

# Prescription drug list.

This “drug list” is a summary of the most commonly prescribed drugs that your insurance plan covers. **PRO TIP:** If you log in to your member account, you can use our drug search tool to view all the drugs your plan covers (i.e. the complete “formulary”), and see the costs of different medications.

## Drug costs

Your formulary is divided into tiers. In most cases, drugs on lower tiers will cost you less. Additionally, there are preventive medications, that vary by age and gender (e.g., contraception for women or fluoride tablets for children), that may be available to you at no-out-of-pocket cost.

Some maintenance medications that you use regularly for chronic conditions such as asthma or diabetes may have additional coverage that makes them less expensive for you. However, coverage varies by plan and the cost-sharing amounts you pay for different drug tiers or categories of medications are shown on your Member Payment Summary (MPS) or our online search tool.

You can also call Pharmacy Services to find out how much a drug costs, whether it is covered by your insurance, and whether preauthorization or other steps are required for coverage. Select Health members call **800-538-5038**.

## The formulary is regularly updated

The contents of the formulary are reviewed each month by our team of doctors and pharmacists. This team reviews and evaluates the clinical efficacy, safety, and cost effectiveness of all medications and may remove drugs from, or add drugs to, this list. Please note that the inclusion of a drug in the formulary does not guarantee that a healthcare provider will prescribe that drug for you.

## Noncovered drug exceptions

For drugs that are not covered, you, your physician, or your pharmacy may request coverage based on medical necessity. Requests are granted on a case-by-case basis. Use the Drug Coverage Exception Form found on our website.

## LEGEND

### (PA) Preauthorization

Coverage of drugs is based on medical necessity. For certain drugs, you will need preauthorization from us; otherwise, you will be responsible to pay the drug’s full retail price.

### (ST) Step Therapy

Drugs that require step therapy are covered only after you have tried an alternative therapy and it didn’t work (i.e., the drug didn’t alleviate your symptoms or caused adverse reactions). Step therapy most often applies to brand-name drugs.

### (QL) Quantity Limits

Quantity limitations apply to certain drugs (e.g., opioids). Preauthorization is required if the medication exceeds the plan limits.

### (AGE) Age limit

A minimum or maximum age limit requirement must be met for coverage.

Select Health and SelectHealth Benefit Assurance Company, Inc. (doing business as “Scripius”) obey federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

This information is available for free in other languages and alternate formats by contacting:

Scripius: **800-442-3127** / Select Health: **800-538-5038**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

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Drug Name	Drug Tier	Requirements / Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)</b>		
<b>ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS</b>		
<i>clonidine hcl er</i>	1	QL
<i>guanfacine hcl er</i>	1	
<b>ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</b>		
<i>atomoxetine hcl</i>	1	QL
QELBREE	3	ST, QL
<b>AMPHETAMINE MIXTURES</b>		
<i>amphetamine-dextroamphet er</i>	1	QL
<i>amphetamine-dextroamphetamine</i>	1	QL
<b>AMPHETAMINES</b>		
<i>dextroamphetamine sulfate (2.5 mg tab, 7.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	QL
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1	QL
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	QL
<i>dextroamphetamine sulfate er</i>	1	QL
DYANAVEL XR (2.5 MG/ML SUSP, 5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER)	2	ST, QL
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	1	QL
<i>procentra</i>	1	QL
<b>ANALEPTICS</b>		
<i>caffeine citrate</i>	1	QL
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI	3	ST, QL
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DAYTRANA	3	ST
<i>dexmethylphenidate hcl</i>	1	QL
<i>dexmethylphenidate hcl er</i>	1	QL
JORNAY PM	3	ST, QL
METHYLIN	3	QL
<i>methylphenidate</i>	1	ST
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	QL
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	1	QL
<i>methylphenidate hcl er (cd)</i>	1	QL
<i>methylphenidate hcl er (la)</i>	1	QL
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	QL
<i>modafinil</i>	1	QL
QUILLICHEW ER	2	QL
QUILLIVANT XR	2	QL

## **ALLERGENIC EXTRACTS/BIOLOGICALS MISC (CONTINUED)**

### **ALLERGENIC EXTRACTS**

GRASTEK	3	PA, QL, AGE
PALFORZIA (1 MG DAILY DOSE)	3	PA, QL
PALFORZIA (12 MG DAILY DOSE)	3	PA, QL
PALFORZIA (120 MG DAILY DOSE)	3	PA, QL
PALFORZIA (160 MG DAILY DOSE)	3	PA, QL
PALFORZIA (20 MG DAILY DOSE)	3	PA, QL
PALFORZIA (200 MG DAILY DOSE)	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PALFORZIA (240 MG DAILY DOSE)	3	PA, QL
PALFORZIA (3 MG DAILY DOSE)	3	PA, QL
PALFORZIA (300 MG MAINTENANCE)	3	PA, QL
PALFORZIA (300 MG TITRATION)	3	PA, QL
PALFORZIA (40 MG DAILY DOSE)	3	PA, QL
PALFORZIA (6 MG DAILY DOSE)	3	PA, QL
PALFORZIA (80 MG DAILY DOSE)	3	PA, QL
PALFORZIA INITIAL DOSE 1-3YRS	3	PA, QL
PALFORZIA INITIAL DOSE 4-17YRS	3	PA, QL
PALFORZIA INITIAL ESCALATION	3	PA, QL
RAGWITEK	3	PA, QL, AGE
<b>MIXED ALLERGENIC EXTRACTS</b>		
ODACTRA	3	PA, QL
ORALAIR	3	PA, QL, AGE
ORALAIR ADULT STARTER PACK	3	PA, QL, AGE
ORALAIR CHILDRENS STARTER PACK	3	PA, QL, AGE
<b>AMINOGLYCOSIDES (CONTINUED)</b>		
ARIKAYCE	4	PA, QL, S (Specialty Drug)
HUMATIN	3	
KITABIS PAK	4	QL
<i>neomycin sulfate</i>	1	
TOBI PODHALER	4	PA, QL, S (Specialty Drug)
<i>tobramycin 300 mg/5ml nebu soln</i>	1	QL, S (Specialty Drug)
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	QL, S (Specialty Drug)
<b>ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
AMJEVITA (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	1	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AMJEVITA 40 MG/0.4ML SOLN A-INJ	1	PA, QL
HADLIMA	1	PA, QL, S (Specialty Drug)
HADLIMA PUSHTOUCH	1	PA, QL, S (Specialty Drug)
<b>ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS</b>		
OLUMIANT (1 MG TAB, 2 MG TAB)	4	PA, QL, S (Specialty Drug)
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	4	PA, QL, S (Specialty Drug)
RINVOQ 45 MG TAB ER 24H	4	PA, QL, S (Specialty Drug)
RINVOQ LQ	4	PA, QL, S (Specialty Drug)
XELJANZ (5 MG TAB, 10 MG TAB)	4	PA, QL, S (Specialty Drug)
XELJANZ XR	4	PA, QL, S (Specialty Drug)
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
OTREXUP (10 MG/0.4ML SOLN A-INJ, 15 MG/0.4ML SOLN A-INJ, 17.5 MG/0.4ML SOLN A-INJ, 22.5 MG/0.4ML SOLN A-INJ, 25 MG/0.4ML SOLN A-INJ)	4	PA, QL
OTREXUP 12.5 MG/0.4ML SOLN A-INJ	4	PA, QL, S (Specialty Drug)
OTREXUP 20 MG/0.4ML SOLN A-INJ	4	ST, QL
RASUVO	2	ST, QL
<b>CYCLOOXYGENASE 2 (COX-2) INHIBITORS</b>		
<i>celecoxib</i>	1	QL
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	4	PA, QL, S (Specialty Drug)
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET	4	PA, QL, S (Specialty Drug)
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	1	PA, QL, S (Specialty Drug)
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS</b>		
ARTHROTEC	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>diclofenac-misoprostol</i>	1	
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
DAYPRO	3	PA, QL
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FENOPROFEN CALCIUM 600 MG TAB	1	
<i>flurbiprofen (50 mg tab, 100 mg tab)</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
INDOCIN 25 MG/5ML SUSPENSION	3	AGE
<i>indomethacin (25 mg cap, 50 mg cap)</i>	1	
<i>indomethacin 25 mg/5ml suspension</i>	1	AGE
<i>indomethacin er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	PA, QL
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1	
<i>naproxen 125 mg/5ml suspension</i>	1	AGE
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin 600 mg tab</i>	1	QL
<i>piroxicam</i>	1	
<i>sulindac</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA (20 MG TAB, 30 MG TAB)	4	PA, QL, S (Specialty Drug)
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	4	PA, QL, S (Specialty Drug)
OTEZLA XR	4	PA, QL, S (Specialty Drug)
OTEZLA/OTEZLA XR INITIATION PK	4	PA, QL, S (Specialty Drug)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	1	
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR)	4	PA, QL, S (Specialty Drug)
ORENCIA 125 MG/ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
ORENCIA CLICKJECT	4	PA, QL, S (Specialty Drug)
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION)	4	PA, QL, S (Specialty Drug)
ENBREL 50 MG/ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
ENBREL MINI	4	PA, QL, S (Specialty Drug)
ENBREL SURECLICK	4	PA, QL, S (Specialty Drug)
<b>ANALGESICS - NONNARCOTIC (CONTINUED)</b>		
<b>ANALGESICS OTHER</b>		
<i>clonidine hcl (analgesia) 100 mcg/ml solution</i>	1	
<i>clonidine hcl (analgesia) 500 mcg/ml solution</i>	1	
DURACLON	3	
<b>ANALGESICS-SEDATIVES</b>		
<i>bac (butalbital-acetamin-caff)</i>	1	QL
<i>butalbital-acetaminophen</i>	1	QL
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>butalbital-aspirin-caffeine</i>	1	QL
ESGIC 50-325-40 MG TAB	3	QL
<b>SALICYLATES</b>		
<i>adult aspirin regimen</i>	1	QL, AGE
<i>aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab, 325 mg tab dr)</i>	1	QL, AGE
<i>aspirin 81</i>	1	QL, AGE
<i>aspirin adult low dose</i>	1	QL, AGE
<i>aspirin adult low strength</i>	1	QL, AGE
<i>aspirin childrens</i>	1	QL, AGE
<i>aspirin ec adult low dose</i>	1	QL, AGE
<i>aspirin ec low dose</i>	1	QL, AGE
<i>aspirin ec low strength</i>	1	QL, AGE
<i>aspirin low dose</i>	1	QL, AGE
<i>aspirin regimen</i>	1	QL, AGE
<i>bayer advanced aspirin reg st</i>	1	QL, AGE
<i>bayer aspirin</i>	1	QL, AGE
<i>bayer aspirin ec low dose</i>	1	QL, AGE
<i>bayer low dose</i>	1	QL, AGE
<i>childrens aspirin</i>	1	QL, AGE
<i>cvs aspirin</i>	1	QL, AGE
<i>cvs aspirin adult low dose</i>	1	QL, AGE
<i>cvs aspirin adult low strength</i>	1	QL, AGE
<i>cvs aspirin ec</i>	1	QL, AGE
<i>cvs aspirin low dose</i>	1	QL, AGE
<i>cvs aspirin low strength</i>	1	QL, AGE
<i>cvs genuine aspirin</i>	1	QL, AGE
<i>diflunisal</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ecotrin</i>	1	QL, AGE
<i>ecotrin arthrtis pain</i>	1	QL, AGE
<i>ecotrin low strength</i>	1	QL, AGE
<i>eq aspirin</i>	1	QL, AGE
<i>eq aspirin adult low dose</i>	1	QL, AGE
<i>eq aspirin low dose</i>	1	QL, AGE
<i>eql aspirin ec</i>	1	QL, AGE
<i>eql aspirin low dose</i>	1	QL, AGE
<i>ft aspirin</i>	1	QL, AGE
<i>ft aspirin low dose</i>	1	QL, AGE
<i>ft enteric coated aspirin</i>	1	QL, AGE
<i>genuine aspirin</i>	1	QL, AGE
<i>gnp adult aspirin low strength</i>	1	QL, AGE
<i>gnp aspirin</i>	1	QL, AGE
<i>gnp aspirin low dose</i>	1	QL, AGE
<i>goodsense aspirin</i>	1	QL, AGE
<i>goodsense aspirin adult low st</i>	1	QL, AGE
<i>goodsense aspirin adults</i>	1	QL, AGE
<i>goodsense aspirin low dose</i>	1	QL, AGE
<i>h-e-b aspirin</i>	1	QL, AGE
<i>hm adult aspirin</i>	1	QL, AGE
<i>hm aspirin</i>	1	QL, AGE
<i>hm aspirin ec</i>	1	QL, AGE
<i>hm aspirin ec low dose</i>	1	QL, AGE
<i>kls aspirin low dose</i>	1	QL, AGE
<i>kp aspirin</i>	1	QL, AGE
<i>medi-first aspirin</i>	1	QL, AGE
<i>medique aspirin</i>	1	QL, AGE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>meijer aspirin ec</i>	1	QL, AGE
<i>mm aspirin</i>	1	QL, AGE
<i>px aspirin</i>	1	QL, AGE
<i>px enteric aspirin</i>	1	QL, AGE
<i>qc aspirin</i>	1	QL, AGE
<i>qc aspirin low dose</i>	1	QL, AGE
<i>qc childrens aspirin</i>	1	QL, AGE
<i>qc enteric aspirin</i>	1	QL, AGE
<i>ra aspirin</i>	1	QL, AGE
<i>ra aspirin adult low dose</i>	1	QL, AGE
<i>ra aspirin adult low strength</i>	1	QL, AGE
<i>ra aspirin childrens</i>	1	QL, AGE
<i>ra aspirin ec</i>	1	QL, AGE
<i>ra aspirin ec adult low st</i>	1	QL, AGE
<i>ra pain relief aspirin</i>	1	QL, AGE
<i>salsalate</i>	1	
<i>sb aspirin</i>	1	QL, AGE
<i>sb aspirin ec</i>	1	QL, AGE
<i>sb childrens aspirin</i>	1	QL, AGE
<i>sb low dose asa ec</i>	1	QL, AGE
<i>sm aspirin</i>	1	QL, AGE
<i>sm aspirin adult low strength</i>	1	QL, AGE
<i>sm aspirin ec</i>	1	QL, AGE
<i>sm aspirin ec low strength</i>	1	QL, AGE
<i>sm aspirin low dose</i>	1	QL, AGE
<i>sm childrens aspirin</i>	1	QL, AGE
<i>st joseph aspirin</i>	1	QL, AGE
<i>st joseph low dose</i>	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
<b>ANALGESICS - OPIOID (CONTINUED)</b>		
<b>CODEINE COMBINATIONS</b>		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	1	
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)</i>	1	QL
<i>ascomp-codeine</i>	1	QL
<i>butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)</i>	1	QL
<i>butalbital-asa-caff-codeine</i>	1	QL
FIORICET/CODEINE	3	QL
<b>HYDROCODONE COMBINATIONS</b>		
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution, 10-325 mg/15ml solution)</i>	1	
HYDROCODONE-ACETAMINOPHEN (2.5-325 MG TAB, 5-325 MG TAB, 7.5-325 MG TAB, 10-325 MG TAB)	1	QL
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	1	QL
<b>OPIOID AGONISTS</b>		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	1	QL
DISKETS	1	QL
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	1	QL
<i>fentanyl (37.5 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr)</i>	3	PA, QL
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG LOZ HANDLE, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1600 MCG LOZ HANDLE)	1	QL
HYDROMORPHONE HCL (1 MG/ML LIQUID, 2 MG TAB, 3 MG SUPPOS, 4 MG TAB, 8 MG TAB)	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydromorphone hcl er</i>	1	ST, QL
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	QL
<i>methadone hcl (5 mg tab, 10 mg tab, 40 mg tab sol)</i>	1	QL
METHADONE HCL (5 MG/5ML SOLUTION, 10 MG/5ML SOLUTION, 10 MG/ML CONC)	1	
<i>methadone hcl intensol</i>	1	
METHADOSE 10 MG/ML CONC	3	
<i>methadose 40 mg tab sol</i>	1	QL
METHADOSE SUGAR-FREE	3	
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	1	
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 15 mg tab, 20 mg suppos, 30 mg suppos, 30 mg tab)</i>	1	QL
MORPHINE SULFATE (CONCENTRATE) (100 MG/5ML SOLUTION)	1	
MORPHINE SULFATE ER (10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H)	2	ST, QL
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	1	QL
MORPHINE SULFATE ER BEADS	2	ST, QL
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	QL
<i>oxycodone hcl 100 mg/5ml conc</i>	1	PA
<i>oxycodone hcl 5 mg/5ml solution</i>	1	
<i>oxymorphone hcl</i>	1	QL
OXYMORPHONE HCL ER	3	ST, QL
SUBSYS (400 MCG LIQUID, 600 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID)	3	PA
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRAMADOL HCL (ER BIPHASIC)	1	QL
<i>tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1	QL
XTAMPZA ER (27 MG CP12 DETER, 36 MG CP12 DETER)	2	ST, QL
XTAMPZA ER (9 MG CP12 DETER, 13.5 MG CP12 DETER, 18 MG CP12 DETER)	2	ST, QL
<b>OPIOID COMBINATIONS</b>		
<i>endocet</i>	1	QL
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-300 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-300 mg/5ml solution, 10-325 mg tab)</i>	1	QL
PROLATE 10-300 MG/5ML SOLUTION	3	QL
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	2	QL
BRIXADI	4	QL, S (Specialty Drug)
BRIXADI (WEEKLY)	4	QL, S (Specialty Drug)
<i>buprenorphine</i>	2	QL
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl</i>	1	QL
<i>pentazocine-naloxone hcl</i>	1	QL
SUBLOCADE	4	QL, S (Specialty Drug)
<b>TRAMADOL COMBINATIONS</b>		
<i>tramadol-acetaminophen</i>	1	QL
<b>ANDROGENS-ANABOLIC (CONTINUED)</b>		
<b>ANDROGENS</b>		
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EC-RX TESTOSTERONE	3	
METHITEST	3	
<i>methyltestosterone</i>	1	
NATESTO	3	PA, QL
<i>testosterone (1.62 % gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	QL
TESTOSTERONE (10 MG/ACT (2%) GEL, 30 MG/ACT SOLUTION)	1	PA, QL
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	1	QL
TESTOSTERONE ENANTHATE	1	QL
<b>ANORECTAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	1	ST, QL, S (Specialty Drug)
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	4	ST, QL, S (Specialty Drug)
<b>RECTAL ANESTHETIC/STEROIDS</b>		
ANALPRAM HC 2.5-1 % LOTION	3	
ANALPRAM-HC 2.5-1 % LOTION	3	
HYDROCORT-PRAMOXINE (PERIANAL)	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
<i>lidocaine-hydrocort (perianal)</i>	1	
PROCORT	3	
PROCTOFOAM HC	3	
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
HYDROCORTISONE ACETATE (25 MG SUPPOS, 30 MG SUPPOS)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<b>ANTHELMINTICS (CONTINUED)</b>		
<i>albendazole</i>	1	PA
BENZNIDAZOLE	3	
BILTRICIDE	3	
EMVERM	3	QL
<i>ivermectin 3 mg tab</i>	1	
<i>praziquantel</i>	1	
<b>ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)</b>		
AEMCOLO	3	QL
FIRST-METRONIDAZOLE	3	
IMPAVIDO	4	PA, QL, S (Specialty Drug)
<i>metronidazole (250 mg tab, 500 mg tab)</i>	1	
METRONIDAZOLE BENZO+SYRSPEND	3	
NEBUPENT	3	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN	3	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LAMPIT	3	PA, AGE
MEPRON	3	
<i>nitazoxanide</i>	1	QL
<b>GLYCOPEPTIDES</b>		
FIRVANQ	2	QL
VANOCIN	3	QL
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	1	QL
<i>vancomycin hcl (25 mg/ml recon soln, 50 mg/ml recon soln, 250 mg/5ml recon soln)</i>	1	QL
<b>LEPROSTATICS</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
<b>LINCOSAMIDES</b>		
CLEOCIN 75 MG/5ML RECON SOLN	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<b>MONOBACTAMS</b>		
CAYSTON	4	PA, QL, S (Specialty Drug)
<b>OXAZOLIDINONES</b>		
<i>linezolid 100 mg/5ml recon susp</i>	1	QL
<i>linezolid 600 mg tab</i>	1	QL
SIVEXTRO 200 MG TAB	4	PA, QL, S (Specialty Drug)
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	1	
HIPREX	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
NITROFURANTOIN (25 MG/5ML SUSPENSION, 50 MG/10ML SUSPENSION, 50 MG/5ML SUSPENSION)	1	AGE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>URINARY ANTISEPTIC-ANTISPASMODIC &amp;/OR ANALGESICS</b>		
HYOPHEN	3	
MB CAPS	1	
ME/NAPHOS/MB/HYO1	1	
<i>uribel 118 mg cap</i>	1	
URIBEL 81.6 MG TAB	3	
URIMAR-T 120 MG CAP	1	
URNEVA	1	
URO-MP	1	
<i>uro-sp</i>	1	
UROGESIC-BLUE	3	
<i>ustell</i>	1	
VILAMIT MB	1	
<b>ANTIANGINAL AGENTS (CONTINUED)</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	1	QL
<b>NITRATES</b>		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
NITRO-TIME	3	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>ANTIANSXIETY AGENTS (CONTINUED)</b>		
<b>ANTIANSXIETY AGENTS - MISC.</b>		
<i>bupirone hcl</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	1	
<i>meprobamate</i>	1	
<b>BENZODIAZEPINES</b>		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	QL
<i>alprazolam xr</i>	1	QL
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	1	QL
<i>clorazepate dipotassium 15 mg tab</i>	1	QL
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	QL
XANAX XR	3	QL
<b>ANTIARRHYTHMICS (CONTINUED)</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	1	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide</i>	1	
MULTAQ	2	
<i>pacerone</i>	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)</b>		
<b>ADRENERGIC COMBINATIONS</b>		
AIRSUPRA	2	QL
ANORO ELLIPTA	2	QL
BEVESPI AEROSPHERE	3	ST, QL
BREZTRI AEROSPHERE	2	QL, AGE
COMBIVENT RESPIMAT	2	QL
DULERA	3	PA, QL
FLUTICASONE FUROATE-VILANTEROL	2	PA, QL
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	PA, QL
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	
<i>ipratropium-albuterol</i>	1	
STIOLTO RESPIMAT	2	QL
SYMBICORT	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRELEGY ELLIPTA	2	QL, AGE
<i>wixela inhub</i>	1	QL
<b>ANTI-IGE MONOCLONAL ANTIBODIES</b>		
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	4	PA, QL, S (Specialty Drug)
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
<b>BETA ADRENERGICS</b>		
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	1	
<i>albuterol sulfate hfa</i>	1	QL
<i>arformoterol tartrate</i>	2	QL
<i>formoterol fumarate</i>	1	QL
LEVALBUTEROL TARTRATE	1	QL
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	QL
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	QL
VENTOLIN HFA	2	QL
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	3	
INCRUSE ELLIPTA	3	ST, QL
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
YUPELRI	4	PA, QL, S (Specialty Drug)
<b>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</b>		
FASENRA PEN	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
ACCOLATE	3	QL
<i>montelukast sodium</i>	1	QL
<i>zafirlukast</i>	1	QL
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast</i>	1	QL
<b>STEROID INHALANTS</b>		
ALVESCO	3	PA, QL
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (14 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX HFA	2	QL
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension)</i>	1	QL
FLUTICASONE PROPIONATE DISKUS	2	QL
FLUTICASONE PROPIONATE HFA (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	QL
PULMICORT FLEXHALER	3	PA, QL
QVAR REDHALER	3	PA, QL
<b>THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS</b>		
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	4	PA, QL, S (Specialty Drug)
<b>XANTHINES</b>		
<i>elixophyllin</i>	1	
<i>theophylline</i>	1	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>ANTICOAGULANTS (CONTINUED)</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS (0.15 MG CAP SPRINK, 0.5 MG TAB SOL)	2	QL, AGE
ELIQUIS (1.5 MG PACK)	2	QL, AGE
ELIQUIS (2 MG PACK)	2	QL, AGE
ELIQUIS (2.5 MG TAB, 5 MG TAB)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
SAVAYSA	3	QL
XARELTO (2.5 MG TAB, 10 MG TAB, 20 MG TAB)	2	QL
XARELTO 1 MG/ML RECON SUSP	2	QL, AGE
XARELTO 15 MG TAB	2	QL
XARELTO STARTER PACK	2	QL
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) +rfid</i>	1	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution)</i>	1	
<b>LOW MOLECULAR WEIGHT HEPARINS</b>		
<i>enoxaparin sodium</i>	1	
<b>SYNTHETIC HEPARINOID-LIKE AGENTS</b>		
<i>fondaparinux sodium</i>	1	PA, QL, S (Specialty Drug)
<b>THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE</b>		
<i>dabigatran etexilate mesylate</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PRADAXA (75 MG CAP, 110 MG CAP, 150 MG CAP)	3	QL
<b>ANTICONVULSANTS (CONTINUED)</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	3	ST, QL
FYCOMPA 0.5 MG/ML SUSPENSION	1	ST, QL
<i>perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	3	ST, QL
<i>perampanel 0.5 mg/ml suspension</i>	1	
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam 10 mg tab</i>	1	QL
<i>clobazam 2.5 mg/ml suspension</i>	1	QL
<i>clobazam 20 mg tab</i>	1	QL
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab disp)</i>	1	QL
<i>clonazepam 2 mg tab</i>	1	QL
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1	QL
KLONOPIN (0.5 MG TAB, 1 MG TAB)	3	ST, QL
KLONOPIN 2 MG TAB	3	ST, QL
LIBERVANT	3	QL
NAYZILAM	3	QL
ONFI (10 MG TAB, 20 MG TAB)	3	PA, QL
ONFI 2.5 MG/ML SUSPENSION	3	PA, QL
SYMPAZAN 10 MG FILM	3	PA, QL
SYMPAZAN 20 MG FILM	3	PA, QL
SYMPAZAN 5 MG FILM	3	PA, QL
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
<b>ANTICONVULSANTS - MISC.</b>		
APTiom (200 MG TAB, 400 MG TAB)	3	ST, QL
APTiom 600 MG TAB	3	ST, QL
APTiom 800 MG TAB	3	ST, QL
BANZEL 200 MG TAB	3	ST, QL
BANZEL 40 MG/ML SUSPENSION	3	ST, QL
BANZEL 400 MG TAB	3	ST, QL
<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	QL
<i>brivaracetam 10 mg/ml solution</i>	1	
BRIVIACT (25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	3	QL
BRIVIACT 10 MG TAB	1	QL
BRIVIACT 10 MG/ML SOLUTION	3	QL
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>	1	QL
<i>carbamazepine er</i>	1	QL
CARBATROL	3	ST, QL
DIACOMIT	4	PA, QL, S (Specialty Drug)
EPIDIOLEX	4	PA, QL, AGE, S (Specialty Drug)
<i>epitol</i>	1	QL
EPRONTIA	3	ST, QL, AGE
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	1	ST, QL
<i>eslicarbazepine acetate 600 mg tab</i>	1	ST, QL
<i>eslicarbazepine acetate 800 mg tab</i>	1	ST, QL
FINTEPLA	4	PA, QL, S (Specialty Drug)
<i>gabapentin (250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>gabapentin 100 mg cap</i>	1	QL
KEPPRA (500 MG TAB, 750 MG TAB, 1000 MG TAB)	3	ST, QL
KEPPRA 100 MG/ML SOLUTION	3	ST, QL
KEPPRA 250 MG TAB	3	ST, QL
KEPPRA XR	3	ST, QL
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	1	QL
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	QL
<i>lamotrigine (21 x 25 mg &amp; 7 x 50 mg kit, 25 &amp; 50 &amp; 100 mg kit, 42 x 50 mg &amp; 14x100 mg kit)</i>	1	
<i>lamotrigine (25 mg chew tab, 150 mg tab)</i>	1	QL
<i>lamotrigine (25 mg tab disp, 200 mg tab)</i>	1	QL
<i>lamotrigine (5 mg chew tab, 50 mg tab disp)</i>	1	QL
<i>lamotrigine 100 mg tab</i>	1	QL
<i>lamotrigine 100 mg tab disp</i>	1	QL
<i>lamotrigine 200 mg tab disp</i>	1	QL
<i>lamotrigine 25 mg tab</i>	1	QL
<i>lamotrigine er (100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	1	QL
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h)</i>	1	QL
<i>levetiracetam (100 mg/ml solution, 500 mg/5ml solution)</i>	1	QL
<i>levetiracetam (500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	QL
<i>levetiracetam 250 mg tab</i>	1	QL
<i>levetiracetam er</i>	1	QL
<i>oxcarbazepine (150 mg tab, 300 mg/5ml suspension)</i>	1	QL
<i>oxcarbazepine 300 mg tab</i>	1	QL
<i>oxcarbazepine 600 mg tab</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h)</i>	3	QL
<i>oxcarbazepine er 600 mg tab er 24h</i>	3	QL
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	QL
<i>pregabalin 20 mg/ml solution</i>	1	
<i>primidone 250 mg tab</i>	1	QL
<i>primidone 50 mg tab</i>	1	QL
QUDEXY XR (25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK)	3	PA, QL
QUDEXY XR 150 MG CP24 SPRNK	3	PA, QL
QUDEXY XR 200 MG CP24 SPRNK	3	PA, QL
<i>roweepra</i>	1	QL
<i>rufinamide 200 mg tab</i>	2	QL
<i>rufinamide 40 mg/ml suspension</i>	2	QL
<i>rufinamide 400 mg tab</i>	2	QL
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	3	ST, QL
TEGRETOL-XR	3	ST, QL
TOPAMAX (25 MG TAB, 50 MG TAB)	3	ST, QL
TOPAMAX 100 MG TAB	3	ST, QL
TOPAMAX 200 MG TAB	3	ST, QL
TOPAMAX SPRINKLE 15 MG CAP SPRINK	3	ST, QL
TOPAMAX SPRINKLE 25 MG CAP SPRINK	3	QL
<i>topiramate (25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	QL
<i>topiramate 15 mg cap sprink</i>	1	QL
<i>topiramate 25 mg/ml solution</i>	1	QL, AGE
<i>topiramate er (25 mg cap er 24h, 50 mg cap er 24h, 100 mg cap er 24h, 200 mg cp24 sprnk)</i>	1	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk)</i>	1	PA, QL
<i>topiramate er 150 mg cp24 sprnk</i>	1	PA, QL
<i>topiramate er 200 mg cap er 24h</i>	1	PA, QL
TRILEPTAL (150 MG TAB, 300 MG/5ML SUSPENSION)	3	ST, QL
TRILEPTAL 300 MG TAB	3	ST, QL
TRILEPTAL 600 MG TAB	3	ST, QL
TROKENDI XR (25 MG CAP ER 24H, 50 MG CAP ER 24H, 100 MG CAP ER 24H)	3	PA, QL
TROKENDI XR 200 MG CAP ER 24H	3	PA, QL
VIMPAT (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	ST, QL
VIMPAT 10 MG/ML SOLUTION	3	ST, QL
ZONEGRAN 100 MG CAP	3	ST, QL
ZONEGRAN 25 MG CAP	3	ST, QL
ZONISADE	4	PA, QL, S (Specialty Drug)
<i>zonisamide 100 mg cap</i>	1	QL
<i>zonisamide 25 mg cap</i>	1	QL
<i>zonisamide 50 mg cap</i>	1	QL
ZTALMY	4	PA, QL, S (Specialty Drug)
<b>CARBAMATES</b>		
<i>felbamate 400 mg tab</i>	1	QL
<i>felbamate 600 mg tab</i>	1	QL
<i>felbamate 600 mg/5ml suspension</i>	1	QL
FELBATOL 400 MG TAB	2	ST, QL
FELBATOL 600 MG TAB	2	ST, QL
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK, 25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL
XCOPRI (150 MG TAB, 200 MG TAB)	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
XCOPRI (250 MG DAILY DOSE)	3	QL
XCOPRI (350 MG DAILY DOSE)	3	QL
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	QL
<b>GABA MODULATORS</b>		
SABRIL 500 MG PACKET	4	PA, QL, S (Specialty Drug)
SABRIL 500 MG TAB	4	PA, QL, S (Specialty Drug)
TIAGABINE HCL (12 MG TAB, 16 MG TAB)	1	QL
<i>tiagabine hcl 2 mg tab</i>	1	QL
<i>tiagabine hcl 4 mg tab</i>	1	QL
<i>vigabatrin 500 mg packet</i>	4	PA, QL, S (Specialty Drug)
<i>vigabatrin 500 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>vigadrone 500 mg packet</i>	4	PA, QL, S (Specialty Drug)
<i>vigadrone 500 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>vigpoder</i>	4	PA, QL, S (Specialty Drug)
<b>HYDANTOINS</b>		
DILANTIN (30 MG CAP, 100 MG CAP)	3	ST, QL
DILANTIN 125 MG/5ML SUSPENSION	2	ST, QL
DILANTIN INFATABS	2	ST
DILANTIN-125	3	ST, QL
<i>phenytek</i>	1	QL
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	QL
<i>phenytoin infatabs</i>	1	QL
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	QL
<b>SUCCINIMIDES</b>		
CELONTIN	3	ST, QL
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	QL
<i>methsuximide</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZARONTIN 250 MG CAP	3	ST, QL
ZARONTIN 250 MG/5ML SOLUTION	3	ST
<b>VALPROIC ACID</b>		
DEPAKOTE (250 MG TAB DR, 500 MG TAB DR)	3	ST, QL
DEPAKOTE 125 MG TAB DR	3	ST, QL
DEPAKOTE ER	3	ST, QL
DEPAKOTE SPRINKLES	3	ST, QL
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr)</i>	1	QL
<i>divalproex sodium (250 mg tab dr, 500 mg tab dr)</i>	1	QL
<i>divalproex sodium er</i>	1	QL
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	QL
<b>ANTIDEPRESSANTS (CONTINUED)</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine</i>	1	
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE	4	PA, QL, S (Specialty Drug)
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM	3	ST, QL
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfate</i>	1	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	1	
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab)</i>	1	
FLUOXETINE HCL 90 MG CAP DR	1	ST, QL
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	ST, QL
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	1	QL
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	1	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
TRINTELLIX	3	ST, QL
<i>vilazodone hcl</i>	1	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	1	
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	QL
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	QL
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
<b>ANTIDIABETICS (CONTINUED)</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
MIGLITOL	1	
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 120	3	PA, QL
SYMLINPEN 60	3	PA, QL
<b>BIGUANIDES</b>		
<i>metformin hcl (500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er 500 mg tab er 24h</i>	1	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide</i>	1	
<i>glucagon emergency 1 mg recon soln</i>	1	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GVOKE KIT	2	
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
ALOGLIPTIN BENZOATE	1	QL
<i>saxagliptin hcl</i>	1	QL
<b>DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS</b>		
ALOGLIPTIN-METFORMIN HCL	1	QL
<i>saxagliptin-metformin er</i>	1	QL
<b>DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS</b>		
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	1	QL
<b>HUMAN INSULIN</b>		
FIASP	2	QL
FIASP FLEXTOUCH	2	QL
FIASP PENFILL	2	QL
FIASP PUMPCART	2	QL
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG TEMPO PEN	2	
HUMULIN R U-500 (CONCENTRATED)	2	PA, QL
HUMULIN R U-500 KWIKPEN	2	PA, QL
INSULIN ASP PROT & ASP FLEXPEN	2	QL
INSULIN ASPART	2	QL
INSULIN ASPART FLEXPEN	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
INSULIN ASPART PENFILL	2	QL
INSULIN ASPART PROT & ASPART	2	QL
INSULIN LISPRO	2	
INSULIN LISPRO (1 UNIT DIAL)	2	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS	2	QL
LANTUS SOLOSTAR	2	QL
NOVOLIN 70/30	1	QL
NOVOLIN N	1	QL
NOVOLOG	2	QL
NOVOLOG 70/30 FLEXPEN RELION	2	QL
NOVOLOG FLEXPEN	2	QL
NOVOLOG FLEXPEN RELION	2	QL
NOVOLOG MIX 70/30	2	QL
NOVOLOG MIX 70/30 FLEXPEN	2	QL
NOVOLOG MIX 70/30 RELION	2	QL
NOVOLOG PENFILL	2	QL
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
<b>INCRETIN MIMETIC AGENTS (GIP &amp; GLP-1 RECEPTOR AGONISTS)</b>		
MOUNJARO	2	PA, QL
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
TRULICITY	2	PA, QL
<b>INSULIN-INCRETIN MIMETIC COMBINATIONS</b>		
SOLIQUA	2	QL
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>repaglinide</i>	1	
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
KORLYM	4	PA, QL, S (Specialty Drug)
<i>mifepristone 300 mg tab</i>	4	QL, S (Specialty Drug)
<b>SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS</b>		
QTERN	2	QL
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
BRENZAVVY	2	QL
FARXIGA	2	QL
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB</b>		
XIGDUO XR	2	QL
<b>SULFONYLUREA-BIGUANIDE COMBINATIONS</b>		
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
<b>SULFONYLUREAS</b>		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide</i>	1	
GLYBURIDE MICRONIZED	1	
<b>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</b>		
ACTOPLUS MET	3	QL
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	1	QL
<b>THIAZOLIDINEDIONES</b>		
ACTOS	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone hcl</i>	1	QL
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
OPIUM	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET	3	
<i>deferasirox (125 mg tab sol, 250 mg tab sol, 500 mg tab sol)</i>	1	PA, QL, S (Specialty Drug)
<i>deferasirox (90 mg packet, 90 mg tab, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab)</i>	1	PA, QL, S (Specialty Drug)
<i>deferasirox granules</i>	1	PA, QL, S (Specialty Drug)
<i>deferiprone</i>	1	
EXJADE	4	PA, QL, S (Specialty Drug)
JADENU	4	PA, QL, S (Specialty Drug)
JADENU SPRINKLE	4	PA, QL, S (Specialty Drug)
VISTOGARD	4	QL, S (Specialty Drug)
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)</i>	1	
<i>naltrexone hcl</i>	1	
VIVITROL	4	QL, S (Specialty Drug)
<b>ANTIEMETICS (CONTINUED)</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	1	QL
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	QL
<i>ondansetron hcl (4 mg tab, 8 mg tab)</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ONDANSETRON HCL 24 MG TAB	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	1	
SANCUSO	3	PA, QL
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>dronabinol</i>	1	PA, QL
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant (40 mg cap, 125 mg cap)</i>	1	QL
<i>aprepitant (80 &amp; 125 mg cap thpk, 80 mg cap)</i>	1	QL
EMEND 125 MG/5ML RECON SUSP	3	QL
VARUBI (180 MG DOSE)	3	QL
<b>ANTIFUNGALS (CONTINUED)</b>		
<i>flucytosine</i>	1	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	QL
<b>IMIDAZOLES</b>		
<i>ketoconazole 200 mg tab</i>	1	
<b>TETRAZOLES</b>		
VIVJOA	4	PA, QL, S (Specialty Drug)
<b>TRIAZOLES</b>		
CRESEMBA 186 MG CAP	4	PA, QL, S (Specialty Drug)
CRESEMBA 74.5 MG CAP	4	PA, QL, S (Specialty Drug)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>fluconazole 150 mg tab</i>	1	QL
<i>itraconazole 10 mg/ml solution</i>	1	
<i>itraconazole 100 mg cap</i>	1	QL
NOXAFIL 100 MG TAB DR	4	PA
NOXAFIL 40 MG/ML SUSPENSION	4	PA, QL
<i>posaconazole 100 mg tab dr</i>	1	PA
<i>posaconazole 40 mg/ml suspension</i>	1	PA, QL
SPORANOX 10 MG/ML SOLUTION	3	
SPORANOX 100 MG CAP	3	QL
SPORANOX PULSEPAK	3	QL
<i>voriconazole 200 mg tab</i>	1	QL
<i>voriconazole 40 mg/ml recon susp</i>	1	QL
<i>voriconazole 50 mg tab</i>	1	QL

## **ANTIHISTAMINES (CONTINUED)**

### **ANTIHISTAMINES - ETHANOLAMINES**

CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	QL
CARBINOXAMINE MALEATE ER	1	QL
CARBZAH	3	QL
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	3	PA, AGE

### **ANTIHISTAMINES - NON-SEDATING**

DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	1	QL
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1	

### **ANTIHISTAMINES - PHENOTHIAZINES**

<i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i>	1	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg tab, 50 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	1	
PROMETHEGAN 50 MG SUPPOS	2	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	QL
<b>ANTHYPERLIPIDEMICS (CONTINUED)</b>		
<b>ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB</b>		
NEXLIZET	2	QL
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	2	QL
<b>ANTHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl</i>	2	QL
<i>omega-3-acid ethyl esters</i>	1	QL
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	QL
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	QL
<i>colesevelam hcl</i>	1	QL
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	1	
<i>colestipol hcl 1 gm tab</i>	1	QL
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	QL
QUESTRAN (4 GM PACKET, 4 GM/DOSE POWDER)	3	QL
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	QL
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)</i>	1	QL
FENOFIBRIC ACID (35 MG TAB, 105 MG TAB)	1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>gemfibrozil</i>	1	QL
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (10 mg tab, 20 mg tab)</i>	1	QL
<i>atorvastatin calcium (40 mg tab, 80 mg tab)</i>	1	QL
<i>fluvastatin sodium</i>	1	ST, QL
<i>fluvastatin sodium er</i>	1	ST, QL, AGE
<i>lovastatin</i>	1	QL
<i>pitavastatin calcium</i>	1	ST, QL
<i>pravastatin sodium</i>	1	QL
<i>rosuvastatin calcium (20 mg tab, 40 mg tab)</i>	1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	1	QL
<i>simvastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL
<i>simvastatin (5 mg tab, 80 mg tab)</i>	1	
<b>INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB</b>		
<i>ezetimibe-simvastatin</i>	1	QL
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	QL
<b>NICOTINIC ACID DERIVATIVES</b>		
NIACIN (ANTIHYPERLIPIDEMIC)	1	QL
<i>niacin er (antihyperlipidemic)</i>	1	QL
<b>PCSK9 INHIBITORS</b>		
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
<b>ANTIHYPERTENSIVES (CONTINUED)</b>		
<b>ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRANDOLAPRIL-VERAPAMIL HCL ER	1	QL
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>enalapril maleate 1 mg/ml solution</i>	1	QL, AGE
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	1	
QBRELIS	3	QL, AGE
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE</b>		
<i>benazepril-hydrochlorothiazide</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE	1	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
DEMSEER	4	PA, QL, S (Specialty Drug)
<i>metyrosine</i>	1	PA, QL, S (Specialty Drug)
<i>phenoxybenzamine hcl</i>	1	PA, QL, S (Specialty Drug)
<b>ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES</b>		
<i>amlodipine-valsartan-hctz</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>olmesartan-amlodipine-hctz</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB</b>		
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
AZOR	3	
TELMISARTAN-AMLODIPINE	1	QL
<b>ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE</b>		
<i>candesartan cilexetil-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
<b>ANTIADRENERGICS - CENTRALLY ACTING</b>		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	ST
METHYLDOPA (250 MG TAB, 500 MG TAB)	1	
<b>ANTIADRENERGICS - PERIPHERALLY ACTING</b>		
<i>doxazosin mesylate</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	QL
<b>BETA BLOCKER &amp; DIURETIC COMBINATIONS</b>		
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	1	QL
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
<b>ANTIMALARIALS (CONTINUED)</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	3	
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	1	
DARAPRIM	4	QL, S (Specialty Drug)
<i>hydroxychloroquine sulfat</i>	1	
KRINTAFEL	3	QL
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine</i>	1	QL, S (Specialty Drug)
QUALAQUIN	3	
<i>quinine sulfat</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)</b>		
FIRDAPSE	4	PA, QL, S (Specialty Drug)
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	1	AGE
<i>pyridostigmine bromide er 180 mg tab er</i>	1	QL
<b>ANTIMYCOBACTERIAL AGENTS (CONTINUED)</b>		
CYCLOSERINE	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID	1	PA, QL
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO	4	PA, QL, S (Specialty Drug)
TRECTOR	3	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)</b>		
<b>ALKYLATING AGENTS</b>		
MYLERAN	3	
<b>ANDROGEN BIOSYNTHESIS INHIBITORS</b>		
<i>abiraterone acetate 250 mg tab</i>	1	QL, S (Specialty Drug)
<i>abirtega</i>	1	QL, S (Specialty Drug)
<b>ANTIADRENALS</b>		
LYSODREN	3	QL
<b>ANTIANDROGENS</b>		
<i>bicalutamide</i>	1	QL
EULEXIN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NUBEQA	4	PA, QL, S (Specialty Drug)
XTANDI	4	PA, QL, S (Specialty Drug)
<b>ANTIESTROGENS</b>		
FARESTON	4	PA, QL, S (Specialty Drug)
SOLTAMOX	3	
<i>tamoxifen citrate</i>	1	QL
<i>toremifene citrate</i>	1	PA, QL, S (Specialty Drug)
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	1	QL
<i>mercaptopurine 2000 mg/100ml suspension</i>	1	PA, QL, S (Specialty Drug)
<i>mercaptopurine 50 mg tab</i>	1	
<i>methotrexate sodium (1 gm recon soln, 50 mg/2ml solution)</i>	1	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	
ONUREG	4	PA, QL, S (Specialty Drug)
PURIXAN	4	PA, QL, S (Specialty Drug)
TABLOID	3	QL
XELODA	4	QL
<b>ANTINEOPLASTIC - AKT INHIBITORS</b>		
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	4	PA, QL, S (Specialty Drug)
TRUQAP 160 MG TAB	4	PA, QL
TRUQAP 200 MG TAB	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - ALK INHIBITORS</b>		
ALECENSA	4	PA, QL, S (Specialty Drug)
LORBRENA	4	PA, QL, S (Specialty Drug)
XALKORI	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA 10 MG TAB	4	PA, QL, S (Specialty Drug)
VENCLEXTA 100 MG TAB	4	PA, QL, S (Specialty Drug)
VENCLEXTA 50 MG TAB	4	PA, QL, S (Specialty Drug)
VENCLEXTA STARTING PACK	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS</b>		
BOSULIF (100 MG TAB, 400 MG TAB, 500 MG TAB)	4	PA, QL, S (Specialty Drug)
BOSULIF 100 MG CAP	4	PA, QL, S (Specialty Drug)
BOSULIF 50 MG CAP	4	PA, QL, S (Specialty Drug)
<i>dasatinib (50 mg tab, 70 mg tab)</i>	4	PA, QL, S (Specialty Drug)
<i>dasatinib 100 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>dasatinib 140 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>dasatinib 20 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>dasatinib 80 mg tab</i>	4	PA, QL, S (Specialty Drug)
ICLUSIG	4	PA, QL, S (Specialty Drug)
<i>imatinib mesylate</i>	1	QL
<i>nilotinib hcl</i>	4	PA, QL, S (Specialty Drug)
SCEMBLIX (20 MG TAB, 40 MG TAB)	4	PA, QL, S (Specialty Drug)
SCEMBLIX 100 MG TAB	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>		
BRAFTOVI	4	PA, QL, S (Specialty Drug)
TAFINLAR (50 MG CAP, 75 MG CAP)	4	PA, QL, S (Specialty Drug)
ZELBORAF	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - BTK INHIBITORS</b>		
BRUKINSA 160 MG TAB	4	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BRUKINSA 80 MG CAP	4	PA, QL, S (Specialty Drug)
CALQUENCE 100 MG TAB	4	PA, QL, S (Specialty Drug)
IMBRUVICA (70 MG CAP, 140 MG CAP, 420 MG TAB)	4	PA, QL, S (Specialty Drug)
JAYPIRCA 100 MG TAB	4	PA, QL, S (Specialty Drug)
JAYPIRCA 50 MG TAB	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl</i>	4	PA, QL, S (Specialty Drug)
<i>gefitinib</i>	4	PA, QL, S (Specialty Drug)
TAGRISSE	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - FGFR KINASE INHIBITORS</b>		
BALVERSA	4	PA, QL, S (Specialty Drug)
LYTGOBI (12 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LYTGOBI (16 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LYTGOBI (20 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
PEMAZYRE	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS</b>		
OGSIVEO	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO	4	PA, QL, S (Specialty Drug)
ERIVEDGE	4	PA, QL, S (Specialty Drug)
ODOMZO	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS</b>		
WELIREG	4	PA, QL, AGE, S (Specialty Drug)
<b>ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS</b>		
FARYDAK	4	PA, QL
ZOLINZA	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
<i>pomalidomide (3 mg cap, 4 mg cap)</i>	4	PA, QL, S (Specialty Drug)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pomalidomide 1 mg cap</i>	4	PA, QL, S (Specialty Drug)
<i>pomalidomide 2 mg cap</i>	4	PA, QL, S (Specialty Drug)
POMALYST (3 MG CAP, 4 MG CAP)	4	PA, QL, S (Specialty Drug)
POMALYST 1 MG CAP	4	PA, QL, S (Specialty Drug)
POMALYST 2 MG CAP	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - KRAS INHIBITORS</b>		
KRAZATI	4	PA, QL, S (Specialty Drug)
LUMAKRAS	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - MEK INHIBITORS</b>		
COTELLIC	4	PA, QL, S (Specialty Drug)
KOSELUGO (10 MG CAP, 25 MG CAP)	4	PA, QL, S (Specialty Drug)
KOSELUGO (5 MG CAP SPRINK, 7.5 MG CAP SPRINK)	4	PA, QL, S (Specialty Drug)
MEKINIST 0.5 MG TAB	4	PA, QL, S (Specialty Drug)
MEKINIST 2 MG TAB	4	PA, QL, S (Specialty Drug)
MEKTOVI	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - MET INHIBITORS</b>		
TABRECTA	4	PA, QL, S (Specialty Drug)
TEPMETKO	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS</b>		
TAZVERIK	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>		
AFINITOR 10 MG TAB	4	PA, QL, S (Specialty Drug)
AFINITOR DISPERZ	4	PA, QL, S (Specialty Drug)
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	1	PA, QL, S (Specialty Drug)
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	PA, QL, S (Specialty Drug)
<i>torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>		
CABOMETYX	4	PA, QL, S (Specialty Drug)
CAPRELSA 100 MG TAB	4	PA, QL, S (Specialty Drug)
CAPRELSA 300 MG TAB	4	PA, QL, S (Specialty Drug)
COMETRIQ (100 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
COMETRIQ (140 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
COMETRIQ (60 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
FOTIVDA	4	PA, QL, S (Specialty Drug)
<i>lapatinib ditosylate</i>	1	PA, QL, S (Specialty Drug)
NERLYNX	4	PA, QL, S (Specialty Drug)
NEXAVAR	4	PA, QL, S (Specialty Drug)
<i>pazopanib hcl 200 mg tab</i>	4	PA, QL, S (Specialty Drug)
QINLOCK	4	PA, QL, S (Specialty Drug)
RYDAPT	4	PA, QL, S (Specialty Drug)
<i>sorafenib tosylate</i>	4	QL, S (Specialty Drug)
STIVARGA	4	PA, QL, S (Specialty Drug)
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	1	PA, QL, S (Specialty Drug)
SUTENT 37.5 MG CAP	4	PA, QL, S (Specialty Drug)
TURALIO 125 MG CAP	4	PA, QL, S (Specialty Drug)
VANFLYTA	4	PA, QL, S (Specialty Drug)
VOTRIENT	4	PA, QL, S (Specialty Drug)
XOSPATA	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - PROTEASOME INHIBITORS</b>		
NINLARO	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - RET INHIBITORS</b>		
GAVRETO	4	PA, QL, S (Specialty Drug)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS</b>		
ROZLYTREK (100 MG CAP, 200 MG CAP)	4	PA, QL, S (Specialty Drug)
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (60 MG TWICE WEEKLY)	4	PA, QL, S (Specialty Drug)
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	4	PA, QL
XPOVIO (80 MG TWICE WEEKLY)	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	4	PA, QL, S (Specialty Drug)
LONSURF 15-6.14 MG TAB	4	PA, QL, S (Specialty Drug)
LONSURF 20-8.19 MG TAB	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTICS MISC.</b>		
BESREMI	4	PA, QL, S (Specialty Drug)
HYDREA	2	
<i>hydroxyurea</i>	1	
MATULANE	3	
<b>AROMATASE INHIBITORS</b>		
<i>anastrozole</i>	1	QL
<i>exemestane</i>	1	QL
<i>letrozole</i>	1	QL
<b>CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS</b>		
IBRANCE	4	PA, QL, S (Specialty Drug)
KISQALI (200 MG DOSE)	4	PA, QL, S (Specialty Drug)
KISQALI (400 MG DOSE)	4	PA, QL, S (Specialty Drug)
KISQALI (600 MG DOSE)	4	PA, QL, S (Specialty Drug)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VERZENIO	4	PA, QL, S (Specialty Drug)
<b>FOLIC ACID ANTAGONISTS RESCUE AGENTS</b>		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	QL
<b>IMIDAZOTETRAZINES</b>		
<i>temozolomide</i>	1	QL
<b>ISOCITRATE DEHYDROGENASE 1 &amp; 2 (IDH1 &amp; IDH2) INHIBITORS</b>		
VORANIGO	4	PA, QL, S (Specialty Drug)
<b>ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS</b>		
REZLIDHIA	4	PA, QL, S (Specialty Drug)
TIBSOVO	4	PA, QL, S (Specialty Drug)
<b>ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS</b>		
IDHIFA	4	PA, QL, S (Specialty Drug)
<b>JANUS ASSOCIATED KINASE (JAK) INHIBITORS</b>		
JAKAFI	4	PA, QL, S (Specialty Drug)
OJJAARA	4	PA, QL, S (Specialty Drug)
VONJO	4	PA, QL, S (Specialty Drug)
<b>LHRH ANALOGS</b>		
ELIGARD (22.5 MG KIT, 30 MG KIT, 45 MG KIT)	4	QL, S (Specialty Drug)
ELIGARD 7.5 MG KIT	4	QL
<i>leuprolide acetate</i>	1	PA, QL, S (Specialty Drug)
LEUPROLIDE ACETATE (3 MONTH)	4	QL
LUPRON DEPOT (1-MONTH)	4	QL, S (Specialty Drug)
LUPRON DEPOT (3-MONTH)	4	QL, S (Specialty Drug)
LUPRON DEPOT (4-MONTH)	4	QL, S (Specialty Drug)
LUPRON DEPOT (6-MONTH)	4	QL, S (Specialty Drug)
LUTRATE DEPOT	4	QL, S (Specialty Drug)
ZOLADEX	4	QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE 50 MG CAP	1	
<b>NITROGEN MUSTARDS AND RELATED ANALOGUES</b>		
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	1	
LEUKERAN	3	
<b>NITROSOUREAS</b>		
<i>lomustine</i>	4	PA, QL, S (Specialty Drug), SUM2 (GF indefinitely)
<b>PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b>		
COPIKTRA	4	PA, QL, S (Specialty Drug)
PIQRAY (200 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
PIQRAY (250 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
PIQRAY (300 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
ZYDELIG	4	PA, QL, S (Specialty Drug)
<b>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</b>		
LYNPARZA	4	PA, QL, S (Specialty Drug)
TALZENNA	4	PA, QL, S (Specialty Drug)
<b>PROGESTINS-ANTINEOPLASTIC</b>		
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<b>RETINOIDS</b>		
<i>tretinoin 10 mg cap</i>	1	QL
<b>SELECTIVE ESTROGEN RECEPTOR DEGRADERS</b>		
ORSERDU	4	PA, QL, S (Specialty Drug)
<b>SELECTIVE RETINOID X RECEPTOR AGONISTS</b>		
<i>bexarotene 75 mg cap</i>	1	PA, QL, S (Specialty Drug)
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	4	QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>URINARY TRACT PROTECTIVE AGENTS</b>		
<i>mesna 400 mg tab</i>	4	QL, S (Specialty Drug)
<b>VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS</b>		
FRUZAQLA (1 MG CAP, 5 MG CAP)	4	PA, QL, S (Specialty Drug)
INLYTA	4	PA, QL, S (Specialty Drug)
LENVIMA (10 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (12 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (14 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (18 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (20 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (24 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (4 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (8 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)</b>		
<b>ADENOSINE RECEPTOR ANTAGONIST</b>		
NOURIANZ	4	PA, QL, S (Specialty Drug)
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	QL
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	1	QL
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (100 mg cap, 100 mg tab)</i>	1	QL
<i>amantadine hcl (50 mg/5ml solution, 100 mg/10ml solution)</i>	1	
<i>bromocriptine mesylate</i>	1	QL
INBRIJA	4	PA, QL, S (Specialty Drug)
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>selegiline hcl</i>	1	QL
XADAGO	3	PA, QL
ZELAPAR	3	PA, QL
<b>DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa</i>	1	
<b>LEVODOPA COMBINATIONS</b>		
<i>carbidopa-levodopa</i>	1	QL
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	1	QL
<i>carbidopa-levodopa-entacapone</i>	1	
RYTARY (23.75-95 MG CAP ER, 36.25-145 MG CAP ER, 48.75-195 MG CAP ER)	3	ST, QL
RYTARY 61.25-245 MG CAP ER	3	ST, QL
<b>NONERGOLINE DOPAMINE RECEPTOR AGONISTS</b>		
NEUPRO	3	ST, QL
<i>pramipexole dihydrochloride</i>	1	QL
<i>pramipexole dihydrochloride er</i>	1	ST, QL
<i>ropinirole hcl</i>	1	QL
<i>ropinirole hcl er</i>	1	QL
<b>PERIPHERAL COMT INHIBITORS</b>		
<i>entacapone</i>	1	
ONGENTYS	3	ST, QL
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er</i>	1	
<b>ANTIPSYCHOTICS - MISC.</b>		
<i>lurasidone hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NUPLAZID	4	PA, QL, S (Specialty Drug)
VRAYLAR (0.5 MG CAP, 0.75 MG CAP)	4	PA, QL
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	4	PA, QL
<i>ziprasidone hcl</i>	1	
<b>BENZISOXAZOLES</b>		
ERZOFRI	4	QL, S (Specialty Drug)
FANAPT	4	PA, QL, S (Specialty Drug)
FANAPT TITRATION PACK A	4	PA, QL, S (Specialty Drug)
FANAPT TITRATION PACK B	4	PA, QL
FANAPT TITRATION PACK C	4	PA, QL
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL, S (Specialty Drug)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL, S (Specialty Drug)
INVEGA SUSTENNA	4	QL, S (Specialty Drug)
INVEGA TRINZA	4	QL, S (Specialty Drug)
<i>paliperidone er</i>	1	QL
PERSERIS	4	QL, S (Specialty Drug)
RISPERDAL CONSTA	4	QL, S (Specialty Drug)
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	1	QL
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	
<i>risperidone microspheres er</i>	1	QL, S (Specialty Drug)
RYKINDO	4	QL, S (Specialty Drug)
UZEDY (100 MG/0.28ML SUSP PRSYR, 150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR)	4	QL, S (Specialty Drug)
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR)	4	QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	1	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
<b>DIBENZO-OXEPINO PYRROLES</b>		
<i>asenapine maleate</i>	1	QL
<b>DIBENZODIAZEPINES</b>		
<i>clozapine</i>	1	QL
VERSACLOZ	4	PA, QL, S (Specialty Drug)
<b>DIBENZOTHIAZEPINES</b>		
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	1	
<b>DIBENZOXAZEPINES</b>		
<i>loxapine succinate</i>	1	
<b>DIHYDROINDOLONES</b>		
MOLINDONE HCL	1	QL
<b>MUSCARINIC AGENT - COMBINATIONS</b>		
COBENFY	4	PA, QL, S (Specialty Drug)
COBENFY STARTER PACK	4	PA, QL, S (Specialty Drug)
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	1	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	QL, S (Specialty Drug)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	QL, S (Specialty Drug)
ABILIFY MAINTENA	4	QL, S (Specialty Drug)
<i>aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)</i>	1	QL
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
ARISTADA	4	QL, S (Specialty Drug)
ARISTADA INITIO	4	QL, S (Specialty Drug)
REXULTI	4	PA, QL
<b>THIENBENZODIAZEPINES</b>		
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	1	
<i>olanzapine 10 mg recon soln</i>	1	QL, S (Specialty Drug)
ZYPREXA 10 MG RECON SOLN	4	QL, S (Specialty Drug)
ZYPREXA RELPREVV	4	QL, S (Specialty Drug)
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS (CONTINUED)</b>		
FORMALDEHYDE	1	
<b>IODINE ANTISEPTICS</b>		
LUGOLS STRONG IODINE	3	
<b>ANTIVIRALS (CONTINUED)</b>		
<b>ANTIRETROVIRAL COMBINATIONS</b>		
<i>abacavir sulfate-lamivudine</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BIKTARVY	4	QL, S (Specialty Drug)
CIMDUO	4	QL, S (Specialty Drug)
COMPLERA	4	QL, S (Specialty Drug)
DELSTRIGO	4	QL, S (Specialty Drug)
DESCOVY	4	QL, S (Specialty Drug)
DOVATO	4	QL, S (Specialty Drug)
<i>efavirenz-emtricitab-tenofo df</i>	1	QL
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (400-300-300 MG TAB, 600-300-300 MG TAB)	1	QL
<i>emtricitab-rilpivir-tenofov df</i>	4	QL, S (Specialty Drug)
<i>emtricitabine-tenofovir df</i>	1	QL
EVOTAZ	4	QL, S (Specialty Drug)
GENVOYA	4	QL, S (Specialty Drug)
JULUCA	4	QL, S (Specialty Drug)
KALETRA 400-100 MG/5ML SOLUTION	4	QL, S (Specialty Drug)
<i>lamivudine-zidovudine</i>	1	QL
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	1	QL
ODEFSEY	4	QL, S (Specialty Drug)
PREZCOBIX	4	QL, S (Specialty Drug)
STRIBILD	4	QL, S (Specialty Drug)
SYMFI	4	QL, S (Specialty Drug)
SYMFI LO	4	QL
SYMTUZA	4	QL, S (Specialty Drug)
TRIUMEQ	4	QL, S (Specialty Drug)
TRIUMEQ PD	4	QL, S (Specialty Drug)
<b>ANTIRETROVIRALS - CAPSID INHIBITORS</b>		
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK)	4	QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)</b>		
<i>maraviroc</i>	1	QL, S (Specialty Drug)
SELZENTRY (150 MG TAB, 300 MG TAB)	4	QL, S (Specialty Drug)
SELZENTRY 20 MG/ML SOLUTION	4	QL, S (Specialty Drug)
<b>ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR</b>		
RUKOBIA	4	PA, QL, S (Specialty Drug)
<b>ANTIRETROVIRALS - INTEGRASE INHIBITORS</b>		
ISENTRESS	4	QL, S (Specialty Drug)
ISENTRESS HD	4	QL, S (Specialty Drug)
TIVICAY 50 MG TAB	4	QL, S (Specialty Drug)
<b>ANTIRETROVIRALS - PROTEASE INHIBITORS</b>		
APTIVUS	4	QL, S (Specialty Drug)
<i>atazanavir sulfate</i>	1	QL
<i>darunavir</i>	1	QL, S (Specialty Drug)
<i>fosamprenavir calcium</i>	1	QL
NORVIR 100 MG PACKET	4	QL, S (Specialty Drug)
NORVIR 100 MG TAB	4	QL, S (Specialty Drug)
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB, 600 MG TAB, 800 MG TAB)	4	QL, S (Specialty Drug)
REYATAZ 50 MG PACKET	4	QL, S (Specialty Drug)
<i>ritonavir</i>	1	QL
VIRACEPT	4	QL, S (Specialty Drug)
<b>ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES</b>		
EDURANT	4	QL, S (Specialty Drug)
<i>efavirenz 600 mg tab</i>	1	QL
<i>etravirine</i>	1	QL
INTELENCE (25 MG TAB, 100 MG TAB, 200 MG TAB)	4	QL, S (Specialty Drug)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nevirapine (50 mg/5ml suspension, 200 mg tab)</i>	1	QL
<i>nevirapine er 400 mg tab er 24h</i>	1	QL
PIFELTRO	4	QL, S (Specialty Drug)
<i>rilpivirine hcl</i>	4	QL, S (Specialty Drug)
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL
<i>abacavir sulfate 300 mg tab</i>	1	QL
ZIAGEN 20 MG/ML SOLUTION	4	QL, S (Specialty Drug)
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES</b>		
<i>emtricitabine</i>	1	QL
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAP)	4	QL, S (Specialty Drug)
EPIVIR (150 MG TAB, 300 MG TAB)	4	QL, S (Specialty Drug)
EPIVIR 10 MG/ML SOLUTION	4	QL, S (Specialty Drug)
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	1	QL
<i>lamivudine (150 mg tab, 300 mg tab)</i>	1	QL
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES</b>		
RETROVIR (50 MG/5ML SYRUP, 100 MG CAP)	4	QL, S (Specialty Drug)
<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	1	QL
<b>ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES</b>		
<i>tenofovir disoproxil fumarate</i>	1	QL
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB)	4	QL, S (Specialty Drug)
VIREAD 40 MG/GM POWDER	4	QL, S (Specialty Drug)
<b>ANTIRETROVIRALS ADJUVANTS</b>		
TYBOST	4	QL, S (Specialty Drug)
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	4	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PAXLOVID (300/100 & 150/100)	4	QL
PAXLOVID (300/100)	4	QL
<b>CMV AGENTS</b>		
LIVTENCITY	4	PA, QL, AGE, S (Specialty Drug)
PREVYMIS (240 MG TAB, 480 MG TAB)	4	PA, QL, S (Specialty Drug)
PREVYMIS (240 MG/12ML SOLUTION, 480 MG/24ML SOLUTION)	4	PA, QL, S (Specialty Drug)
VALCYTE 450 MG TAB	4	QL, S (Specialty Drug)
VALCYTE 50 MG/ML RECON SOLN	4	QL, S (Specialty Drug)
<i>valganciclovir hcl 450 mg tab</i>	1	QL
<i>valganciclovir hcl 50 mg/ml recon soln</i>	1	QL, S (Specialty Drug)
<b>HEPATITIS B AGENTS</b>		
<i>adefovir dipivoxil</i>	1	QL
<i>entecavir</i>	1	QL
<i>lamivudine 100 mg tab</i>	1	QL
VEMLIDY	4	PA, QL, S (Specialty Drug)
<b>HEPATITIS C AGENT - COMBINATIONS</b>		
HARVONI 33.75-150 MG PACKET	4	PA, QL, S (Specialty Drug)
HARVONI 45-200 MG PACKET	4	PA, QL, S (Specialty Drug)
LEDIPASVIR-SOFOSBUVIR	4	PA, QL
MAVYRET 100-40 MG TAB	4	PA, QL, S (Specialty Drug)
MAVYRET 50-20 MG PACKET	4	PA, QL
SOFOSBUVIR-VELPATASVIR	4	PA, QL
VOSEVI	4	PA, QL
<b>HEPATITIS C AGENTS</b>		
PEGASYS	4	PA, QL, S (Specialty Drug)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	QL
<b>HERPES AGENTS - PURINE ANALOGUES</b>		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>valacyclovir hcl</i>	1	
VALTREX	3	
<b>HERPES AGENTS - THYMIDINE ANALOGUES</b>		
<i>famciclovir (125 mg tab, 250 mg tab)</i>	1	
<i>famciclovir 500 mg tab</i>	1	
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	4	QL, AGE, S (Specialty Drug)
<b>NEURAMINIDASE INHIBITORS</b>		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	1	QL
RELENZA DISKHALER	3	QL
TAMIFLU (6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP)	3	QL
<b>PA ENDONUCLEASE INHIBITORS</b>		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QL
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QL
<b>RSV AGENTS - NUCLEOSIDE ANALOGUES</b>		
<i>ribavirin 6 gm recon soln</i>	1	QL, S (Specialty Drug)
VIRAZOLE	4	QL
<b>BETA BLOCKERS (CONTINUED)</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	QL
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	QL
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
KAPSPARGO SPRINKLE	3	QL, AGE
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	QL
<b>BETA BLOCKERS NON-SELECTIVE</b>		
HEMANGEOL	3	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (af)</i>	1	
SOTYLIZE	3	QL, AGE
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<b>CALCIUM CHANNEL BLOCKERS (CONTINUED)</b>		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
KATERZIA	3	QL, AGE
<i>matzim la</i>	1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine 30 mg cap</i>	1	
NIMODIPINE 60 MG/20ML SOLUTION	3	
NORLIQVA	3	QL, AGE
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h)</i>	1	
<b>CARDIOTONICS (CONTINUED)</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	1	
<b>CARDIOVASCULAR AGENTS - MISC. (CONTINUED)</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS	4	PA, QL, S (Specialty Drug)
<b>CARDIOPLEGIC SOLUTIONS</b>		
<i>cardioplegic</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CARDIOPLEGIC SOLN W/ LIDOCAINE	1	
<b>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</b>		
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	2	QL
<i>sacubitril-valsartan</i>	1	QL
<b>NITRATE &amp; VASODILATOR COMBINATIONS</b>		
BIDIL	3	
<i>isosorb dinitrate-hydralazine</i>	1	
<b>PROSTAGLANDIN VASODILATORS</b>		
ORENITRAM 0.125 MG TAB ER	4	PA, QL, S (Specialty Drug)
ORENITRAM 0.25 MG TAB ER	4	PA, QL, S (Specialty Drug)
ORENITRAM 1 MG TAB ER	4	PA, QL, S (Specialty Drug)
ORENITRAM 2.5 MG TAB ER	4	PA, QL, S (Specialty Drug)
ORENITRAM 5 MG TAB ER	4	PA, QL, S (Specialty Drug)
ORENITRAM MONTH 1	4	PA, QL, S (Specialty Drug)
ORENITRAM MONTH 2	4	PA, QL, S (Specialty Drug)
ORENITRAM MONTH 3	4	PA, QL, S (Specialty Drug)
TYVASO	4	PA, QL, S (Specialty Drug)
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL, S (Specialty Drug)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL, S (Specialty Drug)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	PA, QL, S (Specialty Drug)
TYVASO REFILL	4	PA, QL, S (Specialty Drug)
TYVASO STARTER	4	PA, QL, S (Specialty Drug)
VENTAVIS 10 MCG/ML SOLUTION	4	PA, QL
VENTAVIS 20 MCG/ML SOLUTION	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<b>PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
ADEMPAS	4	PA, QL, S (Specialty Drug)
<b>PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR</b>		
WINREVAIR	4	PA, QL, S (Specialty Drug)
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	4	PA, QL, S (Specialty Drug)
<i>bosentan 125 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>bosentan 62.5 mg tab</i>	4	PA, QL
OPSUMIT	4	PA, QL, S (Specialty Drug)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	1	PA, QL
<i>sildenafil citrate 10 mg/ml recon susp</i>	4	PA, QL, S (Specialty Drug)
<i>sildenafil citrate 20 mg tab</i>	1	QL
<i>tadalafil (pah)</i>	1	PA, QL
TADLIQ	4	PA, QL, S (Specialty Drug)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
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)	4	PA, QL, S (Specialty Drug)
UPTRAVI 200 & 800 MCG TAB THPK	4	PA, QL, S (Specialty Drug)
<b>SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS</b>		
<i>tadalafil (2.5 mg tab, 10 mg tab, 20 mg tab)</i>	1	PA, QL
<i>tadalafil 5 mg tab</i>	1	ST, QL
<b>SINUS NODE INHIBITORS</b>		
<i>ivabradine hcl</i>	2	ST, QL
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	4	PA, QL, S (Specialty Drug)
VYNDAQEL	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO	3	PA, QL
<b>CEPHALOSPORINS (CONTINUED)</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	1	
CEFACLOR ER	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1	
<b>CONTRACEPTIVES (CONTINUED)</b>		
<b>BIPHASIC CONTRACEPTIVES - ORAL</b>		
<i>azurette</i>	1	QL
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	QL
<i>kariva</i>	1	QL
LO LOESTRIN FE	3	QL
<i>pimtrea</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>simliya</i>	1	QL
<i>viorele</i>	1	QL
<i>volnea</i>	1	QL
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	1	QL
<i>altavera</i>	1	QL
<i>alyacen 1/35</i>	1	QL
<i>apri</i>	1	QL
<i>aubra</i>	1	QL
<i>aubra eq</i>	1	QL
<i>aurovela 1.5/30</i>	1	QL
<i>aurovela 1/20</i>	1	QL
<i>aurovela 24 fe</i>	1	QL
<i>aurovela fe 1.5/30</i>	1	QL
<i>aurovela fe 1/20</i>	1	QL
AVERI	3	QL
<i>aviane</i>	1	QL
<i>ayuna</i>	1	QL
BALCOLTRA	3	QL
<i>balziva</i>	1	QL
BEYAZ	2	QL
<i>blisovi 24 fe</i>	1	QL
<i>blisovi fe 1.5/30</i>	1	QL
<i>blisovi fe 1/20</i>	1	QL
<i>briellyn</i>	1	QL
<i>charlotte 24 fe</i>	1	QL
<i>chateal</i>	1	QL
<i>chateal eq</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cryselle</i>	1	QL
<i>cryselle-28</i>	1	QL
<i>cyclafem 1/35</i>	1	QL
<i>cyred</i>	1	QL
<i>cyred eq</i>	1	QL
<i>dasetta 1/35</i>	1	QL
<i>delyla</i>	1	QL
<i>drospiren-eth estrad-levomefol</i>	1	QL
<i>drospirenone-ethinyl estradiol</i>	1	QL
<i>elinest</i>	1	QL
<i>emoquette</i>	1	QL
<i>enskyce</i>	1	QL
<i>estarylla</i>	1	QL
<i>ethynodiol diac-eth estradiol</i>	1	QL
<i>falmina</i>	1	QL
<i>feirza 1.5/30</i>	1	QL
<i>feirza 1/20</i>	1	QL
FEMLYV	3	QL
<i>femynor</i>	1	QL
<i>finzala</i>	1	QL
<i>galbriela</i>	1	QL
<i>gemmily</i>	1	QL
<i>hailey 1.5/30</i>	1	QL
<i>hailey 24 fe</i>	1	QL
<i>hailey fe 1.5/30</i>	1	QL
<i>hailey fe 1/20</i>	1	QL
<i>isibloom</i>	1	QL
<i>jasmiel</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>joyeaux</i>	1	QL
<i>juleber</i>	1	QL
<i>junel 1.5/30</i>	1	QL
<i>junel 1/20</i>	1	QL
<i>junel fe 1.5/30</i>	1	QL
<i>junel fe 1/20</i>	1	QL
<i>junel fe 24</i>	1	QL
<i>kaitlib fe</i>	1	QL
<i>kalliga</i>	1	QL
<i>kelnor 1/35</i>	1	QL
<i>kelnor 1/50</i>	1	QL
<i>kurvelo</i>	1	QL
<i>larin 1.5/30</i>	1	QL
<i>larin 1/20</i>	1	QL
<i>larin 24 fe</i>	1	QL
<i>larin fe 1.5/30</i>	1	QL
<i>larin fe 1/20</i>	1	QL
<i>larissia</i>	1	QL
<i>layolis fe</i>	1	QL
<i>lessina</i>	1	QL
<i>levonorgest-eth estradiol-iron</i>	1	QL
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	1	QL
<i>levora 0.15/30 (28)</i>	1	QL
<i>lillow</i>	1	QL
<i>lo-zumandimine</i>	1	QL
<i>loestrin 1.5/30 (21)</i>	1	QL
<i>loestrin 1/20 (21)</i>	1	QL
<i>loestrin fe 1.5/30</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>loestrin fe 1/20</i>	1	QL
<i>loryna</i>	1	QL
<i>low-ogestrel</i>	1	QL
<i>luizza 1.5/30</i>	1	QL
<i>luizza 1/20</i>	1	QL
<i>luteru</i>	1	QL
<i>marlissa</i>	1	QL
<i>merzee</i>	1	QL
<i>mibelas 24 fe</i>	1	QL
<i>microgestin 1.5/30</i>	1	QL
<i>microgestin 1/20</i>	1	QL
<i>microgestin 24 fe</i>	1	QL
<i>microgestin fe 1.5/30</i>	1	QL
<i>microgestin fe 1/20</i>	1	QL
<i>mili</i>	1	QL
<i>minzoya</i>	1	QL
<i>mono-linyah</i>	1	QL
<i>necon 0.5/35 (28)</i>	1	QL
NEXTSTELLIS	3	QL
<i>nikki</i>	1	QL
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)</i>	1	QL
<i>norethin-eth estradiol-fe</i>	1	QL
<i>norethindrone acet-ethinyl est</i>	1	QL
<i>norgestimate-eth estradiol</i>	1	QL
<i>nortrel 0.5/35 (28)</i>	1	QL
<i>nortrel 1/35 (21)</i>	1	QL
<i>nortrel 1/35 (28)</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nylia 1/35</i>	1	QL
<i>nymyo</i>	1	QL
<i>ocella</i>	1	QL
<i>orsythia</i>	1	QL
<i>philith</i>	1	QL
<i>pirmella 1/35</i>	1	QL
<i>portia-28</i>	1	QL
<i>previfem</i>	1	QL
<i>reclipsen</i>	1	QL
SAFYRAL	3	QL
<i>sprintec 28</i>	1	QL
<i>sronyx</i>	1	QL
<i>syeda</i>	1	QL
<i>tarina 24 fe</i>	1	QL
<i>tarina fe 1/20</i>	1	QL
<i>tarina fe 1/20 eq</i>	1	QL
<i>taysofy</i>	1	QL
TAYTULLA	3	QL
<i>turqoz</i>	1	QL
TYBLUME	3	QL
<i>tydemy</i>	1	QL
<i>valtya 1/35</i>	1	QL
<i>valtya 1/50</i>	1	QL
<i>vestura</i>	1	QL
<i>vienva</i>	1	QL
<i>vyfemla</i>	1	QL
<i>vylibra</i>	1	QL
<i>wera</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>wymzya fe</i>	1	QL
<i>xelria fe</i>	1	QL
YASMIN 28	3	QL
YAZ	3	QL
<i>zovia 1/35 (28)</i>	1	QL
<i>zumandimine</i>	1	QL
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	1	QL
TWIRLA	3	QL
<i>xulane</i>	1	QL
<i>zafemy</i>	1	QL
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<i>eluryng</i>	1	QL
<i>enilloring</i>	1	QL
<i>etonogestrel-ethinyl estradiol</i>	1	QL
<i>haloette</i>	1	QL
NUVARING	3	QL
<b>CONTINUOUS CONTRACEPTIVES - ORAL</b>		
<i>amethyst</i>	1	QL
<i>dolishale</i>	1	QL
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	QL
<b>EMERGENCY CONTRACEPTIVES</b>		
<i>aftera</i>	1	QL
<i>afterpill</i>	1	QL
<i>curae</i>	1	QL
<i>econtra ez</i>	1	QL
<i>econtra one-step</i>	1	QL
ELLA	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>her style</i>	1	QL
<i>levonorgestrel</i>	1	QL
<i>my choice</i>	1	QL
<i>my way</i>	1	QL
<i>new day</i>	1	QL
<i>opcicon one-step</i>	1	QL
<i>option 2</i>	1	QL
<i>plan b one-step</i>	1	QL
<i>react</i>	1	QL
<i>shewise</i>	1	QL
<i>take action</i>	1	QL
<b>EXTENDED-CYCLE CONTRACEPTIVES - ORAL</b>		
<i>amethia</i>	1	QL
<i>ashlyna</i>	1	QL
<i>camrese</i>	1	QL
<i>camrese lo</i>	1	QL
<i>daysee</i>	1	QL
<i>fayosim</i>	1	QL
<i>iclevia</i>	1	QL
<i>introvale</i>	1	QL
<i>jaimiess</i>	1	QL
<i>jolessa</i>	1	QL
<i>levonorgest-eth est &amp; eth est</i>	1	QL
<i>levonorgest-eth estrad 91-day</i>	1	QL
<i>lojaimiess</i>	1	QL
<i>rivelsa</i>	1	QL
<i>rosyrah</i>	1	QL
<i>setlakin</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>simpesse</i>	1	QL
<b>FOUR PHASE CONTRACEPTIVES - ORAL</b>		
NATAZIA	3	QL
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	3	QL
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	1	QL
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	1	QL
<i>deblitane</i>	1	QL
<i>emzahh</i>	1	QL
<i>errin</i>	1	QL
<i>heather</i>	1	QL
<i>incassia</i>	1	QL
<i>jencycla</i>	1	QL
<i>lyleq</i>	1	QL
<i>lyza</i>	1	QL
<i>meleya</i>	1	QL
<i>nora-be</i>	1	QL
<i>norethindrone</i>	1	QL
<i>norlyda</i>	1	QL
<i>norlyroc</i>	1	QL
<i>orquidea</i>	1	QL
<i>sharobel</i>	1	QL
SLYND	3	QL
<i>tulana</i>	1	QL
<b>TRIPHASIC CONTRACEPTIVES - ORAL</b>		
<i>alyacen 7/7/7</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ARANELLE	3	QL
<i>cyclafem 7/7/7</i>	1	QL
<i>dasetta 7/7/7</i>	1	QL
<i>enpresse-28</i>	1	QL
<i>leena</i>	1	QL
<i>levonest</i>	1	QL
<i>levonorg-eth estrad triphasic</i>	1	QL
<i>norethindron-ethinyl estrad-fe</i>	1	QL
<i>norgestim-eth estrad triphasic</i>	1	QL
<i>nortrel 7/7/7</i>	1	QL
<i>nylia 7/7/7</i>	1	QL
<i>pirmella 7/7/7</i>	1	QL
<i>tilia fe</i>	1	QL
<i>tri femynor</i>	1	QL
<i>tri-estarylla</i>	1	QL
<i>tri-legest fe</i>	1	QL
<i>tri-linyah</i>	1	QL
<i>tri-lo-estarylla</i>	1	QL
<i>tri-lo-marzia</i>	1	QL
<i>tri-lo-mili</i>	1	QL
<i>tri-lo-sprintec</i>	1	QL
<i>tri-mili</i>	1	QL
<i>tri-nymyo</i>	1	QL
<i>tri-sprintec</i>	1	QL
<i>tri-vylibra</i>	1	QL
<i>tri-vylibra lo</i>	1	QL
<i>trivora (28)</i>	1	QL
VELIVET	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>xarah fe</i>	1	QL
<b>CORTICOSTEROIDS (CONTINUED)</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	1	QL
<i>budesonide er</i>	1	ST, QL, S (Specialty Drug)
CORTISONE ACETATE	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	3	
EOHILIA	4	PA, QL, S (Specialty Drug)
<i>hidex 6-day</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf)</i>	1	
MEDROL 4 MG TAB THPK	3	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)</i>	1	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 20 MG TAB, 50 MG TAB)	1	
PREDNISONE INTENSOL	3	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	3	
<i>taperdex 6-day</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TARPEYO	4	PA, QL, S (Specialty Drug)
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate</i>	1	
<b>COUGH/COLD/ALLERGY (CONTINUED)</b>		
<b>ANTITUSSIVE - NONNARCOTIC</b>		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	1	
<b>ANTITUSSIVE - OPIOID</b>		
HYCODAN (5-1.5 MG TAB, 5-1.5 MG/5ML SOLUTION)	2	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	
<i>hydromet</i>	1	
<b>ANTITUSSIVE-EXPECTORANT</b>		
<i>g tussin ac</i>	1	
<i>guaiaatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin-codeine</i>	1	
<i>maxi-tuss ac</i>	1	
<b>DECONGESTANT &amp; ANTIHISTAMINE</b>		
PROMETHAZINE VC	2	
PROMETHAZINE-PHENYLEPHRINE	2	
<b>MISC. RESPIRATORY INHALANTS</b>		
HYPERSAL	3	
NEBUSAL	3	
PULMOSAL	1	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</b>		
<i>promethazine-dm</i>	1	
<b>NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE</b>		
<i>pseudoeph-bromphen-dm</i>	1	QL
<b>OPIOID ANTITUSSIVE-ANTIHISTAMINE</b>		
HYDROCOD POLI-CHLORPHE POLI ER	1	QL
<i>promethazine-codeine</i>	1	
<b>DERMATOLOGICALS (CONTINUED)</b>		
<b>ACNE ANTIBIOTICS</b>		
<i>clindacin</i>	1	ST
<i>clindamycin phos (twice-daily)</i>	1	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>clindamycin phosphate 1 % foam</i>	1	ST
<i>dapsone 5 % gel</i>	1	ST
ERYTHROMYCIN (2 % GEL, 2 % SOLUTION)	1	
<i>sulfacetamide sodium (acne)</i>	1	
<b>ACNE COMBINATIONS</b>		
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)</i>	1	QL
AVAR CLEANSER	1	
<i>benzoyl peroxide-erythromycin</i>	1	
BP 10-1	1	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	ST
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	
<i>clindamycin-tretinoin</i>	1	ST
<i>neuac 1.2-5 % gel</i>	1	
SSS 10-5 10-5 % CREAM	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SULFACETAMIDE SOD-SULFUR WASH (9-4 % LIQUID, 9-4.5 % LIQUID)	1	
SULFACETAMIDE SODIUM-SULFUR (8-4 % SUSPENSION, 9-4 % LIQUID, 9-4.5 % LIQUID, 9.8-4.8 % CREAM, 9.8-4.8 % PAD, 10-2 % CREAM, 10-2 % LIQUID, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	1	
SULFACETAMIDE-SULFUR IN UREA	1	
SULFACLEANSE 8/4	1	
SULFAMEZ WASH	1	
<b>ACNE PRODUCTS</b>		
<i>accutane</i>	1	
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	1	ST
AKLIEF	3	
ALTRENO	3	QL, AGE
<i>amnesteam</i>	1	
AZELEX	3	ST
<i>claravis</i>	1	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	
<i>myorisan</i>	1	
TAZAROTENE 0.1 % FOAM	1	
<i>tretinoin (0.025 % cream, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	AGE
TRETINOIN MICROSPHERE 0.04 % GEL	2	AGE
<i>tretinoin microsphere 0.04 % gel</i>	2	ST, AGE
TRETINOIN MICROSPHERE PUMP 0.04 % GEL	2	AGE
<i>zenatane</i>	1	
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
XEPI	3	QL
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclodan</i>	1	QL
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox 8 % solution</i>	1	QL
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>klayesta</i>	1	QL
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	1	
<i>nyamyc</i>	1	QL
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment)</i>	1	
<i>nystatin 100000 unit/gm powder</i>	1	QL
<i>nystop</i>	1	QL
<b>ANTIFUNGALS - TOPICAL COMBINATIONS</b>		
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	1	
<i>nystatin-triamcinolone</i>	1	
<b>ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL</b>		
VALCHLOR	4	PA, QL, S (Specialty Drug)
<b>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</b>		
FLUOROURACIL (2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	1	
FLUOROURACIL 0.5 % CREAM	1	PA, QL
TOLAK	3	QL
<b>ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S</b>		
<i>diclofenac sodium 3 % gel</i>	1	PA
<b>ANTINEOPLASTIC RETINOIDS - TOPICAL</b>		
PANRETIN	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>ANTIPSORIATICS</b>		
CALCIPOTRIENE (0.005 % CREAM, 0.005 % FOAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	
<i>calcitrene</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	ST, QL
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	ST, AGE
TAZORAC (0.05 % GEL, 0.1 % GEL)	3	ST, AGE
VTAMA	3	ST, QL
ZITHRANOL	3	
<b>ANTIPSORIATICS - SYSTEMIC</b>		
<i>acitretin</i>	1	QL
BIMZELX	4	PA, QL, S (Specialty Drug)
COSENTYX (300 MG DOSE)	4	PA, QL, S (Specialty Drug)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	PA, QL, S (Specialty Drug)
COSENTYX SENSOREADY (300 MG)	4	PA, QL, S (Specialty Drug)
COSENTYX SENSOREADY PEN	4	PA, QL, S (Specialty Drug)
COSENTYX UNOREADY	4	PA, QL, S (Specialty Drug)
METHOXSALLEN RAPID	1	
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	1	PA, QL
SELARSDI (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	1	PA, QL, S (Specialty Drug)
SELARSDI 45 MG/0.5ML SOLUTION	1	PA, QL, S (Specialty Drug)
SKYRIZI 150 MG/ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
SKYRIZI PEN	4	PA, QL, S (Specialty Drug)
SPEVIGO 150 MG/ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
SPEVIGO 300 MG/2ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
TALTZ	4	PA, QL, S (Specialty Drug)
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sodium sulfacetamide 10 % shampoo</i>	1	
<i>sodium sulfacetamide wash</i>	1	
SULFACETAMIDE SODIUM (CLEANS)	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir</i>	1	
<b>ASTRINGENTS</b>		
XERAC AC	3	
<b>ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS</b>		
CIBINQO	4	PA, QL, S (Specialty Drug)
<b>ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES</b>		
ADBRY 150 MG/ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
ADBRY 300 MG/2ML SOLN A-INJ	4	PA, QL, S (Specialty Drug)
EBGLYSS	4	PA, QL, S (Specialty Drug)
<b>BURN PRODUCTS</b>		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON 85 MG/GM CREAM	3	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	
AMCINONIDE 0.1 % OINTMENT	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate 0.05 % liquid</i>	1	QL
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
CLOCORTOLONE PIVALATE	1	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
DESONIDE 0.05 % GEL	1	QL
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	1	
<i>fluocinonide 0.1 % cream</i>	1	ST, QL
<i>fluocinonide emulsified base</i>	1	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydrocortisone valerate</i>	1	
KENALOG	3	QL
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone acetonide 0.147 mg/gm aero soln</i>	1	QL
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	1	ST, QL
<i>triderm</i>	1	
<b>EMOLLIENTS</b>		
<i>ammonium lactate 12 % cream</i>	1	
<b>ENZYMES - TOPICAL</b>		
SANTYL	3	
<b>IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL</b>		
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>econazole nitrate 1 % cream</i>	1	
ECOZA	3	QL
<i>ketconazole (2 % cream, 2 % shampoo)</i>	1	
<i>ketconazole 2 % foam</i>	1	ST
<i>ketodan 2 % foam</i>	1	ST
LULICONAZOLE	1	AGE
OXISTAT 1 % LOTION	3	
<b>IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	1	
<b>INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC</b>		
NEMLUVIO	4	PA, QL, S (Specialty Drug)
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b>		
KERALYT 6 % SHAMPOO	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PODOCON-25	3	
PODOFILOX 0.5 % SOLUTION	1	
SALICYLIC ACID (6 % FOAM, 6 % SHAMPOO)	1	
<b>LINIMENTS</b>		
METHYL SALICYLATE LIQUID	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>glydo</i>	1	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
PREMIUM LIDOCAINE	1	
<b>MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL</b>		
HYFTOR	4	PA, QL, S (Specialty Drug)
<i>pimecrolimus</i>	1	ST, QL
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	QL
<b>MISC. TOPICAL</b>		
ARNICA FLOWER	1	
BORIC ACID GRANULES	1	
DRYSOL	3	
QBREXZA	3	QL
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA	2	QL
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	1	
<i>doxycycline</i>	1	PA, QL
FINACEA 15 % FOAM	3	QL
<i>ivermectin 1 % cream</i>	1	ST, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>metronidazole (0.75 % cream, 0.75 % lotion)</i>	1	
<i>metronidazole (0.75 % gel, 1 % gel)</i>	1	QL
RHOFADE	3	QL
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>malathion</i>	1	
NATROBA	3	QL
PERMETHRIN	1	
SPINOSAD	1	QL
SULFURATED LIME	1	
<b>SKIN PROTECTANTS</b>		
BENZOIN	1	
<b>STEROID-LOCAL ANESTHETIC COMBINATIONS</b>		
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
PRAMOSONE 1-2.5 % OINTMENT	3	
<b>TOPICAL ANESTHETIC COMBINATIONS</b>		
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<b>TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS</b>		
<i>bexarotene 1 % gel</i>	1	PA, QL
<b>TOPICAL STEROID COMBINATIONS</b>		
<i>calcipotriene-betameth diprop</i>	1	ST
<b>WOUND CARE - GROWTH FACTOR AGENTS</b>		
REGRANEX	3	QL
<b>WOUND DRESSINGS</b>		
FILSUVEZ	4	PA, QL, S (Specialty Drug)
<b>DIAGNOSTIC PRODUCTS (CONTINUED)</b>		
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK AVIVA PLUS STRIP	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ACCU-CHEK GUIDE TEST	3	PA, QL
ACCU-CHEK SMARTVIEW	3	PA, QL
ACCUTREND GLUCOSE	3	PA, QL
ADVANCE INTUITION TEST	3	PA, QL
ADVANCE MICRO-DRAW TEST	3	PA, QL
ADVOCATE REDI-CODE STRIP	3	PA, QL
ADVOCATE REDI-CODE+ TEST	3	PA, QL
ADVOCATE TEST	3	PA, QL
AGAMATRIX AMP TEST	3	PA, QL
AGAMATRIX JAZZ TEST	3	PA, QL
AGAMATRIX KEYNOTE TEST	3	PA, QL
AGAMATRIX PRESTO TEST	3	PA, QL
ASSURE 3 TEST	3	PA, QL
ASSURE 4 TEST	3	PA, QL
ASSURE II	3	PA, QL
ASSURE II CHECK	3	PA, QL
ASSURE PLATINUM	3	PA, QL
ASSURE PRISM MULTI TEST	3	PA, QL
ASSURE PRO TEST	3	PA, QL
ASSURE TITANIUM	3	PA, QL
BIOSCANNER GLUCOSE TEST	3	PA, QL
BIOTEL CARE TEST STRIPS	3	PA, QL
BLOOD GLUCOSE TEST	1	PA, QL
BLOOD GLUCOSE TEST STRIPS 333	1	PA, QL
BLULINK GLUCOSE TEST	3	PA, QL
CAREONE BLOOD GLUCOSE TEST	3	PA, QL
CARESENS N GLUCOSE TEST	3	PA, QL
CARESENS S GLUCOSE TEST	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CARETOUCH TEST	3	PA, QL
CLEVER CHEK AUTO-CODE TEST	3	PA, QL
CLEVER CHEK AUTO-CODE VOICE STRIP	3	PA, QL
CLEVER CHEK TEST	3	PA, QL
CLEVER CHOICE AUTO-CODE TEST	3	PA, QL
CLEVER CHOICE MICRO TEST	3	PA, QL
CLEVER CHOICE NO CODING	3	PA, QL
CLEVER CHOICE TALK SYSTEM STRIP	3	PA, QL
CONTOUR NEXT TEST	3	PA, QL
CONTOUR PLUS TEST	3	PA, QL
CONTOUR TEST	3	PA, QL
COOL BLOOD GLUCOSE TEST STRIPS	3	PA, QL
CVS ADVANCED GLUCOSE TEST	3	PA, QL
CVS GLUCOSE METER TEST STRIPS	3	PA, QL
CVS TRUE METRIX GLUCOSE TEST	3	PA, QL
D-CARE BLOOD GLUCOSE	3	PA, QL
DIATHRIVE BLOOD GLUCOSE TEST	3	PA, QL
DIATHRIVE GLUCOSE TEST	3	PA, QL
DIATHRIVE+ GLUCOSE TEST	3	PA, QL
DIATRUE PLUS TEST	3	PA, QL
DUO-CARE TEST	3	PA, QL
EASY MAX BLOOD GLUCOSE TEST	3	PA, QL
EASY PLUS II GLUCOSE TEST	3	PA, QL
EASY STEP TEST	3	PA, QL
EASY TALK BLOOD GLUCOSE TEST	3	PA, QL
EASY TALK PLUS II TEST STRIPS	3	PA, QL
EASY TOUCH HEALTHPRO GLUCOSE STRIP	3	PA, QL
EASY TOUCH TEST	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EASY TRAK BLOOD GLUCOSE TEST	3	PA, QL
EASY TRAK II GLUCOSE TEST	3	PA, QL
EASYGLUCO STRIP	3	PA, QL
EASYMAX 15 TEST	3	PA, QL
EASYMAX TEST	3	PA, QL
EASYPRO BLOOD GLUCOSE TEST	3	PA, QL
EASYPRO PLUS STRIP	3	PA, QL
ELEMENT COMPACT TEST	3	PA, QL
ELEMENT TEST	3	PA, QL
EMBRACE BLOOD GLUCOSE TEST	3	PA, QL
EMBRACE EVO BLOOD GLUCOSE TEST	3	PA, QL
EMBRACE PRO GLUCOSE TEST	3	PA, QL
EMBRACE TALK GLUCOSE TEST	3	PA, QL
EMBRACE WAVE BLOOD GLUCOSE STRIP	3	PA, QL
EQ BLOOD GLUCOSE TEST	3	PA, QL
EVOLUTION AUTOCODE STRIP	3	PA, QL
FIFTY50 GLUCOSE TEST 2.0	3	PA, QL
FONDCIRCLE BLOOD GLUCOSE TEST	3	PA, QL
FORA 6 CONNECT STRIP	3	PA, QL
FORA 6 CONNECT/GTEL TEST	3	PA, QL
FORA BLOOD GLUCOSE TEST	3	PA, QL
FORA D15G BLOOD GLUCOSE TEST	3	PA, QL
FORA D20 BLOOD GLUCOSE TEST	3	PA, QL
FORA D40/G31 BLOOD GLUCOSE	3	PA, QL
FORA G20 BLOOD GLUCOSE TEST	3	PA, QL
FORA G30/PREM V10 GLUCOSE TEST	3	PA, QL
FORA GD20 TEST	3	PA, QL
FORA GD50 BLOOD GLUCOSE TEST	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FORA GTEL BLOOD GLUCOSE TEST	3	PA, QL
FORA TN'G ADVANCE PRO STRIP	3	PA, QL
FORA TN'G/TN'G VOICE	3	PA, QL
FORA V10 BLOOD GLUCOSE TEST	3	PA, QL
FORA V12 BLOOD GLUCOSE TEST	3	PA, QL
FORA V20 BLOOD GLUCOSE TEST	3	PA, QL
FORA V30A BLOOD GLUCOSE TEST	3	PA, QL
FORACARE GD40 TEST	3	PA, QL
FORACARE PREMIUM V10 TEST	3	PA, QL
FORACARE TEST N GO TEST	3	PA, QL
FORTISCARE G1 TEST STRIP	3	PA, QL
FORTISCARE TEST	3	PA, QL
FREESTYLE INSULINX TEST	2	QL
FREESTYLE LITE TEST	2	QL
FREESTYLE PRECISION NEO TEST	2	QL
FREESTYLE TEST	2	QL
GE100 BLOOD GLUCOSE TEST	3	PA, QL
GENULTIMATE TEST	3	PA, QL
GHT TEST	3	PA, QL
GLUCO PERFECT 3 TEST	3	PA, QL
GLUCOCARD 01 SENSOR PLUS	3	PA, QL
GLUCOCARD EXPRESSION TEST	3	PA, QL
GLUCOCARD SHINE TEST	3	PA, QL
GLUCOCARD VITAL TEST	3	PA, QL
GLUCOCARD X-SENSOR	3	PA, QL
GLUCOCOM TEST	3	PA, QL
GLUCONAVII BLOOD GLUCOSE TEST	3	PA, QL
GLUCOSE METER TEST	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GNP EASY TOUCH GLUCOSE TEST	3	PA, QL
GNP TRUE METRIX GLUCOSE STRIPS	3	PA, QL
GNP TRUETRACK SMART SYSTEM	3	PA, QL
GNP TRUETRACK TEST STRIPS	3	PA, QL
GOJJI BLOOD GLUCOSE TEST	3	PA, QL
GOJJI BLOOD TEST STRIP/LANCETS	3	PA, QL
GOODSENSE BLOOD GLUCOSE STRIP	3	PA, QL
HW EMBRACE PRO GLUCOSE TEST	3	PA, QL
HW EMBRACE TALK GLUCOSE TEST	3	PA, QL
IGLUCOSE TEST STRIPS	3	PA, QL
IHEALTH BLOOD GLUCOSE TEST STR	3	PA, QL
IN TOUCH BLOOD GLUCOSE TEST	3	PA, QL
INFINITY BLOOD GLUCOSE TEST	3	PA, QL
INFINITY VOICE STRIP	3	PA, QL
KROGER BLOOD GLUCOSE TEST	3	PA, QL
KROGER HEALTHPRO GLUCOSE TEST	3	PA, QL
KROGER PREMIUM GLUCOSE TEST	3	PA, QL
LIBERTY NEXT GENERATION TEST	3	PA, QL
LIBERTY TEST	3	PA, QL
MEIJER BLOOD GLUCOSE TEST	3	PA, QL
MEIJER ESSENTIAL GLUCOSE TEST	3	PA, QL
MEIJER TRUETEST TEST	3	PA, QL
MEIJER TRUETRACK TEST	3	PA, QL
MICRODOT TEST	3	PA, QL
MM BLULINK GLUCOSE TEST	3	PA, QL
MM EASY TOUCH GLUCOSE	3	PA, QL
MYGLUCOHEALTH TEST	3	PA, QL
NEUTEK 2TEK TEST	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NOVA MAX GLUCOSE TEST	3	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	3	PA, QL
ONE DROP TEST	3	PA, QL
ONETOUCH ULTRA	3	PA, QL
ONETOUCH ULTRA BLUE TEST	3	PA, QL
ONETOUCH ULTRA TEST	3	PA, QL
ONETOUCH VERIO STRIP	3	PA, QL
OPTIUMEZ TEST	3	PA, QL
PHARMACIST CHOICE AUTOCODE	3	PA, QL
PHARMACIST CHOICE NO CODING	3	PA, QL
PIP BLOOD GLUCOSE TEST STRIP	3	PA, QL
POCKETCHEM EZ TEST	3	PA, QL
PRECISION XTRA BLOOD GLUCOSE	3	PA, QL
PRECISION XTRA KETONE	2	QL
PREMIUM BLOOD GLUCOSE TEST	3	PA, QL
PRO VOICE V8/V9 GLUCOSE	3	PA, QL
PRODIGY NO CODING BLOOD GLUC STRIP	3	PA, QL
PTS PANELS GLUCOSE TEST	3	PA, QL
PTS PANELSEGLU TEST	3	PA, QL
QUICK TOUCH BLOOD GLUCOSE TEST	3	PA, QL
QUICKTEK TEST	3	PA, QL
QUINTET AC BLOOD GLUCOSE TEST	3	PA, QL
QUINTET BLOOD GLUCOSE TEST	3	PA, QL
REFUAH PLUS BLOOD GLUCOSE TEST	3	PA, QL
RELION BLOOD GLUCOSE TEST	3	PA, QL
RELION CONFIRM/MICRO TEST	3	PA, QL
RELION GLUCOSE TEST STRIPS	3	PA, QL
RELION PREMIER TEST	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
RELION PRIME TEST	3	PA, QL
RELION TRUE METRIX TEST STRIPS	3	PA, QL
RELION ULTIMA TEST	3	PA, QL
REXALL BLOOD GLUCOSE TEST	3	PA, QL
RIGHTEST GS100 BLOOD GLUCOSE	3	PA, QL
RIGHTEST GS300 BLOOD GLUCOSE	3	PA, QL
RIGHTEST GS550 BLOOD GLUCOSE	3	PA, QL
RIGHTEST GT333 BLOOD GLUCOSE STRIP	3	PA, QL
RIGHTEST GT333 GLUCOSE TEST	3	PA, QL
SMART SENSE PREMIUM TEST	3	PA, QL
SMART SENSE VALUE TEST	3	PA, QL
SMARTTEST BLOOD GLUCOSE TEST	3	PA, QL
SOLUS V2 TEST	3	PA, QL
SUPREME TEST	3	PA, QL
TGT BLOOD GLUCOSE TEST	3	PA, QL
TRUE FOCUS BLOOD GLUCOSE STRIP	3	PA, QL
TRUE METRIX BLOOD GLUCOSE TEST	3	PA, QL
TRUE METRIX PRO BLOOD GLUCOSE	3	PA, QL
TRUETEST TEST	3	PA, QL
TRUETRACK TEST	3	PA, QL
UNISTRIP1 GENERIC	3	PA, QL
VERASENS BLOOD GLUCOSE TEST	3	PA, QL
VIVAGUARD INO TEST STRIPS	3	PA, QL
<b>MULTIPLE SKIN TESTS</b>		
T.R.U.E. TEST	3	
<b>DIGESTIVE AIDS (CONTINUED)</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SUCRAID	4	PA, QL, S (Specialty Drug)
ZENPEP	2	QL
<b>DIURETICS (CONTINUED)</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>dichlorphenamide</i>	4	PA, QL, AGE, S (Specialty Drug)
KEVEYIS	4	PA, QL, AGE, S (Specialty Drug)
<i>methazolamide</i>	1	
<i>ormalvi</i>	4	PA, S (Specialty Drug)
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
EDECIN	4	PA, QL
<i>ethacrynic acid</i>	1	PA, QL
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>torseamide</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	1	
CAROSPIR	3	QL, AGE
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>spironolactone 25 mg/5ml suspension</i>	1	QL, AGE
<i>triamterene</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	
DIURIL	2	QL, AGE
HEMICLOR	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)</b>		
<b>ADENOSINE DEAMINASE SCID TREATMENT - AGENTS</b>		
REVCOVI	4	QL, S (Specialty Drug)
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL
<i>alendronate sodium (5 mg tab, 10 mg tab)</i>	1	QL
<i>alendronate sodium 70 mg/75ml solution</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	1	ST, QL
<i>risedronate sodium 150 mg tab</i>	1	QL
<i>risedronate sodium 35 mg tab</i>	1	ST, QL
<b>CALCIMIMETIC AGENTS</b>		
<i>cinacalcet hcl</i>	1	QL
<b>CALCITONINS</b>		
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
<b>CARNITINE REPLENISHER - AGENTS</b>		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
<b>CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR</b>		
XPHOZAH	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>CORTISOL SYNTHESIS INHIBITORS</b>		
ISTURISA 1 MG TAB	4	PA, QL, S (Specialty Drug)
ISTURISA 5 MG TAB	4	PA, QL, S (Specialty Drug)
<b>DOPAMINE RECEPTOR AGONISTS</b>		
<i>cabergoline</i>	1	QL
<b>FABRY DISEASE - AGENTS</b>		
GALAFOLD	4	PA, QL, AGE, S (Specialty Drug)
<b>GAA DEFICIENCY TREATMENT - AGENTS</b>		
OPFOLDA	2	PA, QL
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA	4	PA, QL, S (Specialty Drug)
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	4	PA, QL, S (Specialty Drug)
<b>GROWTH HORMONES</b>		
GENOTROPIN	4	PA, QL
GENOTROPIN MINIQUICK	4	PA, QL
ZOMACTON (FOR ZOMA-JET 10)	4	PA, QL
ZOMACTON 10 MG RECON SOLN	4	PA, QL
ZOMACTON 5 MG RECON SOLN	4	PA, QL
<b>HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS</b>		
XURIDEN	4	PA, QL, S (Specialty Drug)
<b>HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS</b>		
<i>nitisinone</i>	4	PA, QL, S (Specialty Drug)
NITYR	4	PA, QL, S (Specialty Drug)
ORFADIN (2 MG CAP, 5 MG CAP, 10 MG CAP, 20 MG CAP)	4	PA, QL, S (Specialty Drug)
ORFADIN 4 MG/ML SUSPENSION	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>HOMOCYSTINURIA TREATMENT - AGENTS</b>		
<i>betaine</i>	1	PA, QL, S (Specialty Drug)
CYSTADANE	4	PA, QL, S (Specialty Drug)
<b>HYPERAMMONEMIA TREATMENT - AGENTS</b>		
CARBAGLU	4	PA, QL, S (Specialty Drug)
<i>carglumic acid</i>	1	PA, QL, S (Specialty Drug)
<b>HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS</b>		
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	1	QL
CALCITRIOL 1 MCG/ML SOLUTION	1	QL
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
<b>HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS</b>		
YORVIPATH	4	PA, QL, S (Specialty Drug)
<b>HYPOPHOSPHATASIA (HPP) AGENTS</b>		
STRENSIQ 18 MG/0.45ML SOLUTION	4	PA, QL, S (Specialty Drug)
STRENSIQ 28 MG/0.7ML SOLUTION	4	PA, QL, S (Specialty Drug)
STRENSIQ 40 MG/ML SOLUTION	4	PA, QL, S (Specialty Drug)
STRENSIQ 80 MG/0.8ML SOLUTION	4	PA, QL, S (Specialty Drug)
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX	4	PA, QL, S (Specialty Drug)
<b>LEPTIN ANALOGUES</b>		
MYALEPT	4	PA, QL, S (Specialty Drug)
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPOT-PED (1-MONTH)	4	QL, S (Specialty Drug)
LUPRON DEPOT-PED (3-MONTH)	4	QL, S (Specialty Drug)
SYNAREL	4	PA, QL, S (Specialty Drug)
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA	3	PA, QL
<b>OVULATION STIMULANTS-GONADOTROPINS</b>		
CHORIONIC GONADOTROPIN	1	PA
NOVAREL	3	PA
PREGNYL	3	PA
<b>PARATHYROID HORMONE AND DERIVATIVES</b>		
FORTEO	4	PA, QL
<i>teriparatide</i>	1	PA, QL
TYMLOS	4	PA, QL, S (Specialty Drug)
<b>PHENYLKETONURIA TREATMENT - AGENTS</b>		
<i>javygtor</i>	4	PA, QL, S (Specialty Drug)
PALYNZIQ	4	PA, QL, S (Specialty Drug)
<i>sapropterin dihydrochloride (100 mg packet, 500 mg packet)</i>	4	PA, QL, S (Specialty Drug)
<i>sapropterin dihydrochloride 100 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>zelvysia</i>	4	PA, QL, S (Specialty Drug)
<b>RANK LIGAND (RANKL) INHIBITORS</b>		
BILDYOS	4	QL
JUBBONTI	4	QL, S (Specialty Drug)
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
OSPHENA	3	QL
<i>raloxifene hcl</i>	1	QL
<b>SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS</b>		
JYNARQUE (15 MG TAB, 30 MG TAB)	4	PA, QL, S (Specialty Drug)
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	4	PA, QL, S (Specialty Drug)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
JYNARQUE 15 MG TAB THPK	4	PA, QL, S (Specialty Drug)
SAMSCA	4	PA, QL, S (Specialty Drug)
<i>tolvaptan (15 mg tab thpk, 30 &amp; 15 mg tab thpk, 45 &amp; 15 mg tab thpk, 60 &amp; 30 mg tab thpk, 90 &amp; 30 mg tab thpk)</i>	4	PA, QL, S (Specialty Drug)
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	PA, QL, S (Specialty Drug)
<i>tolvaptan (hyponatremia)</i>	1	PA, QL, S (Specialty Drug)
<b>SOMATOSTATIC AGENTS</b>		
BYNFEZIA PEN	4	PA, QL, S (Specialty Drug)
<i>lanreotide acetate</i>	4	PA, QL
MYCAPSSA	4	PA, QL, S (Specialty Drug)
OCTREOTIDE ACETATE (100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	2	QL, S (Specialty Drug)
<i>octreotide acetate 100 mcg/ml solution</i>	2	QL, S (Specialty Drug)
<i>octreotide acetate 1000 mcg/ml solution</i>	2	QL, S (Specialty Drug)
<i>octreotide acetate 200 mcg/ml solution</i>	2	QL, S (Specialty Drug)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	2	QL, S (Specialty Drug)
<i>octreotide acetate 50 mcg/ml solution</i>	2	QL, S (Specialty Drug)
<i>octreotide acetate 500 mcg/ml solution</i>	2	QL, S (Specialty Drug)
SANDOSTATIN 100 MCG/ML SOLUTION	4	QL, S (Specialty Drug)
SANDOSTATIN 50 MCG/ML SOLUTION	4	QL, S (Specialty Drug)
SANDOSTATIN 500 MCG/ML SOLUTION	4	QL, S (Specialty Drug)
SIGNIFOR	4	PA, QL, S (Specialty Drug)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	4	PA, QL, S (Specialty Drug)
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION	4	PA, QL, S (Specialty Drug)
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION	4	PA, QL, S (Specialty Drug)
<b>UREA CYCLE DISORDER - AGENTS</b>		
OLPRUVA (2 GM DOSE)	4	PA, QL, S (Specialty Drug)
OLPRUVA (3 GM DOSE)	4	PA, QL, S (Specialty Drug)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OLPRUVA (4 GM DOSE)	4	PA, QL, S (Specialty Drug)
OLPRUVA (5 GM DOSE)	4	PA, QL, S (Specialty Drug)
OLPRUVA (6 GM DOSE)	4	PA, QL, S (Specialty Drug)
OLPRUVA (6.67 GM DOSE)	4	PA, QL, S (Specialty Drug)
PHEBURANE	4	PA, QL, S (Specialty Drug)
<b>VASOPRESSIN</b>		
DDAVP (0.1 MG TAB, 0.2 MG TAB)	3	QL
<i>desmopressin ace spray refrig</i>	1	QL
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	QL
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	1	QL, S (Specialty Drug)
<i>desmopressin acetate 4 mcg/ml solution</i>	1	QL, S (Specialty Drug)
<i>desmopressin acetate pf</i>	1	QL, S (Specialty Drug)
<i>desmopressin acetate spray</i>	1	QL
<b>ESTROGENS (CONTINUED)</b>		
<b>ESTROGEN &amp; ANDROGEN</b>		
COVARYX	1	QL
COVARYX HS	1	QL
EEMT	1	QL
EEMT HS	1	QL
<i>est estrogens-methyltest</i>	1	QL
<i>est estrogens-methyltest ds</i>	1	QL
<i>est estrogens-methyltest hs</i>	1	QL
<i>estratest f.s.</i>	1	QL
ESTRATEST H.S.	1	QL
<b>ESTROGEN &amp; PROGESTIN</b>		
<i>abigale</i>	1	QL
<i>abigale lo</i>	1	QL
ACTIVELLA	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	QL
ANGELIQ	3	QL
CLIMARA PRO	3	QL
COMBIPATCH	2	QL
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	QL
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	QL
<i>norethindrone-eth estradiol</i>	1	
PREMPHASE	3	QL
PREMPRO	3	QL
<b>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</b>		
MYFEMBREE	4	PA, QL, S (Specialty Drug)
ORIAHNN	4	PA, QL, S (Specialty Drug)
<b>ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB</b>		
DUAVEE	2	QL
ALORA (0.025 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	3	QL
CLIMARA	3	
DELESTROGEN (10 MG/ML OIL, 20 MG/ML OIL)	3	
DEPO-ESTRADIOL	3	
DIVIGEL (0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL)	3	
<i>dotti</i>	1	QL
ELESTRIN	3	
ESTRACE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	3	QL
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg/gm gel)</i>	1	
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	QL
<i>estradiol 0.75 mg/1.25 gm (0.06%) gel</i>	1	QL
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	1	
ESTROGEL	3	QL
EVAMIST	3	QL
<i>lyllana</i>	1	QL
MENEST	3	QL
MENOSTAR	3	
MINIVELLE	3	QL
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	QL
VIVELLE-DOT	3	QL
<b>FLUOROQUINOLONES (CONTINUED)</b>		
BAXDELA 450 MG TAB	4	PA, QL, S (Specialty Drug)
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
<b>GASTROINTESTINAL AGENTS - MISC. (CONTINUED)</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTEGRITY	3	QL
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM 250 MG CAP	4	PA, QL, S (Specialty Drug)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CHOLBAM 50 MG CAP	4	PA, QL, S (Specialty Drug)
<b>CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
TRULANCE	3	ST, QL
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	QL, AGE
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
<b>HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS</b>		
REZDIFFRA	4	PA, QL, S (Specialty Drug)
<b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
LINZESS	2	QL
<b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>alosetron hcl</i>	1	ST, QL
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</i>	1	
DIPENTUM	3	ST
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	1	QL
<i>mesalamine 4 gm enema</i>	1	
<i>mesalamine er 0.375 gm cap er 24h</i>	1	QL
<i>mesalamine er 500 mg cap er</i>	1	QL
PENTASA (250 MG CAP ER, 500 MG CAP ER)	2	QL
SFROWASA	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sulfasalazine</i>	1	
<b>INTEGRIN RECEPTOR ANTAGONISTS</b>		
ENTYVIO PEN	4	PA, QL, S (Specialty Drug)
<b>INTERLEUKIN ANTAGONISTS</b>		
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	4	PA, QL, S (Specialty Drug)
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
<b>LIVE FECAL MICROBIOTA (HUMAN)</b>		
VOWST	4	ST, QL, S (Specialty Drug)
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan</i>	1	PA, QL
MOVANTIK	2	QL
RELISTOR 12 MG/0.6ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
RELISTOR 12 MG/0.6ML SOLUTION	4	PA, QL, S (Specialty Drug)
RELISTOR 150 MG TAB	4	PA, QL, S (Specialty Drug)
RELISTOR 8 MG/0.4ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
SYMPROIC	2	QL
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	3	PA, QL, S (Specialty Drug)
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
<i>ferric citrate</i>	3	PA, QL, S (Specialty Drug)
FOSRENOL 1000 MG PACKET	3	PA, QL
FOSRENOL 750 MG PACKET	3	PA, QL
<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab)</i>	1	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lanthanum carbonate 1000 mg chew tab</i>	1	PA, QL
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet)</i>	1	ST
<i>sevelamer carbonate 800 mg tab</i>	1	
<i>sevelamer hcl</i>	4	ST
VELPHORO	4	PA, QL, S (Specialty Drug)
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO	4	PA, QL, S (Specialty Drug)
<b>TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>		
CIMZIA	4	PA, QL, S (Specialty Drug)
CIMZIA (1 SYRINGE)	4	PA, QL, S (Specialty Drug)
CIMZIA (2 SYRINGE)	4	PA, QL, S (Specialty Drug)
CIMZIA-STARTER	4	PA, QL, S (Specialty Drug)
<b>GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)</b>		
<b>5-ALPHA REDUCTASE INHIBITORS</b>		
<i>dutasteride</i>	1	QL
<i>finasteride 5 mg tab</i>	1	QL
<b>ALPHA 1-ADRENOCEPTOR ANTAGONISTS</b>		
<i>alfuzosin hcl er</i>	1	QL
<i>silodosin</i>	1	QL
<i>tamsulosin hcl</i>	1	QL
UROXATRAL	3	QL
<b>ANTI-INFECTIVE GENITOURINARY IRRIGANTS</b>		
NEOMYCIN-POLYMYXIN B GU	1	
<b>CITRATES</b>		
CYTRA-K	1	
<i>pot &amp; sod cit-cit ac</i>	1	
<i>potassium citrate er</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
POTASSIUM CITRATE-CITRIC ACID	1	
<i>sod citrate-citric acid</i>	1	
SODIUM CITRATE-CITRIC ACID	1	
TRICITRATES	1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	2	
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	1	
ARGYLE STERILE SALINE	1	
CURITY STERILE SALINE	1	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	
RENACIDIN	3	
SODIUM CHLORIDE 0.9 % SOLUTION	1	
SORBITOL 3 % SOLUTION	1	
SORBITOL-MANNITOL	1	
<b>IGAN AGENTS - ENDOTHELIN &amp; ANGIOTENSIN II RECEPTOR ANTAG</b>		
FILSPARI	4	PA, QL, S (Specialty Drug)
<b>PHOSPHATES</b>		
K-PHOS NO 2	3	
<b>PROSTATIC HYPERTROPHY AGENT COMBINATIONS</b>		
<i>dutasteride-tamsulosin hcl</i>	1	QL
<b>SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)</b>		
RIVFLOZA 128 MG/0.8ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
RIVFLOZA 160 MG/ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
RIVFLOZA 80 MG/0.5ML SOLUTION	4	PA, QL, S (Specialty Drug)
<b>URINARY ANALGESICS</b>		
<i>phenazo 200 mg tab</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	1	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT	3	
THIOLA	4	QL, S (Specialty Drug)
<i>tiopronin 100 mg tab</i>	1	QL, S (Specialty Drug)
<b>GOUT AGENTS (CONTINUED)</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	1	
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	QL
<i>febuxostat</i>	1	QL
<b>URICOSURICS</b>		
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>ANTI-VON WILLEBRAND FACTOR AGENTS</b>		
CABLIVI	4	PA, QL, S (Specialty Drug)
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	4	PA, QL, S (Specialty Drug)
<b>COMPLEMENT C5A RECEPTOR INHIBITORS</b>		
TAVNEOS	4	PA, QL, S (Specialty Drug)
<b>DIRECT-ACTING P2Y12 INHIBITORS</b>		
<i>ticagrelor</i>	1	QL
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	1	
<b>PHOSPHODIESTERASE III INHIBITORS</b>		
<i>cilostazol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>PLASMA KALLIKREIN INHIBITORS</b>		
ORLADEYO (110 MG CAP, 150 MG CAP)	4	PA, QL, AGE, S (Specialty Drug)
ORLADEYO (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 132 MG PACKET)	4	PA, QL, AGE, S (Specialty Drug)
<b>PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES</b>		
TAKHZYRO	4	PA, QL, S (Specialty Drug)
<b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>		
<i>aspirin-dipyridamole er</i>	1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<b>PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS</b>		
ZONTIVITY	3	QL
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND	4	PA, QL, S (Specialty Drug)
PYRUKYND TAPER PACK	4	PA, QL, S (Specialty Drug)
<b>QUINAZOLINE AGENTS</b>		
<i>anagrelide hcl</i>	1	
<b>SPLEEN TYROSINE KINASE (SYK) INHIBITORS</b>		
TAVALISSE	4	PA, QL, S (Specialty Drug)
<b>THIENOPYRIDINE DERIVATIVES</b>		
<i>clopidogrel bisulfate</i>	1	QL
<i>prasugrel hcl</i>	1	QL
<b>HEMATOPOIETIC AGENTS (CONTINUED)</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA	4	PA, QL, S (Specialty Drug)
<i>miglustat</i>	4	PA, QL, S (Specialty Drug)
<i>yargesa</i>	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>AMINO ACIDS</b>		
ENDARI	4	PA, QL, S (Specialty Drug)
<i>l-glutamine 5 gm packet</i>	4	PA, QL, S (Specialty Drug)
<b>COBALAMINS</b>		
<i>cyanocobalamin (500 mcg/0.1ml solution, 2000 mcg/ml solution)</i>	1	QL
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	QL
<b>CYTOTOXIC AGENTS</b>		
DROXIA	3	
<b>FOLIC ACID/FOLATES</b>		
<i>cvs folic acid</i>	1	
<i>folate</i>	1	
<i>folic acid (1 mg tab, 400 mcg tab, 800 mcg tab)</i>	1	
<i>ft folic acid</i>	1	
<i>gnp folic acid</i>	1	
<i>hm folic acid</i>	1	
<i>kp folic acid 800 mcg tab</i>	1	
<i>px folic acid</i>	1	
<i>qc folic acid</i>	1	
<i>ra folic acid</i>	1	
<i>sm folic acid</i>	1	
<i>true folic acid 400 mcg tab</i>	1	
<i>yl folic acid</i>	1	
<b>HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS</b>		
JESDUVROQ (1 MG TAB, 2 MG TAB, 4 MG TAB)	4	PA, QL, S (Specialty Drug)
JESDUVROQ 6 MG TAB	4	PA, QL
JESDUVROQ 8 MG TAB	4	PA, QL
VAFSEO	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>IRON</b>		
<i>bprotected pedia iron</i>	1	QL, AGE
<i>fe-vite iron</i>	1	QL, AGE
<i>fer-in-sol</i>	1	QL, AGE
<i>ferrous sulfate (75 (15 fe) mg/ml solution, 220 (44 fe) mg/5ml solution, 300 (60 fe) mg/5ml solution, 300 mg/6.8ml solution)</i>	1	QL, AGE
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	1	QL, AGE
<i>iron infant &amp; toddler</i>	1	QL, AGE
<i>iron infant/toddler</i>	1	QL, AGE
<i>iron supplement</i>	1	QL, AGE
<i>iron supplement childrens</i>	1	QL, AGE
<i>one vite ferrous sulfate</i>	1	QL, AGE
<i>pc pediatric iron drops</i>	1	QL, AGE
<b>IRON COMBINATIONS</b>		
HEMATOGEN FA	3	QL
MULTIGEN	3	QL
MULTIGEN FOLIC	3	QL
MULTIGEN PLUS	3	QL
TRIGELS-F FORTE	1	QL
<b>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</b>		
DOPTELET	4	PA, QL, S (Specialty Drug)
DOPTELET SPRINKLE	4	QL, AGE
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	4	PA, QL, S (Specialty Drug)
MULPLETA	4	PA, QL, S (Specialty Drug)
PROMACTA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	4	PA, QL, S (Specialty Drug)
<b>HEMOSTATICS (CONTINUED)</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid (500 mg tab, 1000 mg tab)</i>	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>aminocaproic acid 0.25 gm/ml solution</i>	3	QL
<i>tranexamic acid 650 mg tab</i>	1	QL
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
<b>BENZODIAZEPINE HYPNOTICS</b>		
<i>estazolam</i>	1	QL
FLURAZEPAM HCL	1	ST, QL
QUAZEPAM	1	QL
<i>temazepam (15 mg cap, 30 mg cap)</i>	1	QL
<i>triazolam</i>	1	QL
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1	ST, QL
<b>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</b>		
EDLUAR	3	ST, QL
<i>eszopiclone</i>	1	QL
<i>zaleplon</i>	1	QL
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	ST, QL
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	1	QL
<i>zolpidem tartrate er</i>	1	QL
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	3	ST, QL
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ LQ	4	QL, AGE, S (Specialty Drug)
<i>ramelteon</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>tasimelteon</i>	4	QL, S (Specialty Drug)
<b>LAXATIVES (CONTINUED)</b>		
<b>BOWEL EVACUANT COMBINATIONS</b>		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	2	
GAVILYTE-C	3	
<i>gavilyte-g</i>	1	
GOLYTELY	3	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
PEG-PREP	3	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	1	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
<b>MACROLIDES (CONTINUED)</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	1	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	1	QL
ZITHROMAX (250 MG TAB, 500 MG TAB)	3	QL
ZITHROMAX TRI-PAK	3	QL
ZITHROMAX Z-PAK	3	QL
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clarithromycin er</i>	1	
<b>ERYTHROMYCINS</b>		
<i>e.e.s. 400</i>	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)</i>	1	AGE
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	4	PA, QL, S (Specialty Drug)
<i>fidaxomicin</i>	4	PA, QL, S (Specialty Drug)
<b>MEDICAL DEVICES AND SUPPLIES (CONTINUED)</b>		
<b>APPLICATORS,COTTON BALLS,ETC</b>		
ALCOH-WIPE	3	
ESSENTA WIPES 9X9"	3	
<b>CERVICAL CAPS</b>		
FEMCAP	2	
<b>CONDOMS - FEMALE</b>		
FC2 FEMALE CONDOM	2	QL
<b>CONDOMS - MALE</b>		
AIMSCO LUBRICATED	2	QL
CONDOMS	1	QL
DUREX EXTRA SENSITIVE THIN	2	QL
DUREX REALFEEL	2	QL
DUREX TROPICAL	2	QL
FANTASY LUBRICATED	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FANTASY LUBRICATED/SPERMICIDE	2	QL
K-Y ME & YOU EXTRA LUBRICATED	2	QL
K-Y ME & YOU INTENSE	2	QL
KAMELEON LUBRICATED	2	QL
KIMONO	2	QL
KIMONO COLORS	2	QL
KIMONO MAXX-LARGE FLARE	2	QL
KIMONO MICRO THIN	2	QL
KIMONO MICRO THIN PLUS	2	QL
KIMONO PLUS	2	QL
KIMONO PS	2	QL
KIMONO PS PLUS	2	QL
KIMONO SENSATION	2	QL
KIMONO SENSATION PLUS	2	QL
KIMONO SPECIAL	2	QL
MAXX	2	QL
MAXX PLUS	2	QL
PREMIUM CONDOMS LUBRICATED	2	QL
REALITY LATEX CONDOMS	2	QL
REALITY LATEX/ULTRA TEXTURED	2	QL
REALITY LATEX/ULTRA THIN	2	QL
TROJAN BARESKIN	2	QL
TROJAN ENZ	2	QL
TROJAN MAGNUM	2	QL
TROJAN ULTRA RIBBED LUBRICATED	2	QL
TROJAN ULTRA THIN	2	QL
TROJAN ULTRA THIN/SPERMICIDAL	2	QL
TROJAN-ENZ LUBRICATED	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TROJAN-ENZ/SPERMICIDAL	2	QL
TRUE COVER	2	QL
TRUSTEX COLOR CONDOMS + LUBE	2	QL
TRUSTEX LUB/RIBBED/STUDDERED	2	QL
TRUSTEX LUB/SPERMICIDE EX ST	2	QL
TRUSTEX LUB/SPERMICIDE XL	2	QL
TRUSTEX LUBRICATED	2	QL
TRUSTEX LUBRICATED EX LARGE	2	QL
TRUSTEX LUBRICATED EXTRA ST	2	QL
TRUSTEX LUBRICATED/SPERMICIDE	2	QL
TRUSTEX NATURAL CONDOMS + LUBE	2	QL
TRUSTEX NON-LUBRICATED	2	QL
TRUSTEX RIA LUB/SPERMICIDE	2	QL
TRUSTEX RIA LUBRICATED	2	QL
TRUSTEX RIA NON-LUBRICATED	2	QL
TRUSTEX-NONOXYNOL-9/RIB/STUD	2	QL
<b>DIAPHRAGMS</b>		
OMNIFLEX DIAPHRAGM	2	QL
<b>GLUCOSE MONITOR &amp; KETONE MONITOR COMBINATIONS</b>		
PRECISION XTRA-GLUCOSE/KETONE	2	QL
<b>GLUCOSE MONITORING TEST SUPPLIES</b>		
1ST TIER UNILET COMFORTOUCH	1	QL
ACCU-CHEK FASTCLIX LANCETS	1	QL
ACCU-CHEK SAFE-T PRO LANCETS	1	QL
ACCU-CHEK SOFTCLIX LANCETS	1	QL
ACTI-LANCE 28G	1	QL
ACTI-LANCE LITE LANCETS 28G	1	QL
ACTI-LANCE SPECIAL LANCETS 17G	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ACTI-LANCE UNIVERSAL 23G	1	QL
ADVANCED MOBILE LANCET	1	QL
ADVANTAGE SAFETY LANCETS 28G	1	QL
ADVOCATE LANCETS	1	QL
ADVOCATE LANCETS 30G	1	QL
ADVOCATE SAFETY LANCETS	1	QL
ADVOCATE SAFETY LANCETS 21G	1	QL
ADVOCATE SAFETY LANCETS 23G	1	QL
ADVOCATE SAFETY LANCETS 26G	1	QL
ADVOCATE SAFETY LANCETS 28G	1	QL
AGAMATRIX ULTRA-THIN LANCETS	1	QL
AIMSCO TWIST LANCETS 32G	1	QL
AIMSCO TWIST LANCETS 33G	1	QL
AQUALANCE LANCETS 30G	1	QL
ASSURE COMFORT LANCETS 28G	1	QL
ASSURE HAEMOLANCE PLUS HIGH	1	QL
ASSURE HAEMOLANCE PLUS LOW	1	QL
ASSURE HAEMOLANCE PLUS MICRO	1	QL
ASSURE HAEMOLANCE PLUS NORMAL	1	QL
ASSURE HAEMOLANCE PLUS PED	1	QL
ASSURE LANCE LANCETS	1	QL
ASSURE LANCE LANCETS 21G	1	QL
ASSURE LANCE PLUS SAFETY 25G	1	QL
ASSURE LANCE PLUS SAFETY 30G	1	QL
ASSURE LANCE SAFETY LANCET 28G	1	QL
AURORA LANCET SUPER THIN 30G	1	QL
AURORA LANCET THIN 23G	1	QL
BD MICROTAINER LANCETS	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CAREONE LANCET SUPER THIN 30G	1	QL
CAREONE LANCET THIN 23G	1	QL
CARESENS LANCETS	1	QL
CARESENS LANCETS 30G	1	QL
CARETOUCH SAFETY LANCETS	1	QL
CARETOUCH SAFETY LANCETS 26G	1	QL
CARETOUCH TWIST LANCETS 28G	1	QL
CARETOUCH TWIST LANCETS 30G	1	QL
CARETOUCH TWIST LANCETS 33G	1	QL
CARETOUCH TWIST MC LANCETS 30G	1	QL
CHOSEN LANCETS 30G	1	QL
CHOSEN SAFETY LANCETS 28G	1	QL
CLEANLET LANCETS 28G	1	QL
CLEVER CHEK LANCETS	1	QL
CLEVER CHOICE COMFORT EZ MISC	1	QL
CLEVER CHOICE LANCETS 21G	1	QL
CLEVER CHOICE LANCETS 23G	1	QL
CLEVER CHOICE LANCETS 28G	1	QL
COAGUCHEK LANCETS	1	QL
COMFORT ASSURED LANCETS 28G	1	QL
COMFORT ASSURED LANCETS 33G	1	QL
COMFORT LANCETS	1	QL
COMFORT TOUCH LANCETS 31G	1	QL
COMFORT TOUCH PLUS LANCETS 28G	1	QL
COMFORT TOUCH PLUS LANCETS 30G	1	QL
COMFORT TOUCH TWIST LANCET 30G	1	QL
CVS LANCETS 21G	1	QL
CVS LANCETS MICRO THIN 33G	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CVS LANCETS ORIGINAL	1	QL
CVS LANCETS THIN 26G	1	QL
CVS LANCETS ULTRA THIN 30G	1	QL
CVS LANCETS ULTRA-THIN 30G	1	QL
CVS ULTRA THIN LANCETS	1	QL
DEXCOM G6 RECEIVER	2	ST, QL, AGE
DEXCOM G6 SENSOR	2	ST, QL, AGE
DEXCOM G6 TRANSMITTER	2	ST, QL, AGE
DEXCOM G7 15 DAY SENSOR	2	ST, QL, AGE
DEXCOM G7 RECEIVER	2	ST, QL, AGE
DEXCOM G7 SENSOR	2	ST, QL, AGE
DIATHRIVE LANCET ULTRA THIN 30	1	QL
DIATHRIVE LANCETS	1	QL
DROPLET LANCETS ULTRA THIN 30G	1	QL
DROPLET PERSONAL LANCETS 30G	1	QL
DROPSAFE ACTI-LANCE 23G	1	QL
DROPSAFE MEDLANCE LANCET 30G	1	QL
DRUG MART LANCETS THIN 26G	1	QL
DRUG MART ON-THE-GO LANCET 30G	1	QL
DRUG MART UNILET LANCETS 28G	1	QL
DRUG MART UNILET LANCETS 30G	1	QL
DRUG MART UNILET LANCETS 33G	1	QL
E-Z JECT LANCET MICRO-THIN 33G	1	QL
E-Z JECT LANCET SUPER THIN 30G	1	QL
E-Z JECT LANCETS	1	QL
E-Z JECT LANCETS 21G	1	QL
E-Z JECT LANCETS THIN 26G	1	QL
EASY COMFORT LANCETS	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EASY COMFORT LANCETS TWIST TOP	1	QL
EASY TOUCH LANCETS 21G	1	QL
EASY TOUCH LANCETS 23G	1	QL
EASY TOUCH LANCETS 26G	1	QL
EASY TOUCH LANCETS 28G	1	QL
EASY TOUCH LANCETS 28G/TWIST	1	QL
EASY TOUCH LANCETS 30G	1	QL
EASY TOUCH LANCETS 30G/TWIST	1	QL
EASY TOUCH LANCETS 32G	1	QL
EASY TOUCH LANCETS 32G/TWIST	1	QL
EASY TOUCH LANCETS 33G/TWIST	1	QL
EASY TOUCH SAFETY LANCETS 21G	1	QL
EASY TOUCH SAFETY LANCETS 23G	1	QL
EASY TOUCH SAFETY LANCETS 26G	1	QL
EASY TOUCH SAFETY LANCETS 28G	1	QL
EMBRACE LANCETS ULTRA THIN 30G	1	QL
EMBRACE PRESSURE ACTIVATED 21G	1	QL
EMBRACE PRESSURE ACTIVATED 28G	1	QL
ENLITE GLUCOSE SENSOR	3	PA, QL
EQL COLOR LANCETS 21G	1	QL
EQL COLOR LANCETS MICRO 33G	1	QL
EQL SUPER THIN LANCETS 30G	1	QL
EQL THIN LANCETS 26G	1	QL
EZ-LETS LANCETS 21G	1	QL
EZ-LETS LANCETS 26G	1	QL
EZ-LETS LANCETS 28G	1	QL
EZ-LETS LANCETS 30G	1	QL
FIFTY50 SAFETY SEAL LANCETS	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FIFTY50 UNILET LANCETS 33G	1	QL
FINE 30	1	QL
FINGERSTIX LANCETS	1	QL
FONDCIRCLE SINGLE USE LANCETS	1	QL
FORA LANCETS	1	QL
FREDS PHARMACY UNILET LANC 28G	1	QL
FREDS PHARMACY UNILET LANC 30G	1	QL
FREESTYLE FREEDOM LITE	2	QL
FREESTYLE LANCETS	1	QL
FREESTYLE LIBRE 14 DAY READER	2	ST, QL, AGE
FREESTYLE LIBRE 14 DAY SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE 2 PLUS SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE 2 READER	2	ST, QL, AGE
FREESTYLE LIBRE 2 SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST, QL
FREESTYLE LIBRE 3 READER	2	ST, QL, AGE
FREESTYLE LIBRE 3 SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE READER	2	ST, QL, AGE
FREESTYLE LITE W/DEVICE KIT	2	QL
FREESTYLE PRECISION NEO SYSTEM	2	QL
FREESTYLE UNISTICK II LANCETS	1	QL
GENTEEL BUTTERFLY TOUCH LANCET	1	QL
GENTLE-LET GP LANCETS	1	QL
GENTLE-LET LANCETS	1	QL
GLOBAL INJECT EASE LANCETS 28G	1	QL
GLOBAL INJECT EASE LANCETS 30G	1	QL
GLUCOCOM LANCETS 28G	1	QL
GLUCOCOM LANCETS 30G	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GLUCOCOM LANCETS 33G	1	QL
GNP LANCETS 21G	1	QL
GNP LANCETS THIN 26G	1	QL
GNP STERILE LANCETS 28G	1	QL
GNP STERILE LANCETS 30G	1	QL
GNP STERILE LANCETS 33G	1	QL
GOJJI STERILE LANCETS	1	QL
GOODSENSE COLOR LANCETS 33G	1	QL
GOODSENSE LANCETS 26G UNIV	1	QL
GOODSENSE LANCETS 30G	1	QL
GOODSENSE LANCETS 30G UNIV	1	QL
GOODSENSE LANCETS 33G	1	QL
GOODSENSE LANCETS 33G UNIV	1	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL, AGE
GUARDIAN 4 TRANSMITTER	3	PA, QL, AGE
GUARDIAN CONNECT TRANSMITTER	3	PA, QL, AGE
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL, AGE
GUARDIAN REAL-TIME REPLACE PED	3	PA, QL, AGE
GUARDIAN SENSOR (3)	3	PA, QL, AGE
GUARDIAN SENSOR 3	3	PA, QL, AGE
H-E-B INCONTROL LANCETS 28G	1	QL
H-E-B INCONTROL LANCETS 30G	1	QL
H-E-B INCONTROL LANCETS 33G	1	QL
HAEMOLANCE	1	QL
HAEMOLANCE LOW FLOW LANCETS	1	QL
HAEMOLANCE PLUS	1	QL
HAEMOLANCE PLUS HIGH FLOW	1	QL
HAEMOLANCE PLUS LOW FLOW	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HAEMOLANCE PLUS MAX FLOW	1	QL
HAEMOLANCE PLUS PEDIATRIC FLOW	1	QL
HEALTHY ACCENTS UNILET LANCETS	1	QL
HY-VEE LANCETS	1	QL
HY-VEE THIN LANCETS	1	QL
IN TOUCH STERILE LANCETS 30G	1	QL
KINNEY LANCETS	1	QL
KINNEY THIN LANCETS	1	QL
KROGER HEALTHPRO LANCET 26G	1	QL
KROGER LANCETS	1	QL
KROGER LANCETS 21G	1	QL
KROGER LANCETS MICRO THIN 33G	1	QL
KROGER LANCETS SUPER THIN	1	QL
KROGER LANCETS THIN	1	QL
KROGER LANCETS THIN 26G	1	QL
KROGER LANCETS ULTRATHIN 30G	1	QL
LANCETS	1	QL
LANCETS 28G THIN	1	QL
LANCETS 30G	1	QL
LANCETS 33G	1	QL
LANCETS MICRO THIN 33G	1	QL
LANCETS SUPER THIN	1	QL
LANCETS SUPER THIN 28G	1	QL
LANCETS THIN	1	QL
LANCETS ULTRA THIN	1	QL
LANCETS ULTRA THIN 30G	1	QL
LIBERTY MEDICAL LANCETS	1	QL
LITE TOUCH LANCETS	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LITETOUCH LANCETS	1	QL
LIVE BETTER LANCET SUPER THIN	1	QL
LIVE BETTER LANCET ULTRA THIN	1	QL
LONGS LANCETS STANDARD	1	QL
LONGS LANCETS THIN	1	QL
LONGS LANCETS ULTRA THIN	1	QL
MEDICHOICE SAFETY LANCET	1	QL
MEDICHOICE SAFETY LANCET EXTRA	1	QL
MEDICHOICE SAFETY LANCET NORM	1	QL
MEDLANCE EXTRA 21G	1	QL
MEDLANCE LITE 25G	1	QL
MEDLANCE PLUS EXTRA 21G	1	QL
MEDLANCE PLUS LANCETS	1	QL
MEDLANCE PLUS LITE 25G	1	QL
MEDLANCE PLUS SPECIAL 0.8MM	1	QL
MEDLANCE PLUS SUPERLITE 30G	1	QL
MEDLANCE PLUS UNIVERSAL 21G	1	QL
MEDLANCE UNIVERSAL 21G	1	QL
MEIJER LANCETS	1	QL
MEIJER LANCETS THIN	1	QL
MEIJER LANCETS UNIVERSAL 21G	1	QL
MEIJER LANCETS UNIVERSAL 30G	1	QL
MEIJER LANCETS UNIVERSAL 33G	1	QL
MEIJER SUPER THIN LANCETS	1	QL
MICROLET LANCETS	1	QL
MICROLET NEXT LANCETS	1	QL
MINILINK REAL-TIME TRANSMITTER	3	PA, QL, AGE
MINIMED 630G GUARDIAN PRESS	3	PA, QL, AGE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MINIMED INSTINCT GLUC SENSOR	3	PA
MM TWIST LANCETS	1	QL
MOBILE LANCETS 30G	1	QL
MONOLET LANCETS	1	QL
MONOLET OPD LANCETS	1	QL
MONOLETTOR SAFETY LANCETS	1	QL
MPD SAFETY LANCET 21G	1	QL
MPD SAFETY LANCET 23G	1	QL
MPD SAFETY LANCET 28G	1	QL
MPD SAFETY LANCET 30G	1	QL
MYGLUCOHEALTH LANCETS 30G	1	QL
NOVA SAFETY LANCETS 23G	1	QL
NOVA SAFETY LANCETS 28G	1	QL
NOVA SUREFLEX LANCETS	1	QL
ONETOUCH DELICA PLUS LANCET30G	1	QL
ONETOUCH DELICA PLUS LANCET33G	1	QL
ONETOUCH DELICA SAFETY LANCING	1	QL
ONETOUCH ULTRASOFT 2 LANCETS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA, QL, AGE
PC LANCETS SUPER THIN 30G	1	QL
PERFECT LANCETS 28G	1	QL
PERFECT LANCETS 30G	1	QL
PERFECT POINT SAFETY LANCETS	1	QL
PHARMACIST CHOICE LANCETS	1	QL
PHARMACY COUNTER LANCETS	1	QL
PIP LANCETS 28G	1	QL
PIP LANCETS 30G	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PRECISION THINS GP LANCETS	1	QL
PREFERRED PLUS LANCETS COLORED	1	QL
PREFERRED PLUS LANCETS THIN	1	QL
PRO COMFORT LANCETS 30G	1	QL
PRO COMFORT LANCETS 31G	1	QL
PRO COMFORT SAFETY LANCETS 30G	1	QL
PRODIGY LANCETS 28G	1	QL
PRODIGY SAFETY LANCETS 26G	1	QL
PRODIGY TWIST TOP LANCETS 28G	1	QL
PSS SELECT GP LANCETS	1	QL
PSS SELECT SAFETY LANCETS	1	QL
PURE COMFORT LANCETS 30G	1	QL
PURE COMFORT SAFETY LANCET 30G	1	QL
PX LANCETS MICROTHIN 33G	1	QL
PX LANCETS ULTRA THIN	1	QL
PX LANCETS ULTRA THIN 28G	1	QL
QC LANCETS SUPER THIN 30G	1	QL
QC LANCETS ULTRA THIN	1	QL
QC UNILET LANCETS 28G	1	QL
QC UNILET LANCETS MICRO THIN	1	QL
RA E-ZJECT LANCETS 28G	1	QL
RA E-ZJECT LANCETS THIN 26G	1	QL
RA E-ZJECT LANCETS THIN 28G	1	QL
RA E-ZJECT LANCETS ULTRA THIN	1	QL
READYLANCE SAFETY LANCETS	1	QL
REALITY LANCETS	1	QL
REALITY TRIGGER LANCETS	1	QL
RELION LANCET DEVICES 30G	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
RELION LANCETS	1	QL
RELION LANCETS MICRO-THIN 33G	1	QL
RELION LANCETS THIN 26G	1	QL
RELION LANCETS ULTRA-THIN 30G	1	QL
RELION ULTRA THIN LANCETS 30G	1	QL
RELION ULTRA THIN PLUS LANCETS	1	QL
REXALL LANCETS ULTRA THIN 30G	1	QL
RIGHTTEST GL300 LANCETS	1	QL
SAFE-T-LANCE	1	QL
SAFE-T-LANCE PLUS	1	QL
SAFETY LANCET 30G/PRESSURE ACT	1	QL
SAFETY LANCETS	1	QL
SAFETY LANCETS 21G	1	QL
SAFETY LANCETS 23G	1	QL
SAFETY LANCETS 28G	1	QL
SAPS HEALTH PLUS LANCETS	1	QL
SAPS HEALTH TWIST TOP LANCETS	1	QL
SAPS TWIST TOP LANCETS	1	QL
SAPSCARE TWIST TOP LANCETS	1	QL
SB LANCETS THIN	1	QL
SB LANCETS ULTRA THIN	1	QL
SENSILANCE SAFETY LANCETS 21G	1	QL
SENSILANCE SAFETY LANCETS 26G	1	QL
SENSILANCE SAFETY LANCETS 28G	1	QL
SHOPKO ON-THE-GO LANCETS 30G	1	QL
SHOPKO UNILET LANCETS 28G	1	QL
SHOPKO UNILET LANCETS 30G	1	QL
SINGLE-LET	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SM LANCETS 33G	1	QL
SMART SENSE COLOR LANCETS 33G	1	QL
SMART SENSE STANDARD LANCETS	1	QL
SMART SENSE SUPER THIN LANCETS	1	QL
SMART SENSE THIN LANCETS 26G	1	QL
SMARTEST LANCETS 28G	1	QL
SOLUS V2 LANCETS 28G	1	QL
SOLUS V2 TWIST LANCETS 30G	1	QL
STERILANCE TL	1	QL
SUPER THIN LANCETS	1	QL
SURE COMFORT LANCETS 18G	1	QL
SURE COMFORT LANCETS 21G	1	QL
SURE COMFORT LANCETS 23G	1	QL
SURE COMFORT LANCETS 28G	1	QL
SURE COMFORT LANCETS 30G	1	QL
SURELITE LANCETS	1	QL
TECHLITE AST LANCETS	1	QL
TECHLITE LANCETS	1	QL
TECHLITE LANCETS 26G	1	QL
TECHLITE LANCETS 30G	1	QL
TGT LANCET MICRO THIN 33G	1	QL
TGT LANCET THIN 26G	1	QL
TGT LANCET ULTRA THIN 30G	1	QL
THINLETS GP LANCETS	1	QL
TODAYS HEALTH THIN LANCETS 28G	1	QL
TODAYS HEALTH THIN LANCETS 30G	1	QL
TOPCARE LANCETS MICRO-THIN 33G	1	QL
TRAVEL LANCETS	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRAVEL LANCETS ADVANCED 28G	1	QL
TRUE COMFORT SAFETY LANCETS	1	QL
TRUE COMFORT TWIST TOP LANCETS	1	QL
TRUEPLUS LANCETS 26G	1	QL
TRUEPLUS LANCETS 28G	1	QL
TRUEPLUS LANCETS 30G	1	QL
TRUEPLUS LANCETS 33G	1	QL
TRUEPLUS SAFETY LANCETS 28G	1	QL
TWIST TOP LANCETS 30G	1	QL
ULTILET CLASSIC LANCETS	1	QL
ULTILET LANCETS	1	QL
ULTILET SAFETY LANCETS	1	QL
ULTILET SAFETY LANCETS 23G	1	QL
ULTRA THIN LANCETS 31G	1	QL
ULTRA-CARE LANCETS 30G	1	QL
ULTRA-THIN II AUTO LANCET	1	QL
ULTRA-THIN II LANCETS	1	QL
UNILET COMFORTOUCH LANCET	1	QL
UNILET EXCELITE	1	QL
UNILET EXCELITE II	1	QL
UNILET G.P. LANCET	1	QL
UNILET G.P. SUPERLITE LANCET	1	QL
UNILET GP 28 ULTRA THIN	1	QL
UNILET LANCET	1	QL
UNILET MICRO-THIN 33G	1	QL
UNILET SUPER-THIN 30G	1	QL
UNILET SUPERLITE LANCET	1	QL
UNILET ULTRA-THIN 28G	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
UNISTIK 1	1	QL
UNISTIK 2	1	QL
UNISTIK 2 COMFORT	1	QL
UNISTIK 2 EXTRA	1	QL
UNISTIK 2 NEONATAL	1	QL
UNISTIK 2 NORMAL	1	QL
UNISTIK 2 SUPER	1	QL
UNISTIK 3	1	QL
UNISTIK 3 COMFORT	1	QL
UNISTIK 3 EXTRA	1	QL
UNISTIK 3 GENTLE	1	QL
UNISTIK 3 NEONATAL	1	QL
UNISTIK 3 NORMAL	1	QL
UNISTIK CZT COMFORT	1	QL
UNISTIK CZT NORMAL	1	QL
UNISTIK NORMAL	1	QL
UNISTIK PRO SAFETY LANCET	1	QL
UNISTIK SAFETY LANCETS 28G	1	QL
UNISTIK SAFETY LANCETS 30G	1	QL
UNISTIK TOUCH SAFETY LANC 21G	1	QL
UNISTIK TOUCH SAFETY LANC 23G	1	QL
UNISTIK TOUCH SAFETY LANC 28G	1	QL
UNISTIK TOUCH SAFETY LANC 30G	1	QL
UNIVERSAL 1 LANCETS THIN 26G	1	QL
UNIVERSAL 1 LANCETS THIN 33G	1	QL
UNIVERSAL 1 LANCETS ULTRA THIN	1	QL
VALUE PLUS LANCET STANDARD 21G	1	QL
VALUE PLUS LANCETS SUPER THIN	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VALUE PLUS LANCETS THIN 26G	1	QL
VALUMARK LANCET SUPER THIN 30G	1	QL
VALUMARK LANCET ULTRA THIN 28G	1	QL
VERIFINE SAFE LANCET MINI 21G	1	QL
VERIFINE SAFE LANCET MINI 23G	1	QL
VERIFINE SAFE LANCET MINI 28G	1	QL
VERIFINE SAFE LANCET MINI 30G	1	QL
VERIFINE UNIVERSAL LANCETS 28G	1	QL
VERIFINE UNIVERSAL LANCETS 30G	1	QL
VERIFINE UNIVERSAL LANCETS 33G	1	QL
VIDA MIA UNILET LANCETS 28G	1	QL
VIDA MIA UNILET LANCETS 30G	1	QL
VIVAGUARD LANCETS	1	QL
VIVAGUARD LANCETS 30G	1	QL
VIVAGUARD SAFETY LANCETS 28G	1	QL
WALGREENS ADV TRAVEL LANCETS	1	QL
WALGREENS LANCETS	1	QL
WALGREENS LANCETS MICRO THIN	1	QL
WALGREENS LANCETS SUPER THIN	1	QL
WALGREENS THIN LANCETS	1	QL
WALGREENS ULTRA THIN LANCETS	1	QL
ZEVRX TWIST TOP LANCETS 30G	1	QL
<b>INSULIN ADMINISTRATION SUPPLIES</b>		
ACCU-CHEK LINKASSIST	3	PA, QL
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	PA, QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA, QL
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	PA, QL
OMNIPOD DASH INTRO (GEN 4)	2	PA, QL
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	PA, QL
<b>NEEDLES &amp; SYRINGES</b>		
1ST TIER UNIFINE PENTIPS	2	QL
1ST TIER UNIFINE PENTIPS PLUS	2	QL
ABOUTTIME PEN NEEDLE	2	QL
ADVOCATE INSULIN PEN NEEDLE	2	QL
ADVOCATE INSULIN PEN NEEDLES	2	QL
ADVOCATE INSULIN SYRINGE	2	QL
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
ASSURE ID DUO PRO PEN NEEDLES	2	QL
ASSURE ID INSULIN SAFETY SYR	2	QL
ASSURE ID PRO PEN NEEDLES	2	QL
ASSURE ID SAFETY PEN NEEDLES	2	QL
AUM INSULIN SAFETY PEN NEEDLE	2	QL
AUM MINI INSULIN PEN NEEDLE	2	QL
AUM PEN NEEDLE	2	QL
AUM READYGARD DUO PEN NEEDLE	2	QL
AUM SAFETY PEN NEEDLE	2	QL
AURORA PEN NEEDLES	2	QL
AURORA UNIFINE PENTIPS	2	QL
AUTOPEN	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BARDIA BULB IRRIGATION SYRINGE	3	
BARDIA PISTON IRRIGATION SYR	3	
BD ALLERGY SYRINGE	3	
BD AUTOSHIELD DUO	2	QL
BD BLUNT FILL NEEDLE	3	
BD BLUNT FILL NEEDLE W/FILTER	3	
BD CONTROL SYRING LUER-LOK	3	
BD DISP NEEDLE	3	
BD DISP NEEDLES	3	
BD ECLIPSE LUER-LOK NEEDLE	3	
BD ECLIPSE NEEDLE	3	
BD ECLIPSE SHIELDED NEEDLE	3	
BD ECLIPSE SYRINGE	3	
BD ECLIPSE SYRINGE/NEEDLE	3	
BD FILTER NEEDLE	3	
BD HYPODERMIC NEEDLE	3	
BD INSULIN SYR ULTRAFINE II	2	QL
BD INSULIN SYRINGE	2	QL
BD INSULIN SYRINGE HALF-UNIT	2	QL
BD INSULIN SYRINGE MICROFINE	2	QL
BD INSULIN SYRINGE U-500	2	QL
BD INSULIN SYRINGE U/F	2	QL
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL
BD INSULIN SYRINGE ULTRAFINE	2	QL
BD INTEGRA NEEDLE	3	
BD INTEGRA SYRINGE	3	
BD LUER-LOCK SYRINGE	3	
BD LUER-LOK SYRINGE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BD NOKOR ADMIX NEEDLE	3	
BD PEN	3	
BD PEN MINI	3	
BD PEN NEEDLE MICRO ULTRAFINE	2	QL
BD PEN NEEDLE MINI ULTRAFINE	2	QL
BD PEN NEEDLE NANO 2ND GEN	2	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL
BD PEN NEEDLE ORIG ULTRAFINE	2	QL
BD PEN NEEDLE SHORT ULTRAFINE	2	QL
BD PLASTIPAK SYRINGE	3	
BD PRECISIONGLIDE NEEDLE	3	
BD SAFETYGLIDE ALLERGY SYRINGE	3	
BD SAFETYGLIDE INSULIN SYRINGE	2	QL
BD SAFETYGLIDE NEEDLE	3	
BD SAFETYGLIDE SHIELDED NEEDLE	3	
BD SAFETYGLIDE SYRINGE/NEEDLE	3	
BD SYRINGE	3	
BD SYRINGE BLUNT CANNULA 17G	3	
BD SYRINGE DISPOSABLE	3	
BD SYRINGE DUAL CANNULA	3	
BD SYRINGE LUER SLIP TIP	3	
BD SYRINGE LUER-LOK	3	
BD SYRINGE SLIP TIP	3	
BD SYRINGE/NEEDLE	3	
BD TB SYRINGE	3	
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL
BD VEO INSULIN SYR ULTRAFINE	2	QL
CAREFINE PEN NEEDLES	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CAREONE INSULIN SYRINGE	2	QL
CAREONE UNIFINE PENTIPS	2	QL
CAREONE UNIFINE PENTIPS PLUS	2	QL
CAREPOINT POLY HUB NEEDLE	3	
CAREPOINT PRECISION POLY HUB	3	
CAREPOINT SAFETY 1ST NEEDLE	3	
CAREPOINT SAFETY1ST SYR/NEEDLE	3	
CAREPOINT SYRINGE CATHETER TIP	3	
CAREPOINT SYRINGE LUER LOCK	3	
CAREPOINT SYRINGE LUER SLIP	3	
CAREPOINT TUBERCLN SYR/LUER SL	3	
CARETOUCH CATHETER TIP SYRINGE	3	
CARETOUCH HYPODERMIC NEEDLE	3	
CARETOUCH INSULIN SYRINGE	2	QL
CARETOUCH LUER LOCK	3	
CARETOUCH LUER LOCK SYR/NEEDLE	3	
CARETOUCH LUER SLIP	3	
CARETOUCH PEN NEEDLES	2	QL
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	QL
CLICKFINE PEN NEEDLES	2	QL
COMFORT ASSIST INSULIN SYRINGE	2	QL
COMFORT EZ INSULIN SYRINGE	2	QL
COMFORT EZ MICRO PEN NEEDLES	2	QL
COMFORT EZ PEN NEEDLES	2	QL
COMFORT EZ PRO PEN NEEDLES	2	QL
COMFORT EZ SHORT PEN NEEDLES	2	QL
COMFORT TOUCH INSULIN PEN NEED	2	QL
CRONO SYRINGE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DEFLUX METAL NEEDLE	3	
DIATHRIVE PEN NEEDLE	2	QL
DROPLET INSULIN SYRINGE	2	QL
DROPLET MICRON	2	QL
DROPLET PEN NEEDLES	2	QL
DROPSAFE AUTOPROTECT DUO	2	QL
DROPSAFE SAFETY PEN NEEDLES	2	QL
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL
DROPSAFE SICURA	3	
DRUG MART UNIFINE PENTIPS	2	QL
DRUG MART UNIFINE PENTIPS PLUS	2	QL
EASY COMFORT INSULIN SYRINGE	2	QL
EASY COMFORT PEN NEEDLES	2	QL
EASY GLIDE CATH TIP SYRINGE	3	
EASY GLIDE LUER LOCK SYRINGE	3	
EASY GLIDE PEN NEEDLES	2	QL
EASY GLIDE SLIP LOCK SYRINGE	3	
EASY TOUCH ALLERGY SYRINGE	3	
EASY TOUCH FLIPLOCK INSULIN SY	2	QL
EASY TOUCH FLIPLOCK NEEDLES	3	
EASY TOUCH FLIPLOCK SAFETY SYR	3	
EASY TOUCH FLURINGE	3	
EASY TOUCH FLURINGE FLIPLOCK	3	
EASY TOUCH FLURINGE SHEATHLOCK	3	
EASY TOUCH HYPODERMIC NEEDLE	3	
EASY TOUCH INSULIN BARRELS	2	QL
EASY TOUCH INSULIN SAFETY SYR	2	QL
EASY TOUCH INSULIN SYRINGE	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EASY TOUCH PEN NEEDLES	2	QL
EASY TOUCH SAFETY PEN NEEDLES	2	QL
EASY TOUCH SAFETY SYRINGE	3	
EASY TOUCH SHEATHLOCK SYRINGE (21G X 1" 3 ML MISC, 21G X 1-1/2" 10 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 5 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 10 ML MISC, 22G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 5 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 10 ML MISC, 25G X 1" 3 ML MISC, 25G X 1" 5 ML MISC, 25G X 5/8" 3 ML MISC)	3	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
EASY TOUCH SYRINGE BARREL	3	
EASY TOUCH TB FLIPLOCK SYRINGE	3	
EASY TOUCH TB SHEATHLOCK SYR	3	
EASYPOINT NEEDLE	3	
EASYPOINT NEEDLE/SYRINGE	3	
EMBECTA AUTOSHIELD DUO	2	QL
EMBECTA INS SYR U/F 1/2 UNIT	2	QL
EMBECTA INSULIN SYRINGE	2	QL
EMBECTA INSULIN SYRINGE U-100	2	QL
EMBECTA INSULIN SYRINGE U-500	2	QL
EMBECTA INSULIN SYRINGE U/F	2	QL
EMBECTA PEN NEEDLE NANO	2	QL
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL
EMBECTA PEN NEEDLE U/F	2	QL
EMBECTA PEN NEEDLE ULTRAFINE	2	QL
EMBRACE PEN NEEDLES	2	QL
EQL INSULIN SYRINGE	2	QL
EXEL COMFORT POINT INSULIN SYR	2	QL
EXEL COMFORT POINT PEN NEEDLE	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FIFTY50 PEN NEEDLES	2	QL
FIFTY50 SUPERIOR COMFORT SYR	2	QL
FLOW-EZE VENTED NEEDLE	3	
FREDS PHARMACY UNIFINE PENTIP+	2	QL
FREDS PHARMACY UNIFINE PENTIPS	2	QL
GLOBAL EASE INJECT PEN NEEDLES	2	QL
GLOBAL EASY GLIDE INSULIN SYR	2	QL
GLOBAL EASY GLIDE PEN NEEDLES	2	QL
GLOBAL INJECT EASE INSULIN SYR	2	QL
GLOBAL INSULIN SYRINGES	2	QL
GLUCOPRO INSULIN SYRINGE	2	QL
GNP CLICKFINE PEN NEEDLES	2	QL
GNP INSULIN SYRINGE	2	QL
GNP INSULIN SYRINGES	2	QL
GNP INSULIN SYRINGES 28GX1/2"	2	QL
GNP INSULIN SYRINGES 29GX1/2"	2	QL
GNP INSULIN SYRINGES 30GX5/16"	2	QL
GNP INSULIN SYRINGES 31GX5/16"	2	QL
GNP PEN NEEDLES	2	QL
GNP ULTICARE PEN NEEDLES	2	QL
GNP ULTIGUARD SAFEPACK NEEDLE	2	QL
GNP ULTRA COM INSULIN SYRINGE	2	QL
GOODSENSE CLICKFINE PEN NEEDLE	2	QL
GOODSENSE PEN NEEDLE PENFINE	2	QL
H-E-B INCONTROL PEN NEEDLES	2	QL
H-E-B INCONTROL UNIFINE PENTIP	2	QL
HEALTHWISE INSULIN SYR/NEEDLE	2	QL
HEALTHWISE MICRON PEN NEEDLES	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HEALTHWISE MINI PEN NEEDLES	2	QL
HEALTHWISE PEN NEEDLES	2	QL
HEALTHWISE SHORT PEN NEEDLES	2	QL
HEALTHWISE UNIFINE PENTIPS	2	QL
HEALTHY ACCENTS UNIFINE PENTIP	2	QL
HM ULTICARE INSULIN SYRINGE	2	QL
HM ULTICARE MINI PEN NEEDLES	2	QL
HM ULTICARE SHORT PEN NEEDLES	2	QL
HUBER NEEDLE (19G X 1" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC)	1	
HYPODERMIC NEEDLE (18G X 1" MISC, 18G X 1-1/2" MISC, 19G X 1" MISC, 19G X 1-1/2" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 26G X 1/2" MISC, 27G X 1-1/2" MISC, 27G X 1/2" MISC)	1	
INCONTROL ULTICARE PEN NEEDLES	2	QL
INPEN 100-BLUE-LILLY-HUMALOG	2	QL
INPEN 100-BLUE-NOVOLOG-FIASP	2	QL
INPEN 100-GREY-LILLY-HUMALOG	2	QL
INPEN 100-GREY-NOVOLOG-FIASP	2	QL
INPEN 100-PINK-LILLY-HUMALOG	2	QL
INPEN 100-PINK-NOVOLOG-FIASP	2	QL
INSULIN SYRINGE	1	QL
INSULIN SYRINGE-NEEDLE U-100	1	QL
INSULIN SYRINGE/NEEDLE	1	QL
INSUPEN PEN NEEDLES	2	QL
INSUPEN SENSITIVE	2	QL
INSUPEN ULTRAFIN	2	QL
INSUPEN32G EXTR3ME	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
KINRAY INSULIN SYRINGE	2	QL
KMART VALU INSULIN SYRINGE 29G	2	QL
KMART VALU INSULIN SYRINGE 30G	2	QL
KROGER INSULIN SYRINGE	2	QL
KROGER PEN NEEDLES	2	QL
LEADER INSULIN SYRINGE	2	QL
LEADER UNIFINE PENTIPS	2	QL
LEADER UNIFINE PENTIPS PLUS	2	QL
LITETOUCH INSULIN SYRINGE	2	QL
LITETOUCH PEN NEEDLES	2	QL
LONGS INSULIN SYRINGE	2	QL
LUER LOCK SAFETY SYRINGES	3	
MAGELLAN INSULIN SAFETY SYR	2	QL
MAGELLAN SYRINGE-SAFETY NEEDLE	3	
MAGELLAN TUBERCULIN SYRINGE	3	
MARATHON MEDICAL PENTIPS	2	QL
MAXI-COMFORT INSULIN SYRINGE	2	QL
MAXI-COMFORT SAFETY PEN NEEDLE	2	QL
MAXICOMFORT II PEN NEEDLE	2	QL
MAXICOMFORT SYR 27G X 1/2"	2	QL
MEDIC INSULIN SYRINGE	2	QL
MEDICINE SHOPPE PEN NEEDLES	2	QL
MEIJER PEN NEEDLES	2	QL
MICRODOT PEN NEEDLE	2	QL
MM INSULIN SYRINGE/NEEDLE	2	QL
MM PEN NEEDLES	2	QL
MONOJECT BLUNTIP CANNULA	3	
MONOJECT BLUNTIP SYR/CANNULA	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MONOJECT CONTROL SYRINGE	3	
MONOJECT FILTER NEEDLE	3	
MONOJECT HYPODERMIC NEEDLE	3	
MONOJECT INSULIN SYRINGE	2	QL
MONOJECT INTRODUCER NEEDLE	3	
MONOJECT LIFESHIELD SYRINGE	3	
MONOJECT MAGELLAN SAFETY NDL	3	
MONOJECT MAGELLAN SYRINGE	3	
MONOJECT MEDICATION TRANSF NDL	3	
MONOJECT PHARMACY TRAY	3	
MONOJECT PISTON SYRINGE	3	
MONOJECT SOFTPACK/CATH TIP	3	
MONOJECT SOFTPACK/LLOCK	3	
MONOJECT SOFTPACK/LTIP	3	
MONOJECT SOFTPACK/RG LOCK	3	
MONOJECT SOFTPACK/RG LUER	3	
MONOJECT SYRINGE	3	
MONOJECT SYRINGE CATH TIP	3	
MONOJECT SYRINGE ECC LUER	3	
MONOJECT SYRINGE ECCENTRIC TIP	3	
MONOJECT SYRINGE LUER LOCK	3	
MONOJECT SYRINGE LUER-LOCK TIP	3	
MONOJECT SYRINGE PHARMACY TRAY	3	
MONOJECT SYRINGE REG LUER	3	
MONOJECT SYRINGE REGULAR TIP	3	
MONOJECT SYRINGE TOOMEY TYPE	3	
MONOJECT TB SAFETY SYRINGE	3	
MONOJECT TB SYRINGE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MONOJECT ULTRA COMFORT SYRINGE	2	QL
MS INSULIN SYRINGE	2	QL
MULTI-DRAW NEEDLE (20G X 1-1/2" MISC, 21G X 1-1/2" MISC, 22G X 1-1/2" MISC)	1	
NOKOR VENTED NEEDLE	3	
NORM-JECT LUER LOCK SYRINGE	3	
NORM-JECT LUER SLIP SYRINGE	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	2	QL
NOVOTWIST PEN NEEDLE	2	QL
PC UNIFINE PENTIPS	2	QL
PEN NEEDLE/5-BEVEL TIP	1	QL
PEN NEEDLES	1	QL
PEN NEEDLES 5/16"	1	QL
PENTIPS	2	QL
PENTIPS GENERIC PEN NEEDLES	2	QL
PERFECT POINT SAFETY NEEDLE	3	
PIP PEN NEEDLES 31G X 5MM	2	QL
PIP PEN NEEDLES 32G X 4MM	2	QL
POLY HUB NEEDLE	3	
PRECISION SURE-DOSE SYRINGE	2	QL
PREFERRED PLUS INSULIN SYRINGE	2	QL
PREFERRED PLUS UNIFINE PENTIPS	2	QL
PREVENT DROPSAFE PEN NEEDLES	2	QL
PREVENT SAFETY PEN NEEDLES	2	QL
PRO COMFORT INSULIN SYRINGE	2	QL
PRO COMFORT PEN NEEDLES	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PRODIGY INSULIN SYRINGE	2	QL
PURE COMFORT PEN NEEDLE	2	QL
PURE COMFORT SAFETY PEN NEEDLE	2	QL
PX EXTRA SHORT PEN NEEDLES	2	QL
PX INSULIN SYRINGE	2	QL
PX MINI PEN NEEDLES	2	QL
PX PEN NEEDLE	2	QL
PX SHORTLENGTH PEN NEEDLES	2	QL
QC PEN NEEDLES	2	QL
QC UNIFINE PENTIPS	2	QL
QUICK TOUCH INSULIN PEN NEEDLE	2	QL
RA INSULIN SYRINGE	2	QL
RA PEN NEEDLES	2	QL
RAYA SURE PEN NEEDLE	2	QL
REALITY INSULIN SYRINGE	2	QL
RELION INSULIN SYRINGE	2	QL
RELION MINI PEN NEEDLES	2	QL
RELION PEN NEEDLES	2	QL
RELION SHORT PEN NEEDLES	2	QL
SAFETY INSULIN SYRINGES	2	QL
SAFETY PEN NEEDLES	1	QL
SB INSULIN SYRINGE	2	QL
SECURESAFE HYPODERMIC NEEDLE	3	
SECURESAFE INSULIN SYRINGE	2	QL
SECURESAFE SAFETY PEN NEEDLES	2	QL
SECURESAFE SYRINGE/NEEDLE	3	
SHOPKO UNIFINE PENTIPS	2	QL
SHOPKO UNIFINE PENTIPS PLUS	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SURE COMFORT INSULIN SYRINGE	2	QL
SURE COMFORT PEN NEEDLES	2	QL
SYRINGE (SYRINGE 20G X 1" 3 ML MISC, SYRINGE 20G X 1-1/2" 3 ML MISC, SYRINGE 21G X 1" 3 ML MISC, SYRINGE 21G X 1-1/2" 3 ML MISC, SYRINGE 22G X 1" 3 ML MISC, SYRINGE 22G X 1-1/2" 3 ML MISC, SYRINGE 23G X 1" 3 ML MISC, SYRINGE 25G X 1" 3 ML MISC, SYRINGE 25G X 1-1/2" 3 ML MISC, SYRINGE 25G X 5/8" 3 ML MISC)	1	
SYRINGE 2-3 ML	1	
SYRINGE 30-35 ML	1	
SYRINGE 50-60 ML	1	
SYRINGE DISPOSABLE	1	
SYRINGE ECCENTRIC TIP	1	
SYRINGE LUER LOCK	1	
SYRINGE LUER SLIP	1	
SYRINGE/HYPODERMIC SAFETY	1	
TECHLITE INSULIN SYRINGE	2	QL
TECHLITE PEN NEEDLES	2	QL
TECHLITE PLUS PEN NEEDLES	2	QL
TODAYS HEALTH MINI PEN NEEDLES	2	QL
TODAYS HEALTH PEN NEEDLES	2	QL
TODAYS HEALTH SHORT PEN NEEDLE	2	QL
TOOMEY SYRINGE	1	
TOPCARE CLICKFINE PEN NEEDLES	2	QL
TOPCARE ULTRA COMFORT INS SYR	2	QL
TRUE COMFORT INSULIN SYRINGE	2	QL
TRUE COMFORT PEN NEEDLES	2	QL
TRUE COMFORT PRO INSULIN SYR	2	QL
TRUE COMFORT PRO PEN NEEDLES	2	QL
TRUE COMFORT SAFETY PEN NEEDLE	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRUEPLUS 5-BEVEL PEN NEEDLES	2	QL
TRUEPLUS INSULIN SYRINGE	2	QL
TRUEPLUS PEN NEEDLES	2	QL
ULTICARE INSULIN SAFETY SYR	2	QL
ULTICARE INSULIN SYR 1/2 UNIT	2	QL
ULTICARE INSULIN SYRINGE	2	QL
ULTICARE MICRO PEN NEEDLES	2	QL
ULTICARE MINI PEN NEEDLES	2	QL
ULTICARE PEN NEEDLES	2	QL
ULTICARE SHORT PEN NEEDLES	2	QL
ULTICARE SYRINGE	3	
ULTICARE TUBERCULIN SAFETY SYR	3	
ULTIGUARD SAFEPACK PEN NEEDLE	2	QL
ULTIGUARD SAFEPACK SYR/NEEDLE	2	QL
ULTILET PEN NEEDLE	2	QL
ULTRA COMFORT INSULIN SYRINGE	2	QL
ULTRA FLO INSULIN PEN NEEDLES	2	QL
ULTRA FLO INSULIN SYR 1/2 UNIT	2	QL
ULTRA FLO INSULIN SYRINGE	2	QL
ULTRA THIN PEN NEEDLES	2	QL
ULTRA-THIN II INS SYR SHORT	2	QL
ULTRA-THIN II INSULIN SYRINGE	2	QL
ULTRA-THIN II MINI PEN NEEDLE	2	QL
ULTRA-THIN II PEN NEEDLE SHORT	2	QL
ULTRA-THIN II PEN NEEDLES	2	QL
ULTRACARE INSULIN SYRINGE	2	QL
ULTRACARE PEN NEEDLES	2	QL
UNIFINE OTC PEN NEEDLES	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
UNIFINE PEN NEEDLES	2	QL
UNIFINE PENTIPS	2	QL
UNIFINE PENTIPS PLUS	2	QL
UNIFINE PROTECT PEN NEEDLE	2	QL
UNIFINE SAFECONTROL PEN NEEDLE	2	QL
UNIFINE ULTRA PEN NEEDLE	2	QL
VALUE HEALTH INSULIN SYRINGE	2	QL
VALUMARK PEN NEEDLES	2	QL
VANISHPOINT INSULIN SYRINGE	2	QL
VANISHPOINT SAFETY SYRINGE	3	
VANISHPOINT SYRINGE	3	
VANISHPOINT TUBERCULIN SYRINGE	3	
VERIFINE INSULIN PEN NEEDLE	2	QL
VERIFINE INSULIN SYRINGE	2	QL
VERIFINE PLUS PEN NEEDLE	2	QL
VERISAFE SAFE STERILE SYRINGE	3	
VERISAFE SAFETY STERILE NEEDLE	3	
VIDA MIA UNIFINE PENTIPS	2	QL
VP INSULIN SYRINGE	2	QL
WEGMANS UNIFINE PENTIPS PLUS	2	QL
YALE DISP NEEDLES	3	
ZEVRX INSULIN SYRINGE	2	QL
ZEVRX PEN NEEDLES	2	QL
<b>RESPIRATORY THERAPY SUPPLIES</b>		
ACE AEROSOL CLOUD ENHANCER	2	
<b>SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES</b>		
AEROCHAMBER HOLDING CHAMBER	2	QL
AEROCHAMBER MINI CHAMBER	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AEROCHAMBER MV	2	QL
AEROCHAMBER PLS FLOVU MTHPIECE	2	QL
AEROCHAMBER PLUS FLO-VU	2	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL
AEROCHAMBER PLUS FLO-VU LARGE	2	QL
AEROCHAMBER PLUS FLO-VU MEDIUM	2	QL
AEROCHAMBER PLUS FLO-VU SMALL	2	QL
AEROCHAMBER PLUS FLO-VU W/MASK	2	QL
AEROCHAMBER PLUS FLOW VU	2	QL
AEROCHAMBER W/FLOWSIGNAL	2	QL
AEROCHAMBER Z-STAT PLUS	2	QL
AEROCHAMBER Z-STAT PLUS CHAMBR	2	QL
AEROCHAMBER Z-STAT PLUS/LARGE	2	QL
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	QL
AEROCHAMBER Z-STAT PLUS/SMALL	2	QL
AEROCHAMBER2GO ANTI-STATIC	2	QL
AEROVENT PLUS	2	QL
BREATHE EASE LARGE	2	QL
BREATHE EASE MEDIUM	2	QL
BREATHE EASE SMALL	2	QL
BREATHERRITE VALVED MDI CHAMBER	2	QL
CLEVER CHOICE HOLDING CHAMBER	2	QL
COMPACT SPACE CHAMBER	2	QL
COMPACT SPACE CHAMBER/LG MASK	2	QL
COMPACT SPACE CHAMBER/MED MASK	2	QL
COMPACT SPACE CHAMBER/SM MASK	2	QL
EASIVENT	2	QL
EASIVENT MASK LARGE	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EASIVENT MASK MEDIUM	2	QL
EASIVENT MASK SMALL	2	QL
EQ SPACE CHAMBER ANTI-STATIC	2	QL
EQ SPACE CHAMBER ANTI-STATIC L	2	QL
EQ SPACE CHAMBER ANTI-STATIC M	2	QL
EQ SPACE CHAMBER ANTI-STATIC S	2	QL
FLEXICHAMBER	2	QL
INSPIREASE	2	QL
INSPIREASE RESERVOIR BAGS	2	QL
MICROCHAMBER	2	QL
MICROSPACER	2	QL
OPTICHAMBER DIAMOND	2	QL
OPTICHAMBER DIAMOND-LG MASK	2	QL
OPTICHAMBER DIAMOND-MD MASK	2	QL
OPTICHAMBER DIAMOND-SM MASK	2	QL
POCKET CHAMBER	2	QL
POCKET SPACER	2	QL
PROCHAMBER VHC	2	QL
RITEFLO	2	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	QL
VORTEX HOLD CHMBR/MASK/TODDLER	2	QL
VORTEX VALVE CHAMBER-PEDI MASK	2	QL
VORTEX VALVED HOLDING CHAMBER	2	QL
<b>MIGRAINE PRODUCTS (CONTINUED)</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)</b>		
NURTEC	2	PA, QL
UBRELVY	2	PA, QL
<b>CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES</b>		
AJOVY	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EMGALITY	2	QL
EMGALITY (300 MG DOSE)	2	QL
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	1	QL
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1	PA, QL
ERGOMAR	3	PA
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA	3	PA, QL
<i>diclofenac potassium(migraine)</i>	1	QL
<b>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>		
<i>almotriptan malate</i>	1	ST, QL
<i>eletriptan hydrobromide</i>	1	QL
<i>frovatriptan succinate</i>	1	ST, QL
IMITREX STATDOSE REFILL	3	ST, QL
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan</i>	1	ST, QL
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj)</i>	1	ST, QL
<i>sumatriptan succinate 6 mg/0.5ml solution</i>	2	ST, QL
SUMATRIPTAN SUCCINATE REFILL	1	ST, QL
ZOLMITRIPTAN (2.5 MG SOLUTION, 5 MG SOLUTION)	1	ST, QL
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL
<b>SELECTIVE SEROTONIN AGONISTS 5-HT(1F)</b>		
REYVOW	3	PA, QL
<b>MINERALS &amp; ELECTROLYTES (CONTINUED)</b>		
<b>FLUORIDE</b>		
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)	1	QL, AGE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	QL, AGE
<b>PHOSPHATE</b>		
K-PHOS	3	
K-PHOS-NEUTRAL	3	
PHOSPHA 250 NEUTRAL	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	1	
PHOSPHOROUS	1	
<i>virt-phos 250 neutral</i>	1	
WES-PHOS 250 NEUTRAL	1	
<b>POTASSIUM</b>		
EFFER-K 25 MEQ EFFER TAB	2	
<i>k-prime</i>	1	
K-TAB (10 TAB ER, 20 TAB ER)	3	
KLOR-CON 10	3	
<i>klor-con 10</i>	1	
<i>klor-con 20 meq packet</i>	1	
KLOR-CON 8 MEQ TAB ER	3	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	1	
POTASSIUM CHLORIDE ER 15 MEQ TAB ER	3	

Drug Name	Drug Tier	Requirements / Limits
<b>POTASSIUM COMBINATIONS</b>		
EFFER-K (10 EFFER TAB, 20 EFFER TAB)	3	
<b>SODIUM</b>		
AQUASTAT	3	
AQUASTAT SFR	3	
BD POSIFLUSH	3	
BD POSIFLUSH SAFESCRUB	3	
MONOJECT FLUSH SYRINGE	3	
MONOJECT SODIUM CHLORIDE FLUSH	3	
NORMAL SALINE FLUSH	1	
SALINE FLUSH	1	
<i>sodium chloride (0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution)</i>	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride flush</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)</b>		
<b>ANTILEPTOTICS</b>		
THALOMID (50 MG CAP, 100 MG CAP)	4	PA, QL, S (Specialty Drug)
<b>B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS</b>		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	4	PA, QL, S (Specialty Drug)
<b>CHELATING AGENTS</b>		
<i>penicillamine</i>	4	PA, QL, S (Specialty Drug)
<i>trientine hcl 250 mg cap</i>	4	PA, QL, S (Specialty Drug)
TRIENTINE HCL 500 MG CAP	4	QL, S (Specialty Drug)
<b>CYCLOSPORINE ANALOGS</b>		
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
LUPKYNIS	4	PA, QL, S (Specialty Drug)
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	2	
SANDIMMUNE (25 MG CAP, 100 MG CAP)	2	
<b>FARNESYLTRANSFERASE INHIBITORS</b>		
ZOKINVY	4	PA, QL, AGE, S (Specialty Drug)
<b>IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES</b>		
<i>lenalidomide</i>	4	PA, QL, S (Specialty Drug)
<b>INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>		
CELLCEPT (250 MG CAP, 500 MG TAB)	3	
CELLCEPT 200 MG/ML RECON SUSP	2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	
<i>mycophenolate sodium</i>	1	QL
<i>mycophenolic acid</i>	1	QL
MYFORTIC	3	QL
MYHIBBIN	3	
<b>IRRIGATION SOLUTIONS</b>		
ARGYLE STERILE WATER	1	
<i>lactated ringers</i>	1	
RINGERS IRRIGATION	1	
STERILE WATER FOR IRRIGATION	1	
<i>tis-u-sol</i>	1	
<i>water for irrigation, sterile</i>	1	
<b>MACROLIDE IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ENVARUSUS XR	3	ST
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	QL, S (Specialty Drug)
PROGRAF (0.5 MG CAP, 1 MG CAP, 5 MG CAP)	3	
RAPAMUNE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	3	
RAPAMUNE 1 MG/ML SOLUTION	2	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
ZORTRESS (0.25 MG TAB, 1 MG TAB)	4	QL, S (Specialty Drug)
ZORTRESS (0.5 MG TAB, 0.75 MG TAB)	4	QL, S (Specialty Drug)
<b>MONOCLONAL ANTIBODIES</b>		
ENSPRYNG	4	PA, QL, S (Specialty Drug)
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB</b>		
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK)	4	PA, QL, S (Specialty Drug)
<b>POTASSIUM REMOVING AGENTS</b>		
<i>kionex</i>	1	
LOKELMA	2	QL
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate 15 gm/60ml suspension</i>	1	
<i>sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	1	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	3	
VELTASSA	4	PA, QL, S (Specialty Drug)
<b>PURINE ANALOGS</b>		
<i>azathioprine 50 mg tab</i>	1	
<b>ROCK INHIBITORS</b>		
REZUROCK	4	PA, QL, AGE, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<b>MOUTH/THROAT/DENTAL AGENTS (CONTINUED)</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine viscous hcl</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
PERIDEX	3	
<i>periogard</i>	1	
<b>FLUORIDE DENTAL PRODUCTS</b>		
<i>dentagel</i>	1	
FRAICHE 5000 DENTAL	1	
<i>just right 5000 1.1 % gel</i>	1	
SF	1	
SODIUM FLUORIDE 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	
<b>SALIVA STIMULANTS</b>		
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
<b>MULTIVITAMINS (CONTINUED)</b>		
<b>B-COMPLEX W/ LYSINE-ZN &amp; FOLIC ACID</b>		
SUPERVITE	3	

Drug Name	Drug Tier	Requirements / Limits
<b>BIOFLAVONOID PRODUCTS</b>		
ADRENAL C FORMULA	3	
<b>NIACINAMIDE W/ ZINC-COPPER &amp; FOLIC ACID</b>		
NICOTINAMIDE	1	
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
MULTI-VITAMIN/FLUORIDE/IRON	1	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	3	
QUFLORA FE PEDIATRIC	3	
<b>PED MV W/ FLUORIDE</b>		
FLORAFOL PEDIATRIC (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
FLORIVA PLUS	3	
FLOTREX	3	
MULTI-VIT-FLOR	3	
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN W/FLUORIDE	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 0.5 MG/ML SUSPENSION, 1 MG CHEW TAB)	3	
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	3	
TRI-VITAMIN WITH FLUORIDE	3	
<b>PED VITAMINS ACD &amp; FA W/ FLUORIDE</b>		
TRI-VI-FLORO	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>PED VITAMINS ACD W/ FLUORIDE</b>		
TRI-VITE/FLUORIDE	3	
<b>PRENATAL MV &amp; MIN W/FE-FA</b>		
ATABEX EC	3	
ATABEX OB	3	
CO-NATAL FA	3	
COMPLETENATE	1	
CONCEPT OB	3	
DERMACINRX PRETRATE	3	
FOLIVANE-OB	3	
INATAL GT	3	
JENLIVA PRENATAL/POSTNATAL	3	
KOSHER PRENATAL PLUS IRON	3	
M-NATAL PLUS	3	
MATERVIA	3	
MATRONEX	3	
NATALCHEW	1	
NATALVIT	3	
NEO-VITAL RX	3	
NEONATAL COMPLETE 27-1 MG TAB	3	
NEONATAL PLUS	3	
NESTABS	3	
NIVA-PLUS	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
ONE VITE WOMENS PLUS	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ONENATAL RX	3	
PNV 27-CA/FE/FA	1	
PNV PRENATAL PLUS MULTIVIT+DHA	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PRENATAL 19 (29-1 MG CHEW TAB, CHEW TAB)	1	
PRENATAL 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	
PRENATAL-U	3	
PRENATRIX	3	
PRENATRYL	3	
PRENATVITE COMPLETE	3	
PRENATVITE PLUS	3	
PREPLUS	3	
PROVIDA OB	3	
RELEVIA	3	
SE-NATAL 19 29-1 MG CHEW TAB	1	
SE-NATAL 19 29-1 MG TAB	3	
SELECT-OB	3	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	1	
TRINATE	3	
VINATE II	3	
VITAFOL GUMMIES	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VITAFOL-NANO	3	
VITAFOL-OB	3	
VITATHELY WITH GINGER	3	
WESTAB PLUS	3	
<b>PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL</b>		
COMPLETE NATAL DHA	1	
WESNATAL DHA COMPLETE	1	
<b>PRENATAL MV &amp; MIN W/FE-FA-DHA</b>		
NESTABS ONE	3	
PRENA 1 TRUE	3	
PRENAISSANCE PLUS	3	
PRENATE ENHANCE	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
SELECT-OB+DHA	3	
TRISTART DHA	3	
VITAFOL FE+	3	
VITAFOL-OB+DHA	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITATRUE	3	
WESTGEL DHA	3	
<b>PRENATAL MV &amp; MINERALS W/FA WITHOUT IRON</b>		
PRENATE	3	
<b>PRENATAL VITAMINS</b>		
PREMESISRX	3	
PRENATE AM	3	
<b>SPECIALTY VITAMINS PRODUCTS</b>		
NITRIVIA	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PRO HERS RX	3	
PRO HIS RX	3	
PRO PCOS RX	3	
<b>MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL
<i>carisoprodol 350 mg tab</i>	1	QL
<i>chlorzoxazone 500 mg tab</i>	1	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	1	
<i>metaxalone 800 mg tab</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	1	QL
ZANAFLEX 4 MG TAB	3	QL
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<b>RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS</b>		
SOHONOS 1 MG CAP	4	PA, QL, S (Specialty Drug)
SOHONOS 1.5 MG CAP	4	PA, QL, S (Specialty Drug)
SOHONOS 10 MG CAP	4	PA, QL, S (Specialty Drug)
SOHONOS 2.5 MG CAP	4	PA, QL, S (Specialty Drug)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)</b>		
<b>ANTI-HISTAMINE-STERIOD</b>		
<i>azelastine-fluticasone</i>	2	ST, QL
DYMISTA	2	QL
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>NASAL ANTIHISTAMINES</b>		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	QL
<i>olopatadine hcl 0.6 % solution</i>	1	ST
<b>NASAL STEROIDS</b>		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL
XHANCE	2	PA, QL
<b>TOPICAL DECONGESTANTS</b>		
ADRENALIN 0.1 % SOLUTION	3	
<i>epinephrine hcl (nasal)</i>	1	
<b>NEUROMUSCULAR AGENTS (CONTINUED)</b>		
<b>ALS AGENTS - MISCELLANEOUS</b>		
RADICAVA ORS	4	PA, QL, S (Specialty Drug)
RADICAVA ORS STARTER KIT	4	PA, QL, S (Specialty Drug)
<b>BENZATHIAZOLES</b>		
<i>riluzole</i>	1	
TEGLUTIK	4	PA, QL, S (Specialty Drug)
TIGLUTIK	4	PA, QL, S (Specialty Drug)
<b>SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS</b>		
EVRYSDI 0.75 MG/ML RECON SOLN	4	PA, QL, S (Specialty Drug)
EVRYSDI 5 MG TAB	4	PA, QL, S (Specialty Drug)
<b>NUTRIENTS (CONTINUED)</b>		
<b>LIPOTROPIC COMBINATIONS</b>		
LECITHIN GRANULES	1	
<b>OPHTHALMIC AGENTS (CONTINUED)</b>		
<b>ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB</b>		
SIMBRINZA	3	QL

Drug Name	Drug Tier	Requirements / Limits
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	1	
CARTEOLOL HCL	1	
LEVOBUNOLOL HCL	1	
<i>timolol hemihydrate</i>	3	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily)</i>	2	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate pf</i>	1	
<b>BETA-BLOCKERS - OPHTHALMIC COMBINATIONS</b>		
COMBIGAN	1	
COSOPT	3	QL
COSOPT PF	3	QL
<i>dorzolamide hcl-timolol mal (22.3-6.8 mg/ml solution)</i>	1	QL
<i>dorzolamide hcl-timolol mal pf</i>	1	QL
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA	3	ST, QL
<b>CYCLOPLEGIC MYDRIATIC COMBINATIONS</b>		
CYCLOMYDRIL	3	
<b>CYCLOPLEGIC MYDRIATICS</b>		
ALTAFRIN	1	
<i>atropine sulfata (0.01 % solution, 0.025 % solution, 0.05 % solution, 1 % solution)</i>	1	
ATROPINE SULFATE 1 % OINTMENT	1	
<i>cyclopentolate hcl 1 % solution</i>	1	
HOMATROPAIRE	3	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tropicamide 0.5 % solution</i>	1	
<b>MIOTICS - CHOLINESTERASE INHIBITORS</b>		
PHOSPHOLINE IODIDE	3	
<b>MIOTICS - DIRECT ACTING</b>		
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
<b>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</b>		
BACITRACIN-POLYMYXIN B	1	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx (5-400-10000 ointment)</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<b>OPHTHALMIC ANTIALLERGIC</b>		
ALOCRIL	3	QL
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate</i>	1	ST, QL
BEPREVE	3	QL
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>epinastine hcl</i>	1	ST
<b>OPHTHALMIC ANTIBIOTICS</b>		
AZASITE	3	QL
BACITRACIN 500 UNIT/GM OINTMENT	1	
BESIFLOXACIN HCL	3	
BESIVANCE	3	QL
CILOXAN 0.3 % OINTMENT	3	QL
<i>ciprofloxacin hcl 0.3 % solution</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ERYTHROMYCIN 5 MG/GM OINTMENT	1	AGE
<i>gatifloxacin</i>	1	QL
<i>gentamicin sulfate 0.3 % solution</i>	1	
KLARITY-A	3	QL
LEVOFLOXACIN 0.5 % SOLUTION	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TOBREX	2	
VIGAMOX	3	QL
<b>OPHTHALMIC ANTIFUNGAL</b>		
NATACYN	3	
<b>OPHTHALMIC ANTISEPTICS</b>		
POVIDONE-IODINE 5 % SOLUTION	1	
<b>OPHTHALMIC ANTIVIRALS</b>		
TRIFLURIDINE	1	
ZIRGAN	3	
<b>OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS</b>		
AZOPT	3	QL
<i>brinzolamide</i>	1	QL
DORZOLAMIDE HCL	1	
<b>OPHTHALMIC DIAGNOSTIC PRODUCTS</b>		
FLURA-SAFE	3	
PROPARACAINE-FLUORESCEIN	1	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
CEQUA	3	ST, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cyclosporine (pf)</i>	1	
KLARITY-C DROPS	4	PA, QL, S (Specialty Drug)
VERKAZIA	4	PA, QL, S (Specialty Drug)
<b>OPHTHALMIC KINASE INHIBITORS - COMBINATIONS</b>		
ROCKLATAN	3	ST, QL
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
AKTEN	3	
ALCAINE	3	
ALTACAINE	1	
<i>proparacaine hcl</i>	1	
TETRACAINE HCL 0.5 % SOLUTION	1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	4	PA, QL, S (Specialty Drug)
<b>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACUVAIL	3	QL
<i>bromfenac sodium (once-daily)</i>	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
FLURBIPROFEN SODIUM	1	
ILEVRO	3	QL
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
NEVANAC	3	QL
<b>OPHTHALMIC RHO KINASE INHIBITORS</b>		
RHOPRESSA	3	ST, QL
<b>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</b>		
ALPHAGAN P 0.1 % SOLUTION	2	QL
APRACLONIDINE HCL	1	
<i>brimonidine tartrate 0.2 % solution</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
IOPIDINE	3	
<b>OPHTHALMIC STEROID COMBINATIONS</b>		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
<i>loteprednol-tobramycin</i>	3	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
<b>OPHTHALMIC STEROIDS</b>		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate</i>	1	QL
DUREZOL	3	QL
<i>fluorometholone</i>	1	
FML FORTE	3	
LOTEMAX (0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION)	3	QL
LOTEMAX SM	3	QL
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	1	QL
PRED MILD	3	
<i>prednisolone acetate</i>	1	QL
PREDNISOLONE ACETATE P-F	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
<b>OPHTHALMIC SULFONAMIDES</b>		
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<b>OPHTHALMIC SURGICAL AIDS</b>		
GELFILM	3	
<b>OPHTHALMICS - BLEPHAROPTOSIS AGENTS</b>		
UPNEEQ	3	PA, QL
<b>OPHTHALMICS - CYSTINOSIS AGENTS</b>		
CYSTADROPS	4	PA, QL, S (Specialty Drug)
CYSTARAN	4	PA, QL, S (Specialty Drug)
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost 0.03 % solution</i>	1	QL
LATANOPROST	1	QL
LUMIGAN	2	QL
<i>tafluprost (pf)</i>	1	ST, QL
TRAVATAN Z	3	ST, QL
<i>travoprost (bak free)</i>	1	ST, QL
VYZULTA	3	ST, QL
XALATAN	3	QL
XELPROS	3	QL
ZIOPTAN	3	ST, QL
<b>OTIC AGENTS (CONTINUED)</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl 0.2 % solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</b>		
CIPRO HC	2	
<i>ciprofloxacin-dexamethasone</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF	1	
<i>ciprofloxacin-hydrocortisone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
<b>OTIC STEROIDS</b>		
DERMOTIC	3	
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<b>OXYTOCICS (CONTINUED)</b>		
<b>ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS</b>		
CERVIDIL	3	QL
PREPIDIL	3	
<i>methergine</i>	3	PA, QL
<i>methylergonovine maleate 0.2 mg tab</i>	1	PA, QL
<b>PENICILLINS (CONTINUED)</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>ampicillin</i>	1	
<b>NATURAL PENICILLINS</b>		
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	1	QL
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	1	

Drug Name	Drug Tier	Requirements / Limits
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
<b>PROGESTINS (CONTINUED)</b>		
EC-RX PROGESTERONE	3	QL
<i>gallifrey</i>	1	QL
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab)</i>	1	QL
<i>medroxyprogesterone acetate 10 mg tab</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>norethindrone acetate</i>	1	QL
<i>progesterone (100 mg cap, 200 mg cap)</i>	1	
<i>progesterone 50 mg/ml oil</i>	1	QL
PROGESTERONE MICRONIZED	1	QL
PROMETRIUM	3	QL
PROVERA	3	QL
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>AGENTS FOR OPIOID WITHDRAWAL</b>		
<i>lofexidine hcl</i>	4	PA, QL, S (Specialty Drug)
LUCEMYRA	4	PA, QL, S (Specialty Drug)
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>ANTI-CATAPLECTIC AGENTS</b>		
<i>sodium oxybate</i>	4	PA, QL
<b>ANTIDEMENTIA AGENT COMBINATIONS</b>		
<i>memantine hcl-donepezil hcl</i>	1	QL
<i>memantine hcl-donepezil hcl er</i>	1	QL
<b>BENZODIAZEPINES &amp; TRICYCLIC AGENTS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
<b>CHOLINOMIMETICS - ACHE INHIBITORS</b>		
<i>donepezil hcl</i>	1	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO	4	PA, QL, S (Specialty Drug)
AUSTEDO XR	4	PA, QL, S (Specialty Drug)
INGREZZA (40 MG CAP, 80 MG CAP)	4	PA, QL, S (Specialty Drug)
INGREZZA 40 & 80 MG CAP THPK	4	QL, S (Specialty Drug)
INGREZZA 60 MG CAP	4	PA, QL, S (Specialty Drug)
<i>tetrabenazine</i>	1	PA, QL, S (Specialty Drug)
<b>MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>teriflunomide</i>	1	QL, S (Specialty Drug)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<i>glatiramer acetate</i>	4	QL, S (Specialty Drug)
<i>glatopa</i>	4	QL, S (Specialty Drug)
<b>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</b>		
<i>cladribine (10 tabs)</i>	4	PA, QL, S (Specialty Drug), SUM2 (GF indefinitely)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cladribine (4 tabs)</i>	4	PA, QL, S (Specialty Drug), SUM2 (GF indefinitely)
<i>cladribine (5 tabs)</i>	4	PA, QL, S (Specialty Drug), SUM2 (GF indefinitely)
<i>cladribine (6 tabs)</i>	4	PA, QL, S (Specialty Drug), SUM2 (GF indefinitely)
<i>cladribine (7 tabs)</i>	4	PA, QL, S (Specialty Drug), SUM2 (GF indefinitely)
<i>cladribine (8 tabs)</i>	4	PA, QL, S (Specialty Drug), SUM2 (GF indefinitely)
<i>cladribine (9 tabs)</i>	4	PA, QL, S (Specialty Drug), SUM2 (GF indefinitely)
<b>MULTIPLE SCLEROSIS AGENTS - INTERFERONS</b>		
AVONEX PEN	4	PA, QL, S (Specialty Drug)
AVONEX PREFILLED	4	PA, QL, S (Specialty Drug)
BETASERON	4	QL
EXTAVIA	4	PA, QL
PLEGRIDY	4	PA, QL, S (Specialty Drug)
PLEGRIDY STARTER PACK	4	PA, QL, S (Specialty Drug)
<b>MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES</b>		
KESIMPTA	4	PA, QL, S (Specialty Drug)
<b>MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS</b>		
<i>dimethyl fumarate</i>	1	QL
<i>dimethyl fumarate starter pack</i>	1	QL
VUMERITY	4	PA, QL, S (Specialty Drug)
<b>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</b>		
<i>dalfampridine er</i>	1	QL, S (Specialty Drug)
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS</b>		
<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>memantine hcl (5 mg tab, 28 x 5 mg &amp; 21 x 10 mg tab)</i>	1	QL
<i>memantine hcl 10 mg tab</i>	1	QL
<i>memantine hcl er</i>	1	QL
NAMENDA TITRATION PAK	3	QL
<b>PHENOTHIAZINES &amp; TRICYCLIC AGENTS</b>		
PERPHENAZINE-AMITRIPTYLINE	1	
<b>PSEUDOBULBAR AFFECT AGENT COMBINATIONS</b>		
NUDEXTA	3	PA, QL
AQNEURSA	4	PA, QL, S (Specialty Drug)
ERGOLOID MESYLATES	1	
PIMOZIDE	1	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl er (smoking det)</i>	1	AGE
CHANTIX	2	AGE
CHANTIX CONTINUING MONTH PAK	2	AGE
CHANTIX STARTING MONTH PAK	2	AGE
<i>cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>eq nicotine step 3</i>	1	AGE
<i>eq nicotine polacrilex (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ft nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>gnp nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>goodsense nicotine policrilex</i>	1	AGE
<i>habitrol</i>	1	AGE
<i>hm nicotine</i>	1	AGE
<i>hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>kls quit2 (2 mg gum, 2 mg lozenge)</i>	1	AGE
<i>kls quit4</i>	1	AGE
<i>nicoderm cq</i>	2	AGE
NICORETTE (2 MG GUM, 2 MG LOZENGE, 4 MG GUM, 4 MG LOZENGE)	2	AGE
<i>nicorette mini (2 mg lozenge, 4 mg lozenge)</i>	2	AGE
<i>nicorette starter kit (2 mg gum)</i>	2	AGE
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR, 21-14-7 MG/24HR KIT)	1	AGE
<i>nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>nicotine polacrilex mini</i>	1	AGE
<i>nicotine step 1</i>	1	AGE
<i>nicotine step 2</i>	1	AGE
<i>nicotine step 3</i>	1	AGE
NICOTROL	2	AGE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NICOTROL NS	2	AGE
<i>px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>qc nicotine transdermal system</i>	1	AGE
<i>ra mini nicotine (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>ra nicotine gum</i>	1	AGE
<i>ra nicotine polacrilex (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>thrive</i>	1	AGE
<i>varenicline tartrate</i>	1	AGE
<i>varenicline tartrate (starter)</i>	1	AGE
<i>varenicline tartrate(continue)</i>	1	AGE
<b>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</b>		
<i>fingolimod hcl</i>	1	QL
ZEPOSIA	4	PA, QL, S (Specialty Drug)
ZEPOSIA 7-DAY STARTER PACK	4	PA, QL, S (Specialty Drug)
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	4	PA, QL, S (Specialty Drug)
<b>THIENBENZODIAZEPINES &amp; SSRIS</b>		
<i>olanzapine-fluoxetine hcl</i>	1	
<b>VASOMOTOR SYMPTOM AGENTS - SSRIS</b>		
<i>paroxetine mesylate</i>	1	PA, QL
<b>RESPIRATORY AGENTS - MISC. (CONTINUED)</b>		
<b>CFTR POTENTIATORS</b>		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	4	PA, QL, S (Specialty Drug)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
KALYDECO 150 MG TAB	4	PA, QL, S (Specialty Drug)
<b>CYSTIC FIBROSIS AGENT - COMBINATIONS</b>		
ORKAMBI	4	PA, QL, S (Specialty Drug)
SYMDEKO	4	PA, QL, S (Specialty Drug)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	4	PA, QL, AGE, S (Specialty Drug)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	4	PA, QL, S (Specialty Drug)
<b>HYDROLYTIC ENZYMES</b>		
PULMOZYME	4	QL, S (Specialty Drug)
<b>PULMONARY FIBROSIS AGENTS</b>		
<i>pirfenidone (267 mg cap, 267 mg tab, 534 mg tab, 801 mg tab)</i>	1	PA, QL, S (Specialty Drug)
<b>PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS</b>		
OFEV	4	PA, QL, S (Specialty Drug)
<b>SULFONAMIDES (CONTINUED)</b>		
<i>sulfadiazine</i>	1	
<b>TETRACYCLINES (CONTINUED)</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA 150 MG TAB	4	PA, QL, S (Specialty Drug)
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline hyclate 20 mg tab</i>	1	QL
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	1	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mondoxyne nl</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
<b>THYROID AGENTS (CONTINUED)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>THYROID HORMONES</b>		
ADTHYZA	3	
ARMOUR THYROID	3	
CYTOMEL	2	
<i>euthyrox</i>	1	
EVEXITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	3	
<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP)	3	ST, QL
<i>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)</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NIVA THYROID	3	
NP THYROID	3	
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	
SYNTHROID	3	
THYROID	3	

Drug Name	Drug Tier	Requirements / Limits
<i>unithroid</i>	1	
<b>TOXOIDS (CONTINUED)</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	2	
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	2	
PEDIARIX	2	AGE
VAXELIS	2	QL, AGE
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)</b>		
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<b>BELLADONNA ALKALOIDS</b>		
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
HYOSCYAMINE SULFATE SL	1	
HYOSYNE	1	
NULEV	1	
OSCIMIN	1	
<b>H-2 ANTAGONISTS</b>		
<i>famotidine 40 mg/5ml recon susp</i>	1	AGE
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
FIRST-LANSOPRAZOLE	1	AGE
FIRST-OMEPRAZOLE	1	QL, AGE
FIRST-PANTOPRAZOLE	1	AGE

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OMEPRAZOLE+SYRSPEND SF ALKA	1	QL, AGE
<b>QUATERNARY ANTICHOLINERGICS</b>		
GLYCATE	3	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<i>glycopyrrolate 1 mg/5ml solution</i>	1	QL
<i>methscopolamine bromide</i>	1	
ROBINUL	3	
ROBINUL-FORTE	3	
<b>ULCER ANTI-INFECTIVE-PCAB COMBINATIONS</b>		
VOQUEZNA DUAL PAK	3	PA, QL
VOQUEZNA TRIPLE PAK	3	PA, QL
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	1	
<b>URINARY ANTISPASMODICS (CONTINUED)</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	QL
<i>fesoterodine fumarate er</i>	1	QL
<i>oxybutynin chloride 5 mg tab</i>	1	QL
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	QL
<i>oxybutynin chloride er</i>	1	QL
<i>solifenacin succinate</i>	1	QL
<i>tolterodine tartrate</i>	1	QL
<i>tolterodine tartrate er</i>	1	QL
<i>trospium chloride</i>	1	QL
<i>trospium chloride er</i>	1	QL
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mirabegron er</i>	3	ST, QL
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	ST, QL
MYRBETRIQ 8 MG/ML SRER	3	ST, QL, AGE
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	1	
<b>VACCINES (CONTINUED)</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	2	AGE
CAPVAXIVE	2	AGE
HIBERIX	2	AGE
MENQUADFI	2	
PENBRAYA	2	AGE
PENMENVY	2	
PREVNAR 20	1	
VAXNEUVANCE	2	
<b>VIRAL VACCINE COMBINATIONS</b>		
M-M-R II	2	
PRIORIX	2	
PROQUAD	2	AGE
<b>VIRAL VACCINES</b>		
ABRYSVO	2	QL
AFLURIA PRESERVATIVE FREE	2	
AREXVY	2	QL, AGE
AUDENZ	2	
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
COMIRNATY 5-11 YEARS	2	QL
DENGVAXIA	2	
ERVEBO	2	PA
FLUARIX	2	
FLUBLOK	2	
FLUCELVAX SUSPENSION	2	QL
FLUCELVAX 0.5 ML SUSP PRSYR	2	
FLULAVAL	2	
FLUMIST	2	
FLUZONE 0.5 ML SUSP PRSYR	2	
GARDASIL 9	2	AGE
HAVRIX 720 EL U/0.5ML SUSP PRSYR	2	
MNEXSPIKE	2	QL
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	2	QL
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	2	QL
NUVAXOVID COVID-19 VACCINE	2	QL
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	2	QL
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	2	QL
ROTATEQ	2	AGE
SHINGRIX 50 MCG/0.5ML RECON SUSP	2	QL, AGE
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	2	QL, AGE
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	2	QL
SPIKEVAX 50 MCG/0.5ML SUSPENSION	2	QL
SPIKEVAX 6M-11Y	2	QL
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	2	ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
VARIVAX	2	
<b>VAGINAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
GYNAZOLE-1	3	
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	1	
<b>MISCELLANEOUS VAGINAL COMBINATIONS</b>		
FEM PH	3	
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
INTRAROSA	3	QL
<b>SPERMICIDES</b>		
ENCARE	2	QL
VCF VAGINAL CONTRACEPTIVE 28 % FILM	2	QL
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN (2 % CREAM, 100 MG SUPPOS)	2	
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE	3	
NUVESSA	3	QL
VANAZOLE	3	
<b>VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS</b>		
PHEXX	3	QL
PHEXXI	3	QL
<b>VAGINAL ESTROGENS</b>		
ESTRACE 0.01 % CREAM	3	ST, QL
<i>estradiol 0.01 % cream</i>	1	QL
<i>estradiol 10 mcg tab</i>	1	QL
ESTRING	2	QL
FEMRING	3	ST, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
IMVEXXY MAINTENANCE PACK	3	ST, QL
IMVEXXY STARTER PACK	3	ST, QL
PREMARIN 0.625 MG/GM CREAM	3	QL
VAGIFEM	3	ST, QL
<i>yuvafem</i>	1	QL
<b>VAGINAL PROGESTINS</b>		
CRINONE	3	ST, AGE
ENDOMETRIN	3	ST, AGE
FIRST-PROGESTERONE VGS	3	AGE
<i>progesterone 100 mg insert</i>	1	ST, AGE
<b>VASOPRESSORS (CONTINUED)</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
AUVI-Q (0.1 MG/0.1ML SOLN A-INJ, 0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	2	
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	QL
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa (100 mg cap, 200 mg cap)</i>	3	PA, QL
<i>droxidopa 300 mg cap</i>	3	PA, QL
<i>midodrine hcl</i>	1	
<b>VITAMINS (CONTINUED)</b>		
<b>VITAMIN D</b>		
<i>d3-50</i>	1	
<i>decara 1.25 mg (50000 ut) cap</i>	1	
DRISDOL	3	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>optimal d3</i>	1	
<i>true vitamin d3 1.25 mg (50000 ut) cap</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
<i>vitamin d 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d high potency 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d3 1.25 mg (50000 ut) cap</i>	1	
<i>weekly-d</i>	1	
<b>VITAMIN K</b>		
<i>phytonadione (1 mg/0.5ml solution, 10 mg/ml solution)</i>	1	QL
<i>phytonadione 5 mg tab</i>	1	QL
<i>vitamin k1</i>	1	QL

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atazanavir sulfate	57	AVONEX PREFILLED	168	BD DISP NEEDLE	131
atenolol	60	ayuna	66	BD DISP NEEDLES	131

BD ECLIPSE LUER-LOK NEEDLE . . . . .	131	BD POSIFLUSH SAFESCRUB . . . . .	149	betamethasone dipropionate . . . . .	81
BD ECLIPSE NEEDLE . . . . .	131	BD PRECISIONGLIDE NEEDLE . . . . .	132	betamethasone dipropionate aug .	81
BD ECLIPSE SHIELDED NEEDLE . . . . .	131	BD SAFETYGLIDE ALLERGY		betamethasone valerate . . . . .	82
BD ECLIPSE SYRINGE . . . . .	131	SYRINGE . . . . .	132	BETASERON . . . . .	168
BD ECLIPSE SYRINGE/NEEDLE . . . . .	131	BD SAFETYGLIDE INSULIN		betaxolol hcl . . . . .	60
BD FILTER NEEDLE . . . . .	131	SYRINGE . . . . .	132	BETAXOLOL HCL . . . . .	159
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BD INSULIN SYRINGE . . . . .	131	NEEDLE . . . . .	132	bexarotene . . . . .	50,85
BD INSULIN SYRINGE HALF-		BD SAFETYGLIDE		BEYAZ . . . . .	66
UNIT . . . . .	131	SYRINGE/NEEDLE . . . . .	132	bicalutamide . . . . .	42
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MICROFINE . . . . .	131	BD SYRINGE BLUNT CANNULA		BIKTARVY . . . . .	56
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BD INSULIN SYRINGE U/F . . . . .	131	BD SYRINGE DISPOSABLE . . . . .	132	BILTRICIDE . . . . .	14
BD INSULIN SYRINGE U/F		BD SYRINGE DUAL CANNULA . . . . .	132	bimatoprost . . . . .	164
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BD INTEGRA SYRINGE . . . . .	131	BD TB SYRINGE . . . . .	132	bisoprolol-hydrochlorothiazide . . . . .	41
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BD LUER-LOK SYRINGE . . . . .	131	1/2UNIT . . . . .	132	blisovi fe 1.5/30 . . . . .	66
BD MICROTAINER LANCETS . . . . .	115	BD VEO INSULIN SYR		blisovi fe 1/20 . . . . .	66
BD NOKOR ADMIX NEEDLE . . . . .	132	ULTRAFINE . . . . .	132	BLOOD GLUCOSE TEST . . . . .	86
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ULTRAFINE . . . . .	132	BENZNIDAZOLE . . . . .	14	BOSULIF . . . . .	44
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brinzolamide	161	CAMBIA	147	SYR/NEEDLE	133
brivaracetam	23	camila	73	CAREPOINT SYRINGE CATHETER	
BRIVIACT	23	camrese	72	TIP	133
BRIXADI	12	camrese lo	72	CAREPOINT SYRINGE LUER LOCK	133
BRIXADI (WEEKLY)	12	CAMZYOS	62	CAREPOINT SYRINGE LUER SLIP	133
bromfenac sodium (once-daily)	162	candesartan cilexetil	40	CAREPOINT TUBERCLN SYR/LUER	
bromocriptine mesylate	51	candesartan cilexetil-hctz	40	SL	133
BRUKINSA	44,45	capecitabine	43	CARESENS LANCETS	116
budesonide	13,20,75	CAPRELSA	47	CARESENS LANCETS 30G	116
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bumetanide	93	CAPTOPRIL-		CARESENS S GLUCOSE TEST	86
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buprenorphine hcl	12	CAPVAXIVE	176	SYRINGE	133
buprenorphine hcl-naloxone hcl	12	CARBAGLU	96	CARETOUCH HYPODERMIC	
bupropion hcl	28	carbamazepine	23	NEEDLE	133
bupropion hcl er (smoking det)	169	carbamazepine er	23	CARETOUCH INSULIN SYRINGE	133
bupropion hcl er (sr)	28	CARBATROL	23	CARETOUCH LUER LOCK	133
bupropion hcl er (xl)	28	carbidopa	52	CARETOUCH LUER LOCK	
buspironone hcl	17	carbidopa-levodopa	52	SYR/NEEDLE	133
butalbital-acetaminophen	6	carbidopa-levodopa er	52	CARETOUCH LUER SLIP	133
butalbital-apap-caff-cod	10	carbidopa-levodopa-entacapone	52	CARETOUCH PEN NEEDLES	133
butalbital-apap-caffeine	6	CARBINOXAMINE MALEATE	36	CARETOUCH SAFETY LANCETS	116
butalbital-asa-caff-codeine	10	CARBINOXAMINE MALEATE ER	36	CARETOUCH SAFETY LANCETS	
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CABLIVI	106	CAREONE LANCET SUPER THIN		33G	116
CABOMETYX	47	30G	116	CARETOUCH TWIST MC LANCETS	
caffeine citrate	1	CAREONE LANCET THIN 23G	116	30G	116
CALCIPOTRIENE	80	CAREONE UNIFINE PENTIPS	133	carglumic acid	96
calcipotriene-betameth diprop	85	CAREONE UNIFINE PENTIPS		carisoprodol	157
calcitonin (salmon)	94	PLUS	133	CAROSPIR	93
calcitrene	80	CAREPOINT POLY HUB NEEDLE	133	CARTEOLOL HCL	159
CALCITRIOL	80,96	CAREPOINT PRECISION POLY		cartia xt	61
calcitriol	96	HUB	133	carvedilol	60
calcium acetate	103				

carvedilol phosphate er . . . . .	60	CHOSEN SAFETY LANCETS 28G . . . . .	116	CLEVER CHOICE COMFORT	
CAYSTON . . . . .	15	CIBINQO . . . . .	81	EZ . . . . .	116,133
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cefadroxil . . . . .	65	ciclopirox olamine . . . . .	79	CLEVER CHOICE LANCETS 21G . . . . .	116
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CELLCEPT . . . . .	150	CIMZIA-STARTER . . . . .	104	CLIMARA . . . . .	100
CELONTIN . . . . .	27	cinacalcet hcl . . . . .	94	CLIMARA PRO . . . . .	100
cephalexin . . . . .	65	CIPRO HC . . . . .	165	clindacin . . . . .	77
CEQUA . . . . .	161	ciprofloxacin hcl . . . . .	101,160,164	clindamycin hcl . . . . .	15
CERDELGA . . . . .	107	ciprofloxacin-dexamethasone . . . . .	165	clindamycin palmitate hcl . . . . .	15
CERVIDIL . . . . .	165	CIPROFLOXACIN-FLUOCINOLONE		clindamycin phos (twice-daily) . . . . .	77
cevimeline hcl . . . . .	152	PF . . . . .	165	clindamycin phos-benzoyl perox . . . . .	77
CHANTIX . . . . .	169	ciprofloxacin-hydrocortisone . . . . .	165	clindamycin phosphate . . . . .	77,178
CHANTIX CONTINUING MONTH		citalopram hydrobromide . . . . .	28,29	clindamycin-tretinoin . . . . .	77
PAK . . . . .	169	cladribine (10 tabs) . . . . .	167	CLINDESSE . . . . .	178
CHANTIX STARTING MONTH		cladribine (4 tabs) . . . . .	168	clobazam . . . . .	22
PAK . . . . .	169	cladribine (5 tabs) . . . . .	168	clobetasol prop emollient base . . . . .	82
charlotte 24 fe . . . . .	66	cladribine (6 tabs) . . . . .	168	clobetasol propionate . . . . .	82
chateal . . . . .	66	cladribine (7 tabs) . . . . .	168	clobetasol propionate e . . . . .	82
chateal eq . . . . .	66	cladribine (8 tabs) . . . . .	168	clobetasol propionate emulsion . . . . .	82
CHEMET . . . . .	34	cladribine (9 tabs) . . . . .	168	CLOCORTOLONE PIVALATE . . . . .	82
childrens aspirin . . . . .	7	claravis . . . . .	78	clomipramine hcl . . . . .	30
chlordiazepoxide hcl . . . . .	17	CLARITHROMYCIN . . . . .	111	clonazepam . . . . .	22
CHLORDIAZEPOXIDE-		clarithromycin er . . . . .	112	clonidine . . . . .	40
AMITRIPTYLINE . . . . .	167	CLEANLET LANCETS 28G . . . . .	116	clonidine hcl . . . . .	40
chlorhexidine gluconate . . . . .	152	CLEMASTINE FUMARATE . . . . .	36	clonidine hcl (analgesia) . . . . .	6
CHLOROQUINE PHOSPHATE . . . . .	41	CLENPIQ . . . . .	111	clonidine hcl er . . . . .	1
chlorpromazine hcl . . . . .	54	CLEOCIN . . . . .	15,178	clopidogrel bisulfate . . . . .	107
chlorthalidone . . . . .	94	CLEVER CHEK AUTO-CODE TEST . . . . .	87	clorazepate dipotassium . . . . .	17
chlorzoxazone . . . . .	157	CLEVER CHEK AUTO-CODE VOICE	87	clotrimazole . . . . .	83,152
CHOLBAM . . . . .	101,102	CLEVER CHEK LANCETS . . . . .	116	CLOTTRIMAZOLE-	
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colesevelam hcl.....	37	MASK.....	145	cvs aspirin adult low strength.....	7
colestipol hcl.....	37	COMPACT SPACE CHAMBER/SM		cvs aspirin ec.....	7
COMBIGAN.....	159	MASK.....	145	cvs aspirin low dose.....	7
COMBIPATCH.....	100	COMPLERA.....	56	cvs aspirin low strength.....	7
COMBIVENT RESPIMAT.....	18	COMPLETE NATAL DHA.....	156	cvs folic acid.....	108
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DOSE).....	47	CONCEPT OB.....	154	CVS GLUCOSE METER TEST STRIPS	87
COMETRIQ (140 MG DAILY		CONDOMS.....	112	CVS LANCETS 21G.....	116
DOSE).....	47	constulose.....	111	CVS LANCETS MICRO THIN 33G..	116
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dapsone.....	15,77	desmopressin acetate.....	99	diclofenac-misoprostol.....	5
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HIPREX . . . . .	15	hydrochlorothiazide . . . . .	94	icatibant acetate . . . . .	106
hm adult aspirin . . . . .	8	HYDROCOD POLI-CHLORPHE POLI ER . . . . .	77	iclevia . . . . .	72
hm aspirin . . . . .	8	hydrocodone bit-homatrop mbr . . . . .	76	ICLUSIG . . . . .	44
hm aspirin ec . . . . .	8	hydrocodone-acetaminophen . . . . .	10	icosapent ethyl . . . . .	37
hm aspirin ec low dose . . . . .	8	HYDROCODONE- ACETAMINOPHEN . . . . .	10	IDHIFA . . . . .	49
hm folic acid . . . . .	108	HYDROCODONE-IBUPROFEN . . . . .	10	IGLUCOSE TEST STRIPS . . . . .	90
hm nicotine . . . . .	170	HYDROCORT-PRAMOXINE (PERIANAL) . . . . .	13	IHEALTH BLOOD GLUCOSE TEST STR . . . . .	90
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HM ULTICARE SHORT PEN NEEDLES . . . . .	137	HYDROCODONE ACETATE . . . . .	13	imipramine hcl . . . . .	30
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		hydrocortisone valerate . . . . .	83	IMPAVIDO . . . . .	14
		hydrocortisone-acetic acid . . . . .	165	IMVEXXY MAINTENANCE PACK . . . . .	179
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KENALOG.....	83	klor-con/ef.....	148	lactulose.....	111
KEPPRA.....	24	kls aspirin low dose.....	8	lactulose encephalopathy.....	103
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KERALYT.....	83	kls quit4.....	170	lamivudine.....	58,59
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LENVIMA (12 MG DAILY DOSE) . . . . .	51	lidocaine hcl . . . . .	84	lopinavir-ritonavir . . . . .	56
LENVIMA (14 MG DAILY DOSE) . . . . .	51	lidocaine hcl urethral/mucosal . . . . .	84	lorazepam . . . . .	17
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LENVIMA (4 MG DAILY DOSE) . . . . .	51	lillow . . . . .	68	losartan potassium . . . . .	40
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levocarnitine sf . . . . .	94	lithium carbonate er . . . . .	52	luizza 1/20 . . . . .	69
levocetirizine dihydrochloride . . . . .	36	LITHOSTAT . . . . .	106	LULICONAZOLE . . . . .	83
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MPD SAFETY LANCET 30G	123	nevirapine er	58
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MULTAQ	18	NEXLETOL	37
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OMNIPOD DASH PDM (GEN 4)	130	option 2	72	oxycodone-acetaminophen	12
OMNIPOD DASH PODS (GEN 4)	130	OPTIUMEZ TEST	91	oxymorphone hcl	11
ON CALL EXPRESS BLOOD GLUCOSE	91	ORALAIR	3	OXYMORPHONE HCL ER	11
ondansetron	34	ORALAIR ADULT STARTER PACK	3		
ondansetron hcl	34,35	ORALAIR CHILDRENS STARTER PACK	3	<b>P</b>	
ONDANSETRON HCL	35	oralone	152	pacerone	18
ONE DROP TEST	91	ORENCIA	6	PALFORZIA (1 MG DAILY DOSE)	2
one vite ferrous sulfate	109	ORENCIA CLICKJECT	6	PALFORZIA (12 MG DAILY DOSE)	2
ONE VITE WOMENS PLUS	154	ORENITRAM	63	PALFORZIA (120 MG DAILY DOSE)	2
ONENATAL RX	155	ORENITRAM MONTH 1	63	PALFORZIA (160 MG DAILY DOSE)	2
ONETOUCH DELICA PLUS LANCET30G	123	ORENITRAM MONTH 2	63	PALFORZIA (20 MG DAILY DOSE)	2
ONETOUCH DELICA PLUS LANCET33G	123	ORENITRAM MONTH 3	63	PALFORZIA (200 MG DAILY DOSE)	2
ONETOUCH DELICA SAFETY LANCING	123	ORFADIN	95	PALFORZIA (240 MG DAILY DOSE)	3
ONETOUCH ULTRA	91	ORIAHNN	100	PALFORZIA (3 MG DAILY DOSE)	3
ONETOUCH ULTRA BLUE TEST	91	ORILISSA	95	PALFORZIA (300 MG MAINTENANCE)	3
ONETOUCH ULTRA TEST	91	ORKAMBI	172	PALFORZIA (300 MG TITRATION)	3
ONETOUCH ULTRASOFT 2 LANCETS	123	ORLADEYO	107	PALFORZIA (40 MG DAILY DOSE)	3
ONETOUCH ULTRASOFT LANCETS	123	ormalvi	93	PALFORZIA (6 MG DAILY DOSE)	3
ONETOUCH VERIO	91	orphenadrine citrate er	157	PALFORZIA (80 MG DAILY DOSE)	3
ONFI	22	orquidea	73	PALFORZIA INITIAL DOSE 1-3YRS	3
ONGENTYS	52	ORSERDU	50	PALFORZIA INITIAL DOSE 4-17YRS	3
ONUREG	43	orsythia	70	PALFORZIA INITIAL ESCALATION	3
opcicon one-step	72	OSCIMIN	174	paliperidone er	53
OPFOLDA	95	oseltamivir phosphate	60	PALYNZIQ	97
OPIUM	34	OSPHENA	97	PANRETIN	79
OPSUMIT	64	OTEZLA	6	PARADIGM REAL-TIME TRANSMITTER	123
OPTICHAMBER DIAMOND	146	OTEZLA XR	6	paricalcitol	96
OPTICHAMBER DIAMOND-LG MASK	146	OTEZLA/OTEZLA XR INITIATION PK 6	6	paroxetine hcl	29
		OTREXUP	4	paroxetine hcl er	29
		oxaprozin	5	paroxetine mesylate	171
		oxazepam	17	PAXLOVID (150/100)	58
		oxcarbazepine	24	PAXLOVID (300/100 & 150/100)	59
		oxcarbazepine er	25	PAXLOVID (300/100)	59
		OXERVATE	162	pazopanib hcl	47
		OXISTAT	83	PC LANCETS SUPER THIN 30G	123
				pc pediatric iron drops	109

PC UNIFINE PENTIPS.....	140	PERSERIS.....	53	PIP LANCETS 30G.....	123
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peg 3350-kcl-na bicarb-nacl... ..	111	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	177	PIP PEN NEEDLES 32G X 4MM... ..	140
peg-3350/electrolytes.....	111	PHARMACIST CHOICE AUTOCODE.....	91	PIQRAY (200 MG DAILY DOSE)....	50
peg-3350/electrolytes/ascorbat... ..	111	PHARMACIST CHOICE LANCETS.....	123	PIQRAY (250 MG DAILY DOSE)....	50
peg-kcl-nacl-nasulf-na asc-c... ..	111	PHARMACIST CHOICE NO CODING.....	91	PIQRAY (300 MG DAILY DOSE)....	50
PEG-PREP.....	111	PHARMACY COUNTER LANCETS.....	123	pirfenidone.....	172
PEGASYS.....	59	PHEBURANE.....	99	pirmella 1/35.....	70
PEMAZYRE.....	45	phenazo.....	105	pirmella 7/7/7.....	74
PEN NEEDLE/5-BEVEL TIP.....	140	PHENAZOPYRIDINE HCL.....	106	piroxicam.....	5
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REGRANEX	85	REYATAZ	57	roflumilast	20
RELENZA DISKHALER	60	REYVOW	147	ropinirole hcl	52
RELEVIA	155	REZDIFFRA	102	ropinirole hcl er	52
RELION BLOOD GLUCOSE TEST	91	REZLIDHIA	49	rosuvastatin calcium	38
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RENACIDIN	105	risedronate sodium	94	SAFETY LANCETS 23G	125
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SUBSYS.....	11	SURE COMFORT LANCETS 30G..	TALZENNA.....	50
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