



Avera Traditional Formulary - 2026

Avera Health Plans

2026 Avera Traditional Formulary

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

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

What is the Avera Health Plans Drug Formulary?

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

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

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

Can the Drug Formulary change?

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

How do I use the Drug Formulary?

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

1. Drug Therapeutic Classification

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

2. Alphabetical Listing

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

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

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

Avera Health Plans Drug Formulary

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

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

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

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

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

What if my drug is not on the Drug Formulary?

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

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

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

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

What do the tiers mean on the Drug Formulary?

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

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

Drug Name	Drug Tier	Requirements / Limits
STIMULANTS - MISC.		
<i>armodafinil (150 mg tab, 200 mg tab, 250 mg tab)</i>	1	QL
<i>armodafinil 50 mg tab</i>	1	
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	
<i>methylphenidate</i>	1	
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	1	
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la)</i>	1	
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 45 mg tab er, 54 mg tab er, 63 mg tab er, 72 mg tab er)</i>	1	
<i>methylphenidate hcl er (xr)</i>	1	
<i>modafinil</i>	1	QL
QUILLICHEW ER	3	
QUILLIVANT XR	3	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK	3	QL, AL, PR (Allergist)
PALFORZIA (1 MG DAILY DOSE)	3	AL
PALFORZIA (12 MG DAILY DOSE)	3	AL
PALFORZIA (120 MG DAILY DOSE)	3	AL
PALFORZIA (160 MG DAILY DOSE)	3	AL

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

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

Drug Name	Drug Tier	Requirements / Limits
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	2	PA, QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS		
<i>diclofenac-misoprostol</i>	1	
<i>naproxen-esomeprazole mg</i>	1	QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>diclofenac potassium (25 mg cap, 50 mg tab)</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FENOPROFEN CALCIUM 600 MG TAB	1	
<i>flurbiprofen (50 mg tab, 100 mg tab)</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	1	
<i>indomethacin er</i>	1	
KETOPROFEN ER	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	
MELOXICAM (7.5 MG TAB, 7.5 MG/5ML SUSPENSION, 15 MG TAB)	1	
<i>nabumetone</i>	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>naproxen sodium er</i>	1	
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam</i>	1	
SPRIX	3	QL
<i>sulindac</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA	2	PA, QL
OTEZLA XR	2	PA, QL
OTEZLA/OTEZLA XR INITIATION PK	2	PA, QL
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	2	PA, QL
ORENCIA CLICKJECT	2	PA, QL
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	2	PA, QL
ENBREL MINI	2	PA, QL
ENBREL SURECLICK	2	PA, QL
ANALGESICS - NONNARCOTIC		
ANALGESICS-SEDATIVES		
ALLZITAL	3	QL
<i>bac (butalbital-acetamin-caff)</i>	1	QL
<i>butalbital-acetaminophen (50-300 mg tab, 50-325 mg tab)</i>	1	QL
<i>butalbital-apap-caffeine</i>	1	QL

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam er</i>	1	
ALPRAZOLAM INTENSOL	1	
<i>alprazolam xr</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	
NORPACE CR	3	
<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	
<i>dofetilide</i>	1	
MULTAQ	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>pacerone</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-LIPOXYGENASE INHIBITORS		
<i>zileuton er</i>	1	QL
ZYFLO	3	QL
ADRENERGIC COMBINATIONS		
ANORO ELLIPTA	2	QL
BEVESPI AEROSPHERE	3	QL
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL
<i>breyna</i>	1	QL
BREZTRI AEROSPHERE	2	QL
<i>budesonide-formoterol fumarate</i>	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	2	QL
FLUTICASONE FUROATE-VILANTEROL	1	QL
<i>fluticasone-salmeterol (45-21 mcg/act aerosol, 55-14 mcg/act aer pow ba, 100-50 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 115-21 mcg/act aerosol, 230-21 mcg/act aerosol, 232-14 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL
<i>ipratropium-albuterol</i>	1	
STIOLTO RESPIMAT	2	QL
TRELEGY ELLIPTA	2	QL
<i>wixela inhub</i>	1	QL
ANTI-IGE MONOCLONAL ANTIBODIES		
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	3	PA, QL
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
BIGUANIDES		
<i>metformin hcl (500 mg tab, 500 mg/5ml solution, 1000 mg tab)</i>	1	
<i>metformin hcl 850 mg tab</i>	1	AL
<i>metformin hcl er</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	

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

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 75/25	3	ST
HUMALOG MIX 75/25 KWIKPEN	3	ST
HUMALOG TEMPO PEN	3	ST
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG PENFILL	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	ST
TRESIBA FLEXTOUCH	3	ST
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)		
MOUNJARO	2	PA, QL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
TRULICITY	2	PA, QL

Drug Name	Drug Tier	Requirements / Limits
INSULIN-INCRETIN MIMETIC COMBINATIONS		
SOLIQUA	2	ST, QL
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 300 mg tab</i>	1	PA, AL
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS		
QTERN	2	QL
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	
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS		
<i>pioglitazone hcl-glimepiride</i>	1	QL
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
GLIPIZIDE (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide</i>	1	
GLYBURIDE MICRONIZED	1	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
<i>pioglitazone hcl-metformin hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
THIAZOLIDINEDIONES		
<i>pioglitazone hcl</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	3	PA, QL
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX	3	
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
MOTOFEN	3	
OPIUM	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	3	
<i>deferasirox (125 mg tab sol, 250 mg tab sol, 500 mg tab sol)</i>	1	PA
<i>deferasirox (90 mg packet, 90 mg tab, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab)</i>	1	PA
<i>deferasirox granules</i>	1	PA
<i>deferiprone</i>	1	PA
FERRIPROX 100 MG/ML SOLUTION	3	PA
FERRIPROX TWICE-A-DAY	3	PA
PENTETATE CALCIUM TRISODIUM	3	
PENTETATE ZINC TRISODIUM	3	
VISTOGARD	3	
OPIOID ANTAGONISTS		
KLOXXADO	3	

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>captopril</i>	1	
<i>enalapril maleate (1 mg/ml solution, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	1	
QBRELIS	3	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
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 (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine</i>	1	
<i>phenoxybenzamine hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES		
<i>amlodipine-valsartan-hctz</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
TELMISARTAN-AMLODIPINE	1	
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE		
<i>candesartan cilexetil-hctz</i>	1	
EDARBYCLOR	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
EDARBI	3	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
<i>valsartan 4 mg/ml solution</i>	1	QL, AL
ANTIADRENERGICS - CENTRALLY ACTING		
<i>clonidine</i>	1	QL
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	
METHYLDOPA (250 MG TAB, 500 MG TAB)	1	
ANTIADRENERGICS - PERIPHERALLY ACTING		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ANTIHYPERTENSIVES - MISC.		
VECAMYL	2	
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	QL
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	QL
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine</i>	1	PA
<i>quinine sulfate</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	3	PA
<i>pyridostigmine bromide (30 mg tab, 60 mg tab)</i>	1	QL

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>ziprasidone hcl</i>	1	QL, AL
BENZISOXAZOLES		
<i>paliperidone er</i>	1	QL, AL
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1	QL, AL
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab)</i>	1	AL
BUTYROPHENONES		
<i>haloperidol</i>	1	AL
<i>haloperidol lactate 2 mg/ml conc</i>	1	AL
DIBENZO-OXEPINO PYRROLES		
<i>asenapine maleate</i>	1	QL, AL
DIBENZODIAZEPINES		
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	QL, AL
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	AL
<i>quetiapine fumarate er</i>	1	QL, AL
DIBENZOAZEPINES		
<i>loxapine succinate</i>	1	AL
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	AL
<i>compro</i>	1	AL
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1	AL
<i>perphenazine</i>	1	AL
<i>prochlorperazine</i>	1	AL

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	
BETA BLOCKERS		
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	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	QL
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL	3	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (af)</i>	1	
SOTYLIZE	3	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
KATERZIA	3	AL
<i>matzim la</i>	1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine 30 mg cap</i>	1	
<i>nisoldipine er (8.5 mg tab er 24h, 17 mg tab er 24h, 20 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h)</i>	1	
NORLIQVA	3	QL, AL
NYMALIZE	3	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LANOXIN (62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB)	3	
CARDIOVASCULAR AGENTS - MISC.		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB		
<i>amlodipine-atorvastatin</i>	1	
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	3	PA, QL
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB		
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	2	AL
<i>sacubitril-valsartan</i>	1	
NITRATE & VASODILATOR COMBINATIONS		
<i>isosorb dinitrate-hydralazine</i>	1	
PROSTAGLANDIN - IMPOTENCE AGENTS		
CAVERJECT	3	QL
CAVERJECT IMPULSE	3	QL
EDEX (2 CARTRIDGE)	3	QL
EDEX (6 CARTRIDGE)	3	QL
PROSTAGLANDIN VASODILATORS		
ORENITRAM (0.125 MG TAB ER, 0.25 MG TAB ER, 1 MG TAB ER)	2	PA, QL
ORENITRAM 2.5 MG TAB ER	2	PA, QL
ORENITRAM 5 MG TAB ER	2	PA, QL
ORENITRAM MONTH 1	2	PA
ORENITRAM MONTH 2	2	PA
ORENITRAM MONTH 3	2	PA
TYVASO DPI INSTITUTIONAL KIT (32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	3	PA, QL
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	3	PA, QL

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

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI 200 & 800 MCG TAB THPK	3	PA
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS		
<i>avanafil</i>	1	QL
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL
<i>tadalafil</i>	1	QL
<i>vardenafil hcl</i>	1	QL
SINUS NODE INHIBITORS		
CORLANOR 5 MG/5ML SOLUTION	3	AL
<i>ivabradine hcl</i>	1	QL
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	3	PA
VYNDAQEL	3	PA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	3	QL
CEPHALOSPORINS		
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/5ml recon susp, 500 mg cap, 750 mg cap)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	

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

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

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

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

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

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

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

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

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

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

ALKINDI SPRINKLE	3	AL
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er</i>	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	1	
EOHILIA	3	PA, QL
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>maxi-tuss ac</i>	1	AL
<i>virtussin a/c</i>	1	AL
<i>virtussin ac w/alc</i>	1	AL
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT		
TUSNEL C	1	
DECONGESTANT & ANTIHISTAMINE		
PROMETHAZINE-PHENYLEPHRINE	1	
IODINE EXPECTORANTS		
POTASSIUM IODIDE (EXPECTORANT)	1	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	3	
NEBUSAL 3 % NEBU SOLN	1	
PULMOSAL	1	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
<i>promethazine-dm</i>	1	
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
HYDROCOD POLI-CHLORPHE POLI ER	1	AL
<i>promethazine-codeine</i>	1	AL
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
PRO-RED AC	3	AL
DERMATOLOGICALS		
ACNE ANTIBIOTICS		
AMZEEQ	3	

Drug Name	Drug Tier	Requirements / Limits
<i>clindacin</i>	1	
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos (once-daily)</i>	1	
<i>clindamycin phos (twice-daily)</i>	1	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>dapsone (5 % gel, 7.5 % gel)</i>	1	
ERY	1	
ERYTHROMYCIN (2 % GEL, 2 % SOLUTION)	1	
<i>sulfacetamide sodium (acne)</i>	1	
ACNE COMBINATIONS		
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)</i>	1	QL
AVAR CLEANSER	1	
AVAR-E EMOLLIENT	1	
<i>avar-e green</i>	1	
BENZOYL PEROX-HYDROCORTISONE	1	
<i>benzoyl peroxide-erythromycin</i>	1	
BP 10-1	1	
<i>clindamycin phos-benzoyl perox</i>	1	
<i>clindamycin-tretinoin</i>	1	QL
<i>neuac 1.2-5 % gel</i>	1	
PLEXION CLEANSING CLOTH	3	
SSS 10-5 (10-5 % CREAM, 10-5 % FOAM)	1	
SULFACETAMIDE SOD-SULFUR WASH (9-4 % LIQUID, 9-4.5 % LIQUID)	1	
SULFACETAMIDE SODIUM-SULFUR (8-4 % SUSPENSION, 9-4 % LIQUID, 9-4.5 % LIQUID, 9.8-4.8 % CREAM, 9.8-4.8 % LIQUID, 9.8-4.8 % LOTION, 10-1 % EMULSION, 10-2 % CREAM, 10-2 % LIQUID, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	1	

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	
AMCINONIDE 0.1 % OINTMENT	1	
APEXICON E	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
BRYHALI	3	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
CLOCORTOLONE PIVALATE	1	
<i>clodan 0.05 % shampoo</i>	1	
CORDRAN 4 MCG/SQCM TAPE	3	
<i>desonide (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	1	
<i>diflorasone diacetate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate 667 mg tab</i>	1	
FERRIC CITRATE	1	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	3	QL
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)		
VELSIPITY	3	PA, QL
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	3	PA, QL
TUMOR NECROSIS FACTOR ALPHA BLOCKERS		
CIMZIA	2	PA, QL
CIMZIA (1 SYRINGE)	2	PA, QL
CIMZIA (2 SYRINGE)	2	PA, QL
CIMZIA-STARTER	2	PA, QL
ZYMFENTRA (1 PEN)	3	PA, QL
ZYMFENTRA (2 PEN)	3	PA, QL
ZYMFENTRA (2 SYRINGE)	3	PA, QL
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride</i>	1	QL
<i>finasteride 5 mg tab</i>	1	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS		
<i>alfuzosin hcl er</i>	1	QL
CARDURA XL	3	
<i>silodosin</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>tamsulosin hcl</i>	1	
CITRATES		
CYTRA K CRYSTALS	1	
ORACIT	3	
ORAL CITRATE	3	
<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	3	
PROCYSBI	3	PA
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG		
FILSPARI	3	PA, QL
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	2	
PHOSPHATES		
K-PHOS NO 2	3	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS		
<i>dutasteride-tamsulosin hcl</i>	1	
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)		
RIVFLOZA	3	PA
URINARY ANALGESICS		
<i>phenazo 200 mg tab</i>	1	
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	1	

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>na sulfate-k sulfate-mg sulf</i>	1	AL
<i>peg 3350-kcl-na bicarb-nacl</i>	1	AL
<i>peg-3350/electrolytes</i>	1	AL
<i>peg-3350/electrolytes/ascorbat</i>	1	AL
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	AL
PEG-PREP	3	AL
PLENVU	3	AL
SUFLAVE	3	AL
SUTAB	3	AL
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	
<i>kristalose</i>	1	
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm packet, 20 gm/30ml solution)</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
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		
E.E.S. 400	1	
<i>ery-tab</i>	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH PEN NEEDLES	0	
EASY TOUCH SAFETY PEN NEEDLES	0	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	0	QL
EMBECTA AUTOSHIELD DUO	0	
EMBECTA INS SYR U/F 1/2 UNIT	0	QL
EMBECTA INSULIN SYRINGE	0	QL
EMBECTA INSULIN SYRINGE U-100	0	QL
EMBECTA INSULIN SYRINGE U-500	0	
EMBECTA INSULIN SYRINGE U/F	0	QL
EMBECTA PEN NEEDLE NANO	0	
EMBECTA PEN NEEDLE NANO 2 GEN	0	
EMBECTA PEN NEEDLE U/F	0	
EMBECTA PEN NEEDLE ULTRAFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 6 MISC)	0	
EMBRACE PEN NEEDLES	0	
EQL INSULIN SYRINGE	0	QL
EXEL COMFORT POINT INSULIN SYR	0	QL
EXEL COMFORT POINT PEN NEEDLE	0	
FIFTY50 PEN NEEDLES	0	
FIFTY50 SUPERIOR COMFORT SYR	0	QL
FREDS PHARMACY UNIFINE PENTIP+	0	
FREDS PHARMACY UNIFINE PENTIPS	0	
GLOBAL EASE INJECT PEN NEEDLES	0	
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML MISC	0	QL
GLOBAL EASY GLIDE PEN NEEDLES	0	
GLOBAL INJECT EASE INSULIN SYR	0	QL
GLOBAL INSULIN SYRINGES	0	QL

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
MIGERGOT	1	
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	1	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1	QL
ERGOMAR	3	
MIGRAINE PRODUCTS - NSAIDS		
<i>diclofenac potassium(migraine)</i>	1	QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1)		
<i>almotriptan malate</i>	1	QL
<i>eletriptan hydrobromide</i>	1	QL
<i>frovatriptan succinate</i>	1	QL
<i>naratriptan hcl</i>	1	QL
ONZETRA XSAIL	3	
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL
SUMATRIPTAN SUCCINATE REFILL	1	QL
ZEMBRACE SYMTOUCH	3	QL
<i>zolmitriptan (2.5 mg solution, 2.5 mg tab, 2.5 mg tab disp, 5 mg solution, 5 mg tab, 5 mg tab disp)</i>	1	QL
MINERALS & ELECTROLYTES		
BICARBONATES		
SODIUM BICARBONATE 8.4 % SOLUTION	1	
FLUORIDE		
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	1	AL
FLUORIDE COMBINATIONS		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	3	

Drug Name	Drug Tier	Requirements / Limits
IODINE PRODUCTS		
IODINE STRONG	1	
PHOSPHATE		
PHOSPHA 250 NEUTRAL	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	1	
PHOSPHOROUS	1	
<i>virt-phos 250 neutral</i>	1	
WES-PHOS 250 NEUTRAL	1	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	1	
<i>k-prime</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 20 meq packet</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	1	
POTASSIUM COMBINATIONS		
EFFER-K (10 EFFER TAB, 20 EFFER TAB)	3	
ZINC		
GALZIN	3	
WILZIN	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
MACROLIDE IMMUNOSUPPRESSANTS		
ASTAGRAF XL	3	
ENVARUSUS XR	3	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	3	AL
PROGRAF (0.5 MG CAP, 1 MG CAP, 5 MG CAP)	3	
RAPAMUNE 1 MG/ML SOLUTION	3	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
MONOCLONAL ANTIBODIES		
ENSPRYNG	3	PA
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB		
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK)	3	PA, QL
VIJOICE 50 MG PACKET	3	PA, QL
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	1	
LOKELMA	3	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	1	
<i>sps (sodium polystyrene sulf) (15 gm/60ml suspension, 30 gm/120ml suspension)</i>	1	
VELTASSA	3	
PURINE ANALOGS		
<i>azasan</i>	1	
<i>azathioprine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ROCK INHIBITORS		
REZUROCK	3	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTIC COMBINATIONS - MOUTH/THROAT		
DEBACTEROL	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
PROTECTANTS - MOUTH/THROAT		
ORAFATE	3	
ORAMAGICRX	3	
PROTHELIAL	3	
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		
PED MULTI VITAMINS W/FL & FE		
FLORAFOL FE PEDIATRIC	3	AL

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>chlorzoxazone (375 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>cyclobenzaprine hcl er</i>	1	
<i>fexmid</i>	1	
<i>lorzone</i>	1	
<i>metaxalone (400 mg tab, 800 mg tab)</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
MUSCLE RELAXANT COMBINATIONS		
ORPHENADRINE-ASPIRIN-CAFFEINE	1	
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS		
SOHONOS 1 MG CAP	3	PA, QL
SOHONOS 1.5 MG CAP	3	PA, QL
SOHONOS 10 MG CAP	3	PA, QL
SOHONOS 2.5 MG CAP	3	PA, QL
SOHONOS 5 MG CAP	3	PA, QL
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ANTI-HISTAMINE-STEROID		
<i>azelastine-fluticasone</i>	1	QL, AL
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	QL
NASAL ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	1	QL

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

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

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

Drug Name	Drug Tier	Requirements / Limits
BACITRACIN 500 UNIT/GM OINTMENT	1	
BESIFLOXACIN HCL	1	
CILOXAN 0.3 % OINTMENT	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<i>gatifloxacin</i>	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
KLARITY-A	3	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TOBREX	3	
OPHTHALMIC ANTIFUNGAL		
NATACYN	3	
OPHTHALMIC ANTIVIRALS		
TRIFLURIDINE	1	
ZIRGAN	3	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide</i>	1	
DORZOLAMIDE HCL	1	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	QL
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	3	
ALTACAINE	1	
<i>proparacaine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TETRACAINE HCL 0.5 % SOLUTION	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	3	PA, QL
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	3	
<i>bromfenac sodium</i>	1	AL
<i>bromfenac sodium (once-daily)</i>	1	AL
<i>diclofenac sodium 0.1 % solution</i>	1	
FLURBIPROFEN SODIUM	1	
ILEVRO	3	AL
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
NEVANAC	3	AL
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS		
APRACLONIDINE HCL	1	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	1	
IOPIDINE	3	
OPHTHALMIC STEROID COMBINATIONS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
<i>loteprednol-tobramycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
TOBRADEX ST	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin-dexamethasone</i>	1	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
FML FORTE	2	
INVELTYS	3	
LOTEMAX 0.5 % OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i>	1	
MAXIDEX	3	
PRED MILD	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE P-F	3	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
OPHTHALMIC SULFONAMIDES		
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM	3	
OPHTHALMICS - BLEPHAROPTOSIS AGENTS		
UPNEEQ	3	AL
OPHTHALMICS - CYSTINOSIS AGENTS		
CYSTARAN	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	1	

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

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

Drug Name	Drug Tier	Requirements / Limits
ALZHEIMER'S TREATMENT - ANTI-AMYLOID ANTIBODIES		
LEQEMBI IQLIK	3	PA, QL
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	3	PA, QL
LUMRYZ STARTER PACK	3	PA
<i>sodium oxybate</i>	2	PA, QL
SODIUM OXYBATE	2	PA, QL
ANTIDEMENTIA AGENT COMBINATIONS		
<i>memantine hcl-donepezil hcl</i>	1	QL
<i>memantine hcl-donepezil hcl er</i>	1	QL
NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK	2	
NAMZARIC 7-10 MG CAP ER 24H	2	QL
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS		
TEGSEDI	3	PA
WAINUA	3	PA, QL
BENZODIAZEPINES & TRICYCLIC AGENTS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
CHOLINOMIMETICS - ACHE INHIBITORS		
ADLARITY	3	QL
<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	1	QL
<i>donepezil hcl 23 mg tab</i>	1	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	QL
<i>rivastigmine</i>	1	QL
<i>rivastigmine tartrate</i>	1	QL
FIBROMYALGIA AGENT - SNRIS		
SAVELLA	2	QL

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

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

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

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

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

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

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

TOXOIDS

TOXOID COMBINATIONS

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTICHOLINERGIC COMBINATIONS

BELLADONNA ALKALOIDS-OPIUM	3	
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Drug Name	Drug Tier	Requirements / Limits
<i>chlordiazepoxide-clidinium</i>	1	
PB-HYOSCY-ATROPINE-SCOPOLAMINE (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	1	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
PHENOHYTRO (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	1	
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	
<i>hyoscyamine sulfate er</i>	1	
HYOSCYAMINE SULFATE SL	1	
HYOSYNE	1	
NULEV	1	
OSCIMIN	1	
H-2 ANTAGONISTS		
<i>cimetidine (300 mg tab, 400 mg tab)</i>	1	
<i>cimetidine hcl</i>	1	AL
<i>famotidine 40 mg/5ml recon susp</i>	1	AL
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	1	QL
<i>esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)</i>	1	QL, AL
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	QL

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
PHEXXI	0	
VAGINAL ESTROGENS		
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	1	
ESTRING	2	
FEMRING	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
PREMARIN 0.625 MG/GM CREAM	2	
<i>yuvafem</i>	1	
VAGINAL PROGESTINS		
CRINONE	3	
FIRST-PROGESTERONE VGS 200 MG SUPPOS	2	
<i>progesterone 100 mg insert</i>	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln prsyr)</i>	1	QL
NEFFY	3	QL
<i>midodrine hcl</i>	1	
VITAMINS		
VITAMIN D		
<i>d3-50</i>	1	
<i>decara 1.25 mg (50000 ut) cap</i>	1	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>optimal d3</i>	1	
<i>true vitamin d3 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	

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

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CREON	91	CYCLOSERINE	44	DEPAKOTE ER	30
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(CONCENTRATED)	34	HYPOCYN	89	indomethacin	11
HUMULIN R U-500 KWIKPEN	34	HYPOLANCE AST LANCING	125	indomethacin er	11
HY-VEE LANCETS	125			INFANRIX	179
HY-VEE THIN LANCETS	125			INFINITY CONTROL	125
HYCAMTIN	53	ibandronate sodium	92	INFINITY VOICE	125
HYCLODEX	89	IBRANCE	51	INGREZZA	173
hydralazine hcl	43	IBTROZI	50	INJECT-EASE	142
hydrochlorothiazide	92	ibu	11	INLYTA	53
HYDROCOD POLI-CHLORPHE POLI		ibuprofen	11	INNOSPIRE REPLACEMENT	
ER	77	icatibant acetate	104	FILTER	149
hydrocodone bit-homatrop mbr	76	iclevia	73	INPEN 100-BLUE-LILLY-	
HYDROCODONE BITARTRATE ER	16	ICLUSIG	46	HUMALOG	142
hydrocodone-acetaminophen	15	icosapent ethyl	39	INPEN 100-BLUE-NOVOLOG-	
HYDROCODONE-IBUPROFEN	15	IDHIFA	52	FIASP	142
HYDROCORT-PRAMOXINE		IHEALTH CONTROL SOLUTION	125	INPEN 100-GREY-LILLY-	
(PERIANAL)	18	IHEALTH LANCING DEVICE	125	HUMALOG	142
hydrocortisone	18,75,85	ILEVRO	168	INPEN 100-GREY-NOVOLOG-	
hydrocortisone (perianal)	18	imatinib mesylate	46	FIASP	142
HYDROCORTISONE ACE-		IMBRUVICA	47	INPEN 100-PINK-LILLY-	
PRAMOXINE	18,89	imipramine hcl	32	HUMALOG	142
HYDROCORTISONE ACETATE	18	imiquimod	86	INPEN 100-PINK-NOVOLOG-	
HYDROCORTISONE BUTYRATE	85	imiquimod pump	86	FIASP	142
hydrocortisone sod suc (pf)	76	IMPAVIDO	19	INQOVI	50
hydrocortisone valerate	85	IMVEXXY MAINTENANCE PACK	186	INREBIC	52
hydrocortisone-acetic acid	170	IMVEXXY STARTER PACK	186	INSPIREASE	152
hydrocortisone-iodoquinol	81	IN TOUCH GLUCOSE CONTROL	125	INSULIN SYRINGE	142
hydromet	76	IN TOUCH LANCING DEVICE	125	INSULIN SYRINGE-NEEDLE U-100	142
HYDROMORPHONE HCL	16	IN TOUCH STERILE LANCETS		INSULIN SYRINGE/NEEDLE	142
hydromorphone hcl er	16	30G	125	INSUPEN PEN NEEDLES	142
hydroxychloroquine sulfate	43	IN-CHECK DIAL FLOW TRAINER	149	INSUPEN SENSITIVE	142
hydroxyurea	51			INSUPEN ULTRAFIN	142

INSUPEN32G EXTR3ME	142	jantoven	26	ketodan	86
INTELENCE	59	jasmiel	69	KETONE TEST	90
INTRAROSA	185	JATENZO	17	KETOPROFEN ER	11
introvale	73	javygtor	95	ketorolac tromethamine	11,168
INVELTYS	169	JAYPIRCA	47	KETOSTIX	90
IODINE STRONG	155	jencycla	74	KEVZARA	10
IDOQUIMEZ-HC	81	JESDUVROQ	107	KIMONO	112
IDOQUINOL-HC-ALOE		jinteli	97	KIMONO COLORS	112
POLYSACCH	81	JOENJA	156	KIMONO MAXX-LARGE FLARE	112
IDOQUINOL-HYDROCORTISONE-		jolessa	73	KIMONO MICRO THIN	112
ALOE	81	joyeaux	69	KIMONO MICRO THIN PLUS	112
IOPIDINE	168	JUBLIA	86	KIMONO PLUS	112
IPOL	184	juleber	69	KIMONO PS	112
ipratropium bromide	24,163	JULUCA	58	KIMONO PS PLUS	112
ipratropium-albuterol	23	junel 1.5/30	69	KIMONO SENSATION	112
IQRVO	101	junel 1/20	69	KIMONO SENSATION PLUS	112
irbesartan	42	junel fe 1.5/30	69	KIMONO SPECIAL	112
irbesartan-hydrochlorothiazide	42	junel fe 1/20	69	KINERET	10
ISENTRESS	58	junel fe 24	69	KINNEY LANCETS	125
ISENTRESS HD	58	JYLAMVO	45	KINNEY THIN LANCETS	125
isibloom	69	JYNNEOS	184	KINRAY INSULIN SYRINGE	142
isoniazid	44			KINRIX	179
isopropyl alcohol	89	K		kionex	157
isopropyl alcohol wipes	89	K-PHOS NO 2	103	KISQALI (200 MG DOSE)	51
isosorb dinitrate-hydralazine	64	k-prime	155	KISQALI (400 MG DOSE)	51
isosorbide dinitrate	21	K-Y ME & YOU EXTRA		KISQALI (600 MG DOSE)	51
isosorbide mononitrate	21	LUBRICATED	112	KITABIS PAK	9
isosorbide mononitrate er	21	K-Y ME & YOU INTENSE	112	KLARITY-A	167
isotretinoin	79	kaitlib fe	69	klayesta	80
isradipine	63	kalliga	69	KLISYRI (250 MG)	87
ISTURISA	93	KALYDECO	177	KLISYRI (350 MG)	87
ITOVEBI	52	KAMELEON LUBRICATED	112	klor-con	155
itraconazole	38	kariva	67	klor-con 10	155
ivabradine hcl	66	KATERZIA	63	klor-con m10	155
ivermectin	19,88	kelnor 1/35	69	klor-con m15	155
IWILFIN	52	kelnor 1/50	69	klor-con m20	155
		KERALYT	86	klor-con/ef	155
		KERENDIA	95	KLOXXADO	36
J		KESIMPTA	174	cls aspirin low dose	14
J-TIP KIT W/VIAL ADAPTERS	142	KETO-DIASTIX	90	cls quit2	175
jaimiess	73	ketoconazole	38,86	cls quit4	175
JAKAFI	52				

KMART VALU INSULIN SYRINGE 29G.....	142	lamivudine-zidovudine.....	58	LEDIPASVIR-SOFOSBUVIR.....	61
KMART VALU INSULIN SYRINGE 30G.....	142	lamotrigine.....	28	leena.....	74
KOSELUGO.....	48	lamotrigine er.....	28	leflunomide.....	12
kourzeq.....	158	lamotrigine starter kit-blue.....	28	lenalidomide.....	156
kp aspirin.....	14	lamotrigine starter kit-green.....	28	LENVIMA (10 MG DAILY DOSE).....	53
kp folic acid.....	107	lamotrigine starter kit-orange.....	28	LENVIMA (12 MG DAILY DOSE).....	53
KRAZATI.....	48	LAMPIT.....	19	LENVIMA (14 MG DAILY DOSE).....	53
kristalose.....	109	LANCET DEVICE.....	125	LENVIMA (18 MG DAILY DOSE).....	53
KROGER AUTOLET LANCING DEVICE.....	125	LANCET DEVICE WITH EJECTOR.....	125	LENVIMA (20 MG DAILY DOSE).....	53
KROGER HEALTHPRO CONTROL HI/LO.....	125	LANCETS.....	126	LENVIMA (24 MG DAILY DOSE).....	54
KROGER HEALTHPRO LANCET 26G.....	125	LANCETS 28G THIN.....	126	LENVIMA (4 MG DAILY DOSE).....	54
KROGER INSULIN SYRINGE.....	142	LANCETS 30G.....	126	LENVIMA (8 MG DAILY DOSE).....	54
KROGER LANCETS.....	125	LANCETS 33G.....	126	LEQEMBI IQLIK.....	172
KROGER LANCETS 21G.....	125	LANCETS MICRO THIN 33G.....	126	lessina.....	69
KROGER LANCETS MICRO THIN 33G.....	125	LANCETS SUPER THIN.....	126	letrozole.....	51
KROGER LANCETS SUPER THIN.....	125	LANCETS SUPER THIN 28G.....	126	leucovorin calcium.....	51
KROGER LANCETS THIN.....	125	LANCETS THIN.....	126	LEUKERAN.....	52
KROGER LANCETS THIN 26G.....	125	LANCETS ULTRA THIN.....	126	leuprolide acetate.....	52
KROGER LANCETS ULTRATHIN 30G.....	125	LANCETS ULTRA THIN 30G.....	126	levalbuterol hcl.....	24
KROGER LANCING DEVICE.....	125	LANCING DEVICE.....	126	LEVALBUTEROL TARTRATE.....	24
KROGER PEN NEEDLES.....	142	LANOXIN.....	64	levetiracetam.....	28
kurvelo.....	69	lansoprazole.....	181	levetiracetam er.....	28
KYZATREX.....	17	lanthanum carbonate.....	102	levo-t.....	178
		LANTUS.....	34	LEVOBUNOLOL HCL.....	165
		LANTUS SOLOSTAR.....	34	levocarnitine.....	93
		LANZO.....	126	levocarnitine sf.....	93
		lapatinib ditosylate.....	49	levofloxacin.....	99
		larin 1.5/30.....	69	levonest.....	74
		larin 1/20.....	69	levonorg-eth estrad triphasic.....	74
		larin 24 fe.....	69	levonorgest-eth est & eth est.....	73
		larin fe 1.5/30.....	69	levonorgest-eth estrad 91-day.....	73
		larin fe 1/20.....	69	levonorgest-eth estradiol-iron.....	69
		LATANOPROST.....	170	levonorgestrel.....	73
		layolis fe.....	69	levonorgestrel-ethinyl estrad..	70,72
		LAZCLUZE.....	47	levora 0.15/30 (28).....	70
		LDO PLUS.....	87	levorphanol tartrate.....	16
		LEADER ADVANCED LANCING DEVICE.....	126	LEVOTHYROXINE SODIUM.....	178
		LEADER INSULIN SYRINGE.....	142	levoxyl.....	178
		LEADER UNIFINE PENTIPS.....	142	LEVULAN KERASTICK.....	88
		LEADER UNIFINE PENTIPS PLUS.....	142	LIBERTY GLUCOSE CONTROL.....	126
				LIBERTY GLUCOSE CONTROL MID.....	126

LIBERTY MEDICAL LANCETS . . .	126	LIVTENCITY	60	lutera	70
LIBERTY MINI LANCING DEVICE	126	LO LOESTRIN FE	67	lyleq	74
LIBERVANT	27	lo-zumandimine	70	lyllana	98
lidocaine	87	loestrin 1.5/30 (21)	70	LYNPARZA	53
lidocaine hcl	87	loestrin 1/20 (21)	70	LYSODREN	44
LIDOCAINE HCL	158	loestrin fe 1.5/30	70	LYTGOBI (12 MG DAILY DOSE)	47
lidocaine hcl urethral/mucosal	87	loestrin fe 1/20	70	LYTGOBI (16 MG DAILY DOSE)	47
lidocaine viscous hcl	158	lojaimiess	73	LYTGOBI (20 MG DAILY DOSE)	47
lidocaine-prilocaine	89	LOKELMA	157	lyza	74
lidocan	87	lomustine	52		
LIDOPIN	87	LONGS INSULIN SYRINGE	143	M	
LIKMEZ	19	LONGS LANCETS STANDARD	126	M-M-R II	183
linezolid	20	LONGS LANCETS THIN	126	MAFENIDE ACETATE	83
LINZESS	100	LONGS LANCETS ULTRA THIN	126	MAGELLAN INSULIN SAFETY SYR	143
liomny	179	LONSURF	51	malathion	88
liothyronine sodium	179	lopinavir-ritonavir	58	MARATHON MEDICAL PENTIPS	143
lisdexamfetamine dimesylate	7	lorazepam	22	maraviroc	58
lisinopril	41	lorazepam intensol	22	marlissa	70
lisinopril-hydrochlorothiazide	41	LORBRENA	45	MASK VORTEX/CHILD/FROG	152
LITE TOUCH LANCETS	126	loryna	70	MASK	
LITE TOUCH LANCING PEN	126	lorzone	163	VORTEX/TODDLER/LADYBUG	152
LITETOUCH INSULIN SYRINGE	142	losartan potassium	42	MATULANE	51
LITETOUCH LANCETS	126	losartan potassium-hctz	42	matzim la	63
LITETOUCH MASK LARGE	149	LOTEMAX	169	MAVYRET	61
LITETOUCH MASK MEDIUM	149	LOTEMAX SM	169	MAXI-COMFORT INSULIN	
LITETOUCH MASK SMALL	149	loteprednol etabonate	169	SYRINGE	143
LITETOUCH PEN NEEDLES	142	loteprednol-tobramycin	168	MAXI-COMFORT SAFETY PEN	
LITFULO	80	lovastatin	40	NEEDLE	143
lithium	55	low-ogestrel	70	maxi-tuss ac	77
lithium carbonate	55	loxapine succinate	56	MAXICOMFORT II PEN NEEDLE	143
lithium carbonate er	55	lubiprostone	99	MAXICOMFORT SYR 27G X 1/2"	143
LITHOBID	55	luizza 1.5/30	70	MAXIDEX	169
LITHOSTAT	104	luizza 1/20	70	MAXX	112
LIVDELZI	101	LUMAKRAS	48	MAXX PLUS	112
LIVE BETTER ADV LANCING		LUMIGAN	170	MAYZENT	176
DEVICE	126	LUMRYZ	172	MAYZENT STARTER PACK	176
LIVE BETTER LANCET SUPER		LUMRYZ STARTER PACK	172	MB CAPS	20
THIN	126	LUNG PERFORM PEAK FLOW		mct oil	164
LIVE BETTER LANCET ULTRA		METER	147	ME/NAPHOS/MB/HYO1	20
THIN	126	LUPKYNIS	156	meclizine hcl	37
LIVMARLI	100	lurasidone hcl	55	MECLOFENAMATE SODIUM	11

MEDIC INSULIN SYRINGE	143	MEIJER SUPER THIN LANCETS	127	methylphenidate	8
MEDICHOICE SAFETY LANCET	126	MEKINIST	48	methylphenidate hcl	8
MEDICHOICE SAFETY LANCET EXTRA	126	MEKTOVI	48	METHYLPHENIDATE HCL ER	8
MEDICHOICE SAFETY LANCET NORM	127	meleya	74	methylphenidate hcl er (cd)	8
MEDICINE SHOPPE PEN NEEDLES	143	MELOXICAM	11	methylphenidate hcl er (la)	8
MEDISENSE GLUCOSE KETONE CONTR	127	memantine hcl	174	methylphenidate hcl er (osm)	8
MEDISENSE HI/MID/LOW CONTROL	127	MEMANTINE HCL	174	methylphenidate hcl er (xr)	8
MEDLANCE EXTRA 21G	127	memantine hcl er	174	methylprednisolone	76
MEDLANCE LITE 25G	127	memantine hcl-donepezil hcl	172	methyltestosterone	18
MEDLANCE PLUS EXTRA 21G	127	memantine hcl-donepezil hcl er	172	metoclopramide hcl	99
MEDLANCE PLUS LANCETS	127	MENEST	98	metolazone	92
MEDLANCE PLUS LITE 25G	127	MENOSTAR	98	metoprolol succinate er	62
MEDLANCE PLUS SPECIAL 0.8MM	127	MENQUADFI	182	metoprolol tartrate	62
MEDLANCE PLUS SUPERLITE 30G	127	MENVEO	182	metoprolol-hydrochlorothiazide	43
MEDLANCE PLUS UNIVERSAL 21G	127	MEPERIDINE HCL	16	metronidazole	19,88
MEDLANCE UNIVERSAL 21G	127	mercaptopurine	45	metyrosine	41
medpura alcohol pads	89	merzee	70	mexiletine hcl	22
MEDROL	76	mesalamine	100	mibelas 24 fe	70
medroxyprogesterone acetate	171	mesalamine er	100	MICROCHAMBER	152
mefenamic acid	11	mesalamine-cleanser	100	MICRODOT CONTROL HIGH/LOW	127
mefloquine hcl	43	mesna	53	MICRODOT PEN NEEDLE	143
megestrol acetate	53	metaxalone	163	microgestin 1.5/30	70
MEGESTROL ACETATE	171	metformin hcl	32	microgestin 1/20	70
MEIJER ALCOHOL SWABS	111	metformin hcl er	32	microgestin 24 fe	70
MEIJER LANCETS	127	methadone hcl	16	microgestin fe 1.5/30	70
MEIJER LANCETS THIN	127	methadone hcl intensol	16	microgestin fe 1/20	70
MEIJER LANCETS UNIVERSAL 21G	127	methadose	16	MICROLET LANCETS	127
MEIJER LANCETS UNIVERSAL 30G	127	methazolamide	91	MICROLET NEXT LANCING DEVICE	127
MEIJER LANCETS UNIVERSAL 33G	127	methenamine hippurate	20	MICROLIFE DIGITAL PEAK FLOW	147
MEIJER PEN NEEDLES	143	methenamine mandelate	20	MICROSPACER	152
		methergine	170	midodrine hcl	186
		methimazole	178	mifepristone	35
		METHITEST	17	MIGERGOT	154
		methocarbamol	163	MIGLITOL	32
		METHOTREXATE SODIUM	45	miglustat	106
		methotrexate sodium (pf)	45	mili	70
		METHOXSALEN RAPID	82	mimvey	97
		methscopolamine bromide	181	MINI LANCING DEVICE	127
		methsuximide	30		
		METHYLDOPA	42		
		methylergonovine maleate	170		

MINI WRIGHT PEAK FLOW METER	147	MOVANTIK	101	NAMZARIC	172
minocycline hcl	178	moxifloxacin hcl	99,167	naproxen	11
minoxidil	43	MOXIFLOXACIN HCL (2X DAY)	167	naproxen dr	12
minzoya	70	MPD SAFETY LANCET 21G	128	naproxen sodium	12
mirabegron er	182	MPD SAFETY LANCET 23G	128	naproxen sodium er	12
mirtazapine	30	MPD SAFETY LANCET 28G	128	naproxen-esomeprazole mg	11
misoprostol	181	MPD SAFETY LANCET 30G	128	naratriptan hcl	154
mm aspirin	14	MRESVIA	184	NATACYN	167
MM INSULIN SYRINGE/NEEDLE	143	MS INSULIN SYRINGE	143	NATALVIT	160
MM LANCING DEVICE	127	MULPLETA	107	NATAZIA	73
MM PEN NEEDLES	143	MULTAQ	22	nateglinide	35
MM TWIST LANCETS	127	MULTI-LANCET DEVICE	128	NAYZILAM	27
MNEXSPIKE	184	MULTI-LANCET DEVICE 2	128	nebivolol hcl	62
MOBILE LANCETS 30G	127	MULTI-VIT-FLOR	159	NEBULIZER AIR TUBE/PLUGS	149
modafinil	8	MULTI-VITAMIN/FLUORIDE	159	NEBULIZER MASK ADULT	149
MODD1 PATIENT WELCOME KIT	136	MULTI-VITAMIN/FLUORIDE	159	NEBULIZER MASK CHILD	149
MODD1 SUPPLY KIT	136	mupirocin	80	NEBUSAL	77
MODERNA COVID-19 VAC 6M-11Y	184	my choice	73	necon 0.5/35 (28)	70
MODEYSO	50	my way	73	NEFAZODONE HCL	31
moexipril hcl	41	MYCAPSSA	96	NEFFY	186
mometasone furoate	85,164	mycophenolate mofetil	156	NEMLUVIO	86
mondoxyne nl	178	mycophenolate sodium	157	neo-polycin	166
mono-lynyah	70	mycophenolic acid	157	neo-polycin hc	168
MONOJECT INSULIN SYRINGE	143	MYFEMBREE	98	NEO-SYNALAR	80
MONOJECT ULTRA COMFORT SYRINGE	143	MYGLUCOHEALTH CONTROL	128	neomycin sulfate	9
MONOLET LANCETS	127	MYGLUCOHEALTH LANCETS	128	neomycin-bacitracin zn-polymyx	166
MONOLET OPD LANCETS	127	30G	128	neomycin-polymyxin-dexameth	168
MONOLETTOR SAFETY LANCETS	127	MYLERAN	44	neomycin-polymyxin-hc	170
montelukast sodium	25	MYRBETRIQ	182	NEONATAL COMPLETE	160
morphine sulfate	16	MYTESI	36	NEORAL	156
MORPHINE SULFATE (CONCENTRATE)	16	N		NERLYNX	49
morphine sulfate er	16	na sulfate-k sulfate-mg sulf	109	NESTABS	160
MORPHINE SULFATE ER BEADS	16	nabumetone	11	NESTABS DHA	160
MOTOFEN	36	nadolol	62	NESTABS ONE	161
MOUNJARO	34	NAFTIFINE HCL	80	neuac	78
		naloxone hcl	37	NEUPRO	55
		naltrexone hcl	37	NEUTEK 2TEK CONTROL	128
				NEVANAC	168

nevirapine	59	NITYR	94	NOVOLIN R	34
nevirapine er	59	nora-be	74	NOVOLIN R FLEXPEN	34
new day	73	NORDIPEN 5 INJECTION DEVICE	143	NOVOLIN R FLEXPEN RELION	34
NEXLETOL	39	NORDIPEN DELIVERY SYSTEM	143	NOVOLIN R RELION	34
NEXLIZET	39	NORDITROPIN FLEXPEN	94	NOVOLOG	34
NEXTSTELLIS	70	norelgestromin-eth estradiol	72	NOVOLOG FLEXPEN	34
NGENLA	93	norethin ace-eth estrad-fe	70	NOVOLOG MIX 70/30	34
niacin er (antihyperlipidemic)	40	norethin-eth estradiol-fe	70	NOVOLOG MIX 70/30 FLEXPEN	34
nicardipine hcl	63	norethindron-ethinyl estrad-fe	74	NOVOLOG PENFILL	34
nicoderm cq	175	norethindrone	74	NOVOPEN ECHO	143
nicorette	175	norethindrone acet-ethinyl est	71	NOVOTWIST PEN NEEDLE	143
nicorette mini	175	norethindrone acetate	171	NOXAFIL	38
nicorette starter kit	175	norethindrone-eth estradiol	97	NP THYROID	179
NICOTINE	175	norgestim-eth estrad triphasic	74	NUBEQA	45
nicotine mini	176	norgestimate-eth estradiol	71	NUCALA	24
nicotine polacrilex	176	NORLIQVA	63	NUCORT	85
nicotine polacrilex mini	176	norlyroc	74	NUCYNTA	16
nicotine step 1	176	NORPACE CR	22	NUCYNTA ER	16
nicotine step 2	176	nortrel 0.5/35 (28)	71	NUEDEXTA	174
nicotine step 3	176	nortrel 1/35 (21)	71	NULEV	180
NICOTROL	176	nortrel 1/35 (28)	71	NUPLAZID	55
NICOTROL NS	176	nortrel 7/7/7	74	NURTEC	153
nifedipine	63	nortriptyline hcl	32	NUTROPIN AQ NUSPIN 10	94
nifedipine er	63	NORVIR	59	NUTROPIN AQ NUSPIN 20	94
nifedipine er osmotic release	63	NOURIANZ	54	NUTROPIN AQ NUSPIN 5	94
nikki	70	NOVA MAX PLUS GLU/KET		NUVAXOVID COVID-19 VACCINE	184
NILOTINIB D-TARTRATE	46	CONTROL	128	NUVESSA	185
nilotinib hcl	46	NOVA SAFETY LANCETS 23G	128	nyamyc	80
nilutamide	44	NOVA SAFETY LANCETS 28G	128	nylia 1/35	71
nimodipine	63	NOVA SUREFLEX LANCETS	128	nylia 7/7/7	75
NINLARO	50	NOVA SUREFLEX LANCING		NYMALIZE	63
nisoldipine er	63	DEVICE	128	nymyo	71
nitazoxanide	19	NOVAVAX COVID-19 VACCINE	184	nystatin	38,80,158
nitisinone	94	NOVOFINE AUTOCOVER PEN		nystatin-triamcinolone	81
NITRO-BID	21	NEEDLE	143	nystop	80
NITRO-DUR	21	NOVOFINE PEN NEEDLE	143		
NITRO-TIME	21	NOVOFINE PLUS PEN NEEDLE	143	O	
nitrofurantoin	20	NOVOLIN 70/30	34	OB COMPLETE	160
nitrofurantoin macrocrystal	20	NOVOLIN 70/30 FLEXPEN	34	OB COMPLETE ONE	160
nitrofurantoin monohyd macro	20	NOVOLIN N	34	OB COMPLETE PETITE	160
nitroglycerin	18,21	NOVOLIN N FLEXPEN	34	OB COMPLETE PREMIER	160

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OCALIVA.....	99	PODS.....	136
ocella.....	71	OMNIPOD CLASSIC PDM (GEN	
octreotide acetate.....	96	3).....	136
ODACTRA.....	9	OMNIPOD CLASSIC PODS (GEN	
ODEFSEY.....	58	3).....	136
ODOMZO.....	48	OMNIPOD DASH INTRO (GEN 4)	136
OFEV.....	177	OMNIPOD DASH PDM (GEN 4)	136
OFLOXACIN.....	99	OMNIPOD DASH PODS (GEN 4)	136
ofloxacin.....	167	OMNIPOD GO.....	137
OGSIVEO.....	47	OMNITROPE.....	94
OJEMDA.....	46	OMVOH.....	100,101
OJJAARA.....	52	OMVOH (300 MG DOSE).....	101
olanzapine.....	57	ondansetron.....	37
olanzapine-fluoxetine hcl.....	177	ondansetron hcl.....	37
olmesartan medoxomil.....	42	ONE FLOW SPIROMETER.....	149
olmesartan medoxomil-hctz.....	42	ONETOUCH DELICA PLUS	
olmesartan-amlodipine-hctz.....	41	LANCET30G.....	128
olopatadine hcl.....	164,166	ONETOUCH DELICA PLUS	
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PALFORZIA (120 MG DAILY DOSE)	8	PAXLOVID (300/100 & 150/100)	60	PERFECT LANCETS 30G	128
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PALFORZIA (200 MG DAILY DOSE)	9	PAZOPANIB HCL	49	periogard	158
PALFORZIA (240 MG DAILY DOSE)	9	PB-HYOSCY-ATROPINE-		permethrin	88
PALFORZIA (3 MG DAILY DOSE)	9	SCOPOLAMINE	180	perphenazine	56
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PALFORZIA (300 MG TITRATION)	9	PC UNIFINE PENTIPS	143	PERSONAL BEST FULL RANGE	148
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PHEBURANE	96	PIP PEN NEEDLES 32G X 4MM	144	potassium chloride crys er	155
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PHENAZOPYRIDINE HCL	103	PIQRAY (250 MG DAILY DOSE)	52	potassium citrate er	103
PHENELZINE SULFATE	30	PIQRAY (300 MG DAILY DOSE)	52	POTASSIUM CITRATE-CITRIC ACID	103
phenobarbital	107	pirfenidone	177	POTASSIUM IODIDE (EXPECTORANT)	77
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PHENOHYTRO	180	pitavastatin calcium	40	PR BENZOYL PEROXIDE WASH	79
phenoxybenzamine hcl	41	PLEGRIDY	174	pramipexole dihydrochloride	55
phenylephrine hcl	166	PLEGRIDY STARTER PACK	174	pramipexole dihydrochloride er	55
phenytek	30	PLENVU	109	PRAMOSONE	89
phenytoin	30	PLEXION CLEANSING CLOTH	78	prasugrel hcl	106
phenytoin infatabs	30	PLEXION NS	82	pravastatin sodium	40
phenytoin sodium extended	30	PNEUMOVAX 23	182	praziquantel	19
PHEXX	185	PNV 27-CA/FE/FA	160	prazosin hcl	42
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PHOSPHO-TRIN K500	155	PNV-DHA+DOCUSATE	161	PRECISION XTRA KETONE	90
PHOSPHOROUS	155	PNV-OMEGA	160	PRECISION XTRA-GLUCOSE/KETONE	113
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PREHEVBRIO	184	PRIORIX	183	propafenone hcl	22
PREMARIN	186	PRO COMFORT ALCOHOL	111	propafenone hcl er	22
PREMIUM CONDOMS LUBRICATED	112	PRO COMFORT INSULIN SYRINGE	144	proparacaine hcl	167
PREMIUM LIDOCAINE	87	PRO COMFORT LANCETS 30G	129	propranolol hcl	62
PREMPHASE	97	PRO COMFORT LANCETS 31G	129	propranolol hcl er	62
PREMPRO	98	PRO COMFORT PEN NEEDLES	144	propylthiouracil	178
PRENA 1 TRUE	162	PRO COMFORT SAFETY LANCETS 30G	129	PROQUAD	183
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PRENAISSANCE	162	PRO COMFORT SPACER CHILD	153	prucalopride succinate	99
PRENAISSANCE PLUS	162	PRO COMFORT SPACER INFANT	153	PRURADIK	88
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PRENATAL-U	160	PROAIR RESPICLICK	24	PSS SELECT PLATFORMS	129
PRENATE	162	probenecid	104	PSS SELECT SAFETY LANCETS	129
PRENATE DHA	162	PROCARE SPACER/ADULT MASK	153	PULMICORT FLEXHALER	25
PRENATE ELITE	160	PROCARE SPACER/CHILD MASK	153	PULMOSAL	77
PRENATE ENHANCE	162	procentra	7	PULMOZYME	177
PRENATE ESSENTIAL	162	PROCHAMBER VHC	153	PURE COMFORT ALCOHOL PREP	111
PRENATE MINI	162	prochlorperazine	56	PURE COMFORT FLOW METER ADULT	148
PRENATE PIXIE	162	prochlorperazine maleate	57	PURE COMFORT FLOW METER CHILD	148
PRENATE RESTORE	162	PROCORT	18	PURE COMFORT LANCETS 30G	129
PREPIDIL	170	procto-med hc	18	PURE COMFORT PEN NEEDLE	144
PRESTALIA	40	PROCTOFOAM HC	18	PURE COMFORT SAFETY LANCET 30G	129
PRETAB	160	proctosol hc	18	PURE COMFORT SAFETY PEN NEEDLE	144
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prevalite	39	PROCYSBI	103	PX ADVANCED LANCING DEVICE	129
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PREVENT SAFETY PEN NEEDLES	144	PRODIGY INSULIN SYRINGE	144	px enteric aspirin	14
PREVNAR 20	182	PRODIGY LANCETS 28G	129	PX EXTRA SHORT PEN NEEDLES	144
PREVYMIS	60	PRODIGY LANCING DEVICE	129	px folic acid	107
PREZCOBIX	58	PRODIGY SAFETY LANCETS 26G	129	PX INSULIN SYRINGE	144
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		progesterone	171,186		
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PX LANCETS MICROTHIN 33G	129	QUADRACEL	179	RA PEN NEEDLES	144
PX LANCETS ULTRA THIN	129	QUAKE	150	rabeprazole sodium	181
PX LANCETS ULTRA THIN 28G	129	QUAZEPAM	108	RADICAVA ORS	164
PX MINI PEN NEEDLES	144	quetiapine fumarate	56	RADICAVA ORS STARTER KIT	164
PX PEN NEEDLE	144	quetiapine fumarate er	56	RAGWITEK	9
PX SHORTLENGTH PEN		QUFLORA PEDIATRIC	159	raloxifene hcl	96
NEEDLES	144	QUICK TOUCH INSULIN PEN		ramelteon	108
px stop smoking aid	176	NEEDLE	144	ramipril	41
pyrazinamide	44	QUICKTEK CONTROL SOLUTION	130	ranolazine er	21
pyridostigmine bromide	43,44	QUILLICHEW ER	8	RAPAMUNE	157
pyridostigmine bromide er	44	QUILLIVANT XR	8	rasagiline mesylate	54
pyrimethamine	43	quinapril hcl	41	RASUVO	10
PYROGALLIC ACID	87	QUINAPRIL-		RAYA SURE PEN NEEDLE	144
PYRUKYND	105	HYDROCHLOROTHIAZIDE	41	RAYALDEE	95
PYRUKYND TAPER PACK	105	quinidine gluconate er	22	react	73
PYZCHIVA	82	QUINIDINE SULFATE	22	READYLANCE SAFETY LANCETS	130
		quinine sulfate	43	REALITY INSULIN SYRINGE	145
Q		QUINTET CONTROL		REALITY LANCETS	130
QBRELIS	41	HIGH/NORMAL	130	REALITY LATEX CONDOMS	112
QBREXZA	88	QULIPTA	153	REALITY LATEX/ULTRA	
QC ADVANCED LANCING		QVAR REDIHALER	25	TEXTURED	112
DEVICE	129			REALITY LATEX/ULTRA THIN	112
qc alcohol	89	R		REALITY SWABS	111
QC ALCOHOL SWABS	111	RA ALCOHOL SWABS	111	REALITY TRIGGER LANCETS	130
qc aspirin low dose	14	ra aspirin adult low dose	14	reclipsen	71
qc childrens aspirin	14	ra aspirin adult low strength	14	RECOMBIVAX HB	184
qc folic acid	107	ra aspirin childrens	14	REFUAH PLUS GLUCOSE	
QC LANCETS SUPER THIN 30G	130	ra aspirin ec	14	CONTROL	130
QC LANCETS ULTRA THIN	130	ra aspirin ec adult low st	14	REGRANEX	90
qc nicotine transdermal		RA E-ZJECT LANCETS 28G	130	RELENZA DISKHALER	61
system	176	RA E-ZJECT LANCETS THIN 26G	130	RELION ALCOHOL SWABS	111
QC PEN NEEDLES	144	RA E-ZJECT LANCETS THIN 28G	130	RELION INSULIN SYRINGE	145
QC UNIFINE PENTIPS	144	RA E-ZJECT LANCETS ULTRA		RELION KETONE TEST	90
QC UNILET LANCETS 28G	130	THIN	130	RELION LANCET DEVICES 30G	130
QC UNILET LANCETS MICRO		ra folic acid	107	RELION LANCETS	130
THIN	130	RA INSULIN SYRINGE	144	RELION LANCETS MICRO-THIN	
QINLOCK	49	ra isopropyl alcohol wipes	89	33G	130
QLOSI	166	ra mini nicotine	176	RELION LANCETS THIN 26G	130
QNASL	164	ra nicotine	176	RELION LANCETS ULTRA-THIN	
QNASL CHILDRENS	164	ra nicotine gum	176	30G	130

RELION LANCING DEVICE	130	RIGHTEST ALTERNATE SITE		SAFETY LANCET 30G/PRESSURE	
RELION MINI PEN NEEDLES	145	ADAPT	130	ACT	131
RELION PEN NEEDLES	145	RIGHTEST GC300 CONTROL	130	SAFETY LANCETS	131
RELION SHORT PEN NEEDLES	145	RIGHTEST GD500 LANCING		SAFETY LANCETS 21G	131
RELION ULTRA THIN LANCETS		DEVICE	130	SAFETY LANCETS 23G	131
30G	130	RIGHTEST GL300 LANCETS	130	SAFETY LANCETS 28G	131
RELION ULTRA THIN PLUS		riluzole	164	SAFETY PEN NEEDLES	145
LANCETS	130	RIMANTADINE HCL	61	SAIZEN	94
RELISTOR	101	RINVOQ	10	sajazir	104
RELNATE DHA	160	RINVOQ LQ	10	SALICYLIC ACID	86
RENTHYROID	179	risedronate sodium	92	SALICYLIC ACID ER	87
repaglinide	35	risperidone	56	salicylic acid wart remover	87
REPATHA	40	RITEFLO	153	salsalate	14
REPATHA PUSHTRONEX SYSTEM	40	ritonavir	59	salynta	87
REPATHA SURECLICK	40	rivastigmine	172	SANCUSO	37
REPLACEMENT AIR FILTER	150	rivastigmine tartrate	172	SANDIMMUNE	156
RESTORA RX	36	rivelsa	73	SANTYL	86
RETEVMO	50	RIVFLOZA	103	sapropterin dihydrochloride	95
RETIN-A MICRO PUMP	79	rizatriptan benzoate	154	SAPS CARE ALCOHOL PREP	111
REUSABLE COMFORTSEAL MASK-		roflumilast	25	SAPS HEALTH ALCOHOL PREP	111
LRG	150	ROMVIMZA	47	SAPS HEALTH CARE ALCOHOL	
REUSABLE COMFORTSEAL MASK-		ropinirole hcl	55	PREP	111
MED	150	ropinirole hcl er	55	SAPS HEALTH PLUS LANCETS	131
REUSABLE COMFORTSEAL MASK-		rosuvastatin calcium	40	SAPS HEALTH TWIST TOP	
SML	150	rosyrah	73	LANCETS	131
REVLIMID	156	ROTARIX	184	SAPS TWIST TOP LANCETS	131
REVUFORJ	48	ROTATEQ	184	SAPSCARE TWIST TOP LANCETS	131
REXALL LANCETS ULTRA THIN		roweepa	28	SAVELLA	172
30G	130	ROZLYTREK	50	SAVELLA TITRATION PACK	173
REXTOVY	37	RUBRACA	53	saxagliptin hcl	33
REXULTI	57	rufinamide	28	saxagliptin-metformin er	33
REYATAZ	59	RUKOBIA	58	SB ALCOHOL PREP	111
REZDIFFRA	99	RYCLORA	38	sb childrens aspirin	14
REZLIDHIA	52	RYDAPT	49	SB INSULIN SYRINGE	145
REZUROCK	158	RYTARY	55	SB LANCETS THIN	131
RHOFADE	88	S		SB LANCETS ULTRA THIN	131
RIBAVIRIN	61	sacubitril-valsartan	64	sb low dose asa ec	14
rid one & done	88	SAFE-T-LANCE	130	SCSEMBLIX	46
RIDAURA	10	SAFE-T-LANCE PLUS	131	scopolamine	37
rifabutin	44	SAFETY INSULIN SYRINGES	145	SE-NATAL 19	160
rifampin	44			SECURESAFE INSULIN SYRINGE	145

SECURESAFE SAFETY PEN	SIGNIFOR	96	SMART SENSE COLOR LANCETS
NEEDLES	sildenafil citrate	65,66	33G
SELARSDI	SILICONE MASK/ADULT	150	SMART SENSE STANDARD
SELECT-LITE DEVICE/LANCETS	SILICONE MASK/INFANT	150	LANCETS
SELECT-LITE LANCING DEVICE	SILICONE MASK/PEDIATRIC	150	SMART SENSE SUPER THIN
SELECT-OB	SILIQ	82	LANCETS
SELECT-OB+DHA	silodosin	102	SMART SENSE THIN LANCETS
selegiline hcl	silver nitrate	83	26G
selenium sulfide	silver sulfadiazine	83	SMARTEST CONTROL MEDIUM
SELZENTRY	SIMBRINZA	165	SMARTEST LANCETS 28G
SENSILANCE SAFETY LANCETS	simliya	67	sod citrate-citric acid
21G	simpesse	73	SODIUM BICARBONATE
SENSILANCE SAFETY LANCETS	SIMPLE DIAGNOSTICS LANCING		SODIUM CHLORIDE
26G	DEV	131	SODIUM CITRATE-CITRIC ACID
SENSILANCE SAFETY LANCETS	SIMPONI	10	SODIUM FLUORIDE
28G	simvastatin	40	sodium oxybate
SEPHIENCE	SINGLE-LET	131	SODIUM OXYBATE
SEREVENT DISKUS	sirolimus	157	sodium phenylbutyrate
SERNIVO	SIRTURO	44	sodium polystyrene sulfonate
SEROSTIM	SITAVIG	61	sodium sulfacetamide
sertraline hcl	SIVEXTRO	20	sodium sulfacetamide wash
setlakin	sklice	89	SOFOSBUVIR-VELPATASVIR
sevelamer carbonate	SKYCLARYS	164	SOGROYA
sevelamer hcl	SKYRIZI	82,101	SOHONOS
SFROWASA	SKYRIZI PEN	82	solifenacin succinate
sharobel	SKYTROFA	94	SOLQUA
shewise	SLYND	74	SOLTAMOX
SHINGRIX	SM ALCOHOL PREP	111	SOLU-CORTEF
SHOPKO AUTOLET LANCING	sm aspirin adult low strength	14	SOLUS V2 CONTROL
DEVICE	sm aspirin ec low strength	14	SOLUS V2 LANCETS 28G
SHOPKO ON-THE-GO LANCETS	sm aspirin low dose	15	SOLUS V2 LANCING DEVICE
30G	sm childrens aspirin	15	SOLUS V2 TWIST LANCETS 30G
SHOPKO UNIFINE PENTIPS	sm folic acid	107	SOMAVERT
SHOPKO UNIFINE PENTIPS	SM LANCETS 33G	131	sorafenib tosylate
PLUS	sm nicotine	176	sotalol hcl
SHOPKO UNILET LANCETS 28G	sm nicotine polacrilex	176	sotalol hcl (af)
SHOPKO UNILET LANCETS 30G	SM TRUEDRAW LANCING		SOTYKTU
SIDESTREAM ADULT FACE	DEVICE	131	SOTYLIZE
MASK	SMART DIABETES VANTAGE		SPEVIGO
SIDESTREAM PEDIATRIC FACE	LANCING	131	SPIKEVAX
MASK			SPIKEVAX 6M-11Y

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TEGRETOL.....	29	THRESHOLD IMT.....	150	28G.....	133
TEGRETOL-XR.....	29	THRESHOLD PEP.....	150	TODAYS HEALTH THIN LANCETS	
TEGSEDI.....	172	thrive.....	176	30G.....	133
telmisartan.....	42	THRIVITE RX.....	161	tolcapone.....	54
TELMISARTAN-AMLODIPINE.....	42	THYQUIDITY.....	179	tolterodine tartrate.....	181
telmisartan-hctz.....	42	THYROID.....	179	tolterodine tartrate er.....	182
temazepam.....	108	tiadylt er.....	63	tolvaptan.....	96
TEMBEXA.....	61	tiagabine hcl.....	29	TOPAMAX.....	29
temozolomide.....	51	TIBSOVO.....	52	TOPAMAX SPRINKLE.....	29
TENCON.....	13	ticagrelor.....	105	TOPCARE CLICKFINE PEN	
TENIVAC.....	179	TIGLUTIK.....	164	NEEDLES.....	145
tenofovir disoproxil fumarate.....	60	tilia fe.....	75	TOPCARE LANCETS MICRO-THIN	
TEPMETKO.....	48	timolol hemihydrate.....	165	33G.....	133
terazosin hcl.....	42	timolol maleate.....	62,165	TOPCARE ULTRA COMFORT INS	
terbinafine hcl.....	38	timolol maleate (once-daily).....	165	SYR.....	145
terbutaline sulfate.....	24	timolol maleate ocudose.....	165	topiramate.....	29
terconazole.....	185	timolol maleate pf.....	165	topiramate er.....	29
teriflunomide.....	173	tinidazole.....	19	toremifene citrate.....	45
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URNEVA.....	20	vardenafil hcl.....	66	30G.....	135
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volnea	67	WEBCOL ALCOHOL PREP LARGE	111	XOLREMDI	106
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voriconazole	38	weekly-d	187	XPOVIO (40 MG ONCE WEEKLY)	50
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CHMBR/MASK/CHILD	153	PLUS	147	XPOVIO (60 MG ONCE WEEKLY)	50
VORTEX HOLD		WELIREG	48	XPOVIO (60 MG TWICE WEEKLY)	50
CHMBR/MASK/TODDLER	153	wera	71	XPOVIO (80 MG ONCE WEEKLY)	50
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