

Prescription drug list.



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

Drug costs

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

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

You can also call Pharmacy Services to find out how much a drug costs, whether it is covered by your insurance, and whether preauthorization or other steps are required for coverage. Scripius members call **800-442-3127**.

The formulary is regularly updated

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

Noncovered drug exceptions

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

LEGEND

(PA) Preauthorization

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

(ST) Step Therapy

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

(QL) Quantity Limits

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

(AGE) Age limit

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

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

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

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

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

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

ALLERGENIC EXTRACTS/BIOLOGICALS MISC (CONTINUED)

ALLERGENIC EXTRACTS

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

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

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

Drug Name	Drug Tier	Requirements / Limits
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
DAYPRO	3	PA, QL
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FENOPROFEN CALCIUM 600 MG TAB	1	
<i>flurbiprofen (50 mg tab, 100 mg tab)</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
INDOCIN 25 MG/5ML SUSPENSION	3	AGE
<i>indomethacin (25 mg cap, 50 mg cap)</i>	1	
<i>indomethacin 25 mg/5ml suspension</i>	1	AGE
<i>indomethacin er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	PA, QL
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1	
<i>naproxen 125 mg/5ml suspension</i>	1	AGE
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin 600 mg tab</i>	1	QL
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (20 MG TAB, 30 MG TAB)	4	PA, QL, S (Specialty Drug)

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

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab, 325 mg tab dr)</i>	1	QL, AGE
<i>aspirin 81</i>	1	QL, AGE
<i>aspirin adult low dose</i>	1	QL, AGE
<i>aspirin adult low strength</i>	1	QL, AGE
<i>aspirin childrens</i>	1	QL, AGE
<i>aspirin ec adult low dose</i>	1	QL, AGE
<i>aspirin ec low dose</i>	1	QL, AGE
<i>aspirin ec low strength</i>	1	QL, AGE
<i>aspirin low dose</i>	1	QL, AGE
<i>aspirin regimen</i>	1	QL, AGE
<i>bayer advanced aspirin reg st</i>	1	QL, AGE
<i>bayer aspirin</i>	1	QL, AGE
<i>bayer aspirin ec low dose</i>	1	QL, AGE
<i>bayer low dose</i>	1	QL, AGE
<i>childrens aspirin</i>	1	QL, AGE
<i>cvs aspirin</i>	1	QL, AGE
<i>cvs aspirin adult low dose</i>	1	QL, AGE
<i>cvs aspirin adult low strength</i>	1	QL, AGE
<i>cvs aspirin ec</i>	1	QL, AGE
<i>cvs aspirin low dose</i>	1	QL, AGE
<i>cvs aspirin low strength</i>	1	QL, AGE
<i>cvs genuine aspirin</i>	1	QL, AGE
<i>diflunisal</i>	1	
<i>ecotrin</i>	1	QL, AGE
<i>ecotrin arthrtis pain</i>	1	QL, AGE
<i>ecotrin low strength</i>	1	QL, AGE
<i>eq aspirin</i>	1	QL, AGE
<i>eq aspirin adult low dose</i>	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
<i>eq aspirin low dose</i>	1	QL, AGE
<i>eql aspirin ec</i>	1	QL, AGE
<i>eql aspirin low dose</i>	1	QL, AGE
<i>ft aspirin</i>	1	QL, AGE
<i>ft aspirin low dose</i>	1	QL, AGE
<i>ft enteric coated aspirin</i>	1	QL, AGE
<i>genuine aspirin</i>	1	QL, AGE
<i>gnp adult aspirin low strength</i>	1	QL, AGE
<i>gnp aspirin</i>	1	QL, AGE
<i>gnp aspirin low dose</i>	1	QL, AGE
<i>goodsense aspirin</i>	1	QL, AGE
<i>goodsense aspirin adult low st</i>	1	QL, AGE
<i>goodsense aspirin adults</i>	1	QL, AGE
<i>goodsense aspirin low dose</i>	1	QL, AGE
<i>h-e-b aspirin</i>	1	QL, AGE
<i>hm adult aspirin</i>	1	QL, AGE
<i>hm aspirin</i>	1	QL, AGE
<i>hm aspirin ec</i>	1	QL, AGE
<i>hm aspirin ec low dose</i>	1	QL, AGE
<i>kl's aspirin low dose</i>	1	QL, AGE
<i>kp aspirin</i>	1	QL, AGE
<i>medi-first aspirin</i>	1	QL, AGE
<i>medique aspirin</i>	1	QL, AGE
<i>meijer aspirin ec</i>	1	QL, AGE
<i>mm aspirin</i>	1	QL, AGE
<i>px aspirin</i>	1	QL, AGE
<i>px enteric aspirin</i>	1	QL, AGE
<i>qc aspirin</i>	1	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
<i>qc aspirin low dose</i>	1	QL, AGE
<i>qc childrens aspirin</i>	1	QL, AGE
<i>qc enteric aspirin</i>	1	QL, AGE
<i>ra aspirin</i>	1	QL, AGE
<i>ra aspirin adult low dose</i>	1	QL, AGE
<i>ra aspirin adult low strength</i>	1	QL, AGE
<i>ra aspirin childrens</i>	1	QL, AGE
<i>ra aspirin ec</i>	1	QL, AGE
<i>ra aspirin ec adult low st</i>	1	QL, AGE
<i>ra pain relief aspirin</i>	1	QL, AGE
<i>salsalate</i>	1	
<i>sb aspirin</i>	1	QL, AGE
<i>sb aspirin ec</i>	1	QL, AGE
<i>sb childrens aspirin</i>	1	QL, AGE
<i>sb low dose asa ec</i>	1	QL, AGE
<i>sm aspirin</i>	1	QL, AGE
<i>sm aspirin adult low strength</i>	1	QL, AGE
<i>sm aspirin ec</i>	1	QL, AGE
<i>sm aspirin ec low strength</i>	1	QL, AGE
<i>sm aspirin low dose</i>	1	QL, AGE
<i>sm childrens aspirin</i>	1	QL, AGE
<i>st joseph aspirin</i>	1	QL, AGE
<i>st joseph low dose</i>	1	QL, AGE
ANALGESICS - OPIOID (CONTINUED)		
CODEINE COMBINATIONS		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	1	
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>methadone hcl intensol</i>	1	
METHADOSE 10 MG/ML CONC	3	
<i>methadose 40 mg tab sol</i>	1	QL
METHADOSE SUGAR-FREE	3	
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	1	
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 15 mg tab, 20 mg suppos, 30 mg suppos, 30 mg tab)</i>	1	QL
MORPHINE SULFATE (CONCENTRATE) (100 MG/5ML SOLUTION)	1	
MORPHINE SULFATE ER (10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H)	2	ST, QL
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	1	QL
MORPHINE SULFATE ER BEADS	2	ST, QL
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	QL
<i>oxycodone hcl 100 mg/5ml conc</i>	1	PA
<i>oxycodone hcl 5 mg/5ml solution</i>	1	
<i>oxymorphone hcl</i>	1	QL
OXYMORPHONE HCL ER	3	ST, QL
SUBSYS (400 MCG LIQUID, 600 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID)	3	PA
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	QL
TRAMADOL HCL (ER BIPHASIC)	1	QL
<i>tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1	QL
XTAMPZA ER (27 MG CP12 DETER, 36 MG CP12 DETER)	2	ST, QL
XTAMPZA ER (9 MG CP12 DETER, 13.5 MG CP12 DETER, 18 MG CP12 DETER)	2	ST, QL

Drug Name	Drug Tier	Requirements / Limits
OPIOID COMBINATIONS		
<i>endocet</i>	1	QL
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-300 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-300 mg/5ml solution, 10-325 mg tab)</i>	1	QL
PROLATE 10-300 MG/5ML SOLUTION	3	QL
OPIOID PARTIAL AGONISTS		
BELBUCA	2	QL
BRIXADI	4	QL, S (Specialty Drug)
BRIXADI (WEEKLY)	4	QL, S (Specialty Drug)
<i>buprenorphine</i>	2	QL
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl</i>	1	QL
<i>pentazocine-naloxone hcl</i>	1	QL
SUBLOCADE	4	QL, S (Specialty Drug)
TRAMADOL COMBINATIONS		
<i>tramadol-acetaminophen</i>	1	QL
ANDROGENS-ANABOLIC (CONTINUED)		
ANDROGENS		
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	QL
EC-RX TESTOSTERONE	3	
METHITEST	3	
<i>methyltestosterone</i>	1	
NATESTO	3	PA, QL
<i>testosterone (1.62 % gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
TESTOSTERONE (10 MG/ACT (2%) GEL, 30 MG/ACT SOLUTION)	1	PA, QL
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	1	QL
TESTOSTERONE ENANTHATE	1	QL
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	1	ST, QL, S (Specialty Drug)
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	4	ST, QL, S (Specialty Drug)
RECTAL ANESTHETIC/STEROIDS		
ANALPRAM HC 2.5-1 % LOTION	3	
ANALPRAM-HC 2.5-1 % LOTION	3	
HYDROCORT-PRAMOXINE (PERIANAL)	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
<i>lidocaine-hydrocort (perianal)</i>	1	
PROCORT	3	
PROCTOFOAM HC	3	
RECTAL STEROIDS		
<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	
<i>proctozone-hc</i>	1	
ANTHELMINTICS (CONTINUED)		
<i>albendazole</i>	1	PA
BENZNIDAZOLE	3	
BILTRICIDE	3	

Drug Name	Drug Tier	Requirements / Limits
EMVERM	3	QL
<i>ivermectin 3 mg tab</i>	1	
<i>praziquantel</i>	1	
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
AEMCOLO	3	QL
FIRST-METRONIDAZOLE	3	
IMPAVIDO	4	PA, QL, S (Specialty Drug)
<i>metronidazole (250 mg tab, 500 mg tab)</i>	1	
METRONIDAZOLE BENZO+SYRSPEND	3	
NEBUPENT	3	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN	3	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<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	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i>	1	
LAMPIT	3	PA, AGE
MEPRON	3	
<i>nitazoxanide</i>	1	QL
GLYCOPEPTIDES		
FIRVANQ	2	QL
VANCOGIN	3	QL
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin hcl (25 mg/ml recon soln, 50 mg/ml recon soln, 250 mg/5ml recon soln)</i>	1	QL
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
CLEOCIN 75 MG/5ML RECON SOLN	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
MONOBACTAMS		
CAYSTON	4	PA, QL, S (Specialty Drug)
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	1	QL
<i>linezolid 600 mg tab</i>	1	QL
SIVEXTRO 200 MG TAB	4	PA, QL, S (Specialty Drug)
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
HIPREX	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
NITROFURANTOIN (25 MG/5ML SUSPENSION, 50 MG/10ML SUSPENSION, 50 MG/5ML SUSPENSION)	1	AGE
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS		
HYOPHEN	3	
MB CAPS	1	
ME/NAPHOS/MB/HYO1	1	
<i>uribel 118 mg cap</i>	1	

Drug Name	Drug Tier	Requirements / Limits
URIBEL 81.6 MG TAB	3	
URIMAR-T 120 MG CAP	1	
URNEVA	1	
URO-MP	1	
<i>uro-sp</i>	1	
UROGESIC-BLUE	3	
<i>ustell</i>	1	
VILAMIT MB	1	

ANTIANGINAL AGENTS (CONTINUED)

ANTIANGINALS-OTHER

<i>ranolazine er</i>	1	QL
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NITRATES

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
NITRO-TIME	3	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1	

ANTIANSIETY AGENTS (CONTINUED)

ANTIANSIETY AGENTS - MISC.

<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	
<i>meprobamate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BENZODIAZEPINES		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	QL
<i>alprazolam xr</i>	1	QL
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	1	QL
<i>clorazepate dipotassium 15 mg tab</i>	1	QL
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	QL
XANAX XR	3	QL
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dofetilide</i>	1	
MULTAQ	2	
<i>pacerone</i>	1	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ADRENERGIC COMBINATIONS		
AIRSUPRA	2	QL
ANORO ELLIPTA	2	QL
BEVESPI AEROSPHERE	3	ST, QL
BREZTRI AEROSPHERE	2	QL, AGE
COMBIVENT RESPIMAT	2	QL
DULERA	3	PA, QL
FLUTICASONE FUROATE-VILANTEROL	2	PA, QL
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	PA, QL
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	
<i>ipratropium-albuterol</i>	1	
STIOLTO RESPIMAT	2	QL
SYMBICORT	1	QL
TRELEGY ELLIPTA	2	QL, AGE
<i>wixela inhub</i>	1	QL
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	4	PA, QL, S (Specialty Drug)
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BETA ADRENERGICS		
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	1	
<i>albuterol sulfate hfa</i>	1	QL
<i>arformoterol tartrate</i>	2	QL
<i>formoterol fumarate</i>	1	QL
LEVALBUTEROL TARTRATE	1	QL
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	QL
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	QL
VENTOLIN HFA	2	QL
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	3	
INCRUSE ELLIPTA	3	ST, QL
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
YUPELRI	4	PA, QL, S (Specialty Drug)
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)		
FASENRA PEN	4	PA, QL, S (Specialty Drug)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	3	QL
<i>montelukast sodium</i>	1	QL
<i>zafirlukast</i>	1	QL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	1	QL
STEROID INHALANTS		
ALVESCO	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (14 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX HFA	2	QL
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension)</i>	1	QL
FLUTICASONE PROPIONATE DISKUS	2	QL
FLUTICASONE PROPIONATE HFA (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	QL
PULMICORT FLEXHALER	3	PA, QL
QVAR REDHALER	3	PA, QL
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	4	PA, QL, S (Specialty Drug)
XANTHINES		
<i>elixophyllin</i>	1	
<i>theophylline</i>	1	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS (0.15 MG CAP SPRINK, 0.5 MG TAB SOL)	2	QL, AGE
ELIQUIS (1.5 MG PACK)	2	QL, AGE
ELIQUIS (2 MG PACK)	2	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS (2.5 MG TAB, 5 MG TAB)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
SAVAYSA	3	QL
XARELTO (15 MG TAB, 20 MG TAB)	2	QL
XARELTO (2.5 MG TAB, 10 MG TAB)	2	QL
XARELTO 1 MG/ML RECON SUSP	2	QL, AGE
XARELTO STARTER PACK	2	QL
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) +rfid</i>	1	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution)</i>	1	
LOW MOLECULAR WEIGHT HEPARINS		
<i>enoxaparin sodium</i>	1	
SYNTHETIC HEPARINOID-LIKE AGENTS		
<i>fondaparinux sodium</i>	1	PA, QL, S (Specialty Drug)
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE		
<i>dabigatran etexilate mesylate</i>	1	QL
PRADAXA (75 MG CAP, 110 MG CAP, 150 MG CAP)	3	QL
ANTICONVULSANTS (CONTINUED)		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	3	ST, QL
FYCOMPA 0.5 MG/ML SUSPENSION	1	ST, QL
<i>perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	3	ST, QL
<i>perampanel 0.5 mg/ml suspension</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam 10 mg tab</i>	1	QL
<i>clobazam 2.5 mg/ml suspension</i>	1	QL
<i>clobazam 20 mg tab</i>	1	QL
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab disp)</i>	1	QL
<i>clonazepam 2 mg tab</i>	1	QL
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1	QL
KLONOPIN (0.5 MG TAB, 1 MG TAB)	3	ST, QL
KLONOPIN 2 MG TAB	3	ST, QL
LIBERVANT	3	QL
NAYZILAM	3	QL
ONFI (10 MG TAB, 20 MG TAB)	3	PA, QL
ONFI 2.5 MG/ML SUSPENSION	3	PA, QL
SYMPAZAN 10 MG FILM	3	PA, QL
SYMPAZAN 20 MG FILM	3	PA, QL
SYMPAZAN 5 MG FILM	3	PA, QL
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	3	ST, QL
APTIOM 600 MG TAB	3	ST, QL
APTIOM 800 MG TAB	3	ST, QL
BANZEL 200 MG TAB	3	ST, QL
BANZEL 40 MG/ML SUSPENSION	3	ST, QL
BANZEL 400 MG TAB	3	ST, QL

Drug Name	Drug Tier	Requirements / Limits
<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	QL
<i>brivaracetam 10 mg/ml solution</i>	1	
BRIVIACT (25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	3	QL
BRIVIACT 10 MG TAB	1	QL
BRIVIACT 10 MG/ML SOLUTION	3	QL
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>	1	QL
<i>carbamazepine er</i>	1	QL
CARBATROL	3	ST, QL
DIACOMIT	4	PA, QL, S (Specialty Drug)
EPIDIOLEX	4	PA, QL, AGE, S (Specialty Drug)
<i>epitol</i>	1	QL
EPRONTIA	3	ST, QL, AGE
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	1	ST, QL
<i>eslicarbazepine acetate 600 mg tab</i>	1	ST, QL
<i>eslicarbazepine acetate 800 mg tab</i>	1	ST, QL
FINTEPLA	4	PA, QL, S (Specialty Drug)
<i>gabapentin (250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	QL
<i>gabapentin 100 mg cap</i>	1	QL
KEPPRA (500 MG TAB, 750 MG TAB, 1000 MG TAB)	3	ST, QL
KEPPRA 100 MG/ML SOLUTION	3	ST, QL
KEPPRA 250 MG TAB	3	ST, QL
KEPPRA XR	3	ST, QL
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	1	QL
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine (21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 42 x 50 mg & 14x100 mg kit)</i>	1	
<i>lamotrigine (25 mg chew tab, 150 mg tab)</i>	1	QL
<i>lamotrigine (25 mg tab disp, 200 mg tab)</i>	1	QL
<i>lamotrigine (5 mg chew tab, 50 mg tab disp)</i>	1	QL
<i>lamotrigine 100 mg tab</i>	1	QL
<i>lamotrigine 100 mg tab disp</i>	1	QL
<i>lamotrigine 200 mg tab disp</i>	1	QL
<i>lamotrigine 25 mg tab</i>	1	QL
<i>lamotrigine er (100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	1	QL
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h)</i>	1	QL
<i>levetiracetam (100 mg/ml solution, 500 mg/5ml solution)</i>	1	QL
<i>levetiracetam (500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	QL
<i>levetiracetam 250 mg tab</i>	1	QL
<i>levetiracetam er</i>	1	QL
<i>oxcarbazepine (150 mg tab, 300 mg/5ml suspension)</i>	1	QL
<i>oxcarbazepine 300 mg tab</i>	1	QL
<i>oxcarbazepine 600 mg tab</i>	1	QL
<i>oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h)</i>	3	QL
<i>oxcarbazepine er 600 mg tab er 24h</i>	3	QL
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	QL
<i>pregabalin 20 mg/ml solution</i>	1	
<i>primidone 250 mg tab</i>	1	QL
<i>primidone 50 mg tab</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
TROKENDI XR 200 MG CAP ER 24H	3	PA, QL
VIMPAT (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	ST, QL
VIMPAT 10 MG/ML SOLUTION	3	ST, QL
ZONEGRAN 100 MG CAP	3	ST, QL
ZONEGRAN 25 MG CAP	3	ST, QL
ZONISADE	4	PA, QL, S (Specialty Drug)
<i>zonisamide 100 mg cap</i>	1	QL
<i>zonisamide 25 mg cap</i>	1	QL
<i>zonisamide 50 mg cap</i>	1	QL
ZTALMY	4	PA, QL, S (Specialty Drug)
CARBAMATES		
<i>felbamate 400 mg tab</i>	1	QL
<i>felbamate 600 mg tab</i>	1	QL
<i>felbamate 600 mg/5ml suspension</i>	1	QL
FELBATOL 400 MG TAB	2	ST, QL
FELBATOL 600 MG TAB	2	ST, QL
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	3	QL
XCOPRI (150 MG TAB, 200 MG TAB)	3	QL
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL
XCOPRI (250 MG DAILY DOSE)	3	QL
XCOPRI (350 MG DAILY DOSE)	3	QL
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	QL
GABA MODULATORS		
SABRIL 500 MG PACKET	4	PA, QL, S (Specialty Drug)
SABRIL 500 MG TAB	4	PA, QL, S (Specialty Drug)
TIAGABINE HCL (12 MG TAB, 16 MG TAB)	1	QL
<i>tiagabine hcl 2 mg tab</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>tiagabine hcl 4 mg tab</i>	1	QL
<i>vigabatrin 500 mg packet</i>	4	PA, QL, S (Specialty Drug)
<i>vigabatrin 500 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>vigadrone 500 mg packet</i>	4	PA, QL, S (Specialty Drug)
<i>vigadrone 500 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>vigpoder</i>	4	PA, QL, S (Specialty Drug)
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP)	3	ST, QL
DILANTIN 125 MG/5ML SUSPENSION	2	ST, QL
DILANTIN INFATABS	2	ST
DILANTIN-125	3	ST, QL
<i>phenytek</i>	1	QL
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	QL
<i>phenytoin infatabs</i>	1	QL
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	QL
SUCCINIMIDES		
CELONTIN	3	ST, QL
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	QL
<i>methsuximide</i>	1	QL
ZARONTIN 250 MG CAP	3	ST, QL
ZARONTIN 250 MG/5ML SOLUTION	3	ST
VALPROIC ACID		
DEPAKOTE (250 MG TAB DR, 500 MG TAB DR)	3	ST, QL
DEPAKOTE 125 MG TAB DR	3	ST, QL
DEPAKOTE ER	3	ST, QL
DEPAKOTE SPRINKLES	3	ST, QL
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>divalproex sodium (250 mg tab dr, 500 mg tab dr)</i>	1	QL
<i>divalproex sodium er</i>	1	QL
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	QL
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	1	
ANTIDEPRESSANTS - MISC.		
<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	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE	4	PA, QL, S (Specialty Drug)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	3	ST, QL
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfate</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	1	
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab)</i>	1	
FLUOXETINE HCL 90 MG CAP DR	1	ST, QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	ST, QL
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	1	QL
SEROTONIN MODULATORS		
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	1	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
TRINTELLIX	3	ST, QL
<i>vilazodone hcl</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	1	
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	QL
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	QL
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	3	PA, QL
SYMLINPEN 60	3	PA, QL
BIGUANIDES		
<i>metformin hcl (500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er 500 mg tab er 24h</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide</i>	1	
<i>glucagon emergency 1 mg recon soln</i>	1	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE	1	QL
<i>saxagliptin hcl</i>	1	QL
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS		
ALOGLIPTIN-METFORMIN HCL	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>saxagliptin-metformin er</i>	1	QL
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS		
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	1	QL
HUMAN INSULIN		
FIASP	2	QL
FIASP FLEXTOUCH	2	QL
FIASP PENFILL	2	QL
FIASP PUMPCART	2	QL
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG TEMPO PEN	2	
HUMULIN R U-500 (CONCENTRATED)	2	PA, QL
HUMULIN R U-500 KWIKPEN	2	PA, QL
INSULIN ASP PROT & ASP FLEXPEN	2	QL
INSULIN ASPART	2	QL
INSULIN ASPART FLEXPEN	2	QL
INSULIN ASPART PENFILL	2	QL
INSULIN ASPART PROT & ASPART	2	QL
INSULIN LISPRO	2	
INSULIN LISPRO (1 UNIT DIAL)	2	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS	2	QL
LANTUS SOLOSTAR	2	QL

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN 70/30	1	QL
NOVOLIN N	1	QL
NOVOLOG	2	QL
NOVOLOG 70/30 FLEXPEN RELION	2	QL
NOVOLOG FLEXPEN	2	QL
NOVOLOG FLEXPEN RELION	2	QL
NOVOLOG MIX 70/30	2	QL
NOVOLOG MIX 70/30 FLEXPEN	2	QL
NOVOLOG MIX 70/30 RELION	2	QL
NOVOLOG PENFILL	2	QL
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO	2	PA, QL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
TRULICITY	2	PA, QL
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	2	QL
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
KORLYM	4	PA, QL, S (Specialty Drug)
<i>mifepristone 300 mg tab</i>	4	QL, S (Specialty Drug)
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
QTERN	2	QL

Drug Name	Drug Tier	Requirements / Limits
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BRENZAVVY	2	QL
FARXIGA	2	QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
XIGDUO XR	2	QL
SULFONYLUREA-BIGUANIDE COMBINATIONS		
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide</i>	1	
GLYBURIDE MICRONIZED	1	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
ACTOPLUS MET	3	QL
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	1	QL
THIAZOLIDINEDIONES		
ACTOS	3	QL
<i>pioglitazone hcl</i>	1	QL
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
OPIUM	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
CHEMET	3	

Drug Name	Drug Tier	Requirements / Limits
<i>deferasirox (125 mg tab sol, 250 mg tab sol, 500 mg tab sol)</i>	1	PA, QL, S (Specialty Drug)
<i>deferasirox (90 mg packet, 90 mg tab, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab)</i>	1	PA, QL, S (Specialty Drug)
<i>deferasirox granules</i>	1	PA, QL, S (Specialty Drug)
<i>deferiprone</i>	1	
EXJADE	4	PA, QL, S (Specialty Drug)
JADENU	4	PA, QL, S (Specialty Drug)
JADENU SPRINKLE	4	PA, QL, S (Specialty Drug)
VISTOGARD	4	QL, S (Specialty Drug)
OPIOID ANTAGONISTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)</i>	1	
<i>naltrexone hcl</i>	1	
VIVITROL	4	QL, S (Specialty Drug)
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	1	QL
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	QL
<i>ondansetron hcl (4 mg tab, 8 mg tab)</i>	1	QL
ONDANSETRON HCL 24 MG TAB	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	1	
SANCUSO	3	PA, QL
ANTIEMETICS - ANTICHOLINERGIC		
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>dronabinol</i>	1	PA, QL
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (40 mg cap, 125 mg cap)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant (80 & 125 mg cap thpk, 80 mg cap)</i>	1	QL
EMEND 125 MG/5ML RECON SUSP	3	QL
VARUBI (180 MG DOSE)	3	QL
ANTIFUNGALS (CONTINUED)		
<i>flucytosine</i>	1	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	QL
IMIDAZOLES		
<i>ketoconazole 200 mg tab</i>	1	
TETRAZOLES		
VIVJOA	4	PA, QL, S (Specialty Drug)
TRIAZOLES		
CRESEMBA 186 MG CAP	4	PA, QL, S (Specialty Drug)
CRESEMBA 74.5 MG CAP	4	PA, QL, S (Specialty Drug)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>fluconazole 150 mg tab</i>	1	QL
<i>itraconazole 10 mg/ml solution</i>	1	
<i>itraconazole 100 mg cap</i>	1	QL
NOXAFIL 100 MG TAB DR	4	PA
NOXAFIL 40 MG/ML SUSPENSION	4	PA, QL
<i>posaconazole 100 mg tab dr</i>	1	PA
<i>posaconazole 40 mg/ml suspension</i>	1	PA, QL
SPORANOX 10 MG/ML SOLUTION	3	
SPORANOX 100 MG CAP	3	QL

Drug Name	Drug Tier	Requirements / Limits
SPORANOX PULSEPAK	3	QL
<i>voriconazole 200 mg tab</i>	1	QL
<i>voriconazole 40 mg/ml recon susp</i>	1	QL
<i>voriconazole 50 mg tab</i>	1	QL
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	QL
CARBINOXAMINE MALEATE ER	1	QL
CARBZAH	3	QL
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	3	PA, AGE
ANTIHISTAMINES - NON-SEDATING		
DES Loratadine (2.5 MG TAB DISP, 5 MG TAB DISP)	1	QL
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i>	1	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg tab, 50 mg tab)</i>	1	
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	1	
PROMETHEGAN 50 MG SUPPOS	2	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	QL
ANTIHYPERLIPIDEMICS (CONTINUED)		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB		
NEXLIZET	2	QL
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	QL

Drug Name	Drug Tier	Requirements / Limits
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl</i>	2	QL
<i>omega-3-acid ethyl esters</i>	1	QL
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	QL
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	QL
<i>colesevelam hcl</i>	1	QL
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	1	
<i>colestipol hcl 1 gm tab</i>	1	QL
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	QL
QUESTRAN (4 GM PACKET, 4 GM/DOSE POWDER)	3	QL
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	QL
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)</i>	1	QL
FENOFIBRIC ACID (35 MG TAB, 105 MG TAB)	1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	QL
<i>gemfibrozil</i>	1	QL
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL
<i>fluvastatin sodium</i>	1	ST, QL
<i>fluvastatin sodium er</i>	1	ST, QL, AGE
<i>lovastatin</i>	1	QL
<i>pitavastatin calcium</i>	1	ST, QL
<i>pravastatin sodium</i>	1	QL
<i>rosuvastatin calcium (20 mg tab, 40 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	1	QL
<i>simvastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL
<i>simvastatin (5 mg tab, 80 mg tab)</i>	1	
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB		
<i>ezetimibe-simvastatin</i>	1	QL
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	QL
NICOTINIC ACID DERIVATIVES		
NIACIN (ANTIHYPERLIPIDEMIC)	1	QL
<i>niacin er (antihyperlipidemic)</i>	1	QL
PCSK9 INHIBITORS		
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER	1	QL
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>enalapril maleate 1 mg/ml solution</i>	1	QL, AGE
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	1	

Drug Name	Drug Tier	Requirements / Limits
QBRELIS	3	QL, AGE
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE		
<i>benazepril-hydrochlorothiazide</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE	1	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER	4	PA, QL, S (Specialty Drug)
<i>metirosine</i>	1	PA, QL, S (Specialty Drug)
<i>phenoxybenzamine hcl</i>	1	PA, QL, S (Specialty Drug)
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
<i>amlodipine-valsartan-hctz</i>	1	QL
<i>olmesartan-amlodipine-hctz</i>	1	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB		
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
AZOR	3	
TELMISARTAN-AMLODIPINE	1	QL
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
<i>candesartan cilexetil-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan medoxomil-hctz</i>	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGICS - CENTRALLY ACTING		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	ST
METHYLDOPA (250 MG TAB, 500 MG TAB)	1	
ANTIADRENERGICS - PERIPHERALLY ACTING		
<i>doxazosin mesylate</i>	1	QL
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	QL
BETA BLOCKER & DIURETIC COMBINATIONS		
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	QL
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	3	
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	1	
DARAPRIM	4	QL, S (Specialty Drug)
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	3	QL
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine</i>	1	QL, S (Specialty Drug)
QUALAQUIN	3	
<i>quinine sulfate</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
FIRDAPSE	4	PA, QL, S (Specialty Drug)
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	1	AGE
<i>pyridostigmine bromide er 180 mg tab er</i>	1	QL
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
CYCLOSERINE	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO	4	PA, QL, S (Specialty Drug)
TRECTOR	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
MYLERAN	3	
ANDROGEN BIOSYNTHESIS INHIBITORS		
<i>abiraterone acetate 250 mg tab</i>	1	QL, S (Specialty Drug)
<i>abirtega</i>	1	QL, S (Specialty Drug)
ANTIADRENALS		
LYSODREN	3	QL
ANTIANDROGENS		
<i>bicalutamide</i>	1	QL
EULEXIN	2	
NUBEQA	4	PA, QL, S (Specialty Drug)
XTANDI	4	PA, QL, S (Specialty Drug)
ANTIESTROGENS		
FARESTON	4	PA, QL, S (Specialty Drug)
SOLTAMOX	3	
<i>tamoxifen citrate</i>	1	QL
<i>toremifene citrate</i>	1	PA, QL, S (Specialty Drug)
ANTIMETABOLITES		
<i>capecitabine</i>	1	QL
<i>mercaptopurine 2000 mg/100ml suspension</i>	1	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<i>mercaptopurine 50 mg tab</i>	1	
<i>methotrexate sodium (1 gm recon soln, 50 mg/2ml solution)</i>	1	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	
ONUREG	4	PA, QL, S (Specialty Drug)
PURIXAN	4	PA, QL, S (Specialty Drug)
TABLOID	3	QL
XELODA	4	QL
ANTINEOPLASTIC - AKT INHIBITORS		
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	4	PA, QL, S (Specialty Drug)
TRUQAP 160 MG TAB	4	PA, QL
TRUQAP 200 MG TAB	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - ALK INHIBITORS		
ALECENSA	4	PA, QL, S (Specialty Drug)
LORBRENA	4	PA, QL, S (Specialty Drug)
XALKORI	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	4	PA, QL, S (Specialty Drug)
VENCLEXTA 100 MG TAB	4	PA, QL, S (Specialty Drug)
VENCLEXTA 50 MG TAB	4	PA, QL, S (Specialty Drug)
VENCLEXTA STARTING PACK	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS		
BOSULIF (100 MG TAB, 400 MG TAB, 500 MG TAB)	4	PA, QL, S (Specialty Drug)
BOSULIF 100 MG CAP	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
BOSULIF 50 MG CAP	4	PA, QL, S (Specialty Drug)
<i>dasatinib (50 mg tab, 70 mg tab)</i>	4	PA, QL, S (Specialty Drug)
<i>dasatinib 100 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>dasatinib 140 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>dasatinib 20 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>dasatinib 80 mg tab</i>	4	PA, QL, S (Specialty Drug)
ICLUSIG	4	PA, QL, S (Specialty Drug)
<i>imatinib mesylate</i>	1	QL
<i>nilotinib hcl</i>	4	PA, QL, S (Specialty Drug)
SCEMBLIX (20 MG TAB, 40 MG TAB)	4	PA, QL, S (Specialty Drug)
SCEMBLIX 100 MG TAB	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI	4	PA, QL, S (Specialty Drug)
TAFINLAR (50 MG CAP, 75 MG CAP)	4	PA, QL, S (Specialty Drug)
ZELBORAF	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - BTK INHIBITORS		
BRUKINSA 160 MG TAB	4	PA, QL
BRUKINSA 80 MG CAP	4	PA, QL, S (Specialty Drug)
CALQUENCE 100 MG TAB	4	PA, QL, S (Specialty Drug)
IMBRUVICA (140 MG CAP, 420 MG TAB)	4	PA, QL, S (Specialty Drug)
IMBRUVICA 70 MG CAP	4	PA, QL, S (Specialty Drug)
JAYPIRCA 100 MG TAB	4	PA, QL, S (Specialty Drug)
JAYPIRCA 50 MG TAB	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl</i>	4	PA, QL, S (Specialty Drug)
<i>gefitinib</i>	4	PA, QL, S (Specialty Drug)
TAGRISSE	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
LYTGOBI (12 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LYTGOBI (16 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LYTGOBI (20 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
PEMAZYRE	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS		
OGSIVEO	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO	4	PA, QL, S (Specialty Drug)
ERIVEDGE	4	PA, QL, S (Specialty Drug)
ODOMZO	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS		
WELIREG	4	PA, QL, AGE, S (Specialty Drug)
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
FARYDAK	4	PA, QL
ZOLINZA	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - IMMUNOMODULATORS		
<i>pomalidomide (3 mg cap, 4 mg cap)</i>	4	PA, QL, S (Specialty Drug)
<i>pomalidomide 1 mg cap</i>	4	PA, QL, S (Specialty Drug)
<i>pomalidomide 2 mg cap</i>	4	PA, QL, S (Specialty Drug)
POMALYST (3 MG CAP, 4 MG CAP)	4	PA, QL, S (Specialty Drug)
POMALYST 1 MG CAP	4	PA, QL, S (Specialty Drug)
POMALYST 2 MG CAP	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI	4	PA, QL, S (Specialty Drug)
LUMAKRAS	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
KOSELUGO (10 MG CAP, 25 MG CAP)	4	PA, QL, S (Specialty Drug)
KOSELUGO (5 MG CAP SPRINK, 7.5 MG CAP SPRINK)	4	PA, QL, S (Specialty Drug)
MEKINIST 0.5 MG TAB	4	PA, QL, S (Specialty Drug)
MEKINIST 2 MG TAB	4	PA, QL, S (Specialty Drug)
MEKTOVI	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - MET INHIBITORS		
TABRECTA	4	PA, QL, S (Specialty Drug)
TEPMETKO	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - MTOR KINASE INHIBITORS		
AFINITOR 10 MG TAB	4	PA, QL, S (Specialty Drug)
AFINITOR DISPERZ	4	PA, QL, S (Specialty Drug)
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	1	PA, QL, S (Specialty Drug)
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	PA, QL, S (Specialty Drug)
<i>torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX	4	PA, QL, S (Specialty Drug)
CAPRELSA 100 MG TAB	4	PA, QL, S (Specialty Drug)
CAPRELSA 300 MG TAB	4	PA, QL, S (Specialty Drug)
COMETRIQ (100 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
COMETRIQ (140 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
COMETRIQ (60 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
FOTIVDA	4	PA, QL, S (Specialty Drug)
<i>lapatinib ditosylate</i>	1	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
NERLYNX	4	PA, QL, S (Specialty Drug)
NEXAVAR	4	PA, QL, S (Specialty Drug)
<i>pazopanib hcl 200 mg tab</i>	4	PA, QL, S (Specialty Drug)
QINLOCK	4	PA, QL, S (Specialty Drug)
RYDAPT	4	PA, QL, S (Specialty Drug)
<i>sorafenib tosylate</i>	4	QL, S (Specialty Drug)
STIVARGA	4	PA, QL, S (Specialty Drug)
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	1	PA, QL, S (Specialty Drug)
SUTENT 37.5 MG CAP	4	PA, QL, S (Specialty Drug)
TURALIO 125 MG CAP	4	PA, QL, S (Specialty Drug)
VANFLYTA	4	PA, QL, S (Specialty Drug)
VOTRIENT	4	PA, QL, S (Specialty Drug)
XOSPATA	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - PROTEASOME INHIBITORS		
NINLARO	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - RET INHIBITORS		
GAVRETO	4	PA, QL, S (Specialty Drug)
RETEVMO (40 MG TAB, 80 MG TAB, 120 MG TAB, 160 MG TAB)	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS		
ROZLYTREK (100 MG CAP, 200 MG CAP)	4	PA, QL, S (Specialty Drug)
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (60 MG TWICE WEEKLY)	4	PA, QL, S (Specialty Drug)
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	4	PA, QL

Drug Name	Drug Tier	Requirements / Limits
XPOVIO (80 MG TWICE WEEKLY)	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC COMBINATIONS		
INQOVI	4	PA, QL, S (Specialty Drug)
LONSURF 15-6.14 MG TAB	4	PA, QL, S (Specialty Drug)
LONSURF 20-8.19 MG TAB	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTICS MISC.		
BESREMI	4	PA, QL, S (Specialty Drug)
HYDREA	2	
<i>hydroxyurea</i>	1	
MATULANE	3	
AROMATASE INHIBITORS		
<i>anastrozole</i>	1	QL
<i>exemestane</i>	1	QL
<i>letrozole</i>	1	QL
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS		
IBRANCE	4	PA, QL, S (Specialty Drug)
KISQALI (200 MG DOSE)	4	PA, QL, S (Specialty Drug)
KISQALI (400 MG DOSE)	4	PA, QL, S (Specialty Drug)
KISQALI (600 MG DOSE)	4	PA, QL, S (Specialty Drug)
VERZENIO	4	PA, QL, S (Specialty Drug)
FOLIC ACID ANTAGONISTS RESCUE AGENTS		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	QL
IMIDAZOTETRAZINES		
<i>temozolomide</i>	1	QL
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS		
VORANIGO	4	PA, QL, S (Specialty Drug)
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS		
REZLIDHIA	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
TIBSOVO	4	PA, QL, S (Specialty Drug)
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS		
IDHIFA	4	PA, QL, S (Specialty Drug)
JANUS ASSOCIATED KINASE (JAK) INHIBITORS		
JAKAFI	4	PA, QL, S (Specialty Drug)
OJJAARA	4	PA, QL, S (Specialty Drug)
VONJO	4	PA, QL, S (Specialty Drug)
LHRH ANALOGS		
ELIGARD (22.5 MG KIT, 30 MG KIT, 45 MG KIT)	4	QL, S (Specialty Drug)
ELIGARD 7.5 MG KIT	4	QL
<i>leuprolide acetate</i>	1	PA, QL, S (Specialty Drug)
LEUPROLIDE ACETATE (3 MONTH)	4	QL
LUPRON DEPOT (1-MONTH)	4	QL, S (Specialty Drug)
LUPRON DEPOT (3-MONTH)	4	QL, S (Specialty Drug)
LUPRON DEPOT (4-MONTH)	4	QL, S (Specialty Drug)
LUPRON DEPOT (6-MONTH)	4	QL, S (Specialty Drug)
LUTRATE DEPOT	4	QL, S (Specialty Drug)
ZOLADEX	4	QL, S (Specialty Drug)
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	1	
NITROGEN MUSTARDS AND RELATED ANALOGUES		
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	1	
LEUKERAN	3	
NITROSOUREAS		
<i>lomustine</i>	4	PA, QL, S (Specialty Drug)
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS		
COPIKTRA	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
PIQRAY (200 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
PIQRAY (250 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
PIQRAY (300 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
ZYDELIG	4	PA, QL, S (Specialty Drug)
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS		
LYNPARZA	4	PA, QL, S (Specialty Drug)
TALZENNA	4	PA, QL, S (Specialty Drug)
PROGESTINS-ANTINEOPLASTIC		
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
RETINOIDS		
<i>tretinoin 10 mg cap</i>	1	QL
SELECTIVE ESTROGEN RECEPTOR DEGRADERS		
ORSERDU	4	PA, QL, S (Specialty Drug)
SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene 75 mg cap</i>	1	PA, QL, S (Specialty Drug)
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	4	QL, S (Specialty Drug)
URINARY TRACT PROTECTIVE AGENTS		
<i>mesna 400 mg tab</i>	4	QL, S (Specialty Drug)
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS		
FRUZAQLA 1 MG CAP	4	PA, QL, S (Specialty Drug)
FRUZAQLA 5 MG CAP	4	PA, QL, S (Specialty Drug)
INLYTA	4	PA, QL, S (Specialty Drug)
LENVIMA (10 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (12 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (14 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
LENVIMA (18 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (20 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (24 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (4 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
LENVIMA (8 MG DAILY DOSE)	4	PA, QL, S (Specialty Drug)
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ADENOSINE RECEPTOR ANTAGONIST		
NOURIANZ	4	PA, QL, S (Specialty Drug)
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	QL
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	1	QL
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (100 mg cap, 100 mg tab)</i>	1	QL
<i>amantadine hcl (50 mg/5ml solution, 100 mg/10ml solution)</i>	1	
<i>bromocriptine mesylate</i>	1	QL
INBRIJA	4	PA, QL, S (Specialty Drug)
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	1	QL
<i>selegiline hcl</i>	1	QL
XADAGO	3	PA, QL
ZELAPAR	3	PA, QL
DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	1	
LEVODOPA COMBINATIONS		
<i>carbidopa-levodopa</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	1	QL
<i>carbidopa-levodopa-entacapone</i>	1	
RYTARY (23.75-95 MG CAP ER, 36.25-145 MG CAP ER, 48.75-195 MG CAP ER)	3	ST, QL
RYTARY 61.25-245 MG CAP ER	3	ST, QL
NONERGOLINE DOPAMINE RECEPTOR AGONISTS		
NEUPRO	3	ST, QL
<i>pramipexole dihydrochloride</i>	1	QL
<i>pramipexole dihydrochloride er</i>	1	ST, QL
<i>ropinirole hcl</i>	1	QL
<i>ropinirole hcl er</i>	1	QL
PERIPHERAL COMT INHIBITORS		
<i>entacapone</i>	1	
ONGENTYS	3	ST, QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er</i>	1	
ANTIPSYCHOTICS - MISC.		
<i>lurasidone hcl</i>	1	
NUPLAZID	4	PA, QL, S (Specialty Drug)
VRAYLAR (0.5 MG CAP, 0.75 MG CAP)	4	PA, QL
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	4	PA, QL
<i>ziprasidone hcl</i>	1	
BENZISOXAZOLES		
ERZOFRI	4	QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
FANAPT	4	PA, QL, S (Specialty Drug)
FANAPT TITRATION PACK A	4	PA, QL, S (Specialty Drug)
FANAPT TITRATION PACK B	4	PA, QL
FANAPT TITRATION PACK C	4	PA, QL
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL, S (Specialty Drug)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL, S (Specialty Drug)
INVEGA SUSTENNA	4	QL, S (Specialty Drug)
INVEGA TRINZA	4	QL, S (Specialty Drug)
<i>paliperidone er</i>	1	QL
PERSERIS	4	QL, S (Specialty Drug)
RISPERDAL CONSTA	4	QL, S (Specialty Drug)
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	1	QL
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	
<i>risperidone microspheres er</i>	1	QL, S (Specialty Drug)
RYKINDO	4	QL, S (Specialty Drug)
UZEDY (150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR)	4	QL, S (Specialty Drug)
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR)	4	QL, S (Specialty Drug)
UZEDY 100 MG/0.28ML SUSP PRSYR	4	QL, S (Specialty Drug)
BUTYROPHENONES		
<i>haloperidol</i>	1	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
DIBENZO-OXEPINO PYRROLES		
<i>asenapine maleate</i>	1	QL
DIBENZODIAZEPINES		
<i>clozapine</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
VERSACLOZ	4	PA, QL, S (Specialty Drug)
DIBENZOTHIAZEPINES		
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	1	
DIBENZOAZEPINES		
<i>loxapine succinate</i>	1	
DIHYDROINDOLONES		
MOLINDONE HCL	1	QL
MUSCARINIC AGENT - COMBINATIONS		
COBENFY	4	PA, QL, S (Specialty Drug)
COBENFY STARTER PACK	4	PA, QL, S (Specialty Drug)
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	1	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	QL, S (Specialty Drug)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	QL, S (Specialty Drug)
ABILIFY MAINTENA	4	QL, S (Specialty Drug)
<i>aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
ARISTADA	4	QL, S (Specialty Drug)
ARISTADA INITIO	4	QL, S (Specialty Drug)
REXULTI	4	PA, QL
THIENBENZODIAZEPINES		
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	1	
<i>olanzapine 10 mg recon soln</i>	1	QL, S (Specialty Drug)
ZYPREXA 10 MG RECON SOLN	4	QL, S (Specialty Drug)
ZYPREXA RELPREVV	4	QL, S (Specialty Drug)
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTISEPTICS & DISINFECTANTS (CONTINUED)		
FORMALDEHYDE	1	
IODINE ANTISEPTICS		
LUGOLS STRONG IODINE	3	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine</i>	1	QL
BIKTARVY	4	QL, S (Specialty Drug)
CIMDUO	4	QL, S (Specialty Drug)
COMPLERA	4	QL, S (Specialty Drug)
DELSTRIGO	4	QL, S (Specialty Drug)
DESCOVY	4	QL, S (Specialty Drug)
DOVATO	4	QL, S (Specialty Drug)
<i>efavirenz-emtricitab-tenofo df</i>	1	QL
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (400-300-300 MG TAB, 600-300-300 MG TAB)	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>emtricitab- rilpivir- tenofov df</i>	4	QL, S (Specialty Drug)
<i>emtricitabine- tenofovir df</i>	1	QL
EVOTAZ	4	QL, S (Specialty Drug)
GENVOYA	4	QL, S (Specialty Drug)
JULUCA	4	QL, S (Specialty Drug)
KALETRA 400-100 MG/5ML SOLUTION	4	QL, S (Specialty Drug)
<i>lamivudine- zidovudine</i>	1	QL
<i>lopinavir- ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	1	QL
ODEFSEY	4	QL, S (Specialty Drug)
PREZCOBIX	4	QL, S (Specialty Drug)
STRIBILD	4	QL, S (Specialty Drug)
SYMFI	4	QL, S (Specialty Drug)
SYMFI LO	4	QL
SYMTUZA	4	QL, S (Specialty Drug)
TRIUMEQ	4	QL, S (Specialty Drug)
TRIUMEQ PD	4	QL, S (Specialty Drug)
ANTIRETROVIRALS - CAPSID INHIBITORS		
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK)	4	QL, S (Specialty Drug)
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)		
<i>maraviroc</i>	1	QL, S (Specialty Drug)
SELZENTRY (20 MG/ML SOLUTION, 150 MG TAB, 300 MG TAB)	4	QL, S (Specialty Drug)
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR		
RUKOBIA	4	PA, QL, S (Specialty Drug)
ANTIRETROVIRALS - INTEGRASE INHIBITORS		
ISENTRESS	4	QL, S (Specialty Drug)
ISENTRESS HD	4	QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
TIVICAY 50 MG TAB	4	QL, S (Specialty Drug)
ANTIRETROVIRALS - PROTEASE INHIBITORS		
APTIVUS	4	QL, S (Specialty Drug)
<i>atazanavir sulfate</i>	1	QL
<i>darunavir</i>	1	QL, S (Specialty Drug)
<i>fosamprenavir calcium</i>	1	QL
NORVIR (100 MG PACKET, 100 MG TAB)	4	QL, S (Specialty Drug)
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB, 600 MG TAB, 800 MG TAB)	4	QL, S (Specialty Drug)
REYATAZ 50 MG PACKET	4	QL, S (Specialty Drug)
<i>ritonavir</i>	1	QL
VIRACEPT	4	QL, S (Specialty Drug)
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES		
EDURANT	4	QL, S (Specialty Drug)
<i>efavirenz 600 mg tab</i>	1	QL
<i>etravirine</i>	1	QL
INTELENCE (25 MG TAB, 100 MG TAB, 200 MG TAB)	4	QL, S (Specialty Drug)
<i>nevirapine (50 mg/5ml suspension, 200 mg tab)</i>	1	QL
<i>nevirapine er 400 mg tab er 24h</i>	1	QL
PIFELTRO	4	QL, S (Specialty Drug)
<i>rilpivirine hcl</i>	4	QL, S (Specialty Drug)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL
<i>abacavir sulfate 300 mg tab</i>	1	QL
ZIAGEN 20 MG/ML SOLUTION	4	QL, S (Specialty Drug)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES		
<i>emtricitabine</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAP)	4	QL, S (Specialty Drug)
EPIVIR (150 MG TAB, 300 MG TAB)	4	QL, S (Specialty Drug)
EPIVIR 10 MG/ML SOLUTION	4	QL, S (Specialty Drug)
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	1	QL
<i>lamivudine (150 mg tab, 300 mg tab)</i>	1	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES		
RETROVIR (50 MG/5ML SYRUP, 100 MG CAP)	4	QL, S (Specialty Drug)
<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	1	QL
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES		
<i>tenofovir disoproxil fumarate</i>	1	QL
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB)	4	QL, S (Specialty Drug)
ANTIRETROVIRALS ADJUVANTS		
TYBOST	4	QL, S (Specialty Drug)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100 & 150/100)	4	QL
PAXLOVID (300/100)	4	QL
CMV AGENTS		
LIVTENCITY	4	PA, QL, AGE, S (Specialty Drug)
PREVYMIS (240 MG TAB, 480 MG TAB)	4	PA, QL, S (Specialty Drug)
PREVYMIS (240 MG/12ML SOLUTION, 480 MG/24ML SOLUTION)	4	PA, QL, S (Specialty Drug)
VALCYTE 450 MG TAB	4	QL, S (Specialty Drug)
VALCYTE 50 MG/ML RECON SOLN	4	QL, S (Specialty Drug)
<i>valganciclovir hcl 450 mg tab</i>	1	QL
<i>valganciclovir hcl 50 mg/ml recon soln</i>	1	QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
HEPATITIS B AGENTS		
<i>adefovir dipivoxil</i>	1	QL
<i>entecavir</i>	1	QL
<i>lamivudine 100 mg tab</i>	1	QL
VEMLIDY	4	PA, QL, S (Specialty Drug)
HEPATITIS C AGENT - COMBINATIONS		
HARVONI 33.75-150 MG PACKET	4	PA, QL, S (Specialty Drug)
HARVONI 45-200 MG PACKET	4	PA, QL, S (Specialty Drug)
LEDIPASVIR-SOFOSBUVIR	4	PA, QL
MAVYRET 100-40 MG TAB	4	PA, QL, S (Specialty Drug)
MAVYRET 50-20 MG PACKET	4	PA, QL
SOFOSBUVIR-VELPATASVIR	4	PA, QL
VOSEVI	4	PA, QL
HEPATITIS C AGENTS		
PEGASYS	4	PA, QL, S (Specialty Drug)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	QL
HERPES AGENTS - PURINE ANALOGUES		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	1	
<i>valacyclovir hcl</i>	1	
VALTREX	3	
HERPES AGENTS - THYMIDINE ANALOGUES		
<i>famciclovir (125 mg tab, 250 mg tab)</i>	1	
<i>famciclovir 500 mg tab</i>	1	
MISC. ANTIVIRALS		
LAGEVRIO	4	QL, AGE, S (Specialty Drug)
NEURAMINIDASE INHIBITORS		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
RELENZA DISKHALER	3	QL
TAMIFLU (6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP)	3	QL
PA ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QL
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QL
RSV AGENTS - NUCLEOSIDE ANALOGUES		
<i>ribavirin 6 gm recon soln</i>	1	QL, S (Specialty Drug)
VIRAZOLE	4	QL
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<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	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	QL
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
KAPSPARGO SPRINKLE	3	QL, AGE
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	QL
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL	3	
<i>nadolol</i>	1	
<i>pindolol</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (af)</i>	1	
SOTYLIZE	3	QL, AGE
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
KATERZIA	3	QL, AGE
<i>matzim la</i>	1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine 30 mg cap</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NIMODIPINE 60 MG/20ML SOLUTION	3	
NORLIQVA	3	QL, AGE
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h)</i>	1	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	1	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	4	PA, QL, S (Specialty Drug)
CARDIOPLEGIC SOLUTIONS		
<i>cardioplegic</i>	1	
CARDIOPLEGIC SOLN W/ LIDOCAINE	1	
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	2	QL
<i>sacubitril-valsartan</i>	1	QL
NITRATE & VASODILATOR COMBINATIONS		
BIDIL	3	
<i>isosorb dinitrate-hydralazine</i>	1	
PROSTAGLANDIN VASODILATORS		
ORENITRAM 0.125 MG TAB ER	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM 0.25 MG TAB ER	4	PA, QL, S (Specialty Drug)
ORENITRAM 1 MG TAB ER	4	PA, QL, S (Specialty Drug)
ORENITRAM 2.5 MG TAB ER	4	PA, QL, S (Specialty Drug)
ORENITRAM 5 MG TAB ER	4	PA, QL, S (Specialty Drug)
ORENITRAM MONTH 1	4	PA, QL, S (Specialty Drug)
ORENITRAM MONTH 2	4	PA, QL, S (Specialty Drug)
ORENITRAM MONTH 3	4	PA, QL, S (Specialty Drug)
TYVASO	4	PA, QL, S (Specialty Drug)
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL, S (Specialty Drug)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL, S (Specialty Drug)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	PA, QL, S (Specialty Drug)
TYVASO REFILL	4	PA, QL, S (Specialty Drug)
TYVASO STARTER	4	PA, QL, S (Specialty Drug)
VENTAVIS 10 MCG/ML SOLUTION	4	PA, QL
VENTAVIS 20 MCG/ML SOLUTION	4	PA, QL
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
ADEMPAS	4	PA, QL, S (Specialty Drug)
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR	4	PA, QL, S (Specialty Drug)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	4	PA, QL, S (Specialty Drug)
<i>bosentan 125 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>bosentan 62.5 mg tab</i>	4	PA, QL
OPSUMIT	4	PA, QL, S (Specialty Drug)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil citrate 10 mg/ml recon susp</i>	4	PA, QL, S (Specialty Drug)
<i>sildenafil citrate 20 mg tab</i>	1	QL
<i>tadalafil (pah)</i>	1	PA, QL
TADLIQ	4	PA, QL, S (Specialty Drug)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	4	PA, QL, S (Specialty Drug)
UPTRAVI 200 & 800 MCG TAB THPK	4	PA, QL, S (Specialty Drug)
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>tadalafil (2.5 mg tab, 10 mg tab, 20 mg tab)</i>	1	PA, QL
<i>tadalafil 5 mg tab</i>	1	ST, QL
SINUS NODE INHIBITORS		
<i>ivabradine hcl</i>	2	ST, QL
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	4	PA, QL, S (Specialty Drug)
VYNDAQEL	4	PA, QL, S (Specialty Drug)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	3	PA, QL
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	1	
CEFACLOR ER	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1	
CONTRACEPTIVES (CONTINUED)		
BIPHASIC CONTRACEPTIVES - ORAL		
<i>azurette</i>	1	QL
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	QL
<i>kariva</i>	1	QL
LO LOESTRIN FE	3	QL
<i>pimtrea</i>	1	QL
<i>simliya</i>	1	QL
<i>viorele</i>	1	QL
<i>volnea</i>	1	QL
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	1	QL
<i>altavera</i>	1	QL
<i>alyacen 1/35</i>	1	QL
<i>apri</i>	1	QL
<i>aubra</i>	1	QL
<i>aubra eq</i>	1	QL
<i>aurovela 1.5/30</i>	1	QL
<i>aurovela 1/20</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 24 fe</i>	1	QL
<i>aurovela fe 1.5/30</i>	1	QL
<i>aurovela fe 1/20</i>	1	QL
AVERI	3	QL
<i>aviane</i>	1	QL
<i>ayuna</i>	1	QL
BALCOLTRA	3	QL
<i>balziva</i>	1	QL
BEYAZ	2	QL
<i>blisovi 24 fe</i>	1	QL
<i>blisovi fe 1.5/30</i>	1	QL
<i>blisovi fe 1/20</i>	1	QL
<i>briellyn</i>	1	QL
<i>charlotte 24 fe</i>	1	QL
<i>chateal</i>	1	QL
<i>chateal eq</i>	1	QL
<i>cryselle</i>	1	QL
<i>cryselle-28</i>	1	QL
<i>cyclafem 1/35</i>	1	QL
<i>cyred</i>	1	QL
<i>cyred eq</i>	1	QL
<i>dasetta 1/35</i>	1	QL
<i>delyla</i>	1	QL
<i>drospiren-eth estrad-levomefol</i>	1	QL
<i>drospirenone-ethinyl estradiol</i>	1	QL
<i>elinest</i>	1	QL
<i>emoquette</i>	1	QL
<i>enskyce</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>estarylla</i>	1	QL
<i>ethynodiol diac-eth estradiol</i>	1	QL
<i>falmina</i>	1	QL
<i>feirza 1.5/30</i>	1	QL
<i>feirza 1/20</i>	1	QL
FEMLYV	3	QL
<i>femynor</i>	1	QL
<i>finzala</i>	1	QL
<i>galbriela</i>	1	QL
<i>gemmily</i>	1	QL
<i>hailey 1.5/30</i>	1	QL
<i>hailey 24 fe</i>	1	QL
<i>hailey fe 1.5/30</i>	1	QL
<i>hailey fe 1/20</i>	1	QL
<i>isibloom</i>	1	QL
<i>jasmiel</i>	1	QL
<i>joyeaux</i>	1	QL
<i>juleber</i>	1	QL
<i>junel 1.5/30</i>	1	QL
<i>junel 1/20</i>	1	QL
<i>junel fe 1.5/30</i>	1	QL
<i>junel fe 1/20</i>	1	QL
<i>junel fe 24</i>	1	QL
<i>kaitlib fe</i>	1	QL
<i>kalliga</i>	1	QL
<i>kelnor 1/35</i>	1	QL
<i>kelnor 1/50</i>	1	QL
<i>kurvelo</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>larin 1.5/30</i>	1	QL
<i>larin 1/20</i>	1	QL
<i>larin 24 fe</i>	1	QL
<i>larin fe 1.5/30</i>	1	QL
<i>larin fe 1/20</i>	1	QL
<i>larissia</i>	1	QL
<i>layolis fe</i>	1	QL
<i>lessina</i>	1	QL
<i>levonorgest-eth estradiol-iron</i>	1	QL
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	1	QL
<i>levora 0.15/30 (28)</i>	1	QL
<i>lillow</i>	1	QL
<i>lo-zumandimine</i>	1	QL
<i>loestrin 1.5/30 (21)</i>	1	QL
<i>loestrin 1/20 (21)</i>	1	QL
<i>loestrin fe 1.5/30</i>	1	QL
<i>loestrin fe 1/20</i>	1	QL
<i>loryna</i>	1	QL
<i>low-ogestrel</i>	1	QL
<i>luizza 1.5/30</i>	1	QL
<i>luizza 1/20</i>	1	QL
<i>lutra</i>	1	QL
<i>marlissa</i>	1	QL
<i>merzee</i>	1	QL
<i>mibelas 24 fe</i>	1	QL
<i>microgestin 1.5/30</i>	1	QL
<i>microgestin 1/20</i>	1	QL
<i>microgestin 24 fe</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin fe 1.5/30</i>	1	QL
<i>microgestin fe 1/20</i>	1	QL
<i>mili</i>	1	QL
<i>minzoya</i>	1	QL
<i>mono-lynyah</i>	1	QL
<i>necon 0.5/35 (28)</i>	1	QL
NEXTSTELLIS	3	QL
<i>nikki</i>	1	QL
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)</i>	1	QL
<i>norethin-eth estradiol-fe</i>	1	QL
<i>norethindrone acet-ethinyl est</i>	1	QL
<i>norgestimate-eth estradiol</i>	1	QL
<i>nortrel 0.5/35 (28)</i>	1	QL
<i>nortrel 1/35 (21)</i>	1	QL
<i>nortrel 1/35 (28)</i>	1	QL
<i>nylia 1/35</i>	1	QL
<i>nymyo</i>	1	QL
<i>ocella</i>	1	QL
<i>orsythia</i>	1	QL
<i>philith</i>	1	QL
<i>pirmella 1/35</i>	1	QL
<i>portia-28</i>	1	QL
<i>previfem</i>	1	QL
<i>reclipsen</i>	1	QL
SAFYRAL	3	QL
<i>sprintec 28</i>	1	QL
<i>sronyx</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>syeda</i>	1	QL
<i>tarina 24 fe</i>	1	QL
<i>tarina fe 1/20</i>	1	QL
<i>tarina fe 1/20 eq</i>	1	QL
<i>taysofy</i>	1	QL
TAYTULLA	3	QL
<i>turqoz</i>	1	QL
TYBLUME	3	QL
<i>tydemy</i>	1	QL
<i>valtya 1/35</i>	1	QL
<i>valtya 1/50</i>	1	QL
<i>vestura</i>	1	QL
<i>vienva</i>	1	QL
<i>vyfemla</i>	1	QL
<i>vylibra</i>	1	QL
<i>wera</i>	1	QL
<i>wymzya fe</i>	1	QL
<i>xelria fe</i>	1	QL
YASMIN 28	3	QL
YAZ	3	QL
<i>zovia 1/35 (28)</i>	1	QL
<i>zumandimine</i>	1	QL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	1	QL
TWIRLA	3	QL
<i>xulane</i>	1	QL
<i>zafemy</i>	1	QL
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>enilloring</i>	1	QL
<i>etonogestrel-ethinyl estradiol</i>	1	QL
<i>haloette</i>	1	QL
NUVARING	3	QL
CONTINUOUS CONTRACEPTIVES - ORAL		
<i>amethyst</i>	1	QL
<i>dolishale</i>	1	QL
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	QL
EMERGENCY CONTRACEPTIVES		
<i>aftera</i>	1	QL
<i>afterpill</i>	1	QL
<i>curae</i>	1	QL
<i>econtra ez</i>	1	QL
<i>econtra one-step</i>	1	QL
ELLA	2	QL
<i>her style</i>	1	QL
<i>levonorgestrel</i>	1	QL
<i>my choice</i>	1	QL
<i>my way</i>	1	QL
<i>new day</i>	1	QL
<i>opcicon one-step</i>	1	QL
<i>option 2</i>	1	QL
<i>plan b one-step</i>	1	QL
<i>react</i>	1	QL
<i>shewise</i>	1	QL
<i>take action</i>	1	QL
EXTENDED-CYCLE CONTRACEPTIVES - ORAL		
<i>amethia</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ashlyna</i>	1	QL
<i>camrese</i>	1	QL
<i>camrese lo</i>	1	QL
<i>daysee</i>	1	QL
<i>fayosim</i>	1	QL
<i>iclevia</i>	1	QL
<i>introvale</i>	1	QL
<i>jaimiess</i>	1	QL
<i>jolessa</i>	1	QL
<i>levonorgest-eth est & eth est</i>	1	QL
<i>levonorgest-eth estrad 91-day</i>	1	QL
<i>lojaimiess</i>	1	QL
<i>rivelsa</i>	1	QL
<i>rosyrah</i>	1	QL
<i>setlakin</i>	1	QL
<i>simpesse</i>	1	QL
FOUR PHASE CONTRACEPTIVES - ORAL		
NATAZIA	3	QL
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	3	QL
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	1	QL
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	QL
<i>deblitane</i>	1	QL
<i>emzahh</i>	1	QL
<i>errin</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>heather</i>	1	QL
<i>incassia</i>	1	QL
<i>jencycla</i>	1	QL
<i>lyleq</i>	1	QL
<i>lyza</i>	1	QL
<i>meleya</i>	1	QL
<i>nora-be</i>	1	QL
<i>norethindrone</i>	1	QL
<i>norlyda</i>	1	QL
<i>norlyroc</i>	1	QL
<i>orquidea</i>	1	QL
<i>sharobel</i>	1	QL
SLYND	3	QL
<i>tulana</i>	1	QL
TRIPHASIC CONTRACEPTIVES - ORAL		
<i>alyacen 7/7/7</i>	1	QL
ARANELLE	3	QL
<i>cyclafem 7/7/7</i>	1	QL
<i>dasetta 7/7/7</i>	1	QL
<i>enpresse-28</i>	1	QL
<i>leena</i>	1	QL
<i>levonest</i>	1	QL
<i>levonorg-eth estrad triphasic</i>	1	QL
<i>norethindron-ethinyl estrad-fe</i>	1	QL
<i>norgestim-eth estrad triphasic</i>	1	QL
<i>nortrel 7/7/7</i>	1	QL
<i>nylia 7/7/7</i>	1	QL
<i>pirmella 7/7/7</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>tilia fe</i>	1	QL
<i>tri femynor</i>	1	QL
<i>tri-estarylla</i>	1	QL
<i>tri-legest fe</i>	1	QL
<i>tri-linyah</i>	1	QL
<i>tri-lo-estarylla</i>	1	QL
<i>tri-lo-marzia</i>	1	QL
<i>tri-lo-mili</i>	1	QL
<i>tri-lo-sprintec</i>	1	QL
<i>tri-mili</i>	1	QL
<i>tri-nymyo</i>	1	QL
<i>tri-sprintec</i>	1	QL
<i>tri-vylibra</i>	1	QL
<i>tri-vylibra lo</i>	1	QL
<i>trivora (28)</i>	1	QL
VELIVET	3	QL
<i>xarah fe</i>	1	QL

CORTICOSTEROIDS (CONTINUED)

GLUCOCORTICOSTEROIDS

<i>budesonide 3 mg cp dr part</i>	1	QL
<i>budesonide er</i>	1	ST, QL, S (Specialty Drug)
CORTISONE ACETATE	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	3	
EOHILIA	4	PA, QL, S (Specialty Drug)
<i>hidex 6-day</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf)</i>	1	
MEDROL 4 MG TAB THPK	3	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)</i>	1	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 20 MG TAB, 50 MG TAB)	1	
PREDNISONE INTENSOL	3	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	3	
<i>taperdex 6-day</i>	1	
TARPEYO	4	PA, QL, S (Specialty Drug)
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVE - NONNARCOTIC		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	1	
ANTITUSSIVE - OPIOID		
HYCODAN (5-1.5 MG TAB, 5-1.5 MG/5ML SOLUTION)	2	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	
<i>hydromet</i>	1	
ANTITUSSIVE-EXPECTORANT		
<i>g tussin ac</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>guaiaatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin-codeine</i>	1	
<i>maxi-tuss ac</i>	1	
DECONGESTANT & ANTIHISTAMINE		
PROMETHAZINE VC	2	
PROMETHAZINE-PHENYLEPHRINE	2	
MISC. RESPIRATORY INHALANTS		
HYPERSAL	3	
NEBUSAL	3	
PULMOSAL	1	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
<i>promethazine-dm</i>	1	
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
<i>pseudoeph-bromphen-dm</i>	1	QL
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
HYDROCOD POLI-CHLORPHE POLI ER	1	QL
<i>promethazine-codeine</i>	1	
DERMATOLOGICALS (CONTINUED)		
ACNE ANTIBIOTICS		
<i>clindacin</i>	1	ST
<i>clindamycin phos (twice-daily)</i>	1	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate 1 % foam</i>	1	ST
<i>dapsone 5 % gel</i>	1	ST
ERYTHROMYCIN (2 % GEL, 2 % SOLUTION)	1	
<i>sulfacetamide sodium (acne)</i>	1	
ACNE COMBINATIONS		
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)</i>	1	QL
AVAR CLEANSER	1	
<i>benzoyl peroxide-erythromycin</i>	1	
BP 10-1	1	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	ST
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	
<i>clindamycin-tretinoin</i>	1	ST
<i>neuac 1.2-5 % gel</i>	1	
SSS 10-5 10-5 % CREAM	1	
SULFACETAMIDE SOD-SULFUR WASH (9-4 % LIQUID, 9-4.5 % LIQUID)	1	
SULFACETAMIDE SODIUM-SULFUR (8-4 % SUSPENSION, 9-4 % LIQUID, 9-4.5 % LIQUID, 9.8-4.8 % CREAM, 9.8-4.8 % PAD, 10-2 % CREAM, 10-2 % LIQUID, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	1	
SULFACETAMIDE-SULFUR IN UREA	1	
SULFACLEANSE 8/4	1	
SULFAMEZ WASH	1	
ACNE PRODUCTS		
<i>acutane</i>	1	
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	1	ST
AKLIEF	3	
ALTRENO	3	QL, AGE

Drug Name	Drug Tier	Requirements / Limits
<i>amnesteam</i>	1	
AZELEX	3	ST
<i>claravis</i>	1	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	
<i>myorisan</i>	1	
TAZAROTENE 0.1 % FOAM	1	
<i>tretinoin (0.025 % cream, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	AGE
<i>tretinoin microsphere 0.04 % gel</i>	2	ST, AGE
TRETINOIN MICROSPHERE 0.04 % GEL	2	AGE
TRETINOIN MICROSPHERE PUMP 0.04 % GEL	2	AGE
<i>zenatane</i>	1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	
XEPI	3	QL
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	1	QL
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox 8 % solution</i>	1	QL
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>klayesta</i>	1	QL
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	1	
<i>nyamyc</i>	1	QL
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment)</i>	1	
<i>nystatin 100000 unit/gm powder</i>	1	QL
<i>nystop</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
ANTIFUNGALS - TOPICAL COMBINATIONS		
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	1	
<i>nystatin-triamcinolone</i>	1	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL		
VALCHLOR	4	PA, QL, S (Specialty Drug)
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL		
FLUOROURACIL (2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	1	
FLUOROURACIL 0.5 % CREAM	1	PA, QL
TOLAK	3	QL
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S		
<i>diclofenac sodium 3 % gel</i>	1	PA
ANTINEOPLASTIC RETINOIDS - TOPICAL		
PANRETIN	4	PA, QL, S (Specialty Drug)
ANTIPSORIATICS		
CALCIPOTRIENE (0.005 % CREAM, 0.005 % FOAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	
<i>calcitrene</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	ST, QL
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	ST, AGE
TAZORAC (0.05 % GEL, 0.1 % GEL)	3	ST, AGE
VTAMA	3	ST, QL
ZITHRANOL	3	
ANTIPSORIATICS - SYSTEMIC		
<i>acitretin</i>	1	QL
BIMZELX	4	PA, QL, S (Specialty Drug)
COSENTYX (300 MG DOSE)	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	PA, QL, S (Specialty Drug)
COSENTYX SENSOREADY (300 MG)	4	PA, QL, S (Specialty Drug)
COSENTYX SENSOREADY PEN	4	PA, QL, S (Specialty Drug)
COSENTYX UNOREADY	4	PA, QL, S (Specialty Drug)
METHOXSALLEN RAPID	1	
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	1	PA, QL
SELARSDI (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	1	PA, QL, S (Specialty Drug)
SELARSDI 45 MG/0.5ML SOLUTION	1	PA, QL, S (Specialty Drug)
SKYRIZI 150 MG/ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
SKYRIZI PEN	4	PA, QL, S (Specialty Drug)
SPEVIGO 150 MG/ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
SPEVIGO 300 MG/2ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
TALTZ	4	PA, QL, S (Specialty Drug)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide 10 % shampoo</i>	1	
<i>sodium sulfacetamide wash</i>	1	
SULFACETAMIDE SODIUM (CLEANS)	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir</i>	1	
ASTRINGENTS		
XERAC AC	3	
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS		
CIBINQO	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES		
ADBRY 150 MG/ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
ADBRY 300 MG/2ML SOLN A-INJ	4	PA, QL, S (Specialty Drug)
EBGLYSS	4	PA, QL, S (Specialty Drug)
BURN PRODUCTS		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON 85 MG/GM CREAM	3	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	
AMCINONIDE 0.1 % OINTMENT	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate 0.05 % liquid</i>	1	QL
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
CLOCORTOLONE PIVALATE	1	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	

Drug Name	Drug Tier	Requirements / Limits
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
DESONIDE 0.05 % GEL	1	QL
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	1	
<i>fluocinonide 0.1 % cream</i>	1	ST, QL
<i>fluocinonide emulsified base</i>	1	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate</i>	1	
KENALOG	3	QL
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone acetonide 0.147 mg/gm aero soln</i>	1	QL
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	1	ST, QL
<i>triderm</i>	1	
EMOLLIENTS		
<i>ammonium lactate 12 % cream</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ENZYMES - TOPICAL		
SANTYL	3	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>econazole nitrate 1 % cream</i>	1	
ECOZA	3	QL
<i>ketconazole (2 % cream, 2 % shampoo)</i>	1	
<i>ketconazole 2 % foam</i>	1	ST
<i>ketodan 2 % foam</i>	1	ST
LULICONAZOLE	1	AGE
OXISTAT 1 % LOTION	3	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
<i>imiquimod 5 % cream</i>	1	
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC		
NEMLUVIO	4	PA, QL, S (Specialty Drug)
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
KERALYT 6 % SHAMPOO	1	
PODOCON-25	3	
PODOFILOX 0.5 % SOLUTION	1	
SALICYLIC ACID (6 % FOAM, 6 % SHAMPOO)	1	
LINIMENTS		
METHYL SALICYLATE LIQUID	1	
LOCAL ANESTHETICS - TOPICAL		
<i>glydo</i>	1	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsy</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PREMIUM LIDOCAINE	1	
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
HYFTOR	4	PA, QL, S (Specialty Drug)
<i>pimecrolimus</i>	1	ST, QL
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	QL
MISC. TOPICAL		
ARNICA FLOWER	1	
BORIC ACID GRANULES	1	
DRYSOL	3	
QBREXZA	3	QL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	QL
ROSACEA AGENTS		
<i>azelaic acid</i>	1	
<i>doxycycline</i>	1	PA, QL
FINACEA 15 % FOAM	3	QL
<i>ivermectin 1 % cream</i>	1	ST, QL
<i>metronidazole (0.75 % cream, 0.75 % lotion)</i>	1	
<i>metronidazole (0.75 % gel, 1 % gel)</i>	1	QL
RHOFADE	3	QL
SCABICIDES & PEDICULICIDES		
<i>malathion</i>	1	
NATROBA	3	QL
PERMETHRIN	1	
SPINOSAD	1	QL
SULFURATED LIME	1	
SKIN PROTECTANTS		
BENZOIN	1	

Drug Name	Drug Tier	Requirements / Limits
STEROID-LOCAL ANESTHETIC COMBINATIONS		
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
PRAMOSONE 1-2.5 % OINTMENT	3	
TOPICAL ANESTHETIC COMBINATIONS		
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS		
<i>bexarotene 1 % gel</i>	1	PA, QL
TOPICAL STEROID COMBINATIONS		
<i>calcipotriene-betameth diprop</i>	1	ST
WOUND CARE - GROWTH FACTOR AGENTS		
REGRANEX	3	QL
WOUND DRESSINGS		
FILSUVEZ	4	PA, QL, S (Specialty Drug)
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS STRIP	3	PA, QL
ACCU-CHEK GUIDE TEST	3	PA, QL
ACCU-CHEK SMARTVIEW	3	PA, QL
ACCUTREND GLUCOSE	3	PA, QL
ADVANCE INTUITION TEST	3	PA, QL
ADVANCE MICRO-DRAW TEST	3	PA, QL
ADVOCATE REDI-CODE STRIP	3	PA, QL
ADVOCATE REDI-CODE+ TEST	3	PA, QL
ADVOCATE TEST	3	PA, QL
AGAMATRIX AMP TEST	3	PA, QL
AGAMATRIX JAZZ TEST	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
AGAMATRIX KEYNOTE TEST	3	PA, QL
AGAMATRIX PRESTO TEST	3	PA, QL
ASSURE 3 TEST	3	PA, QL
ASSURE 4 TEST	3	PA, QL
ASSURE II	3	PA, QL
ASSURE II CHECK	3	PA, QL
ASSURE PLATINUM	3	PA, QL
ASSURE PRISM MULTI TEST	3	PA, QL
ASSURE PRO TEST	3	PA, QL
ASSURE TITANIUM	3	PA, QL
BIOSCANNER GLUCOSE TEST	3	PA, QL
BIOTEL CARE TEST STRIPS	3	PA, QL
BLOOD GLUCOSE TEST	1	PA, QL
BLOOD GLUCOSE TEST STRIPS 333	1	PA, QL
BLULINK GLUCOSE TEST	3	PA, QL
CAREONE BLOOD GLUCOSE TEST	3	PA, QL
CARESENS N GLUCOSE TEST	3	PA, QL
CARESENS S GLUCOSE TEST	3	PA, QL
CARETOUCH TEST	3	PA, QL
CLEVER CHEK AUTO-CODE TEST	3	PA, QL
CLEVER CHEK AUTO-CODE VOICE STRIP	3	PA, QL
CLEVER CHEK TEST	3	PA, QL
CLEVER CHOICE AUTO-CODE TEST	3	PA, QL
CLEVER CHOICE MICRO TEST	3	PA, QL
CLEVER CHOICE NO CODING	3	PA, QL
CLEVER CHOICE TALK SYSTEM STRIP	3	PA, QL
CONTOUR NEXT TEST	3	PA, QL
CONTOUR PLUS TEST	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
CONTOUR TEST	3	PA, QL
COOL BLOOD GLUCOSE TEST STRIPS	3	PA, QL
CVS ADVANCED GLUCOSE TEST	3	PA, QL
CVS GLUCOSE METER TEST STRIPS	3	PA, QL
CVS TRUE METRIX GLUCOSE TEST	3	PA, QL
D-CARE BLOOD GLUCOSE	3	PA, QL
DIATHRIVE BLOOD GLUCOSE TEST	3	PA, QL
DIATHRIVE GLUCOSE TEST	3	PA, QL
DIATHRIVE+ GLUCOSE TEST	3	PA, QL
DIATRUE PLUS TEST	3	PA, QL
DUO-CARE TEST	3	PA, QL
EASY MAX BLOOD GLUCOSE TEST	3	PA, QL
EASY PLUS II GLUCOSE TEST	3	PA, QL
EASY STEP TEST	3	PA, QL
EASY TALK BLOOD GLUCOSE TEST	3	PA, QL
EASY TALK PLUS II TEST STRIPS	3	PA, QL
EASY TOUCH HEALTHPRO GLUCOSE STRIP	3	PA, QL
EASY TOUCH TEST	3	PA, QL
EASY TRAK BLOOD GLUCOSE TEST	3	PA, QL
EASY TRAK II GLUCOSE TEST	3	PA, QL
EASYGLUCO STRIP	3	PA, QL
EASYMAX 15 TEST	3	PA, QL
EASYMAX TEST	3	PA, QL
EASYPRO BLOOD GLUCOSE TEST	3	PA, QL
EASYPRO PLUS STRIP	3	PA, QL
ELEMENT COMPACT TEST	3	PA, QL
ELEMENT TEST	3	PA, QL
EMBRACE BLOOD GLUCOSE TEST	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
EMBRACE EVO BLOOD GLUCOSE TEST	3	PA, QL
EMBRACE PRO GLUCOSE TEST	3	PA, QL
EMBRACE TALK GLUCOSE TEST	3	PA, QL
EMBRACE WAVE BLOOD GLUCOSE STRIP	3	PA, QL
EQ BLOOD GLUCOSE TEST	3	PA, QL
EVOLUTION AUTOCODE STRIP	3	PA, QL
FIFTY50 GLUCOSE TEST 2.0	3	PA, QL
FONDCIRCLE BLOOD GLUCOSE TEST	3	PA, QL
FORA 6 CONNECT STRIP	3	PA, QL
FORA 6 CONNECT/GTEL TEST	3	PA, QL
FORA BLOOD GLUCOSE TEST	3	PA, QL
FORA D15G BLOOD GLUCOSE TEST	3	PA, QL
FORA D20 BLOOD GLUCOSE TEST	3	PA, QL
FORA D40/G31 BLOOD GLUCOSE	3	PA, QL
FORA G20 BLOOD GLUCOSE TEST	3	PA, QL
FORA G30/PREM V10 GLUCOSE TEST	3	PA, QL
FORA GD20 TEST	3	PA, QL
FORA GD50 BLOOD GLUCOSE TEST	3	PA, QL
FORA GTEL BLOOD GLUCOSE TEST	3	PA, QL
FORA TN'G ADVANCE PRO STRIP	3	PA, QL
FORA TN'G/TN'G VOICE	3	PA, QL
FORA V10 BLOOD GLUCOSE TEST	3	PA, QL
FORA V12 BLOOD GLUCOSE TEST	3	PA, QL
FORA V20 BLOOD GLUCOSE TEST	3	PA, QL
FORA V30A BLOOD GLUCOSE TEST	3	PA, QL
FORACARE GD40 TEST	3	PA, QL
FORACARE PREMIUM V10 TEST	3	PA, QL
FORACARE TEST N GO TEST	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
FORTISCARE G1 TEST STRIP	3	PA, QL
FORTISCARE TEST	3	PA, QL
FREESTYLE INSULINX TEST	2	QL
FREESTYLE LITE TEST	2	QL
FREESTYLE PRECISION NEO TEST	2	QL
FREESTYLE TEST	2	QL
GE100 BLOOD GLUCOSE TEST	3	PA, QL
GENULTIMATE TEST	3	PA, QL
GHT TEST	3	PA, QL
GLUCO PERFECT 3 TEST	3	PA, QL
GLUCOCARD 01 SENSOR PLUS	3	PA, QL
GLUCOCARD EXPRESSION TEST	3	PA, QL
GLUCOCARD SHINE TEST	3	PA, QL
GLUCOCARD VITAL TEST	3	PA, QL
GLUCOCARD X-SENSOR	3	PA, QL
GLUCOCOM TEST	3	PA, QL
GLUCONAVII BLOOD GLUCOSE TEST	3	PA, QL
GLUCOSE METER TEST	3	PA, QL
GNP EASY TOUCH GLUCOSE TEST	3	PA, QL
GNP TRUE METRIX GLUCOSE STRIPS	3	PA, QL
GNP TRUETRACK SMART SYSTEM	3	PA, QL
GNP TRUETRACK TEST STRIPS	3	PA, QL
GOJJI BLOOD GLUCOSE TEST	3	PA, QL
GOJJI BLOOD TEST STRIP/LANCETS	3	PA, QL
GOODSENSE BLOOD GLUCOSE STRIP	3	PA, QL
HW EMBRACE PRO GLUCOSE TEST	3	PA, QL
HW EMBRACE TALK GLUCOSE TEST	3	PA, QL
IGLUCOSE TEST STRIPS	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
IHEALTH BLOOD GLUCOSE TEST STR	3	PA, QL
IN TOUCH BLOOD GLUCOSE TEST	3	PA, QL
INFINITY BLOOD GLUCOSE TEST	3	PA, QL
INFINITY VOICE STRIP	3	PA, QL
KROGER BLOOD GLUCOSE TEST	3	PA, QL
KROGER HEALTHPRO GLUCOSE TEST	3	PA, QL
KROGER PREMIUM GLUCOSE TEST	3	PA, QL
LIBERTY NEXT GENERATION TEST	3	PA, QL
LIBERTY TEST	3	PA, QL
MEIJER BLOOD GLUCOSE TEST	3	PA, QL
MEIJER ESSENTIAL GLUCOSE TEST	3	PA, QL
MEIJER TRUETEST TEST	3	PA, QL
MEIJER TRUETRACK TEST	3	PA, QL
MICRODOT TEST	3	PA, QL
MM BLULINK GLUCOSE TEST	3	PA, QL
MM EASY TOUCH GLUCOSE	3	PA, QL
MYGLUCOHEALTH TEST	3	PA, QL
NEUTEK 2TEK TEST	3	PA, QL
NOVA MAX GLUCOSE TEST	3	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	3	PA, QL
ONE DROP TEST	3	PA, QL
ONETOUCH ULTRA	3	PA, QL
ONETOUCH ULTRA BLUE TEST	3	PA, QL
ONETOUCH ULTRA TEST	3	PA, QL
ONETOUCH VERIO STRIP	3	PA, QL
OPTIUMEZ TEST	3	PA, QL
PHARMACIST CHOICE AUTOCODE	3	PA, QL
PHARMACIST CHOICE NO CODING	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
PIP BLOOD GLUCOSE TEST STRIP	3	PA, QL
POCKETCHEM EZ TEST	3	PA, QL
PRECISION XTRA BLOOD GLUCOSE	2	PA, QL
PRECISION XTRA KETONE	2	QL
PREMIUM BLOOD GLUCOSE TEST	3	PA, QL
PRO VOICE V8/V9 GLUCOSE	3	PA, QL
PRODIGY NO CODING BLOOD GLUC STRIP	3	PA, QL
PTS PANELS GLUCOSE TEST	3	PA, QL
PTS PANELSEGLU TEST	3	PA, QL
QUICK TOUCH BLOOD GLUCOSE TEST	3	PA, QL
QUICKTEK TEST	3	PA, QL
QUINTET AC BLOOD GLUCOSE TEST	3	PA, QL
QUINTET BLOOD GLUCOSE TEST	3	PA, QL
REFUAH PLUS BLOOD GLUCOSE TEST	3	PA, QL
RELION BLOOD GLUCOSE TEST	3	PA, QL
RELION CONFIRM/MICRO TEST	3	PA, QL
RELION GLUCOSE TEST STRIPS	3	PA, QL
RELION PREMIER TEST	3	PA, QL
RELION PRIME TEST	3	PA, QL
RELION TRUE METRIX TEST STRIPS	3	PA, QL
RELION ULTIMA TEST	3	PA, QL
REXALL BLOOD GLUCOSE TEST	3	PA, QL
RIGHTEST GS100 BLOOD GLUCOSE	3	PA, QL
RIGHTEST GS300 BLOOD GLUCOSE	3	PA, QL
RIGHTEST GS550 BLOOD GLUCOSE	3	PA, QL
RIGHTEST GT333 BLOOD GLUCOSE STRIP	3	PA, QL
RIGHTEST GT333 GLUCOSE TEST	3	PA, QL
SMART SENSE PREMIUM TEST	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
SMART SENSE VALUE TEST	3	PA, QL
SMARTEST BLOOD GLUCOSE TEST	3	PA, QL
SOLUS V2 TEST	3	PA, QL
SUPREME TEST	3	PA, QL
TGT BLOOD GLUCOSE TEST	3	PA, QL
TRUE FOCUS BLOOD GLUCOSE STRIP	3	PA, QL
TRUE METRIX BLOOD GLUCOSE TEST	3	PA, QL
TRUE METRIX PRO BLOOD GLUCOSE	3	PA, QL
TRUETEST TEST	3	PA, QL
TRUETRACK TEST	3	PA, QL
UNISTRIP1 GENERIC	3	PA, QL
VERASENS BLOOD GLUCOSE TEST	3	PA, QL
VIVAGUARD INO TEST STRIPS	3	PA, QL
MULTIPLE SKIN TESTS		
T.R.U.E. TEST	3	
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	2	QL
SUCRAID	4	PA, QL, S (Specialty Drug)
ZENPEP	2	QL
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>dichlorphenamide</i>	4	PA, QL, AGE, S (Specialty Drug)
KEVEYIS	4	PA, QL, AGE, S (Specialty Drug)
<i>methazolamide</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ormalvi</i>	4	PA, S (Specialty Drug)
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
EDECIN	4	PA, QL
<i>ethacrynic acid</i>	1	PA, QL
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>torseamide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
CAROSPIR	3	QL, AGE
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>spironolactone 25 mg/5ml suspension</i>	1	QL, AGE
<i>triamterene</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
DIURIL	2	QL, AGE
HEMICLOR	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS		
REVCIVI	4	QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
BISPHOSPHONATES		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL
<i>alendronate sodium (5 mg tab, 10 mg tab)</i>	1	QL
<i>alendronate sodium 70 mg/75ml solution</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	1	ST, QL
<i>risedronate sodium 150 mg tab</i>	1	QL
<i>risedronate sodium 35 mg tab</i>	1	ST, QL
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl</i>	1	QL
CALCITONINS		
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
CARNITINE REPLENISHER - AGENTS		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR		
XPHOZAH	4	PA, QL, S (Specialty Drug)
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA 1 MG TAB	4	PA, QL, S (Specialty Drug)
ISTURISA 5 MG TAB	4	PA, QL, S (Specialty Drug)
DOPAMINE RECEPTOR AGONISTS		
<i>cabergoline</i>	1	QL
FABRY DISEASE - AGENTS		
GALAFOLD	4	PA, QL, AGE, S (Specialty Drug)
GAA DEFICIENCY TREATMENT - AGENTS		
OPFOLDA	2	PA, QL
GNRH/LHRH ANTAGONISTS		
ORLISSA	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	4	PA, QL, S (Specialty Drug)
GROWTH HORMONES		
GENOTROPIN	4	PA, QL
GENOTROPIN MINIQUICK	4	PA, QL
ZOMACTON (FOR ZOMA-JET 10)	4	PA, QL
ZOMACTON 10 MG RECON SOLN	4	PA, QL
ZOMACTON 5 MG RECON SOLN	4	PA, QL
HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS		
XURIDEN	4	PA, QL, S (Specialty Drug)
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS		
<i>nitisinone</i>	4	PA, QL, S (Specialty Drug)
NITYR	4	PA, QL, S (Specialty Drug)
ORFADIN (2 MG CAP, 5 MG CAP, 10 MG CAP, 20 MG CAP)	4	PA, QL, S (Specialty Drug)
ORFADIN 4 MG/ML SUSPENSION	4	PA, QL, S (Specialty Drug)
HOMOCYSTINURIA TREATMENT - AGENTS		
<i>betaine</i>	1	PA, QL, S (Specialty Drug)
CYSTADANE	4	PA, QL, S (Specialty Drug)
HYPERAMMONEMIA TREATMENT - AGENTS		
CARBAGLU	4	PA, QL, S (Specialty Drug)
<i>carglumic acid</i>	1	PA, QL, S (Specialty Drug)
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS		
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	1	
CALCITRIOL 1 MCG/ML SOLUTION	1	QL
<i>calcitriol 1 mcg/ml solution</i>	1	QL
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS		
YORVIPATH	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
HYPOPHOSPHATASIA (HPP) AGENTS		
STRENSIQ 18 MG/0.45ML SOLUTION	4	PA, QL, S (Specialty Drug)
STRENSIQ 28 MG/0.7ML SOLUTION	4	PA, QL, S (Specialty Drug)
STRENSIQ 40 MG/ML SOLUTION	4	PA, QL, S (Specialty Drug)
STRENSIQ 80 MG/0.8ML SOLUTION	4	PA, QL, S (Specialty Drug)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	4	PA, QL, S (Specialty Drug)
LEPTIN ANALOGUES		
MYALEPT	4	PA, QL, S (Specialty Drug)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT-PED (1-MONTH)	4	QL, S (Specialty Drug)
LUPRON DEPOT-PED (3-MONTH)	4	QL, S (Specialty Drug)
SYNAREL	4	PA, QL, S (Specialty Drug)
NATRIURETIC PEPTIDES		
VOXZOGO	4	PA, QL, S (Specialty Drug)
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	3	PA, QL
OVULATION STIMULANTS-GONADOTROPINS		
CHORIONIC GONADOTROPIN	1	PA
NOVAREL	3	PA
PREGNYL	3	PA
PARATHYROID HORMONE AND DERIVATIVES		
FORTEO	4	PA, QL
<i>teriparatide</i>	1	PA, QL
TYMLOS	4	PA, QL, S (Specialty Drug)
PHENYLKETONURIA TREATMENT - AGENTS		
<i>javygtor</i>	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ	4	PA, QL, S (Specialty Drug)
<i>sapropterin dihydrochloride (100 mg packet, 500 mg packet)</i>	4	PA, QL, S (Specialty Drug)
<i>sapropterin dihydrochloride 100 mg tab</i>	4	PA, QL, S (Specialty Drug)
<i>zelvysia</i>	4	PA, QL, S (Specialty Drug)
RANK LIGAND (RANKL) INHIBITORS		
BILDYOS	4	QL
JUBBONTI	4	QL, S (Specialty Drug)
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
OSPHENA	3	QL
<i>raloxifene hcl</i>	1	QL
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS		
JYNARQUE (15 MG TAB, 30 MG TAB)	4	PA, QL, S (Specialty Drug)
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	4	PA, QL, S (Specialty Drug)
JYNARQUE 15 MG TAB THPK	4	PA, QL, S (Specialty Drug)
SAMSCA	4	PA, QL, S (Specialty Drug)
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	4	PA, QL, S (Specialty Drug)
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	PA, QL, S (Specialty Drug)
<i>tolvaptan (hyponatremia)</i>	1	PA, QL, S (Specialty Drug)
SOMATOSTATIC AGENTS		
BYNFEZIA PEN	4	PA, QL, S (Specialty Drug)
<i>lanreotide acetate</i>	4	PA, QL
MYCAPSSA	4	PA, QL, S (Specialty Drug)
OCTREOTIDE ACETATE (100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	2	QL, S (Specialty Drug)
<i>octreotide acetate 100 mcg/ml solution</i>	2	QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<i>octreotide acetate 1000 mcg/ml solution</i>	2	QL, S (Specialty Drug)
<i>octreotide acetate 200 mcg/ml solution</i>	2	QL, S (Specialty Drug)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	2	QL, S (Specialty Drug)
<i>octreotide acetate 50 mcg/ml solution</i>	2	QL, S (Specialty Drug)
<i>octreotide acetate 500 mcg/ml solution</i>	2	QL, S (Specialty Drug)
SANDOSTATIN 100 MCG/ML SOLUTION	4	QL, S (Specialty Drug)
SANDOSTATIN 50 MCG/ML SOLUTION	4	QL, S (Specialty Drug)
SANDOSTATIN 500 MCG/ML SOLUTION	4	QL, S (Specialty Drug)
SIGNIFOR	4	PA, QL, S (Specialty Drug)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	4	PA, QL, S (Specialty Drug)
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION	4	PA, QL, S (Specialty Drug)
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION	4	PA, QL, S (Specialty Drug)
UREA CYCLE DISORDER - AGENTS		
OLPRUVA (2 GM DOSE)	4	PA, QL, S (Specialty Drug)
OLPRUVA (3 GM DOSE)	4	PA, QL, S (Specialty Drug)
OLPRUVA (4 GM DOSE)	4	PA, QL, S (Specialty Drug)
OLPRUVA (5 GM DOSE)	4	PA, QL, S (Specialty Drug)
OLPRUVA (6 GM DOSE)	4	PA, QL, S (Specialty Drug)
OLPRUVA (6.67 GM DOSE)	4	PA, QL, S (Specialty Drug)
PHEBURANE	4	PA, QL, S (Specialty Drug)
VASOPRESSIN		
DDAVP (0.1 MG TAB, 0.2 MG TAB)	3	QL
<i>desmopressin ace spray refrig</i>	1	QL
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	QL
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	1	QL, S (Specialty Drug)
<i>desmopressin acetate 4 mcg/ml solution</i>	1	QL, S (Specialty Drug)
<i>desmopressin acetate pf</i>	1	QL, S (Specialty Drug)
<i>desmopressin acetate spray</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
ESTROGENS (CONTINUED)		
ESTROGEN & ANDROGEN		
COVARYX	1	QL
COVARYX HS	1	QL
EEMT	1	QL
EEMT HS	1	QL
<i>est estrogens-methyltest</i>	1	QL
<i>est estrogens-methyltest ds</i>	1	QL
<i>est estrogens-methyltest hs</i>	1	QL
<i>estratest f.s.</i>	1	QL
ESTRATEST H.S.	1	QL
ESTROGEN & PROGESTIN		
<i>abigale</i>	1	QL
<i>abigale lo</i>	1	QL
ACTIVELLA	3	QL
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	QL
ANGELIQ	3	QL
CLIMARA PRO	3	QL
COMBIPATCH	2	QL
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	QL
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	QL
<i>norethindrone-eth estradiol</i>	1	
PREMPHASE	3	QL
PREMPRO	3	QL
ESTROGEN-PROGESTIN-GNRH ANTAGONIST		
MYFEMBREE	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
ORIAHNN	4	PA, QL, S (Specialty Drug)
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB		
DUAVEE	2	QL
ALORA (0.025 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW)	3	QL
CLIMARA	3	
DELESTROGEN (10 MG/ML OIL, 20 MG/ML OIL)	3	
DEPO-ESTRADIOL	3	
DIVIGEL (0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL)	3	
<i>dotti</i>	1	QL
ELESTRIN	3	
ESTRACE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	3	QL
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw, 0.75 mg/1.25 gm (0.06%) gel)</i>	1	QL
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg/gm gel)</i>	1	
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	QL
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	1	
ESTROGEL	3	QL
EVAMIST	3	QL
<i>lyllana</i>	1	QL
MENEST	3	QL
MENOSTAR	3	
MINIVELLE	3	QL
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	QL

Drug Name	Drug Tier	Requirements / Limits
VIVELLE-DOT	3	QL
FLUOROQUINOLONES (CONTINUED)		
BAXDELA 450 MG TAB	4	PA, QL, S (Specialty Drug)
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY	3	QL
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM 250 MG CAP	4	PA, QL, S (Specialty Drug)
CHOLBAM 50 MG CAP	4	PA, QL, S (Specialty Drug)
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
TRULANCE	3	ST, QL
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	QL, AGE
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS		
REZDIFFRA	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS		
LINZESS	2	QL
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS		
<i>alosetron hcl</i>	1	ST, QL
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium</i>	1	
DIPENTUM	3	ST
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	1	QL
<i>mesalamine 4 gm enema</i>	1	
<i>mesalamine er 0.375 gm cap er 24h</i>	1	QL
<i>mesalamine er 500 mg cap er</i>	1	QL
PENTASA (250 MG CAP ER, 500 MG CAP ER)	2	QL
SFROWASA	3	
<i>sulfasalazine</i>	1	
INTEGRIN RECEPTOR ANTAGONISTS		
ENTYVIO PEN	4	PA, QL, S (Specialty Drug)
INTERLEUKIN ANTAGONISTS		
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	4	PA, QL, S (Specialty Drug)
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
LIVE FECAL MICROBIOTA (HUMAN)		
VOWST	4	ST, QL, S (Specialty Drug)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan</i>	1	PA, QL

Drug Name	Drug Tier	Requirements / Limits
MOVANTIK	2	QL
RELISTOR (12 MG/0.6ML SOLN PRSYR, 12 MG/0.6ML SOLUTION)	4	PA, QL, S (Specialty Drug)
RELISTOR 150 MG TAB	4	PA, QL, S (Specialty Drug)
RELISTOR 8 MG/0.4ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
SYMPROIC	2	QL
PHOSPHATE BINDER AGENTS		
AURYXIA	3	PA, QL, S (Specialty Drug)
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
<i>ferric citrate</i>	3	PA, QL, S (Specialty Drug)
FOSRENOL 1000 MG PACKET	3	PA, QL
FOSRENOL 750 MG PACKET	3	PA, QL
<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab)</i>	1	PA, QL
<i>lanthanum carbonate 1000 mg chew tab</i>	1	PA, QL
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet)</i>	1	ST
<i>sevelamer carbonate 800 mg tab</i>	1	
<i>sevelamer hcl</i>	4	ST
VELPHORO	4	PA, QL, S (Specialty Drug)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	4	PA, QL, S (Specialty Drug)
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
CIMZIA	4	PA, QL, S (Specialty Drug)
CIMZIA (1 SYRINGE)	4	PA, QL, S (Specialty Drug)
CIMZIA (2 SYRINGE)	4	PA, QL, S (Specialty Drug)
CIMZIA-STARTER	4	PA, QL, S (Specialty Drug)
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>finasteride 5 mg tab</i>	1	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
<i>alfuzosin hcl er</i>	1	QL
<i>silodosin</i>	1	QL
<i>tamsulosin hcl</i>	1	QL
UROXATRAL	3	QL
ANTI-INFECTIVE GENITOURINARY IRRIGANTS		
NEOMYCIN-POLYMYXIN B GU	1	
CITRATES		
CYTRA-K	1	
<i>pot & 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	
TRICITRATES	1	
CYSTINOSIS AGENTS		
CYSTAGON	2	
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
ARGYLE STERILE SALINE	1	
CURITY STERILE SALINE	1	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	
RENACIDIN	3	
SODIUM CHLORIDE 0.9 % SOLUTION	1	
SORBITOL 3 % SOLUTION	1	

Drug Name	Drug Tier	Requirements / Limits
SORBITOL-MANNITOL	1	
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI	4	PA, QL, S (Specialty Drug)
PHOSPHATES		
K-PHOS NO 2	3	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
<i>dutasteride-tamsulosin hcl</i>	1	QL
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)		
RIVFLOZA 128 MG/0.8ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
RIVFLOZA 160 MG/ML SOLN PRSYR	4	PA, QL, S (Specialty Drug)
RIVFLOZA 80 MG/0.5ML SOLUTION	4	PA, QL, S (Specialty Drug)
URINARY ANALGESICS		
<i>phenazo 200 mg tab</i>	1	
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	1	
URINARY STONE AGENTS		
LITHOSTAT	3	
THIOLA	4	QL, S (Specialty Drug)
<i>tiopronin 100 mg tab</i>	1	QL, S (Specialty Drug)
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	QL
<i>febuxostat</i>	1	QL
URICOSURICS		
<i>probenecid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
ANTI-VON WILLEBRAND FACTOR AGENTS		
CABLIVI	4	PA, QL, S (Specialty Drug)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	4	PA, QL, S (Specialty Drug)
COMPLEMENT C5A RECEPTOR INHIBITORS		
TAVNEOS	4	PA, QL, S (Specialty Drug)
DIRECT-ACTING P2Y12 INHIBITORS		
<i>ticagrelor</i>	1	QL
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	
PHOSPHODIESTERASE III INHIBITORS		
<i>cilostazol</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO (110 MG CAP, 150 MG CAP)	4	PA, QL, AGE, S (Specialty Drug)
ORLADEYO (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 132 MG PACKET)	4	PA, QL, AGE, S (Specialty Drug)
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES		
TAKHZYRO	4	PA, QL, S (Specialty Drug)
PLATELET AGGREGATION INHIBITOR COMBINATIONS		
<i>aspirin-dipyridamole er</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS		
ZONTIVITY	3	QL
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
PYRUKYND TAPER PACK	4	PA, QL, S (Specialty Drug)
QUINAZOLINE AGENTS		
<i>anagrelide hcl</i>	1	
SPLEEN TYROSINE KINASE (SYK) INHIBITORS		
TAVALISSE	4	PA, QL, S (Specialty Drug)
THIENOPYRIDINE DERIVATIVES		
<i>clopidogrel bisulfate</i>	1	QL
<i>prasugrel hcl</i>	1	QL
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	PA, QL, S (Specialty Drug)
<i>miglustat</i>	4	PA, QL, S (Specialty Drug)
<i>yargesa</i>	4	PA, QL, S (Specialty Drug)
AMINO ACIDS		
ENDARI	4	PA, QL, S (Specialty Drug)
<i>l-glutamine 5 gm packet</i>	4	PA, QL, S (Specialty Drug)
COBALAMINS		
<i>cyanocobalamin (500 mcg/0.1ml solution, 2000 mcg/ml solution)</i>	1	QL
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	QL
CYTOTOXIC AGENTS		
DROXIA	3	
FOLIC ACID/FOLATES		
<i>cvs folic acid</i>	1	
<i>folate</i>	1	
<i>folic acid (1 mg tab, 400 mcg tab, 800 mcg tab)</i>	1	
<i>ft folic acid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>gnp folic acid</i>	1	
<i>hm folic acid</i>	1	
<i>kp folic acid 800 mcg tab</i>	1	
<i>px folic acid</i>	1	
<i>qc folic acid</i>	1	
<i>ra folic acid</i>	1	
<i>sm folic acid</i>	1	
<i>true folic acid 400 mcg tab</i>	1	
<i>yl folic acid</i>	1	
HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS		
JESDUVROQ (1 MG TAB, 2 MG TAB, 4 MG TAB)	4	PA, QL, S (Specialty Drug)
JESDUVROQ 6 MG TAB	4	PA, QL
JESDUVROQ 8 MG TAB	4	PA, QL
VAFSEO	4	PA, QL, S (Specialty Drug)
IRON		
<i>bprotected pedia iron</i>	1	QL, AGE
<i>fe-vite iron</i>	1	QL, AGE
<i>fer-in-sol</i>	1	QL, AGE
<i>ferrous sulfate (75 (15 fe) mg/ml solution, 220 (44 fe) mg/5ml solution, 300 (60 fe) mg/5ml solution, 300 mg/6.8ml solution)</i>	1	QL, AGE
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	1	QL, AGE
<i>iron infant & toddler</i>	1	QL, AGE
<i>iron infant/toddler</i>	1	QL, AGE
<i>iron supplement</i>	1	QL, AGE
<i>iron supplement childrens</i>	1	QL, AGE
<i>one vite ferrous sulfate</i>	1	QL, AGE
<i>pc pediatric iron drops</i>	1	QL, AGE
IRON COMBINATIONS		
HEMATOGEN FA	3	QL

Drug Name	Drug Tier	Requirements / Limits
MULTIGEN	3	QL
MULTIGEN FOLIC	3	QL
MULTIGEN PLUS	3	QL
TRIGELS-F FORTE	1	QL
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS		
DOPTELET	4	PA, QL, S (Specialty Drug)
DOPTELET SPRINKLE	4	QL, AGE
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	4	PA, QL, S (Specialty Drug)
MULPLETA	4	PA, QL, S (Specialty Drug)
PROMACTA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	4	PA, QL, S (Specialty Drug)
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid (500 mg tab, 1000 mg tab)</i>	3	QL
<i>aminocaproic acid 0.25 gm/ml solution</i>	3	QL
<i>tranexamic acid 650 mg tab</i>	1	QL
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
<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	
BENZODIAZEPINE HYPNOTICS		
<i>estazolam</i>	1	QL
FLURAZEPAM HCL	1	ST, QL
QUAZEPAM	1	QL
<i>temazepam (15 mg cap, 30 mg cap)</i>	1	QL
<i>triazolam</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1	ST, QL
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS		
EDLUAR	3	ST, QL
<i>eszopiclone</i>	1	QL
<i>zaleplon</i>	1	QL
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	ST, QL
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	1	QL
<i>zolpidem tartrate er</i>	1	QL
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	3	ST, QL
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ LQ	4	QL, AGE, S (Specialty Drug)
<i>ramelteon</i>	1	QL
<i>tasimelteon</i>	4	QL, S (Specialty Drug)
LAXATIVES (CONTINUED)		
BOWEL EVACUANT COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	2	
GAVILYTE-C	3	
<i>gavilyte-g</i>	1	
GOLYTELY	3	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PEG-PREP	3	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	1	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	1	QL
ZITHROMAX (250 MG TAB, 500 MG TAB)	3	QL
ZITHROMAX TRI-PAK	3	QL
ZITHROMAX Z-PAK	3	QL
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	1	
<i>clarithromycin er</i>	1	
ERYTHROMYCINS		
<i>e.e.s. 400</i>	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)</i>	1	AGE
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
<i>fidaxomicin</i>	4	PA, QL, S (Specialty Drug)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
APPLICATORS,COTTON BALLS,ETC		
ALCOH-WIPE	3	
ESSENTRA WIPES 9X9"	3	
CERVICAL CAPS		
FEMCAP	2	
CONDOMS - FEMALE		
FC2 FEMALE CONDOM	2	QL
CONDOMS - MALE		
AIMSCO LUBRICATED	2	QL
CONDOMS	1	QL
DUREX EXTRA SENSITIVE THIN	2	QL
DUREX REALFEEL	2	QL
DUREX TROPICAL	2	QL
FANTASY LUBRICATED	2	QL
FANTASY LUBRICATED/SPERMICIDE	2	QL
K-Y ME & YOU EXTRA LUBRICATED	2	QL
K-Y ME & YOU INTENSE	2	QL
KAMELEON LUBRICATED	2	QL
KIMONO	2	QL
KIMONO COLORS	2	QL
KIMONO MAXX-LARGE FLARE	2	QL
KIMONO MICRO THIN	2	QL
KIMONO MICRO THIN PLUS	2	QL
KIMONO PLUS	2	QL
KIMONO PS	2	QL

Drug Name	Drug Tier	Requirements / Limits
KIMONO PS PLUS	2	QL
KIMONO SENSATION	2	QL
KIMONO SENSATION PLUS	2	QL
KIMONO SPECIAL	2	QL
MAXX	2	QL
MAXX PLUS	2	QL
PREMIUM CONDOMS LUBRICATED	2	QL
REALITY LATEX CONDOMS	2	QL
REALITY LATEX/ULTRA TEXTURED	2	QL
REALITY LATEX/ULTRA THIN	2	QL
TROJAN BARESKIN	2	QL
TROJAN ENZ	2	QL
TROJAN MAGNUM	2	QL
TROJAN ULTRA RIBBED LUBRICATED	2	QL
TROJAN ULTRA THIN	2	QL
TROJAN ULTRA THIN/SPERMICIDAL	2	QL
TROJAN-ENZ LUBRICATED	2	QL
TROJAN-ENZ/SPERMICIDAL	2	QL
TRUE COVER	2	QL
TRUSTEX COLOR CONDOMS + LUBE	2	QL
TRUSTEX LUB/RIBBED/STUDDED	2	QL
TRUSTEX LUB/SPERMICIDE EX ST	2	QL
TRUSTEX LUB/SPERMICIDE XL	2	QL
TRUSTEX LUBRICATED	2	QL
TRUSTEX LUBRICATED EX LARGE	2	QL
TRUSTEX LUBRICATED EXTRA ST	2	QL
TRUSTEX LUBRICATED/SPERMICIDE	2	QL
TRUSTEX NATURAL CONDOMS + LUBE	2	QL

Drug Name	Drug Tier	Requirements / Limits
TRUSTEX NON-LUBRICATED	2	QL
TRUSTEX RIA LUB/SPERMICIDE	2	QL
TRUSTEX RIA LUBRICATED	2	QL
TRUSTEX RIA NON-LUBRICATED	2	QL
TRUSTEX-NONOXYNOL-9/RIB/STUD	2	QL
DIAPHRAGMS		
OMNIFLEX DIAPHRAGM	2	QL
GLUCOSE MONITOR & KETONE MONITOR COMBINATIONS		
PRECISION XTRA-GLUCOSE/KETONE	2	QL
GLUCOSE MONITORING TEST SUPPLIES		
1ST TIER UNILET COMFORTOUCH	1	QL
ACCU-CHEK FASTCLIX LANCETS	1	QL
ACCU-CHEK SAFE-T PRO LANCETS	1	QL
ACCU-CHEK SOFTCLIX LANCETS	1	QL
ACTI-LANCE 28G	1	QL
ACTI-LANCE LITE LANCETS 28G	1	QL
ACTI-LANCE SPECIAL LANCETS 17G	1	QL
ACTI-LANCE UNIVERSAL 23G	1	QL
ADVANCED MOBILE LANCET	1	QL
ADVANTAGE SAFETY LANCETS 28G	1	QL
ADVOCATE LANCETS	1	QL
ADVOCATE LANCETS 30G	1	QL
ADVOCATE SAFETY LANCETS	1	QL
ADVOCATE SAFETY LANCETS 21G	1	QL
ADVOCATE SAFETY LANCETS 23G	1	QL
ADVOCATE SAFETY LANCETS 26G	1	QL
ADVOCATE SAFETY LANCETS 28G	1	QL
AGAMATRIX ULTRA-THIN LANCETS	1	QL

Drug Name	Drug Tier	Requirements / Limits
AIMSCO TWIST LANCETS 32G	1	QL
AIMSCO TWIST LANCETS 33G	1	QL
AQUALANCE LANCETS 30G	1	QL
ASSURE COMFORT LANCETS 28G	1	QL
ASSURE HAEMOLANCE PLUS HIGH	1	QL
ASSURE HAEMOLANCE PLUS LOW	1	QL
ASSURE HAEMOLANCE PLUS MICRO	1	QL
ASSURE HAEMOLANCE PLUS NORMAL	1	QL
ASSURE HAEMOLANCE PLUS PED	1	QL
ASSURE LANCE LANCETS	1	QL
ASSURE LANCE LANCETS 21G	1	QL
ASSURE LANCE PLUS SAFETY 25G	1	QL
ASSURE LANCE PLUS SAFETY 30G	1	QL
ASSURE LANCE SAFETY LANCET 28G	1	QL
AURORA LANCET SUPER THIN 30G	1	QL
AURORA LANCET THIN 23G	1	QL
BD MICROTAINER LANCETS	1	QL
CAREONE LANCET SUPER THIN 30G	1	QL
CAREONE LANCET THIN 23G	1	QL
CARESENS LANCETS	1	QL
CARESENS LANCETS 30G	1	QL
CARETOUCH SAFETY LANCETS	1	QL
CARETOUCH SAFETY LANCETS 26G	1	QL
CARETOUCH TWIST LANCETS 28G	1	QL
CARETOUCH TWIST LANCETS 30G	1	QL
CARETOUCH TWIST LANCETS 33G	1	QL
CARETOUCH TWIST MC LANCETS 30G	1	QL
CHOSEN LANCETS 30G	1	QL

Drug Name	Drug Tier	Requirements / Limits
CHOSEN SAFETY LANCETS 28G	1	QL
CLEANLET LANCETS 28G	1	QL
CLEVER CHEK LANCETS	1	QL
CLEVER CHOICE COMFORT EZ MISC	1	QL
CLEVER CHOICE LANCETS 21G	1	QL
CLEVER CHOICE LANCETS 23G	1	QL
CLEVER CHOICE LANCETS 28G	1	QL
COAGUCHEK LANCETS	1	QL
COMFORT ASSURED LANCETS 28G	1	QL
COMFORT ASSURED LANCETS 33G	1	QL
COMFORT LANCETS	1	QL
COMFORT TOUCH LANCETS 31G	1	QL
COMFORT TOUCH PLUS LANCETS 28G	1	QL
COMFORT TOUCH PLUS LANCETS 30G	1	QL
COMFORT TOUCH TWIST LANCET 30G	1	QL
CVS LANCETS 21G	1	QL
CVS LANCETS MICRO THIN 33G	1	QL
CVS LANCETS ORIGINAL	1	QL
CVS LANCETS THIN 26G	1	QL
CVS LANCETS ULTRA THIN 30G	1	QL
CVS LANCETS ULTRA-THIN 30G	1	QL
CVS ULTRA THIN LANCETS	1	QL
DEXCOM G6 RECEIVER	2	ST, QL, AGE
DEXCOM G6 SENSOR	2	ST, QL, AGE
DEXCOM G6 TRANSMITTER	2	ST, QL, AGE
DEXCOM G7 15 DAY SENSOR	2	ST, QL, AGE
DEXCOM G7 RECEIVER	2	ST, QL, AGE
DEXCOM G7 SENSOR	2	ST, QL, AGE

Drug Name	Drug Tier	Requirements / Limits
DIATHRIVE LANCET ULTRA THIN 30	1	QL
DIATHRIVE LANCETS	1	QL
DROPLET LANCETS ULTRA THIN 30G	1	QL
DROPLET PERSONAL LANCETS 30G	1	QL
DROPSAFE ACTI-LANCE 23G	1	QL
DROPSAFE MEDLANCE LANCET 30G	1	QL
DRUG MART LANCETS THIN 26G	1	QL
DRUG MART ON-THE-GO LANCET 30G	1	QL
DRUG MART UNILET LANCETS 28G	1	QL
DRUG MART UNILET LANCETS 30G	1	QL
DRUG MART UNILET LANCETS 33G	1	QL
E-Z JECT LANCET MICRO-THIN 33G	1	QL
E-Z JECT LANCET SUPER THIN 30G	1	QL
E-Z JECT LANCETS	1	QL
E-Z JECT LANCETS 21G	1	QL
E-Z JECT LANCETS THIN 26G	1	QL
EASY COMFORT LANCETS	1	QL
EASY COMFORT LANCETS TWIST TOP	1	QL
EASY TOUCH LANCETS 21G	1	QL
EASY TOUCH LANCETS 23G	1	QL
EASY TOUCH LANCETS 26G	1	QL
EASY TOUCH LANCETS 28G	1	QL
EASY TOUCH LANCETS 28G/TWIST	1	QL
EASY TOUCH LANCETS 30G	1	QL
EASY TOUCH LANCETS 30G/TWIST	1	QL
EASY TOUCH LANCETS 32G	1	QL
EASY TOUCH LANCETS 32G/TWIST	1	QL
EASY TOUCH LANCETS 33G/TWIST	1	QL

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH SAFETY LANCETS 21G	1	QL
EASY TOUCH SAFETY LANCETS 23G	1	QL
EASY TOUCH SAFETY LANCETS 26G	1	QL
EASY TOUCH SAFETY LANCETS 28G	1	QL
EMBRACE LANCETS ULTRA THIN 30G	1	QL
EMBRACE PRESSURE ACTIVATED 21G	1	QL
EMBRACE PRESSURE ACTIVATED 28G	1	QL
ENLITE GLUCOSE SENSOR	3	PA, QL
EQL COLOR LANCETS 21G	1	QL
EQL COLOR LANCETS MICRO 33G	1	QL
EQL SUPER THIN LANCETS 30G	1	QL
EQL THIN LANCETS 26G	1	QL
EZ-LETS LANCETS 21G	1	QL
EZ-LETS LANCETS 26G	1	QL
EZ-LETS LANCETS 28G	1	QL
EZ-LETS LANCETS 30G	1	QL
FIFTY50 SAFETY SEAL LANCETS	1	QL
FIFTY50 UNILET LANCETS 33G	1	QL
FINE 30	1	QL
FINGERSTIX LANCETS	1	QL
FONDCIRCLE SINGLE USE LANCETS	1	QL
FORA LANCETS	1	QL
FREDS PHARMACY UNILET LANC 28G	1	QL
FREDS PHARMACY UNILET LANC 30G	1	QL
FREESTYLE FREEDOM LITE	2	QL
FREESTYLE LANCETS	1	QL
FREESTYLE LIBRE 14 DAY READER	2	ST, QL, AGE
FREESTYLE LIBRE 14 DAY SENSOR	2	ST, QL, AGE

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 2 PLUS SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE 2 READER	2	ST, QL, AGE
FREESTYLE LIBRE 2 SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST, QL
FREESTYLE LIBRE 3 READER	2	ST, QL, AGE
FREESTYLE LIBRE 3 SENSOR	2	ST, QL, AGE
FREESTYLE LIBRE READER	2	ST, QL, AGE
FREESTYLE LITE W/DEVICE KIT	2	QL
FREESTYLE PRECISION NEO SYSTEM	2	QL
FREESTYLE UNISTICK II LANCETS	1	QL
GENTEEL BUTTERFLY TOUCH LANCET	1	QL
GENTLE-LET GP LANCETS	1	QL
GENTLE-LET LANCETS	1	QL
GLOBAL INJECT EASE LANCETS 28G	1	QL
GLOBAL INJECT EASE LANCETS 30G	1	QL
GLUCOCOM LANCETS 28G	1	QL
GLUCOCOM LANCETS 30G	1	QL
GLUCOCOM LANCETS 33G	1	QL
GNP LANCETS 21G	1	QL
GNP LANCETS THIN 26G	1	QL
GNP STERILE LANCETS 28G	1	QL
GNP STERILE LANCETS 30G	1	QL
GNP STERILE LANCETS 33G	1	QL
GOJJI STERILE LANCETS	1	QL
GOODSENSE COLOR LANCETS 33G	1	QL
GOODSENSE LANCETS 26G UNIV	1	QL
GOODSENSE LANCETS 30G	1	QL
GOODSENSE LANCETS 30G UNIV	1	QL

Drug Name	Drug Tier	Requirements / Limits
GOODSENSE LANCETS 33G	1	QL
GOODSENSE LANCETS 33G UNIV	1	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL, AGE
GUARDIAN 4 TRANSMITTER	3	PA, QL, AGE
GUARDIAN CONNECT TRANSMITTER	3	PA, QL, AGE
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL, AGE
GUARDIAN REAL-TIME REPLACE PED	3	PA, QL, AGE
GUARDIAN SENSOR (3)	3	PA, QL, AGE
GUARDIAN SENSOR 3	3	PA, QL, AGE
H-E-B INCONTROL LANCETS 28G	1	QL
H-E-B INCONTROL LANCETS 30G	1	QL
H-E-B INCONTROL LANCETS 33G	1	QL
HAEMOLANCE	1	QL
HAEMOLANCE LOW FLOW LANCETS	1	QL
HAEMOLANCE PLUS	1	QL
HAEMOLANCE PLUS HIGH FLOW	1	QL
HAEMOLANCE PLUS LOW FLOW	1	QL
HAEMOLANCE PLUS MAX FLOW	1	QL
HAEMOLANCE PLUS PEDIATRIC FLOW	1	QL
HEALTHY ACCENTS UNILET LANCETS	1	QL
HY-VEE LANCETS	1	QL
HY-VEE THIN LANCETS	1	QL
IN TOUCH STERILE LANCETS 30G	1	QL
KINNEY LANCETS	1	QL
KINNEY THIN LANCETS	1	QL
KROGER HEALTHPRO LANCET 26G	1	QL
KROGER LANCETS	1	QL
KROGER LANCETS 21G	1	QL

Drug Name	Drug Tier	Requirements / Limits
KROGER LANCETS MICRO THIN 33G	1	QL
KROGER LANCETS SUPER THIN	1	QL
KROGER LANCETS THIN	1	QL
KROGER LANCETS THIN 26G	1	QL
KROGER LANCETS ULTRATHIN 30G	1	QL
LANCETS	1	QL
LANCETS 28G THIN	1	QL
LANCETS 30G	1	QL
LANCETS 33G	1	QL
LANCETS MICRO THIN 33G	1	QL
LANCETS SUPER THIN	1	QL
LANCETS SUPER THIN 28G	1	QL
LANCETS THIN	1	QL
LANCETS ULTRA THIN	1	QL
LANCETS ULTRA THIN 30G	1	QL
LIBERTY MEDICAL LANCETS	1	QL
LITE TOUCH LANCETS	1	QL
LITETOUCH LANCETS	1	QL
LIVE BETTER LANCET SUPER THIN	1	QL
LIVE BETTER LANCET ULTRA THIN	1	QL
LONGS LANCETS STANDARD	1	QL
LONGS LANCETS THIN	1	QL
LONGS LANCETS ULTRA THIN	1	QL
MEDICHOICE SAFETY LANCET	1	QL
MEDICHOICE SAFETY LANCET EXTRA	1	QL
MEDICHOICE SAFETY LANCET NORM	1	QL
MEDLANCE EXTRA 21G	1	QL
MEDLANCE LITE 25G	1	QL

Drug Name	Drug Tier	Requirements / Limits
MEDLANCE PLUS EXTRA 21G	1	QL
MEDLANCE PLUS LANCETS	1	QL
MEDLANCE PLUS LITE 25G	1	QL
MEDLANCE PLUS SPECIAL 0.8MM	1	QL
MEDLANCE PLUS SUPERLITE 30G	1	QL
MEDLANCE PLUS UNIVERSAL 21G	1	QL
MEDLANCE UNIVERSAL 21G	1	QL
MEIJER LANCETS	1	QL
MEIJER LANCETS THIN	1	QL
MEIJER LANCETS UNIVERSAL 21G	1	QL
MEIJER LANCETS UNIVERSAL 30G	1	QL
MEIJER LANCETS UNIVERSAL 33G	1	QL
MEIJER SUPER THIN LANCETS	1	QL
MICROLET LANCETS	1	QL
MICROLET NEXT LANCETS	1	QL
MINILINK REAL-TIME TRANSMITTER	3	PA, QL, AGE
MINIMED 630G GUARDIAN PRESS	3	PA, QL, AGE
MINIMED INSTINCT GLUC SENSOR	3	PA
MM TWIST LANCETS	1	QL
MOBILE LANCETS 30G	1	QL
MONOLET LANCETS	1	QL
MONOLET OPD LANCETS	1	QL
MONOLETTOR SAFETY LANCETS	1	QL
MPD SAFETY LANCET 21G	1	QL
MPD SAFETY LANCET 23G	1	QL
MPD SAFETY LANCET 28G	1	QL
MPD SAFETY LANCET 30G	1	QL
MYGLUCOHEALTH LANCETS 30G	1	QL

Drug Name	Drug Tier	Requirements / Limits
NOVA SAFETY LANCETS 23G	1	QL
NOVA SAFETY LANCETS 28G	1	QL
NOVA SUREFLEX LANCETS	1	QL
ONETOUCH DELICA PLUS LANCET30G	1	QL
ONETOUCH DELICA PLUS LANCET33G	1	QL
ONETOUCH DELICA SAFETY LANCING	1	QL
ONETOUCH ULTRASOFT 2 LANCETS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA, QL, AGE
PC LANCETS SUPER THIN 30G	1	QL
PERFECT LANCETS 28G	1	QL
PERFECT LANCETS 30G	1	QL
PERFECT POINT SAFETY LANCETS	1	QL
PHARMACIST CHOICE LANCETS	1	QL
PHARMACY COUNTER LANCETS	1	QL
PIP LANCETS 28G	1	QL
PIP LANCETS 30G	1	QL
PRECISION THINS GP LANCETS	1	QL
PREFERRED PLUS LANCETS COLORED	1	QL
PREFERRED PLUS LANCETS THIN	1	QL
PRO COMFORT LANCETS 30G	1	QL
PRO COMFORT LANCETS 31G	1	QL
PRO COMFORT SAFETY LANCETS 30G	1	QL
PRODIGY LANCETS 28G	1	QL
PRODIGY SAFETY LANCETS 26G	1	QL
PRODIGY TWIST TOP LANCETS 28G	1	QL
PSS SELECT GP LANCETS	1	QL
PSS SELECT SAFETY LANCETS	1	QL

Drug Name	Drug Tier	Requirements / Limits
PURE COMFORT LANCETS 30G	1	QL
PURE COMFORT SAFETY LANCET 30G	1	QL
PX LANCETS MICROTHIN 33G	1	QL
PX LANCETS ULTRA THIN	1	QL
PX LANCETS ULTRA THIN 28G	1	QL
QC LANCETS SUPER THIN 30G	1	QL
QC LANCETS ULTRA THIN	1	QL
QC UNILET LANCETS 28G	1	QL
QC UNILET LANCETS MICRO THIN	1	QL
RA E-ZJECT LANCETS 28G	1	QL
RA E-ZJECT LANCETS THIN 26G	1	QL
RA E-ZJECT LANCETS THIN 28G	1	QL
RA E-ZJECT LANCETS ULTRA THIN	1	QL
READYLANCE SAFETY LANCETS	1	QL
REALITY LANCETS	1	QL
REALITY TRIGGER LANCETS	1	QL
RELION LANCET DEVICES 30G	1	QL
RELION LANCETS	1	QL
RELION LANCETS MICRO-THIN 33G	1	QL
RELION LANCETS THIN 26G	1	QL
RELION LANCETS ULTRA-THIN 30G	1	QL
RELION ULTRA THIN LANCETS 30G	1	QL
RELION ULTRA THIN PLUS LANCETS	1	QL
REXALL LANCETS ULTRA THIN 30G	1	QL
RIGHTEST GL300 LANCETS	1	QL
SAFE-T-LANCE	1	QL
SAFE-T-LANCE PLUS	1	QL
SAFETY LANCET 30G/PRESSURE ACT	1	QL

Drug Name	Drug Tier	Requirements / Limits
SAFETY LANCETS	1	QL
SAFETY LANCETS 21G	1	QL
SAFETY LANCETS 23G	1	QL
SAFETY LANCETS 28G	1	QL
SAPS HEALTH PLUS LANCETS	1	QL
SAPS HEALTH TWIST TOP LANCETS	1	QL
SAPS TWIST TOP LANCETS	1	QL
SAPSCARE TWIST TOP LANCETS	1	QL
SB LANCETS THIN	1	QL
SB LANCETS ULTRA THIN	1	QL
SENSILANCE SAFETY LANCETS 21G	1	QL
SENSILANCE SAFETY LANCETS 26G	1	QL
SENSILANCE SAFETY LANCETS 28G	1	QL
SHOPKO ON-THE-GO LANCETS 30G	1	QL
SHOPKO UNILET LANCETS 28G	1	QL
SHOPKO UNILET LANCETS 30G	1	QL
SINGLE-LET	1	QL
SM LANCETS 33G	1	QL
SMART SENSE COLOR LANCETS 33G	1	QL
SMART SENSE STANDARD LANCETS	1	QL
SMART SENSE SUPER THIN LANCETS	1	QL
SMART SENSE THIN LANCETS 26G	1	QL
SMARTEST LANCETS 28G	1	QL
SOLUS V2 LANCETS 28G	1	QL
SOLUS V2 TWIST LANCETS 30G	1	QL
STERILANCE TL	1	QL
SUPER THIN LANCETS	1	QL
SURE COMFORT LANCETS 18G	1	QL

Drug Name	Drug Tier	Requirements / Limits
SURE COMFORT LANCETS 21G	1	QL
SURE COMFORT LANCETS 23G	1	QL
SURE COMFORT LANCETS 28G	1	QL
SURE COMFORT LANCETS 30G	1	QL
SURELITE LANCETS	1	QL
TECHLITE AST LANCETS	1	QL
TECHLITE LANCETS	1	QL
TECHLITE LANCETS 26G	1	QL
TECHLITE LANCETS 30G	1	QL
TGT LANCET MICRO THIN 33G	1	QL
TGT LANCET THIN 26G	1	QL
TGT LANCET ULTRA THIN 30G	1	QL
THINLETS GP LANCETS	1	QL
TODAYS HEALTH THIN LANCETS 28G	1	QL
TODAYS HEALTH THIN LANCETS 30G	1	QL
TOPCARE LANCETS MICRO-THIN 33G	1	QL
TRAVEL LANCETS	1	QL
TRAVEL LANCETS ADVANCED 28G	1	QL
TRUE COMFORT SAFETY LANCETS	1	QL
TRUE COMFORT TWIST TOP LANCETS	1	QL
TRUEPLUS LANCETS 26G	1	QL
TRUEPLUS LANCETS 28G	1	QL
TRUEPLUS LANCETS 30G	1	QL
TRUEPLUS LANCETS 33G	1	QL
TRUEPLUS SAFETY LANCETS 28G	1	QL
TWIST TOP LANCETS 30G	1	QL
ULTILET CLASSIC LANCETS	1	QL
ULTILET LANCETS	1	QL

Drug Name	Drug Tier	Requirements / Limits
ULTILET SAFETY LANCETS	1	QL
ULTILET SAFETY LANCETS 23G	1	QL
ULTRA THIN LANCETS 31G	1	QL
ULTRA-CARE LANCETS 30G	1	QL
ULTRA-THIN II AUTO LANCET	1	QL
ULTRA-THIN II LANCETS	1	QL
UNILET COMFORTOUCH LANCET	1	QL
UNILET EXCELITE	1	QL
UNILET EXCELITE II	1	QL
UNILET G.P. LANCET	1	QL
UNILET G.P. SUPERLITE LANCET	1	QL
UNILET GP 28 ULTRA THIN	1	QL
UNILET LANCET	1	QL
UNILET MICRO-THIN 33G	1	QL
UNILET SUPER-THIN 30G	1	QL
UNILET SUPERLITE LANCET	1	QL
UNILET ULTRA-THIN 28G	1	QL
UNISTIK 1	1	QL
UNISTIK 2	1	QL
UNISTIK 2 COMFORT	1	QL
UNISTIK 2 EXTRA	1	QL
UNISTIK 2 NEONATAL	1	QL
UNISTIK 2 NORMAL	1	QL
UNISTIK 2 SUPER	1	QL
UNISTIK 3	1	QL
UNISTIK 3 COMFORT	1	QL
UNISTIK 3 EXTRA	1	QL
UNISTIK 3 GENTLE	1	QL

Drug Name	Drug Tier	Requirements / Limits
UNISTIK 3 NEONATAL	1	QL
UNISTIK 3 NORMAL	1	QL
UNISTIK CZT COMFORT	1	QL
UNISTIK CZT NORMAL	1	QL
UNISTIK NORMAL	1	QL
UNISTIK PRO SAFETY LANCET	1	QL
UNISTIK SAFETY LANCETS 28G	1	QL
UNISTIK SAFETY LANCETS 30G	1	QL
UNISTIK TOUCH SAFETY LANC 21G	1	QL
UNISTIK TOUCH SAFETY LANC 23G	1	QL
UNISTIK TOUCH SAFETY LANC 28G	1	QL
UNISTIK TOUCH SAFETY LANC 30G	1	QL
UNIVERSAL 1 LANCETS THIN 26G	1	QL
UNIVERSAL 1 LANCETS THIN 33G	1	QL
UNIVERSAL 1 LANCETS ULTRA THIN	1	QL
VALUE PLUS LANCET STANDARD 21G	1	QL
VALUE PLUS LANCETS SUPER THIN	1	QL
VALUE PLUS LANCETS THIN 26G	1	QL
VALUMARK LANCET SUPER THIN 30G	1	QL
VALUMARK LANCET ULTRA THIN 28G	1	QL
VERIFINE SAFE LANCET MINI 21G	1	QL
VERIFINE SAFE LANCET MINI 23G	1	QL
VERIFINE SAFE LANCET MINI 28G	1	QL
VERIFINE SAFE LANCET MINI 30G	1	QL
VERIFINE UNIVERSAL LANCETS 28G	1	QL
VERIFINE UNIVERSAL LANCETS 30G	1	QL
VERIFINE UNIVERSAL LANCETS 33G	1	QL
VIDA MIA UNILET LANCETS 28G	1	QL

Drug Name	Drug Tier	Requirements / Limits
VIDA MIA UNILET LANCETS 30G	1	QL
VIVAGUARD LANCETS	1	QL
VIVAGUARD LANCETS 30G	1	QL
VIVAGUARD SAFETY LANCETS 28G	1	QL
WALGREENS ADV TRAVEL LANCETS	1	QL
WALGREENS LANCETS	1	QL
WALGREENS LANCETS MICRO THIN	1	QL
WALGREENS LANCETS SUPER THIN	1	QL
WALGREENS THIN LANCETS	1	QL
WALGREENS ULTRA THIN LANCETS	1	QL
ZEVRX TWIST TOP LANCETS 30G	1	QL
INSULIN ADMINISTRATION SUPPLIES		
ACCU-CHEK LINKASSIST	3	PA, QL
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	PA, QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA, QL
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	PA, QL
OMNIPOD DASH INTRO (GEN 4)	2	PA, QL
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	PA, QL
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS	2	QL
1ST TIER UNIFINE PENTIPS PLUS	2	QL
ABOUTTIME PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE INSULIN PEN NEEDLE	2	QL
ADVOCATE INSULIN PEN NEEDLES	2	QL
ADVOCATE INSULIN SYRINGE	2	QL
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
ASSURE ID DUO PRO PEN NEEDLES	2	QL
ASSURE ID INSULIN SAFETY SYR	2	QL
ASSURE ID PRO PEN NEEDLES	2	QL
ASSURE ID SAFETY PEN NEEDLES	2	QL
AUM INSULIN SAFETY PEN NEEDLE	2	QL
AUM MINI INSULIN PEN NEEDLE	2	QL
AUM PEN NEEDLE	2	QL
AUM READYGARD DUO PEN NEEDLE	2	QL
AUM SAFETY PEN NEEDLE	2	QL
AURORA PEN NEEDLES	2	QL
AURORA UNIFINE PENTIPS	2	QL
AUTOPEN	1	
BARDIA BULB IRRIGATION SYRINGE	3	
BARDIA PISTON IRRIGATION SYR	3	
BD ALLERGY SYRINGE	3	
BD AUTOSHIELD DUO	2	QL
BD BLUNT FILL NEEDLE	3	
BD BLUNT FILL NEEDLE W/FILTER	3	
BD CONTROL SYRING LUER-LOK	3	
BD DISP NEEDLE	3	
BD DISP NEEDLES	3	
BD ECLIPSE LUER-LOK NEEDLE	3	
BD ECLIPSE NEEDLE	3	

Drug Name	Drug Tier	Requirements / Limits
BD ECLIPSE SHIELDED NEEDLE	3	
BD ECLIPSE SYRINGE	3	
BD ECLIPSE SYRINGE/NEEDLE	3	
BD FILTER NEEDLE	3	
BD HYPODERMIC NEEDLE	3	
BD INSULIN SYR ULTRAFINE II	2	QL
BD INSULIN SYRINGE	2	QL
BD INSULIN SYRINGE HALF-UNIT	2	QL
BD INSULIN SYRINGE MICROFINE	2	QL
BD INSULIN SYRINGE U-500	2	QL
BD INSULIN SYRINGE U/F	2	QL
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL
BD INSULIN SYRINGE ULTRAFINE	2	QL
BD INTEGRA NEEDLE	3	
BD INTEGRA SYRINGE	3	
BD LUER-LOCK SYRINGE	3	
BD LUER-LOK SYRINGE	3	
BD NOKOR ADMIX NEEDLE	3	
BD PEN	3	
BD PEN MINI	3	
BD PEN NEEDLE MICRO ULTRAFINE	2	QL
BD PEN NEEDLE MINI ULTRAFINE	2	QL
BD PEN NEEDLE NANO 2ND GEN	2	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL
BD PEN NEEDLE ORIG ULTRAFINE	2	QL
BD PEN NEEDLE SHORT ULTRAFINE	2	QL
BD PLASTIPAK SYRINGE	3	
BD PRECISIONGLIDE NEEDLE	3	

Drug Name	Drug Tier	Requirements / Limits
BD SAFETYGLIDE ALLERGY SYRINGE	3	
BD SAFETYGLIDE INSULIN SYRINGE	2	QL
BD SAFETYGLIDE NEEDLE	3	
BD SAFETYGLIDE SHIELDED NEEDLE	3	
BD SAFETYGLIDE SYRINGE/NEEDLE	3	
BD SYRINGE	3	
BD SYRINGE BLUNT CANNULA 17G	3	
BD SYRINGE DISPOSABLE	3	
BD SYRINGE DUAL CANNULA	3	
BD SYRINGE LUER SLIP TIP	3	
BD SYRINGE LUER-LOK	3	
BD SYRINGE SLIP TIP	3	
BD SYRINGE/NEEDLE	3	
BD TB SYRINGE	3	
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL
BD VEO INSULIN SYR ULTRAFINE	2	QL
CAREFINE PEN NEEDLES	2	QL
CAREONE INSULIN SYRINGE	2	QL
CAREONE UNIFINE PENTIPS	2	QL
CAREONE UNIFINE PENTIPS PLUS	2	QL
CAREPOINT POLY HUB NEEDLE	3	
CAREPOINT PRECISION POLY HUB	3	
CAREPOINT SAFETY 1ST NEEDLE	3	
CAREPOINT SAFETY1ST SYR/NEEDLE	3	
CAREPOINT SYRINGE CATHETER TIP	3	
CAREPOINT SYRINGE LUER LOCK	3	
CAREPOINT SYRINGE LUER SLIP	3	
CAREPOINT TUBERCLN SYR/LUER SL	3	

Drug Name	Drug Tier	Requirements / Limits
CARETOUCH CATHETER TIP SYRINGE	3	
CARETOUCH HYPODERMIC NEEDLE	3	
CARETOUCH INSULIN SYRINGE	2	QL
CARETOUCH LUER LOCK	3	
CARETOUCH LUER LOCK SYR/NEEDLE	3	
CARETOUCH LUER SLIP	3	
CARETOUCH PEN NEEDLES	2	QL
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	QL
CLICKFINE PEN NEEDLES	2	QL
COMFORT ASSIST INSULIN SYRINGE	2	QL
COMFORT EZ INSULIN SYRINGE	2	QL
COMFORT EZ MICRO PEN NEEDLES	2	QL
COMFORT EZ PEN NEEDLES	2	QL
COMFORT EZ PRO PEN NEEDLES	2	QL
COMFORT EZ SHORT PEN NEEDLES	2	QL
COMFORT TOUCH INSULIN PEN NEED	2	QL
CRONO SYRINGE	3	
DEFLUX METAL NEEDLE	3	
DIATHRIVE PEN NEEDLE	2	QL
DROPLET INSULIN SYRINGE	2	QL
DROPLET MICRON	2	QL
DROPLET PEN NEEDLES	2	QL
DROPSAFE AUTOPROTECT DUO	2	QL
DROPSAFE SAFETY PEN NEEDLES	2	QL
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL
DROPSAFE SICURA	3	
DRUG MART UNIFINE PENTIPS	2	QL
DRUG MART UNIFINE PENTIPS PLUS	2	QL

Drug Name	Drug Tier	Requirements / Limits
EASY COMFORT INSULIN SYRINGE	2	QL
EASY COMFORT PEN NEEDLES	2	QL
EASY GLIDE CATH TIP SYRINGE	3	
EASY GLIDE LUER LOCK SYRINGE	3	
EASY GLIDE PEN NEEDLES	2	QL
EASY GLIDE SLIP LOCK SYRINGE	3	
EASY TOUCH ALLERGY SYRINGE	3	
EASY TOUCH FLIPLOCK INSULIN SY	2	QL
EASY TOUCH FLIPLOCK NEEDLES	3	
EASY TOUCH FLIPLOCK SAFETY SYR	3	
EASY TOUCH FLURINGE	3	
EASY TOUCH FLURINGE FLIPLOCK	3	
EASY TOUCH FLURINGE SHEATHLOCK	3	
EASY TOUCH HYPODERMIC NEEDLE	3	
EASY TOUCH INSULIN BARRELS	2	QL
EASY TOUCH INSULIN SAFETY SYR	2	QL
EASY TOUCH INSULIN SYRINGE	2	QL
EASY TOUCH PEN NEEDLES	2	QL
EASY TOUCH SAFETY PEN NEEDLES	2	QL
EASY TOUCH SAFETY SYRINGE	3	
EASY TOUCH SHEATHLOCK SYRINGE (21G X 1" 3 ML MISC, 21G X 1-1/2" 10 ML MISC, 21G X 1-1/2" 3 ML MISC, 21G X 1-1/2" 5 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 10 ML MISC, 22G X 1-1/2" 3 ML MISC, 22G X 1-1/2" 5 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 10 ML MISC, 25G X 1" 3 ML MISC, 25G X 1" 5 ML MISC, 25G X 5/8" 3 ML MISC)	3	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	QL
EASY TOUCH SYRINGE BARREL	3	
EASY TOUCH TB FLIPLOCK SYRINGE	3	

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH TB SHEATHLOCK SYR	3	
EASYPOINT NEEDLE	3	
EASYPOINT NEEDLE/SYRINGE	3	
EMBECTA AUTOSHIELD DUO	2	QL
EMBECTA INS SYR U/F 1/2 UNIT	2	QL
EMBECTA INSULIN SYRINGE	2	QL
EMBECTA INSULIN SYRINGE U-100	2	QL
EMBECTA INSULIN SYRINGE U-500	2	QL
EMBECTA INSULIN SYRINGE U/F	2	QL
EMBECTA PEN NEEDLE NANO	2	QL
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL
EMBECTA PEN NEEDLE U/F	2	QL
EMBECTA PEN NEEDLE ULTRAFINE	2	QL
EMBRACE PEN NEEDLES	2	QL
EQL INSULIN SYRINGE	2	QL
EXEL COMFORT POINT INSULIN SYR	2	QL
EXEL COMFORT POINT PEN NEEDLE	2	QL
FIFTY50 PEN NEEDLES	2	QL
FIFTY50 SUPERIOR COMFORT SYR	2	QL
FLOW-EZE VENTED NEEDLE	3	
FREDS PHARMACY UNIFINE PENTIP+	2	QL
FREDS PHARMACY UNIFINE PENTIPS	2	QL
GLOBAL EASE INJECT PEN NEEDLES	2	QL
GLOBAL EASY GLIDE INSULIN SYR	2	QL
GLOBAL EASY GLIDE PEN NEEDLES	2	QL
GLOBAL INJECT EASE INSULIN SYR	2	QL
GLOBAL INSULIN SYRINGES	2	QL
GLUCOPRO INSULIN SYRINGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
GNP CLICKFINE PEN NEEDLES	2	QL
GNP INSULIN SYRINGE	2	QL
GNP INSULIN SYRINGES	2	QL
GNP INSULIN SYRINGES 28GX1/2"	2	QL
GNP INSULIN SYRINGES 29GX1/2"	2	QL
GNP INSULIN SYRINGES 30GX5/16"	2	QL
GNP INSULIN SYRINGES 31GX5/16"	2	QL
GNP PEN NEEDLES	2	QL
GNP ULTICARE PEN NEEDLES	2	QL
GNP ULTIGUARD SAFEPAK NEEDLE	2	QL
GNP ULTRA COM INSULIN SYRINGE	2	QL
GOODSENSE CLICKFINE PEN NEEDLE	2	QL
GOODSENSE PEN NEEDLE PENFINE	2	QL
H-E-B INCONTROL PEN NEEDLES	2	QL
H-E-B INCONTROL UNIFINE PENTIP	2	QL
HEALTHWISE INSULIN SYR/NEEDLE	2	QL
HEALTHWISE MICRON PEN NEEDLES	2	QL
HEALTHWISE MINI PEN NEEDLES	2	QL
HEALTHWISE PEN NEEDLES	2	QL
HEALTHWISE SHORT PEN NEEDLES	2	QL
HEALTHWISE UNIFINE PENTIPS	2	QL
HEALTHY ACCENTS UNIFINE PENTIP	2	QL
HM ULTICARE INSULIN SYRINGE	2	QL
HM ULTICARE MINI PEN NEEDLES	2	QL
HM ULTICARE SHORT PEN NEEDLES	2	QL
HUBER NEEDLE (19G X 1" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC)	1	
HYPODERMIC NEEDLE (18G X 1" MISC, 18G X 1-1/2" MISC, 19G X 1" MISC, 19G X 1-1/2" MISC, 20G X 1" MISC, 20G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 22G X 1" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 26G X 1/2" MISC, 27G X 1-1/2" MISC, 27G X 1/2" MISC)	1	

Drug Name	Drug Tier	Requirements / Limits
INCONTROL ULTICARE PEN NEEDLES	2	QL
INPEN 100-BLUE-LILLY-HUMALOG	2	QL
INPEN 100-BLUE-NOVOLOG-FIASP	2	QL
INPEN 100-GREY-LILLY-HUMALOG	2	QL
INPEN 100-GREY-NOVOLOG-FIASP	2	QL
INPEN 100-PINK-LILLY-HUMALOG	2	QL
INPEN 100-PINK-NOVOLOG-FIASP	2	QL
INSULIN SYRINGE	1	QL
INSULIN SYRINGE-NEEDLE U-100	1	QL
INSULIN SYRINGE/NEEDLE	1	QL
INSUPEN PEN NEEDLES	2	QL
INSUPEN SENSITIVE	2	QL
INSUPEN ULTRAFIN	2	QL
INSUPEN32G EXTR3ME	2	QL
KINRAY INSULIN SYRINGE	2	QL
KMART VALU INSULIN SYRINGE 29G	2	QL
KMART VALU INSULIN SYRINGE 30G	2	QL
KROGER INSULIN SYRINGE	2	QL
KROGER PEN NEEDLES	2	QL
LEADER INSULIN SYRINGE	2	QL
LEADER UNIFINE PENTIPS	2	QL
LEADER UNIFINE PENTIPS PLUS	2	QL
LITETOUCH INSULIN SYRINGE	2	QL
LITETOUCH PEN NEEDLES	2	QL
LONGS INSULIN SYRINGE	2	QL
LUER LOCK SAFETY SYRINGES	3	
MAGELLAN INSULIN SAFETY SYR	2	QL
MAGELLAN SYRINGE-SAFETY NEEDLE	3	

Drug Name	Drug Tier	Requirements / Limits
MAGELLAN TUBERCULIN SYRINGE	3	
MARATHON MEDICAL PENTIPS	2	QL
MAXI-COMFORT INSULIN SYRINGE	2	QL
MAXI-COMFORT SAFETY PEN NEEDLE	2	QL
MAXICOMFORT II PEN NEEDLE	2	QL
MAXICOMFORT SYR 27G X 1/2"	2	QL
MEDIC INSULIN SYRINGE	2	QL
MEDICINE SHOPPE PEN NEEDLES	2	QL
MEIJER PEN NEEDLES	2	QL
MICRODOT PEN NEEDLE	2	QL
MM INSULIN SYRINGE/NEEDLE	2	QL
MM PEN NEEDLES	2	QL
MONOJECT BLUNTIP CANNULA	3	
MONOJECT BLUNTIP SYR/CANNULA	3	
MONOJECT CONTROL SYRINGE	3	
MONOJECT FILTER NEEDLE	3	
MONOJECT HYPODERMIC NEEDLE	3	
MONOJECT INSULIN SYRINGE	2	QL
MONOJECT INTRODUCER NEEDLE	3	
MONOJECT LIFESHIELD SYRINGE	3	
MONOJECT MAGELLAN SAFETY NDL	3	
MONOJECT MAGELLAN SYRINGE	3	
MONOJECT MEDICATION TRANSF NDL	3	
MONOJECT PHARMACY TRAY	3	
MONOJECT PISTON SYRINGE	3	
MONOJECT SOFTPACK/CATH TIP	3	
MONOJECT SOFTPACK/LLOCK	3	
MONOJECT SOFTPACK/LTIP	3	

Drug Name	Drug Tier	Requirements / Limits
MONOJECT SOFTPACK/RG LOCK	3	
MONOJECT SOFTPACK/RG LUER	3	
MONOJECT SYRINGE	3	
MONOJECT SYRINGE CATH TIP	3	
MONOJECT SYRINGE ECC LUER	3	
MONOJECT SYRINGE ECCENTRIC TIP	3	
MONOJECT SYRINGE LUER LOCK	3	
MONOJECT SYRINGE LUER-LOCK TIP	3	
MONOJECT SYRINGE PHARMACY TRAY	3	
MONOJECT SYRINGE REG LUER	3	
MONOJECT SYRINGE REGULAR TIP	3	
MONOJECT SYRINGE TOOMEY TYPE	3	
MONOJECT TB SAFETY SYRINGE	3	
MONOJECT TB SYRINGE	3	
MONOJECT ULTRA COMFORT SYRINGE	2	QL
MS INSULIN SYRINGE	2	QL
MULTI-DRAW NEEDLE (20G X 1-1/2" MISC, 21G X 1-1/2" MISC, 22G X 1-1/2" MISC)	1	
NOKOR VENTED NEEDLE	3	
NORM-JECT LUER LOCK SYRINGE	3	
NORM-JECT LUER SLIP SYRINGE	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	2	QL
NOVOTWIST PEN NEEDLE	2	QL
PC UNIFINE PENTIPS	2	QL
PEN NEEDLE/5-BEVEL TIP	1	QL
PEN NEEDLES	1	QL

Drug Name	Drug Tier	Requirements / Limits
PEN NEEDLES 5/16"	1	QL
PENTIPS	2	QL
PENTIPS GENERIC PEN NEEDLES	2	QL
PERFECT POINT SAFETY NEEDLE	3	
PIP PEN NEEDLES 31G X 5MM	2	QL
PIP PEN NEEDLES 32G X 4MM	2	QL
POLY HUB NEEDLE	3	
PRECISION SURE-DOSE SYRINGE	2	QL
PREFERRED PLUS INSULIN SYRINGE	2	QL
PREFERRED PLUS UNIFINE PENTIPS	2	QL
PREVENT DROPSAFE PEN NEEDLES	2	QL
PREVENT SAFETY PEN NEEDLES	2	QL
PRO COMFORT INSULIN SYRINGE	2	QL
PRO COMFORT PEN NEEDLES	2	QL
PRODIGY INSULIN SYRINGE	2	QL
PURE COMFORT PEN NEEDLE	2	QL
PURE COMFORT SAFETY PEN NEEDLE	2	QL
PX EXTRA SHORT PEN NEEDLES	2	QL
PX INSULIN SYRINGE	2	QL
PX MINI PEN NEEDLES	2	QL
PX PEN NEEDLE	2	QL
PX SHORTLENGTH PEN NEEDLES	2	QL
QC PEN NEEDLES	2	QL
QC UNIFINE PENTIPS	2	QL
QUICK TOUCH INSULIN PEN NEEDLE	2	QL
RA INSULIN SYRINGE	2	QL
RA PEN NEEDLES	2	QL
RAYA SURE PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
REALITY INSULIN SYRINGE	2	QL
RELION INSULIN SYRINGE	2	QL
RELION MINI PEN NEEDLES	2	QL
RELION PEN NEEDLES	2	QL
RELION SHORT PEN NEEDLES	2	QL
SAFETY INSULIN SYRINGES	2	QL
SAFETY PEN NEEDLES	1	QL
SB INSULIN SYRINGE	2	QL
SECURESAFE HYPODERMIC NEEDLE	3	
SECURESAFE INSULIN SYRINGE	2	QL
SECURESAFE SAFETY PEN NEEDLES	2	QL
SECURESAFE SYRINGE/NEEDLE	3	
SHOPKO UNIFINE PENTIPS	2	QL
SHOPKO UNIFINE PENTIPS PLUS	2	QL
SURE COMFORT INSULIN SYRINGE	2	QL
SURE COMFORT PEN NEEDLES	2	QL
SYRINGE (SYRINGE 20G X 1" 3 ML MISC, SYRINGE 20G X 1-1/2" 3 ML MISC, SYRINGE 21G X 1" 3 ML MISC, SYRINGE 21G X 1-1/2" 3 ML MISC, SYRINGE 22G X 1" 3 ML MISC, SYRINGE 22G X 1-1/2" 3 ML MISC, SYRINGE 23G X 1" 3 ML MISC, SYRINGE 25G X 1" 3 ML MISC, SYRINGE 25G X 1-1/2" 3 ML MISC, SYRINGE 25G X 5/8" 3 ML MISC)	1	
SYRINGE 2-3 ML	1	
SYRINGE 30-35 ML	1	
SYRINGE 50-60 ML	1	
SYRINGE DISPOSABLE	1	
SYRINGE ECCENTRIC TIP	1	
SYRINGE LUER LOCK	1	
SYRINGE LUER SLIP	1	
SYRINGE/HYPODERMIC SAFETY	1	

Drug Name	Drug Tier	Requirements / Limits
TECHLITE INSULIN SYRINGE	2	QL
TECHLITE PEN NEEDLES	2	QL
TECHLITE PLUS PEN NEEDLES	2	QL
TODAYS HEALTH MINI PEN NEEDLES	2	QL
TODAYS HEALTH PEN NEEDLES	2	QL
TODAYS HEALTH SHORT PEN NEEDLE	2	QL
TOOMEY SYRINGE	1	
TOPCARE CLICKFINE PEN NEEDLES	2	QL
TOPCARE ULTRA COMFORT INS SYR	2	QL
TRUE COMFORT INSULIN SYRINGE	2	QL
TRUE COMFORT PEN NEEDLES	2	QL
TRUE COMFORT PRO INSULIN SYR	2	QL
TRUE COMFORT PRO PEN NEEDLES	2	QL
TRUE COMFORT SAFETY PEN NEEDLE	2	QL
TRUEPLUS 5-BEVEL PEN NEEDLES	2	QL
TRUEPLUS INSULIN SYRINGE	2	QL
TRUEPLUS PEN NEEDLES	2	QL
ULTICARE INSULIN SAFETY SYR	2	QL
ULTICARE INSULIN SYR 1/2 UNIT	2	QL
ULTICARE INSULIN SYRINGE	2	QL
ULTICARE MICRO PEN NEEDLES	2	QL
ULTICARE MINI PEN NEEDLES	2	QL
ULTICARE PEN NEEDLES	2	QL
ULTICARE SHORT PEN NEEDLES	2	QL
ULTICARE SYRINGE	3	
ULTICARE TUBERCULIN SAFETY SYR	3	
ULTIGUARD SAFEPACK PEN NEEDLE	2	QL
ULTIGUARD SAFEPACK SYR/NEEDLE	2	QL

Drug Name	Drug Tier	Requirements / Limits
ULTILET PEN NEEDLE	2	QL
ULTRA COMFORT INSULIN SYRINGE	2	QL
ULTRA FLO INSULIN PEN NEEDLES	2	QL
ULTRA FLO INSULIN SYR 1/2 UNIT	2	QL
ULTRA FLO INSULIN SYRINGE	2	QL
ULTRA THIN PEN NEEDLES	2	QL
ULTRA-THIN II INS SYR SHORT	2	QL
ULTRA-THIN II INSULIN SYRINGE	2	QL
ULTRA-THIN II MINI PEN NEEDLE	2	QL
ULTRA-THIN II PEN NEEDLE SHORT	2	QL
ULTRA-THIN II PEN NEEDLES	2	QL
ULTRACARE INSULIN SYRINGE	2	QL
ULTRACARE PEN NEEDLES	2	QL
UNIFINE OTC PEN NEEDLES	2	QL
UNIFINE PEN NEEDLES	2	QL
UNIFINE PENTIPS	2	QL
UNIFINE PENTIPS PLUS	2	QL
UNIFINE PROTECT PEN NEEDLE	2	QL
UNIFINE SAFECONTROL PEN NEEDLE	2	QL
UNIFINE ULTRA PEN NEEDLE	2	QL
VALUE HEALTH INSULIN SYRINGE	2	QL
VALUMARK PEN NEEDLES	2	QL
VANISHPOINT INSULIN SYRINGE	2	QL
VANISHPOINT SAFETY SYRINGE	3	
VANISHPOINT SYRINGE	3	
VANISHPOINT TUBERCULIN SYRINGE	3	
VERIFINE INSULIN PEN NEEDLE	2	QL
VERIFINE INSULIN SYRINGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
VERIFINE PLUS PEN NEEDLE	2	QL
VERISAFE SAFE STERILE SYRINGE	3	
VERISAFE SAFETY STERILE NEEDLE	3	
VIDA MIA UNIFINE PENTIPS	2	QL
VP INSULIN SYRINGE	2	QL
WEGMANS UNIFINE PENTIPS PLUS	2	QL
YALE DISP NEEDLES	3	
ZEVRX INSULIN SYRINGE	2	QL
ZEVRX PEN NEEDLES	2	QL
RESPIRATORY THERAPY SUPPLIES		
ACE AEROSOL CLOUD ENHANCER	2	
SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES		
AEROCHAMBER HOLDING CHAMBER	2	QL
AEROCHAMBER MINI CHAMBER	2	QL
AEROCHAMBER MV	2	QL
AEROCHAMBER PLS FLOVU MTHPIECE	2	QL
AEROCHAMBER PLUS FLO-VU	2	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL
AEROCHAMBER PLUS FLO-VU LARGE	2	QL
AEROCHAMBER PLUS FLO-VU MEDIUM	2	QL
AEROCHAMBER PLUS FLO-VU SMALL	2	QL
AEROCHAMBER PLUS FLO-VU W/MASK	2	QL
AEROCHAMBER PLUS FLOW VU	2	QL
AEROCHAMBER W/FLOWSIGNAL	2	QL
AEROCHAMBER Z-STAT PLUS	2	QL
AEROCHAMBER Z-STAT PLUS CHAMBR	2	QL
AEROCHAMBER Z-STAT PLUS/LARGE	2	QL
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	QL

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER Z-STAT PLUS/SMALL	2	QL
AEROCHAMBER2GO ANTI-STATIC	2	QL
AEROVENT PLUS	2	QL
BREATHE EASE LARGE	2	QL
BREATHE EASE MEDIUM	2	QL
BREATHE EASE SMALL	2	QL
BREATHERITE VALVED MDI CHAMBER	2	QL
CLEVER CHOICE HOLDING CHAMBER	2	QL
COMPACT SPACE CHAMBER	2	QL
COMPACT SPACE CHAMBER/LG MASK	2	QL
COMPACT SPACE CHAMBER/MED MASK	2	QL
COMPACT SPACE CHAMBER/SM MASK	2	QL
EASIVENT	2	QL
EASIVENT MASK LARGE	2	QL
EASIVENT MASK MEDIUM	2	QL
EASIVENT MASK SMALL	2	QL
EQ SPACE CHAMBER ANTI-STATIC	2	QL
EQ SPACE CHAMBER ANTI-STATIC L	2	QL
EQ SPACE CHAMBER ANTI-STATIC M	2	QL
EQ SPACE CHAMBER ANTI-STATIC S	2	QL
FLEXICHAMBER	2	QL
INSPIREASE	2	QL
INSPIREASE RESERVOIR BAGS	2	QL
MICROCHAMBER	2	QL
MICROSPACER	2	QL
OPTICHAMBER DIAMOND	2	QL
OPTICHAMBER DIAMOND-LG MASK	2	QL
OPTICHAMBER DIAMOND-MD MASK	2	QL

Drug Name	Drug Tier	Requirements / Limits
OPTICHAMBER DIAMOND-SM MASK	2	QL
POCKET CHAMBER	2	QL
POCKET SPACER	2	QL
PROCHAMBER VHC	2	QL
RITEFLO	2	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	QL
VORTEX HOLD CHMBR/MASK/TODDLER	2	QL
VORTEX VALVE CHAMBER-PEDI MASK	2	QL
VORTEX VALVED HOLDING CHAMBER	2	QL
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)		
NURTEC	2	PA, QL
UBRELVY	2	PA, QL
CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES		
AJOVY	2	QL
EMGALITY	2	QL
EMGALITY (300 MG DOSE)	2	QL
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	1	QL
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1	PA, QL
ERGOMAR	3	PA
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA	3	PA, QL
<i>diclofenac potassium(migraine)</i>	1	QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
<i>almotriptan malate</i>	1	ST, QL
<i>eletriptan hydrobromide</i>	1	QL
<i>frovatriptan succinate</i>	1	ST, QL

Drug Name	Drug Tier	Requirements / Limits
IMITREX STATDOSE REFILL	3	ST, QL
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan</i>	1	ST, QL
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj)</i>	1	ST, QL
<i>sumatriptan succinate 6 mg/0.5ml solution</i>	2	ST, QL
SUMATRIPTAN SUCCINATE REFILL	1	ST, QL
ZOLMITRIPTAN (2.5 MG SOLUTION, 5 MG SOLUTION)	1	ST, QL
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1F)		
REYVOW	3	PA, QL
MINERALS & ELECTROLYTES (CONTINUED)		
FLUORIDE		
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG TAB, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	1	QL, AGE
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	QL, AGE
PHOSPHATE		
K-PHOS	3	
K-PHOS-NEUTRAL	3	
PHOSPHA 250 NEUTRAL	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	1	
PHOSPHOROUS	1	
<i>virt-phos 250 neutral</i>	1	

Drug Name	Drug Tier	Requirements / Limits
WES-PHOS 250 NEUTRAL	1	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	2	
<i>k-prime</i>	1	
K-TAB (10 TAB ER, 20 TAB ER)	3	
KLOR-CON 10	3	
<i>klor-con 10</i>	1	
<i>klor-con 20 meq packet</i>	1	
KLOR-CON 8 MEQ TAB ER	3	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	1	
POTASSIUM CHLORIDE ER 15 MEQ TAB ER	3	
POTASSIUM COMBINATIONS		
EFFER-K (10 EFFER TAB, 20 EFFER TAB)	3	
SODIUM		
AQUASTAT	3	
AQUASTAT SFR	3	
BD POSIFLUSH	3	
BD POSIFLUSH SAFESCRUB	3	
MONOJECT FLUSH SYRINGE	3	
MONOJECT SODIUM CHLORIDE FLUSH	3	

Drug Name	Drug Tier	Requirements / Limits
NORMAL SALINE FLUSH	1	
SALINE FLUSH	1	
<i>sodium chloride (0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution)</i>	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride flush</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
ANTILEPTOTICS		
THALOMID (50 MG CAP, 100 MG CAP)	4	PA, QL, S (Specialty Drug)
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	4	PA, QL, S (Specialty Drug)
CHELATING AGENTS		
<i>penicillamine</i>	4	PA, QL, S (Specialty Drug)
<i>trientine hcl 250 mg cap</i>	4	PA, QL, S (Specialty Drug)
TRIENTINE HCL 500 MG CAP	4	QL, S (Specialty Drug)
CYCLOSPORINE ANALOGS		
<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	4	PA, QL, S (Specialty Drug)
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	2	
SANDIMMUNE (25 MG CAP, 100 MG CAP)	2	
FARNESYLTRANSFERASE INHIBITORS		
ZOKINVY	4	PA, QL, AGE, S (Specialty Drug)
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES		
<i>lenalidomide</i>	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS		
CELLCEPT (250 MG CAP, 500 MG TAB)	3	
CELLCEPT 200 MG/ML RECON SUSP	2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	
<i>mycophenolate sodium</i>	1	QL
<i>mycophenolic acid</i>	1	QL
MYFORTIC	3	QL
MYHIBBIN	3	
IRRIGATION SOLUTIONS		
ARGYLE STERILE WATER	1	
<i>lactated ringers</i>	1	
RINGERS IRRIGATION	1	
STERILE WATER FOR IRRIGATION	1	
<i>tis-u-sol</i>	1	
<i>water for irrigation, sterile</i>	1	
MACROLIDE IMMUNOSUPPRESSANTS		
ASTAGRAF XL	3	
ENVARUSUS XR	3	ST
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	QL, S (Specialty Drug)
PROGRAF (0.5 MG CAP, 1 MG CAP, 5 MG CAP)	3	
RAPAMUNE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	3	
RAPAMUNE 1 MG/ML SOLUTION	2	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
ZORTRESS (0.25 MG TAB, 1 MG TAB)	4	QL, S (Specialty Drug)
ZORTRESS (0.5 MG TAB, 0.75 MG TAB)	4	QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
MONOCLONAL ANTIBODIES		
ENSPRYNG	4	PA, QL, S (Specialty Drug)
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB		
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK)	4	PA, QL, S (Specialty Drug)
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	1	
LOKELMA	2	QL
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate 15 gm/60ml suspension</i>	1	
<i>sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	1	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	3	
VELTASSA	4	PA, QL, S (Specialty Drug)
PURINE ANALOGS		
<i>azathioprine 50 mg tab</i>	1	
ROCK INHIBITORS		
REZUROCK	4	PA, QL, AGE, S (Specialty Drug)
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
PERIDEX	3	

Drug Name	Drug Tier	Requirements / Limits
<i>periogard</i>	1	
FLUORIDE DENTAL PRODUCTS		
<i>dentagel</i>	1	
FRAICHE 5000 DENTAL	1	
<i>just right 5000 1.1 % gel</i>	1	
SF	1	
SODIUM FLUORIDE 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	
SALIVA STIMULANTS		
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
MULTIVITAMINS (CONTINUED)		
B-COMPLEX W/ LYSINE-ZN & FOLIC ACID		
SUPERVITE	3	
BIOFLAVONOID PRODUCTS		
ADRENAL C FORMULA	3	
NIACINAMIDE W/ ZINC-COPPER & FOLIC ACID		
NICOTINAMIDE	1	
PED MULTI VITAMINS W/FL & FE		
MULTI-VITAMIN/FLUORIDE/IRON	1	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	3	
QUFLORA FE PEDIATRIC	3	

Drug Name	Drug Tier	Requirements / Limits
PED MV W/ FLUORIDE		
FLORAFOL PEDIATRIC (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
FLORIVA PLUS	3	
FLOTREX	3	
MULTI-VIT-FLOR	3	
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN W/FLUORIDE	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 0.5 MG/ML SUSPENSION, 1 MG CHEW TAB)	3	
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	3	
TRI-VITAMIN WITH FLUORIDE	3	
PED VITAMINS ACD & FA W/ FLUORIDE		
TRI-VI-FLORO	3	
PED VITAMINS ACD W/ FLUORIDE		
TRI-VITE/FLUORIDE	3	
PRENATAL MV & MIN W/FE-FA		
ATABEX EC	3	
ATABEX OB	3	
CO-NATAL FA	3	
COMPLETENATE	1	
CONCEPT OB	3	

Drug Name	Drug Tier	Requirements / Limits
DERMACINRX PRETRATE	3	
FOLIVANE-OB	3	
INATAL GT	3	
JENLIVA PRENATAL/POSTNATAL	3	
KOSHER PRENATAL PLUS IRON	3	
M-NATAL PLUS	3	
MATERVIA	3	
MATRONEX	3	
NATALCHEW	1	
NATALVIT	3	
NEO-VITAL RX	3	
NEONATAL COMPLETE 27-1 MG TAB	3	
NEONATAL PLUS	3	
NESTABS	3	
NIVA-PLUS	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
ONE VITE WOMENS PLUS	3	
ONENATAL RX	3	
PNV 27-CA/FE/FA	1	
PNV PRENATAL PLUS MULTIVIT+DHA	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PRENATAL 19 (29-1 MG CHEW TAB, CHEW TAB)	1	
PRENATAL 19 29-1 MG TAB	3	
PRENATAL 27-1 MG TAB	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATAL PLUS	3	
PRENATAL PLUS VITAMIN/MINERAL	3	
PRENATAL VITAMIN PLUS LOW IRON	3	
PRENATAL-U	3	
PRENATRIX	3	
PRENATRYL	3	
PRENATVITE COMPLETE	3	
PRENATVITE PLUS	3	
PREPLUS	3	
PROVIDA OB	3	
RELEVIA	3	
SE-NATAL 19 29-1 MG CHEW TAB	1	
SE-NATAL 19 29-1 MG TAB	3	
SELECT-OB	3	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	1	
TRINATE	3	
VINATE II	3	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-OB	3	
VITATHELY WITH GINGER	3	
WESTAB PLUS	3	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL		
COMPLETE NATAL DHA	1	
WESNATAL DHA COMPLETE	1	
PRENATAL MV & MIN W/FE-FA-DHA		
NESTABS ONE	3	

Drug Name	Drug Tier	Requirements / Limits
PRENA 1 TRUE	3	
PRENAISSANCE PLUS	3	
PRENATE ENHANCE	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
SELECT-OB+DHA	3	
TRISTART DHA	3	
VITAFOL FE+	3	
VITAFOL-OB+DHA	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITATRUE	3	
WESTGEL DHA	3	
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATE	3	
PRENATAL VITAMINS		
PREMESISRX	3	
PRENATE AM	3	
SPECIALTY VITAMINS PRODUCTS		
NITRIVIA	3	
PRO HERS RX	3	
PRO HIS RX	3	
PRO PCOS RX	3	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL
<i>carisoprodol 350 mg tab</i>	1	QL
<i>chlorzoxazone 500 mg tab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	1	
<i>metaxalone 800 mg tab</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	1	QL
ZANAFLEX 4 MG TAB	3	QL
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS		
SOHONOS 1 MG CAP	4	PA, QL, S (Specialty Drug)
SOHONOS 1.5 MG CAP	4	PA, QL, S (Specialty Drug)
SOHONOS 10 MG CAP	4	PA, QL, S (Specialty Drug)
SOHONOS 2.5 MG CAP	4	PA, QL, S (Specialty Drug)
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
ANTI-HISTAMINE-STERIOD		
<i>azelastine-fluticasone</i>	2	ST, QL
DYMISTA	2	QL
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
NASAL ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	QL
<i>olopatadine hcl 0.6 % solution</i>	1	ST
NASAL STEROIDS		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL
XHANCE	2	PA, QL
TOPICAL DECONGESTANTS		
ADRENALIN 0.1 % SOLUTION	3	
<i>epinephrine hcl (nasal)</i>	1	
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS - MISCELLANEOUS		
RADICAVA ORS	4	PA, QL, S (Specialty Drug)
RADICAVA ORS STARTER KIT	4	PA, QL, S (Specialty Drug)
BENZATHIAZOLES		
<i>riluzole</i>	1	
TEGLUTIK	4	PA, QL, S (Specialty Drug)
TIGLUTIK	4	PA, QL, S (Specialty Drug)
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS		
EVRYSDI 0.75 MG/ML RECON SOLN	4	PA, QL, S (Specialty Drug)
EVRYSDI 5 MG TAB	4	PA, QL, S (Specialty Drug)
NUTRIENTS (CONTINUED)		
LIPOTROPIC COMBINATIONS		
LECITHIN GRANULES	1	
OPHTHALMIC AGENTS (CONTINUED)		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
SIMBRINZA	3	QL
BETA-BLOCKERS - OPTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
CARTEOLOL HCL	1	
LEVOBUNOLOL HCL	1	
<i>timolol hemihydrate</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily)</i>	2	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate pf</i>	1	
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS		
COMBIGAN	1	
COSOPT	3	QL
COSOPT PF	3	QL
<i>dorzolamide hcl-timolol mal (22.3-6.8 mg/ml solution)</i>	1	QL
<i>dorzolamide hcl-timolol mal pf</i>	1	QL
CHOLINERGIC AGONISTS		
TYRVAYA	3	ST, QL
CYCLOPLEGIC MYDRIATIC COMBINATIONS		
CYCLOMYDRIL	3	
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN	1	
<i>atropine sulfate (0.01 % solution, 0.025 % solution, 0.05 % solution, 1 % solution)</i>	1	
ATROPINE SULFATE 1 % OINTMENT	1	
<i>cyclopentolate hcl 1 % solution</i>	1	
HOMATROPAIRE	3	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	1	
<i>tropicamide 0.5 % solution</i>	1	
MIOTICS - CHOLINESTERASE INHIBITORS		
PHOSPHOLINE IODIDE	3	
MIOTICS - DIRECT ACTING		
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
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	
OPHTHALMIC ANTIALLERGIC		
ALOCRIL	3	QL
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate</i>	1	ST, QL
BEPREVE	3	QL
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>epinastine hcl</i>	1	ST
OPHTHALMIC ANTIBIOTICS		
AZASITE	3	QL
BACITRACIN 500 UNIT/GM OINTMENT	1	
BESIFLOXACIN HCL	3	
BESIVANCE	3	QL
CILOXAN 0.3 % OINTMENT	3	QL
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	AGE
<i>gatifloxacin</i>	1	QL
<i>gentamicin sulfate 0.3 % solution</i>	1	
KLARITY-A	3	QL
LEVOFLOXACIN 0.5 % SOLUTION	1	
MOXIFLOXACIN HCL (2X DAY)	1	

Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin hcl 0.5 % solution</i>	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TOBREX	2	
VIGAMOX	3	QL
OPHTHALMIC ANTIFUNGAL		
NATACYN	3	
OPHTHALMIC ANTISEPTICS		
POVIDONE-IODINE 5 % SOLUTION	1	
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	1	
ZIRGAN	3	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
AZOPT	3	QL
<i>brinzolamide</i>	1	QL
DORZOLAMIDE HCL	1	
OPHTHALMIC DIAGNOSTIC PRODUCTS		
FLURA-SAFE	3	
PROPARACAINE-FLUORESCEIN	1	
OPHTHALMIC IMMUNOMODULATORS		
CEQUA	3	ST, QL
<i>cyclosporine (pf)</i>	1	
KLARITY-C DROPS	4	PA, QL, S (Specialty Drug)
VERKAZIA	4	PA, QL, S (Specialty Drug)
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS		
ROCKLATAN	3	ST, QL
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	3	

Drug Name	Drug Tier	Requirements / Limits
ALCAINE	3	
ALTACAINE	1	
<i>proparacaine hcl</i>	1	
TETRACAINE HCL 0.5 % SOLUTION	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	PA, QL, S (Specialty Drug)
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	3	QL
<i>bromfenac sodium (once-daily)</i>	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
FLURBIPROFEN SODIUM	1	
ILEVRO	3	QL
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
NEVANAC	3	QL
OPHTHALMIC RHO KINASE INHIBITORS		
RHOPRESSA	3	ST, QL
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
ALPHAGAN P 0.1 % SOLUTION	2	QL
APRACLONIDINE HCL	1	
<i>brimonidine tartrate 0.2 % solution</i>	1	
IOPIDINE	3	
OPHTHALMIC STEROID COMBINATIONS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
<i>loteprednol-tobramycin</i>	3	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate</i>	1	QL
DUREZOL	3	QL
<i>fluorometholone</i>	1	
FML FORTE	3	
LOTEMAX (0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION)	3	QL
LOTEMAX SM	3	QL
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	1	QL
PRED MILD	3	
<i>prednisolone acetate</i>	1	QL
PREDNISOLONE ACETATE P-F	3	QL
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
OPHTHALMIC SULFONAMIDES		
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM	3	
OPHTHALMICS - BLEPHAROPTOSIS AGENTS		
UPNEEQ	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMICS - CYSTINOSIS AGENTS		
CYSTADROPS	4	PA, QL, S (Specialty Drug)
CYSTARAN	4	PA, QL, S (Specialty Drug)
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	1	QL
LATANOPROST	1	QL
LUMIGAN	2	QL
<i>tafluprost (pf)</i>	1	ST, QL
TRAVATAN Z	3	ST, QL
<i>travoprost (bak free)</i>	1	ST, QL
VYZULTA	3	ST, QL
XALATAN	3	QL
XELPROS	3	QL
ZIOPTAN	3	ST, QL
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl 0.2 % solution</i>	1	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
CIPRO HC	2	
<i>ciprofloxacin-dexamethasone</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF	1	
<i>ciprofloxacin-hydrocortisone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
OTIC STEROIDS		
DERMOTIC	3	

Drug Name	Drug Tier	Requirements / Limits
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
OXYTOCICS (CONTINUED)		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS		
CERVIDIL	3	QL
PREPIDIL	3	
<i>methergine</i>	3	PA, QL
<i>methylergonovine maleate 0.2 mg tab</i>	1	PA, QL
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>ampicillin</i>	1	
NATURAL PENICILLINS		
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	1	QL
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	1	
PENICILLIN COMBINATIONS		
<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	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PROGESTINS (CONTINUED)		
EC-RX PROGESTERONE	3	QL
<i>gallifrey</i>	1	QL
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab)</i>	1	QL
<i>medroxyprogesterone acetate 10 mg tab</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>norethindrone acetate</i>	1	QL
<i>progesterone (100 mg cap, 200 mg cap)</i>	1	
<i>progesterone 50 mg/ml oil</i>	1	QL
PROGESTERONE MICRONIZED	1	QL
PROMETRIUM	3	QL
PROVERA	3	QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR OPIOID WITHDRAWAL		
<i>lofexidine hcl</i>	4	PA, QL, S (Specialty Drug)
LUCEMYRA	4	PA, QL, S (Specialty Drug)
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
ANTI-CATAPLECTIC AGENTS		
<i>sodium oxybate</i>	4	PA, QL
ANTIDEMENTIA AGENT COMBINATIONS		
<i>memantine hcl-donepezil hcl</i>	1	QL
<i>memantine hcl-donepezil hcl er</i>	1	QL
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
CHOLINOMIMETICS - ACHE INHIBITORS		
<i>donepezil hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO	4	PA, QL, S (Specialty Drug)
AUSTEDO XR	4	PA, QL, S (Specialty Drug)
INGREZZA (40 MG CAP, 80 MG CAP)	4	PA, QL, S (Specialty Drug)
INGREZZA 40 & 80 MG CAP THPK	4	QL, S (Specialty Drug)
INGREZZA 60 MG CAP	4	PA, QL, S (Specialty Drug)
<i>tetrabenazine</i>	1	PA, QL, S (Specialty Drug)
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS		
<i>teriflunomide</i>	1	QL, S (Specialty Drug)
MULTIPLE SCLEROSIS AGENTS		
<i>glatiramer acetate</i>	4	QL, S (Specialty Drug)
<i>glatopa</i>	4	QL, S (Specialty Drug)
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES		
<i>cladribine (10 tabs)</i>	4	PA, QL, S (Specialty Drug)
<i>cladribine (4 tabs)</i>	4	PA, QL, S (Specialty Drug)
<i>cladribine (5 tabs)</i>	4	PA, QL, S (Specialty Drug)
<i>cladribine (6 tabs)</i>	4	PA, QL, S (Specialty Drug)
<i>cladribine (7 tabs)</i>	4	PA, QL, S (Specialty Drug)
<i>cladribine (8 tabs)</i>	4	PA, QL, S (Specialty Drug)
<i>cladribine (9 tabs)</i>	4	PA, QL, S (Specialty Drug)
MULTIPLE SCLEROSIS AGENTS - INTERFERONS		
AVONEX PEN	4	PA, QL, S (Specialty Drug)
AVONEX PREFILLED	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
BETASERON	4	QL
EXTAVIA	4	PA, QL
PLEGRIDY	4	PA, QL, S (Specialty Drug)
PLEGRIDY STARTER PACK	4	PA, QL, S (Specialty Drug)
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES		
KESIMPTA	4	PA, QL, S (Specialty Drug)
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS		
<i>dimethyl fumarate</i>	1	QL
<i>dimethyl fumarate starter pack</i>	1	QL
VUMERITY	4	PA, QL, S (Specialty Drug)
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS		
<i>dalfampridine er</i>	1	QL, S (Specialty Drug)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS		
<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	1	
<i>memantine hcl (5 mg tab, 28 x 5 mg & 21 x 10 mg tab)</i>	1	QL
<i>memantine hcl 10 mg tab</i>	1	QL
<i>memantine hcl er</i>	1	QL
NAMENDA TITRATION PAK	3	QL
PHENOTHIAZINES & TRICYCLIC AGENTS		
PERPHENAZINE-AMITRIPTYLINE	1	
PSEUDOBULBAR AFFECT AGENT COMBINATIONS		
NUDEXTA	3	PA, QL
AQNEURSA	4	PA, QL, S (Specialty Drug)
ERGOLOID MESYLATES	1	
PIMOZIDE	1	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det)</i>	1	AGE

Drug Name	Drug Tier	Requirements / Limits
CHANTIX	2	AGE
CHANTIX CONTINUING MONTH PAK	2	AGE
CHANTIX STARTING MONTH PAK	2	AGE
<i>cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>eq nicotine step 3</i>	1	AGE
<i>eq1 nicotine polacrilex (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>ft nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>gnp nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>goodsense nicotine polacrilex</i>	1	AGE
<i>habitrol</i>	1	AGE
<i>hm nicotine</i>	1	AGE
<i>hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>kls quit2 (2 mg gum, 2 mg lozenge)</i>	1	AGE
<i>kls quit4</i>	1	AGE

Drug Name	Drug Tier	Requirements / Limits
<i>nicoderm cq</i>	2	AGE
NICORETTE (2 MG GUM, 2 MG LOZENGE, 4 MG GUM, 4 MG LOZENGE)	2	AGE
<i>nicorette mini (2 mg lozenge, 4 mg lozenge)</i>	2	AGE
<i>nicorette starter kit (2 mg gum)</i>	2	AGE
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR, 21-14-7 MG/24HR KIT)	1	AGE
<i>nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>nicotine polacrilex mini</i>	1	AGE
<i>nicotine step 1</i>	1	AGE
<i>nicotine step 2</i>	1	AGE
<i>nicotine step 3</i>	1	AGE
NICOTROL	2	AGE
NICOTROL NS	2	AGE
<i>px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>qc nicotine transdermal system</i>	1	AGE
<i>ra mini nicotine (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>ra nicotine gum</i>	1	AGE
<i>ra nicotine polacrilex (2 mg lozenge, 4 mg lozenge)</i>	1	AGE
<i>sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	AGE
<i>sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	1	AGE
<i>thrive</i>	1	AGE
<i>varenicline tartrate</i>	1	AGE

Drug Name	Drug Tier	Requirements / Limits
<i>varenicline tartrate (starter)</i>	1	AGE
<i>varenicline tartrate(continue)</i>	1	AGE
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS		
<i>fingolimod hcl</i>	1	QL
ZEPOSIA	4	PA, QL, S (Specialty Drug)
ZEPOSIA 7-DAY STARTER PACK	4	PA, QL, S (Specialty Drug)
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	4	PA, QL, S (Specialty Drug)
THIENBENZODIAZEPINES & SSRIS		
<i>olanzapine-fluoxetine hcl</i>	1	
VASOMOTOR SYMPTOM AGENTS - SSRIS		
<i>paroxetine mesylate</i>	1	PA, QL
RESPIRATORY AGENTS - MISC. (CONTINUED)		
CFTR POTENTIATORS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	4	PA, QL, S (Specialty Drug)
CYSTIC FIBROSIS AGENT - COMBINATIONS		
ORKAMBI	4	PA, QL, S (Specialty Drug)
SYMDEKO	4	PA, QL, S (Specialty Drug)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50- 75 & 150 MG TAB THPK)	4	PA, QL, AGE, S (Specialty Drug)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100- 50-75 & 75 MG THER PACK)	4	PA, QL, S (Specialty Drug)
HYDROLYTIC ENZYMES		
PULMOZYME	4	QL, S (Specialty Drug)
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone (267 mg cap, 267 mg tab, 534 mg tab, 801 mg tab)</i>	1	PA, QL, S (Specialty Drug)
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
OFEV	4	PA, QL, S (Specialty Drug)

Drug Name	Drug Tier	Requirements / Limits
SULFONAMIDES (CONTINUED)		
<i>sulfadiazine</i>	1	
TETRACYCLINES (CONTINUED)		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TAB	4	PA, QL, S (Specialty Drug)
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline hyclate 20 mg tab</i>	1	QL
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	1	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1	
<i>mondoxylene nl</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
ADTHYZA	3	
ARMOUR THYROID	3	
CYTOMEL	2	
<i>euthyrox</i>	1	
EVEKITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	3	
<i>levo-t</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP)	3	ST, QL
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NIVA THYROID	3	
NP THYROID	3	
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	
SYNTHROID	3	
THYROID	3	
<i>unithroid</i>	1	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL	2	
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	2	
PEDIARIX	2	AGE
VAXELIS	2	QL, AGE
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
BELLADONNA ALKALOIDS		
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate er</i>	1	
HYOSCYAMINE SULFATE SL	1	
HYOSYNE	1	
NULEV	1	
OSCIMIN	1	
H-2 ANTAGONISTS		
<i>famotidine 40 mg/5ml recon susp</i>	1	AGE
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
FIRST-LANSOPRAZOLE	1	AGE
FIRST-OMEPRAZOLE	1	QL, AGE
FIRST-PANTOPRAZOLE	1	AGE
OMEPRAZOLE+SYRSPEND SF ALKA	1	QL, AGE
QUATERNARY ANTICHOLINERGICS		
GLYCATE	3	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<i>glycopyrrolate 1 mg/5ml solution</i>	1	QL
<i>methscopolamine bromide</i>	1	
ROBINUL	3	
ROBINUL-FORTE	3	
ULCER ANTI-INFECTIVE-PCAB COMBINATIONS		
VOQUEZNA DUAL PAK	3	PA, QL
VOQUEZNA TRIPLE PAK	3	PA, QL
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	1	
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>fesoterodine fumarate er</i>	1	QL
<i>oxybutynin chloride 5 mg tab</i>	1	QL
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	QL
<i>oxybutynin chloride er</i>	1	QL
<i>solifenacin succinate</i>	1	QL
<i>tolterodine tartrate</i>	1	QL
<i>tolterodine tartrate er</i>	1	QL
<i>trospium chloride</i>	1	QL
<i>trospium chloride er</i>	1	QL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	3	PA, QL
<i>mirabegron er</i>	3	ST, QL
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	ST, QL
MYRBETRIQ 8 MG/ML SRER	3	ST, QL, AGE
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB	2	AGE
CAPVAXIVE	2	AGE
HIBERIX	2	AGE
MENQUADFI	2	
PENBRAYA	2	AGE
PENMENVY	2	
PREVNAR 20	1	

Drug Name	Drug Tier	Requirements / Limits
VAXNEUVANCE	2	
VIRAL VACCINE COMBINATIONS		
M-M-R II	2	
PRIORIX	2	
PROQUAD	2	AGE
VIRAL VACCINES		
ABRYSCO	2	QL
AFLURIA PRESERVATIVE FREE	2	
AREXVY	2	QL, AGE
AUDENZ	2	
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	2	QL
COMIRNATY 5-11 YEARS	2	QL
DENGVAXIA	2	
ERVEBO	2	PA
FLUARIX	2	
FLUBLOK	2	
FLUCELVAX SUSPENSION	2	QL
FLUCELVAX 0.5 ML SUSP PRSYR	2	
FLULAVAL	2	
FLUMIST	2	
FLUZONE 0.5 ML SUSP PRSYR	2	
GARDASIL 9	2	AGE
HAVRIX 720 EL U/0.5ML SUSP PRSYR	2	
MNEXSPIKE	2	QL
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	2	QL
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	2	QL
NUVAXOVID COVID-19 VACCINE	2	QL

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	2	QL
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	2	QL
ROTATEQ	2	AGE
SHINGRIX 50 MCG/0.5ML RECON SUSP	2	QL, AGE
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	2	QL, AGE
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	2	QL
SPIKEVAX 50 MCG/0.5ML SUSPENSION	2	QL
SPIKEVAX 6M-11Y	2	QL
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	2	ACA (Affordable Care Act)
VARIVAX	2	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
IMIDAZOLE-RELATED ANTIFUNGALS		
GYNAZOLE-1	3	
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	1	
MISCELLANEOUS VAGINAL COMBINATIONS		
FEM PH	3	
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA	3	QL
SPERMICIDES		
ENCARE	2	QL
VCF VAGINAL CONTRACEPTIVE 28 % FILM	2	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN (2 % CREAM, 100 MG SUPPOS)	2	
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE	3	
NUVESSA	3	QL

Drug Name	Drug Tier	Requirements / Limits
VANDAZOLE	3	
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS		
PHEXX	3	QL
PHEXXI	3	QL
VAGINAL ESTROGENS		
ESTRACE 0.01 % CREAM	3	ST, QL
<i>estradiol 0.01 % cream</i>	1	QL
<i>estradiol 10 mcg tab</i>	1	QL
ESTRING	2	QL
FEMRING	3	ST, QL
IMVEXXY MAINTENANCE PACK	3	ST, QL
IMVEXXY STARTER PACK	3	ST, QL
PREMARIN 0.625 MG/GM CREAM	3	QL
VAGIFEM	3	ST, QL
<i>yuvafem</i>	1	QL
VAGINAL PROGESTINS		
CRINONE	3	ST, AGE
ENDOMETRIN	3	ST, AGE
FIRST-PROGESTERONE VGS	3	AGE
<i>progesterone 100 mg insert</i>	1	ST, AGE
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q (0.1 MG/0.1ML SOLN A-INJ, 0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	2	
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	QL
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa (100 mg cap, 200 mg cap)</i>	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
<i>droxidopa 300 mg cap</i>	3	PA, QL
<i>midodrine hcl</i>	1	
VITAMINS (CONTINUED)		
VITAMIN D		
<i>d3-50</i>	1	
<i>decara 1.25 mg (50000 ut) cap</i>	1	
DRISDOL	3	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>optimal d3</i>	1	
<i>true vitamin d3 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
<i>vitamin d 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d high potency 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d3 1.25 mg (50000 ut) cap</i>	1	
<i>weekly-d</i>	1	
VITAMIN K		
<i>phytonadione (1 mg/0.5ml solution, 10 mg/ml solution)</i>	1	QL
<i>phytonadione 5 mg tab</i>	1	QL
<i>vitamin k1</i>	1	QL

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NORMAL	115	NEEDLE	130	B	
ASSURE HAEMOLANCE PLUS		AUM MINI INSULIN PEN		bac (butalbital-acetamin-caff)	6
PED	115	NEEDLE	130	BACITRA-NEOMYCIN-POLYMYXIN-	
ASSURE ID DUO PRO PEN		AUM PEN NEEDLE	130	HC	162
NEEDLES	130	AUM READYGARD DUO PEN		BACITRACIN	160
ASSURE ID INSULIN SAFETY		NEEDLE	130	BACITRACIN-POLYMYXIN B	160
SYR	130	AUM SAFETY PEN NEEDLE	130	baclofen	156
ASSURE ID PRO PEN NEEDLES	130	AURORA LANCET SUPER THIN		BALCOLTRA	66
ASSURE ID SAFETY PEN		30G	115	balsalazide disodium	102
NEEDLES	130	AURORA LANCET THIN 23G	115	BALVERSA	44
ASSURE II	86	AURORA PEN NEEDLES	130	balziva	66
ASSURE II CHECK	86	AURORA UNIFINE PENTIPS	130	BANZEL	22
ASSURE LANCE LANCETS	115	aurovela 1.5/30	65	BAQSIMI ONE PACK	30
ASSURE LANCE LANCETS 21G	115	aurovela 1/20	65	BAQSIMI TWO PACK	30
ASSURE LANCE PLUS SAFETY		aurovela 24 fe	66	BARDIA BULB IRRIGATION	
25G	115	aurovela fe 1.5/30	66	SYRINGE	130
ASSURE LANCE PLUS SAFETY		aurovela fe 1/20	66	BARDIA PISTON IRRIGATION SYR	130
30G	115	AURYXIA	103	BAXDELA	101
ASSURE LANCE SAFETY LANCET		AUSTEDO	167	bayer advanced aspirin reg st	7
28G	115	AUSTEDO XR	167	bayer aspirin	7
ASSURE PLATINUM	86	AUTOPEN	130	bayer aspirin ec low dose	7
ASSURE PRISM MULTI TEST	86	AUVI-Q	178	bayer low dose	7
ASSURE PRO TEST	86	AVAR CLEANSER	77	BD ALLERGY SYRINGE	130
ASSURE TITANIUM	86	AVERI	66	BD AUTOSHIELD DUO	130
ASTAGRAF XL	150	aviane	66	BD BLUNT FILL NEEDLE	130
ATABEX EC	153	avidoxy	172	BD BLUNT FILL NEEDLE W/FILTER	130
ATABEX OB	153	AVONEX PEN	167	BD CONTROL SYRING LUER-LOK	130
atazanavir sulfate	57	AVONEX PREFILLED	167	BD DISP NEEDLE	130
atenolol	60	ayuna	66	BD DISP NEEDLES	130

BD ECLIPSE LUER-LOK NEEDLE	130	BD POSIFLUSH SAFESCRUB	148	betamethasone dipropionate	81
BD ECLIPSE NEEDLE	130	BD PRECISIONGLIDE NEEDLE	131	betamethasone dipropionate aug .	81
BD ECLIPSE SHIELDED NEEDLE	131	BD SAFETYGLIDE ALLERGY		betamethasone valerate	81
BD ECLIPSE SYRINGE	131	SYRINGE	132	BETASERON	168
BD ECLIPSE SYRINGE/NEEDLE	131	BD SAFETYGLIDE INSULIN		betaxolol hcl	60
BD FILTER NEEDLE	131	SYRINGE	132	BETAXOLOL HCL	158
BD HYPODERMIC NEEDLE	131	BD SAFETYGLIDE NEEDLE	132	bethanechol chloride	175
BD INSULIN SYR ULTRAFINE II	131	BD SAFETYGLIDE SHIELDED		BEVESPI AEROSPHERE	18
BD INSULIN SYRINGE	131	NEEDLE	132	bexarotene	50,85
BD INSULIN SYRINGE HALF-		BD SAFETYGLIDE		BEYAZ	66
UNIT	131	SYRINGE/NEEDLE	132	bicalutamide	42
BD INSULIN SYRINGE		BD SYRINGE	132	BIDIL	62
MICROFINE	131	BD SYRINGE BLUNT CANNULA		BIKTARVY	55
BD INSULIN SYRINGE U-500	131	17G	132	BILDYOS	97
BD INSULIN SYRINGE U/F	131	BD SYRINGE DISPOSABLE	132	BILTRICIDE	13
BD INSULIN SYRINGE U/F		BD SYRINGE DUAL CANNULA	132	bimatoprost	164
1/2UNIT	131	BD SYRINGE LUER SLIP TIP	132	BIMZELX	79
BD INSULIN SYRINGE		BD SYRINGE LUER-LOK	132	BIOSCANNER GLUCOSE TEST	86
ULTRAFINE	131	BD SYRINGE SLIP TIP	132	BIOTEL CARE TEST STRIPS	86
BD INTEGRA NEEDLE	131	BD SYRINGE/NEEDLE	132	bisoprolol fumarate	60
BD INTEGRA SYRINGE	131	BD TB SYRINGE	132	bisoprolol-hydrochlorothiazide	40
BD LUER-LOCK SYRINGE	131	BD VEO INSULIN SYR U/F		blisovi 24 fe	66
BD LUER-LOK SYRINGE	131	1/2UNIT	132	blisovi fe 1.5/30	66
BD MICROTAINER LANCETS	115	BD VEO INSULIN SYR		blisovi fe 1/20	66
BD NOKOR ADMIX NEEDLE	131	ULTRAFINE	132	BLOOD GLUCOSE TEST	86
BD PEN	131	BELBUCA	12	BLOOD GLUCOSE TEST STRIPS 333	86
BD PEN MINI	131	BELSOMRA	110	BLULINK GLUCOSE TEST	86
BD PEN NEEDLE MICRO		benazepril hcl	38	BOOSTRIX	173
ULTRAFINE	131	benazepril-hydrochlorothiazide	39	BORIC ACID	84
BD PEN NEEDLE MINI		BENLYSTA	149	bosentan	63
ULTRAFINE	131	BENZNIDAZOLE	13	BOSULIF	43,44
BD PEN NEEDLE NANO 2ND		BENZOIN	84	BP 10-1	77
GEN	131	benzonatate	75	bprotected pedia iron	108
BD PEN NEEDLE NANO		benzoyl peroxide-erythromycin	77	BRAFTOVI	44
ULTRAFINE	131	benztropine mesylate	51	BREATHE EASE LARGE	145
BD PEN NEEDLE ORIG		bepotastine besilate	160	BREATHE EASE MEDIUM	145
ULTRAFINE	131	BEPREVE	160	BREATHE EASE SMALL	145
BD PEN NEEDLE SHORT		BESIFLOXACIN HCL	160	BREATHERITE VALVED MDI	
ULTRAFINE	131	BESIVANCE	160	CHAMBER	145
BD PLASTIPAK SYRINGE	131	BESREMI	48	BRENZAVVY	33
BD POSIFLUSH	148	betaine	95	BREZTRI AEROSPHERE	18

briellyn	66	calcium acetate (phos binder)	103	CAREPOINT SAFETY 1ST NEEDLE	132
brimonidine tartrate	162	CALQUENCE	44	CAREPOINT SAFETY1ST	
brinzolamide	161	CAMBIA	146	SYR/NEEDLE	132
brivaracetam	23	camila	72	CAREPOINT SYRINGE CATHETER	
BRIVIACT	23	camrese	72	TIP	132
BRIXADI	12	camrese lo	72	CAREPOINT SYRINGE LUER LOCK	132
BRIXADI (WEEKLY)	12	CAMZYOS	62	CAREPOINT SYRINGE LUER SLIP	132
bromfenac sodium (once-daily)	162	candesartan cilexetil	40	CAREPOINT TUBERCLN SYR/LUER	
bromocriptine mesylate	51	candesartan cilexetil-hctz	39	SL	132
BRUKINSA	44	capecitabine	42	CARESENS LANCETS	115
budesonide	13,20,74	CAPRELSA	46	CARESENS LANCETS 30G	115
budesonide er	74	captopril	38	CARESENS N GLUCOSE TEST	86
bumetanide	93	CAPTOPRIL-		CARESENS S GLUCOSE TEST	86
buprenorphine	12	HYDROCHLOROTHIAZIDE	39	CARETOUCH CATHETER TIP	
buprenorphine hcl	12	CAPVAXIVE	175	SYRINGE	133
buprenorphine hcl-naloxone hcl	12	CARBAGLU	95	CARETOUCH HYPODERMIC	
bupropion hcl	28	carbamazepine	23	NEEDLE	133
bupropion hcl er (smoking det)	168	carbamazepine er	23	CARETOUCH INSULIN SYRINGE	133
bupropion hcl er (sr)	28	CARBATROL	23	CARETOUCH LUER LOCK	133
bupropion hcl er (xl)	28	carbidopa	51	CARETOUCH LUER LOCK	
buspironone hcl	16	carbidopa-levodopa	51	SYR/NEEDLE	133
butalbital-acetaminophen	6	carbidopa-levodopa er	52	CARETOUCH LUER SLIP	133
butalbital-apap-caff-cod	10	carbidopa-levodopa-entacapone	52	CARETOUCH PEN NEEDLES	133
butalbital-apap-caffeine	6	CARBINOXAMINE MALEATE	36	CARETOUCH SAFETY LANCETS	115
butalbital-asa-caff-codeine	10	CARBINOXAMINE MALEATE ER	36	CARETOUCH SAFETY LANCETS	
butalbital-aspirin-caffeine	6	CARBZAH	36	26G	115
BYNFEZIA PEN	97	cardioplegic	62	CARETOUCH TEST	86
		CARDIOPLEGIC SOLN W/		CARETOUCH TWIST LANCETS	
		LIDOCAINE	62	28G	115
		CAREFINE PEN NEEDLES	132	CARETOUCH TWIST LANCETS	
C		CAREONE BLOOD GLUCOSE TEST	86	30G	115
cabergoline	94	CAREONE INSULIN SYRINGE	132	CARETOUCH TWIST LANCETS	
CABLIVI	106	CAREONE LANCET SUPER THIN		33G	115
CABOMETYX	46	30G	115	CARETOUCH TWIST MC LANCETS	
caffeine citrate	1	CAREONE LANCET THIN 23G	115	30G	115
CALCIPOTRIENE	79	CAREONE UNIFINE PENTIPS	132	carglumic acid	95
calcipotriene-betameth diprop	85	CAREONE UNIFINE PENTIPS		carisoprodol	156
calcitonin (salmon)	94	PLUS	132	CAROSPIR	93
calcitrene	79	CAREPOINT POLY HUB NEEDLE	132	CARTEOLOL HCL	158
CALCITRIOL	79,95	CAREPOINT PRECISION POLY		cartia xt	61
calcitriol	95	HUB	132	carvedilol	60
calcium acetate	103				

carvedilol phosphate er	60	CHOSEN SAFETY LANCETS 28G	116	CLEVER CHOICE COMFORT EZ	116,133
CAYSTON	15	CIBINQO	80	CLEVER CHOICE HOLDING CHAMBER	145
CEFACTOR	64	ciclodan	78	CLEVER CHOICE LANCETS 21G	116
CEFACTOR ER	64	ciclopirox	78	CLEVER CHOICE LANCETS 23G	116
cefadroxil	64	ciclopirox olamine	78	CLEVER CHOICE LANCETS 28G	116
cefdinir	65	cilostazol	106	CLEVER CHOICE MICRO TEST	86
cefixime	65	CILOXAN	160	CLEVER CHOICE NO CODING	86
cefpodoxime proxetil	65	CIMDUO	55	CLEVER CHOICE TALK SYSTEM	86
cefprozil	65	CIMZIA	103	CLICKFINE PEN NEEDLES	133
cefuroxime axetil	65	CIMZIA (1 SYRINGE)	103	CLIMARA	100
celecoxib	4	CIMZIA (2 SYRINGE)	103	CLIMARA PRO	99
CELLCEPT	150	CIMZIA-STARTER	103	clindacin	76
CELONTIN	27	cinacalcet hcl	94	clindamycin hcl	15
cephalexin	64	CIPRO HC	164	clindamycin palmitate hcl	15
CEQUA	161	ciprofloxacin hcl	101,160,164	clindamycin phos (twice-daily)	76
CERDELGA	107	ciprofloxacin-dexamethasone	164	clindamycin phos-benzoyl perox	77
CERVIDIL	165	CIPROFLOXACIN-FLUOCINOLONE PF	164	clindamycin phosphate	76,77,177
cevimeline hcl	152	ciprofloxacin-hydrocortisone	164	clindamycin-tretinoin	77
CHANTIX	169	citalopram hydrobromide	28	CLINDESSE	177
CHANTIX CONTINUING MONTH PAK	169	cladribine (10 tabs)	167	clobazam	22
CHANTIX STARTING MONTH PAK	169	cladribine (4 tabs)	167	clobetasol prop emollient base	81
charlotte 24 fe	66	cladribine (5 tabs)	167	clobetasol propionate	81
chateal	66	cladribine (6 tabs)	167	clobetasol propionate e	81
chateal eq	66	cladribine (7 tabs)	167	clobetasol propionate emulsion	81
CHEMET	33	cladribine (8 tabs)	167	CLOCORTOLONE PIVALATE	81
childrens aspirin	7	cladribine (9 tabs)	167	clomipramine hcl	29
chlordiazepoxide hcl	17	claravis	78	clonazepam	22
CHLORDIAZEPOXIDE- AMITRIPTYLINE	166	CLARITHROMYCIN	111	clonidine	40
chlorhexidine gluconate	151	clarithromycin er	111	clonidine hcl	40
CHLOROQUINE PHOSPHATE	41	CLEANLET LANCETS 28G	116	clonidine hcl (analgesia)	6
chlorpromazine hcl	54	CLEMASTINE FUMARATE	36	clonidine hcl er	1
chlorthalidone	93	CLENPIQ	110	clopidogrel bisulfate	107
chlorzoxazone	156	CLEOCIN	15,177	clorazepate dipotassium	17
CHOLBAM	101	CLEVER CHEK AUTO-CODE TEST	86	clotrimazole	83,151
cholestyramine	37	CLEVER CHEK AUTO-CODE VOICE	86	CLOTTRIMAZOLE- BETAMETHASONE	79
cholestyramine light	37	CLEVER CHEK LANCETS	116	clozapine	53
CHORIONIC GONADOTROPIN	96	CLEVER CHEK TEST	86	CO-NATAL FA	153
CHOSEN LANCETS 30G	115	CLEVER CHOICE AUTO-CODE TEST	86	COAGUCHEK LANCETS	116

COARTEM.....	41	COMIRNATY.....	176	cryselle-28.....	66
COBENFY.....	54	COMIRNATY 5-11 YEARS.....	176	curae.....	71
COBENFY STARTER PACK.....	54	COMPACT SPACE CHAMBER.....	145	CURITY STERILE SALINE.....	104
codeine sulfate.....	10	COMPACT SPACE CHAMBER/LG		CVS ADVANCED GLUCOSE TEST...	87
colchicine.....	105	MASK.....	145	cvs aspirin.....	7
colchicine-probenecid.....	105	COMPACT SPACE CHAMBER/MED		cvs aspirin adult low dose.....	7
colesevelam hcl.....	37	MASK.....	145	cvs aspirin adult low strength.....	7
colestipol hcl.....	37	COMPACT SPACE CHAMBER/SM		cvs aspirin ec.....	7
COMBIGAN.....	159	MASK.....	145	cvs aspirin low dose.....	7
COMBIPATCH.....	99	COMPLERA.....	55	cvs aspirin low strength.....	7
COMBIVENT RESPIMAT.....	18	COMPLETE NATAL DHA.....	155	cvs folic acid.....	107
COMETRIQ (100 MG DAILY		COMPLETENATE.....	153	cvs genuine aspirin.....	7
DOSE).....	46	CONCEPT OB.....	153	CVS GLUCOSE METER TEST STRIPS	87
COMETRIQ (140 MG DAILY		CONDOMS.....	112	CVS LANCETS 21G.....	116
DOSE).....	46	constulose.....	111	CVS LANCETS MICRO THIN 33G..	116
COMETRIQ (60 MG DAILY DOSE)	46	CONTOUR NEXT TEST.....	86	CVS LANCETS ORIGINAL.....	116
COMFORT ASSIST INSULIN		CONTOUR PLUS TEST.....	86	CVS LANCETS THIN 26G.....	116
SYRINGE.....	133	CONTOUR TEST.....	87	CVS LANCETS ULTRA THIN 30G..	116
COMFORT ASSURED LANCETS		COOL BLOOD GLUCOSE TEST		CVS LANCETS ULTRA-THIN 30G..	116
28G.....	116	STRIPS.....	87	cvs nicotine.....	169
COMFORT ASSURED LANCETS		COPIKTRA.....	49	cvs nicotine polacrilex.....	169
33G.....	116	CORTISONE ACETATE.....	74	CVS TRUE METRIX GLUCOSE TEST.	87
COMFORT EZ INSULIN SYRINGE	133	CORTISPORIN-TC.....	164	CVS ULTRA THIN LANCETS.....	116
COMFORT EZ MICRO PEN		COSENTYX.....	80	cyanocobalamin.....	107
NEEDLES.....	133	COSENTYX (300 MG DOSE).....	79	cyclafem 1/35.....	66
COMFORT EZ PEN NEEDLES.....	133	COSENTYX SENSOREADY (300		cyclafem 7/7/7.....	73
COMFORT EZ PRO PEN		MG).....	80	cyclobenzaprine hcl.....	157
NEEDLES.....	133	COSENTYX SENSOREADY PEN.....	80	CYCLOMYDRIL.....	159
COMFORT EZ SHORT PEN		COSENTYX UNOREADY.....	80	cyclopentolate hcl.....	159
NEEDLES.....	133	COSOPT.....	159	CYCLOPHOSPHAMIDE.....	49
COMFORT LANCETS.....	116	COSOPT PF.....	159	CYCLOSERINE.....	41
COMFORT TOUCH INSULIN PEN		COTELLIC.....	45	cyclosporine.....	149
NEED.....	133	COVARYX.....	99	cyclosporine (pf).....	161
COMFORT TOUCH LANCETS		COVARYX HS.....	99	cyclosporine modified.....	149
31G.....	116	CREON.....	92	cyproheptadine hcl.....	36
COMFORT TOUCH PLUS LANCETS		CRESEMBA.....	35	cyred.....	66
28G.....	116	CRINONE.....	178	cyred eq.....	66
COMFORT TOUCH PLUS LANCETS		cromolyn sodium.....	18,101	CYSTADANE.....	95
30G.....	116	CROMOLYN SODIUM.....	160	CYSTADROPS.....	164
COMFORT TOUCH TWIST LANCET		CRONO SYRINGE.....	133	CYSTAGON.....	104
30G.....	116	cryselle.....	66	CYSTARAN.....	164

CYTOMEL.....	172	depo-testosterone.....	12	DIATRUE PLUS TEST.....	87
CYTRA-K.....	104	DERMA-SMOOTH/FS BODY.....	81	diazepam.....	17,22
D		DERMA-SMOOTH/FS SCALP.....	81	diazepam intensol.....	17
D-CARE BLOOD GLUCOSE.....	87	DERMACINRX PRETRATE.....	154	diazoxide.....	30
d3-50.....	179	DERMOTIC.....	164	dichlorphenamide.....	92
dabigatran etexilate mesylate..	21	DESCOVY.....	55	diclofenac potassium.....	5
dalfampridine er.....	168	desipramine hcl.....	29	diclofenac potassium(migraine)..	146
danazol.....	12	DESLORATADINE.....	36	diclofenac sodium.....	5,79,162
dantrolene sodium.....	157	desmopressin ace spray refrig...	98	diclofenac sodium er.....	5
dapsone.....	15,77	desmopressin acetate.....	98	diclofenac-misoprostol.....	4
DARAPRIM.....	41	DESMOPRESSIN ACETATE.....	98	dicloxacillin sodium.....	165
darifenacin hydrobromide er..	174	desmopressin acetate pf.....	98	dicyclomine hcl.....	173
darunavir.....	57	desmopressin acetate spray.....	98	DIFICID.....	111
dasatinib.....	44	desogestrel-ethinyl estradiol....	65	diflunisal.....	7
dasetta 1/35.....	66	desonide.....	82	difluprednate.....	163
dasetta 7/7/7.....	73	DESONIDE.....	82	digoxin.....	62
DAURISMO.....	45	desoximetasone.....	82	dihydroergotamine mesylate....	146
DAYPRO.....	5	desvenlafaxine succinate er.....	29	DILANTIN.....	27
daysee.....	72	dexamethasone.....	74	DILANTIN INFATABS.....	27
DAYTRANA.....	2	DEXAMETHASONE INTENSOL.....	74	DILANTIN-125.....	27
DDAVP.....	98	DEXAMETHASONE SODIUM		dilt-xr.....	61
deblitane.....	72	PHOSPHATE.....	163	diltiazem hcl.....	61
decara.....	179	DEXCOM G6 RECEIVER.....	116	diltiazem hcl er.....	61
deferasirox.....	34	DEXCOM G6 SENSOR.....	116	diltiazem hcl er beads.....	61
deferasirox granules.....	34	DEXCOM G6 TRANSMITTER.....	116	diltiazem hcl er coated beads....	61
deferiprone.....	34	DEXCOM G7 15 DAY SENSOR...	116	dimethyl fumarate.....	168
DEFLUX METAL NEEDLE.....	133	DEXCOM G7 RECEIVER.....	116	dimethyl fumarate starter pack..	168
DELESTROGEN.....	100	DEXCOM G7 SENSOR.....	116	DIPENTUM.....	102
DELSTRIGO.....	55	dexmethylphenidate hcl.....	2	diphenoxylate-atropine.....	33
delyla.....	66	dexmethylphenidate hcl er.....	2	dipyridamole.....	106
demeclocycline hcl.....	172	dextroamphetamine sulfate.....	1	DISKETS.....	10
DEM SER.....	39	dextroamphetamine sulfate er...	1	disopyramide phosphate.....	17
DENGVAXIA.....	176	DIACOMIT.....	23	disulfiram.....	166
dentagel.....	152	DIATHRIVE BLOOD GLUCOSE		DIURIL.....	93
DEPAKOTE.....	27	TEST.....	87	divalproex sodium.....	27,28
DEPAKOTE ER.....	27	DIATHRIVE GLUCOSE TEST.....	87	divalproex sodium er.....	28
DEPAKOTE SPRINKLES.....	27	DIATHRIVE LANCET ULTRA THIN		DIVIGEL.....	100
DEPO-ESTRADIOL.....	100	30.....	117	dofetilide.....	18
DEPO-PROVERA.....	72	DIATHRIVE LANCETS.....	117	dolishale.....	71
DEPO-SUBQ PROVERA 104.....	72	DIATHRIVE PEN NEEDLE.....	133	donepezil hcl.....	166
		DIATHRIVE+ GLUCOSE TEST.....	87	DOPTELET.....	109

DOPTELET SPRINKLE	109	DRUG MART UNILET LANCETS	EASY GLIDE LUER LOCK SYRINGE	134
DORZOLAMIDE HCL	161	28G	EASY GLIDE PEN NEEDLES	134
dorzolamide hcl-timolol mal	159	DRUG MART UNILET LANCETS	EASY GLIDE SLIP LOCK SYRINGE	134
dorzolamide hcl-timolol mal pf	159	30G	EASY MAX BLOOD GLUCOSE TEST	87
dotti	100	DRUG MART UNILET LANCETS	EASY PLUS II GLUCOSE TEST	87
DOVATO	55	33G	EASY STEP TEST	87
doxazosin mesylate	40	DRYSOL	EASY TALK BLOOD GLUCOSE TEST	87
doxepin hcl	29,110	DUAVEE	EASY TALK PLUS II TEST STRIPS	87
doxycycline	84	DULERA	EASY TOUCH ALLERGY SYRINGE	134
doxycycline hyclate	172	duloxetine hcl	EASY TOUCH FLIPLOCK INSULIN	
doxycycline monohydrate	172	DUO-CARE TEST	SY	134
DRISDOL	179	DURACLON	EASY TOUCH FLIPLOCK NEEDLES	134
dronabinol	34	DUREX EXTRA SENSITIVE THIN	EASY TOUCH FLIPLOCK SAFETY	
DROPLET INSULIN SYRINGE	133	DUREX REALFEEL	SYR	134
DROPLET LANCETS ULTRA THIN		DUREX TROPICAL	EASY TOUCH FLURINGE	134
30G	117	DUREZOL	EASY TOUCH FLURINGE	
DROPLET MICRON	133	dutasteride	FLIPLOCK	134
DROPLET PEN NEEDLES	133	dutasteride-tamsulosin hcl	EASY TOUCH FLURINGE	
DROPLET PERSONAL LANCETS		DYANAVEL XR	SHEATHLOCK	134
30G	117	DYMISTA	EASY TOUCH HEALTHPRO	
DROPSAFE ACTI-LANCE 23G	117	E	GLUCOSE	87
DROPSAFE AUTOPROTECT		E-Z JECT LANCET MICRO-THIN	EASY TOUCH HYPODERMIC	
DUO	133	33G	NEEDLE	134
DROPSAFE MEDLANCE LANCET		E-Z JECT LANCET SUPER THIN	EASY TOUCH INSULIN BARRELS	134
30G	117	30G	EASY TOUCH INSULIN SAFETY	
DROPSAFE SAFETY PEN		E-Z JECT LANCETS	SYR	134
NEEDLES	133	E-Z JECT LANCETS 21G	EASY TOUCH INSULIN SYRINGE	134
DROPSAFE SAFETY		E-Z JECT LANCETS THIN 26G	EASY TOUCH LANCETS 21G	117
SYRINGE/NEEDLE	133	e.e.s. 400	EASY TOUCH LANCETS 23G	117
DROPSAFE SICURA	133	EASIVENT	EASY TOUCH LANCETS 26G	117
drosipren-eth estrad-levomefol	66	EASIVENT MASK LARGE	EASY TOUCH LANCETS 28G	117
drosiprenone-ethinyl estradiol	66	EASIVENT MASK MEDIUM	EASY TOUCH LANCETS	
DROXIA	107	EASIVENT MASK SMALL	28G/TWIST	117
droxidopa	178,179	EASY COMFORT INSULIN	EASY TOUCH LANCETS 30G	117
DRUG MART LANCETS THIN		SYRINGE	EASY TOUCH LANCETS	
26G	117	EASY COMFORT LANCETS	30G/TWIST	117
DRUG MART ON-THE-GO LANCET		EASY COMFORT LANCETS TWIST	EASY TOUCH LANCETS 32G	117
30G	117	TOP	EASY TOUCH LANCETS	
DRUG MART UNIFINE PENTIPS	133	EASY COMFORT PEN NEEDLES	32G/TWIST	117
DRUG MART UNIFINE PENTIPS		EASY GLIDE CATH TIP SYRINGE	EASY TOUCH LANCETS	
PLUS	133		33G/TWIST	117

EASY TOUCH PEN NEEDLES	134	EDLUAR	110	EMBRACE LANCETS ULTRA THIN	
EASY TOUCH SAFETY LANCETS		EDURANT	57	30G	118
21G	118	EEMT	99	EMBRACE PEN NEEDLES	135
EASY TOUCH SAFETY LANCETS		EEMT HS	99	EMBRACE PRESSURE ACTIVATED	
23G	118	efavirenz	57	21G	118
EASY TOUCH SAFETY LANCETS		efavirenz-emtricitab-tenofo df	55	EMBRACE PRESSURE ACTIVATED	
26G	118	EFAVIRENZ-LAMIVUDINE-		28G	118
EASY TOUCH SAFETY LANCETS		TENOFOVIR	55	EMBRACE PRO GLUCOSE TEST	88
28G	118	EFFER-K	148	EMBRACE TALK GLUCOSE TEST	88
EASY TOUCH SAFETY PEN		ELEMENT COMPACT TEST	87	EMBRACE WAVE BLOOD GLUCOSE	88
NEEDLES	134	ELEMENT TEST	87	EMEND	35
EASY TOUCH SAFETY SYRINGE .	134	ELESTRIN	100	EMGALITY	146
EASY TOUCH SHEATHLOCK		eletriptan hydrobromide	146	EMGALITY (300 MG DOSE)	146
SYRINGE	134	ELIGARD	49	emoquette	66
EASY TOUCH SYRINGE BARREL .	134	elinest	66	EMSAM	28
EASY TOUCH TB FLIPLOCK		ELIQUIS	20,21	emtricitab-rilpivir-tenofov df	56
SYRINGE	134	ELIQUIS (1.5 MG PACK)	20	emtricitabine	57
EASY TOUCH TB SHEATHLOCK		ELIQUIS (2 MG PACK)	20	emtricitabine-tenofovir df	56
SYR	135	ELIQUIS DVT/PE STARTER PACK	21	EMTRIVA	58
EASY TOUCH TEST	87	elixophyllin	20	EMVERM	14
EASY TRAK BLOOD GLUCOSE		ELLA	71	emzahh	72
TEST	87	eltrombopag olamine	109	enalapril maleate	38
EASY TRAK II GLUCOSE TEST	87	eluryng	70	enalapril-hydrochlorothiazide	39
EASYGLUCO	87	EMBECTA AUTOSHIELD DUO	135	ENBREL	6
EASYMAX 15 TEST	87	EMBECTA INS SYR U/F 1/2 UNIT	135	ENBREL MINI	6
EASYMAX TEST	87	EMBECTA INSULIN SYRINGE	135	ENBREL SURECLICK	6
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EASYPRO PLUS	87	500	135	ENDOMETRIN	178
EBGLYSS	81	EMBECTA INSULIN SYRINGE U/F	135	enilloring	71
EC-RX PROGESTERONE	166	EMBECTA PEN NEEDLE NANO	135	ENLITE GLUCOSE SENSOR	118
EC-RX TESTOSTERONE	12	EMBECTA PEN NEEDLE NANO 2		enoxaparin sodium	21
econazole nitrate	83	GEN	135	enpresse-28	73
econtra ez	71	EMBECTA PEN NEEDLE U/F	135	enskyce	66
econtra one-step	71	EMBECTA PEN NEEDLE		ENSPRYNG	151
ecotrin	7	ULTRAFINE	135	entacapone	52
ecotrin arthrtis pain	7	EMBRACE BLOOD GLUCOSE TEST	87	entecavir	59
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EPIDIOLEX.....	23	erythromycin base.....	111	EXEL COMFORT POINT PEN	
epinastine hcl.....	160	erythromycin ethylsuccinate...	111	NEEDLE.....	135
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femynor	67	flavoxate hcl	175	fluvoxamine maleate	29
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FENTANYL CITRATE	10	FLUARIX	176	fondaparinux sodium	21
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SYR	135	fluorometholone	163	TEST	88
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FILSPARI	105	fluoxetine hcl	28	FORA GD50 BLOOD GLUCOSE	
FILSUVEZ	85	FLUOXETINE HCL	28	TEST	88
FINACEA	84	fluphenazine hcl	54	FORA GTEL BLOOD GLUCOSE TEST	88
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FINTEPLA	23	FLUTICASONE FUROATE-		FORA V12 BLOOD GLUCOSE TEST	88
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HEALTHWISE MINI PEN NEEDLES	136	HUMALOG KWIKPEN	31	hydroxyurea	48
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HETLIOZ LQ	110	HYDREA	48	ibu	5
HIBERIX	175	hydrochlorothiazide	93	ibuprofen	5
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HIPREX	15	hydrocodone bit-homatrop mbr	75	iclevia	72
hm adult aspirin	8	hydrocodone-acetaminophen	10	ICLUSIG	44
hm aspirin	8	HYDROCODONE- ACETAMINOPHEN	10	icosapent ethyl	37
hm aspirin ec	8	HYDROCODONE-IBUPROFEN	10	IDHIFA	49
hm aspirin ec low dose	8	HYDROCORT-PRAMOXINE (PERIANAL)	13	IGLUCOSE TEST STRIPS	89
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KIMONO MICRO THIN.....	112	kp folic acid.....	108	LANCETS SUPER THIN.....	121
KIMONO MICRO THIN PLUS.....	112	KRAZATI.....	45	LANCETS SUPER THIN 28G.....	121
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LENVIMA (12 MG DAILY DOSE)	50	lidocaine hcl	83	lopinavir-ritonavir	56
LENVIMA (14 MG DAILY DOSE)	50	lidocaine hcl urethral/mucosal	83	lorazepam	17
LENVIMA (18 MG DAILY DOSE)	51	lidocaine viscous hcl	151	lorazepam intensol	17
LENVIMA (20 MG DAILY DOSE)	51	lidocaine-hydrocort (perianal)	13	LORBRENA	43
LENVIMA (24 MG DAILY DOSE)	51	lidocaine-prilocaine	85	loryna	68
LENVIMA (4 MG DAILY DOSE)	51	lillow	68	losartan potassium	40
LENVIMA (8 MG DAILY DOSE)	51	linezolid	15	losartan potassium-hctz	39
lessina	68	LINZESS	102	LOTEMAX	163
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leucovorin calcium	48	liothyronine sodium	173	loteprednol etabonate	163
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levonorgest-eth estradiol-iron	68	loestrin 1/20 (21)	68	LUPRON DEPOT (6-MONTH)	49
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LIBERTY TEST	90	LONGS LANCETS THIN	121	LYSODREN	42
LIBERVANT	22	LONGS LANCETS ULTRA THIN	121	LYTGOBI (12 MG DAILY DOSE)	45
				LYTGOBI (16 MG DAILY DOSE)	45
				LYTGOBI (20 MG DAILY DOSE)	45

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methylphenidate hcl er (osm)	2	minzoya	MONOJECT SODIUM CHLORIDE	
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OMNIPOD DASH PDM (GEN 4)	129	option 2	71	oxycodone-acetaminophen	12
OMNIPOD DASH PODS (GEN 4)	129	OPTIUMEZ TEST	90	oxymorphone hcl	11
ON CALL EXPRESS BLOOD GLUCOSE	90	ORALAIR	3	OXYMORPHONE HCL ER	11
ondansetron	34	ORALAIR ADULT STARTER PACK	3	P	
ondansetron hcl	34	ORALAIR CHILDRENS STARTER PACK	3	pacerone	18
ONDANSETRON HCL	34	oralone	152	PALFORZIA (1 MG DAILY DOSE)	2
ONE DROP TEST	90	ORENCIA	6	PALFORZIA (12 MG DAILY DOSE)	2
one vite ferrous sulfate	108	ORENCIA CLICKJECT	6	PALFORZIA (120 MG DAILY DOSE)	2
ONE VITE WOMENS PLUS	154	ORENITRAM	62,63	PALFORZIA (160 MG DAILY DOSE)	2
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ONETOUCH DELICA PLUS LANCET30G	123	ORENITRAM MONTH 2	63	PALFORZIA (200 MG DAILY DOSE)	2
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ONETOUCH DELICA SAFETY LANCING	123	ORFADIN	95	PALFORZIA (3 MG DAILY DOSE)	3
ONETOUCH ULTRA	90	ORIAHNN	100	PALFORZIA (300 MG MAINTENANCE)	3
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		oxcarbazepine	24	PAXLOVID (300/100)	58
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peg-3350/electrolytes/ascorbat... ..	110	PHARMACIST CHOICE LANCETS.....	123	PIQRAY (250 MG DAILY DOSE)....	50
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SANDOSTATIN	98	SEREVENT DISKUS	sm nicotine polacrilex	170
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sapropterin dihydrochloride	97	setlakin	33G	125
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SAVAYSA	21	SHINGRIX	26G	125
saxagliptin hcl	30	SHOPKO ON-THE-GO LANCETS	SMART SENSE VALUE TEST	92
saxagliptin-metformin er	31	30G	SMARTEST BLOOD GLUCOSE TEST	92
sb aspirin	9	SHOPKO UNIFINE PENTIPS	SMARTEST LANCETS 28G	125
sb aspirin ec	9	SHOPKO UNIFINE PENTIPS PLUS	sod citrate-citric acid	104
sb childrens aspirin	9	SHOPKO UNILET LANCETS 28G	SODIUM CHLORIDE	76,104
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selenium sulfide	80	sm aspirin	SOLUS V2 TEST	92
SELZENTRY	56	sm aspirin adult low strength	SOLUS V2 TWIST LANCETS 30G	125
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21G	125	sm aspirin ec low strength	SOMAVERT	95
SENSILANCE SAFETY LANCETS		sm aspirin low dose	sorafenib tosylate	47
26G	125	sm childrens aspirin	SORBITOL	104
		sm folic acid	SORBITOL-MANNITOL	105

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