



# **Avera Traditional Formulary - Iowa 2026**



## **Avera Health Plans**

### **2026 Avera Traditional Formulary - Iowa**

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

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

## What is the Avera Health Plans Drug Formulary?

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

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

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

## Can the Drug Formulary change?

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

## How do I use the Drug Formulary?

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

### 1. Drug Therapeutic Classification

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

### 2. Alphabetical Listing

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

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

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

## Avera Health Plans Drug Formulary

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

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

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

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

- **Preauthorization (PA):** Avera Health Plans needs your healthcare provider to get preauthorization for certain drugs. This means that approval from Avera Health Plans must be obtained before you fill your drug. If you don't get approval, Avera Health Plans will not cover the cost of the drug. Additional information can be found online at [AveraHealthPlans.com](http://AveraHealthPlans.com).
- **Quantity Limits (QL):** For certain drugs, Avera Health Plans limits the amount of the drug that it will cover. For example, Avera Health Plans only covers 18 tablets of *sumatriptan* 50mg per 30 days.
- **Step Therapy (ST):** Avera Health Plans utilizes step therapy to provide the most cost-effective and safest drugs available for a specific medical condition. Step therapy programs require your healthcare provider to prescribe a step-one drug before a step-two drug will be covered. If the step-one drugs do not work for you, Avera Health Plans will cover the step-two drugs. Visit us online at [AveraHealthPlans.com](http://AveraHealthPlans.com) to review a list of Step Therapy Programs.
- **Age Limits (AL):** Certain drugs approved by the FDA or other prescribing guidelines are not appropriate based on age. In some instances Avera Health Plans may restrict use of certain FDA approved drugs to people within a certain age range.
- **Provider Restriction (PR):** For certain drugs, Avera Health Plans limits the prescribing to certain provider specialties.

## What if my drug is not on the Drug Formulary?

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

- Your healthcare provider can prescribe a drug that is similar that is covered on the Drug Formulary. Similar drugs that are preferred and covered on the Drug Formulary may be easier to obtain and lower cost to you.
- You can request a formulary exception if you believe the drug you take should be covered because other treatment options on the Drug Formulary do not work for you. To request a formulary exception, you or your healthcare provider must provide written documentation to include the following:
  - Why no other prescription on the Drug Formulary will work as well as the requested drug,
  - A list of other drugs that have been tried and how you responded to these drugs
  - Medical documentation to support the medical necessity

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

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

## What do the tiers mean on the Drug Formulary?

Tier	Type of Drugs Included
Tier 0	Preventive drugs (covered at no cost to you)
Tier 1	Generic drugs (may include some brands)
Tier 2	Preferred brand drugs
Tier 3	Non-preferred brand drugs

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# Avera Traditional - Iowa

Drug Name	Drug Tier	Requirements / Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS</b>		
<i>clonidine hcl er</i>	1	QL
<i>guanfacine hcl er</i>	1	AL
<b>ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</b>		
<i>atomoxetine hcl</i>	1	QL
<b>AMPHETAMINE MIXTURES</b>		
<i>amphet-dextroamphet 3-bead er</i>	1	
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
<b>AMPHETAMINES</b>		
<i>amphetamine er</i>	1	AL
<i>amphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate (2.5 mg tab, 5 mg tab, 5 mg/5ml solution, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
DYANAVEL XR 2.5 MG/ML SUSP	3	QL
<i>lisdexamfetamine dimesylate</i>	1	QL
<i>procentra</i>	1	
<i>zenzedi</i>	1	
<b>ANALEPTICS</b>		
<i>caffeine citrate</i>	1	
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI	3	PA, QL
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX	3	PA

Drug Name	Drug Tier	Requirements / Limits
<b>STIMULANTS - MISC.</b>		
<i>armodafinil (150 mg tab, 200 mg tab, 250 mg tab)</i>	1	QL
<i>armodafinil 50 mg tab</i>	1	
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	
<i>methylphenidate</i>	1	
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	
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	
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la)</i>	1	
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 45 mg tab er, 54 mg tab er, 63 mg tab er, 72 mg tab er)</i>	1	
<i>methylphenidate hcl er (xr)</i>	1	
<i>modafinil</i>	1	QL
QUILLICHEW ER	3	
QUILLIVANT XR	3	
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK	3	QL, AL, PR (Allergist)
PALFORZIA (1 MG DAILY DOSE)	3	AL
PALFORZIA (12 MG DAILY DOSE)	3	AL
PALFORZIA (120 MG DAILY DOSE)	3	AL
PALFORZIA (160 MG DAILY DOSE)	3	AL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PALFORZIA (20 MG DAILY DOSE)	3	AL
PALFORZIA (200 MG DAILY DOSE)	3	AL
PALFORZIA (240 MG DAILY DOSE)	3	AL
PALFORZIA (3 MG DAILY DOSE)	3	AL
PALFORZIA (300 MG MAINTENANCE)	3	AL
PALFORZIA (300 MG TITRATION)	3	AL
PALFORZIA (40 MG DAILY DOSE)	3	AL
PALFORZIA (6 MG DAILY DOSE)	3	AL
PALFORZIA (80 MG DAILY DOSE)	3	AL
PALFORZIA INITIAL DOSE 1-3YRS	3	AL
PALFORZIA INITIAL DOSE 4-17YRS	3	AL
PALFORZIA INITIAL ESCALATION	3	AL
RAGWITEK	3	QL, AL, PR (Allergist)
<b>MIXED ALLERGENIC EXTRACTS</b>		
ODACTRA	3	QL, AL, PR (Allergist)
ORALAIR	3	QL, AL, PR (Allergist)
ORALAIR ADULT STARTER PACK	3	QL, AL, PR (Allergist)
<b>AMINOGLYCOSIDES</b>		
ARIKAYCE	3	QL, PR (Pulmonology or Infectious Disease)
KITABIS PAK	3	QL
<i>neomycin sulfate</i>	1	
TOBI PODHALER	3	QL
<i>tobramycin (300 mg/4ml nebu soln, 300 mg/5ml nebu soln)</i>	1	QL
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
ADALIMUMAB-ADAZ (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	2	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR	2	PA, QL
ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR	2	PA, QL
ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ	2	PA, QL
AMJEVITA (10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	2	PA, QL
SIMPONI	3	PA, QL
<b>ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS</b>		
OLUMIANT	3	PA, QL
RINVOQ	2	PA, QL
RINVOQ LQ	2	PA, QL
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	3	PA, QL
XELJANZ XR	3	PA, QL
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
OTREXUP	3	
RASUVO	3	
<b>CYCLOOXYGENASE 2 (COX-2) INHIBITORS</b>		
<i>celecoxib</i>	1	
<b>GOLD COMPOUNDS</b>		
AURANOFIN	1	
RIDAURA	2	
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	3	PA
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET	3	PA, QL
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
KEVZARA	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	2	PA, QL
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS</b>		
<i>diclofenac-misoprostol</i>	1	
<i>naproxen-esomeprazole mg</i>	1	QL
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>diclofenac potassium (25 mg cap, 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>ec-naproxen</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 (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	1	
<i>indomethacin er</i>	1	
KETOPROFEN ER	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	
MELOXICAM (7.5 MG TAB, 7.5 MG/5ML SUSPENSION, 15 MG TAB)	1	
<i>nabumetone</i>	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>naproxen dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>naproxen sodium er</i>	1	
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam</i>	1	
SPRIX	3	QL
<i>sulindac</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA	2	PA, QL
OTEZLA XR	2	PA, QL
OTEZLA/OTEZLA XR INITIATION PK	2	PA, QL
<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, 125 MG/ML SOLN PRSYR)	2	PA, QL
ORENCIA CLICKJECT	2	PA, QL
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	2	PA, QL
ENBREL MINI	2	PA, QL
ENBREL SURECLICK	2	PA, QL
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESICS-SEDATIVES</b>		
ALLZITAL	3	QL
<i>bac (butalbital-acetamin-caff)</i>	1	QL
<i>butalbital-acetaminophen (50-300 mg tab, 50-325 mg tab)</i>	1	QL
<i>butalbital-apap-caffeine</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>butalbital-aspirin-caffeine</i>	1	
<i>esgic 50-325-40 mg cap</i>	1	QL
TENCON	1	QL
<b>SALICYLATES</b>		
<i>adult aspirin regimen</i>	0	AL
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	AL
<i>aspirin 81</i>	0	AL
<i>aspirin adult low dose</i>	0	AL
<i>aspirin adult low strength</i>	0	AL
<i>aspirin childrens</i>	0	AL
<i>aspirin ec adult low dose</i>	0	AL
<i>aspirin ec low dose</i>	0	AL
<i>aspirin ec low strength</i>	0	AL
<i>aspirin low dose</i>	0	AL
<i>aspirin regimen</i>	0	AL
<i>bayer aspirin ec low dose</i>	0	AL
<i>bayer low dose</i>	0	AL
<i>childrens aspirin</i>	0	AL
<i>cvs aspirin adult low dose</i>	0	AL
<i>cvs aspirin adult low strength</i>	0	AL
<i>cvs aspirin ec 81 mg tab dr</i>	0	AL
<i>cvs aspirin low dose</i>	0	AL
<i>cvs aspirin low strength</i>	0	AL
<i>diflunisal</i>	1	
<i>ecotrin low strength</i>	0	AL
<i>eq aspirin adult low dose</i>	0	AL
<i>eq aspirin low dose</i>	0	AL
<i>eq aspirin low dose</i>	0	AL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sm aspirin low dose</i>	0	AL
<i>sm childrens aspirin</i>	0	AL
<i>st joseph aspirin</i>	0	AL
<i>st joseph low dose</i>	0	AL
<b>ANALGESICS - OPIOID</b>		
<b>CODEINE COMBINATIONS</b>		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-15 MG TAB, 300-30 MG TAB, 300-30 MG/12.5ML SOLUTION, 300-60 MG TAB)	1	QL, AL
<i>ascomp-codeine</i>	1	QL, AL
<i>butalbital-apap-caff-cod</i>	1	QL
<i>butalbital-asa-caff-codeine</i>	1	QL, AL
<b>DIHYDROCODEINE COMBINATIONS</b>		
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	1	QL, AL
TREZIX	1	QL, AL
<b>HYDROCODONE COMBINATIONS</b>		
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)</i>	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, AL
DISKETS	1	QL
<i>fentanyl</i>	1	QL
FENTANYL CITRATE (100 MCG TAB, 200 MCG LOZ HANDLE, 200 MCG TAB, 400 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG LOZ HANDLE, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HYDROCODONE BITARTRATE ER (10 MG CAP ER 12H, 15 MG CAP ER 12H, 20 MG CAP ER 12H, 30 MG CAP ER 12H, 40 MG CAP ER 12H, 50 MG CAP ER 12H)	1	QL
HYDROMORPHONE HCL (1 MG/ML LIQUID, 2 MG TAB, 3 MG SUPPOS, 4 MG TAB, 8 MG TAB)	1	QL
<i>hydromorphone hcl er</i>	1	QL
<i>levorphanol tartrate 2 mg tab</i>	1	QL
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	QL
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	1	QL
<i>methadone hcl intensol</i>	1	QL
<i>methadose 40 mg tab sol</i>	1	QL
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)</i>	1	QL
MORPHINE SULFATE (CONCENTRATE) (100 MG/5ML SOLUTION)	1	QL
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	1	QL
MORPHINE SULFATE ER BEADS	1	
NUCYNTA	3	QL
NUCYNTA ER	3	QL
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1	QL
OXYCONTIN	2	QL
<i>oxymorphone hcl</i>	1	QL
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	QL, AL
TRAMADOL HCL (ER BIPHASIC)	1	QL, AL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRAMADOL HCL ER (100 MG CAP ER 24H, 100 MG TAB ER 24H, 200 MG CAP ER 24H, 200 MG TAB ER 24H, 300 MG CAP ER 24H, 300 MG TAB ER 24H)	1	QL, AL
XTAMPZA ER	3	ST
<b>OPIOID COMBINATIONS</b>		
<i>endocet</i>	1	QL
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	QL
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	3	QL
BRIXADI	3	
BRIXADI (WEEKLY)	3	
<i>buprenorphine</i>	1	QL
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
<i>butorphanol tartrate 10 mg/ml solution</i>	1	QL
<i>pentazocine-naloxone hcl</i>	1	QL
SUBLOCADE	3	
ZUBSOLV	3	
<b>TRAMADOL COMBINATIONS</b>		
<i>tramadol-acetaminophen</i>	1	QL, AL
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
ANDRODERM	2	QL
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
JATENZO	3	
KYZATREX	3	
METHITEST	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>methyltestosterone</i>	1	
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	QL
<i>testosterone cypionate</i>	1	
TESTOSTERONE ENANTHATE	1	
TLANDO	3	
UNDECATREX	3	
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<b>NITRATE VASODILATING AGENTS</b>		
<i>nitroglycerin 0.4 % ointment</i>	1	
<b>RECTAL ANESTHETIC/STEROIDS</b>		
HYDROCORT-PRAMOXINE (PERIANAL)	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
PROCORT	3	
PROCTOFOAM HC	1	
<b>RECTAL STEROIDS</b>		
ANUCORT-HC	1	
ANUSOL-HC 25 MG SUPPOS	1	
HEMMOREX-HC	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
HYDROCORTISONE ACETATE (25 MG SUPPOS, 30 MG SUPPOS)	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>proctozone-hc</i>	1	
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	1	
BENZNIDAZOLE	3	
EMVERM	3	
<i>ivermectin 3 mg tab</i>	1	QL
<i>praziquantel</i>	1	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
AEMCOLO	3	
IMPAVIDO	3	PA, QL
LIKMEZ	3	AL
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab)</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN	2	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>		
ALINIA 100 MG/5ML RECON SUSP	2	
<i>atovaquone</i>	1	
LAMPIT	3	
<i>nitazoxanide</i>	1	
<b>GLYCOPEPTIDES</b>		
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>LEPROSTATICS</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<b>MONOBACTAMS</b>		
CAYSTON	3	PR (Pulmonology or Infectious Disease)
<b>OXAZOLIDINONES</b>		
<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	1	
SIVEXTRO 200 MG TAB	2	QL
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>URINARY ANTISEPTIC-ANTISPASMODIC &amp;/OR ANALGESICS</b>		
HYOPHEN	1	
MB CAPS	1	
ME/NAPHOS/MB/HYO1	1	
URELLE	1	
<i>uribel (81.6 mg tab, 118 mg cap)</i>	1	
URIMAR-T 120 MG CAP	1	
<i>urin ds</i>	1	
URNEVA	1	

Drug Name	Drug Tier	Requirements / Limits
URO-MP	1	
<i>uro-sp</i>	1	
<i>ustell</i>	1	
VILAMIT MB	1	
VILEVEV MB	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
ASPRUZYO SPRINKLE	3	QL
<i>ranolazine er</i>	1	QL
<b>NITRATES</b>		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	1	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	3	
NITRO-TIME	1	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1	
<b>ANTIANSIETY AGENTS</b>		
<b>ANTIANSIETY AGENTS - MISC.</b>		
<i>buspirone 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	
<b>BENZODIAZEPINES</b>		
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>alprazolam er</i>	1	
ALPRAZOLAM INTENSOL	1	
<i>alprazolam xr</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 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	
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	1	
NORPACE CR	3	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	
<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	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>pacerone</i>	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>5-LIPOXYGENASE INHIBITORS</b>		
<i>zileuton er</i>	1	QL
ZYFLO	3	QL
<b>ADRENERGIC COMBINATIONS</b>		
ANORO ELLIPTA	2	QL
BEVESPI AEROSPHERE	3	QL
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL
<i>breynd</i>	1	QL
BREZTRI AEROSPHERE	2	QL
<i>budesonide-formoterol fumarate</i>	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	2	QL
FLUTICASONE FUROATE-VILANTEROL	1	QL
<i>fluticasone-salmeterol (45-21 mcg/act aerosol, 55-14 mcg/act aer pow ba, 100-50 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 115-21 mcg/act aerosol, 230-21 mcg/act aerosol, 232-14 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL
<i>ipratropium-albuterol</i>	1	
STIOLTO RESPIMAT	2	QL
TRELEGY ELLIPTA	2	QL
<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/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	3	PA, QL
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>BETA ADRENERGICS</b>		
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)</i>	1	
<i>albuterol sulfate hfa</i>	1	QL
<i>arformoterol tartrate</i>	1	QL
<i>formoterol fumarate</i>	1	QL
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	
LEVALBUTEROL TARTRATE	1	QL
PROAIR RESPICLICK	2	QL
SEREVENT DISKUS	2	QL
STRIVERDI RESPIMAT	3	QL
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
VENTOLIN HFA	2	QL
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	QL
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA RESPIMAT	2	QL
<i>tiotropium bromide</i>	1	QL
TUDORZA PRESSAIR	3	QL
<b>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</b>		
FASENRA 10 MG/0.5ML SOLN PRSYR	3	PA
FASENRA PEN	3	PA
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	3	PA
NUCALA 40 MG/0.4ML SOLN PRSYR	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab)</i>	1	
<i>montelukast sodium 10 mg tab</i>	1	QL
<i>montelukast sodium 4 mg packet</i>	1	QL, AL
<i>zafirlukast</i>	1	QL
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast 250 mcg tab</i>	1	QL
<i>roflumilast 500 mcg tab</i>	1	QL
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA (100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	2	QL
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	2	QL, AL
ASMANEX (120 METERED DOSES)	2	
ASMANEX (14 METERED DOSES)	2	
ASMANEX (30 METERED DOSES)	2	
ASMANEX (60 METERED DOSES)	2	
ASMANEX HFA	2	QL
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	QL
FLUTICASONE PROPIONATE DISKUS	1	QL
FLUTICASONE PROPIONATE HFA	1	QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
<b>THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS</b>		
TEZSPIRE	3	PA
<b>XANTHINES</b>		
<i>elixophyllin</i>	1	
THEO-24	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<b>ANTICOAGULANTS</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, AL
ELIQUIS (1.5 MG PACK)	2	QL, AL
ELIQUIS (2 MG PACK)	2	QL, AL
ELIQUIS (2.5 MG TAB, 5 MG TAB)	2	
ELIQUIS DVT/PE STARTER PACK	2	
XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	2	
XARELTO 1 MG/ML RECON SUSP	2	QL
XARELTO STARTER PACK	2	
<b>LOW MOLECULAR WEIGHT HEPARINS</b>		
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	1	QL
FRAGMIN	3	
<b>SYNTHETIC HEPARINOID-LIKE AGENTS</b>		
<i>fondaparinux sodium</i>	1	
<b>THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE</b>		
<i>dabigatran etexilate mesylate</i>	1	
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
<i>perampanel (0.5 mg/ml suspension, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	1	QL, AL

Drug Name	Drug Tier	Requirements / Limits
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	1	
<i>clonazepam</i>	1	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1	
LIBERVANT	3	AL
NAYZILAM	3	
SYMPAZAN	3	
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	
<b>ANTICONVULSANTS - MISC.</b>		
BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	3	
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	3	
DIACOMIT	3	PA
EPIDIOLEX	3	PA
<i>epitol</i>	1	
<i>eslicarbazepine acetate</i>	1	QL
FINTEPLA	3	PA, QL
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	1	QL
LAMICTAL	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LAMICTAL ODT	3	
LAMICTAL STARTER	3	
LAMICTAL XR (21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT, 50 & 100 & 200 MG KIT)	3	
LAMICTAL XR (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H, 250 MG TAB ER 24H, 300 MG TAB ER 24H)	3	QL
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	QL
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	1	
<i>levetiracetam er</i>	1	QL
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1	
<i>oxcarbazepine er</i>	1	
OXTELLAR XR	3	
<i>pregabalin (20 mg/ml solution, 225 mg cap)</i>	1	QL
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 300 mg cap)</i>	1	
PRIMIDONE (50 MG TAB, 125 MG TAB, 250 MG TAB)	1	
<i>roweepira</i>	1	
<i>rufinamide (200 mg tab, 400 mg tab)</i>	1	QL
<i>rufinamide 40 mg/ml suspension</i>	1	QL, AL
SPRITAM	3	
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>subvenite starter kit-blue</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>subvenite starter kit-green</i>	1	
<i>subvenite starter kit-orange</i>	1	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	3	
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>topiramate 25 mg/ml solution</i>	1	QL, AL
<i>topiramate er</i>	1	QL
<i>zonisamide</i>	1	
ZTALMY	3	PA, QL
<b>CARBAMATES</b>		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1	
XCOPRI	3	QL
XCOPRI (250 MG DAILY DOSE)	3	QL
XCOPRI (350 MG DAILY DOSE)	3	QL
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	1	
<i>vigabatrin</i>	1	
<i>vigadrone</i>	1	
<i>vigpoder</i>	1	
<b>HYDANTOINS</b>		
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>phenytek</i>	1	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	1	
<b>VALPROIC ACID</b>		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)</i>	1	QL
<i>mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)</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>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
PHENELZINE SULFATE	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tranylcypromine sulfate</i>	1	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	1	
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 20 mg/5ml solution, 40 mg cap)</i>	1	
FLUOXETINE HCL 90 MG CAP DR	1	ST
<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 (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	1	
<i>trazodone hcl</i>	1	
TRINTELLIX	2	ST, QL
<i>vilazodone hcl</i>	1	QL
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
DESVENLAFAXINE ER	3	ST, QL
<i>desvenlafaxine succinate er (50 mg tab er 24h, 100 mg tab er 24h)</i>	1	
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	1	QL
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	
FETZIMA	3	ST, QL
FETZIMA TITRATION	3	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<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	
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
MIGLITOL	1	
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
<b>BIGUANIDES</b>		
<i>metformin hcl (500 mg tab, 500 mg/5ml solution, 1000 mg tab)</i>	1	
<i>metformin hcl 850 mg tab</i>	1	AL
<i>metformin hcl er</i>	1	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>diazoxide</i>	1	
GLUCAGON EMERGENCY (1 MG RECON SOLN, 1 MG/ML RECON SOLN)	1	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	
<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>DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES</b>		
CYCLOSET	3	
<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	
<b>HUMAN INSULIN</b>		
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
FIASP PUMPCART	2	
HUMALOG	3	ST
HUMALOG JUNIOR KWIKPEN	3	ST
HUMALOG KWIKPEN	3	ST
HUMALOG MIX 50/50	3	ST
HUMALOG MIX 50/50 KWIKPEN	3	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMALOG MIX 75/25	3	ST
HUMALOG MIX 75/25 KWIKPEN	3	ST
HUMALOG TEMPO PEN	3	ST
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG PENFILL	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	ST
TRESIBA FLEXTOUCH	3	ST
<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

Drug Name	Drug Tier	Requirements / Limits
<b>INSULIN-INCRETIN MIMETIC COMBINATIONS</b>		
SOLIQUA	2	ST, QL
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone 300 mg tab</i>	1	PA, AL
<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>SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS</b>		
<i>pioglitazone hcl-glimepiride</i>	1	QL
<b>SULFONYLUREAS</b>		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
GLIPIZIDE (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide</i>	1	
GLYBURIDE MICRONIZED	1	
<b>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</b>		
<i>pioglitazone hcl-metformin hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>THIAZOLIDINEDIONES</b>		
<i>pioglitazone hcl</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI	3	PA, QL
<b>ANTIDIARRHEAL/PROBIOTIC COMBINATIONS</b>		
RESTORA RX	3	
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
MOTOFEN	3	
OPIUM	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</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
<i>deferasirox (90 mg packet, 90 mg tab, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab)</i>	1	PA
<i>deferasirox granules</i>	1	PA
<i>deferiprone</i>	1	PA
FERRIPROX 100 MG/ML SOLUTION	3	PA
FERRIPROX TWICE-A-DAY	3	PA
PENTETATE CALCIUM TRISODIUM	3	
PENTETATE ZINC TRISODIUM	3	
VISTOGARD	3	
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	
<i>naltrexone hcl</i>	1	
OPVEE	3	
REXTOVY	3	
ZIMHI	3	
ZURNAI	2	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	1	
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	
<i>ondansetron hcl (4 mg tab, 8 mg tab, 24 mg tab)</i>	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	1	
SANCUSO	3	QL
<b>ANTIEMETIC COMBINATIONS</b>		
AKYNZEO 300-0.5 MG CAP	3	
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl 25 mg tab</i>	1	
<i>scopolamine</i>	1	QL
<i>trimethobenzamide hcl</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>dronabinol</i>	1	
SYNDROS	3	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant (40 mg cap, 80 mg cap, 125 mg cap)</i>	1	
<i>aprepitant 80 &amp; 125 mg cap</i>	1	
EMEND 125 MG/5ML RECON SUSP	2	
<b>ANTIFUNGALS</b>		
<i>flucytosine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<b>IMIDAZOLES</b>		
<i>ketoconazole 200 mg tab</i>	1	
<b>TRIAZOLES</b>		
CRESEMBA (74.5 MG CAP, 186 MG CAP)	3	QL, PR (Oncology or Infectious Disease)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	
NOXAFIL 300 MG PACKET	2	AL, PR (Oncology or Infectious Disease)
<i>posaconazole (40 mg/ml suspension, 100 mg tab dr)</i>	1	PR (Oncology or Infectious Disease)
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	1	QL, PR (Oncology or Infectious Disease)
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
RYCLORA	1	
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	
CARBINOXAMINE MALEATE ER	1	
CLEMASTINE FUMARATE (0.67 MG/5ML SYRUP, 2.68 MG TAB)	1	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	1	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
<b>ANTHYPERLIPIDEMICS</b>		
<b>ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB</b>		
NEXLIZET	2	PA, QL
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	2	PA, QL
<b>ANTHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl</i>	1	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	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	
<i>colesevelam hcl</i>	1	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	1	
FENOFIBRIC ACID (35 MG TAB, 45 MG CAP DR, 105 MG TAB, 135 MG CAP DR)	1	
<i>gemfibrozil</i>	1	
<b>HMG COA REDUCTASE INHIBITORS</b>		
ALTOPREV	3	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ATORVALIQ	3	AL
<i>atorvastatin calcium</i>	1	AL
FLOLIPID	3	
<i>fluvastatin sodium</i>	1	AL
<i>fluvastatin sodium er</i>	1	AL
<i>lovastatin</i>	1	AL
<i>pitavastatin calcium</i>	1	QL, AL
<i>pravastatin sodium</i>	1	AL
<i>rosuvastatin calcium</i>	1	AL
<i>simvastatin</i>	1	AL
<b>INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB</b>		
<i>ezetimibe-simvastatin</i>	1	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin er (antihyperlipidemic)</i>	1	QL
<b>PCSK9 INHIBITORS</b>		
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, QL
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	
PRESTALIA	3	
TRANDOLAPRIL-VERAPAMIL HCL ER	1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>captopril</i>	1	
<i>enalapril maleate (1 mg/ml solution, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>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	
<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 (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	1	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>metyrosine</i>	1	
<i>phenoxybenzamine hcl</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES</b>		
<i>amlodipine-valsartan-hctz</i>	1	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TELMISARTAN-AMLODIPINE	1	
<b>ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE</b>		
<i>candesartan cilexetil-hctz</i>	1	
EDARBYCLOR	3	
<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	
EDARBI	3	
<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	
<i>valsartan 4 mg/ml solution</i>	1	QL, AL
<b>ANTIADRENERGICS - CENTRALLY ACTING</b>		
<i>clonidine</i>	1	QL
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	
METHYLDOPA (250 MG TAB, 500 MG TAB)	1	
<b>ANTIADRENERGICS - PERIPHERALLY ACTING</b>		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMYL	2	
<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	QL
<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</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	QL
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine</i>	1	PA
<i>quinine sulfate</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	3	PA
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pyridostigmine bromide 60 mg/5ml solution</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
CYCLOSERINE	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID	3	PR (Pulmonology or Infectious Disease)
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO	3	
TRECTOR	3	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
MYLERAN	3	
<b>ANDROGEN BIOSYNTHESIS INHIBITORS</b>		
<i>abiraterone acetate</i>	1	PA, QL
<i>abirtega</i>	1	PA, QL
YONSA	3	PA, QL
<b>ANTIADRENALS</b>		
LYSODREN	2	
<b>ANTIANDROGENS</b>		
<i>bicalutamide</i>	1	QL
ERLEADA	3	PA, QL
<i>nilutamide</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NUBEQA	3	PA, QL
XTANDI	3	PA, QL
<b>ANTIESTROGENS</b>		
SOLTAMOX	3	
<i>tamoxifen citrate</i>	1	AL
<i>toremifene citrate</i>	1	PA
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	1	
JYLAMVO	3	
<i>mercaptopurine 50 mg tab</i>	1	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	1	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	1	
ONUREG	3	PA
TABLOID	3	PA
TREXALL	2	
XATMEP	3	
<b>ANTINEOPLASTIC - AKT INHIBITORS</b>		
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	3	PA, QL
TRUQAP (160 MG TAB, 200 MG TAB)	3	PA, QL
<b>ANTINEOPLASTIC - ALK INHIBITORS</b>		
ALECENSA	2	PA, QL
ALUNBRIG	3	PA, QL
LORBRENA	3	PA, QL
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 150 MG CAP SPRINK)	3	PA, QL, AL
XALKORI (200 MG CAP, 250 MG CAP)	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ZYKADIA	3	PA, QL
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
HERNEXEOS	3	PA
TUKYSA	3	PA, QL
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA (10 MG TAB, 50 MG TAB)	3	PA, QL
VENCLEXTA 100 MG TAB	3	PA, QL
VENCLEXTA STARTING PACK	3	PA
<b>ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS</b>		
BOSULIF (400 MG TAB, 500 MG TAB)	3	PA, QL
BOSULIF (50 MG CAP, 100 MG CAP)	3	PA, QL
BOSULIF 100 MG TAB	3	PA, QL
<i>dasatinib (100 mg tab, 140 mg tab)</i>	1	PA
<i>dasatinib (50 mg tab, 70 mg tab)</i>	1	PA
<i>dasatinib 20 mg tab</i>	1	PA
<i>dasatinib 80 mg tab</i>	1	PA
ICLUSIG	3	PA, QL
<i>imatinib mesylate</i>	1	PA, QL
NILOTINIB D-TARTRATE	1	PA, QL
<i>nilotinib hcl</i>	1	PA, QL
SCEMBLIX (20 MG TAB, 100 MG TAB)	3	PA, QL
SCEMBLIX 40 MG TAB	3	PA, QL
<b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>		
BRAFTOVI	3	PA, QL
OJEMDA (25 MG/ML RECON SUSP, 100 MG TAB)	3	PA
TAFINLAR (50 MG CAP, 75 MG CAP)	3	PA, QL
TAFINLAR 10 MG TAB SOL	3	PA
ZELBORAF	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<b>ANTINEOPLASTIC - BTK INHIBITORS</b>		
BRUKINSA 160 MG TAB	3	PA
BRUKINSA 80 MG CAP	3	PA
CALQUENCE 100 MG TAB	3	PA
IMBRUVICA (70 MG CAP, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	3	PA, QL
IMBRUVICA 70 MG/ML SUSPENSION	3	PA, QL
JAYPIRCA 100 MG TAB	3	PA, QL
JAYPIRCA 50 MG TAB	3	PA, QL
<b>ANTINEOPLASTIC - CSF1R KINASE INHIBITORS</b>		
ROMVIMZA	3	PA, QL
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl</i>	1	PA, QL
<i>gefitinib</i>	1	PA, QL
GILOTRIF	3	PA, QL
LAZCLUZE	3	PA
TAGRISSE	3	PA, QL
VIZIMPRO	3	PA, QL
<b>ANTINEOPLASTIC - FGFR KINASE INHIBITORS</b>		
BALVERSA	3	PA
LYTGOBI (12 MG DAILY DOSE)	3	PA, QL
LYTGOBI (16 MG DAILY DOSE)	3	PA, QL
LYTGOBI (20 MG DAILY DOSE)	3	PA, QL
PEMAZYRE	3	PA
<b>ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS</b>		
OGSIVEO	3	PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ERIVEDGE	3	PA, QL
ODOMZO	3	PA, QL
<b>ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS</b>		
WELIREG	3	PA, QL
<b>ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS</b>		
ZOLINZA	3	PA, QL
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS</b>		
AKEEGA	3	PA, QL
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	3	PA, QL
<b>ANTINEOPLASTIC - KRAS INHIBITORS</b>		
KRAZATI	3	PA, QL
LUMAKRAS	3	PA
<b>ANTINEOPLASTIC - MEK INHIBITORS</b>		
COTELLIC	3	PA, QL
GOMEKLI	3	PA
KOSELUGO (10 MG CAP, 25 MG CAP)	3	PA
KOSELUGO (5 MG CAP SPRINK, 7.5 MG CAP SPRINK)	3	PA
MEKINIST (0.5 MG TAB, 2 MG TAB)	3	PA, QL
MEKINIST 0.05 MG/ML RECON SOLN	3	PA
MEKTOVI	3	PA, QL
<b>ANTINEOPLASTIC - MENIN INHIBITORS</b>		
REVUFORJ	3	PA
<b>ANTINEOPLASTIC - MET INHIBITORS</b>		
TABRECTA	3	PA
TEPMETKO	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<b>ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS</b>		
TAZVERIK	3	PA
<b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>		
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	1	PA, QL
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	PA, QL
<i>torpenz</i>	1	PA, QL
<b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>		
CABOMETYX	3	PA
CAPRELSA	2	PA, QL
COMETRIQ (100 MG DAILY DOSE)	3	PA, QL
COMETRIQ (140 MG DAILY DOSE)	3	PA, QL
COMETRIQ (60 MG DAILY DOSE)	3	PA, QL
ENSACOVE	3	PA
<i>lapatinib ditosylate</i>	1	PA, QL
NERLYNX	3	PA
<i>pazopanib hcl 200 mg tab</i>	1	PA, QL
PAZOPANIB HCL 400 MG TAB	1	PA, QL
QINLOCK	3	PA
RYDAPT	3	PA
<i>sorafenib tosylate</i>	1	PA, QL
STIVARGA	3	PA, QL
<i>sunitinib malate</i>	1	PA
TURALIO 125 MG CAP	3	PA, QL
VANFLYTA	3	PA, QL
XOSPATA	3	PA
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<b>ANTINEOPLASTIC - PROTEASE ACTIVATORS</b>		
MODEYSO	3	PA
<b>ANTINEOPLASTIC - PROTEASOME INHIBITORS</b>		
NINLARO	3	PA, QL
<b>ANTINEOPLASTIC - RET INHIBITORS</b>		
GAVRETO	3	PA, QL
RETEVMO (40 MG CAP, 80 MG CAP)	3	PA, QL
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	3	PA, QL
<b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS</b>		
AUGTYRO	3	PA
IBTROZI	3	PA, QL
ROZLYTREK (100 MG CAP, 200 MG CAP)	3	PA, QL
ROZLYTREK 50 MG PACKET	3	PA, QL, AL
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	3	PA
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY)	3	PA
XPOVIO (40 MG ONCE WEEKLY)	3	PA
XPOVIO (40 MG TWICE WEEKLY)	3	PA
XPOVIO (60 MG ONCE WEEKLY)	3	PA
XPOVIO (60 MG TWICE WEEKLY)	3	PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	3	PA
XPOVIO (80 MG TWICE WEEKLY)	3	PA
<b>ANTINEOPLASTIC COMBINATIONS</b>		
AVMAPKI FAKZYNJA CO-PACK	3	PA
INQOVI	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LONSURF 15-6.14 MG TAB	3	PA, QL
LONSURF 20-8.19 MG TAB	3	PA, QL
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	3	PA
BESREMI	3	PA
<i>hydroxyurea</i>	1	
MATULANE	2	PA
<b>AROMATASE INHIBITORS</b>		
<i>anastrozole</i>	1	AL
<i>exemestane</i>	1	AL
<i>letrozole</i>	1	
<b>CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS</b>		
IBRANCE	3	PA, QL
KISQALI (200 MG DOSE)	3	PA, QL
KISQALI (400 MG DOSE)	3	PA, QL
KISQALI (600 MG DOSE)	3	PA, QL
VERZENIO	3	PA
<b>ESTROGENS-ANTINEOPLASTIC</b>		
EMCYT	2	PA
<b>FOLIC ACID ANTAGONISTS RESCUE AGENTS</b>		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<b>GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS</b>		
ORGOVYX	3	PA
<b>IMIDAZOTETRAZINES</b>		
<i>temozolomide</i>	1	PA
<b>ISOCITRATE DEHYDROGENASE 1 &amp; 2 (IDH1 &amp; IDH2) INHIBITORS</b>		
VORANIGO	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS</b>		
REZLIDHIA	3	PA, QL
TIBSOVO	3	PA
<b>ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS</b>		
IDHIFA	3	PA, QL
<b>JANUS ASSOCIATED KINASE (JAK) INHIBITORS</b>		
INREBIC	3	PA, QL
JAKAFI	3	PA, QL
OJJAARA	3	PA, QL
VONJO	3	PA, QL
<b>LHRH ANALOGS</b>		
<i>leuprolide acetate</i>	1	PA
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE 50 MG CAP	1	
<b>NITROGEN MUSTARDS AND RELATED ANALOGUES</b>		
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	1	
LEUKERAN	2	
<b>NITROSOUREAS</b>		
<i>lomustine</i>	1	
<b>ORNITHINE DECARBOXYLASE (ODC) INHIBITORS</b>		
IWILFIN	3	PA
<b>PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b>		
COPIKTRA	3	PA, QL
ITOVEBI	3	PA, QL
PIQRAY (200 MG DAILY DOSE)	3	PA
PIQRAY (250 MG DAILY DOSE)	3	PA
PIQRAY (300 MG DAILY DOSE)	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZYDELIG	3	PA, QL
<b>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</b>		
LYNPARZA	3	PA, QL
RUBRACA	3	PA, QL
TALZENNA	3	PA, QL
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	PA, QL
<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	
<b>SELECTIVE ESTROGEN RECEPTOR DEGRADERS</b>		
ORSERDU	3	PA, QL
<b>SELECTIVE RETINOID X RECEPTOR AGONISTS</b>		
<i>bexarotene 75 mg cap</i>	1	PA
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	3	PA
<b>URINARY TRACT PROTECTIVE AGENTS</b>		
<i>mesna 400 mg tab</i>	1	
<b>VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS</b>		
FRUZAQLA	3	PA, QL
INLYTA	3	PA, QL
LENVIMA (10 MG DAILY DOSE)	3	PA, QL
LENVIMA (12 MG DAILY DOSE)	3	PA, QL
LENVIMA (14 MG DAILY DOSE)	3	PA, QL
LENVIMA (18 MG DAILY DOSE)	3	PA, QL
LENVIMA (20 MG DAILY DOSE)	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LENVIMA (24 MG DAILY DOSE)	3	PA, QL
LENVIMA (4 MG DAILY DOSE)	3	PA, QL
LENVIMA (8 MG DAILY DOSE)	3	PA, QL
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ADENOSINE RECEPTOR ANTAGONIST</b>		
NOURIANZ	3	QL
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	1	
<i>bromocriptine mesylate</i>	1	
INBRIJA	3	QL
OSMOLEX ER 129 MG TAB ER 24H	3	QL
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	1	QL
<i>selegiline hcl</i>	1	
XADAGO	3	QL
ZELAPAR	3	
<b>CENTRAL/PERIPHERAL COMT INHIBITORS</b>		
<i>tolcapone</i>	1	QL
<b>DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa</i>	1	
<b>LEVODOPA COMBINATIONS</b>		
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>carbidopa-levodopa er (23.75-95 mg cap er, 25-100 mg tab er, 36.25-145 mg cap er, 48.75-195 mg cap er, 50-200 mg tab er, 61.25-245 mg cap er)</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
CREXONT	3	
DHIVY	3	
RYTARY	3	
<b>NONERGOLINE DOPAMINE RECEPTOR AGONISTS</b>		
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	QL
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	QL
<b>PERIPHERAL COMT INHIBITORS</b>		
<i>entacapone</i>	1	
ONGENTYS	3	QL
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	1	AL
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	AL
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	AL
LITHOBID	3	AL
<b>ANTIPSYCHOTICS - MISC.</b>		
EQUETRO	3	AL
<i>lurasidone hcl</i>	1	QL, AL
NUPLAZID	3	PA, QL, AL
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	3	ST, QL, AL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ziprasidone hcl</i>	1	QL, AL
<b>BENZISOXAZOLES</b>		
<i>paliperidone er</i>	1	QL, AL
<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, 4 mg tab disp)</i>	1	QL, AL
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab)</i>	1	AL
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	1	AL
<i>haloperidol lactate 2 mg/ml conc</i>	1	AL
<b>DIBENZO-OXEPINO PYRROLES</b>		
<i>asenapine maleate</i>	1	QL, AL
<b>DIBENZODIAZEPINES</b>		
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	QL, AL
<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	AL
<i>quetiapine fumarate er</i>	1	QL, AL
<b>DIBENZOAZEPINES</b>		
<i>loxapine succinate</i>	1	AL
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	AL
<i>compro</i>	1	AL
<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	AL
<i>perphenazine</i>	1	AL
<i>prochlorperazine</i>	1	AL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>prochlorperazine maleate</i>	1	AL
<i>thioridazine hcl</i>	1	AL
<i>trifluoperazine hcl</i>	1	AL
<b>QUINOLINONE DERIVATIVES</b>		
<i>aripiprazole (1 mg/ml solution, 2 mg tab)</i>	1	QL, AL
<i>aripiprazole (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	AL
REXULTI	3	ST, QL, AL
<b>THIENBENZODIAZEPINES</b>		
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	1	AL
<i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	1	QL, AL
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	1	AL
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRAL COMBINATIONS</b>		
<i>abacavir sulfate-lamivudine</i>	1	
BIKTARVY	3	
CIMDUO	3	
DELSTRIGO	3	
DESCOVY	3	
DOVATO	3	
<i>efavirenz-emtricitab-tenofo df</i>	1	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (400-300-300 MG TAB, 600-300-300 MG TAB)	1	
<i>emtricitab-rilpivir-tenofov df</i>	1	
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EVOTAZ	2	
GENVOYA	3	
JULUCA	2	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	1	
ODEFSEY	2	
PREZCOBIX	2	
STRIBILD	2	
SYMTUZA	3	
TRIUMEQ	3	
TRIUMEQ PD	3	AL
<b>ANTIRETROVIRALS - CAPSID INHIBITORS</b>		
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK)	3	
SUNLENCA 300 MG TAB	3	
YEZTUGO 300 MG TAB	3	
<b>ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)</b>		
<i>maraviroc</i>	1	
SELZENTRY 20 MG/ML SOLUTION	3	
<b>ANTIRETROVIRALS - FUSION INHIBITORS</b>		
FUZEON	3	
<b>ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR</b>		
RUKOBIA	3	
<b>ANTIRETROVIRALS - INTEGRASE INHIBITORS</b>		
ISENTRESS	2	
ISENTRESS HD	2	
TIVICAY 50 MG TAB	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TIVICAY PD	2	
VOCABRIA	3	
<b>ANTIRETROVIRALS - PROTEASE INHIBITORS</b>		
APTIVUS	3	
<i>atazanavir sulfate</i>	1	
<i>darunavir</i>	1	
<i>fosamprenavir calcium</i>	1	
NORVIR 100 MG PACKET	3	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	2	
REYATAZ 50 MG PACKET	2	
<i>ritonavir</i>	1	
VIRACEPT	3	
<b>ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES</b>		
EDURANT	3	
EDURANT PED	3	QL, AL
EFAVIRENZ (50 MG CAP, 200 MG CAP, 600 MG TAB)	1	
<i>etravirine</i>	1	
INTELENCE 25 MG TAB	3	
<i>nevirapine (50 mg/5ml suspension, 200 mg tab)</i>	1	
<i>nevirapine er 400 mg tab er 24h</i>	1	
PIFELTRO	3	
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES</b>		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tab)</i>	1	
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES</b>		
<i>emtricitabine</i>	1	
EMTRIVA 10 MG/ML SOLUTION	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</i>	1	
<b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES</b>		
<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	1	
<b>ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES</b>		
<i>tenofovir disoproxil fumarate</i>	1	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	2	
<b>ANTIRETROVIRALS ADJUVANTS</b>		
TYBOST	3	
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	3	
PAXLOVID (300/100 & 150/100)	3	
PAXLOVID (300/100)	3	
<b>CMV AGENTS</b>		
LIVTENCITY	3	QL, PR (infectious Disease Spec.)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	3	QL, AL
PREVYMIS (240 MG TAB, 480 MG TAB)	3	QL
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	1	
<b>HEPATITIS B AGENTS</b>		
<i>adefovir dipivoxil</i>	1	
BARACLUDE 0.05 MG/ML SOLUTION	3	
<i>entecavir</i>	1	
<i>lamivudine 100 mg tab</i>	1	
VEMLIDY	2	
<b>HEPATITIS C AGENT - COMBINATIONS</b>		
EPCLUSA (150-37.5 MG PACKET, 200-50 MG PACKET)	2	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HARVONI (33.75-150 MG PACKET, 45-200 MG PACKET)	2	PA, QL
LEDIPASVIR-SOFOSBUVIR	1	PA, QL
MAVYRET 100-40 MG TAB	2	PA, QL
MAVYRET 50-20 MG PACKET	2	PA, QL
SOFOSBUVIR-VELPATASVIR	1	PA, QL
VOSEVI	2	PA, QL
<b>HEPATITIS C AGENTS</b>		
PEGASYS 180 MCG/0.5ML SOLN PRSYR	3	QL
PEGASYS 180 MCG/ML SOLUTION	2	QL
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	
<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	
SITAVIG	3	
<i>valacyclovir hcl</i>	1	
<b>HERPES AGENTS - THYMIDINE ANALOGUES</b>		
<i>famciclovir</i>	1	
<b>INFLUENZA AGENTS</b>		
RIMANTADINE HCL	1	
<b>MISC. ANTIVIRALS</b>		
TEMBEXA (10 MG/ML SUSPENSION, 100 MG TAB)	3	
TPOXX 200 MG CAP	3	
<b>NEURAMINIDASE INHIBITORS</b>		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	1	
RELENZA DISKHALER	3	
<b>PA ENDONUCLEASE INHIBITORS</b>		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	
<b>BETA BLOCKERS</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	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 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	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
KATERZIA	3	AL
<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	
<i>nisoldipine er (8.5 mg tab er 24h, 17 mg tab er 24h, 20 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h)</i>	1	
NORLIQVA	3	QL, AL
NYMALIZE	3	
<i>taztia xt</i>	1	
<i>tiadylt er</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, 360 mg cap er 24h)</i>	1	
<b>CARDIOTONICS</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>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LANOXIN (62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB)	3	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB</b>		
<i>amlodipine-atorvastatin</i>	1	
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS	3	PA, QL
<b>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</b>		
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	2	AL
<i>sacubitril-valsartan</i>	1	
<b>NITRATE &amp; VASODILATOR COMBINATIONS</b>		
<i>isosorb dinitrate-hydralazine</i>	1	
<b>PROSTAGLANDIN - IMPOTENCE AGENTS</b>		
CAVERJECT	3	QL
CAVERJECT IMPULSE	3	QL
EDEX (2 CARTRIDGE)	3	QL
EDEX (6 CARTRIDGE)	3	QL
<b>PROSTAGLANDIN VASODILATORS</b>		
ORENITRAM (0.125 MG TAB ER, 0.25 MG TAB ER, 1 MG TAB ER)	2	PA, QL
ORENITRAM 2.5 MG TAB ER	2	PA, QL
ORENITRAM 5 MG TAB ER	2	PA, QL
ORENITRAM MONTH 1	2	PA
ORENITRAM MONTH 2	2	PA
ORENITRAM MONTH 3	2	PA
TYVASO DPI INSTITUTIONAL KIT (32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	3	PA, QL
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	3	PA, QL
TYVASO DPI MAINTENANCE KIT (112 X 32MCG & 112 POWDER, 112 X 48MCG & 112 POWDER)	3	PA, QL
TYVASO DPI MAINTENANCE KIT (32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	3	PA, QL
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	3	PA, QL
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	3	PA, QL
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	3	PA, QL
VENTAVIS 10 MCG/ML SOLUTION	2	PA
VENTAVIS 20 MCG/ML SOLUTION	2	PA
<b>PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
ADEMPAS	3	PA, QL
<b>PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR</b>		
WINREVAIR	3	PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	1	PA, QL
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	1	PA, QL
<i>bosentan 32 mg tab sol</i>	1	PA, QL
OPSUMIT	2	PA, QL
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	1	PA, QL
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	AL, PR (Pulmonology or Cardiology)
<i>sildenafil citrate 20 mg tab</i>	1	QL, PR (Pulmonology or Cardiology)
<i>tadalafil (pah)</i>	1	PA, QL
<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)	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
UPTRAVI 200 & 800 MCG TAB THPK	3	PA
<b>SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS</b>		
<i>avanafil</i>	1	QL
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL
<i>tadalafil</i>	1	QL
<i>vardenafil hcl</i>	1	QL
<b>SINUS NODE INHIBITORS</b>		
CORLANOR 5 MG/5ML SOLUTION	3	AL
<i>ivabradine hcl</i>	1	QL
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	3	PA
VYNDAQEL	3	PA
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO	3	QL
<b>CEPHALOSPORINS</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/5ml recon susp, 500 mg cap, 750 mg cap)</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1	
<i>cefprozime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1	
<b>CONTRACEPTIVES</b>		
<b>BIPHASIC CONTRACEPTIVES - ORAL</b>		
<i>azurette</i>	0	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>kariva</i>	0	
LO LOESTRIN FE	0	
<i>pimtrea</i>	0	
<i>simliya</i>	0	
<i>viorele</i>	0	
<i>volnea</i>	0	
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	0	
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>apri</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30</i>	0	
<i>aurovela 1/20</i>	0	
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30</i>	0	
<i>aurovela fe 1/20</i>	0	
AVERI	0	
<i>aviane</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ayuna</i>	0	
<i>balziva</i>	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30</i>	0	
<i>blisovi fe 1/20</i>	0	
<i>briellyn</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal</i>	0	
<i>chateal eq</i>	0	
<i>cryselle</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35</i>	0	
<i>delyla</i>	0	
<i>drospiren-eth estrad-levomefol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>elinest</i>	0	
<i>emoquette</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
<i>ethynodiol diac-eth estradiol</i>	0	
<i>falmina</i>	0	
<i>feirza 1.5/30</i>	0	
<i>feirza 1/20</i>	0	
FEMLYV	3	
<i>finzala</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>galbriela</i>	0	
<i>gemmily</i>	0	
<i>hailey 1.5/30</i>	0	
<i>hailey 24 fe</i>	0	
<i>hailey fe 1.5/30</i>	0	
<i>hailey fe 1/20</i>	0	
<i>isibloom</i>	0	
<i>jasmiel</i>	0	
<i>joyeaux</i>	0	
<i>juleber</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kelnor 1/35</i>	0	
<i>kelnor 1/50</i>	0	
<i>kurvelo</i>	0	
<i>larin 1.5/30</i>	0	
<i>larin 1/20</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30</i>	0	
<i>larin fe 1/20</i>	0	
<i>layolis fe</i>	0	
<i>lessina</i>	0	
<i>levonorgest-eth estradiol-iron</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	0	
<i>levora 0.15/30 (28)</i>	0	
<i>lo-zumandimine</i>	0	
<i>loestrin 1.5/30 (21)</i>	0	
<i>loestrin 1/20 (21)</i>	0	
<i>loestrin fe 1.5/30</i>	0	
<i>loestrin fe 1/20</i>	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>luizza 1.5/30</i>	0	
<i>luizza 1/20</i>	0	
<i>lutra</i>	0	
<i>marlissa</i>	0	
<i>merzee</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30</i>	0	
<i>microgestin 1/20</i>	0	
<i>microgestin 24 fe</i>	0	
<i>microgestin fe 1.5/30</i>	0	
<i>microgestin fe 1/20</i>	0	
<i>mili</i>	0	
<i>minzoya</i>	0	
<i>mono-linyah</i>	0	
<i>necon 0.5/35 (28)</i>	0	
NEXTSTELLIS	0	
<i>nikki</i>	0	
<i>norethin ace-eth estrad-fe</i>	0	
<i>norethin-eth estradiol-fe</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>norethindrone acet-ethinyl est</i>	0	
<i>norgestimate-eth estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	
<i>nortrel 1/35 (28)</i>	0	
<i>nylia 1/35</i>	0	
<i>nymyo</i>	0	
<i>ocella</i>	0	
<i>philith</i>	0	
<i>portia-28</i>	0	
<i>reclipsen</i>	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20</i>	0	
<i>tarina fe 1/20 eq</i>	0	
<i>taysofy</i>	0	
<i>turqoz</i>	0	
TYBLUME	0	
<i>tydemy</i>	0	
<i>valtya 1/35</i>	0	
<i>valtya 1/50</i>	0	
<i>vestura</i>	0	
<i>vienva</i>	0	
<i>vyfemla</i>	0	
<i>vylibra</i>	0	
<i>wera</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>wymzya fe</i>	0	
<i>xelria fe</i>	0	
<i>zovia 1/35 (28)</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine</i>	0	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	0	
TWIRLA	0	
<i>xulane</i>	0	
<i>zafemy</i>	0	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA	0	
<i>eluryng</i>	0	QL
<i>enilloring</i>	0	QL
<i>etonogestrel-ethinyl estradiol</i>	0	QL
<i>haloette</i>	0	QL
<b>CONTINUOUS CONTRACEPTIVES - ORAL</b>		
<i>amethyst</i>	0	
<i>dolishale</i>	0	
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	0	
<b>EMERGENCY CONTRACEPTIVES</b>		
<i>aftera</i>	0	
<i>afterpill</i>	0	
<i>curae</i>	0	
<i>econtra ez</i>	0	
<i>econtra one-step</i>	0	
ELLA	0	
<i>her style</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>levonorgestrel</i>	0	
<i>my choice</i>	0	
<i>my way</i>	0	
<i>new day</i>	0	
<i>opcicon one-step</i>	0	
<i>option 2</i>	0	
<i>react</i>	0	
<i>shewise</i>	0	
<i>take action</i>	0	
<b>EXTENDED-CYCLE CONTRACEPTIVES - ORAL</b>		
<i>ashlyna</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>daysee</i>	0	
<i>iclevia</i>	0	
<i>introvale</i>	0	
<i>jaimiess</i>	0	
<i>jolessa</i>	0	
<i>levonorgest-eth est &amp; eth est</i>	0	
<i>levonorgest-eth estrad 91-day</i>	0	
<i>lojaimiess</i>	0	
<i>rivelsa</i>	0	
<i>rosyrah</i>	0	
<i>setlakin</i>	0	
<i>simpesse</i>	0	
<b>FOUR PHASE CONTRACEPTIVES - ORAL</b>		
NATAZIA	0	
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>deblitane</i>	0	
<i>emzahh</i>	0	
<i>errin</i>	0	
<i>heather</i>	0	
<i>incassia</i>	0	
<i>jencycla</i>	0	
<i>lyleq</i>	0	
<i>lyza</i>	0	
<i>meleya</i>	0	
<i>nora-be</i>	0	
<i>norethindrone</i>	0	
<i>norlyroc</i>	0	
OPILL	0	
<i>orquidea</i>	0	
<i>sharobel</i>	0	
SLYND	0	
<b>TRIPHASIC CONTRACEPTIVES - ORAL</b>		
<i>alyacen 7/7/7</i>	0	
ARANELLE	0	
<i>cyclafem 7/7/7</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>enpresse-28</i>	0	
<i>leena</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth estrad triphasic</i>	0	
<i>norethindron-ethinyl estrad-fe</i>	0	
<i>norgestim-eth estrad triphasic</i>	0	
<i>nortrel 7/7/7</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 7/7/7</i>	0	
<i>tilia fe</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	
<i>tri-lynyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-nymyo</i>	0	
<i>tri-previfem</i>	0	
<i>tri-sprintec</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>trivora (28)</i>	0	
VELIVET	0	
<i>xarah fe</i>	0	

## CORTICOSTEROIDS

### GLUCOCORTICOSTEROIDS

ALKINDI SPRINKLE	3	AL
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er</i>	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 tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	1	
EOHILIA	3	PA, QL
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydrocortisone sod suc (pf)</i>	1	
MEDROL 2 MG TAB	3	
<i>methylprednisolone</i>	1	
<i>prednisolone (5 mg tab, 15 mg/5ml solution)</i>	1	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)</i>	1	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG (21) TAB THPK, 5 MG (48) TAB THPK, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK, 10 MG TAB, 20 MG TAB, 50 MG TAB)	1	
PREDNISONE INTENSOL	1	
SOLU-CORTEF 250 MG RECON SOLN	2	
TARPEYO	3	PA
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVE - NONNARCOTIC</b>		
BENZONATATE (100 MG CAP, 150 MG CAP, 200 MG CAP)	1	
<b>ANTITUSSIVE - OPIOID</b>		
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	AL
<i>hydromet</i>	1	AL
<b>ANTITUSSIVE-EXPECTORANT</b>		
<i>g tussin ac</i>	1	AL
<i>guaiaitussin ac</i>	1	AL
<i>guaifenesin ac</i>	1	AL
<i>guaifenesin-codeine</i>	1	AL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>maxi-tuss ac</i>	1	AL
<i>virtussin a/c</i>	1	AL
<i>virtussin ac w/alc</i>	1	AL
<b>ANTITUSSIVE-EXPECTORANTS-DECONGESTANT</b>		
TUSNEL C	1	
<b>DECONGESTANT &amp; ANTIHISTAMINE</b>		
PROMETHAZINE-PHENYLEPHRINE	1	
<b>IODINE EXPECTORANTS</b>		
POTASSIUM IODIDE (EXPECTORANT)	1	
<b>MISC. RESPIRATORY INHALANTS</b>		
HYPERSAL 3.5 % NEBU SOLN	3	
NEBUSAL 3 % NEBU SOLN	1	
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	
<b>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</b>		
<i>promethazine-dm</i>	1	
<b>OPIOID ANTITUSSIVE-ANTIHISTAMINE</b>		
HYDROCOD POLI-CHLORPHE POLI ER	1	AL
<i>promethazine-codeine</i>	1	AL
<b>OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE</b>		
PRO-RED AC	3	AL
<b>DERMATOLOGICALS</b>		
<b>ACNE ANTIBIOTICS</b>		
AMZEEQ	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clindacin</i>	1	
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos (once-daily)</i>	1	
<i>clindamycin phos (twice-daily)</i>	1	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>dapsone (5 % gel, 7.5 % gel)</i>	1	
ERY	1	
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	
AVAR-E EMOLLIENT	1	
<i>avar-e green</i>	1	
BENZOYL PEROX-HYDROCORTISONE	1	
<i>benzoyl peroxide-erythromycin</i>	1	
BP 10-1	1	
<i>clindamycin phos-benzoyl perox</i>	1	
<i>clindamycin-tretinoin</i>	1	QL
<i>neuac 1.2-5 % gel</i>	1	
PLEXION CLEANSING CLOTH	3	
SSS 10-5 (10-5 % CREAM, 10-5 % FOAM)	1	
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 % LIQUID, 9.8-4.8 % LOTION, 10-1 % EMULSION, 10-2 % CREAM, 10-2 % LIQUID, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD	3	
SULFACETAMIDE-SULFUR IN UREA	1	
SULFACLEANSE 8/4	1	
SULFAMEZ WASH	1	
VANOXIDE-HC	1	
<b>ACNE PRODUCTS</b>		
<i>accutane</i>	1	
<i>adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)</i>	1	
AKLIEF	3	
ALTRENO	3	
<i>amnesteem</i>	1	
AZELEX	3	
BENZEPRO (5.2 % FOAM, 5.3 % FOAM, 9.7 % FOAM)	3	
BENZEPRO (5.8 % MISC, 6.8 % LIQUID)	1	
BENZEPRO CREAMY WASH	1	
BENZEPRO FOAMING CLOTHS	1	
BENZOYL PEROXIDE (8 % GEL, 9.8 % FOAM)	1	
<i>claravis</i>	1	
FABIOR	3	
<i>isotretinoin</i>	1	
PR BENZOYL PEROXIDE	1	
PR BENZOYL PEROXIDE WASH	1	
RETIN-A MICRO PUMP 0.06 % GEL	3	
TAZAROTENE 0.1 % FOAM	3	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	
TRETINOIN MICROSPHERE (0.04 % GEL, 0.08 % GEL, 0.1 % GEL)	1	

Drug Name	Drug Tier	Requirements / Limits
TRETINOIN MICROSPHERE PUMP (0.04 % GEL, 0.08 % GEL, 0.1 % GEL)	1	
WINLEVI	3	
<i>zenatane</i>	1	
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN	3	
<b>ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS</b>		
LITFULO	3	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
DICLOFENAC EPOLAMINE	1	QL
<i>diclofenac sodium 1.5 % solution</i>	1	QL
<b>ANTIBIOTIC STEROID COMBINATIONS - TOPICAL</b>		
NEO-SYNALAR 0.5-0.025 % CREAM	3	
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclodan</i>	1	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>klayesta</i>	1	
NAFTIFINE HCL (1 % CREAM, 2 % CREAM, 2 % GEL)	1	
<i>nyamyc</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystop</i>	1	
<b>ANTIFUNGALS - TOPICAL COMBINATIONS</b>		
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydrocortisone-iodoquinol</i>	1	
IDOQUIMEZ-HC	1	
IDOQUINOL-HC-ALOE POLYSACCH	1	
IDOQUINOL-HYDROCORTISONE-ALOE	1	
<i>nystatin-triamcinolone</i>	1	
<b>ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL</b>		
VALCHLOR	2	
<b>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</b>		
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	1	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S</b>		
<i>diclofenac sodium 3 % gel</i>	1	
<b>ANTINEOPLASTIC RETINOIDS - TOPICAL</b>		
PANRETIN	3	
<b>ANTIPRURITICS - TOPICAL</b>		
<i>doxepin hcl 5 % cream</i>	1	
<b>ANTIPSORIATICS</b>		
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	QL
<i>calcitrene</i>	1	QL
CALCITRIOL 3 MCG/GM OINTMENT	1	
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	
VTAMA	3	PA, QL
ZITHRANOL	3	
<b>ANTIPSORIATICS - SYSTEMIC</b>		
<i>acitretin</i>	1	QL
BIMZELX (160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR)	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BIMZELX (320 MG/2ML SOLN A-INJ, 320 MG/2ML SOLN PRSYR)	3	PA, QL
COSENTYX (300 MG DOSE)	2	PA, QL
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	2	PA, QL
COSENTYX SENSOREADY (300 MG)	2	PA, QL
COSENTYX SENSOREADY PEN	2	PA, QL
COSENTYX UNOREADY	2	PA, QL
METHOXSALLEN RAPID	1	
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	2	PA, QL
SELARSDI (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	2	PA, QL
SELARSDI 45 MG/0.5ML SOLUTION	2	PA, QL
SILIQ	3	PA
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA, QL
SKYRIZI PEN	2	PA, QL
SOTYKTU	3	PA, QL
SPEVIGO 150 MG/ML SOLN PRSYR	3	PA
SPEVIGO 300 MG/2ML SOLN PRSYR	3	PA, QL
TALTZ	2	PA, QL
TREMFYA 100 MG/ML SOLN PRSYR	3	PA, QL
TREMFYA ONE-PRESS	3	PA, QL
TREMFYA PEN 100 MG/ML SOLN A-INJ	3	PA, QL
<b>ANTISEBORRHEIC PRODUCTS</b>		
OVACE PLUS (9.8 % LOTION, 10 % CREAM)	3	
PLEXION NS	1	
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide (9.8 % shampoo, 10 % shampoo)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sodium sulfacetamide wash</i>	1	
SULFACETAMIDE SODIUM (CLEANS)	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
<b>ANTIVIRAL TOPICAL COMBINATIONS</b>		
XERESE	3	QL
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir (5 % cream, 5 % ointment)</i>	1	
<i>penciclovir</i>	1	
ZELSUVMI	3	PA, QL
<b>ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS</b>		
ANZUPGO	3	PA, QL
OPZELURA	3	PA, QL, AL
<b>ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES</b>		
ADBRY	3	PA, QL
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	2	PA, QL
EBGLYSS	2	PA, QL
<b>BURN PRODUCTS</b>		
MAFENIDE ACETATE	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON 85 MG/GM CREAM	3	
<b>CAUTERIZING AGENT COMBINATIONS</b>		
ARZOL SILVER NIT APPLICATORS	1	
<b>CAUTERIZING AGENTS</b>		
<i>silver nitrate</i>	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
ALA SCALP	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	
AMCINONIDE 0.1 % OINTMENT	1	
APEXICON E	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
BRYHALI	3	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
CLOCORTOLONE PIVALATE	1	
<i>clodan 0.05 % shampoo</i>	1	
CORDRAN 4 MCG/SQCM TAPE	3	
<i>desonide (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	1	
<i>diflorasone diacetate (0.05 % cream, 0.05 % 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, 0.1 % cream)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluocinonide emulsified base</i>	1	
FLURANDRENOLIDE (0.05 % CREAM, 0.05 % LOTION)	1	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	1	
<i>halcinonide 0.1 % cream</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
HALOG 0.1 % OINTMENT	3	
<i>hydrocortisone (2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment, 2.5 % solution)</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
NUCORT	3	
PANDEL	2	
SERNIVO	3	
TEXACORT	3	
<i>tovet 0.05 % foam</i>	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone in absorbase</i>	1	
<i>triderm</i>	1	
ULTRAVATE	3	
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
UREA 45 % CREAM	1	
<b>EMOLLIENTS</b>		
<i>ammonium lactate 12 % lotion</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>ENZYMES - TOPICAL</b>		
SANTYL	3	
<b>IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL</b>		
<i>econazole nitrate 1 % cream</i>	1	
ECOZA	3	ST, QL, AL
ERTACZO	3	ST
JUBLIA	3	ST, QL
<i>ketoconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	1	
<i>ketodan 2 % foam</i>	1	
<i>oxiconazole nitrate</i>	1	
OXISTAT 1 % LOTION	3	ST
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	1	
<b>IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL</b>		
<i>imiquimod 3.75 % cream</i>	1	AL
<i>imiquimod 5 % cream</i>	1	
<i>imiquimod pump</i>	1	AL
ZYCLARA PUMP 2.5 % CREAM	2	QL, AL
<b>INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC</b>		
NEMLUVIO	3	PA, QL
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b>		
BENSAL HP	3	
KERALYT 6 % SHAMPOO	1	
PODOCON-25	3	
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	1	
SALICYLIC ACID (6 % FOAM, 6 % GEL, 6 % SHAMPOO, 26 % SOLUTION)	1	
SALICYLIC ACID 3 % OINTMENT	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SALICYLIC ACID ER	1	
<i>salicylic acid wart remover</i>	1	
<i>salynta</i>	1	
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT COMBINATIONS</b>		
PYROGALLIC ACID	3	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
ASTERO	3	
<i>glydo</i>	1	
LDO PLUS	3	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine 5 % patch</i>	1	QL
<i>lidocaine hcl (3 % cream, 4 % solution)</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
<i>lidocan</i>	1	QL
LIDOPIN 3 % CREAM	1	
PREMIUM LIDOCAINE	1	
<i>tridacaine ii</i>	1	QL
<i>tridacaine iii</i>	1	QL
<b>MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL</b>		
HYFTOR	3	PA, QL
<i>pimecrolimus</i>	1	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
<b>MICROTUBULE INHIBITORS - TOPICAL</b>		
KLISYRI (250 MG)	3	
KLISYRI (350 MG)	3	
<b>MISC. TOPICAL</b>		
DRYSOL	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
QBREXZA	3	
<b>OXABOROLE-RELATED ANTIFUNGALS - TOPICAL</b>		
<i>tavaborole</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA	3	
ZORYVE	3	QL, AL, PR (Dermatologist)
<b>PHOTODYNAMIC THERAPY AGENTS - TOPICAL</b>		
AMELUZ	3	
LEVULAN KERASTICK	3	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	QL, PR (Dermatologist)
<i>doxycycline</i>	1	PA
FINACEA 15 % FOAM	3	
<i>ivermectin 1 % cream</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
RHOFADE	3	QL, PR (Dermatologist)
ZILXI	3	PR (Dermatologist)
<b>SCABICIDES &amp; PEDICULICIDES</b>		
CROTAN	3	
<i>cvs ivermectin lice treatment</i>	1	QL
<i>eq ivermectin</i>	1	QL
<i>ivermectin 0.5 % lotion</i>	1	QL
<i>malathion</i>	1	
<i>permethrin</i>	1	
PRURADIK	3	
<i>rid one &amp; done</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sklice</i>	1	QL
SPINOSAD	1	
<b>SKIN CLEANSERS</b>		
<i>alcohol wipes</i>	0	
<i>cvs isopropyl alcohol wipes</i>	0	
HYCLODEX	3	
HYPOCYN 0.012 % SOLUTION	3	
<i>isopropyl alcohol 70 % misc</i>	0	
<i>isopropyl alcohol wipes</i>	0	
<i>medpura alcohol pads</i>	0	
<i>qc alcohol</i>	0	
<i>ra isopropyl alcohol wipes</i>	0	
<b>STEROID-LOCAL ANESTHETIC COMBINATIONS</b>		
CORTANE-B	2	
EPIFOAM	3	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
PRAMOSONE (1-1 % CREAM, 1-1 % LOTION, 1-2.5 % LOTION)	1	
PRAMOSONE (1-1 % OINTMENT, 1-2.5 % OINTMENT)	3	
<b>TAR PRODUCTS</b>		
COAL TAR	1	
<b>TOPICAL ANESTHETIC COMBINATIONS</b>		
CETACAINE 2-2-14 % AEROSOL	3	
<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
<b>TOPICAL STEROID COMBINATIONS</b>		
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DUOBRII	3	
ENSTILAR	3	
<b>WOUND CARE - GROWTH FACTOR AGENTS</b>		
REGRANEX	2	
<b>WOUND CARE COMBINATIONS</b>		
B & C	3	
BALSAM PERU-CASTOR OIL	3	
BPCO	3	
VENELEX	3	
<b>WOUND DRESSINGS</b>		
FILSUVEZ	3	PA, QL
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
CHEMSTRIP K	1	
FREESTYLE INSULINX TEST	1	QL
FREESTYLE LITE TEST	1	QL
FREESTYLE PRECISION NEO TEST	1	QL
FREESTYLE TEST	1	QL
KETONE TEST	1	
KETOSTIX	1	
PRECISION XTRA BLOOD GLUCOSE	1	QL
PRECISION XTRA KETONE	1	
RELION KETONE TEST	1	
<b>MULTIPLE URINE TESTS</b>		
CHEMSTRIP UGK	3	
CVS KETONE CARE	3	
KETO-DIASTIX	3	

Drug Name	Drug Tier	Requirements / Limits
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
URE-NA	3	
URE-NA URAPPLE	3	
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	2	
PANCREAZE	3	
PERTZYE	3	
SUCRAID	3	PA
VIOKACE	3	
ZENPEP	2	
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>dichlorphenamide</i>	1	PA, QL
<i>methazolamide</i>	1	
<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	
<i>ethacrynic acid</i>	1	
FUROSCIX	3	QL
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>torseamide</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>spironolactone 25 mg/5ml suspension</i>	1	AL
<i>triamterene</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	
DIURIL	3	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
THALITONE	3	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS</b>		
VYKAT XR	3	PA
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab)</i>	1	QL
<i>alendronate sodium 70 mg/75ml solution</i>	1	
BINOSTO	3	
FOSAMAX PLUS D	3	
<i>ibandronate sodium 150 mg tab</i>	1	QL
<i>risedronate sodium</i>	1	QL
<b>CALCIMIMETIC AGENTS</b>		
<i>cinacalcet hcl</i>	1	
<b>CALCITONINS</b>		
<i>calcitonin (salmon)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>CARNITINE REPLENISHER - AGENTS</b>		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
<b>CORTICOTROPIN</b>		
ACTHAR GEL	3	
CORTROPHIN GEL	3	PA
<b>CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG</b>		
CRENESSITY (25 MG CAP, 50 MG CAP, 50 MG/ML SOLUTION, 100 MG CAP)	3	PA, QL
<b>CORTISOL SYNTHESIS INHIBITORS</b>		
ISTURISA 1 MG TAB	3	PA
ISTURISA 5 MG TAB	3	PA
<b>DOPAMINE RECEPTOR AGONISTS</b>		
<i>cabergoline</i>	1	
<b>FABRY DISEASE - AGENTS</b>		
GALAFOLD	3	PA, QL
<b>GAA DEFICIENCY TREATMENT - AGENTS</b>		
OPFOLDA	3	PA
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA	3	QL
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	3	PA, QL
<b>GROWTH HORMONES</b>		
GENOTROPIN	3	PA
GENOTROPIN MINIQUICK	3	PA
HUMATROPE	3	PA
NGENLA	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NORDITROPIN FLEXPRO	3	PA
NUTROPIN AQ NUSPIN 10	3	PA
NUTROPIN AQ NUSPIN 20	3	PA
NUTROPIN AQ NUSPIN 5	3	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	3	PA
SAIZEN 5 MG RECON SOLN	3	PA
SEROSTIM	3	PA
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE)	3	PA, QL
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	3	PA, QL
SOGROYA	3	PA
ZOMACTON	3	PA
ZOMACTON (FOR ZOMA-JET 10)	3	PA
<b>HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS</b>		
XURIDEN	3	PA
<b>HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS</b>		
<i>nitisinone</i>	1	PA
NITYR	3	PA
ORFADIN 4 MG/ML SUSPENSION	3	PA
<b>HOMOCYSTINURIA TREATMENT - AGENTS</b>		
<i>betaine</i>	1	
<b>HYPERAMMONEMIA TREATMENT - AGENTS</b>		
<i>carglumic acid</i>	1	PA
<b>HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS</b>		
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	1	
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
RAYALDEE	3	
<b>HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS</b>		
YORVIPATH	3	PA, QL
<b>HYPOPHOSPHATASIA (HPP) AGENTS</b>		
STRENSIQ 18 MG/0.45ML SOLUTION	3	PA
STRENSIQ 28 MG/0.7ML SOLUTION	3	PA
STRENSIQ 40 MG/ML SOLUTION	3	PA
STRENSIQ 80 MG/0.8ML SOLUTION	3	PA
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX	2	PA
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	3	PA
<b>NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS</b>		
VEOZAH	3	QL
<b>NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA	3	QL
<b>PARATHYROID HORMONE AND DERIVATIVES</b>		
<i>teriparatide</i>	1	PA, QL
TYMLOS	3	PA, QL
<b>PHENYLKETONURIA TREATMENT - AGENTS</b>		
<i>javygtor</i>	1	PA
PALYNZIQ	3	PA
<i>sapropterin dihydrochloride</i>	1	PA
SEPHIENCE	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>zelvysia</i>	1	PA
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
OSPHENA	3	QL
<i>raloxifene hcl</i>	1	AL
<b>SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS</b>		
<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>	1	PA, QL
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	PA, QL
<b>SOMATOSTATIC AGENTS</b>		
MYCAPSSA	3	PA, QL
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1	
SIGNIFOR	3	PA
<b>UREA CYCLE DISORDER - AGENTS</b>		
<i>glycerol phenylbutyrate</i>	1	PA, QL
OLPRUVA (2 GM DOSE)	3	PA
OLPRUVA (3 GM DOSE)	3	PA
OLPRUVA (4 GM DOSE)	3	PA
OLPRUVA (5 GM DOSE)	3	PA
OLPRUVA (6 GM DOSE)	3	PA
OLPRUVA (6.67 GM DOSE)	3	PA
PHEBURANE	3	
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	1	
<i>sodium phenylbutyrate 500 mg tab</i>	1	
<b>VASOPRESSIN</b>		
<i>desmopressin ace spray refrig</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	3	
<i>desmopressin acetate spray</i>	1	
<b>ESTROGENS</b>		
<b>ESTROGEN &amp; ANDROGEN</b>		
COVARYX	1	
COVARYX HS	1	
EEMT	1	
EEMT HS	1	
<i>est estrogens-methyltest (1.25-2.5 mg tab)</i>	1	
<i>est estrogens-methyltest ds</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>estratest f.s.</i>	1	
ESTRATEST H.S.	1	
<b>ESTROGEN &amp; PROGESTIN</b>		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>amabelz</i>	1	
ANGELIQ	2	
BIJUVA	3	
CLIMARA PRO	2	QL
COMBIPATCH	3	QL
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	0	
<i>jinteli</i>	0	
<i>mimvey</i>	1	
<i>norethindrone-eth estradiol</i>	0	
PREMPHASE	2	

Drug Name	Drug Tier	Requirements / Limits
PREMPRO	2	
<b>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</b>		
MYFEMBREE	3	QL
ORIAHNN	3	QL
<b>ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB</b>		
DUAVEE	3	QL, AL
ALORA (0.025 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	3	QL
DEPO-ESTRADIOL	3	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	QL
ELESTRIN	3	QL
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 0.75 mg/1.25 gm (0.06%) gel, 1 mg/gm gel, 1.25 mg/1.25gm gel)</i>	1	QL
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>estradiol valerate</i>	1	
<i>estrogens conjugated</i>	1	
EVAMIST	3	QL
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	QL
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	1	
MENOSTAR	3	QL
<b>FLUOROQUINOLONES</b>		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
<i>prucalopride succinate</i>	1	QL
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM 250 MG CAP	3	PA
CHOLBAM 50 MG CAP	3	PA
<b>CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
TRULANCE	3	ST, QL
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OALIVA	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, AL
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (5 mg tab, 5 mg tab disp, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
<b>GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS</b>		
GATTEX	3	PA
<b>HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS</b>		
REZDIFFRA	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
LINZESS	2	QL, AL
<b>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</b>		
VIBERZI	2	PA, QL
<b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>alosetron hcl</i>	1	AL
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY	3	PA
BYLVAY (PELLETS)	3	PA
LIVMARLI (10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB)	3	PA, QL
LIVMARLI (9.5 MG/ML SOLUTION, 19 MG/ML SOLUTION)	3	QL
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium</i>	1	
DIPENTUM	3	
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr)</i>	1	QL
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	1	
<i>mesalamine er</i>	1	QL
<i>mesalamine-cleanser</i>	1	
PENTASA 250 MG CAP ER	2	QL
SFROWASA	3	
<i>sulfasalazine</i>	1	
<b>INTEGRIN RECEPTOR ANTAGONISTS</b>		
ENTYVIO PEN	3	PA, QL
<b>INTERLEUKIN ANTAGONISTS</b>		
OMVOH (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	3	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OMVOH (200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	3	PA, QL
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ	3	PA, QL
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	2	PA, QL
TREMFYA 200 MG/2ML SOLN PRSYR	3	PA, QL
TREMFYA PEN 200 MG/2ML SOLN A-INJ	3	PA, QL
TREMFYA-CD/UC INDUCTION	3	PA, QL
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
<b>LIVE FECAL MICROBIOTA (HUMAN)</b>		
VOWST	3	PA
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan</i>	1	
MOVANTIK	2	QL
RELISTOR (12 MG/0.6ML SOLN PRSYR, 12 MG/0.6ML SOLUTION)	3	
RELISTOR 150 MG TAB	3	QL
RELISTOR 8 MG/0.4ML SOLN PRSYR	3	
SYMPROIC	3	
<b>PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS</b>		
IQIRVO	3	PA, QL
LIVDELZI	3	PA, QL
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	3	
<i>calcium acetate (phos binder)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>calcium acetate 667 mg tab</i>	1	
FERRIC CITRATE	1	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	3	QL
<b>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)</b>		
VELSIPITY	3	PA, QL
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO	3	PA, QL
<b>TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>		
CIMZIA	2	PA, QL
CIMZIA (1 SYRINGE)	2	PA, QL
CIMZIA (2 SYRINGE)	2	PA, QL
CIMZIA-STARTER	2	PA, QL
ZYMFENTRA (1 PEN)	3	PA, QL
ZYMFENTRA (2 PEN)	3	PA, QL
ZYMFENTRA (2 SYRINGE)	3	PA, QL
<b>GENITOURINARY AGENTS - MISCELLANEOUS</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
CARDURA XL	3	
<i>silodosin</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tamsulosin hcl</i>	1	
<b>CITRATES</b>		
CYTRA K CRYSTALS	1	
ORACIT	3	
ORAL CITRATE	3	
<i>pot &amp; sod cit-cit ac</i>	1	
<i>potassium citrate er</i>	1	
POTASSIUM CITRATE-CITRIC ACID	1	
<i>sod citrate-citric acid</i>	1	
SODIUM CITRATE-CITRIC ACID	1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	3	
PROCYSBI	3	PA
<b>IGAN AGENTS - ENDOTHELIN &amp; ANGIOTENSIN II RECEPTOR ANTAG</b>		
FILSPARI	3	PA, QL
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	2	
<b>PHOSPHATES</b>		
K-PHOS NO 2	3	
<b>PROSTATIC HYPERTROPHY AGENT COMBINATIONS</b>		
<i>dutasteride-tamsulosin hcl</i>	1	
<b>SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)</b>		
RIVFLOZA	3	PA
<b>URINARY ANALGESICS</b>		
<i>phenazo 200 mg tab</i>	1	
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	1	

Drug Name	Drug Tier	Requirements / Limits
<b>URINARY STONE AGENTS</b>		
LITHOSTAT	3	
<i>tiopronin (100 mg tab dr, 300 mg tab dr)</i>	1	
<i>tiopronin 100 mg tab</i>	1	
<i>venxxiva</i>	1	
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	1	
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine</i>	1	QL
<i>febuxostat</i>	1	QL
GLOPERBA	3	
<b>URICOSURICS</b>		
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES</b>		
ALHEMO	3	PA
HYMPAVZI	3	PA, QL
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	1	PA, QL
<i>sajazir</i>	1	PA, QL
<b>BRUTON'S TYROSINE KINASE (BTK) INHIBITORS</b>		
WAYRILZ	3	PA, QL
<b>COMPLEMENT C5 INHIBITORS</b>		
ZILBRYSQ	3	PA, QL
<b>COMPLEMENT C5A RECEPTOR INHIBITORS</b>		
TAVNEOS	3	PA

Drug Name	Drug Tier	Requirements / Limits
<b>COMPLEMENT FACTOR B INHIBITORS</b>		
FABHALTA	3	PA, QL
<b>COMPLEMENT FACTOR D INHIBITORS</b>		
VOYDEYA	3	PA, QL
<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	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
EKTERLY	3	PA, QL
ORLADEYO (110 MG CAP, 150 MG CAP)	3	PA
<b>PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES</b>		
TAKHZYRO	3	PA, QL
<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	3	PA, QL
PYRUKYND TAPER PACK	3	PA, QL
<b>QUINAZOLINE AGENTS</b>		
<i>anagrelide hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>SPLEEN TYROSINE KINASE (SYK) INHIBITORS</b>		
TAVALISSE	3	PA
<b>THIENOPYRIDINE DERIVATIVES</b>		
<i>clopidogrel bisulfate</i>	1	
<i>prasugrel hcl</i>	1	QL
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA	3	PA, QL
<i>miglustat</i>	1	PA, QL
<i>yargesa</i>	1	PA, QL
<b>COBALAMINS</b>		
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
<i>dodex</i>	1	
<b>CXCR4 RECEPTOR ANTAGONIST</b>		
XOLREMDI	3	PA, QL
<b>CYTOTOXIC AGENTS</b>		
DROXIA	3	
XROMI	3	AL
<b>FOLIC ACID/FOLATES</b>		
<i>cvs folic acid</i>	0	AL
<i>fa-8</i>	0	AL
<i>folate</i>	0	AL
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	0	AL
<i>folic acid 1 mg tab</i>	1	
<i>ft folic acid</i>	0	AL
<i>gnp folic acid</i>	0	AL
<i>hm folic acid</i>	0	AL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>kp folic acid 800 mcg tab</i>	0	AL
<i>px folic acid</i>	0	AL
<i>qc folic acid</i>	0	AL
<i>ra folic acid</i>	0	AL
<i>sm folic acid</i>	0	AL
<i>true folic acid 400 mcg tab</i>	0	AL
<i>yl folic acid</i>	0	AL
<b>HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS</b>		
JESDUVROQ	3	PA
<b>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</b>		
ALVAIZ	3	PA, QL
DOPTELET	3	PA
DOPTELET SPRINKLE	3	PA, QL, AL
<i>eltrombopag olamine (12.5 mg packet, 25 mg packet)</i>	1	PA
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	1	PA, QL
MULPLETA	3	PA
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid (0.25 gm/ml solution, 500 mg tab, 1000 mg tab)</i>	1	
<i>tranexamic acid 650 mg tab</i>	1	QL
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FLURAZEPAM HCL	1	
QUAZEPAM	1	
<i>temazepam</i>	1	QL
<i>triazolam</i>	1	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1	QL
<b>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</b>		
EDLUAR	3	QL
<i>eszopiclone</i>	1	QL
<i>zaleplon</i>	1	QL
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	QL
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	1	
<i>zolpidem tartrate er</i>	1	
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	3	QL
DAYVIGO	3	QL
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ LQ	3	PA, QL
<i>ramelteon</i>	1	QL
<i>tasimelteon</i>	1	PA, QL
<b>LAXATIVES</b>		
<b>BOWEL EVACUANT COMBINATIONS</b>		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	AL
GAVILYTE-C	1	AL
<i>gavilyte-g</i>	1	AL
<i>gavilyte-n with flavor pack</i>	1	AL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>na sulfate-k sulfate-mg sulf</i>	1	AL
<i>peg 3350-kcl-na bicarb-nacl</i>	1	AL
<i>peg-3350/electrolytes</i>	1	AL
<i>peg-3350/electrolytes/ascorbat</i>	1	AL
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	AL
PEG-PREP	3	AL
PLENVU	3	AL
SUFLAVE	3	AL
SUTAB	3	AL
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	1	
<i>kristalose</i>	1	
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm packet, 20 gm/30ml solution)</i>	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	1	
<i>clarithromycin er</i>	1	
<b>ERYTHROMYCINS</b>		
E.E.S. 400	1	
<i>ery-tab</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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	1	
<b>FIDAXOMICIN</b>		
DIFICID 40 MG/ML RECON SUSP	2	AL
<i>fidaxomicin</i>	1	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>APPLICATORS,COTTON BALLS,ETC</b>		
ADVOCATE ALCOHOL PREP PADS	0	
ALCOH-GLOVE CONTOURED WIPE	0	
ALCOHOL PADS	0	
ALCOHOL PREP	0	
ALCOHOL PREP PADS	0	
ALCOHOL SWABS	0	
ALCOHOL SWABSTICK	0	
AUM ALCOHOL PREP PADS	0	
BD SWAB SINGLE USE REGULAR	0	
BD SWABS SINGLE USE BUTTERFLY	0	
CARETOUCH ALCOHOL PREP	0	
COMFORT TOUCH ALCOHOL PREP	0	
CURITY ALCOHOL PREPS	0	
CVS ALCOHOL PREP PADS	0	
CVS PREP	0	
DROPSAFE ALCOHOL PREP	0	
EASY COMFORT ALCOHOL PADS	0	
EASY TOUCH ALCOHOL PREP MEDIUM	0	
EQL ALCOHOL SWABS	0	
FIFTY50 ALCOHOL PREP	0	
GLOBAL ALCOHOL PREP EASE	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GNP ALCOHOL SWABS	0	
GOODSENSE ALCOHOL SWABS	0	
H-E-B INCONTROL ALCOHOL	0	
HM STERILE ALCOHOL PREP	0	
MEIJER ALCOHOL SWABS	0	
PHARMACIST CHOICE ALCOHOL	0	
PRO COMFORT ALCOHOL	0	
PURE COMFORT ALCOHOL PREP	0	
QC ALCOHOL SWABS	0	
RA ALCOHOL SWABS	0	
REALITY SWABS	0	
RELION ALCOHOL SWABS	0	
SAPS CARE ALCOHOL PREP	0	
SAPS HEALTH ALCOHOL PREP	0	
SAPS HEALTH CARE ALCOHOL PREP	0	
SB ALCOHOL PREP	0	
SM ALCOHOL PREP (70 % PAD, PAD)	0	
SURE COMFORT ALCOHOL PREP	0	
TRUE COMFORT ALCOHOL PREP PADS	0	
TRUE COMFORT PRO ALCOHOL PREP	0	
ULTICARE ALCOHOL SWABS	0	
ULTILET ALCOHOL SWABS	0	
ULTRA-CARE ALCOHOL PREP PADS	0	
WBCOL ALCOHOL PREP LARGE	0	
WBCOL ALCOHOL PREP MEDIUM	0	
ZEV RX STERILE ALCOHOL PREP PAD	0	
<b>CONDOMS - FEMALE</b>		
FC2 FEMALE CONDOM	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>CONDOMS - MALE</b>		
AIMSCO LUBRICATED	0	
CONDOMS	0	
DUREX EXTRA SENSITIVE THIN	0	
DUREX REALFEEL	0	
DUREX TROPICAL	0	
FANTASY LUBRICATED	0	
FANTASY LUBRICATED/SPERMICIDE	0	
K-Y ME & YOU EXTRA LUBRICATED	0	
K-Y ME & YOU INTENSE	0	
KAMELEON LUBRICATED	0	
KIMONO	0	
KIMONO COLORS	0	
KIMONO MAXX-LARGE FLARE	0	
KIMONO MICRO THIN	0	
KIMONO MICRO THIN PLUS	0	
KIMONO PLUS	0	
KIMONO PS	0	
KIMONO PS PLUS	0	
KIMONO SENSATION	0	
KIMONO SENSATION PLUS	0	
KIMONO SPECIAL	0	
MAXX	0	
MAXX PLUS	0	
PREMIUM CONDOMS LUBRICATED	0	
REALITY LATEX CONDOMS	0	
REALITY LATEX/ULTRA TEXTURED	0	
REALITY LATEX/ULTRA THIN	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TROJAN BARESKIN	0	
TROJAN ENZ	0	
TROJAN MAGNUM	0	
TROJAN ULTRA RIBBED LUBRICATED	0	
TROJAN ULTRA THIN	0	
TROJAN ULTRA THIN/SPERMICIDAL	0	
TROJAN-ENZ LUBRICATED	0	
TROJAN-ENZ/SPERMICIDAL	0	
TRUE COVER	0	
TRUSTEX COLOR CONDOMS + LUBE	0	
TRUSTEX LUB/RIBBED/STUDD	0	
TRUSTEX LUB/SPERMICIDE EX ST	0	
TRUSTEX LUB/SPERMICIDE XL	0	
TRUSTEX LUBRICATED	0	
TRUSTEX LUBRICATED EX LARGE	0	
TRUSTEX LUBRICATED EXTRA ST	0	
TRUSTEX LUBRICATED/SPERMICIDE	0	
TRUSTEX NATURAL CONDOMS + LUBE	0	
TRUSTEX NON-LUBRICATED	0	
TRUSTEX RIA LUB/SPERMICIDE	0	
TRUSTEX RIA LUBRICATED	0	
TRUSTEX RIA NON-LUBRICATED	0	
TRUSTEX-NONOXYNOL-9/RIB/STUD	0	
<b>GLUCOSE MONITOR &amp; KETONE MONITOR COMBINATIONS</b>		
PRECISION XTRA-GLUCOSE/KETONE	2	
<b>GLUCOSE MONITORING TEST SUPPLIES</b>		
1ST TIER UNILET COMFORTOUCH	0	
ACCU-CHEK AVIVA	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ACCU-CHEK FASTCLIX LANCET	0	
ACCU-CHEK FASTCLIX LANCETS	0	
ACCU-CHEK GUIDE CONTROL	2	QL
ACCU-CHEK SAFE-T PRO LANCETS	0	
ACCU-CHEK SMARTVIEW CONTROL	2	QL
ACCU-CHEK SOFTCLIX LANCET DEV	0	
ACCU-CHEK SOFTCLIX LANCETS	0	
ACCUTREND GLUCOSE CONTROL	2	QL
ACTI-LANCE 28G	0	
ACTI-LANCE LITE LANCETS 28G	0	
ACTI-LANCE SPECIAL LANCETS 17G	0	
ACTI-LANCE UNIVERSAL 23G	0	
ADJUSTABLE LANCING DEVICE	0	
ADVANCE INTUITION CONTROL	2	QL
ADVANCE MICRO-DRAW CONTROL	2	QL
ADVANCE MICRO-DRAW NORMAL	2	QL
ADVANCED MOBILE LANCET	0	
ADVANTAGE SAFETY LANCETS 28G	0	
ADVOCATE CONTROL SOLUTION	2	QL
ADVOCATE LANCETS	0	
ADVOCATE LANCETS 30G	0	
ADVOCATE LANCING DEVICE	0	
ADVOCATE RAPID-SAFE LANCING	0	
ADVOCATE REDI-CODE+ CONTROL	2	QL
ADVOCATE SAFETY LANCETS	0	
ADVOCATE SAFETY LANCETS 21G	0	
ADVOCATE SAFETY LANCETS 23G	0	
ADVOCATE SAFETY LANCETS 26G	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ADVOCATE SAFETY LANCETS 28G	0	
AGAMATRIX CONTROL	2	QL
AGAMATRIX CONTROL LEVEL 2	2	QL
AGAMATRIX CONTROL LEVEL 4	2	QL
AGAMATRIX CONTROL NORMAL/HIGH	2	QL
AGAMATRIX ULTRA-THIN LANCETS	0	
AIMSCO TWIST LANCETS 32G	0	
AIMSCO TWIST LANCETS 33G	0	
AQUALANCE LANCETS 30G	0	
ASSURE 3 CONTROL	2	QL
ASSURE 4 CONTROL LEVEL 1 & 2	2	QL
ASSURE COMFORT LANCETS 28G	0	
ASSURE CONTROL SOLUTION 2/3	2	QL
ASSURE DOSE CONTROL	2	QL
ASSURE DOSE NORM/HIGH CONTROL	2	QL
ASSURE HAEMOLANCE PLUS HIGH	0	
ASSURE HAEMOLANCE PLUS LOW	0	
ASSURE HAEMOLANCE PLUS MICRO	0	
ASSURE HAEMOLANCE PLUS NORMAL	0	
ASSURE HAEMOLANCE PLUS PED	0	
ASSURE II CONTROL	2	QL
ASSURE II CONTROL LEVEL 1 & 2	2	QL
ASSURE LANCE LANCETS	0	
ASSURE LANCE LANCETS 21G	0	
ASSURE LANCE PLUS SAFETY 25G	0	
ASSURE LANCE PLUS SAFETY 30G	0	
ASSURE LANCE SAFETY LANCET 28G	0	
ASSURE PRISM CONTROL LEVEL 1&2	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ASSURE PRO CONTROL LEVEL 1 & 2	2	QL
AURORA LANCET SUPER THIN 30G	0	
AURORA LANCET THIN 23G	0	
AUTO-LANCET	0	
AUTO-LANCET MINI	0	
AUTOLET II CLINISAFE	0	
AUTOLET LANCING DEVICE	0	
AUTOLET LITE CLINISAFE	0	
AUTOLET LITE LANCING DEVICE	0	
AUTOLET LITE STARTER PACK	0	
AUTOLET MINI	0	
AUTOLET PLATFORMS	0	
AUTOLET PLUS	0	
BD MICROTAINER LANCETS	0	
BLULINK CONTROL HIGH & LOW	2	QL
CARDIOCOM LANCING DEVICE	0	
CAREONE ADVANCED LANCING DEV	0	
CAREONE LANCET SUPER THIN 30G	0	
CAREONE LANCET THIN 23G	0	
CARESENS CONTROL A	2	QL
CARESENS CONTROL SOLUTION A/B	2	QL
CARESENS LANCETS	0	
CARESENS LANCETS 30G	0	
CARESENS S CONTROL SOLN A/B	2	QL
CARETOUCH CONTROL SOL LEVEL 2	2	QL
CARETOUCH LANCING/EJECTOR	0	
CARETOUCH SAFETY LANCETS	0	
CARETOUCH SAFETY LANCETS 26G	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CARETOUCH TWIST LANCETS 28G	0	
CARETOUCH TWIST LANCETS 30G	0	
CARETOUCH TWIST LANCETS 33G	0	
CARETOUCH TWIST MC LANCETS 30G	0	
CHOSEN LANCETS 30G	0	
CHOSEN LANCING DEVICE	0	
CHOSEN SAFETY LANCETS 28G	0	
CLEANLET LANCETS 28G	0	
CLEVER CHEK LANCETS	0	
CLEVER CHOICE COMFORT EZ MISC	0	
CLEVER CHOICE GLUCOSE CONTROL	2	QL
CLEVER CHOICE LANCETS 21G	0	
CLEVER CHOICE LANCETS 23G	0	
CLEVER CHOICE LANCETS 28G	0	
COAGUCHEK LANCETS	0	
COMFORT ASSURED LANCETS 28G	0	
COMFORT ASSURED LANCETS 33G	0	
COMFORT LANCETS	0	
COMFORT TOUCH LANCETS 31G	0	
COMFORT TOUCH PLUS LANCETS 28G	0	
COMFORT TOUCH PLUS LANCETS 30G	0	
COMFORT TOUCH TWIST LANCET 30G	0	
CONTOUR CONTROL	2	QL
CONTOUR NEXT CONTROL	2	QL
CONTOUR PLUS CONTROL SOLUTION	2	QL
CONTROL	2	QL
COOL CONTROL A	2	QL
COOL CONTROL B	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CVS LANCETS 21G	0	
CVS LANCETS MICRO THIN 33G	0	
CVS LANCETS ORIGINAL	0	
CVS LANCETS THIN 26G	0	
CVS LANCETS ULTRA THIN 30G	0	
CVS LANCETS ULTRA-THIN 30G	0	
CVS LANCING DEVICE	0	
CVS ULTRA THIN LANCETS	0	
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR	2	
DEXCOM G6 TRANSMITTER	2	
DEXCOM G7 15 DAY SENSOR	2	
DEXCOM G7 RECEIVER	2	
DEXCOM G7 SENSOR	2	
DIASCREEN 10	3	
DIASCREEN 1B	3	
DIASCREEN 1G	3	
DIASCREEN 1K	3	
DIASCREEN 2GK	3	
DIASCREEN 2GP	3	
DIASCREEN 3	3	
DIASCREEN 4NL	3	
DIASCREEN 4OBL	3	
DIASCREEN 4PH	3	
DIASCREEN 5	3	
DIASCREEN 6	3	
DIASCREEN 7	3	
DIASCREEN 8	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DIASCREEN 9	3	
DIASCREEN LIQUID URINE CONTROL	3	
DIATHRIVE GLUCOSE CONTROL SOLN	2	QL
DIATHRIVE LANCET ULTRA THIN 30	0	
DIATHRIVE LANCETS	0	
DIATHRIVE LANCING DEVICE	0	
DIATRUE CONTROL LEVEL 1	2	QL
DIATRUE CONTROL LEVEL 2	2	QL
DIATRUE CONTROL LEVEL 3	2	QL
DROPLET GENTEEL LANCING DEVICE	0	
DROPLET LANCETS ULTRA THIN 30G	0	
DROPLET LANCING DEVICE	0	
DROPLET PERSONAL LANCETS 30G	0	
DROPSAFE ACTI-LANCE 23G	0	
DROPSAFE MEDLANCE LANCET 30G	0	
DRUG MART LANCETS THIN 26G	0	
DRUG MART LANCING DEVICE	0	
DRUG MART ON-THE-GO LANCET 30G	0	
DRUG MART UNILET LANCETS 28G	0	
DRUG MART UNILET LANCETS 30G	0	
DRUG MART UNILET LANCETS 33G	0	
DUO-CARE CONTROL SOLUTION	2	QL
E-Z JECT LANCET MICRO-THIN 33G	0	
E-Z JECT LANCET SUPER THIN 30G	0	
E-Z JECT LANCETS	0	
E-Z JECT LANCETS 21G	0	
E-Z JECT LANCETS THIN 26G	0	
EASY COMFORT LANCETS	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EASY COMFORT LANCETS TWIST TOP	0	
EASY MINI EJECT LANCING DEVICE	0	
EASY MINI LANCING DEVICE	0	
EASY PLUS II CONTROL	2	QL
EASY STEP CONTROL	2	QL
EASY TALK CONTROL	2	QL
EASY TALK PLUS II CONTROL	2	QL
EASY TOUCH CONTROL HIGH & LOW	2	QL
EASY TOUCH HEALTHPRO HIGH/LOW	2	QL
EASY TOUCH LANCETS 21G	0	
EASY TOUCH LANCETS 23G	0	
EASY TOUCH LANCETS 26G	0	
EASY TOUCH LANCETS 28G	0	
EASY TOUCH LANCETS 28G/TWIST	0	
EASY TOUCH LANCETS 30G	0	
EASY TOUCH LANCETS 30G/TWIST	0	
EASY TOUCH LANCETS 32G	0	
EASY TOUCH LANCETS 32G/TWIST	0	
EASY TOUCH LANCETS 33G/TWIST	0	
EASY TOUCH LANCING DEVICE	0	
EASY TOUCH SAFETY LANCETS 21G	0	
EASY TOUCH SAFETY LANCETS 23G	0	
EASY TOUCH SAFETY LANCETS 26G	0	
EASY TOUCH SAFETY LANCETS 28G	0	
EASY TRAK CONTROL	2	QL
EASY TRAK II CONTROL	2	QL
EASYMAX 15 LEVEL 2 CONTROL	2	QL
EASYMAX 15 LEVEL 2-3 CONTROL	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EASYMAX CONTROL	2	QL
EASYMAX CONTROL NORMAL/HIGH	2	QL
ELEMENT COMPACT CONTROL 2	2	QL
ELEMENT COMPACT CONTROL 3	2	QL
ELEMENT CONTROL	2	QL
EMBRACE CONTROL	2	QL
EMBRACE EVO CONTROL LEVEL 1	2	QL
EMBRACE GLUCOSE CONTROL	2	QL
EMBRACE LANCETS ULTRA THIN 30G	0	
EMBRACE LANCING DEVICE/EJECTOR	0	
EMBRACE PRESSURE ACTIVATED 21G	0	
EMBRACE PRESSURE ACTIVATED 28G	0	
EMBRACE PRO GLUCOSE CONTROL	2	QL
EMBRACE TALK GLUCOSE CONTROL	2	QL
EQL COLOR LANCETS 21G	0	
EQL COLOR LANCETS MICRO 33G	0	
EQL SUPER THIN LANCETS 30G	0	
EQL THIN LANCETS 26G	0	
EVOLUTION CONTROL	2	QL
EZ-LETS LANCETS 21G	0	
EZ-LETS LANCETS 26G	0	
EZ-LETS LANCETS 28G	0	
EZ-LETS LANCETS 30G	0	
FIFTY50 SAFETY SEAL LANCETS	0	
FIFTY50 UNILET LANCETS 33G	0	
FINE 30	0	
FINGERSTIX LANCETS	0	
FONDCIRCLE CONTROL SOLUTION	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FONDCIRCLE LANCING DEVICE	0	
FONDCIRCLE SINGLE USE LANCETS	0	
FORA CONTROL	2	QL
FORA LANCETS	0	
FORA LANCING DEVICE	0	
FORACARE GDH CONTROL	2	QL
FORTISCARE CONTROL	2	QL
FREDS PHARMACY AUTOLET LANCING	0	
FREDS PHARMACY UNILET LANC 28G	0	
FREDS PHARMACY UNILET LANC 30G	0	
FREESTYLE CONTROL SOLUTION	2	QL
FREESTYLE FREEDOM LITE	2	
FREESTYLE LANCETS	0	
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	
FREESTYLE LIBRE 2 PLUS SENSOR	2	
FREESTYLE LIBRE 2 READER	2	
FREESTYLE LIBRE 2 SENSOR	2	
FREESTYLE LIBRE 3 PLUS SENSOR	2	
FREESTYLE LIBRE 3 READER	2	
FREESTYLE LIBRE 3 SENSOR	2	
FREESTYLE LIBRE READER	2	
FREESTYLE LITE W/DEVICE KIT	2	
FREESTYLE PRECISION NEO SYSTEM	2	
FREESTYLE UNISTICK II LANCETS	0	
GE100 CONTROL	2	QL
GENTEEL BUTTERFLY TOUCH LANCET	0	
GENTEEL CONTACT TIPS (BLUE)	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GENTEEL CONTACT TIPS (CLEAR)	0	
GENTEEL CONTACT TIPS (GREEN)	0	
GENTEEL CONTACT TIPS (ORANGE)	0	
GENTEEL CONTACT TIPS (RAINBOW)	0	
GENTEEL CONTACT TIPS (VIOLET)	0	
GENTEEL CONTACT TIPS (YELLOW)	0	
GENTEEL LANCING KIT (BLUE)	0	
GENTEEL NOZZLES	0	
GENTEEL PLUS LANCING (BLACK)	0	
GENTEEL PLUS LANCING (PURPLE)	0	
GENTEEL PLUS LANCING (WHITE)	0	
GENTEEL PLUS LANCING DEV(BLUE)	0	
GENTEEL PLUS LANCING DEV(PINK)	0	
GENTLE-LET GP LANCETS	0	
GENTLE-LET LANCETS	0	
GENTLE-LET PLATFORMS	0	
GLOBAL INJECT EASE LANCETS 28G	0	
GLOBAL INJECT EASE LANCETS 30G	0	
GLOBAL LANCING DEVICE	0	
GLUCOCARD 01 CONTROL	2	QL
GLUCOCARD EXPRESSION CONTROL	2	QL
GLUCOCARD SHINE CONTROL	2	QL
GLUCOCARD X-SENSOR CONTROL	2	QL
GLUCOCOM CONTROL	2	QL
GLUCOCOM LANCETS 28G	0	
GLUCOCOM LANCETS 30G	0	
GLUCOCOM LANCETS 33G	0	
GLUCOSE CONTROL	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GNP EASY TOUCH CONT HIGH/LOW	2	QL
GNP LANCETS 21G	0	
GNP LANCETS THIN 26G	0	
GNP LANCING SYSTEM DEVICE	0	
GNP STERILE LANCETS 28G	0	
GNP STERILE LANCETS 30G	0	
GNP STERILE LANCETS 33G	0	
GOJJI CONTROL	2	QL
GOJJI LANCING DEVICE/CLEAR CAP	0	
GOJJI STERILE LANCETS	0	
GOODSENSE COLOR LANCETS 33G	0	
GOODSENSE LANCETS 26G UNIV	0	
GOODSENSE LANCETS 30G	0	
GOODSENSE LANCETS 30G UNIV	0	
GOODSENSE LANCETS 33G	0	
GOODSENSE LANCETS 33G UNIV	0	
GOODSENSE LANCING DEVICE	0	
H-E-B INCONTROL ADV LANCING	0	
H-E-B INCONTROL LANCETS 28G	0	
H-E-B INCONTROL LANCETS 30G	0	
H-E-B INCONTROL LANCETS 33G	0	
HAEMOLANCE	0	
HAEMOLANCE LOW FLOW LANCETS	0	
HAEMOLANCE PLUS	0	
HAEMOLANCE PLUS HIGH FLOW	0	
HAEMOLANCE PLUS LOW FLOW	0	
HAEMOLANCE PLUS MAX FLOW	0	
HAEMOLANCE PLUS PEDIATRIC FLOW	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HEALTH CARE LANCING DEVICE	0	
HEALTHY ACCENTS LANCING DEVICE	0	
HEALTHY ACCENTS UNILET LANCETS	0	
HY-VEE LANCETS	0	
HY-VEE THIN LANCETS	0	
HYPOLANCE AST LANCING	0	
IHEALTH CONTROL SOLUTION	2	QL
IHEALTH LANCING DEVICE	0	
IN TOUCH GLUCOSE CONTROL	2	QL
IN TOUCH LANCING DEVICE	0	
IN TOUCH STERILE LANCETS 30G	0	
INFINITY CONTROL	2	QL
INFINITY VOICE NORMAL LIQUID	2	QL
KINNEY LANCETS	0	
KINNEY THIN LANCETS	0	
KROGER AUTOLET LANCING DEVICE	0	
KROGER HEALTHPRO CONTROL HI/LO	2	QL
KROGER HEALTHPRO LANCET 26G	0	
KROGER LANCETS	0	
KROGER LANCETS 21G	0	
KROGER LANCETS MICRO THIN 33G	0	
KROGER LANCETS SUPER THIN	0	
KROGER LANCETS THIN	0	
KROGER LANCETS THIN 26G	0	
KROGER LANCETS ULTRATHIN 30G	0	
KROGER LANCING DEVICE	0	
LANCET DEVICE	0	
LANCET DEVICE WITH EJECTOR	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LANCETS	0	
LANCETS 28G THIN	0	
LANCETS 30G	0	
LANCETS 33G	0	
LANCETS MICRO THIN 33G	0	
LANCETS SUPER THIN	0	
LANCETS SUPER THIN 28G	0	
LANCETS THIN	0	
LANCETS ULTRA THIN	0	
LANCETS ULTRA THIN 30G	0	
LANCING DEVICE	0	
LANZO	0	
LEADER ADVANCED LANCING DEVICE	0	
LIBERTY GLUCOSE CONTROL	2	QL
LIBERTY GLUCOSE CONTROL MID	2	QL
LIBERTY MEDICAL LANCETS	0	
LIBERTY MINI LANCING DEVICE	0	
LITE TOUCH LANCETS	0	
LITE TOUCH LANCING PEN	0	
LITETOUCH LANCETS	0	
LIVE BETTER ADV LANCING DEVICE	0	
LIVE BETTER LANCET SUPER THIN	0	
LIVE BETTER LANCET ULTRA THIN	0	
LONGS LANCETS STANDARD	0	
LONGS LANCETS THIN	0	
LONGS LANCETS ULTRA THIN	0	
MEDICHOICE SAFETY LANCET	0	
MEDICHOICE SAFETY LANCET EXTRA	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MEDICHOICE SAFETY LANCET NORM	0	
MEDISENSE GLUCOSE KETONE CONTR	2	QL
MEDISENSE HI/MID/LOW CONTROL	2	QL
MEDLANCE EXTRA 21G	0	
MEDLANCE LITE 25G	0	
MEDLANCE PLUS EXTRA 21G	0	
MEDLANCE PLUS LANCETS	0	
MEDLANCE PLUS LITE 25G	0	
MEDLANCE PLUS SPECIAL 0.8MM	0	
MEDLANCE PLUS SUPERLITE 30G	0	
MEDLANCE PLUS UNIVERSAL 21G	0	
MEDLANCE UNIVERSAL 21G	0	
MEIJER LANCETS	0	
MEIJER LANCETS THIN	0	
MEIJER LANCETS UNIVERSAL 21G	0	
MEIJER LANCETS UNIVERSAL 30G	0	
MEIJER LANCETS UNIVERSAL 33G	0	
MEIJER SUPER THIN LANCETS	0	
MICRODOT CONTROL HIGH/LOW	2	QL
MICROLET LANCETS	0	
MICROLET NEXT LANCING DEVICE	0	
MINI LANCING DEVICE	0	
MM LANCING DEVICE	0	
MM TWIST LANCETS	0	
MOBILE LANCETS 30G	0	
MONOLET LANCETS	0	
MONOLET OPD LANCETS	0	
MONOLETTOR SAFETY LANCETS	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MPD SAFETY LANCET 21G	0	
MPD SAFETY LANCET 23G	0	
MPD SAFETY LANCET 28G	0	
MPD SAFETY LANCET 30G	0	
MULTI-LANCET DEVICE	0	
MULTI-LANCET DEVICE 2	0	
MYGLUCOHEALTH CONTROL	2	QL
MYGLUCOHEALTH LANCETS 30G	0	
NEUTEK 2TEK CONTROL	2	QL
NOVA MAX PLUS GLU/KET CONTROL	2	QL
NOVA SAFETY LANCETS 23G	0	
NOVA SAFETY LANCETS 28G	0	
NOVA SUREFLEX LANCETS	0	
NOVA SUREFLEX LANCING DEVICE	0	
ONETOUCH DELICA PLUS LANCET30G	0	
ONETOUCH DELICA PLUS LANCET33G	0	
ONETOUCH DELICA PLUS LANCING	0	
ONETOUCH DELICA SAFETY LANCING	0	
ONETOUCH SURESOFT LANCING DEV	0	
ONETOUCH ULTRA CONTROL	2	QL
ONETOUCH ULTRASOFT 2 LANCETS	0	
ONETOUCH ULTRASOFT LANCETS	0	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	2	QL
PC LANCETS SUPER THIN 30G	0	
PERFECT LANCETS 28G	0	
PERFECT LANCETS 30G	0	
PERFECT POINT SAFETY LANCETS	0	
PHARMACIST CHOICE LANCETS	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PHARMACY COUNTER LANCETS	0	
PIP GLUCOSE CONTROL SOLUTION	2	QL
PIP LANCETS 28G	0	
PIP LANCETS 30G	0	
POCKETCHEM EZ CONTROL	2	QL
PRECISION GLUCOSE KETONE CONTR	2	QL
PRECISION THINS GP LANCETS	0	
PREFERRED PLUS LANCETS COLORED	0	
PREFERRED PLUS LANCETS THIN	0	
PRO COMFORT LANCETS 30G	0	
PRO COMFORT LANCETS 31G	0	
PRO COMFORT SAFETY LANCETS 30G	0	
PRODIGY CONTROL SOLUTION	2	QL
PRODIGY LANCETS 28G	0	
PRODIGY LANCING DEVICE	0	
PRODIGY SAFETY LANCETS 26G	0	
PRODIGY TWIST TOP LANCETS 28G	0	
PSS SELECT GP LANCETS	0	
PSS SELECT PLATFORMS	0	
PSS SELECT SAFETY LANCETS	0	
PURE COMFORT LANCETS 30G	0	
PURE COMFORT SAFETY LANCET 30G	0	
PX ADVANCED LANCING DEVICE	0	
PX LANCET AUTO INJECTOR	0	
PX LANCETS MICROTHIN 33G	0	
PX LANCETS ULTRA THIN	0	
PX LANCETS ULTRA THIN 28G	0	
QC ADVANCED LANCING DEVICE	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
QC LANCETS SUPER THIN 30G	0	
QC LANCETS ULTRA THIN	0	
QC UNILET LANCETS 28G	0	
QC UNILET LANCETS MICRO THIN	0	
QUICKTEK CONTROL SOLUTION	2	QL
QUINTET CONTROL HIGH/NORMAL	2	QL
RA E-ZJECT LANCETS 28G	0	
RA E-ZJECT LANCETS THIN 26G	0	
RA E-ZJECT LANCETS THIN 28G	0	
RA E-ZJECT LANCETS ULTRA THIN	0	
READYLANCE SAFETY LANCETS	0	
REALITY LANCETS	0	
REALITY TRIGGER LANCETS	0	
REFUAH PLUS GLUCOSE CONTROL	2	QL
RELION LANCET DEVICES 30G	0	
RELION LANCETS	0	
RELION LANCETS MICRO-THIN 33G	0	
RELION LANCETS THIN 26G	0	
RELION LANCETS ULTRA-THIN 30G	0	
RELION LANCING DEVICE	0	
RELION ULTRA THIN LANCETS 30G	0	
RELION ULTRA THIN PLUS LANCETS	0	
REXALL LANCETS ULTRA THIN 30G	0	
RIGHTTEST ALTERNATE SITE ADAPT	0	
RIGHTTEST GC300 CONTROL	2	QL
RIGHTTEST GD500 LANCING DEVICE	0	
RIGHTTEST GL300 LANCETS	0	
SAFE-T-LANCE	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SAFE-T-LANCE PLUS	0	
SAFETY LANCET 30G/PRESSURE ACT	0	
SAFETY LANCETS	0	
SAFETY LANCETS 21G	0	
SAFETY LANCETS 23G	0	
SAFETY LANCETS 28G	0	
SAPS HEALTH PLUS LANCETS	0	
SAPS HEALTH TWIST TOP LANCETS	0	
SAPS TWIST TOP LANCETS	0	
SAPSCARE TWIST TOP LANCETS	0	
SB LANCETS THIN	0	
SB LANCETS ULTRA THIN	0	
SELECT-LITE DEVICE/LANCETS	0	
SELECT-LITE LANCING DEVICE	0	
SENSILANCE SAFETY LANCETS 21G	0	
SENSILANCE SAFETY LANCETS 26G	0	
SENSILANCE SAFETY LANCETS 28G	0	
SHOPKO AUTOLET LANCING DEVICE	0	
SHOPKO ON-THE-GO LANCETS 30G	0	
SHOPKO UNILET LANCETS 28G	0	
SHOPKO UNILET LANCETS 30G	0	
SIMPLE DIAGNOSTICS LANCING DEV	0	
SINGLE-LET	0	
SM LANCETS 33G	0	
SM TRUEDRAW LANCING DEVICE	0	
SMART DIABETES VANTAGE LANCING	0	
SMART SENSE COLOR LANCETS 33G	0	
SMART SENSE STANDARD LANCETS	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SMART SENSE SUPER THIN LANCETS	0	
SMART SENSE THIN LANCETS 26G	0	
SMARTEST CONTROL MEDIUM	2	QL
SMARTEST LANCETS 28G	0	
SOLUS V2 CONTROL	2	QL
SOLUS V2 LANCETS 28G	0	
SOLUS V2 LANCING DEVICE	0	
SOLUS V2 TWIST LANCETS 30G	0	
STERILANCE PA	0	
STERILANCE TL	0	
SUPER THIN LANCETS	0	
SUPREME II HIGH/LOW CONTROL	2	QL
SURE COMFORT LANCETS 18G	0	
SURE COMFORT LANCETS 21G	0	
SURE COMFORT LANCETS 23G	0	
SURE COMFORT LANCETS 28G	0	
SURE COMFORT LANCETS 30G	0	
SURE COMFORT LANCING PEN	0	
SURELITE LANCETS	0	
TAI DOC CONTROL	2	QL
TECHLITE AST LANCETS	0	
TECHLITE LANCETS	0	
TECHLITE LANCETS 26G	0	
TECHLITE LANCETS 30G	0	
TGT LANCET MICRO THIN 33G	0	
TGT LANCET THIN 26G	0	
TGT LANCET ULTRA THIN 30G	0	
TGT LANCING DEVICE	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
THINLETS GP LANCETS	0	
TODAYS HEALTH LANCING DEVICE	0	
TODAYS HEALTH THIN LANCETS 28G	0	
TODAYS HEALTH THIN LANCETS 30G	0	
TOPCARE LANCETS MICRO-THIN 33G	0	
TRAVEL LANCETS	0	
TRAVEL LANCETS ADVANCED 28G	0	
TRUE COMFORT SAFETY LANCETS	0	
TRUE COMFORT TWIST TOP LANCETS	0	
TRUE METRIX LEVEL 1	2	QL
TRUE METRIX LEVEL 2	2	QL
TRUE METRIX LEVEL 3	2	QL
TRUECONTROL GLUCOSE CONT LEV 0	2	QL
TRUECONTROL GLUCOSE CONT LEV 1	2	QL
TRUEDRAW LANCING DEVICE	0	
TRUEPLUS LANCETS 26G	0	
TRUEPLUS LANCETS 28G	0	
TRUEPLUS LANCETS 30G	0	
TRUEPLUS LANCETS 33G	0	
TRUEPLUS SAFETY LANCETS 28G	0	
TWIST TOP LANCETS 30G	0	
ULTI-LANCE AUTOMATIC	0	
ULTILET CLASSIC LANCETS	0	
ULTILET LANCETS	0	
ULTILET SAFETY LANCETS	0	
ULTILET SAFETY LANCETS 23G	0	
ULTRA THIN LANCETS 31G	0	
ULTRA-CARE LANCETS 30G	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ULTRA-THIN II AUTO LANCET	0	
ULTRA-THIN II LANCETS	0	
UNILET COMFORTOUCH LANCET	0	
UNILET EXCELITE	0	
UNILET EXCELITE II	0	
UNILET G.P. LANCET	0	
UNILET G.P. SUPERLITE LANCET	0	
UNILET GP 28 ULTRA THIN	0	
UNILET LANCET	0	
UNILET MICRO-THIN 33G	0	
UNILET SUPER-THIN 30G	0	
UNILET SUPERLITE LANCET	0	
UNILET ULTRA-THIN 28G	0	
UNISTIK 1	0	
UNISTIK 2	0	
UNISTIK 2 COMFORT	0	
UNISTIK 2 EXTRA	0	
UNISTIK 2 NEONATAL	0	
UNISTIK 2 NORMAL	0	
UNISTIK 2 SUPER	0	
UNISTIK 3	0	
UNISTIK 3 COMFORT	0	
UNISTIK 3 EXTRA	0	
UNISTIK 3 GENTLE	0	
UNISTIK 3 NEONATAL	0	
UNISTIK 3 NORMAL	0	
UNISTIK CZT COMFORT	0	
UNISTIK CZT NORMAL	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
UNISTIK NORMAL	0	
UNISTIK PRO SAFETY LANCET	0	
UNISTIK SAFETY LANCETS 28G	0	
UNISTIK SAFETY LANCETS 30G	0	
UNISTIK TOUCH SAFETY LANC 21G	0	
UNISTIK TOUCH SAFETY LANC 23G	0	
UNISTIK TOUCH SAFETY LANC 28G	0	
UNISTIK TOUCH SAFETY LANC 30G	0	
UNISTRIP CONTROL	2	QL
UNIVERSAL 1 LANCETS THIN 26G	0	
UNIVERSAL 1 LANCETS THIN 33G	0	
UNIVERSAL 1 LANCETS ULTRA THIN	0	
VALUE PLUS LANCET STANDARD 21G	0	
VALUE PLUS LANCETS SUPER THIN	0	
VALUE PLUS LANCETS THIN 26G	0	
VALUE PLUS LANCING DEVICE	0	
VALUMARK LANCET SUPER THIN 30G	0	
VALUMARK LANCET ULTRA THIN 28G	0	
VERASENS GLUCOSE CONTROL	2	QL
VERIFINE SAFE LANCET MINI 21G	0	
VERIFINE SAFE LANCET MINI 23G	0	
VERIFINE SAFE LANCET MINI 28G	0	
VERIFINE SAFE LANCET MINI 30G	0	
VERIFINE UNIVERSAL LANCETS 28G	0	
VERIFINE UNIVERSAL LANCETS 30G	0	
VERIFINE UNIVERSAL LANCETS 33G	0	
VIDA MIA AUTOLET LANCING DEV	0	
VIDA MIA UNILET LANCETS 28G	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VIDA MIA UNILET LANCETS 30G	0	
VIVAGUARD INO CONTROL SOLUTION	2	QL
VIVAGUARD LANCETS	0	
VIVAGUARD LANCETS 30G	0	
VIVAGUARD LANCING DEVICE	0	
VIVAGUARD SAFETY LANCETS 28G	0	
WALGREENS ADV TRAVEL LANCETS	0	
WALGREENS LANCETS	0	
WALGREENS LANCETS MICRO THIN	0	
WALGREENS LANCETS SUPER THIN	0	
WALGREENS THIN LANCETS	0	
WALGREENS ULTRA THIN LANCETS	0	
ZEVRX TWIST TOP LANCETS 30G	0	
<b>INSULIN ADMINISTRATION SUPPLIES</b>		
MODD1 PATIENT WELCOME KIT	2	
MODD1 SUPPLY KIT	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	
OMNIPOD 5 G6 PODS (GEN 5)	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE2 G6 INTRO G5	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OMNIPOD GO	2	
TWIIST REFILL KIT	2	
TWIIST REFILL KIT/INFUSION SET	2	
TWIIST STARTER KIT	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
<b>NEEDLES &amp; SYRINGES</b>		
1ST TIER UNIFINE PENTIPS	0	
1ST TIER UNIFINE PENTIPS PLUS	0	
ABOUTTIME PEN NEEDLE	0	
ADVOCATE INSULIN PEN NEEDLE	0	
ADVOCATE INSULIN PEN NEEDLES	0	
ADVOCATE INSULIN SYRINGE	0	QL
AQ INSULIN SYRINGE	0	QL
AQINJECT PEN NEEDLE	0	
ASSURE ID DUO PRO PEN NEEDLES	0	
ASSURE ID INSULIN SAFETY SYR	0	QL
ASSURE ID PRO PEN NEEDLES	0	
ASSURE ID SAFETY PEN NEEDLES	0	
AUM INSULIN SAFETY PEN NEEDLE	0	
AUM MINI INSULIN PEN NEEDLE	0	
AUM PEN NEEDLE	0	
AUM READYGARD DUO PEN NEEDLE	0	
AUM SAFETY PEN NEEDLE	0	
AURORA PEN NEEDLES	0	
AURORA UNIFINE PENTIPS	0	
AUTOJECT 2	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AUTOPEN	0	
BD AUTOSHIELD DUO	0	
BD INSULIN SYR ULTRAFINE II	0	QL
BD INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	0	QL
BD INSULIN SYRINGE HALF-UNIT	0	QL
BD INSULIN SYRINGE MICROFINE	0	QL
BD INSULIN SYRINGE U-100 1 ML MISC	0	
BD INSULIN SYRINGE U-500	0	
BD INSULIN SYRINGE U/F	0	QL
BD INSULIN SYRINGE U/F 1/2UNIT	0	QL
BD INSULIN SYRINGE ULTRAFINE	0	QL
BD PEN	0	
BD PEN MINI	0	
BD PEN NEEDLE MICRO ULTRAFINE	0	
BD PEN NEEDLE MINI ULTRAFINE	0	
BD PEN NEEDLE NANO 2ND GEN	0	
BD PEN NEEDLE NANO ULTRAFINE	0	
BD PEN NEEDLE ORIG ULTRAFINE	0	
BD PEN NEEDLE SHORT ULTRAFINE	0	
BD SAFETYGLIDE INSULIN SYRINGE	0	QL
BD VEO INSULIN SYR U/F 1/2UNIT	0	QL
BD VEO INSULIN SYR ULTRAFINE	0	QL
CAREFINE PEN NEEDLES	0	
CAREONE INSULIN SYRINGE	0	QL
CAREONE UNIFINE PENTIPS	0	
CAREONE UNIFINE PENTIPS PLUS	0	
CARETOUCH INSULIN SYRINGE	0	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CARETOUCH PEN NEEDLES	0	
CEQR SIMPLICITY 2U	0	
CEQR SIMPLICITY INSERTER	0	
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	0	
CLICKFINE PEN NEEDLES	0	
COMFORT ASSIST INSULIN SYRINGE	0	QL
COMFORT EZ INSULIN SYRINGE	0	QL
COMFORT EZ MICRO PEN NEEDLES	0	
COMFORT EZ PEN NEEDLES	0	
COMFORT EZ PRO PEN NEEDLES	0	
COMFORT EZ SHORT PEN NEEDLES	0	
COMFORT TOUCH INSULIN PEN NEED	0	
DIATHRIVE PEN NEEDLE	0	
DROPLET INSULIN SYRINGE	0	QL
DROPLET MICRON	0	
DROPLET PEN NEEDLES	0	
DROPSAFE AUTOPROTECT DUO	0	
DROPSAFE SAFETY PEN NEEDLES	0	
DROPSAFE SAFETY SYRINGE/NEEDLE	0	QL
DRUG MART UNIFINE PENTIPS	0	
DRUG MART UNIFINE PENTIPS PLUS	0	
EASY COMFORT INSULIN SYRINGE	0	QL
EASY COMFORT PEN NEEDLES	0	
EASY GLIDE PEN NEEDLES	0	
EASY TOUCH FLIPLOCK INSULIN SY	0	QL
EASY TOUCH INSULIN BARRELS	0	
EASY TOUCH INSULIN SAFETY SYR	0	QL
EASY TOUCH INSULIN SYRINGE	0	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EASY TOUCH PEN NEEDLES	0	
EASY TOUCH SAFETY PEN NEEDLES	0	
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)	0	QL
EMBECTA AUTOSHIELD DUO	0	
EMBECTA INS SYR U/F 1/2 UNIT	0	QL
EMBECTA INSULIN SYRINGE	0	QL
EMBECTA INSULIN SYRINGE U-100	0	QL
EMBECTA INSULIN SYRINGE U-500	0	
EMBECTA INSULIN SYRINGE U/F	0	QL
EMBECTA PEN NEEDLE NANO	0	
EMBECTA PEN NEEDLE NANO 2 GEN	0	
EMBECTA PEN NEEDLE U/F	0	
EMBECTA PEN NEEDLE ULTRAFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 6 MISC)	0	
EMBRACE PEN NEEDLES	0	
EQL INSULIN SYRINGE	0	QL
EXEL COMFORT POINT INSULIN SYR	0	QL
EXEL COMFORT POINT PEN NEEDLE	0	
FIFTY50 PEN NEEDLES	0	
FIFTY50 SUPERIOR COMFORT SYR	0	QL
FREDS PHARMACY UNIFINE PENTIP+	0	
FREDS PHARMACY UNIFINE PENTIPS	0	
GLOBAL EASE INJECT PEN NEEDLES	0	
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML MISC	0	QL
GLOBAL EASY GLIDE PEN NEEDLES	0	
GLOBAL INJECT EASE INSULIN SYR	0	QL
GLOBAL INSULIN SYRINGES	0	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GLUCOPRO INSULIN SYRINGE	0	QL
GNP CLICKFINE PEN NEEDLES	0	
GNP INSULIN SYRINGE	0	QL
GNP INSULIN SYRINGES	0	QL
GNP INSULIN SYRINGES 28GX1/2"	0	QL
GNP INSULIN SYRINGES 29GX1/2"	0	QL
GNP INSULIN SYRINGES 30GX5/16"	0	QL
GNP INSULIN SYRINGES 31GX5/16"	0	QL
GNP PEN NEEDLES	0	
GNP ULTICARE PEN NEEDLES	0	
GNP ULTIGUARD SAFEPAK NEEDLE	0	
GNP ULTRA COM INSULIN SYRINGE	0	QL
GOODSENSE CLICKFINE PEN NEEDLE	0	
GOODSENSE PEN NEEDLE PENFINE	0	
H-E-B INCONTROL PEN NEEDLES	0	
H-E-B INCONTROL UNIFINE PENTIP	0	
HAN-EASE	0	
HEALTHWISE INSULIN SYR/NEEDLE	0	QL
HEALTHWISE MICRON PEN NEEDLES	0	
HEALTHWISE MINI PEN NEEDLES	0	
HEALTHWISE PEN NEEDLES	0	
HEALTHWISE SHORT PEN NEEDLES	0	
HEALTHWISE UNIFINE PENTIPS	0	
HEALTHY ACCENTS UNIFINE PENTIP	0	
HM ULTICARE INSULIN SYRINGE	0	QL
HM ULTICARE MINI PEN NEEDLES	0	
HM ULTICARE SHORT PEN NEEDLES	0	
HUMATROPEN FOR 12MG	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMATROPEN FOR 24MG	0	
HUMATROPEN FOR 6MG	0	
INCONTROL ULTICARE PEN NEEDLES	0	
INJECT-EASE	0	
INPEN 100-BLUE-LILLY-HUMALOG	0	
INPEN 100-BLUE-NOVOLOG-FIASP	0	
INPEN 100-GREY-LILLY-HUMALOG	0	
INPEN 100-GREY-NOVOLOG-FIASP	0	
INPEN 100-PINK-LILLY-HUMALOG	0	
INPEN 100-PINK-NOVOLOG-FIASP	0	
INSULIN SYRINGE	0	QL
INSULIN SYRINGE-NEEDLE U-100	0	QL
INSULIN SYRINGE/NEEDLE	0	QL
INSUPEN PEN NEEDLES	0	
INSUPEN SENSITIVE	0	
INSUPEN ULTRAFIN	0	
INSUPEN32G EXTR3ME	0	
J-TIP KIT W/VIAL ADAPTERS	0	
KINRAY INSULIN SYRINGE	0	QL
KMART VALU INSULIN SYRINGE 29G	0	
KMART VALU INSULIN SYRINGE 30G	0	
KROGER INSULIN SYRINGE	0	QL
KROGER PEN NEEDLES	0	
LEADER INSULIN SYRINGE	0	QL
LEADER UNIFINE PENTIPS	0	
LEADER UNIFINE PENTIPS PLUS	0	
LITETOUCH INSULIN SYRINGE	0	QL
LITETOUCH PEN NEEDLES	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LONGS INSULIN SYRINGE	0	QL
MAGELLAN INSULIN SAFETY SYR	0	QL
MARATHON MEDICAL PENTIPS	0	
MAXI-COMFORT INSULIN SYRINGE	0	QL
MAXI-COMFORT SAFETY PEN NEEDLE	0	
MAXICOMFORT II PEN NEEDLE	0	
MAXICOMFORT SYR 27G X 1/2"	0	QL
MEDIC INSULIN SYRINGE	0	QL
MEDICINE SHOPPE PEN NEEDLES	0	
MEIJER PEN NEEDLES	0	
MICRODOT PEN NEEDLE	0	
MM INSULIN SYRINGE/NEEDLE	0	QL
MM PEN NEEDLES	0	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	0	QL
MONOJECT INSULIN SYRINGE U-100 1 ML MISC	0	
MONOJECT ULTRA COMFORT SYRINGE	0	QL
MS INSULIN SYRINGE	0	QL
NORDIPEN 5 INJECTION DEVICE	0	
NORDIPEN DELIVERY SYSTEM	0	
NOVOFINE AUTOCOVER PEN NEEDLE	0	
NOVOFINE PEN NEEDLE	0	
NOVOFINE PLUS PEN NEEDLE	0	
NOVOPEN ECHO	0	
NOVOTWIST PEN NEEDLE	0	
PC UNIFINE PENTIPS	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PEN NEEDLE/5-BEVEL TIP	0	
PEN NEEDLES	0	
PEN NEEDLES 5/16"	0	
PENTIPS	0	
PENTIPS GENERIC PEN NEEDLES	0	
PIP PEN NEEDLES 31G X 5MM	0	
PIP PEN NEEDLES 32G X 4MM	0	
PRECISION SURE-DOSE SYRINGE	0	QL
PREFERRED PLUS INSULIN SYRINGE	0	QL
PREFERRED PLUS UNIFINE PENTIPS	0	
PREVENT DROPSAFE PEN NEEDLES	0	
PREVENT SAFETY PEN NEEDLES	0	
PRO COMFORT INSULIN SYRINGE	0	QL
PRO COMFORT PEN NEEDLES	0	
PRODIGY INSULIN SYRINGE	0	QL
PURE COMFORT PEN NEEDLE	0	
PURE COMFORT SAFETY PEN NEEDLE	0	
PX EXTRA SHORT PEN NEEDLES	0	
PX INSULIN SYRINGE	0	QL
PX MINI PEN NEEDLES	0	
PX PEN NEEDLE	0	
PX SHORTLENGTH PEN NEEDLES	0	
QC PEN NEEDLES	0	
QC UNIFINE PENTIPS	0	
QUICK TOUCH INSULIN PEN NEEDLE	0	
RA INSULIN SYRINGE	0	QL
RA PEN NEEDLES	0	
RAYA SURE PEN NEEDLE	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
REALITY INSULIN SYRINGE	0	QL
RELION INSULIN SYRINGE	0	QL
RELION MINI PEN NEEDLES	0	
RELION PEN NEEDLES	0	
RELION SHORT PEN NEEDLES	0	
SAFETY INSULIN SYRINGES	0	QL
SAFETY PEN NEEDLES	0	
SB INSULIN SYRINGE	0	QL
SECURESAFE INSULIN SYRINGE	0	QL
SECURESAFE SAFETY PEN NEEDLES	0	
SHOPKO UNIFINE PENTIPS	0	
SHOPKO UNIFINE PENTIPS PLUS	0	
SURE COMFORT INSULIN SYRINGE	0	QL
SURE COMFORT PEN NEEDLES	0	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	0	QL
TECHLITE PEN NEEDLES	0	
TECHLITE PLUS PEN NEEDLES	0	
TODAYS HEALTH MINI PEN NEEDLES	0	
TODAYS HEALTH PEN NEEDLES	0	
TODAYS HEALTH SHORT PEN NEEDLE	0	
TOPCARE CLICKFINE PEN NEEDLES	0	
TOPCARE ULTRA COMFORT INS SYR	0	QL
TRUE COMFORT INSULIN SYRINGE	0	QL
TRUE COMFORT PEN NEEDLES	0	
TRUE COMFORT PRO INSULIN SYR	0	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRUE COMFORT PRO PEN NEEDLES	0	
TRUE COMFORT SAFETY PEN NEEDLE	0	
TRUEPLUS 5-BEVEL PEN NEEDLES	0	
TRUEPLUS INSULIN SYRINGE	0	QL
TRUEPLUS PEN NEEDLES	0	
ULTICARE INSULIN SAFETY SYR	0	QL
ULTICARE INSULIN SYR 1/2 UNIT	0	QL
ULTICARE INSULIN SYRINGE	0	QL
ULTICARE MICRO PEN NEEDLES	0	
ULTICARE MINI PEN NEEDLES	0	
ULTICARE PEN NEEDLES	0	
ULTICARE SHORT PEN NEEDLES	0	
ULTIGUARD SAFEPACK PEN NEEDLE	0	
ULTIGUARD SAFEPACK SYR/NEEDLE	0	QL
ULTILET PEN NEEDLE	0	
ULTRA COMFORT INSULIN SYRINGE	0	QL
ULTRA FLO INSULIN PEN NEEDLES	0	
ULTRA FLO INSULIN SYR 1/2 UNIT	0	QL
ULTRA FLO INSULIN SYRINGE	0	QL
ULTRA THIN PEN NEEDLES	0	
ULTRA-THIN II INS SYR SHORT	0	QL
ULTRA-THIN II INSULIN SYRINGE	0	QL
ULTRA-THIN II MINI PEN NEEDLE	0	
ULTRA-THIN II PEN NEEDLE SHORT	0	
ULTRA-THIN II PEN NEEDLES	0	
ULTRACARE INSULIN SYRINGE	0	QL
ULTRACARE PEN NEEDLES	0	
UNIFINE OTC PEN NEEDLES	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
UNIFINE PEN NEEDLES	0	
UNIFINE PENTIPS	0	
UNIFINE PENTIPS PLUS	0	
UNIFINE PROTECT PEN NEEDLE	0	
UNIFINE SAFECONTROL PEN NEEDLE	0	
UNIFINE ULTRA PEN NEEDLE	0	
VALUE HEALTH INSULIN SYRINGE	0	QL
VALUMARK PEN NEEDLES	0	
VANISHPOINT INSULIN SYRINGE	0	QL
VERIFINE INSULIN PEN NEEDLE	0	
VERIFINE INSULIN SYRINGE	0	QL
VERIFINE PLUS PEN NEEDLE	0	
VIDA MIA UNIFINE PENTIPS	0	
VP INSULIN SYRINGE	0	QL
WEGMANS UNIFINE PENTIPS PLUS	0	
ZEV RX INSULIN SYRINGE	0	QL
ZEV RX PEN NEEDLES	0	
<b>PEAK FLOW METERS</b>		
AEROGEAR ACTION ASTHMA KIT	3	
AIRZONE PEAK FLOW METER	3	
ASSESS PEAK FLOW METER	3	
BREATHE EASE PEAK FLOW METER	3	
CLEVER CHOICE PEAK FLOW METER	3	
FONDCIRCLE ELECTRONIC PEAK FLO	3	
LUNG PERFORM PEAK FLOW METER	3	
MICROLIFE DIGITAL PEAK FLOW	3	
MINI WRIGHT PEAK FLOW METER	3	
PEAK A-I-R FLOW METER	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PEAK AIR PEAK FLOW METER	3	
PEAK FLOW METER UNIVERSAL RANG	3	
PERSONAL BEST FULL RANGE	3	
PIKO 1	3	
POCKET PEAK FLOW METER	3	
POCKETPEAK PEAK FLOW METER	3	
PURE COMFORT FLOW METER ADULT	3	
PURE COMFORT FLOW METER CHILD	3	
STRIVE DUAL ZONE PEAK FLOW MTR	3	
TRUZONE PEAK FLOW METER	3	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
ACE AEROSOL CLOUD ENHANCER	2	
ACTIVITY POUCH	2	
ADULT MASK	2	
ADULT MASK LARGE	2	
AEROBIKA	2	
AEROECLIPSE EZ TWIST TUBING	2	
AEROTRACH PLUS	2	
AIRS PEDIATRIC AEROSOL MASK	2	
ALL FLOW 1000 PFT FILTER (DEVICE, MISC)	2	
ALL FLOW 2000 PFT FILTER	2	
ALL FLOW 3000 PFT FILTER DEVICE	2	
ALL FLOW 4000 PFT FILTER DEVICE	2	
ALL FLOW 5000 PFT FILTER DEVICE	2	
ALL FLOW 6000 PFT FILTER DEVICE	2	
ALL FLOW 7000 PFT FILTER	2	
BREATHE EASE NEB MASK/CHILD	2	
BREATHE EASE NEB MASK/INFANT	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PARI ERAPID NEBULIZER HANDSET	2	
PARI EXPIRATORY FILTER SET	2	
PARI MANUAL INTERRUPTER	2	
PARI MASK SET	2	
PARI SOFT PLASTIC ADULT MASK	2	
PARI SOFT PLASTIC PED MASK	2	
PARI TREK S COMBO PACK	2	
PFLEX	2	
PILLOW MASK/ADULT	2	
PILLOW MASK/CHILD	2	
PILLOW MASK/PEDIATRIC	2	
QUAKE	2	
REPLACEMENT AIR FILTER	2	
REUSABLE COMFORTSEAL MASK-LRG	2	
REUSABLE COMFORTSEAL MASK-MED	2	
REUSABLE COMFORTSEAL MASK-SML	2	
SIDESTREAM ADULT FACE MASK	2	
SIDESTREAM PEDIATRIC FACE MASK	2	
SILICONE MASK/ADULT	2	
SILICONE MASK/INFANT	2	
SILICONE MASK/PEDIATRIC	2	
SPIRO PD	2	
THRESHOLD IMT	2	
THRESHOLD PEP	2	
VERSAPAP	2	
VERSAPAP W/UNIVERSAL TUBING	2	
WINDMILL TRAINER	2	
<b>SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES</b>		
AEROCHAMBER HOLDING CHAMBER	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
COMPACT SPACE CHAMBER/SM MASK	2	
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
EQ SPACE CHAMBER ANTI-STATIC	2	
EQ SPACE CHAMBER ANTI-STATIC L	2	
EQ SPACE CHAMBER ANTI-STATIC M	2	
EQ SPACE CHAMBER ANTI-STATIC S	2	
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
INSPIREASE	2	
MASK VORTEX/CHILD/FROG	2	
MASK VORTEX/TODDLER/LADYBUG	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARI VORTEX ADULT MASK	2	
PARI VORTEX PEDIATRIC MASK	2	
PEDIATRIC PANDA MASK	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
POCKET CHAMBER	2	
POCKET SPACER	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PROCHAMBER VHC	2	
PURE COMFORT SPACER CHAMBER	2	
RITEFLO	2	
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)</b>		
NURTEC	2	PA, QL
QULIPTA	3	PA, QL
UBRELVY	2	PA, QL
ZAVZPRET	3	PA
<b>CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES</b>		
AIMOVIG	2	PA
AJOVY	2	PA
EMGALITY (300 MG DOSE)	3	PA
EMGALITY 120 MG/ML SOLN A-INJ	2	PA
EMGALITY 120 MG/ML SOLN PRSYR	3	PA
<b>ERGOT COMBINATIONS</b>		
ERGOTAMINE-CAFFEINE	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MIGERGOT	1	
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	1	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1	QL
ERGOMAR	3	
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
<i>diclofenac potassium(migraine)</i>	1	QL
<b>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>		
<i>almotriptan malate</i>	1	QL
<i>eletriptan hydrobromide</i>	1	QL
<i>frovatriptan succinate</i>	1	QL
<i>naratriptan hcl</i>	1	QL
ONZETRA XSAIL	3	
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL
SUMATRIPTAN SUCCINATE REFILL	1	QL
ZEMBRACE SYMTOUCH	3	QL
<i>zolmitriptan (2.5 mg solution, 2.5 mg tab, 2.5 mg tab disp, 5 mg solution, 5 mg tab, 5 mg tab disp)</i>	1	QL
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>BICARBONATES</b>		
SODIUM BICARBONATE 8.4 % SOLUTION	1	
<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, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	1	AL
<b>FLUORIDE COMBINATIONS</b>		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	3	

Drug Name	Drug Tier	Requirements / Limits
<b>IODINE PRODUCTS</b>		
IODINE STRONG	1	
<b>PHOSPHATE</b>		
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	1	
<i>k-prime</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 20 meq packet</i>	1	
<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, 15 tab er, 20 tab er)</i>	1	
<b>POTASSIUM COMBINATIONS</b>		
EFFER-K (10 EFFER TAB, 20 EFFER TAB)	3	
<b>ZINC</b>		
GALZIN	3	
WILZIN	3	

Drug Name	Drug Tier	Requirements / Limits
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT</b>		
JOENJA	3	PA, QL
<b>ANTILEPTOTICS</b>		
THALOMID (50 MG CAP, 100 MG CAP)	3	PA, QL
<b>B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS</b>		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	3	PA, QL
<b>CHELATING AGENTS</b>		
<i>penicillamine</i>	1	
<i>trientine hcl (250 mg cap, 500 mg cap)</i>	1	
<b>CYCLOSPORINE ANALOGS</b>		
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	
<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	3	PA
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
SANDIMMUNE (25 MG CAP, 100 MG CAP)	3	
<b>FARNESYLTRANSFERASE INHIBITORS</b>		
ZOKINVY	3	PA
<b>IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES</b>		
<i>lenalidomide</i>	1	QL
REVLIMID	2	QL
<b>INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>		
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
<b>MACROLIDE IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL	3	
ENVARUSUS XR	3	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	3	AL
PROGRAF (0.5 MG CAP, 1 MG CAP, 5 MG CAP)	3	
RAPAMUNE 1 MG/ML SOLUTION	3	
<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	
<b>MONOCLONAL ANTIBODIES</b>		
ENSPRYNG	3	PA
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB</b>		
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK)	3	PA, QL
VIJOICE 50 MG PACKET	3	PA, QL
<b>POTASSIUM REMOVING AGENTS</b>		
<i>kionex</i>	1	
LOKELMA	3	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	1	
<i>sps (sodium polystyrene sulf) (15 gm/60ml suspension, 30 gm/120ml suspension)</i>	1	
VELTASSA	3	
<b>PURINE ANALOGS</b>		
<i>azasan</i>	1	
<i>azathioprine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>ROCK INHIBITORS</b>		
REZUROCK	3	PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
LIDOCAINE HCL 4 % SOLUTION	1	
<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>ANTISEPTIC COMBINATIONS - MOUTH/THROAT</b>		
DEBACTEROL	3	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
<b>PROTECTANTS - MOUTH/THROAT</b>		
ORAFATE	3	
ORAMAGICRX	3	
PROTHELIAL	3	
<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</b>		
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
FLORAFOL FE PEDIATRIC	3	AL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MULTI-VITAMIN/FLUORIDE/IRON	1	
POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB	3	
<b>PED MV W/ FLUORIDE</b>		
DAVIMET-FLUORIDE	3	
FLORAFOL PEDIATRIC (0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
FLORAFOL PEDIATRIC 0.25 MG/ML SOLUTION	1	
FLORIVA PLUS	1	
FLOTREX (0.25 MG CHEW TAB, 0.5 MG CHEW TAB)	3	
MULTI-VIT-FLOR	3	
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN W/FLUORIDE	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
QUFLORA PEDIATRIC (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	1	
<b>PRENATAL MV &amp; MIN W/FE-FA</b>		
ATABEX EC	3	
ATABEX OB	3	
C-NATE DHA	3	
CITRANATAL B-CALM	3	
CO-NATAL FA	3	
COMPLETENATE	1	
CONCEPT DHA	3	
CONCEPT OB	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ELITE-OB	1	
ENBRACE HR	3	
FOLIVANE-OB	3	
INATAL GT	1	
NATALVIT	3	
NEONATAL COMPLETE 29-1 MG TAB	3	
NESTABS	3	
NESTABS DHA	3	
OB COMPLETE	1	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OBSTETRIX EC	3	
PNV 27-CA/FE/FA	3	
PNV PRENATAL PLUS MULTIVIT+DHA	1	
PNV TABS 29-1	1	
PNV-OMEGA	3	
PNV-SELECT	1	
PRENA1 PEARL	3	
PRENATAL 19 (29-1 MG CHEW TAB, CHEW TAB)	1	
PRENATAL-U	3	
PRENATE ELITE	3	
PRETAB	3	
PRIMACARE	3	
PROVIDA OB	3	
RELNATE DHA	3	
SE-NATAL 19 29-1 MG CHEW TAB	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SELECT-OB	3	
TARON-C DHA	3	
THRIVITE RX	1	
TRINATAL RX 1	3	
TRINATE	1	
VINATE CARE	1	
VINATE II	3	
VINATE ONE	3	
VIRT-C DHA	3	
VIRT-NATE DHA	3	
VIRT-PN PLUS	3	
VITAFOL-OB	3	
VITAPEARL	3	
VIVA DHA	3	
WESCAP-C DHA	3	
WESNATE DHA	3	
<b>PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL</b>		
COMPLETE NATAL DHA	3	
WESNATAL DHA COMPLETE	3	
<b>PRENATAL MV &amp; MIN W/FE-FA-DHA</b>		
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL BLOOM DHA	3	
CITRANATAL HARMONY	3	
NESTABS ONE	3	
OBSTETRIX ONE	3	
PNV-DHA	1	
PNV-DHA+DOCUSATE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PRENA 1 TRUE	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS	3	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
SELECT-OB+DHA	3	
VIRT-PN DHA	1	
VITAFOL ULTRA	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITATRUE	3	
WESCAP-PN DHA	1	
<b>PRENATAL MV &amp; MINERALS W/FA WITHOUT IRON</b>		
PRENATE	3	
<b>PRENATAL VITAMINS</b>		
PRENA1	3	
VITAMEDMD REDICHEW RX	3	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 15 mg tab, 20 mg tab)</i>	1	
<i>baclofen 25 mg/5ml suspension</i>	1	QL
<i>carisoprodol</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>chlorzoxazone (375 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>cyclobenzaprine hcl er</i>	1	
<i>fexmid</i>	1	
<i>lorzone</i>	1	
<i>metaxalone (400 mg tab, 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	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<b>MUSCLE RELAXANT COMBINATIONS</b>		
ORPHENADRINE-ASPIRIN-CAFFEINE	1	
<b>RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS</b>		
SOHONOS 1 MG CAP	3	PA, QL
SOHONOS 1.5 MG CAP	3	PA, QL
SOHONOS 10 MG CAP	3	PA, QL
SOHONOS 2.5 MG CAP	3	PA, QL
SOHONOS 5 MG CAP	3	PA, QL
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>ANTI-HISTAMINE-STERIOD</b>		
<i>azelastine-fluticasone</i>	1	QL, AL
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	QL
<b>NASAL ANTIHISTAMINES</b>		
<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>olopatadine hcl 0.6 % solution</i>	1	
<b>NASAL STEROIDS</b>		
<i>flunisolide</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL
OMNARIS	3	QL
QNASL	3	QL
QNASL CHILDRENS	3	QL
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS - MISCELLANEOUS</b>		
RADICAVA ORS	3	QL
RADICAVA ORS STARTER KIT	3	QL
<b>BENZATHIAZOLES</b>		
<i>riluzole</i>	1	
TEGLUTIK	3	
TIGLUTIK	3	
<b>FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS</b>		
SKYCLARYS	3	PA, QL
<b>RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS</b>		
DAYBUE	3	PA
DAYBUE STIX 5000 MG PACKET	3	PA
DAYBUE STIX 6000 MG PACKET	3	PA
DAYBUE STIX 8000 MG PACKET	3	PA
<b>SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS</b>		
EVRYSDI 0.75 MG/ML RECON SOLN	3	PA, QL
EVRYSDI 5 MG TAB	3	PA, QL
<b>NUTRIENTS</b>		
<b>LIPIDS</b>		
<i>mct oil</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>organic mct oil</i>	3	
<b>OPHTHALMIC AGENTS</b>		
<b>ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB</b>		
BIMATOPROST-BRIMONIDINE-DORZOL	2	
SIMBRINZA	3	
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETIMOL 0.25 % SOLUTION	3	
BETOPTIC-S	3	
CARTEOLOL HCL	1	
LEVOBUNOLOL HCL	1	
<i>timolol hemihydrate</i>	1	
<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>	1	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate pf</i>	1	
<b>BETA-BLOCKERS - OPHTHALMIC COMBINATIONS</b>		
<i>brimonidine tartrate-timolol</i>	1	
<i>dorzolamide hcl-timolol mal (22.3-6.8 mg/ml solution)</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
<b>CYCLOPLEGIC MYDRIATIC COMBINATIONS</b>		
CYCLOMYDRIL	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
ALTAFRIN	1	
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	1	
<i>cyclopentolate hcl 1 % solution</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HOMATROPAIRE	1	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	1	
<i>tropicamide</i>	1	
<b>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</b>		
XIIDRA	2	QL
<b>MIOTICS - DIRECT ACTING</b>		
<i>pilocarpine hcl (1 % solution, 1.25 % solution, 2 % solution, 4 % solution)</i>	1	
QLOSI	3	
<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>		
ALOCRIIL	2	
ALOMIDE	2	
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	
ZERVIATE	3	
<b>OPHTHALMIC ANTIBIOTICS</b>		
AZASITE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BACITRACIN 500 UNIT/GM OINTMENT	1	
BESIFLOXACIN HCL	1	
CILOXAN 0.3 % OINTMENT	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<i>gatifloxacin</i>	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
KLARITY-A	3	
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	3	
<b>OPHTHALMIC ANTIFUNGAL</b>		
NATACYN	3	
<b>OPHTHALMIC ANTIVIRALS</b>		
TRIFLURIDINE	1	
ZIRGAN	3	
<b>OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS</b>		
<i>brinzolamide</i>	1	
DORZOLAMIDE HCL	1	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	1	QL
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
AKTEN	3	
ALTACAINE	1	
<i>proparacaine hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TETRACAINE HCL 0.5 % SOLUTION	1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	3	PA, QL
<b>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACUVAIL	3	
<i>bromfenac sodium</i>	1	AL
<i>bromfenac sodium (once-daily)</i>	1	AL
<i>diclofenac sodium 0.1 % solution</i>	1	
FLURBIPROFEN SODIUM	1	
ILEVRO	3	AL
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
NEVANAC	3	AL
<b>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</b>		
APRACLONIDINE HCL	1	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	1	
IOPIDINE	3	
<b>OPHTHALMIC STEROID COMBINATIONS</b>		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
<i>loteprednol-tobramycin</i>	1	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tobramycin-dexamethasone</i>	1	
<b>OPHTHALMIC STEROIDS</b>		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
FML FORTE	2	
INVELTYS	3	
LOTEMAX 0.5 % OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i>	1	
MAXIDEX	3	
PRED MILD	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE P-F	3	
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	AL
<b>OPHTHALMICS - CYSTINOSIS AGENTS</b>		
CYSTARAN	3	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost 0.03 % solution</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LATANOPROST	1	
LUMIGAN	2	ST
<i>tafluprost (pf)</i>	1	
<i>travoprost (bak free)</i>	1	
<b>OTIC AGENTS</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	
<b>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</b>		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF	1	
<i>ciprofloxacin-hydrocortisone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
OTOVEL	2	
<b>OTIC STEROIDS</b>		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<b>OXYTOCICS</b>		
<b>CERVICAL RIPENING - PROSTAGLANDINS</b>		
CERVIDIL	3	
PREPIDIL	3	
<i>methergine</i>	1	
<i>methylergonovine maleate 0.2 mg tab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>PENICILLINS</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 V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	1	
<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</b>		
<i>gallifrey</i>	1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>norethindrone acetate</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>ALZHEIMER'S TREATMENT - ANTI-AMYLOID ANTIBODIES</b>		
LEQEMBI IQLIK	3	PA, QL
<b>ANTI-CATAPLECTIC AGENTS</b>		
LUMRYZ	3	PA, QL
LUMRYZ STARTER PACK	3	PA
<i>sodium oxybate</i>	2	PA, QL
SODIUM OXYBATE	2	PA, QL
<b>ANTIDEMENTIA AGENT COMBINATIONS</b>		
<i>memantine hcl-donepezil hcl</i>	1	QL
<i>memantine hcl-donepezil hcl er</i>	1	QL
NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK	2	
NAMZARIC 7-10 MG CAP ER 24H	2	QL
<b>ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS</b>		
TEGSEDI	3	PA
WAINUA	3	PA, QL
<b>BENZODIAZEPINES &amp; TRICYCLIC AGENTS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
<b>CHOLINOMIMETICS - ACHE INHIBITORS</b>		
ADLARITY	3	QL
<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	1	QL
<i>donepezil hcl 23 mg tab</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	QL
<i>rivastigmine</i>	1	QL
<i>rivastigmine tartrate</i>	1	QL
<b>FIBROMYALGIA AGENT - SNRIS</b>		
SAVELLA	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SAVELLA TITRATION PACK	2	
<b>MELANOCORTIN RECEPTOR AGONISTS</b>		
VYLEESI	3	QL
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO	3	PA
AUSTEDO XR	3	PA
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	3	PA
INGREZZA (40 & 80 MG CAP THPK, 40 MG CAP, 60 MG CAP, 80 MG CAP)	3	PA, QL
INGREZZA (40 MG CAP SPRINK, 60 MG CAP SPRINK, 80 MG CAP SPRINK)	3	PA
<i>tetrabenazine</i>	1	QL
<b>MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>teriflunomide</i>	1	QL
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<i>glatiramer acetate</i>	1	PA, QL
<i>glatopa</i>	1	PA, QL
<b>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</b>		
<i>cladribine (10 tabs)</i>	1	PA
<i>cladribine (4 tabs)</i>	1	PA
<i>cladribine (5 tabs)</i>	1	PA
<i>cladribine (6 tabs)</i>	1	PA
<i>cladribine (7 tabs)</i>	1	PA
<i>cladribine (8 tabs)</i>	1	PA
<i>cladribine (9 tabs)</i>	1	PA
<b>MULTIPLE SCLEROSIS AGENTS - INTERFERONS</b>		
AVONEX PEN	2	PA, QL
AVONEX PREFILLED	2	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EXTAVIA	3	PA, QL
PLEGRIDY	2	PA, QL
PLEGRIDY STARTER PACK	2	PA, QL
<b>MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES</b>		
KESIMPTA	2	PA
<b>MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS</b>		
BAFIERTAM	3	PA, QL
<i>dimethyl fumarate</i>	1	QL
<i>dimethyl fumarate starter pack</i>	1	QL
<b>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</b>		
<i>dalfampridine er</i>	1	QL
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS</b>		
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	1	
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	1	QL
<i>memantine hcl er</i>	1	QL
<b>PHENOTHIAZINES &amp; TRICYCLIC AGENTS</b>		
PERPHENAZINE-AMITRIPTYLINE	1	AL
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
<i>gabapentin (once-daily)</i>	1	
<i>pregabalin er</i>	1	QL
<b>PSEUDOBULBAR AFFECT AGENT COMBINATIONS</b>		
NUEDEXTA	3	PA
AQNEURSA	3	PA, QL
ERGOLOID MESYLATES	1	
PIMOZIDE	1	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT	3	

Drug Name	Drug Tier	Requirements / Limits
<b>SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG</b>		
ADDYI	3	QL, AL
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl er (smoking det)</i>	0	QL
<i>cvs nicotine</i>	0	QL
<i>cvs nicotine polacrilex</i>	0	QL
<i>eq nicotine</i>	0	QL
<i>eq nicotine polacrilex</i>	0	QL
<i>eq nicotine step 3</i>	0	QL
<i>eq nicotine polacrilex</i>	0	QL
<i>ft nicotine</i>	0	QL
<i>ft nicotine mini</i>	0	QL
<i>gnp nicotine</i>	0	QL
<i>gnp nicotine mini</i>	0	QL
<i>gnp nicotine polacrilex</i>	0	QL
<i>goodsense nicotine</i>	0	QL
<i>goodsense nicotine polacrilex</i>	0	QL
<i>habitrol</i>	0	QL
<i>hm nicotine</i>	0	QL
<i>hm nicotine polacrilex</i>	0	QL
<i>kls quit2</i>	0	QL
<i>kls quit4</i>	0	QL
<i>nicoderm cq 21 mg/24hr patch 24hr</i>	0	QL
<i>nicorette (2 mg gum, 4 mg gum, 4 mg lozenge)</i>	0	QL
<i>nicorette mini 4 mg lozenge</i>	0	QL
<i>nicorette starter kit</i>	0	QL
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR, 21-14-7 MG/24HR KIT)	0	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nicotine mini</i>	0	QL
<i>nicotine polacrilex</i>	0	QL
<i>nicotine polacrilex mini</i>	0	QL
<i>nicotine step 1</i>	0	QL
<i>nicotine step 2</i>	0	QL
<i>nicotine step 3</i>	0	QL
NICOTROL	0	QL
NICOTROL NS	0	QL
<i>px stop smoking aid</i>	0	QL
<i>qc nicotine transdermal system</i>	0	QL
<i>ra mini nicotine</i>	0	QL
<i>ra nicotine</i>	0	QL
<i>ra nicotine gum</i>	0	QL
<i>ra nicotine polacrilex</i>	0	QL
<i>sm nicotine</i>	0	QL
<i>sm nicotine polacrilex</i>	0	QL
<i>thrive</i>	0	QL
<i>varenicline tartrate</i>	0	QL
<i>varenicline tartrate (starter)</i>	0	QL
<i>varenicline tartrate(continue)</i>	0	QL
<b>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS</b>		
<i>fingolimod hcl</i>	1	PA, QL
GILENYA 0.25 MG CAP	2	PA, QL
MAYZENT	3	PA, QL
MAYZENT STARTER PACK	3	PA
PONVORY	3	PA, QL
PONVORY STARTER PACK	3	PA
ZEPOSIA	2	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZEPOSIA 7-DAY STARTER PACK	2	PA
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	2	PA
<b>THIENBENZODIAZEPINES &amp; SSRIS</b>		
<i>olanzapine-fluoxetine hcl</i>	1	QL, AL
<b>VASOMOTOR SYMPTOM AGENTS - SSRIS</b>		
<i>paroxetine mesylate</i>	1	QL
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CFTR POTENTIATORS</b>		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	2	PA, QL
KALYDECO 150 MG TAB	2	PA, QL
<b>CYSTIC FIBROSIS AGENT - COMBINATIONS</b>		
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	2	PA, QL
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	2	PA, QL, AL
SYMDEKO	3	PA, QL
TRIKAFTA	3	PA
<b>CYSTIC FIBROSIS AGENTS - MISCELLANEOUS</b>		
BRONCHITOL	3	
BRONCHITOL TOLERANCE TEST	3	
<b>DIPEPTIDYL PEPTIDASE 1 (DPP1) INHIBITORS</b>		
BRINSUPRI	3	PA, QL
<b>HYDROLYTIC ENZYMES</b>		
PULMOZYME	2	
<b>PULMONARY FIBROSIS AGENTS</b>		
<i>pirfenidone (267 mg cap, 267 mg tab, 534 mg tab, 801 mg tab)</i>	1	PA, QL
<b>PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS</b>		
OFEV	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<b>SULFONAMIDES</b>		
<i>sulfadiazine</i>	1	
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 75 mg tab dr, 100 mg cap, 100 mg tab, 150 mg tab, 150 mg tab dr, 200 mg tab dr)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg cap, 150 mg tab)</i>	1	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1	
<i>mondoxyne nl</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>THYROID HORMONES</b>		
ARMOUR THYROID	3	
CYTOMEL	3	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 25 MCG TAB, 50 MCG CAP, 50 MCG TAB, 75 MCG CAP, 75 MCG TAB, 88 MCG CAP, 88 MCG TAB, 100 MCG CAP, 100 MCG TAB, 112 MCG CAP, 112 MCG TAB, 125 MCG CAP, 125 MCG TAB, 137 MCG CAP, 137 MCG TAB, 150 MCG CAP, 150 MCG TAB, 175 MCG CAP, 175 MCG TAB, 200 MCG CAP, 200 MCG TAB, 300 MCG TAB)	1	
<i>levoxy/</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>liomny</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NP THYROID	1	
RENTHYROID	3	
SYNTHROID	3	
THYQUIDITY	3	
THYROID	1	
TIROSINT	3	
TIROSINT-SOL	3	
<i>unithroid</i>	1	

## TOXOIDS

### TOXOID COMBINATIONS

ADACEL	0	
BOOSTRIX	0	
DAPTACEL	0	
INFANRIX	0	
KINRIX	0	
PEDIARIX	0	AL
PENTACEL	0	
QUADRACEL	0	
TDVAX	0	
TENIVAC	0	
TETANUS-DIPHThERIA TOXOIDS TD	0	
VAXELIS	0	AL

## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

### ANTICHOLINERGIC COMBINATIONS

BELLADONNA ALKALOIDS-OPIUM	3	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>chlordiazepoxide-clidinium</i>	1	
PB-HYOSCY-ATROPINE-SCOPOLAMINE (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	1	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
PHENOHTRO (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	1	
<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>cimetidine (300 mg tab, 400 mg tab)</i>	1	
<i>cimetidine hcl</i>	1	AL
<i>famotidine 40 mg/5ml recon susp</i>	1	AL
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	1	QL
<i>esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)</i>	1	QL, AL
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FIRST-LANSOPRAZOLE	2	AL
FIRST-OMEPRAZOLE	2	AL
FIRST-PANTOPRAZOLE	2	AL
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	1	QL
<i>lansoprazole (15 mg tab dr disp, 30 mg tab dr disp)</i>	1	QL, AL
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	QL
OMEPRAZOLE+SYRSPEND SF ALKA	2	AL
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	QL
<i>pantoprazole sodium 40 mg packet</i>	1	QL, AL
<i>rabeprazole sodium 20 mg tab dr</i>	1	QL
<b>QUATERNARY ANTICHOLINERGICS</b>		
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<i>methscopolamine bromide</i>	1	
<b>ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS</b>		
AMOXICILL-CLARITHRO-LANSOPRAZ	1	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	1	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	QL
<i>fesoterodine fumarate er</i>	1	QL
GELNIQUE	3	QL
<i>oxybutynin chloride 5 mg tab</i>	1	
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	AL
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	QL
<i>tolterodine tartrate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tolterodine tartrate er</i>	1	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
VESICARE LS	3	AL
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA	3	QL
<i>mirabegron er</i>	1	QL
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL
MYRBETRIQ 8 MG/ML SRER	2	QL, AL
<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</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	0	
BEXSERO	0	
CAPVAXIVE	0	
HIBERIX	0	
MENQUADFI	0	
MENVEO RECON SOLN	0	
MENVEO SOLUTION	0	
PEDVAX HIB	0	
PENBRAYA	0	AL
PENMENVY	0	AL
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	0	
PREVNAR 20	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRUMENBA	0	
VAXNEUVANCE	0	
<b>VIRAL VACCINE COMBINATIONS</b>		
M-M-R II	0	
PRIORIX	0	
PROQUAD	0	
TWINRIX	0	
<b>VIRAL VACCINES</b>		
ABRYSVO	0	
ACAM2000	0	
AFLURIA	0	
AFLURIA PRESERVATIVE FREE	0	
AFLURIA QUADRIVALENT	0	
AREXVY	0	
AUDENZ	0	
COMIRNATY	0	
COMIRNATY 5-11 YEARS	0	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR)	0	
ENGERIX-B 20 MCG/ML SUSPENSION	0	
FLUAD	0	
FLUAD QUADRIVALENT	0	
FLUARIX	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX	0	
FLUCELVAX QUADRIVALENT	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST	0	
FLUMIST QUADRIVALENT	0	
FLUZONE	0	
FLUZONE HIGH-DOSE	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT	0	
GARDASIL 9	0	
HAVRIX	0	
HEPLISAV-B	0	
IPOL	0	
JYNNEOS	0	
MNEXSPIKE	0	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	0	
MRESVIA	0	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	0	
NUVAXOVID COVID-19 VACCINE	0	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	0	
PREHEVBRIO	0	
RECOMBIVAX HB	0	
ROTARIX SUSPENSION	0	
ROTATEQ	0	
SHINGRIX 50 MCG/0.5ML RECON SUSP	0	AL
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	0	AL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SPIKEVAX	0	
SPIKEVAX 6M-11Y	0	
VAQTA	0	
VARIVAX	0	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
GYNAZOLE-1	3	
<i>terconazole 0.4 % cream</i>	1	
<i>terconazole 0.8 % cream</i>	1	
<i>terconazole 80 mg suppos</i>	1	
<b>MISCELLANEOUS VAGINAL COMBINATIONS</b>		
FEM PH	2	
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
INTRAROSA	3	QL
<b>SPERMICIDES</b>		
ENCARE	0	
OPTIONS GYNOL II CONTRACEPTIVE	0	
TODAY SPONGE	0	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	0	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN 100 MG SUPPOS	3	
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE	3	
NUVESSA	3	
VANDAZOLE	3	
<b>VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS</b>		
PHEXX	0	

Drug Name	Drug Tier	Requirements / Limits
PHEXXI	0	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	1	
ESTRING	2	
FEMRING	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
PREMARIN 0.625 MG/GM CREAM	2	
<i>yuvafem</i>	1	
<b>VAGINAL PROGESTINS</b>		
CRINONE	3	
FIRST-PROGESTERONE VGS 200 MG SUPPOS	2	
<i>progesterone 100 mg insert</i>	1	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<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, 0.3 mg/0.3ml soln prsyr)</i>	1	QL
NEFFY	3	QL
<i>midodrine hcl</i>	1	
<b>VITAMINS</b>		
<b>VITAMIN D</b>		
<i>d3-50</i>	1	
<i>decara 1.25 mg (50000 ut) cap</i>	1	
<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	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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 5 mg tab</i>	1	

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IPOL	184	juleber	69	KIMONO PS	112
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lidocaine viscous hcl . . . . .	158	lojaimiess . . . . .	73	LYTGOBI (20 MG DAILY DOSE) . . . . .	47
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MEDISENSE GLUCOSE KETONE CONTR . . . . .	127	memantine hcl . . . . .	174	methylphenidate hcl er (osm) . . . . .	8
MEDISENSE HI/MID/LOW CONTROL . . . . .	127	MEMANTINE HCL . . . . .	174	methylphenidate hcl er (xr) . . . . .	8
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medpura alcohol pads . . . . .	89	merzee . . . . .	70	mexiletine hcl . . . . .	22
MEDROL . . . . .	76	mesalamine . . . . .	100	mibelas 24 fe . . . . .	70
medroxyprogesterone acetate . . . . .	171	mesalamine er . . . . .	100	MICROCHAMBER . . . . .	152
mefenamic acid . . . . .	11	mesalamine-cleanser . . . . .	100	MICRODOT CONTROL HIGH/LOW . . . . .	127
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MEGESTROL ACETATE . . . . .	171	metformin hcl . . . . .	32	microgestin 1/20 . . . . .	70
MEIJER ALCOHOL SWABS . . . . .	111	metformin hcl er . . . . .	32	microgestin 24 fe . . . . .	70
MEIJER LANCETS . . . . .	127	methadone hcl . . . . .	16	microgestin fe 1.5/30 . . . . .	70
MEIJER LANCETS THIN . . . . .	127	methadone hcl intensol . . . . .	16	microgestin fe 1/20 . . . . .	70
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		methimazole . . . . .	178	mifepristone . . . . .	35
		METHITEST . . . . .	17	MIGERGOT . . . . .	154
		methocarbamol . . . . .	163	MIGLITOL . . . . .	32
		METHOTREXATE SODIUM . . . . .	45	miglustat . . . . .	106
		methotrexate sodium (pf) . . . . .	45	mili . . . . .	70
		METHOXSALEN RAPID . . . . .	82	mimvey . . . . .	97
		methscopolamine bromide . . . . .	181	MINI LANCING DEVICE . . . . .	127
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minoxidil	43	MOXIFLOXACIN HCL (2X DAY)	167	naproxen dr	12
minzoya	70	MPD SAFETY LANCET 21G	128	naproxen sodium	12
mirabegron er	182	MPD SAFETY LANCET 23G	128	naproxen sodium er	12
mirtazapine	30	MPD SAFETY LANCET 28G	128	naproxen-esomeprazole mg	11
misoprostol	181	MPD SAFETY LANCET 30G	128	naratriptan hcl	154
mm aspirin	14	MRESVIA	184	NATACYN	167
MM INSULIN SYRINGE/NEEDLE	143	MS INSULIN SYRINGE	143	NATALVIT	160
MM LANCING DEVICE	127	MULPLETA	107	NATAZIA	73
MM PEN NEEDLES	143	MULTAQ	22	nateglinide	35
MM TWIST LANCETS	127	MULTI-LANCET DEVICE	128	NAYZILAM	27
MNEXSPIKE	184	MULTI-LANCET DEVICE 2	128	nebivolol hcl	62
MOBILE LANCETS 30G	127	MULTI-VIT-FLOR	159	NEBULIZER AIR TUBE/PLUGS	149
modafinil	8	MULTI-VITAMIN/FLUORIDE	159	NEBULIZER MASK ADULT	149
MODD1 PATIENT WELCOME KIT	136	MULTI-VITAMIN/FLUORIDE	159	NEBULIZER MASK CHILD	149
MODD1 SUPPLY KIT	136	MUPIROCIN	80	NEBUSAL	77
MODERNA COVID-19 VAC 6M-11Y	184	my choice	73	necon 0.5/35 (28)	70
MODEYSO	50	my way	73	NEFAZODONE HCL	31
moexipril hcl	41	MYCAPSSA	96	NEFFY	186
mometasone furoate	85,164	mycophenolate mofetil	156	NEMLUVIO	86
mondoxyne nl	178	mycophenolate sodium	157	neo-polycin	166
mono-lynyah	70	mycophenolic acid	157	neo-polycin hc	168
MONOJECT INSULIN SYRINGE	143	MYFEMBREE	98	NEO-SYNALAR	80
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PHENAZOPYRIDINE HCL	103	PIQRAY (250 MG DAILY DOSE)	52	potassium citrate er	103
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phenylephrine hcl	166	PLEGRIDY STARTER PACK	174	pramipexole dihydrochloride er	55
phenytek	30	PLENVU	109	PRAMOSONE	89
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VORANIGO	51	MEDIUM	111	XPOVIO (100 MG ONCE WEEKLY)	50
voriconazole	38	weekly-d	187	XPOVIO (40 MG ONCE WEEKLY)	50
VORTEX HOLD		WEGMANS UNIFINE PENTIPS		XPOVIO (40 MG TWICE WEEKLY)	50
CHMBR/MASK/CHILD	153	PLUS	147	XPOVIO (60 MG ONCE WEEKLY)	50
VORTEX HOLD		WELIREG	48	XPOVIO (60 MG TWICE WEEKLY)	50
CHMBR/MASK/TODDLER	153	wera	71	XPOVIO (80 MG ONCE WEEKLY)	50
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