QUETIAPINE FUMARATE 300 MG TAB, QUETIAPINE FUMARATE 400 MG TAB)	2	
quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)	3	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	5	QL (30 PER 30 DAYS), PA NSO
RISPERIDONE	2	QL (30 PER 30 DAYS)
risperidone (0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)	2	QL (60 PER 30 DAYS)

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risperidone (0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	2	
risperidone 0.25 mg tab	2	
risperidone 1 mg/ml solution	2	QL (240 PER 30 DAYS)
risperidone microspheres er (er 12.5 mg, er 25 mg)	3	BVD
risperidone microspheres er (er 37.5 mg, er 50 mg)	5	BVD
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	5	ST, QL (30 PER 30 DAYS)
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	2	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	2	
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL (0.28 PER 28 OVER TIME), BVD
UZEDY 125 MG/0.35ML SUSP PRSYR	5	QL (0.35 PER 28 OVER TIME), BVD
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL (0.42 PER 28 OVER TIME), BVD
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 PER 28 OVER TIME), BVD
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 PER 28 OVER TIME), BVD
UZEDY 50 MG/0.14ML SUSP PRSYR	5	QL (0.14 PER 28 OVER TIME), BVD
UZEDY 75 MG/0.21ML SUSP PRSYR	5	QL (0.21 PER 28 OVER TIME), BVD
VERSACLOZ	5	QL (600 PER 30 DAYS), PA NSO
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	3	QL (30 PER 30 DAYS)
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	2	
ziprasidone mesylate	2	BVD

ANTIVIRALS

abacavir sulfate 20 mg/ml solution	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
abacavir sulfate 300 mg tab	3	QL (180 PER 30 DAYS)
abacavir sulfate-lamivudine	2	QL (30 PER 30 DAYS)
acyclovir (200 mg cap, 400 mg tab, 800 mg tab)	1	
acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)	3	
acyclovir 5 % ointment	3	
acyclovir sodium	3	BVD
adefovir dipivoxil	3	QL (30 PER 30 DAYS)
APTIVUS	5	QL (120 PER 30 DAYS)
atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)	3	QL (60 PER 30 DAYS), NM
BARACLUDE 0.05 MG/ML SOLUTION	4	NM
BIKTARVY 30-120-15 MG TAB	5	QL (30 PER 30 DAYS), NM
BIKTARVY 50-200-25 MG TAB	5	QL (30 PER 30 DAYS)
BIXLENVO SUNLENCA STARTER PACK	5	QL (34 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
darunavir 600 mg tab	3	QL (60 PER 30 DAYS), NM
darunavir 800 mg tab	5	QL (30 PER 30 DAYS), NM
DELSTRIGO	5	QL (30 PER 30 DAYS), NM
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	5	QL (30 PER 30 DAYS), NM
DOVATO	5	QL (30 PER 30 DAYS), NM
EDURANT PED	5	QL (180 PER 30 DAYS)
efavirenz	2	QL (60 PER 30 DAYS), NM
efavirenz-emtricitab-tenofo df	2	QL (30 PER 30 DAYS), NM
efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir, efavirenz-lamivudine-tenofovir)	4	QL (30 PER 30 DAYS), NM
emtricitab-rilpivir-tenofov df	5	
emtricitabine	3	QL (30 PER 30 DAYS), NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)	2	QL (30 PER 30 DAYS), NM
EMTRIVA 10 MG/ML SOLUTION	4	QL (720 PER 30 DAYS), NM
entecavir 0.5 mg tab	3	QL (30 PER 30 DAYS)
entecavir 1 mg tab	3	QL (30 PER 30 DAYS), NM
etravirine (100 mg tab, 200 mg tab)	4	NM
EVOTAZ	4	QL (30 PER 30 DAYS), NM
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	2	NM
fosamprenavir calcium	4	NM
GENVOYA	5	QL (30 PER 30 DAYS), NM
IDVYNSO	5	QL (30 PER 30 DAYS)
INTELENCE 25 MG TAB	4	NM
ISENTRESS 100 MG CHEW TAB	5	QL (180 PER 30 DAYS), NM
ISENTRESS 100 MG PACKET	5	QL (60 PER 30 DAYS), NM
ISENTRESS 25 MG CHEW TAB	4	QL (180 PER 30 DAYS), NM
ISENTRESS 400 MG TAB	5	QL (60 PER 30 DAYS), NM
ISENTRESS HD	5	QL (60 PER 30 DAYS), NM
JULUCA	5	QL (30 PER 30 DAYS), NM
lamivudine (10 mg/ml, 300 mg/30ml)	3	NM
lamivudine (100 mg tab, 150 mg tab, 300 mg tab)	3	QL (60 PER 30 DAYS), NM
lamivudine-zidovudine	3	NM
LEDIPASVIR-SOFOSBUVIR	5	PA, QL (168 PER 365 OVER TIME)
LIVTENCITY	5	PA, QL (336 PER 28 DAYS)
lopinavir-ritonavir 100-25 mg tab	3	QL (300 PER 30 DAYS), NM
lopinavir-ritonavir 200-50 mg tab	3	QL (120 PER 30 DAYS), NM
maraviroc (150 mg tab, 300 mg tab)	3	QL (120 PER 30 DAYS), NM
MAVYRET 100-40 MG TAB	5	PA, QL (84 PER 28 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
MAVYRET 50-20 MG PACKET	5	PA, QL (140 PER 28 DAYS)
NEVIRAPINE	3	QL (1200 PER 30 DAYS), NM
nevirapine	3	QL (60 PER 30 DAYS), NM
nevirapine er	3	QL (30 PER 30 DAYS), NM
ODEFSEY	5	QL (30 PER 30 DAYS), NM
oseltamivir phosphate 30 mg cap	3	QL (84 PER 180 OVER TIME), NM
oseltamivir phosphate 45 mg cap	3	QL (42 PER 180 OVER TIME), NM
oseltamivir phosphate 6 mg/ml recon susp	3	
oseltamivir phosphate 75 mg cap	3	QL (42 PER 180 OVER TIME), NM
PAXLOVID (150/100)	3	QL (30 PER 60 OVER TIME), NM
PAXLOVID (300/100 & 150/100)	2	QL (11 PER 60 OVER TIME), NM
PAXLOVID (300/100)	3	QL (30 PER 60 OVER TIME), NM
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	PA, QL (4 PER 30 OVER TIME), NM
PEGASYS 180 MCG/ML SOLUTION	5	PA, QL (4 PER 28 OVER TIME), NM
PIFELTRO	5	QL (30 PER 30 DAYS), NM
PREVYMIS (20 MG PACKET, 120 MG PACKET)	5	QL (800 PER 365 OVER TIME), PA NSO
PREVYMIS (240 MG TAB, 480 MG TAB)	5	QL (200 PER 365 OVER TIME), PA NSO
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	5	QL (30 PER 30 DAYS), NM
PREZISTA 100 MG/ML SUSPENSION	5	QL (360 PER 30 DAYS), NM
PREZISTA 150 MG TAB	5	QL (180 PER 30 DAYS), NM
PREZISTA 75 MG TAB	4	QL (60 PER 30 DAYS), NM
RELENZA DISKHALER	4	QL (60 PER 30 DAYS), NM
REYATAZ 50 MG PACKET	5	QL (240 PER 30 DAYS), NM
RIBAVIRIN 200 MG CAP	3	QL (210 PER 30 DAYS), NM
RIBAVIRIN 200 MG TAB	3	QL (210 PER 30 DAYS), NM
rilpivirine hcl	5	QL (60 PER 30 DAYS), NM
ritonavir	3	QL (450 PER 30 DAYS), NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
RUKOBIA	5	QL (60 PER 30 DAYS)
SOFOSBUVIR-VELPATASVIR	5	PA, QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS), NM
SUNLENCA 300 MG TAB	5	QL (5 PER 28 OVER TIME), NM
SUNLENCA 4 X 300 MG TAB THPK	5	QL (4 PER 180 OVER TIME), NM
SUNLENCA 5 X 300 MG TAB THPK	5	QL (5 PER 180 OVER TIME), NM
SYMTUZA	5	QL (30 PER 30 DAYS), NM
tenofovir disoproxil fumarate	2	QL (30 PER 30 DAYS), NM
TIVICAY 50 MG TAB	5	QL (60 PER 30 DAYS), NM
TIVICAY PD	5	QL (180 PER 30 DAYS)
TRIUMEQ	5	QL (30 PER 30 DAYS), NM
TRIUMEQ PD	5	QL (180 PER 30 DAYS)
valacyclovir hcl (1 gm tab, 500 mg tab)	2	QL (120 PER 30 DAYS), NM
valganciclovir hcl 450 mg tab	2	QL (90 PER 30 DAYS), NM
valganciclovir hcl 50 mg/ml recon soln	3	NM
VEMLIDY	5	PA, QL (30 PER 30 DAYS)
VIRACEPT (250 MG TAB, 625 MG TAB)	5	NM
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5	QL (30 PER 30 DAYS), NM
VIREAD 40 MG/GM POWDER	5	NM
VOSEVI	5	PA, QL (28 PER 28 DAYS)
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	4	QL (8 PER 365 OVER TIME), NM
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	4	QL (8 PER 365 OVER TIME), NM
XOFLUZA (80 MG DOSE) OFLUZA 2 40 TAB THPK	4	QL (8 PER 365 OVER TIME), NM
zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)	3	NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANXIOLYTICS		
alprazolam (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp)	3	QL (150 PER 30 DAYS)
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)	2	QL (150 PER 30 DAYS)
alprazolam er (er 0.5 mg tab er, er 1 mg tab er, er 2 mg tab er, er 3 mg tab er)	3	QL (90 PER 30 DAYS)
ALPRAZOLAM INTENSOL	2	QL (300 PER 30 DAYS)
alprazolam xr (0.5 mg tab er, 1 mg tab er, 2 mg tab er, 3 mg tab er)	3	QL (90 PER 30 DAYS)
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	2	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)	3	QL (90 PER 30 DAYS)
clorazepate dipotassium 15 mg tab	3	QL (180 PER 30 DAYS)
diazepam (2 mg tab, 5 mg tab, 10 mg tab)	2	QL (120 PER 30 DAYS)
diazepam 5 mg/5ml solution	2	QL (1200 PER 30 DAYS)
diazepam 5 mg/ml conc	2	QL (240 PER 30 DAYS)
diazepam intensol	2	QL (240 PER 30 DAYS)
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)	2	QL (150 PER 30 DAYS)
lorazepam 2 mg/ml conc	2	QL (150 PER 30 DAYS)
lorazepam intensol	2	QL (150 PER 30 DAYS)
BIPOLAR AGENTS		
MOOD STABILIZERS		
lithium	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)	2	
lithium carbonate er (er 300 mg tab er, er 450 mg tab er)	2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	1	QL (90 PER 30 DAYS)
ALOGLIPTIN BENZOATE (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB)	1	QL (30 PER 30 DAYS)
ALOGLIPTIN-METFORMIN HCL (12.5-1000 MG TAB, 12.5-500 MG TAB)	1	QL (60 PER 30 DAYS)
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	1	QL (30 PER 30 DAYS)
dapaglifloz base-metformin er (er 10-1000 mg tab er, er 10-500 mg tab er)	1	QL (30 PER 30 DAYS)
dapaglifloz base-metformin er (er 5-1000 mg tab er, er 5-500 mg tab er)	1	QL (60 PER 30 DAYS)
dapagliflozin (5 mg tab, 10 mg tab)	1	QL (30 PER 30 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	3	QL (30 PER 30 DAYS)
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	1	
GLIPIZIDE (GLIPIZIDE 2.5 MG TAB, GLIPIZIDE 15 MG TAB, GLIPIZIDE 5 MG TAB, GLIPIZIDE 10 MG TAB)	1	
glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)	1	
glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)	1	
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	QL (120 PER 30 DAYS)
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	3	QL (30 PER 30 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	3	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL (30 PER 30 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	3	QL (30 PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB	3	QL (60 PER 30 DAYS)
JENTADUETO 2.5-500 MG TAB	3	QL (120 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
metformin hcl (500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab)	1	
metformin hcl er (er 500 mg tab er, er 750 mg tab er)	1	
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	2	
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 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 (2 PER 28 OVER TIME)
nateglinide (60 mg tab, 120 mg tab)	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	3	PA, QL (3 PER 28 OVER TIME)
OZEMPIC (1 MG/DOSE)	3	PA, QL (3 PER 28 OVER TIME)
OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	3	PA, QL (30 PER 30 DAYS)
OZEMPIC (2 MG/DOSE)	3	PA, QL (3 PER 28 OVER TIME)
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	1	QL (30 PER 30 DAYS)

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pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)	1	QL (30 PER 30 DAYS)
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	1	QL (90 PER 30 DAYS)
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
saxagliptin hcl (2.5 mg tab, 5 mg tab)	1	QL (30 PER 30 DAYS)
saxagliptin-metformin er (er 5-1000 mg tab er, er 5-500 mg tab er)	1	QL (30 PER 30 DAYS)
saxagliptin-metformin er 2.5-1000 mg tab 24h	1	QL (60 PER 30 DAYS)
SEGLUROMET (2.5-1000 MG TAB, 2.5-500 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB)	4	ST, QL (60 PER 30 DAYS)
SITAGLIPT BASE-METFORM HCL ER (ER 50-1000 MG TAB ER 24H, ER 50-500 MG TAB ER 24H)	1	QL (60 PER 30 DAYS)
SITAGLIPT BASE-METFORM HCL ER 100-1000 MG TAB 24H	1	QL (30 PER 30 DAYS)
SITAGLIPTIN (25 MG TAB, 50 MG TAB, 100 MG TAB)	1	QL (30 PER 30 DAYS)
SITAGLIPTIN BASE-METFORMIN HCL (50-1000 MG TAB, 50-500 MG TAB)	1	QL (60 PER 30 DAYS)
SOLIQUA	3	QL (18 PER 30 OVER TIME), $35
STEGLATRO (5 MG TAB, 15 MG TAB)	4	ST, QL (30 PER 30 DAYS)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	3	QL (60 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
TRADJENTA	3	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 10-5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
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 (4 PER 28 OVER TIME)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL (30 PER 30 DAYS)
GLYCEMIC AGENTS		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
diazoxide	5	
glucagon emergency (glucagon emergency, glucagon emergency 1 mg recon soln)	3	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	3	
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	3	
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
mifepristone 300 mg tab	5	PA, QL (120 PER 30 DAYS)
INSULINS		
FIASP	3	$35
FIASP FLEXTOUCH	3	$35
FIASP PENFILL	3	$35
HUMALOG (100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION)	3	$35
HUMALOG JUNIOR KWIKPEN	3	$35
HUMALOG KWIKPEN KWIK100 UNIT/ML SOLN	3	$35
HUMALOG KWIKPEN KWIK200 UNIT/ML SOLN	3	$35

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
HUMALOG MIX 50/50	3	$35
HUMALOG MIX 50/50 KWIKPEN	3	$35
HUMALOG MIX 75/25	3	$35
HUMALOG MIX 75/25 KWIKPEN	3	$35
HUMULIN 70/30	3	$35
HUMULIN 70/30 KWIKPEN	3	$35
HUMULIN N	3	$35
HUMULIN N KWIKPEN	3	$35
HUMULIN R	3	$35
HUMULIN R U-500 KWIKPEN	3	$35
INSULIN LISPRO	3	$35
INSULIN LISPRO (1 UNIT DIAL)	3	$35
INSULIN LISPRO JUNIOR KWIKPEN	3	$35
INSULIN LISPRO PROT & LISPRO	3	$35
LANTUS	3	QL (120 PER 30 DAYS), $35
LANTUS SOLOSTAR	3	QL (120 PER 30 DAYS), $35
NOVOLIN 70/30	3	$35
NOVOLIN 70/30 FLEXPEN	3	$35
NOVOLIN 70/30 FLEXPEN RELION	3	$35
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	$35
NOVOLIN N FLEXPEN	3	$35
NOVOLIN N FLEXPEN RELION	3	$35
NOVOLIN N RELION	3	
NOVOLIN R	3	$35
NOVOLIN R FLEXPEN	3	$35
NOVOLIN R FLEXPEN RELION	3	$35
NOVOLIN R RELION	3	
NOVOLOG	3	$35

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
NOVOLOG 70/30 FLEXPEN RELION	3	$35
NOVOLOG FLEXPEN	3	$35
NOVOLOG FLEXPEN RELION	3	$35
NOVOLOG MIX 70/30	3	$35
NOVOLOG MIX 70/30 FLEXPEN	3	$35
NOVOLOG MIX 70/30 RELION	3	$35
NOVOLOG PENFILL	3	$35
NOVOLOG RELION	3	$35
TOUJEO MAX SOLOSTAR	3	QL (30 PER 30 DAYS), $35
TOUJEO SOLOSTAR	3	QL (45 PER 30 DAYS), $35

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	4	QL (60 PER 30 DAYS)
ELIQUIS (1.5 MG PACK)	3	QL (448 PER 28 DAYS)
ELIQUIS (2 MG PACK)	3	QL (448 PER 28 DAYS)
ELIQUIS 0.15 MG CAP SPRINK	3	QL (70 PER 28 DAYS)
ELIQUIS 0.5 MG TAB SOL	3	QL (448 PER 28 DAYS)
ELIQUIS 2.5 MG TAB	3	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	3	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK	3	QL (74 PER 180 OVER TIME)
enoxaparin sodium (30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln)	2	
fondaparinux sodium (5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)	5	QL (30 PER 30 DAYS)
fondaparinux sodium 2.5 mg/0.5ml solution	3	QL (30 PER 30 DAYS)
heparin sodium (porcine) (5000 unit/ml, 10000 unit/ml, 20000 unit/ml)	2	

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heparin sodium (porcine) +rfid	2	
heparin sodium (porcine) 1000 unit/ml solution	2	
heparin sodium (porcine) pf 1000 unit/ml solution	3	
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)	1	
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)	1	
XARELTO (10 MG TAB, 20 MG TAB)	3	QL (30 PER 30 DAYS)
XARELTO 1 MG/ML RECON SUSP	3	QL (600 PER 30 DAYS)
XARELTO 15 MG TAB	3	QL (42 PER 30 DAYS)
XARELTO 2.5 MG TAB	3	QL (60 PER 30 DAYS)
XARELTO STARTER PACK	3	QL (102 PER 365 OVER TIME)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl (0.5 mg cap, 1 mg cap)	2	
ARANESP (ALBUMIN FREE) (100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	5	BVD
ARANESP (ALBUMIN FREE) (25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION)	3	BVD
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	3	BVD
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	5	BVD
ARMLUPEG	5	PA
eltrombopag olamine (12.5 mg packet, 25 mg packet)	5	PA, QL (180 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab)	5	PA, QL (30 PER 30 DAYS)
eltrombopag olamine 75 mg tab	5	PA, QL (60 PER 30 DAYS)
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	4	BVD
FULPHILA	5	BVD
FYLNETRA	5	PA
GRANIX (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR)	5	BVD
LEUKINE	5	PA
MULPLETA 3 MG TAB	5	PA, QL (7 PER 30 OVER TIME)
NEULASTA 6 MG/0.6ML SOLN PRSYR	5	PA
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	BVD
NYVEPRIA	5	PA
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA
RETACRIT (10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	3	BVD
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	3	BVD
STIMUFEND	5	PA
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	5	BVD
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA

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ZIEXTENZO	5	PA
HEMOSTASIS AGENTS		
tranexamic acid 650 mg tab	3	QL (30 PER 30 DAYS)
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er	2	QL (60 PER 30 DAYS)
CABLIVI	5	PA, QL (31 PER 30 DAYS)
cilostazol (50 mg tab, 100 mg tab)	2	
clopidogrel bisulfate 75 mg tab	1	QL (30 PER 30 DAYS)
prasugrel hcl (5 mg tab, 10 mg tab)	2	QL (30 PER 30 DAYS)
TAVALISSE (100 MG TAB, 150 MG TAB)	5	PA, QL (60 PER 30 DAYS)
ticagrelor (60 mg tab, 90 mg tab)	2	QL (60 PER 30 DAYS)
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
droxidopa (200 mg cap, 300 mg cap)	4	PA, QL (180 PER 30 DAYS)
droxidopa 100 mg cap	3	PA, QL (180 PER 30 DAYS)
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
phenoxybenzamine hcl	5	PA, QL (3600 PER 30 DAYS)
terazosin hcl 10 mg cap	1	QL (60 PER 30 DAYS)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	1	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	1	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	1	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	1	

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telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	1	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	
moexipril hcl (7.5 mg tab, 15 mg tab)	1	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB)	1	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	1	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	1	
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	1	
digoxin (125 mcg tab, 250 mcg tab)	2	
DIGOXIN (DIGOXIN, DIGOXIN 0.05 MG/ML SOLUTION)	2	
digoxin 62.5 mcg tab	3	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	2	
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	3	
MULTAQ	3	
pacerone 100 mg tab	2	
pacerone 200 mg tab	3	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	2	
propafenone hcl er (er 225 mg cap er, er 325 mg cap er, er 425 mg cap er)	2	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	2	NM
sotalol hcl (120 mg tab, 160 mg tab, 240 mg tab)	3	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	3	
sotalol hcl 80 mg tab	3	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (200 mg cap, 400 mg cap)	2	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	2	
betaxolol hcl (10 mg tab, 20 mg tab)	2	
BISOPROLOL FUMARATE (BISOPROLOL FUMARATE, BISOPROLOL FUMARATE 5 MG TAB, BISOPROLOL FUMARATE 10 MG TAB)	2	
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	1	
carvedilol phosphate er (er 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 80 mg cap er)	3	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)	1	
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	1	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	3	
nebivolol hcl (2.5 mg tab, 5 mg tab, 20 mg tab)	2	QL (90 PER 30 DAYS)
nebivolol hcl 10 mg tab	2	QL (120 PER 30 DAYS)
pindolol (5 mg tab, 10 mg tab)	2	
propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	1	
propranolol hcl (propranolol hcl, propranolol hcl 20 mg/5ml solution)	2	
propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)	2	
timolol maleate (timolol maleate, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)	2	
CALCIUM CHANNEL BLOCKING AGENTS		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)	2	
dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)	2	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)	2	
diltiazem hcl er beads (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)	2	
diltiazem hcl er coated beads (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er)	2	
felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)	2	
isradipine (2.5 mg cap, 5 mg cap)	2	
matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)	3	
nicardipine hcl (20 mg cap, 30 mg cap)	2	
nifedipine (10 mg cap, 20 mg cap)	1	
nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)	1	
nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)	1	
NIMODIPINE	5	QL (1800 PER 30 DAYS)
nimodipine	2	
nisoldipine er (nisoldipine er 17 mg tab er 24h, nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h, nisoldipine er 34 mg tab er 24h, nisoldipine er 8.5 mg tab er 24h, nisoldipine er 34 mg tab er 24h)	2	
NYMALIZE	5	QL (1800 PER 30 DAYS)
tiadylt er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1	
verapamil hcl er (er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 240 mg cap er 24h, er 240 mg tab er)	2	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide (125 mg tab, 250 mg tab)	2	
acetazolamide er	2	
AMILORIDE-HYDROCHLOROTHIAZIDE	2	
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)	1	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	1	
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)	1	ST, QL (30 PER 30 DAYS)
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	1	
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	2	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	2	
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	1	
EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB)	4	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	QL (240 PER 30 DAYS)
FILSPARI (200 MG TAB, 400 MG TAB)	5	PA, QL (30 PER 30 DAYS)
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	1	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	1	
ivabradine hcl (5 mg tab, 7.5 mg tab)	4	QL (60 PER 30 DAYS)
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	1	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	3	
metyrosine	5	PA
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	1	
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)	1	
pentoxifylline er	2	
ranolazine er (er 500 mg tab er, er 1000 mg tab er)	2	QL (120 PER 30 DAYS)
sacubitril-valsartan (49-51 mg tab, 97-103 mg tab)	3	QL (60 PER 30 DAYS)
sacubitril-valsartan 24-26 mg tab	3	QL (180 PER 30 DAYS)
spironolactone-hctz	2	
TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB)	1	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	1	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1	
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)	1	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	3	PA, QL (30 PER 30 DAYS)
DIURETICS		
amiloride hcl	2	
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
chlorthalidone (25 mg tab, 50 mg tab)	2	
ethacrynic acid	4	PA, QL (480 PER 30 DAYS)
furosemide (20 mg tab, 40 mg tab, 80 mg tab)	1	
furosemide 10 mg/ml solution	2	
FUROSEMIDE 10 MG/ML SOLUTION	2	
FUROSEMIDE 8 MG/ML SOLUTION	2	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	1	
indapamide (1.25 mg tab, 2.5 mg tab)	1	
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	2	
triamterene (50 mg cap, 100 mg cap)	3	QL (90 PER 30 DAYS)
DYSLIPIDEMICS		
ALTOPREV (20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H)	4	QL (30 PER 30 DAYS)
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	
cholestyramine (4 gm packet, 4 gm/dose powder)	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
cholestyramine light (4 gm packet, 4 gm/dose powder)	2	QL (1195 PER 30 DAYS)
colesevelam hcl (3.75 gm packet, 625 mg tab)	2	QL (180 PER 30 DAYS)
colestipol hcl (5 gm granules, 5 gm packet)	2	QL (900 PER 30 DAYS)
colestipol hcl 1 gm tab	2	QL (480 PER 30 DAYS)
ezetimibe	1	QL (30 PER 30 DAYS)
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	1	QL (30 PER 30 DAYS)
fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	1	QL (60 PER 30 DAYS)
fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)	1	QL (60 PER 30 DAYS)
fenofibric acid (45 mg cap dr, 135 mg cap dr)	3	QL (60 PER 30 DAYS)
fluvastatin sodium (20 mg cap, 40 mg cap)	1	
gemfibrozil	2	QL (60 PER 30 DAYS)
icosapent ethyl (0.5 gm cap, 1 gm cap)	2	QL (120 PER 30 DAYS)
JUXTAPID (2 MG CAP, 5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	5	PA, QL (90 PER 30 DAYS)
lovastatin (10 mg tab, 20 mg tab, 40 mg tab)	1	
NEXLETOL	3	PA, QL (30 PER 30 DAYS)
NEXLIZET	3	PA, QL (30 PER 30 DAYS)
niacin er (antihyperlipidemic) (er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er)	2	QL (120 PER 30 DAYS)
omega-3-acid ethyl esters	2	QL (120 PER 30 DAYS)
pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)	1	ST
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	
prevalite (4 gm packet, 4 gm/dose powder)	3	QL (1195 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
REPATHA	3	PA, QL (3 PER 30 OVER TIME)
REPATHA SURECLICK	3	PA, QL (3 PER 30 OVER TIME)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	
TRYNGOLZA (50 MG/0.8ML SOLN A-INJ, 80 MG/0.8ML SOLN A-INJ)	5	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
eplerenone (25 mg tab, 50 mg tab)	2	
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	4	PA, QL (30 PER 30 DAYS)
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	2	
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
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 (er 30 mg tab er, er 60 mg tab er, er 120 mg tab er)	2	
minoxidil (2.5 mg tab, 10 mg tab)	2	
nitro-bid	4	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)	2	
nitroglycerin 0.4 % ointment	2	QL (30 PER 30 OVER TIME)
nitroglycerin 0.4 mg/spray solution	2	
NITROLINGUAL	3	
sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)	2	QL (6 PER 30 DAYS), PG, CB (72 / 365 days), EX

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS		
amphetamine-dextroamphet er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er)	3	QL (60 PER 30 DAYS)
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)	3	QL (60 PER 30 DAYS)
ATOMOXETINE HCL	2	QL (750 PER 30 DAYS)
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 (30 PER 30 DAYS)
clonidine hcl er	1	QL (120 PER 30 DAYS)
dexmethylphenidate hcl er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er)	3	QL (60 PER 30 DAYS)
dextroamphetamine sulfate (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	QL (60 PER 30 DAYS)
dextroamphetamine sulfate er (er 10 mg cap er, er 15 mg cap er)	3	QL (120 PER 30 DAYS)
dextroamphetamine sulfate er 5 mg cap 24h	3	QL (60 PER 30 DAYS)
guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)	2	
lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	3	ST, QL (30 PER 30 DAYS)
methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)	4	ST, QL (30 PER 30 DAYS)
methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)	3	QL (90 PER 30 DAYS)
methylphenidate hcl 10 mg/5ml solution	3	QL (900 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
methylphenidate hcl 5 mg/5ml solution	3	QL (1800 PER 30 DAYS)
WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ)	3	PA, QL (2 PER 28 OVER TIME)
WEGOVY (1.5 MG TAB, 4 MG TAB, 9 MG TAB, 25 MG TAB)	3	PA, QL (30 PER 30 DAYS)
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	3	PA, QL (3 PER 28 OVER TIME)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB)	5	PA, QL (120 PER 30 DAYS)
AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H)	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR 24 MG TAB ER 24H	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 PER 180 OVER TIME)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 PER 180 OVER TIME)
PYRIDOSTIGMINE BROMIDE (PYRIDOSTIGMINE BROMIDE, PYRIDOSTIGMINE BROMIDE 60 MG TAB)	2	
pyridostigmine bromide 60 mg/5ml solution	3	
pyridostigmine bromide er	3	
riluzole	3	
tetrabenazine 12.5 mg tab	2	PA, QL (240 PER 30 DAYS)
tetrabenazine 25 mg tab	5	PA, QL (120 PER 30 DAYS)
MULTIPLE SCLEROSIS AGENTS		
dalfampridine er	2	QL (60 PER 30 DAYS)
dimethyl fumarate (120 mg cap dr, 240 mg cap dr)	3	QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
dimethyl fumarate starter pack	3	QL (60 PER 30 DAYS)
fingolimod hcl	3	QL (30 PER 30 DAYS)
glatiramer acetate 20 mg/ml soln prsyr	5	QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml soln prsyr	5	QL (12 PER 28 OVER TIME)
glatopa 20 mg/ml soln prsyr	5	QL (30 PER 30 DAYS)
glatopa 40 mg/ml soln prsyr	5	QL (12 PER 28 OVER TIME)
teriflunomide (7 mg tab, 14 mg tab)	3	QL (30 PER 30 DAYS)
DENTAL AND ORAL AGENTS		
chlorhexidine gluconate 0.12 % solution	2	
kourzeq	2	
lidocaine viscous hcl	3	
periogard	2	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	2	
triamcinolone acetonide 0.1 % paste	2	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
accutane (10 mg cap, 20 mg cap, 40 mg cap)	3	
acitretin (10 mg cap, 25 mg cap)	2	QL (60 PER 30 DAYS)
acitretin 17.5 mg cap	2	
adapalene 0.1 % cream	2	
ALTRENO	4	QL (45 PER 30 OVER TIME)
amnesteem (10 mg cap, 20 mg cap, 40 mg cap)	3	
amnesteem 30 mg cap	3	
azelaic acid	3	QL (50 PER 30 OVER TIME)
AZELEX	4	
benzoyl peroxide-erythromycin	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
claravis (10 mg cap, 20 mg cap, 40 mg cap)	3	
claravis 30 mg cap	3	
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-2.5 % gel, 1.2-5 % gel)	2	
FINACEA 15 % FOAM	4	
isotretinoin (10 mg cap, 20 mg cap, 40 mg cap)	2	
isotretinoin 30 mg cap	2	
tazarotene 0.1 % cream	2	
tretinoin (0.01 % gel, 0.025 % gel, 0.05 % gel)	3	
tretinoin (0.025 %, 0.05 %, 0.1 %)	2	
TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN MICROSPHERE 0.1 % GEL, TRETINOIN MICROSPHERE 0.1 % GEL)	4	
TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL)	4	
zenatane (10 mg cap, 20 mg cap, 40 mg cap)	3	
zenatane 30 mg cap	3	
DERMATITIS AND PRURITUS AGENTS		
ADBRY (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ)	5	PA, QL (6 PER 28 OVER TIME)
alclometasone dipropionate (alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)	3	
ammonium lactate 12 % cream	2	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
betamethasone valerate (betamethasone valerate, betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)	3	
betamethasone valerate 0.1 % lotion	2	
clobetasol prop emollient base	2	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)	3	
clobetasol propionate 0.05 % liquid	3	QL (125 PER 14 OVER TIME)
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
desoximetasone (0.25 % cream, 0.25 % ointment)	4	
EUCRISA	3	QL (60 PER 30 DAYS)
fluocinolone acetonide 0.01 % solution	2	
fluocinolone acetonide 0.025 % ointment	3	
fluocinolone acetonide scalp	3	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	3	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	2	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	2	
hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)	2	
hydrocortisone (perianal) (hydrocortisone (perianal), hydrocortisone (perianal))	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	2	
pimecrolimus	2	ST
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
tacrolimus (0.03 %, 0.1 %)	2	QL (100 PER 30 OVER TIME)
triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment, triamcinolone acetonide 0.025 % lotion)	2	
triderm	2	
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene (0.005 % cream, 0.005 % ointment)	2	
CALCIPOTRIENE (CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION)	3	
calcipotriene-betameth diprop 0.005-0.064 % ointment	4	
calcipotriene-betameth diprop 0.005-0.064 % suspension	3	
CALCITRIOL	3	
ENSTILAR	5	
FLUOROURACIL (FLUOROURACIL 5 % CREAM, FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	3	
HYDROCORT-PRAMOXINE (PERIANAL) 1-1 % CREAM	2	
imiquimod 5 % cream	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
METHOXSALEN RAPID	5	
PODOFILOX	2	
SANTYL	4	
silver sulfadiazine	2	
ssd	2	
VALCHLOR	5	QL (120 PER 30 DAYS), PA NSO
VTAMA	4	ST, QL (60 PER 30 DAYS)
TOPICAL ANTI-INFECTIVES		
ciclopirox 8 % solution	3	NM
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	3	
CLEOCIN 100 MG SUPPOS	4	
clindamycin phos (once-daily)	3	
clindamycin phos (twice-daily)	3	
clindamycin phosphate (1 % lotion, 1 % swab, 2 % cream)	3	
clindamycin phosphate 1 % solution	3	
dapsone 5 % gel	3	
ERY	2	
ERYTHROMYCIN (ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % GEL, ERYTHROMYCIN 2 % SOLUTION)	2	
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	3	
ivermectin 1 % cream	2	QL (45 PER 30 OVER TIME)
metronidazole (0.75 % cream, 0.75 % gel)	2	
metronidazole 1 % gel	2	QL (60 PER 30 DAYS)
mupirocin	2	
mupirocin calcium	3	
naftifine hcl 2 % cream	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
permethrin	3	
SPINOSAD	4	
sulfacetamide sodium (acne)	3	
VANDAZOLE	3	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

ALTRIXA OB	2	
ATABEX EC	2	
AZENTRA	3	
AZESCO	2	
C-NATE DHA	2	
CITRANATAL 90 DHA	2	
CITRANATAL ASSURE	2	
CITRANATAL B-CALM	2	
CITRANATAL DHA	2	
CITRANATAL HARMONY	2	
CLINIMIX E/DEXTROSE (2.75/5)	3	BVD
CLINIMIX E/DEXTROSE (4.25/10)	3	BVD
CLINIMIX E/DEXTROSE (4.25/5)	3	BVD
CLINIMIX E/DEXTROSE (5/15)	3	BVD
CLINIMIX E/DEXTROSE (5/20)	3	BVD
CLINIMIX E/DEXTROSE (8/10)	3	
CLINIMIX E/DEXTROSE (8/14)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	BVD
CLINIMIX/DEXTROSE (4.25/5)	3	BVD
CLINIMIX/DEXTROSE (5/15)	3	BVD
CLINIMIX/DEXTROSE (5/20)	3	BVD
CLINIMIX/DEXTROSE (6/5)	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CLINIMIX/DEXTROSE (8/10)	3	
CLINIMIX/DEXTROSE (8/14)	3	
clinisol sf	2	BVD
CO-NATAL FA	2	
COMPLETE NATAL DHA	2	
COMPLETENATE	3	
cyanocobalamin 1000 mcg/ml solution	2	PG, EX
DERMACINRX PNV PRENATOL	3	
DERMACINRX PRETRATE	2	
dextrose (dextrose 10 % solution, dextrose 10 % solution)	2	BVD
DEXTROSE-NACL	2	
dextrose-sodium chloride (dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 2.5-0.45 % solution)	2	BVD
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 5-0.225 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION)	2	
DUET DHA 400	2	
DUET DHA BALANCED	2	
EMBRIVA	2	
ergocalciferol 1.25 mg (50000 ut) cap	2	PG, EX
FOLATEXCEL	2	
folic acid 1 mg tab	2	PG, EX
GESTYRA	2	
INATAL GT	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ISOLYTE-P IN D5W	3	BVD
ISOLYTE-S PH 7.4	3	BVD
kcl in dextrose-nacl (in 10-5-0.45 meq/l-%-%, in 20-5-0.45 meq/l-%-%, in 40-5-0.45 meq/l-%-%)	2	BVD
KCL IN DEXTROSE-NACL (KCL IN DEXTROSE-NACL 20-5-0.2 MEQ/L-%-% SOLUTION, KCL IN DEXTROSE-NACL 30-5-0.45 MEQ/L-%-% SOLUTION, KCL IN DEXTROSE-NACL 20-5-0.225 MEQ/L-%-% SOLUTION, KCL IN DEXTROSE-NACL 20-5-0.9 MEQ/L-%-% SOLUTION, KCL IN DEXTROSE-NACL 30-5-0.45 MEQ/L-%-% SOLUTION, KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION, KCL IN DEXTROSE-NACL 10-5-0.45 MEQ/L-%-% SOLUTION, KCL IN DEXTROSE-NACL 20-5-0.45 MEQ/L-%-% SOLUTION, KCL IN DEXTROSE-NACL 20-5-0.9 MEQ/L-%-% SOLUTION, KCL IN DEXTROSE-NACL 40-5-0.45 MEQ/L-%-% SOLUTION)	2	
KCL-LACTATED RINGERS-D5W	2	
klor-con (klor-con, klor-con 8 meq tab er, klor-con 20 meq packet)	3	
klor-con 10 (klor-con 10, klor-con 10)	3	
klor-con m10	3	
klor-con m15	3	
klor-con m20	3	
KOSHER PRENATAL PLUS IRON	2	
kp folic acid 1 mg tab	2	PG
LUNATAL DHA	3	
M-NATAL PLUS	3	
magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)	2	BVD
MATERNACEL	2	
MATERVIA	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MATRIAPRO	3	
MATRONEX	3	
MULTI-MAC	2	
MULTIPLE ELECTRO TYPE 1 PH 5.5	3	
multiple electro type 1 ph 7.4	3	BVD
nafrinse	2	
NATACHEW	2	
NATAL PNV	2	
NATALCHEW	3	
NATALCORE	3	
NATALVIT	2	
NEO-VITAL RX	2	
NEOMATERNA	2	
NEONATAL + DHA	2	
NEONATAL COMPLETE 27-1 MG TAB	3	
NEONATAL COMPLETE 29-1 MG TAB	2	
NEONATAL PLUS	3	
NESTABS	2	
NESTABS DHA	2	
NIVA-PLUS	3	
NOVYRA	2	
NUTRICHEW	3	
NUTRILIPID	3	BVD
OB COMPLETE ONE	2	
OB COMPLETE PETITE	2	
OB COMPLETE PREMIER	2	
OB COMPLETE/DHA	2	
OBSTETRIX DHA	3	
OBSTETRIX EC (WITH DOCUSATE)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ONE VITE WOMENS PLUS	3	
ONENATAL RX	2	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	BVD
plenamine	2	BVD
PNV 27-CA/FE/FA	3	
PNV PRENATAL PLUS MULTIVIT+DHA	2	
PNV TABS 20-1	2	
PNV-DHA+DOCUSATE	2	
PNV-SELECT	2	
potassium chloride (10 %, 20 meq/15ml (10%), 40 meq/15ml (20%))	2	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION)	3	BVD
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION)	3	
potassium chloride 2 meq/ml solution	2	BVD
potassium chloride 20 meq packet	3	
potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)	1	
potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)	1	
potassium chloride in dextrose	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
POTASSIUM CHLORIDE IN NACL (POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION)	3	BVD
potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)	2	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	2	
PREGEN DHA	2	
PREGENNA	2	
PREMASOL	3	BVD
PRENA 1 TRUE	2	
PRENA1	2	
PRENA1 PEARL	2	
PRENACHEW	3	
PRENACORE	3	
PRENAISSANCE	2	
PRENAISSANCE PLUS	2	
PRENATABS FA	2	
PRENATAL 19 (19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS	3	
PRENATAL PLUS VITAMIN/MINERAL	3	
PRENATAL VITAMIN PLUS LOW IRON	3	
PRENATE DHA	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PRENATE ELITE	2	
PRENATE ENHANCE	2	
PRENATE MINI	2	
PRENATE PIXIE	2	
PRENATE RESTORE	2	
PRENATRIX	3	
PRENATRYL	3	
PRENATVITE COMPLETE	2	
PRENATVITE PLUS	2	
PRENATVITE RX	2	
PRENOVA	2	
PRENYRA	2	
PRIMACARE	2	
PROSOL	3	BVD
PROVIDA OB	2	
RELEVIA	3	
SE-NATAL 19 29-1 MG CHEW TAB	3	
SE-NATAL 19 29-1 MG TAB	2	
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	2	
SELECT-OB+DHA	2	
sodium chloride (0.45 %, 3 %, 5 %)	2	BVD
sodium chloride (pf)	2	BVD
SODIUM CHLORIDE 0.9 % SOLUTION	2	BVD
sodium chloride 0.9 % solution	2	BVD
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, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	2	
THRIVITE RX	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TPN ELECTROLYTES	2	BVD
TRAVASOL	3	BVD
TRICARE	3	
TRINATAL RX 1	2	
TRINATE	2	
TRISTART DHA	2	
TROPHAMINE	3	BVD
true folic acid 1 mg tab	2	PG
VIRT-NATE DHA	2	
VITAFOL FE+	2	
VITAFOL GUMMIES	2	
VITAFOL ULTRA	2	
VITAFOL-NANO	3	
VITAFOL-OB	2	
VITAFOL-OB+DHA	2	
VITAFOL-ONE	2	
VITALARA	2	
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAMEDMD REDICHEW RX	2	
vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)	2	PG, EX
VITAPEARL	2	
VITATHELY WITH GINGER	3	
VITATRUE	2	
VIVA DHA	2	
WESNATAL DHA COMPLETE	2	
WESNATE DHA	2	
WESTAB PLUS	3	
WESTGEL DHA	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZALVIT	2	
ZIPHEX	2	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	4	
deferasirox (90 mg packet, 180 mg packet, 360 mg packet)	5	PA, QL (120 PER 30 DAYS)
deferasirox 125 mg tab sol	4	PA, QL (720 PER 30 DAYS)
deferasirox 180 mg tab	5	PA, QL (450 PER 30 DAYS)
deferasirox 250 mg tab sol	5	PA, QL (360 PER 30 DAYS)
deferasirox 360 mg tab	3	PA, QL (120 PER 30 DAYS)
deferasirox 500 mg tab sol	5	PA, QL (180 PER 30 DAYS)
deferasirox 90 mg tab	3	PA, QL (240 PER 30 DAYS)
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	5	PA, QL (120 PER 30 DAYS)
deferiprone (500 mg tab, 1000 mg tab)	5	
FERRIPROX 100 MG/ML SOLUTION	5	QL (2970 PER 30 DAYS)
penicillamine 250 mg tab	5	PA
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)	5	PA, QL (60 PER 30 DAYS)
tolvaptan (15 mg tab, 30 mg tab)	5	PA, QL (120 PER 30 DAYS)
tolvaptan (hyponatremia) (15 mg tab, 30 mg tab)	5	PA, QL (120 PER 30 DAYS)
trientine hcl (trientine hcl, trientine hcl)	5	PA
PHOSPHATE BINDERS		
calcium acetate	3	
calcium acetate (phos binder) (667 mg cap, 667 mg tab)	3	
lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)	4	
sevelamer carbonate 800 mg tab	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
sevelamer hcl (400 mg tab, 800 mg tab)	2	
VELPHORO	5	PA, QL (180 PER 30 DAYS)
POTASSIUM BINDERS		
kionex	2	
LOKELMA 10 GM PACKET	3	QL (90 PER 30 DAYS)
LOKELMA 5 GM PACKET	3	QL (30 PER 30 DAYS)
sodium polystyrene sulfonate 15 gm/60ml suspension	3	
sodium polystyrene sulfonate powder	3	
SPS (SODIUM POLYSTYRENE SULF)	3	
sps (sodium polystyrene sulf)	2	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	4	PA, QL (30 PER 30 DAYS)
VELTASSA 1 GM PACKET	4	PA, QL (120 PER 30 DAYS)
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
constulose	2	
enulose	2	
generlac	3	
kristalose 10 gm packet	2	
lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)	2	
lactulose 20 gm packet	2	
lactulose encephalopathy	2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3	QL (30 PER 30 DAYS)
lubiprostone (8 mcg cap, 24 mcg cap)	2	QL (60 PER 30 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	3	QL (30 PER 30 DAYS)
prucalopride succinate (1 mg tab, 2 mg tab)	3	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
SYMPROIC	3	QL (30 PER 30 DAYS)
ANTI-DIARRHEAL AGENTS		
alosetron hcl 0.5 mg tab	3	QL (60 PER 30 DAYS)
alosetron hcl 1 mg tab	4	QL (60 PER 30 DAYS)
diphenoxylate-atropine	3	
loperamide hcl 2 mg cap	3	
XERMELO	5	PA, QL (90 PER 30 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (10 mg cap, 20 mg tab)	2	
dicyclomine hcl 10 mg/5ml solution	2	
glycopyrrolate (1 mg tab, 2 mg tab)	2	
glycopyrrolate 1 mg/5ml solution	3	
methscopolamine bromide 2.5 mg tab	2	
methscopolamine bromide 5 mg tab	2	
GASTROINTESTINAL AGENTS, OTHER		
bis subcit-metronid-tetracyc	4	QL (120 PER 30 OVER TIME), NM
bismuth/metronidaz/tetracyclin	4	QL (120 PER 30 OVER TIME), NM
CHENODAL	5	
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	
GATTEX	5	PA
GAVILYTE-C	2	
gavilyte-g	2	
gavilyte-n with flavor pack	2	
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	5	PA
GENOTROPIN MINIQUICK (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)	5	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
GENOTROPIN MINIQUICK 0.2 MG PRSYR	4	PA
misoprostol (100 mcg tab, 200 mcg tab)	2	
na sulfate-k sulfate-mg sulf	2	
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	5	PA
peg 3350-kcl-na bicarb-nacl	2	
peg-3350/electrolytes	2	
peg-3350/electrolytes/ascorbat	2	
peg-kcl-nacl-nasulf-na asc-c	2	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	5	PA, QL (30 PER 30 DAYS)
sucralfate 1 gm tab	2	
sucralfate 1 gm/10ml suspension	3	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	2	
VOWST	5	ST, QL (12 PER 180 OVER TIME), NM
HISTAMINE-2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	2	
famotidine 20 mg tab	2	
famotidine 40 mg tab	2	
famotidine 40 mg/5ml recon susp	3	
nizatidine (nizatidine, nizatidine 300 mg cap)	2	
PROTON PUMP INHIBITORS		
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	2	

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lansoprazole (15 mg cap dr, 30 mg cap dr)	2	
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	2	
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	2	
rabeprazole sodium	3	QL (60 PER 30 DAYS)

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

AQNEURSA	5	PA, QL (120 PER 30 DAYS)
ATTRUBY	5	PA, QL (120 PER 30 DAYS)
betaine	5	
carglumic acid	5	PA
CHOLBAM (50 MG CAP, 250 MG CAP)	5	PA, LA, QL (120 PER 30 DAYS)
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	
cromolyn sodium 100 mg/5ml conc	3	
CYSTAGON (50 MG CAP, 150 MG CAP)	4	PA
dichlorphenamide	5	PA, QL (120 PER 30 DAYS)
l-glutamine 5 gm packet	5	PA, QL (180 PER 30 DAYS)
MYALEPT	5	PA, QL (67.8 PER 30 DAYS)
nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)	5	PA, QL (600 PER 30 DAYS)
ORFADIN 4 MG/ML SUSPENSION	5	PA, QL (1500 PER 30 DAYS)
PALYNZIQ (2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR, 20 MG/ML SOLN PRSYR)	5	PA, QL (60 PER 30 DAYS)
PROLASTIN-C	5	PA
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	5	PA, QL (56 PER 28 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PYRUKYND TAPER PACK (PACK 5 MG TAB THPK, PACK 7 20 MG & 7 5 MG TAB THPK, PACK 7 50 MG & 7 20 MG TAB THPK)	5	PA, QL (56 PER 28 DAYS)
REVCOVI	5	PA
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	5	PA
sodium phenylbutyrate 3 gm/tsp powder	5	
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	

GENITOURINARY AGENTS

GENITOURINARY AGENTS, OTHER

alfuzosin hcl er	2	QL (30 PER 30 DAYS)
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	2	
darifenacin hydrobromide er (er 7.5 mg tab er, er 15 mg tab er)	3	QL (30 PER 30 DAYS)
dutasteride	2	QL (30 PER 30 DAYS)
dutasteride-tamsulosin hcl	3	QL (30 PER 30 DAYS)
ELMIRON	4	
fesoterodine fumarate er (er 4 mg tab er, er 8 mg tab er)	2	QL (30 PER 30 DAYS)
finasteride 5 mg tab	1	QL (30 PER 30 DAYS)
flavoxate hcl	2	
INTRAROSA	4	QL (30 PER 30 DAYS)
mirabegron er (er 25 mg tab er, er 50 mg tab er)	2	QL (30 PER 30 DAYS)
mirabegron er 8 mg/ml sr	2	QL (300 PER 30 DAYS)
oxybutynin chloride 5 mg tab	2	QL (120 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
oxybutynin chloride 5 mg/5ml solution	2	QL (473 PER 23 DAYS)
oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)	2	QL (60 PER 30 DAYS)
PHEXX	4	
silodosin (4 mg cap, 8 mg cap)	2	QL (30 PER 30 DAYS)
solifenacin succinate (5 mg tab, 10 mg tab)	2	QL (30 PER 30 DAYS)
tadalafil 5 mg tab	3	PA, QL (30 PER 30 DAYS)
tamsulosin hcl	1	QL (60 PER 30 DAYS)
tolterodine tartrate (1 mg tab, 2 mg tab)	2	QL (60 PER 30 DAYS)
tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)	2	QL (30 PER 30 DAYS)
trospium chloride	2	QL (60 PER 30 DAYS)
trospium chloride er	3	QL (30 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

budesonide 3 mg cp dr part	3	
budesonide er	5	ST, QL (30 PER 30 DAYS)
dexamethasone (0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)	2	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	2	
fludrocortisone acetate	2	
HEMADY 20 MG TAB	4	QL (60 PER 30 DAYS), PA NSO
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	2	
hydrocortisone 100 mg/60ml enema	3	
methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	2	
methylprednisolone 4 mg tab thpk	2	
prednisolone 15 mg/5ml solution	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
prednisolone sodium phosphate (prednisolone sodium phosphate 5 mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 10 mg tab disp, prednisolone sodium phosphate 15 mg tab disp, prednisolone sodium phosphate 30 mg tab disp, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution)	3	
prednisolone sodium phosphate 20 mg/5ml solution	3	
PREDNISONE (1 MG TAB DR, 2 MG TAB DR, 5 MG TAB DR)	4	
prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
PREDNISONE INTENSOL	2	
TARPEYO	5	PA, LA, QL (120 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

desmopressin ace spray refrig	3	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	3	
INCRELEX	5	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

ANDROGENS

danazol (50 mg cap, 100 mg cap, 200 mg cap)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel)	2	PA, QL (300 PER 30 DAYS)
testosterone (testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel)	2	PA, QL (150 PER 30 DAYS)
testosterone cypionate (100 mg/ml, 200 mg/ml)	2	PA
TESTOSTERONE ENANTHATE	3	PA, QL (10 PER 28 OVER TIME)
ESTROGENS		
abigale	3	
abigale lo	2	
amabelz 0.5-0.1 mg tab	3	
apri	2	
ARANELLE	2	
aviane	2	
azurette	2	
balziva	2	
blisovi fe 1.5/30	2	
briellyn	2	
cryselle	2	
cryselle-28	2	
DEPO-ESTRADIOL	4	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	2	
dolishale	2	
dotti (0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
dotti 0.025 mg/24hr patch tw	3	
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	2	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	2	
eluryng	3	QL (1 PER 28 OVER TIME)
enilloring	3	QL (1 PER 28 OVER TIME)
estarylla	2	
estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk)	2	
estradiol (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, 0.5 mg tab, 1 mg tab, 2 mg tab)	2	
estradiol 0.01 % cream	2	QL (127.5 PER 30 OVER TIME)
estradiol 10 mcg tab	2	QL (30 PER 30 DAYS)
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	2	
estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)	3	QL (30 PER 30 DAYS)
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	2	
etonogestrel-ethinyl estradiol	2	QL (1 PER 28 OVER TIME)
feirza 1.5/30	2	
feirza 1/20	2	
FEMRING (0.05 MG/24HR RING, 0.1 MG/24HR RING)	4	ST, QL (1 PER 90 OVER TIME)
fyavolv (0.5-2.5 tab, 1-5 tab)	3	
hailey 24 fe	2	
hailey fe 1/20	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
iclevia	2	QL (91 PER 91 DAYS)
introvale	2	QL (91 PER 91 DAYS)
jaimiess	2	
jasmiel	2	
jinteli	3	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kariva	2	
kelnor 1/35	2	
lessina	2	
levonest	2	
levonorg-eth estrad triphasic	2	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	2	
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	2	QL (91 PER 91 DAYS)
levonorgestrel-ethinyl estrad 90-20 mcg tab	2	
levora 0.15/30 (28)	2	
LO LOESTRIN FE	4	
loestrin 1.5/30 (21)	4	
loestrin 1/20 (21)	4	
loestrin fe 1.5/30	4	
loestrin fe 1/20	4	
loryna	2	
luizza 1.5/30	2	
luizza 1/20	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
lyllana (0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	3	
lyllana 0.025 mg/24hr patch tw	3	
marlissa	2	
merzee	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mimvey	3	
MYFEMBREE	5	PA, QL (30 PER 30 DAYS)
necon 0.5/35 (28)	2	
norelgestromin-eth estradiol	2	QL (4 PER 28 OVER TIME)
norethin ace-eth estrad-fe 1-20 mg-mcg tab	2	
norethindron-ethinyl estrad-fe	2	
norethindrone acet-ethinyl est 1-20 mg-mcg tab	2	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	3	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	2	
norgestimate-eth estradiol	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
nylia 7/7/7	2	
ORILISSA 150 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TAB	5	PA, QL (60 PER 30 DAYS)
portia-28	2	
PREMARIN 0.625 MG/GM CREAM	3	ST, QL (60 PER 30 DAYS)
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	
reclipsen	2	
SAFYRAL	4	
sprintec 28	2	
sronyx	2	
tarina 24 fe	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-lo-estarylla	2	
tri-lo-sprintec	2	
tri-sprintec	2	
tri-vylibra lo	2	
turqoz	2	
tydemy	4	
valtya 1/35	2	
VALTYA 1/50	2	
VELIVET	2	
vestura	2	
vienva	2	
viorele	2	
vylibra	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
xarah fe	2	
xulane	2	QL (4 PER 28 OVER TIME)
yuvafem	3	QL (30 PER 30 DAYS)
zovia 1/35 (28)	2	
PROGESTINS		
camila	2	
CRINONE 4 % GEL	4	PA
DEPO-SUBQ PROVERA 104	3	QL (1 PER 90 OVER TIME)
errin	2	
gallifrey	2	
heather	2	
LILETTA (52 MG)	3	QL (1 PER 365 OVER TIME), BVD
lyleq	2	
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	2	QL (1 PER 90 OVER TIME)
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
MEGESTROL ACETATE	3	
megestrol acetate 625 mg/5ml suspension	4	
meleya	2	
NEXPLANON	3	QL (1 PER 365 OVER TIME)
norethindrone	2	
norethindrone acetate	2	
ORIAHNN	5	PA, QL (60 PER 30 DAYS)
orquidea	2	
progesterone (100 mg cap, 200 mg cap)	3	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	3	QL (30 PER 30 DAYS)
OSPHENA	4	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
raloxifene hcl	2	QL (30 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine sodium (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)	1	
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)	3	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	2	
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)	3	
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)	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline	2	
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	5	BVD
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	5	BVD
octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml)	3	PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
octreotide acetate (500 mcg/ml, 1000 mcg/ml)	5	PA
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	5	PA, QL (60 PER 30 DAYS)
SOMAVERT (15 MG RECON SOLN, 20 MG RECON SOLN)	5	QL (60 PER 30 DAYS), PA NSO
SOMAVERT (25 MG RECON SOLN, 30 MG RECON SOLN)	5	QL (30 PER 30 DAYS), PA NSO
SOMAVERT 10 MG RECON SOLN	5	QL (90 PER 30 DAYS), PA NSO
SYNAREL	4	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	1	
propylthiouracil	2	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	5	PA, QL (16 PER 28 OVER TIME)
icatibant acetate	5	PA, QL (18 PER 30 OVER TIME)
IMMUNOGLOBULINS		
aliskiren fumarate (150 mg tab, 300 mg tab)	2	QL (30 PER 30 DAYS)
BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5	PA
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	2	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	1	
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	2	QL (60 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	5	PA
GAMMAKED 1 GM/10ML SOLUTION	5	PA
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	5	PA
GAMUNEX-C 1 GM/10ML SOLUTION	5	PA
OCTAGAM (1 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 25 GM/500ML SOLUTION)	4	PA
OCTAGAM (2 GM/20ML SOLUTION, 10 GM/100ML SOLUTION)	5	PA
OCTAGAM 30 GM/300ML SOLUTION	5	PA
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	2	
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5	PA
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	1	QL (60 PER 30 DAYS)
IMMUNOLOGICAL AGENTS, OTHER		
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	5	PA, QL (3.2 PER 28 OVER TIME)
AMJEVITA 20 MG/0.2ML SOLN PRSYR	5	PA, QL (0.8 PER 28 OVER TIME)
AMJEVITA 80 MG/0.8ML SOLN A-INJ	5	PA, QL (2.4 PER 28 OVER TIME)
ARCALYST	5	PA
AURANOFIN	5	
AVTOZMA 162 MG/0.9ML SOLN A-INJ	5	PA, QL (3.6 PER 28 OVER TIME)
AVTOZMA 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 PER 28 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5	PA
COSENTYX (300 MG DOSE)	5	PA, QL (8 PER 28 OVER TIME)
COSENTYX 150 MG/ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA, QL (2 PER 28 DAYS)
COSENTYX SENSOREADY (300 MG)	5	PA, QL (8 PER 28 OVER TIME)
COSENTYX SENSOREADY PEN	5	PA, QL (8 PER 28 OVER TIME)
COSENTYX UNOREADY	5	PA, QL (8 PER 28 OVER TIME)
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	5	PA, QL (3.42 PER 28 OVER TIME)
DUPIXENT 300 MG/2ML SOLN A-INJ	5	PA, QL (8 PER 28 OVER TIME)
DUPIXENT 300 MG/2ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION)	5	PA, QL (4 PER 28 OVER TIME)
ENBREL 50 MG/ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
ENBREL SURECLICK	5	PA, QL (8 PER 28 OVER TIME)
ENSPRYNG	5	PA, QL (5 PER 84 OVER TIME)
ENTYVIO PEN	5	PA, QL (1.36 PER 28 OVER TIME)
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 PER 28 OVER TIME)
FASENRA 30 MG/ML SOLN PRSYR	5	PA, QL (2 PER 56 OVER TIME)
FASENRA PEN	5	PA, QL (2 PER 56 OVER TIME)
HADLIMA (40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR)	5	PA, QL (8 PER 28 OVER TIME)
HADLIMA PUSHTOUCH (40 MG/0.4ML SOLN A-INJ, 40 MG/0.8ML SOLN A-INJ)	5	PA, QL (8 PER 28 OVER TIME)
KINERET	5	PA, QL (120 PER 30 DAYS)
OMVOH (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	5	PA, QL (2 PER 28 OVER TIME)
OMVOH (300 MG DOSE) (MG 100 MG/ML 200 MG/2ML SOLN A-INJ, MG 100 MG/ML 200 MG/2ML SOLN PRSYR)	5	PA, QL (3 PER 28 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
OTEZLA (20 MG TAB, 30 MG TAB)	5	PA, QL (60 PER 30 DAYS)
OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK)	5	PA, QL (55 PER 180 OVER TIME)
OTEZLA XR	5	PA, QL (30 PER 30 DAYS)
OTEZLA/OTEZLA XR INITIATION PK	5	PA, QL (41 PER 180 OVER TIME)
PYZCHIVA (45 MG/0.5ML SOLN A-INJ, 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	3	PA, QL (3 PER 84 OVER TIME)
PYZCHIVA (90 MG/ML SOLN A-INJ, 90 MG/ML SOLN PRSYR)	5	PA, QL (3 PER 84 OVER TIME)
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	5	PA, QL (30 PER 30 DAYS)
RINVOQ 45 MG TAB ER 24H	5	PA, QL (84 PER 180 OVER TIME)
RINVOQ LQ	5	PA, QL (360 PER 30 DAYS)
SELARSDI 45 MG/0.5ML SOLN PRSYR	3	PA, QL (3 PER 84 OVER TIME)
SELARSDI 45 MG/0.5ML SOLUTION	3	PA, QL (3 PER 84 OVER TIME)
SELARSDI 90 MG/ML SOLN PRSYR	5	PA, QL (3 PER 84 OVER TIME)
TAVNEOS	5	PA, LA, QL (180 PER 30 DAYS)
tofacitinib citrate (5 mg tab, 10 mg tab)	2	QL (60 PER 30 DAYS)
tofacitinib citrate 1 mg/ml solution	2	QL (300 PER 30 DAYS)
tofacitinib citrate er (er 11 mg tab er, er 22 mg tab er)	2	QL (30 PER 30 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL (3.6 PER 28 OVER TIME)
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	5	PA, QL (2 PER 84 OVER TIME)
USTEKINUMAB 90 MG/ML SOLN PRSYR	5	PA, QL (3 PER 84 OVER TIME)
VELSIPITY	5	PA, QL (30 PER 30 DAYS)
XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, QL (8 PER 28 OVER TIME)
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
XOLAIR 75 MG/0.5ML SOLN A-INJ	5	PA, QL (4 PER 28 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, QL (4 PER 28 OVER TIME)
ZYMFENTRA (1 PEN)	5	PA, QL (2 PER 28 OVER TIME)
ZYMFENTRA (2 PEN)	5	PA, QL (2 PER 28 OVER TIME)
ZYMFENTRA (2 SYRINGE)	5	PA, QL (2 PER 28 OVER TIME)
IMMUNOSUPPRESSANTS		
azathioprine (50 mg tab, 75 mg tab, 100 mg tab)	2	BVD
cyclosporine 100 mg cap	2	BVD
cyclosporine 25 mg cap	2	BVD
cyclosporine modified (100 mg cap, 100 mg/ml solution)	3	BVD
cyclosporine modified 25 mg cap	3	BVD
cyclosporine modified 50 mg cap	3	BVD
ENBREL MINI	5	PA, QL (8 PER 28 OVER TIME)
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	4	BVD
everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)	5	QL (120 PER 30 DAYS), BVD
everolimus 0.25 mg tab	3	QL (120 PER 30 DAYS), BVD
gengraf 100 mg cap	3	BVD
gengraf 25 mg cap	3	BVD
leflunomide (10 mg tab, 20 mg tab)	2	
LUPKYNIS	5	PA, QL (180 PER 30 DAYS)
mycophenolate mofetil (250 mg cap, 500 mg tab)	2	BVD
mycophenolate mofetil 200 mg/ml recon susp	3	BVD
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	3	BVD
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	3	BVD
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4	BVD

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
RASUVO 10 MG/0.2ML SOLN A-INJ	3	QL (0.8 PER 28 OVER TIME)
RASUVO 12.5 MG/0.25ML SOLN A-INJ	3	QL (1 PER 28 OVER TIME)
RASUVO 15 MG/0.3ML SOLN A-INJ	3	QL (1.2 PER 28 OVER TIME)
RASUVO 17.5 MG/0.35ML SOLN A-INJ	3	QL (1.4 PER 28 OVER TIME)
RASUVO 20 MG/0.4ML SOLN A-INJ	3	QL (1.6 PER 28 OVER TIME)
RASUVO 22.5 MG/0.45ML SOLN A-INJ	3	QL (1.8 PER 28 OVER TIME)
RASUVO 25 MG/0.5ML SOLN A-INJ	3	QL (2 PER 28 OVER TIME)
RASUVO 30 MG/0.6ML SOLN A-INJ	3	QL (2.4 PER 28 OVER TIME)
RASUVO 7.5 MG/0.15ML SOLN A-INJ	3	QL (0.6 PER 28 OVER TIME)
sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)	2	BVD
sirolimus 1 mg/ml solution	2	BVD
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	2	BVD
tacrolimus er (er 0.5 mg cap er, er 1 mg cap er, er 5 mg cap er)	4	BVD
VACCINES		
ABRYSVO	3	QL (1 PER 999 OVER TIME), $0
ACTHIB	3	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	3	$0
AREXVY	3	QL (1 PER 999 OVER TIME), $0
BCG VACCINE	3	$0
BEXSERO	3	$0
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	3	$0
DAPTACEL	3	$0
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	3	BVD, $0
GARDASIL 9 (9 SUSPENSION, 9 0.5 ML SUSP PRSYR)	3	$0

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION, 1440 U/ML SUSP PRSYR)	3	$0
HEPLISAV-B	3	BVD, $0
HIBERIX	3	
IMOVAX RABIES	3	$0
INFANRIX	3	$0
IPOL	3	$0
IXIARO	3	$0
JYNNEOS	3	$0
KINRIX	3	$0
M-M-R II	3	$0
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	3	$0
MENVEO RECONSOLN	3	$0
MENVEO SOLUTION	3	$0
MRESVIA	3	QL (1 PER 999 OVER TIME), $0
PEDIARIX	3	
PEDVAXHIB	3	
PENBRAYA	3	$0
PENMENVY	3	$0
PENTACEL	3	
PRIORIX	3	$0
PROQUAD	3	$0
QUADRACEL 0.5 ML SUSP PRSYR	3	$0
QUADRACEL SUSPENSION	3	
RABAVERT	3	$0
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)	3	BVD, $0

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ROTARIX SUSPENSION	3	$0
ROTATEQ	3	$0
SHINGRIX (50 MCG/0.5ML RECON SUSP, 50 MCG/0.5ML SUSP PRSYR)	3	$0
TENIVAC	3	$0
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	3	$0
TRUMENBA	3	$0
TWINRIX	3	BVD, $0
TYPHIM VI 25 MCG/0.5ML SOLN PRSYR	3	$0
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	3	$0
VARIVAX	3	$0
VAXCHORA	3	PA, $0
VIMKUNYA	3	PA, $0
VIVOTIF	3	PA, QL (4 PER 999 OVER TIME), $0
YF-VAX	3	$0

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES AND/OR PRODRUGS

balsalazide disodium	2	
DIPENTUM	4	
mesalamine 1.2 gm tab dr	2	QL (120 PER 30 DAYS)
mesalamine 4 gm enema	3	
mesalamine er 0.375 gm cap 24h	2	QL (120 PER 30 DAYS)
ROWASA	4	
sulfasalazine 500 mg tab	2	NM
sulfasalazine 500 mg tab dr	4	NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
METABOLIC BONE DISEASE AGENTS		
alendronate sodium (35 mg tab, 70 mg tab)	1	
alendronate sodium 10 mg tab	1	
BILDYOS	4	BVD
BILPREVDA	5	BVD
calcitonin (salmon) 200 unit/act solution	2	
calcitriol (0.25 mcg cap, 0.5 mcg cap)	3	
calcitriol 1 mcg/ml solution	4	
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	2	QL (120 PER 30 DAYS)
DOXERCALCIFEROL (DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP, DOXERCALCIFEROL 1 MCG CAP, DOXERCALCIFEROL 2.5 MCG CAP, DOXERCALCIFEROL 0.5 MCG CAP)	2	
EVENITY	5	PA, QL (2.4 PER 30 OVER TIME)
ibandronate sodium 150 mg tab	2	QL (1 PER 28 OVER TIME)
JUBBONTI	4	BVD
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	2	
risedronate sodium 150 mg tab	2	QL (1 PER 28 OVER TIME)
risedronate sodium 30 mg tab	3	QL (30 PER 30 DAYS)
risedronate sodium 35 mg tab	2	QL (4 PER 28 OVER TIME)
risedronate sodium 35 mg tab	3	QL (4 PER 28 OVER TIME)
risedronate sodium 5 mg tab	2	QL (30 PER 30 DAYS)
TERIPARATIDE	5	PA
teriparatide	5	PA
TYMLOS	5	PA, QL (1.56 PER 30 OVER TIME)
WYOST	5	BVD

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
1ST TIER UNIFINE PENTIPS 33GX4MMMISC	2	QL (200 PER 30 DAYS)
1ST TIER UNIFINE PENTIPS PLUS (29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
1ST TIER UNIFINE PENTIPS PLUS 33GX4MMMISC	2	QL (200 PER 30 DAYS)
ABOUTTIME PEN NEEDLE (PEN 30G 8 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
ADVOCATE ALCOHOL PREP PADS	2	
ADVOCATE INSULIN PEN NEEDLE	2	QL (200 PER 30 DAYS)
ADVOCATE INSULIN PEN NEEDLES (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)
ADVOCATE INSULIN PEN NEEDLES 33GX4MMMISC	2	QL (200 PER 30 DAYS)
ADVOCATE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
ADVOCATE INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ALCOH-GLOVE CONTOURED WIPE	2	
ALCOHOL PADS	2	
ALCOHOL PREP (70 % PAD, PAD)	2	
ALCOHOL PREP PADS	2	
ALCOHOL SWABS (70 % PAD, PAD)	2	
ALCOHOL SWABSTICK	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
alcohol wipes	2	
ALLERGY SYRINGE 27G X 3/8" 1 ML MISC	2	QL (200 PER 30 DAYS), NM, EX
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
ASSURE ID DUO PRO PEN NEEDLES	2	QL (200 PER 30 DAYS)
ASSURE ID PRO PEN NEEDLES	2	QL (200 PER 30 DAYS)
ASSURE ID SAFETY PEN NEEDLES	2	
AUM ALCOHOL PREP PADS	2	
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	2	QL (200 PER 30 DAYS)
AUM MINI INSULIN PEN NEEDLE (PEN 4 MISC, PEN 5 MISC, PEN 6 MISC)	2	QL (200 PER 30 DAYS)
AUM MINI INSULIN PEN NEEDLE (PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)
AUM PEN NEEDLE (PEN 4 MISC, PEN 5 MISC, PEN 6 MISC)	2	QL (200 PER 30 DAYS)
AUM PEN NEEDLE (PEN 4 MISC, PEN 5 MISC, PEN 6 MISC)	2	QL (200 PER 30 DAYS)
AUM READYGARD DUO PEN NEEDLE	2	QL (200 PER 30 DAYS)
AUM SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	2	QL (200 PER 30 DAYS)
AURORA PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)
AURORA UNIFINE PENTIPS (31G 5 MISC, 32G 4 MISC)	2	QL (200 PER 30 DAYS)
AUTOKEEPER SAFETY PEN NEEDLE (PEN 5 MISC, PEN 8 MISC)	2	
BAND-AID GAUZE SMALL	2	QL (100 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
BD ALLERGY SYRINGE 27G X 3/8" 1 ML MISC	2	QL (200 PER 30 DAYS), NM, EX
BD AUTOSHIELD DUO	2	QL (200 PER 30 DAYS)
BD INSULIN SYR ULTRAFINE II (5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
BD INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
BD INSULIN SYRINGE HALF-UNIT	2	QL (200 PER 30 DAYS)
BD INSULIN SYRINGE MICROFINE (27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML MISC	2	QL (200 PER 30 DAYS)
BD INSULIN SYRINGE U-500	2	QL (200 PER 30 DAYS)
BD INSULIN SYRINGE U/F	2	QL (200 PER 30 DAYS)
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL (200 PER 30 DAYS)
BD INSULIN SYRINGE ULTRAFINE (29G 1/2" 0.5 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
BD PEN NEEDLE MICRO ULTRAFINE	2	QL (200 PER 30 DAYS)
BD PEN NEEDLE MINI ULTRAFINE	2	QL (200 PER 30 DAYS)
BD PEN NEEDLE NANO 2ND GEN	2	QL (200 PER 30 DAYS)
BD PEN NEEDLE NANO ULTRAFINE	2	QL (200 PER 30 DAYS)
BD PEN NEEDLE ORIG ULTRAFINE	2	QL (200 PER 30 DAYS)
BD PEN NEEDLE SHORT ULTRAFINE	2	QL (200 PER 30 DAYS)
BD SAFETYGLIDE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC)	2	QL (200 PER 30 DAYS)
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 3/8" 1 ML MISC	2	QL (200 PER 30 DAYS), NM, EX

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
BD SWAB SINGLE USE REGULAR	2	
BD TB SYRINGE 27G X 3/8" 1 ML MISC	2	QL (200 PER 30 DAYS), NM, EX
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL (200 PER 30 DAYS)
BD VEO INSULIN SYR ULTRAFINE (15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC)	2	QL (200 PER 30 DAYS)
CAREFINE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
CAREONE INSULIN SYRINGE (30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
CAREONE UNIFINE PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
CAREONE UNIFINE PENTIPS PLUS (29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
CAREONE UNIFINE PENTIPS PLUS 33GX4MMMISC	2	QL (200 PER 30 DAYS)
CARETOUCH ALCOHOL PREP	2	
CARETOUCH INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
CARETOUCH INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
CARETOUCH PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC)	2	QL (200 PER 30 DAYS)
CARETOUCH PEN NEEDLES 33GX4MMMISC	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CLEVER CHOICE COMFORT EZ 29GX12MMMISC	2	QL (200 PER 30 DAYS)
CLEVER CHOICE COMFORT EZ 33GX4MMMISC	2	QL (200 PER 30 DAYS)
CLEVER CHOICE COMFORT EZ PLUS	2	QL (200 PER 30 DAYS)
CLICKFINE PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
COMFORT ASSIST INSULIN SYRINGE	2	QL (200 PER 30 DAYS)
COMFORT EZ INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
COMFORT EZ INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
COMFORT EZ MICRO PEN NEEDLES	2	QL (200 PER 30 DAYS)
COMFORT EZ PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC)	2	QL (200 PER 30 DAYS)
COMFORT EZ PEN NEEDLES (PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)
COMFORT EZ PRO PEN NEEDLES (PEN 4 MISC, PEN 5 MISC)	2	QL (200 PER 30 DAYS)
COMFORT EZ PRO PEN NEEDLES 30GX8MMMISC	2	
COMFORT EZ SHORT PEN NEEDLES	2	QL (200 PER 30 DAYS)
COMFORT TOUCH ALCOHOL PREP	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
COMFORT TOUCH INSULIN PEN NEED (PEN 31G 4 MISC, PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC)	2	QL (200 PER 30 DAYS)
COMFORT TOUCH INSULIN PEN NEED (PEN 4 MISC, PEN 5 MISC, PEN 6 MISC)	2	QL (200 PER 30 DAYS)
CURITY ALCOHOL PREPS	2	
CURITY GAUZE 2"X2"PAD	2	QL (100 PER 30 DAYS)
CVS ALCOHOL PREP PADS	2	
CVS GAUZE	2	QL (100 PER 30 DAYS)
cvs isopropyl alcohol wipes	2	
CVS PREP	2	
DERMACEA TYPE VII GAUZE 2"X2"PAD	2	QL (100 PER 30 DAYS)
DIATHRIVE PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
DROPLET INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
DROPLET INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
DROPLET MICRON	2	QL (200 PER 30 DAYS)
DROPLET PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)	2	QL (200 PER 30 DAYS)
DROPLET PEN NEEDLES 29GX10MMMISC	2	QL (200 PER 30 DAYS)
DROPLET PEN NEEDLES 29GX12.7MMMISC	2	

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DROPSAFE ALCOHOL PREP	2	
DROPSAFE AUTOPROTECT DUO (5 MISC, 8 MISC)	2	
DROPSAFE SAFETY PEN NEEDLES (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)
DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
DROPSAFE SAFETY SYRINGE/NEEDLE (5/16" 0.3 ML MISC, 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
DRUG MART UNIFINE PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
DRUG MART UNIFINE PENTIPS PLUS	2	QL (200 PER 30 DAYS)
EASY COMFORT ALCOHOL PADS	2	
EASY COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
EASY COMFORT INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC	2	
EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC)	2	QL (200 PER 30 DAYS)
EASY COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
EASY GLIDE PEN NEEDLES	2	QL (200 PER 30 DAYS)
EASY TOUCH ALCOHOL PREP MEDIUM	2	
EASY TOUCH FLIPLOCK INSULIN SY (SY 29G 1/2" 1 ML MISC, SY 30G 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
EASY TOUCH FLIPLOCK INSULIN SY (SY 30G 5/16" 1 ML MISC, SY 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
EASY TOUCH INSULIN SAFETY SYR (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
EASY TOUCH INSULIN SYRINGE (27G 1/2" 0.5 ML MISC, 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
EASY TOUCH INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
EASY TOUCH INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
EASY TOUCH PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
EASY TOUCH SAFETY PEN NEEDLES 29GX5MMMISC	2	QL (200 PER 30 DAYS)
EASY TOUCH SAFETY PEN NEEDLES 30GX8MMMISC	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
EASY TOUCH SHEATHLOCK SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
EMBECTA AUTOSHIELD DUO	2	QL (200 PER 30 DAYS)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC	2	QL (200 PER 30 DAYS)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC	2	QL (200 PER 30 DAYS)
EMBECTA INSULIN SYR ULTRAFINE (29G 1/2" 0.5 ML MISC, 31G 15/64" 0.5 ML MISC)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
EMBECTA INSULIN SYRINGE U-100	2	QL (200 PER 30 DAYS)
EMBECTA INSULIN SYRINGE U-500	2	QL (200 PER 30 DAYS)
EMBECTA INSULIN SYRINGE U/F (30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
EMBECTA INSULIN SYRINGE U/F (30G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC)	2	QL (200 PER 30 DAYS)
EMBECTA PEN NEEDLE NANO	2	QL (200 PER 30 DAYS)
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL (200 PER 30 DAYS)
EMBECTA PEN NEEDLE U/F	2	QL (200 PER 30 DAYS)
EMBECTA PEN NEEDLE ULTRAFINE (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)
EMBECTA PEN NEEDLE ULTRAFINE 32GX6MMMISC	2	QL (200 PER 30 DAYS)
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
EQL ALCOHOL SWABS	2	
EQL GAUZE 2"X2"PAD	2	QL (100 PER 30 DAYS)
EQL INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
EQL INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ESSENTRA WIPES 9X9"	2	
EXEL COMFORT POINT INSULIN SYR (EEL 28G 1/2" 1 ML MISC, EEL 29G 1/2" 0.5 ML MISC, EEL 29G 1/2" 1 ML MISC, EEL 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
EXEL COMFORT POINT INSULIN SYR EEL 28G 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
EXEL COMFORT POINT INSULIN SYR EEL 30G 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
EXEL COMFORT POINT PEN NEEDLE (EEL PEN 29G 12MM MISC, EEL PEN 31G 4 MM MISC, EEL PEN 31G 6 MM MISC, EEL PEN 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)
FIFTY50 ALCOHOL PREP	2	
FIFTY50 PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	2	QL (200 PER 30 DAYS)
FIFTY50 SUPERIOR COMFORT SYR (5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
FREDS PHARMACY UNIFINE PENTIP+ (5 MISC, 8 MISC)	2	QL (200 PER 30 DAYS)
FREDS PHARMACY UNIFINE PENTIPS	2	QL (200 PER 30 DAYS)
GAUZE PADS S2"X2"	2	QL (100 PER 30 DAYS)
GLOBAL ALCOHOL PREP EASE	2	
GLOBAL EASE INJECT PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
GLOBAL EASY GLIDE INSULIN SYR (5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC)	2	QL (200 PER 30 DAYS)
GLOBAL EASY GLIDE PEN NEEDLES	2	QL (200 PER 30 DAYS)
GLOBAL INJECT EASE INSULIN SYR (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
GLOBAL INJECT EASE INSULIN SYR (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML MISC	2	QL (200 PER 30 DAYS)
GLUCOPRO INSULIN SYRINGE (30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
GLUCOPRO INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
GNP ALCOHOL SWABS	2	
GNP CLICKFINE PEN NEEDLES (PEN 6 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)
GNP INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
GNP INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
GNP INSULIN SYRINGES	2	QL (200 PER 30 DAYS)
GNP INSULIN SYRINGES 28GX1/2"	2	QL (200 PER 30 DAYS)
GNP INSULIN SYRINGES 29GX1/2" (0.5 ML MISC, 1 ML MISC)	2	QL (200 PER 30 DAYS)
GNP INSULIN SYRINGES 31GX5/16"	2	QL (200 PER 30 DAYS)
GNP PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	2	QL (200 PER 30 DAYS)
GNP ULTICARE PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	2	QL (200 PER 30 DAYS)
GNP ULTIGUARD SAFEPACK NEEDLE (31G 5 MISC, 31G 8 MISC, 32G 4 MISC, 32G 6 MISC)	2	QL (200 PER 30 DAYS)
GNP ULTRA COM INSULIN SYRINGE	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
GOODSENSE ALCOHOL SWABS	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	QL (200 PER 30 DAYS)
GOODSENSE PEN NEEDLE PENFINE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	2	QL (200 PER 30 DAYS)
H-E-B INCONTROL ALCOHOL	2	
H-E-B INCONTROL PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
H-E-B INCONTROL UNIFINE PENTIP (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	2	QL (200 PER 30 DAYS)
H-E-B INCONTROL UNIFINE PENTIP 33GX4MMMISC	2	QL (200 PER 30 DAYS)
HEALTHWISE INSULIN SYR/NEEDLE (30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
HEALTHWISE INSULIN SYR/NEEDLE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
HEALTHWISE MICRON PEN NEEDLES	2	QL (200 PER 30 DAYS)
HEALTHWISE MINI PEN NEEDLES	2	QL (200 PER 30 DAYS)
HEALTHWISE PEN NEEDLES	2	QL (200 PER 30 DAYS)
HEALTHWISE SHORT PEN NEEDLES (PEN 5 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)
HEALTHWISE UNIFINE PENTIPS	2	QL (200 PER 30 DAYS)
HEALTHY ACCENTS UNIFINE PENTIP (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	2	QL (200 PER 30 DAYS)
HEALTHY ACCENTS UNIFINE PENTIP 29GX12MMMISC	2	
HM STERILE ALCOHOL PREP	2	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC	2	QL (200 PER 30 DAYS)
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
HM ULTICARE MINI PEN NEEDLES	2	QL (200 PER 30 DAYS)
HM ULTICARE SHORT PEN NEEDLES	2	QL (200 PER 30 DAYS)
INCONTROL ULTICARE PEN NEEDLES (PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC, 31G 1/4" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE-NEEDLE U-100 (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE-NEEDLE U-100 (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE/NEEDLE (27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML MISC	2	QL (200 PER 30 DAYS)
INSUPEN PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
INSUPEN PEN NEEDLES 33GX4MMMISC	2	QL (200 PER 30 DAYS)
INSUPEN SENSITIVE (6 MISC, 8 MISC)	2	QL (200 PER 30 DAYS)
INSUPEN ULTRAFIN (30G 8 MISC, 31G 6 MISC, 31G 8 MISC)	2	QL (200 PER 30 DAYS)
INSUPEN32G EXTR3ME	2	QL (200 PER 30 DAYS)
isopropyl alcohol 70 % misc	2	
isopropyl alcohol wipes	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
iv prep wipes	2	
KINRAY INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	2	QL (200 PER 30 DAYS)
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	2	QL (200 PER 30 DAYS)
KROGER INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
KROGER INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
KROGER PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
KROGER PEN NEEDLES 33GX4MMMISC	2	QL (200 PER 30 DAYS)
LEADER INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
LEADER INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
LEADER UNIFINE PENTIPS (31G 5 MISC, 32G 4 MISC)	2	QL (200 PER 30 DAYS)
LEADER UNIFINE PENTIPS PLUS (31G 5 MISC, 31G 8 MISC, 32G 4 MISC)	2	QL (200 PER 30 DAYS)
LITETOUCH INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
LITETOUCH INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
LITETOUCH PEN NEEDLES (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
LONGS INSULIN SYRINGE	2	QL (200 PER 30 DAYS)
MAGELLAN INSULIN SAFETY SYR (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
MARATHON MEDICAL PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
MAXI-COMFORT INSULIN SYRINGE 28G 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MAXI-COMFORT INSULIN SYRINGE 28G 1/2" 1 ML MISC	2	QL (200 PER 30 DAYS)
MAXI-COMFORT SAFETY PEN NEEDLE 29G5MMMISC	2	QL (200 PER 30 DAYS)
MAXICOMFORT II PEN NEEDLE	2	QL (200 PER 30 DAYS)
MAXICOMFORT SYR 27G X 1/2" MAICOMFORT 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MEDICINE SHOPPE PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)
medpura alcohol pads	2	
MEIJER ALCOHOL SWABS	2	
MEIJER PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
MICRODOT PEN NEEDLE (PEN 31G 6 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
MICRODOT PEN NEEDLE 33GX4MMMISC	2	QL (200 PER 30 DAYS)
MM INSULIN SYRINGE/NEEDLE (30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
MM INSULIN SYRINGE/NEEDLE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
MM PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
MONOJECT INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
MONOJECT INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MONOJECT ULTRA COMFORT SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MS INSULIN SYRINGE (5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	QL (200 PER 30 DAYS)
NOVOFINE PLUS PEN NEEDLE	2	QL (200 PER 30 DAYS)
PC UNIFINE PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PEN NEEDLE/5-BEVEL TIP 31GX8MMMISC	2	QL (200 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP 32GX4MMMISC	2	QL (200 PER 30 DAYS)
PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
PEN NEEDLES 33GX4MMMISC	2	QL (200 PER 30 DAYS)
PEN NEEDLES 5/16"	2	QL (200 PER 30 DAYS)
PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
PENTIPS GENERIC PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
PHARMACIST CHOICE ALCOHOL	2	
PIP PEN NEEDLES 31G X 5MM	2	QL (200 PER 30 DAYS)
PIP PEN NEEDLES 32G X 4MM	2	QL (200 PER 30 DAYS)
PREFERRED PLUS INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
PREFERRED PLUS UNIFINE PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
PREVENT DROPSAFE PEN NEEDLES (PEN 6 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)
PREVENT SAFETY PEN NEEDLES (PEN 6 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PRO COMFORT ALCOHOL	2	
PRO COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
PRO COMFORT INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
PRO COMFORT PEN NEEDLES (PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)
PRODIGY INSULIN SYRINGE (28G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
PURE COMFORT ALCOHOL PREP	2	
PURE COMFORT PEN NEEDLE (PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
PX EXTRA SHORT PEN NEEDLES	2	QL (200 PER 30 DAYS)
PX INSULIN SYRINGE	2	QL (200 PER 30 DAYS)
PX MINI PEN NEEDLES	2	QL (200 PER 30 DAYS)
PX PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)
PX SHORTLENGTH PEN NEEDLES	2	QL (200 PER 30 DAYS)
qc alcohol	2	
QC ALCOHOL SWABS	2	
QC PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)
QC STERILE PADS S2"X2"	2	QL (100 PER 30 DAYS)
QC UNIFINE PENTIPS	2	QL (200 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC)	2	QL (200 PER 30 DAYS)
QUICK TOUCH INSULIN PEN NEEDLE (PEN 31G 4 MISC, PEN 31G 5 MISC, PEN 32G 6 MISC)	2	QL (200 PER 30 DAYS)
RA ALCOHOL SWABS	2	
RA INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
RA INSULIN SYRINGE 30G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
ra isopropyl alcohol wipes	2	
RA PEN NEEDLES (PEN 5 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)
RA STERILE 2"X2"PAD	2	QL (100 PER 30 DAYS)
RAYA SURE PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)
REALITY INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
REALITY SWABS	2	
RELION ALCOHOL SWABS (70 % PAD, PAD)	2	
RELION INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
RELION MINI PEN NEEDLES	2	QL (200 PER 30 DAYS)
RELION PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
RELION SHORT PEN NEEDLES	2	QL (200 PER 30 DAYS)
SAFETY PEN NEEDLES 30GX5MMMISC	2	QL (200 PER 30 DAYS)
SAFETY PEN NEEDLES 30GX8MMMISC	2	
SAPS CARE ALCOHOL PREP	2	
SAPS HEALTH ALCOHOL PREP (70 % PAD, PAD)	2	
SAPS HEALTH CARE ALCOHOL PREP	2	
SB ALCOHOL PREP	2	
SB INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
SB INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
SECURESAFE SAFETY PEN NEEDLES 30GX8MMMISC	2	
SECURESAFE SAFETY PEN NEEDLES 31GX5MMMISC	2	
SHOPKO UNIFINE PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
SHOPKO UNIFINE PENTIPS PLUS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
SM ALCOHOL PREP (70 % PAD, PAD)	2	
SM GAUZE 2"X2"PAD	2	QL (100 PER 30 DAYS)
SM STERILE 2"X2"PAD	2	QL (100 PER 30 DAYS)
STERILE 2"X2"PAD	2	QL (100 PER 30 DAYS)
STERILE GAUZE 2"X2"PAD	2	QL (100 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
SURE COMFORT ALCOHOL PREP	2	
SURE COMFORT INSULIN SYRINGE (28G 1/2" 0.5 ML MISC, 31G 1/4" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
SURE COMFORT INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
SURE COMFORT INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
SURE COMFORT PEN NEEDLES (PEN 29G 12.7MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
TECHLITE INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
TECHLITE PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
TECHLITE PLUS PEN NEEDLES	2	QL (200 PER 30 DAYS)
TODAYS HEALTH MINI PEN NEEDLES	2	QL (200 PER 30 DAYS)
TODAYS HEALTH PEN NEEDLES	2	QL (200 PER 30 DAYS)
TODAYS HEALTH SHORT PEN NEEDLE	2	QL (200 PER 30 DAYS)
TOPCARE CLICKFINE PEN NEEDLES (PEN 6 MISC, PEN 8 MISC)	2	QL (200 PER 30 DAYS)
TOPCARE ULTRA COMFORT INS SYR (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TOPCARE ULTRA COMFORT INS SYR (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
TOPFINE INSULIN PEN NEEDLE	2	QL (200 PER 30 DAYS)
TRUE COMFORT ALCOHOL PREP PADS	2	
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
TRUE COMFORT INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC	2	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC)	2	QL (200 PER 30 DAYS)
TRUE COMFORT PEN NEEDLES (PEN 4 MISC, PEN 5 MISC, PEN 6 MISC)	2	QL (200 PER 30 DAYS)
TRUE COMFORT PRO ALCOHOL PREP	2	
TRUE COMFORT PRO INSULIN SYR (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
TRUE COMFORT PRO INSULIN SYR (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML MISC	2	
TRUE COMFORT PRO PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
TRUE COMFORT PRO PEN NEEDLES 31GX8MMMISC	2	
TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TRUEPLUS 5-BEVEL PEN NEEDLES (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
TRUEPLUS INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
TRUEPLUS INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
TRUEPLUS PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
ULTICARE ALCOHOL SWABS (70 % PAD, PAD)	2	
ULTICARE INSULIN SAFETY SYR (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ULTICARE INSULIN SYRINGE (28G 1/2" 0.5 ML MISC, 31G 1/4" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
ULTICARE INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
ULTICARE INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ULTICARE MICRO PEN NEEDLES (PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
ULTICARE MINI PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 6 MISC, PEN 32G 6 MISC)	2	QL (200 PER 30 DAYS)
ULTICARE PEN NEEDLES (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC)	2	QL (200 PER 30 DAYS)
ULTICARE SHORT PEN NEEDLES 30GX8MMMISC	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ULTICARE SHORT PEN NEEDLES 31GX8MMMISC	2	QL (200 PER 30 DAYS)
ULTIGUARD SAFEPACK PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
ULTIGUARD SAFEPACK SYR/NEEDLE (30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
ULTILET ALCOHOL SWABS	2	
ULTILET PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
ULTRA COMFORT PEN NEEDLES	2	QL (200 PER 30 DAYS)
ULTRA FLO INSULIN PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
ULTRA FLO INSULIN PEN NEEDLES 33GX4MMMISC	2	QL (200 PER 30 DAYS)
ULTRA FLO INSULIN SYR 1/2 UNIT (30G " 0.3 ML MISC, 31G 5/16" 0.3 ML MISC)	2	QL (200 PER 30 DAYS)
ULTRA FLO INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
ULTRA FLO INSULIN SYRINGE (30G 1/2" 0.3 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ULTRA THIN PEN NEEDLES	2	QL (200 PER 30 DAYS)
ULTRA-CARE ALCOHOL PREP PADS	2	
ULTRA-THIN II INS SYR SHORT (30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ULTRA-THIN II INS SYR SHORT (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ULTRA-THIN II INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ULTRA-THIN II MINI PEN NEEDLE	2	QL (200 PER 30 DAYS)
ULTRA-THIN II PEN NEEDLE SHORT	2	QL (200 PER 30 DAYS)
ULTRA-THIN II PEN NEEDLES	2	QL (200 PER 30 DAYS)
ULTRACARE INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
ULTRACARE INSULIN SYRINGE (30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ULTRACARE PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC)	2	QL (200 PER 30 DAYS)
ULTRACARE PEN NEEDLES 33GX4MMMISC	2	QL (200 PER 30 DAYS)
UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
UNIFINE PEN NEEDLES	2	QL (200 PER 30 DAYS)
UNIFINE PENTIPS (29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
UNIFINE PENTIPS 33GX4MMMISC	2	QL (200 PER 30 DAYS)
UNIFINE PENTIPS PLUS (29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
UNIFINE PENTIPS PLUS 33GX4MMMISC	2	QL (200 PER 30 DAYS)
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
UNIFINE PROTECT PEN NEEDLE 30GX8MMMISC	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
UNIFINE SAFECONTROL PEN NEEDLE (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
UNIFINE SAFECONTROL PEN NEEDLE 30GX8MMMISC	2	
UNIFINE ULTRA PEN NEEDLE (PEN 29G 12MM MISC, PEN 32G 6 MM MISC, PEN 34G 3.5 MM MISC)	2	
UNIFINE ULTRA PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
VALUE HEALTH INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
VALUMARK PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC)	2	QL (200 PER 30 DAYS)
VANISHPOINT INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	2	QL (200 PER 30 DAYS)
VERIFINE INSULIN SYRINGE (28G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
VERIFINE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
VERISAFE SAFETY INSULIN SYR	2	
VIDA MIA UNIFINE PENTIPS (29G 12MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
WEBCOL ALCOHOL PREP LARGE	2	
WEBCOL ALCOHOL PREP MEDIUM	2	
WEGMANS UNIFINE PENTIPS PLUS (31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC)	2	QL (200 PER 30 DAYS)
ZEVRX INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC, 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
ZEVRX INSULIN SYRINGE 30G 5/16" 1 ML MISC	2	QL (200 PER 30 DAYS)
ZEVRX PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
ZEVRX STERILE ALCOHOL PREP PAD	2	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

advanced eye relief 0.2 % solution	1	EX
atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)	3	
azelastine hcl 0.05 % solution	3	
bepotastine besilate	3	QL (15 PER 30 OVER TIME)
COMBIGAN	3	QL (10 PER 30 OVER TIME)
cvs allergy eye drops	1	EX
cvs eye itch relief	1	EX
cvs olopatadine hcl 0.1 % solution	1	
cvs olopatadine hcl 0.2 % solution	1	EX
cyclosporine (pf)	2	QL (60 PER 30 DAYS)
dorzolamide hcl-timolol mal (2, 22.3-6.8 mg/ml)	3	
dorzolamide hcl-timolol mal pf	3	
eq eye itch relief	1	EX

DRUG NAME	TIER	REQUIREMENTS/LIMITS
eq olopatadine hcl 0.1 % solution	1	
eq olopatadine hcl 0.2 % solution	1	EX
eye allergy itch relief 0.2 % solution	1	EX
eye allergy itch relief 0.7 % solution	1	EX
eye allergy itch/redness rel	1	
eye itch relief	1	EX
ft eye allergy itch & redness	1	
ft eye allergy itch relief	1	EX
gnp olopatadine hcl 0.1 % solution	1	
gnp olopatadine hcl 0.2 % solution	1	EX
hm eye allergy itch relief	1	EX
hm eye allergy itch/red relief	1	
ketotifen fumarate	1	EX
olopatadine hcl 0.1 % solution	1	
olopatadine hcl 0.2 % solution	1	EX
olopatadine hcl extra strength	1	EX
pataday 0.2 % solution	1	EX
pataday 0.7 % solution	1	EX
qc eye allergy itch relief	1	EX
qc olopatadine hcl	1	EX
retaine allergy	1	EX
ROCKLATAN	4	ST, QL (5 PER 30 OVER TIME)
sm eye itch relief	1	EX
sm olopatadine hcl	1	EX
TYRVAYA	3	QL (8.4 PER 30 OVER TIME)
XIIDRA	3	QL (60 PER 30 DAYS)
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac	2	

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BACITRA-NEOMYCIN-POLYMYXIN-HC (BACITRA-NEOMYCIN-POLYMYXIN-HC, BACITRA-NEOMYCIN-POLYMYXIN-HC)	2	
BACITRACIN-POLYMYXIN B	2	
BESIVANCE	4	QL (15 PER 30 OVER TIME)
CILOXAN	4	QL (17.5 PER 30 OVER TIME)
ciprofloxacin hcl 0.3 % solution	2	
erythromycin 5 mg/gm ointment	2	
gatifloxacin	2	QL (15 PER 30 OVER TIME)
gentamicin sulfate 0.3 % solution	3	
LEVOFLOXACIN 0.5 % SOLUTION	2	
moxifloxacin hcl 0.5 % solution	3	QL (15 PER 30 OVER TIME)
neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx, neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment)	2	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
NEOMYCIN-POLYMYXIN-HC	3	
ofloxacin 0.3 % solution	3	
polymyxin b-trimethoprim	2	
sulfacetamide sodium (sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)	2	
SULFACETAMIDE-PREDNISOLONE	2	
TOBRADEX 0.3-0.1 % OINTMENT	4	
tobramycin 0.3 % solution	2	
tobramycin-dexamethasone	3	
TOBREX	4	
TRIFLURIDINE	3	

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XDEMVY	5	PA
ZIRGAN	4	
ZYLET	4	
OPHTHALMIC ANTI-INFLAMMATORIES		
bromfenac sodium (once-daily)	3	
CROMOLYN SODIUM	3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	3	
diclofenac sodium 0.1 % solution	2	
FLAREX	4	
fluorometholone	2	
FLURBIPROFEN SODIUM	3	
FML FORTE	4	
ILEVRO	4	QL (15 PER 30 OVER TIME)
KETOROLAC TROMETHAMINE (KETOROLAC TROMETHAMINE 0.4 % SOLUTION, KETOROLAC TROMETHAMINE 0.5 % SOLUTION)	2	
LOTEMAX 0.5 % OINTMENT	4	QL (15 PER 30 OVER TIME)
LOTEMAX SM	4	QL (15 PER 30 OVER TIME)
loteprednol etabonate (0.5 % gel, 0.5 % suspension)	2	QL (15 PER 30 OVER TIME)
loteprednol etabonate 0.2 % suspension	2	ST, QL (15 PER 30 OVER TIME)
MAXIDEX	4	
prednisolone acetate	3	QL (30 PER 30 DAYS)
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL	2	
BETOPTIC-S	4	
CARTEOLOL HCL	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
LEVOBUNOLOL HCL	2	
timolol maleate (0.25 % gel soln, 0.5 % gel soln)	3	
timolol maleate (0.25 %, 0.5 %)	2	
timolol maleate ocudose	2	
timolol maleate pf (0.25 %, 0.5 %)	2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
ALPHAGAN P ALHAGAN 0.1 % SOLUTION	3	QL (15 PER 30 OVER TIME)
APRACLONIDINE HCL	2	
brimonidine tartrate 0.2 % solution	2	
brinzolamide	2	QL (15 PER 30 OVER TIME)
dorzolamide hcl	2	
IOPIDINE	4	
methazolamide (25 mg tab, 50 mg tab)	2	
pilocarpine hcl (1 %, 2 %, 4 %)	2	
RHOPRESSA	4	ST, QL (60 PER 30 DAYS)
SIMBRINZA	3	QL (16 PER 30 OVER TIME)
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.01 % solution	3	QL (5 PER 30 DAYS)
bimatoprost 0.03 % solution	3	QL (7.5 PER 30 OVER TIME)
latanoprost	2	
VYZULTA	4	ST
OTIC AGENTS		
acetic acid 2 % solution	2	
ciprofloxacin hcl 0.2 % solution	3	NM
ciprofloxacin-dexamethasone	2	
ciprofloxacin-hydrocortisone	2	
fluocinolone acetonide 0.01 % oil	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	2	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	3	QL (30 PER 30 DAYS)
ASMANEX (120 METERED DOSES)	3	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	3	QL (1 PER 30 DAYS)
ASMANEX (60 METERED DOSES)	3	QL (1 PER 30 DAYS)
ASMANEX HFA (100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	3	QL (13 PER 30 DAYS)
ASMANEX HFA 50 MCG/ACT AEROSOL	3	QL (13 PER 30 DAYS)
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	2	QL (240 PER 30 DAYS), BVD
flunisolide	3	QL (50 PER 30 OVER TIME)
fluticasone propionate 50 mcg/act suspension	2	QL (16 PER 30 OVER TIME)
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	3	QL (60 PER 30 DAYS)
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	3	QL (240 PER 30 DAYS)
fluticasone propionate hfa	2	QL (10.6 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	2	QL (12 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	2	QL (24 PER 30 DAYS)
mometasone furoate 50 mcg/act suspension	3	QL (34 PER 30 OVER TIME)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTIHISTAMINES		
12 hour allergy-d	1	EX
12hr allergy & congestion	1	EX
12hr allergy relief	1	EX
24hr allergy & congestion reli	1	EX
24hr allergy relief	1	EX
all day allergy	1	EX
all day allergy childrens	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
all day allergy d	1	EX
all day allergy-d	1	EX
all-day allergy childrens	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
allergy (cetirizine)	1	EX
allergy 24-hr	1	EX
allergy 24hour indoor/outdoor	1	EX
allergy childrens (5 mg/5ml solution, 30 mg/5ml suspension)	1	EX
allergy rel child (loratadine)	1	EX
allergy relief (10 mg tab, 60 mg tab, 180 mg tab)	1	EX
allergy relief (cetirizine) (10 mg cap, 10 mg tab)	1	EX
allergy relief (loratadine) 10 mg tab	1	EX
allergy relief 5 mg tab	1	QL (30 PER 30 DAYS), EX
allergy relief ceterizine	1	EX
allergy relief cetirizine	1	EX
allergy relief childrens 1 mg/ml solution	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
allergy relief childrens 24-hr	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
allergy relief d 5-120 mg tab 12h	1	EX
allergy relief d-12	1	EX
allergy relief d-24	1	EX
allergy relief-d (5-120 mg tab er 12h, 10-240 mg tab er 24h)	1	EX
allergy relief/indoor/outdoor	1	EX
allergy relief/nasal decongest (5-120 mg tab er 12h, 10-240 mg tab er 24h)	1	EX
allergy-d 12hr	1	EX
allergy-d 24hr	1	EX
allergy/congestion relief	1	EX
antihistamine & nasal deconges	1	EX
azelastine hcl (0.1 %, 137 mcg/spray)	3	QL (60 PER 30 DAYS)
azelastine-fluticasone	4	QL (23 PER 30 OVER TIME)
cetirizine hcl (5 mg chew tab, 5 mg tab, 10 mg chew tab, 10 mg tab)	1	EX
cetirizine hcl 1 mg/ml solution	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
cetirizine hcl 5 mg/5ml solution	1	QL (300 PER 30 DAYS)
cetirizine hcl allergy child	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
cetirizine hcl childrens alrgy	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
cetirizine hcl childrens hives	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
cetirizine-pseudoephedrine er	1	EX
childrens 24 hour allergy	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
childrens loratadine	1	EX
cvs allergy & hives relief	1	EX
cvs allergy childrens	1	EX
cvs allergy relief (5 mg tab disp, 10 mg tab, 10 mg tab disp, 60 mg tab)	1	EX

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
cvs allergy relief 5 mg tab	1	QL (30 PER 30 DAYS), EX
cvs allergy relief childrens (5 mg chew tab, 30 mg/5ml suspension)	1	EX
cvs allergy relief childrens 5 mg/5ml solution	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
cvs allergy relief d (5-120 mg tab er, 60-120 mg tab er)	1	EX
cvs allergy relief d24	1	EX
cvs allergy relief(cetirizine)	1	EX
cvs allergy relief-d (5-120 mg tab er 12h, 10-240 mg tab er 24h)	1	EX
cvs allergy relief-d12	1	EX
cvs indoor/outdoor allergy rlf	1	EX
cyproheptadine hcl 2 mg/5ml syrup	2	QL (4500 PER 30 DAYS)
cyproheptadine hcl 4 mg tab	3	QL (450 PER 30 DAYS)
desloratadine	2	QL (30 PER 30 DAYS)
eq all day allergy relief	1	EX
eq allerg relief child (cetir)	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
eq allerg relief child (lorat)	1	EX
eq allergy & congestion relief	1	EX
eq allergy childrens	1	EX
eq allergy relief (5-120 mg tab er 12h, 10 mg tab, 180 mg tab)	1	EX
eq allergy relief (cetirizine) 1 mg/ml solution	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
eq allergy relief (cetirizine) 10 mg tab	1	EX
eq allergy relief 5 mg tab	1	QL (30 PER 30 DAYS), EX
eq allergy relief childrens 30 mg/5ml suspension	1	EX
eq allergy relief d 12 hour	1	EX
eq allergy relief nasal decong (5-120 mg tab er 12h, 10-240 mg tab er 24h)	1	EX

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eq cetirizine hcl 10 mg chew tab	1	EX
eq cetirizine hcl 5 mg/5ml solution	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
eq loratadine childrens (5 mg chew tab, 10 mg tab disp)	1	EX
eql all day allergy	1	EX
eql all day allergy childrens	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
eql allergy relief (10 mg tab, 180 mg tab)	1	EX
fexofenadine hcl (60 mg tab, 180 mg tab)	1	EX
fexofenadine-pseudoephed er (er 60-120 mg tab er 12h, er 180-240 mg tab er 24h)	1	EX
ft all day allergy 24 hour	1	EX
ft all day allergy ergy 10 mg tab	1	EX
ft all day allergy ergy 5 mg/5ml solution	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
ft all day allergy relief	1	EX
ft all day allergy-d	1	EX
ft allergy & congestion-d 12hr	1	EX
ft allergy childrens	1	EX
ft allergy d-12 hour	1	EX
ft allergy relief (10 mg tab, 180 mg tab)	1	EX
ft allergy relief 12 hour	1	EX
ft allergy relief 24 hour	1	EX
ft allergy relief cetirizine	1	EX
ft allergy relief childrens 5 mg chew tab	1	EX
ft allergy relief childrens 5 mg/5ml solution	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
ft allergy relief loratadine	1	EX
ft allergy relief-d	1	EX
gnp all day allergy	1	EX

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gnp all day allergy childrens (ergy 1 mg/ml, ergy 5 mg/5ml)	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
gnp all day allergy-d	1	EX
gnp allergy & congestion	1	EX
gnp allergy relief 180 mg tab	1	EX
gnp allergy relief 24 hr	1	QL (30 PER 30 DAYS), EX
gnp allergy/congestion relief	1	EX
gnp fexofenadine hcl	1	EX
gnp fexofenadine/pse er	1	EX
gnp loratadine (5 mg/5ml solution, 10 mg tab, 10 mg tab disp)	1	EX
gnp loratadine childrens	1	EX
gnp loratadine-d 12hr	1	EX
goodsense all day allergy ergy 10 mg tab	1	EX
goodsense all day allergy ergy 5 mg/5ml solution	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
goodsense all day allergy-d	1	EX
goodsense aller-ease	1	EX
goodsense allergy relief (10 mg cap, 10 mg tab)	1	EX
goodsense allergy relief child	1	EX
hm all day allergy childrens	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
hm all day allergy ergy 10 mg tab	1	EX
hm all day allergy ergy 5 mg/5ml solution	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
hm allergy & congestion	1	EX
hm allergy complete-d	1	EX
hm allergy relief (60 mg tab, 180 mg tab)	1	EX
hm allergy relief (cetirizine)	1	EX
hm allergy relief/nasal decong	1	EX

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hm cetirizine hcl	1	EX
hm fexofenadine hcl 60 mg tab	1	EX
hm loratadine	1	EX
hm loratadine childrens	1	EX
kls aller-fex	1	EX
kls aller-tec childrens	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
kls allerclear	1	EX
kp fexofenadine hcl	1	EX
levocetirizine dihydrochloride 2.5 mg/5ml solution	2	
levocetirizine dihydrochloride 5 mg tab	1	QL (30 PER 30 DAYS), EX
loratadine (5 mg/5ml solution, 10 mg cap, 10 mg tab, 10 mg tab disp)	1	EX
loratadine childrens (5 mg chew tab, 5 mg/5ml solution)	1	EX
loratadine-d 12hr	1	EX
loratadine-d 24hr	1	EX
meijer allergy relief-d	1	EX
mm allergy relief 24 hour	1	EX
olopatadine hcl 0.6 % solution	3	QL (30.5 PER 30 OVER TIME)
px childrens allergy	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
qc all day allergy	1	EX
qc all day allergy relief	1	EX
qc allergy relief (10 mg cap, 10 mg tab, 10 mg tab disp, 60 mg tab, 180 mg tab)	1	EX
qc allergy relief (cetirizine)	1	EX
qc allergy relief childrens 1 mg/ml syrup	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
qc cetirizine allergy relief	1	EX

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qc childrens allergy	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
qc loratadine allergy relief	1	EX
qc loratadine-d	1	EX
ra allergy relief 10 mg cap	1	EX
ra allergy relief childrens (1 mg/ml solution, 5 mg/5ml solution, 5 mg/5ml syrup)	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
sb cetirizine hcl childrens	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
sb loratadine 10 mg tab	1	EX
sm all day allergy	1	EX
sm all day allergy childrens (ergy 1 mg/ml, ergy 5 mg/5ml)	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
sm all day allergy relief	1	EX
sm all day allergy-d	1	EX
sm allergy childrens	1	EX
sm allergy relief 60 mg tab	1	EX
sm fexofenadine hcl (60 mg tab, 180 mg tab)	1	EX
sm lorata-dine d	1	EX
sm loratadine (5 mg/5ml solution, 10 mg tab)	1	EX
sm loratadine d 12hr	1	EX
wal-fex allergy 60 mg tab	1	EX
wal-itin d 24 hour	1	EX
wal-zyr 10 mg cap	1	EX
wal-zyr 5 mg/5ml solution	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
wal-zyr all day allergy child	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
wal-zyr allergy childrens	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
wal-zyr childrens (1 mg/ml, 5 mg/5ml)	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
xyzal allergy 24hr	1	QL (30 PER 30 DAYS), EX
zyrtec childrens allergy (1 mg/ml, 5 mg/5ml)	1	QL (300 PER 30 DAYS), (Normally Excluded, Plan Opts to Cover)
ANTILEUKOTRIENES		
montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)	1	QL (60 PER 30 DAYS)
montelukast sodium 4 mg packet	1	QL (30 PER 30 DAYS)
roflumilast (250 mcg tab, 500 mcg tab)	2	QL (30 PER 30 DAYS)
zafirlukast (10 mg tab, 20 mg tab)	2	QL (60 PER 30 DAYS)
BRONCHODILATORS		
albuterol sulfate (0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln, 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln)	2	BVD
albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)	2	
albuterol sulfate hfa	2	QL (36 PER 30 OVER TIME)
arformoterol tartrate	3	QL (120 PER 30 DAYS), BVD
AUVI-Q (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	3	
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	3	
cromolyn sodium 20 mg/2ml nebu soln	3	BVD
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	2	QL (2 PER 30 OVER TIME)
epinephrine (0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln)	2	
formoterol fumarate	4	QL (120 PER 30 DAYS), BVD
ipratropium bromide 0.02 % solution	2	BVD
ipratropium bromide 0.03 % solution	2	
ipratropium bromide 0.06 % solution	2	
ipratropium bromide hfa	4	

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levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)	2	BVD
LEVALBUTEROL TARTRATE	2	
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
SPIRIVA HANDIHALER	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
STRIVERDI RESPIMAT	3	QL (4 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	2	
UMECLIDINIUM ELLIPTA	3	ST, QL (30 PER 30 DAYS)
VENTOLIN HFA	3	QL (36 PER 30 DAYS)
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	5	PA, QL (600 PER 30 DAYS)
BRONCHITOL TOLERANCE TEST	5	PA, QL (600 PER 30 DAYS)
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5	PA, QL (60 PER 30 DAYS)
PULMOZYME	5	QL (150 PER 30 DAYS), BVD
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK)	5	PA, QL (60 PER 30 DAYS)
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
theophylline er (theophylline er 400 mg tab er 24h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 300 mg tab er 12h, theophylline er 200 mg tab er 12h)	2	

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PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	5	PA, QL (90 PER 30 DAYS)
ambrisentan (5 mg tab, 10 mg tab)	5	PA, LA, QL (30 PER 30 DAYS)
bosentan (62.5 mg tab, 125 mg tab)	5	PA, QL (60 PER 30 DAYS)
bosentan 32 mg tab sol	5	PA, QL (120 PER 30 DAYS)
macitentan	5	PA, QL (30 PER 30 DAYS)
riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)	5	PA, QL (90 PER 30 DAYS)
sildenafil citrate 10 mg/ml recon susp	3	PA, QL (180 PER 30 DAYS)
sildenafil citrate 20 mg tab	3	PA, QL (90 PER 30 DAYS)
tadalafil (pah)	2	PA, QL (60 PER 30 DAYS)
TADLIQ	5	PA, QL (300 PER 30 DAYS)
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)	5	PA, QL (60 PER 30 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	5	PA, QL (200 PER 180 OVER TIME)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	5	PA
PULMONARY FIBROSIS AGENTS		
nintedanib esylate (100 mg cap, 150 mg cap)	5	QL (60 PER 30 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	5	PA, QL (60 PER 30 DAYS)
PIRFENIDONE	5	PA, QL (90 PER 30 DAYS)
pirfenidone (267 mg cap, 267 mg tab)	5	PA, QL (270 PER 30 DAYS)
pirfenidone 801 mg tab	5	PA, QL (90 PER 30 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine 10 % solution	2	BVD
acetylcysteine 20 % solution	2	BVD
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)

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BEVESPI AEROSPHERE	4	QL (10.7 PER 30 DAYS)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 200-25 MCG/ACT AER POW BA)	3	QL (60 PER 30 DAYS)
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
breyna (80-4.5 mcg/act, 160-4.5 mcg/act)	2	QL (20.4 PER 30 DAYS)
BREZTRI AEROSPHERE (160-18-4.8 MCG/ACT AEROSOL, 160-9-4.8 MCG/ACT AEROSOL)	3	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)	2	QL (20.4 PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 PER 30 DAYS)
FLUTICASONE FUROATE-VILANTEROL 100-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
FLUTICASONE FUROATE-VILANTEROL 200-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	2	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	4	QL (12 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	2	QL (1 PER 30 DAYS)
ipratropium-albuterol	2	BVD
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
wixela inhub (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	2	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

baclofen (5 mg tab, 10 mg tab, 20 mg tab)	2	

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BvD: This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page vii

DRUG NAME	TIER	REQUIREMENTS/LIMITS
carisoprodol 350 mg tab	2	QL (120 PER 30 DAYS)
cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)	2	
metaxalone 800 mg tab	3	
methocarbamol (500 mg tab, 750 mg tab)	2	
tizanidine hcl (2 mg tab, 4 mg tab)	2	
tizanidine hcl 2 mg cap	2	QL (540 PER 30 DAYS)
tizanidine hcl 4 mg cap	2	QL (270 PER 30 DAYS)
tizanidine hcl 6 mg cap	2	QL (180 PER 30 DAYS)
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	4	ST, QL (30 PER 30 DAYS)
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	2	QL (30 PER 30 DAYS)
ramelteon	2	QL (30 PER 30 DAYS)
temazepam (7.5 mg cap, 22.5 mg cap)	2	
temazepam 15 mg cap	2	QL (60 PER 30 DAYS)
temazepam 30 mg cap	2	QL (30 PER 30 DAYS)
triazolam (0.125 mg tab, 0.25 mg tab)	3	QL (30 PER 30 DAYS)
zaleplon (5 mg cap, 10 mg cap)	2	QL (30 PER 30 DAYS)
zolpidem tartrate (5 mg tab, 10 mg tab)	2	QL (60 PER 30 DAYS)
zolpidem tartrate er (er 6.25 mg tab er, er 12.5 mg tab er)	2	QL (30 PER 30 DAYS)
WAKEFULNESS PROMOTING AGENTS		
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	2	QL (90 PER 30 DAYS)
modafinil (100 mg tab, 200 mg tab)	3	QL (90 PER 30 DAYS)
SUNOSI (75 MG TAB, 150 MG TAB)	4	ST, QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
WAKIX (4.45 MG TAB, 17.8 MG TAB)	5	PA, QL (60 PER 30 DAYS)

Uncategorized

Unclassified

BD ECLIPSE SYRINGE 25G X 1" 3 ML MISC	2	
BD INTEGRA SYRINGE 25G X 1" 3 ML MISC	2	
BD LUER-LOK SYRINGE 25G X 1" 3 ML MISC	2	
BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML MISC	2	
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 3 ML MISC	2	
CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML MISC	2	
CARETOUCH LUER LOCK SYR/NEEDLE 25G X 1" 3 ML MISC	2	
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 3 ML MISC	2	
EASY TOUCH SAFETY SYRINGE 25G X 1" 3 ML MISC	2	
EASY TOUCH SHEATHLOCK SYRINGE 25G X 1" 3 ML MISC	2	
EASYPOINT NEEDLE/SYRINGE 25G X 1" 3 ML MISC	2	
LUER LOCK SAFETY SYRINGES 25G X 1" 3 ML MISC	2	
MONOJECT ALLERGIST TRAY 27G X 1/2" 1 ML KIT	2	
MONOJECT MAGELLAN SYRINGE 25G X 1" 3 ML MISC	2	
MONOJECT SYRINGE 25G X 1" 3 ML MISC	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA, QL (15 PER 30 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	3	PA, QL (15 PER 30 OVER TIME)

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You can find information on what the symbols and abbreviations on this table mean by going to page vii

DRUG NAME	TIER	REQUIREMENTS/LIMITS
OMNIPOD 5 LIBRE PODS	3	PA, QL (15 PER 30 OVER TIME)
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH PODS (GEN 4)	3	PA, QL (15 PER 30 OVER TIME)
PRENOVIA PLUS	3	
SOL-CARE SAFETY SYRINGE ALLERG	2	
SYRINGE 25G X 1" 3 ML MISC	2	
SYRINGE LUER LOCK 25G X 1" 3 ML MISC	2	
VANISHPOINT SAFETY SYRINGE 25G X 1" 3 ML MISC	2	
VANISHPOINT SYRINGE 25G X 1" 3 ML MISC	2	
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