



Avera Traditional Formulary - 2026

Discrimination is Against the Law

Avera Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Avera Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Avera Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact the Avera Health Plans Service Center at 1-888-322-2115, (TTY 711), 8 a.m. to 5 p.m. CST, Monday through Friday.

If you believe that Avera Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Complaint and Appeals Coordinator
Avera Health Plans
3816 S. Elmwood, Suite 100,
Sioux Falls, SD 57105-6538
Fax 1-800-269-8561

Email ComplaintAppeals@AveraHealthPlans.com

You can file a grievance in person or by mail, fax, or email. You may also contact the Complaint and Appeals Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or call 1-800-368-1019 or 1-800-537-7697 (TDD). Or mail:

US Department of Health and Human Services,
200 Independence Avenue SW Room 509F, HHH Building,
Washington, D.C. 20201

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in other Languages

Language assistance services are available free of charge. Our Service Center is available 8 a.m. to 5 p.m. CST, Monday – Friday, toll-free at 1-888-322-2115 (TTY: 1-800-877-1113).

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2115 (TTY: 1-800-877-1113).
- US CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-322-2115 (TTY: 1-800-877-1113).
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-322-2115 (TTY: 1-800-877-1113).
- XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-322-2115 (TTY: 1-800-877-1113).
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電☎1-888-322-2115 (TTY: 1-800-877-1113)。
- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-322-2115 (TTY: 1-800-877-1113).
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-322-2115 (телетайп: (TTY: 1-800-877-1113).
- ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-322-2115 (TTY: 1-800-877-1113).
- ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).
- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-322-2115 (TTY: 1-800-877-1113).
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-322-2115 (TTY: 1-800-877-1113) 번으로 전화해 주십시오.
- ຫາກທ່ານເວົ້າພາສາຝຣັ່ງ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຝຣັ່ງຈະຖືກສະໜອງໃຫ້ທ່ານຢ່າຄ່າ. ໂທ 1-888-322-2115 (TTY: 1-800-877-1113).
- OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-322-2115 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-877-1113)
- ບ្រយ៉ុត: បរិស្ថានជំនួយភាសាខ្មែរ, បសវនករជំនួយខ្លួនភាសា បោយមិនគិត ្ល គឺអាចមានសំរាប់អរុើ នក ចូ រ ទូ រស័ព្ទ 1-888-322-2115 (TTY: 1-800-877-1113)។

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	
METHYLPHENIDATE HCL ER(DIFFUS)	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

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (160 MG DAILY DOSE)	3	AL
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, AL
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 (375 mg tab er 24h, 500 mg tab er 24h)</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

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i>	1	QL
<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

Drug Name	Drug Tier	Requirements / Limits
<i>eq aspirin low dose</i>	0	AL
<i>eql aspirin low dose</i>	0	AL
<i>ft aspirin 81 mg chew tab</i>	0	AL
<i>ft aspirin adult low dose</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 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

Drug Name	Drug Tier	Requirements / Limits
<i>sm aspirin adult low strength</i>	0	AL
<i>sm aspirin ec low strength</i>	0	AL
<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	
<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>tapentadol hcl</i>	1	QL
TAPENTADOL HCL ER	3	ST, 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
PENTAZOCINE-NALOXONE HCL	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	
METHENAMINE MANDELATE (0.5 GM TAB, 1 GM TAB)	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	
<i>nitro-bid</i>	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, 2 % ointment)</i>	1	
ANTIANKXIETY AGENTS		
ANTIANKXIETY AGENTS - MISC.		
<i>bupirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)</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 160-9-4.8 MCG/ACT AEROSOL	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

Drug Name	Drug Tier	Requirements / Limits
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
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		
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide 0.02 % solution</i>	1	
<i>ipratropium bromide hfa</i>	1	QL
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

Drug Name	Drug Tier	Requirements / Limits
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	3	PA
NUCALA 40 MG/0.4ML SOLN PRSYR	3	PA, QL
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 (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	1	QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS		
TEZSPIRE	3	PA

Drug Name	Drug Tier	Requirements / Limits
XANTHINES		
<i>elixophyllin</i>	1	
THEO-24	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
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
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.		
<i>brivaracetam (10 mg tab, 10 mg/ml solution, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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>roweepa</i>	1	
<i>rufinamide (200 mg tab, 400 mg tab)</i>	1	QL
<i>rufinamide 40 mg/ml suspension</i>	1	QL, AL

Drug Name	Drug Tier	Requirements / Limits
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	
<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		
TIAGABINE HCL (2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB)	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	

Drug Name	Drug Tier	Requirements / Limits
DILANTIN INFATABS	3	
DILANTIN-125	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
FETZIMA	3	ST, QL
FETZIMA TITRATION	3	ST
<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, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	3	

Drug Name	Drug Tier	Requirements / Limits
BAQSIMI TWO PACK	3	
<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

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 50/50 KWIKPEN	3	ST
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 5-5 MG TAB	2	QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BRENZAVVY	2	QL
<i>dapagliflozin</i>	1	QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB		
<i>dapaglifloz base-metformin er</i>	1	QL
XIGDUO XR 2.5-1000 MG TAB ER 24H	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	

Drug Name	Drug Tier	Requirements / Limits
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS		
<i>pioglitazone hcl-metformin hcl</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
OPIOID ANTAGONISTS		
KLOXXADO	3	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	
<i>naltrexone hcl</i>	1	
OPVEE	3	
REXTOVY	3	
REZENOPY	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 (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
SYNDROS	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (40 mg cap, 80 mg cap, 125 mg cap)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant 80 & 125 mg cap thpk</i>	1	
EMEND 125 MG/5ML RECON SUSP	2	
ANTIFUNGALS		
<i>flucytosine</i>	1	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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
ATORVALIQ	3	AL
<i>atorvastatin calcium</i>	1	
FLOLIPID	3	
<i>fluvastatin sodium</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>lovastatin</i>	1	
<i>pitavastatin calcium</i>	1	QL
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
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	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRESTALIA	3	
TRANDOLAPRIL-VERAPAMIL HCL ER	1	
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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		
AZILSARTAN MEDOXOMIL	1	
<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 (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>guanfacine hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
ANTIANDROGENS		
<i>bicalutamide</i>	1	QL
ERLEADA	3	PA, QL
NILUTAMIDE	1	
NUBEQA	3	PA, QL
XTANDI	3	PA, QL
ANTIESTROGENS		
SOLTAMOX	3	
<i>tamoxifen citrate</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
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
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 (150 MG CAP, 200 MG CAP)	1	PA, QL
NILOTINIB D-TARTRATE 50 MG CAP	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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS		
OGSIVEO	3	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO	3	PA
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		
<i>pomalidomide</i>	1	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		
KOMZIFTI	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
REVUFORJ	3	PA
ANTINEOPLASTIC - MET INHIBITORS		
TABRECTA	3	PA
TEPMETKO	3	PA, QL
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>yulithira</i>	1	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
HYRNUO	3	PA, QL
<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

Drug Name	Drug Tier	Requirements / Limits
<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
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

Drug Name	Drug Tier	Requirements / Limits
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
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	
<i>exemestane</i>	1	
<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
ESTROGEN RECEPTOR ANTAGONIST		
INLURIYO	3	PA, QL
ESTROGENS-ANTINEOPLASTIC		
EMCYT	2	PA

Drug Name	Drug Tier	Requirements / Limits
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
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
JAKAFI XR (22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	3	PA, QL
JAKAFI XR 11 MG TAB ER 24H	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	

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine fumarate er</i>	1	QL, AL
DIBENZOXAZEPINES		
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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 PED	3	QL, AL
EFAVIRENZ (50 MG CAP, 200 MG CAP, 600 MG TAB)	1	
<i>etravirine</i>	1	
INTELENCE 25 MG TAB	3	

Drug Name	Drug Tier	Requirements / Limits
<i>nevirapine (50 mg/5ml suspension, 200 mg tab)</i>	1	
<i>nevirapine er 400 mg tab er 24h</i>	1	
PIFELTRO	3	
<i>rilpivirine hcl</i>	1	
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	
<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

Drug Name	Drug Tier	Requirements / Limits
<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
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
CARDAMYST	3	PA
<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	

Drug Name	Drug Tier	Requirements / Limits
<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>tiadyt 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	
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
MYQORZO	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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
<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
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

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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>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	

Drug Name	Drug Tier	Requirements / Limits
<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 (1-35 tab, 1-50 tab)</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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>taysofy</i>	0	
<i>turqoz</i>	0	
TYBLUME	0	
<i>tydemy</i>	0	
<i>valtya 1/35</i>	0	
VALTYA 1/50	0	
<i>vestura</i>	0	
<i>vienva</i>	0	
<i>vyfemla</i>	0	
<i>vylibra</i>	0	
<i>wera</i>	0	
<i>wymzya fe</i>	0	
<i>xelria fe</i>	0	
<i>zovia 1/35 (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	

Drug Name	Drug Tier	Requirements / Limits
<i>dolishale</i>	0	
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	0	
EMERGENCY CONTRACEPTIVES		
<i>aftera</i>	0	QL
<i>afterpill</i>	0	QL
<i>curae</i>	0	QL
<i>econtra ez</i>	0	QL
<i>econtra one-step</i>	0	QL
ELLA	0	
<i>her style</i>	0	QL
<i>levonorgestrel</i>	0	QL
<i>my choice</i>	0	QL
<i>my way</i>	0	QL
<i>new day</i>	0	QL
<i>opcicon one-step</i>	0	QL
<i>option 2</i>	0	QL
<i>react</i>	0	QL
<i>shewise</i>	0	QL
<i>take action</i>	0	QL
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
ARANELLE	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	
<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-linyah</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-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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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 (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)</i>	1	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG (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
MINERALOCORTICOIDS		
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<i>maxi-tuss ac</i>	1	AL
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT		
TUSNEL C	1	
DECONGESTANT & ANTIHISTAMINE		
PROMETHAZINE-PHENYLEPHRINE	1	
IODINE EXPECTORANTS		
POTASSIUM IODIDE (EXPECTORANT)	1	
MISC. RESPIRATORY INHALANTS		
HYPERSAL	1	
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-ANTI-HISTAMINE		
<i>promethazine-dm</i>	1	
OPIOID ANTITUSSIVE-ANTI-HISTAMINE		
HYDROCOD POLI-CHLORPHE POLI ER	1	AL
<i>promethazine-codeine</i>	1	AL
OPIOID ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE		
PRO-RED AC	3	AL

Drug Name	Drug Tier	Requirements / Limits
DERMATOLOGICALS		
ACNE ANTIBIOTICS		
AMZEEQ	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
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>acutane</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 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	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>nystop</i>	1	
ANTIFUNGALS - TOPICAL COMBINATIONS		
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
ANTIPSORIATICS - SYSTEMIC		
<i>acitretin</i>	1	QL
BIMZELX (160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR)	3	PA, QL
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
METHOXSALEN 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	

Drug Name	Drug Tier	Requirements / Limits
PLEXION NS	1	
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide (9.8 % shampoo, 10 % shampoo)</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
CAUTERIZING AGENTS		
<i>silver nitrate</i>	1	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
HALOBETASOL PROPIONATE 0.05 % LOTION	3	
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	

Drug Name	Drug Tier	Requirements / Limits
ULTRAVATE	3	
EMOLLIENT/KERATOLYTIC AGENTS		
UREA 45 % CREAM	1	
EMOLLIENTS		
<i>ammonium lactate 12 % lotion</i>	1	
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>ketconazole (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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	QL

Drug Name	Drug Tier	Requirements / Limits
KLISYRI (350 MG)	3	QL
MISC. TOPICAL		
DRYSOL	3	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>permethrin</i>	1	
PRURADIK	3	
<i>rid one & done</i>	1	QL
<i>sklice</i>	1	QL
SPINOSAD	1	
SKIN CLEANSERS		
<i>alcohol wipes</i>	0	
<i>cvs isopropyl alcohol wipes</i>	0	
HYCLODEX	3	
HYPOCYN	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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
MULTIPLE URINE TESTS		
CHEMSTRIP UGK	3	
CVS KETONE CARE	3	
KETO-DIASTIX	3	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
CALCIMIMETIC AGENTS		
<i>cinacalcet hcl</i>	1	
CALCITONINS		
<i>calcitonin (salmon)</i>	1	
CARNITINE REPLENISHER - AGENTS		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
CORTICOTROPIN		
ACTHAR GEL	3	PA
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
FAMILIAL CHYLOMICRONEMIA SYNDROME (FCS) - AGENTS		
REDEMPLO	3	PA, QL
GAA DEFICIENCY TREATMENT - AGENTS		
OPFOLDA	3	PA
GNRH/LHRH ANTAGONISTS		
ORLISSA	3	QL
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
GROWTH HORMONES		
GENOTROPIN	3	PA
GENOTROPIN MINIQUICK	3	PA
HUMATROPE	3	PA
NGENLA	3	PA
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
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ	3	PA
<i>sapropterin dihydrochloride</i>	1	PA
SEPHIENCE	3	PA
<i>zelvysia</i>	1	PA
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)		
OSPHENA	3	QL
<i>raloxifene hcl</i>	1	
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
<i>tolvaptan (hyponatremia)</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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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</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	

Drug Name	Drug Tier	Requirements / Limits
<i>jinteli</i>	0	
<i>mimvey</i>	1	
<i>norethindrone-eth estradiol</i>	0	
PREMPHASE	2	
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

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS		
GATTEX	3	PA
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS		
REZDIFFRA	3	PA, QL
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 (9.5 MG/ML SOLUTION, 10 MG TAB, 15 MG TAB, 19 MG/ML SOLUTION, 20 MG TAB, 30 MG TAB)	3	PA, 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

Drug Name	Drug Tier	Requirements / Limits
INTERLEUKIN ANTAGONISTS		
OMVOH (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	3	PA, QL
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		
<i>calcium acetate (phos binder)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate 667 mg tab</i>	1	
<i>ferric citrate</i>	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	
SOD CITRATE-CITRIC ACID (1.5-1 GM/15ML SOLUTION, 3-2 GM/30ML SOLUTION, 500-334 MG/5ML SOLUTION)	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	

Drug Name	Drug Tier	Requirements / Limits
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	1	
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

Drug Name	Drug Tier	Requirements / Limits
COMPLEMENT C5A RECEPTOR INHIBITORS		
TAVNEOS	3	PA
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
ORLADEYO (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 132 MG PACKET)	3	PA, QL
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

Drug Name	Drug Tier	Requirements / Limits
PYRUKYND TAPER PACK	3	PA, QL
QUINAZOLINE AGENTS		
<i>anagrelide hcl</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>ft folic acid</i>	0	AL
<i>gnp folic acid</i>	0	AL
<i>hm folic acid</i>	0	AL
<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		
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	

Drug Name	Drug Tier	Requirements / Limits
BENZODIAZEPINE HYPNOTICS		
<i>estazolam</i>	1	
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	
GAVILYTE-C	1	

Drug Name	Drug Tier	Requirements / Limits
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
PEG-PREP	3	
PLENVU	3	
SUFLAVE	3	
SUTAB	3	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg 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	
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	

Drug Name	Drug Tier	Requirements / Limits
GLOBAL ALCOHOL PREP EASE	0	
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	
WEBCOL ALCOHOL PREP LARGE	0	
WEBCOL ALCOHOL PREP MEDIUM	0	
ZEVRX 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/STUDDED	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 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
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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
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	

Drug Name	Drug Tier	Requirements / Limits
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	
DIASCREEN 9	3	
DIASCREEN LIQUID URINE CONTROL	3	
DIATHRIVE GLUCOSE CONTROL SOLN	2	QL
DIATHRIVE LANCET ULTRA THIN 30	0	
DIATHRIVE LANCETS	0	

Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
EMBRACE WAVE 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
FONDCIRCLE LANCING DEVICE	0	
FONDCIRCLE SINGLE USE LANCETS	0	
FORA CONTROL	2	QL
FORA LANCETS	0	

Drug Name	Drug Tier	Requirements / Limits
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	
GENTEEL CONTACT TIPS (CLEAR)	0	
GENTEEL CONTACT TIPS (GREEN)	0	
GENTEEL CONTACT TIPS (ORANGE)	0	
GENTEEL CONTACT TIPS (RAINBOW)	0	

Drug Name	Drug Tier	Requirements / Limits
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
GNP EASY TOUCH CONT HIGH/LOW	2	QL
GNP LANCETS 21G	0	
GNP LANCETS THIN 26G	0	
GNP LANCING SYSTEM DEVICE	0	

Drug Name	Drug Tier	Requirements / Limits
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	
HEALTH CARE LANCING DEVICE	0	
HEALTHY ACCENTS LANCING DEVICE	0	
HEALTHY ACCENTS UNILET LANCETS	0	
HY-VEE LANCETS	0	

Drug Name	Drug Tier	Requirements / Limits
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	
LANCETS	0	
LANCETS 28G THIN	0	
LANCETS 30G	0	
LANCETS 33G	0	

Drug Name	Drug Tier	Requirements / Limits
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	
MEDICHOICE SAFETY LANCET NORM	0	
MEDISENSE GLUCOSE KETONE CONTR	2	QL
MEDISENSE HI/MID/LOW CONTROL	2	QL
MEDLANCE EXTRA 21G	0	

Drug Name	Drug Tier	Requirements / Limits
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 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	
MPD SAFETY LANCET 21G	0	
MPD SAFETY LANCET 23G	0	
MPD SAFETY LANCET 28G	0	

Drug Name	Drug Tier	Requirements / Limits
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	
PHARMACY COUNTER LANCETS	0	
PIP GLUCOSE CONTROL SOLUTION	2	QL
PIP LANCETS 28G	0	

Drug Name	Drug Tier	Requirements / Limits
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	
QC LANCETS SUPER THIN 30G	0	
QC LANCETS ULTRA THIN	0	
QC UNILET LANCETS 28G	0	

Drug Name	Drug Tier	Requirements / Limits
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	
RIGHTEST ALTERNATE SITE ADAPT	0	
RIGHTEST GC300 CONTROL	2	QL
RIGHTEST GD500 LANCING DEVICE	0	
RIGHTEST GL300 LANCETS	0	
SAFE-T-LANCE	0	
SAFE-T-LANCE PLUS	0	
SAFETY LANCET 30G/PRESSURE ACT	0	
SAFETY LANCETS	0	

Drug Name	Drug Tier	Requirements / Limits
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	
SMART SENSE SUPER THIN LANCETS	0	
SMART SENSE THIN LANCETS 26G	0	
SMARTEST CONTROL MEDIUM	2	QL

Drug Name	Drug Tier	Requirements / Limits
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 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	
TGT LANCET MICRO THIN 33G	0	
TGT LANCET THIN 26G	0	
TGT LANCET ULTRA THIN 30G	0	
TGT LANCING DEVICE	0	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
ULTRA-CARE SAFETY LANCETS 30G	0	
ULTRA-THIN II AUTO LANCET	0	
ULTRA-THIN II LANCETS	0	
UNILET COMFORTOUCH LANCET	0	
UNILET EXCELITE	0	

Drug Name	Drug Tier	Requirements / Limits
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	
UNISTIK NORMAL	0	
UNISTIK PRO SAFETY LANCET	0	
UNISTIK SAFETY LANCETS 28G	0	
UNISTIK SAFETY LANCETS 30G	0	

Drug Name	Drug Tier	Requirements / Limits
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	
VIDA MIA UNILET LANCETS 30G	0	
VIVAGUARD INO CONTROL SOLUTION	2	QL
VIVAGUARD LANCETS	0	
VIVAGUARD LANCETS 30G	0	

Drug Name	Drug Tier	Requirements / Limits
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 INTRO GEN 5	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE INTRO	2	
OMNIPOD 5 LIBRE 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	
OMNIPOD GO	2	
TWIIST REFILL KIT	2	
TWIIST REFILL KIT/INFUSION SET	2	
TWIIST STARTER KIT	2	
NEEDLES & SYRINGES		
1ST TIER UNIFINE PENTIPS	0	

Drug Name	Drug Tier	Requirements / Limits
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 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	
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

Drug Name	Drug Tier	Requirements / Limits
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
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	

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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 (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC)	0	QL
GLOBAL EASY GLIDE PEN NEEDLES	0	
GLOBAL INJECT EASE INSULIN SYR	0	QL
GLOBAL INSULIN SYRINGES	0	QL
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
PC UNIFINE PENTIPS	0	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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" 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 15/64" 0.3 ML MISC, 31G X 15/64" 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
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
<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	
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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	
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SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 2.2 (1 F) MG CHEW TAB)	1	AL
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FLUORIDE COMBINATIONS

FLORIVA 0.25-400 MG-UNIT/ML LIQUID	3	
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IODINE PRODUCTS

IODINE STRONG	1	
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PHOSPHATE

K-PHOS-NEUTRAL	1	
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PHOSPHA 250 NEUTRAL	1	
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Drug Name	Drug Tier	Requirements / Limits
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	1	
PHOSPHOROUS	1	
WES-PHOS 250 NEUTRAL	1	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	1	
<i>k-prime</i>	1	
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10</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	
MISCELLANEOUS THERAPEUTIC CLASSES		
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT		
JOENJA	3	PA, QL
ANTILEPTICS		
THALOMID (50 MG CAP, 100 MG CAP)	3	PA, QL

Drug Name	Drug Tier	Requirements / Limits
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 MYELOYDYSPLASTIC 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	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
MACROLIDE IMMUNOSUPPRESSANTS		
ENVARUSUS XR	3	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	
<i>tacrolimus er</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	
ROCK INHIBITORS		
REZUROCK	3	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	

Drug Name	Drug Tier	Requirements / Limits
<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
MULTI-VITAMIN/FLUORIDE/IRON	1	
POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB	3	
PED MV W/ FLUORIDE		
DAVIMET-FLUORIDE	3	

Drug Name	Drug Tier	Requirements / Limits
FLORAFOL PEDIATRIC (0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
FLORAFOL PEDIATRIC 0.25 MG/ML SUSPENSION	1	
FLORIVA PLUS	1	
FLOTREX (0.25 MG CHEW TAB, 0.5 MG CHEW TAB)	3	
MULTI-VIT-FLOR	3	
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN W/FLUORIDE	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
QUFLORA PEDIATRIC (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION)	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	
ELITE-OB	1	
ENBRACE HR	3	
FOLIVANE-OB	3	
INATAL GT	1	

Drug Name	Drug Tier	Requirements / Limits
NATALCHEW	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-OMEGA	3	
PNV-SELECT	1	
PRENA1 PEARL	3	
PRENATABS FA	3	
PRENATAL 19 (29-1 MG CHEW TAB, CHEW TAB)	1	
PRENATAL-U	3	
PRENATE ELITE	3	
PRIMACARE	3	
PROVIDA OB	3	
RELNATE DHA	3	
SE-NATAL 19 29-1 MG CHEW TAB	1	
SELECT-OB	3	
TARON-C DHA	3	
THRIVITE RX	1	
TRINATAL RX 1	3	

Drug Name	Drug Tier	Requirements / Limits
TRINATE	1	
VINATE CARE	1	
VINATE II	3	
VINATE ONE	3	
VIRT-C DHA	3	
VIRT-NATE DHA	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 HARMONY	3	
NESTABS ONE	3	
OBSTETRIX ONE	3	
PNV-DHA	1	
PNV-DHA+DOCUSATE	3	
PRENA 1 TRUE	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS	3	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	

Drug Name	Drug Tier	Requirements / Limits
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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
<i>olopatadine hcl 0.6 % solution</i>	1	
NASAL STEROIDS		
<i>flunisolide</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>organic mct oil</i>	3	
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB		
BIMATOPROST-BRIMONIDINE-DORZOL	2	

Drug Name	Drug Tier	Requirements / Limits
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 sulfite (1 % ointment, 1 % solution)</i>	1	
<i>cyclopentolate hcl 1 % solution</i>	1	
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

Drug Name	Drug Tier	Requirements / Limits
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	
BACITRACIN 500 UNIT/GM OINTMENT	1	
BESIFLOXACIN HCL	1	
CILOXAN	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	

Drug Name	Drug Tier	Requirements / Limits
<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 (pf)</i>	1	QL
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN	3	
ALTACAINE	1	
<i>proparacaine hcl</i>	1	
TETRACAINE HCL 0.5 % SOLUTION	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	3	PA, QL
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	3	

Drug Name	Drug Tier	Requirements / Limits
<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
KETOROLAC TROMETHAMINE (0.4 % SOLUTION, 0.5 % SOLUTION)	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	
<i>tobramycin-dexamethasone</i>	1	
OPHTHALMIC STEROIDS		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	PA
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	1	
LATANOPROST	1	
<i>tafluprost (pf)</i>	1	
<i>travoprost (bak free)</i>	1	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
<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 45 MG/0.8ML SOLN A-INJ	3	PA, QL
WAINUA 45 MG/0.8ML SOLN PRSYR	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		
<i>milnacipran hcl (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL
<i>milnacipran hcl 12.5 & 25 & 50 mg misc</i>	1	
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

Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>pimozide</i>	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT	3	
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG		
ADDYI	3	QL, AL
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det)</i>	1	ACA (Affordable Care Act)
<i>cvs nicotine</i>	0	QL
<i>cvs nicotine polacrilex</i>	0	QL

Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
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>	1	ACA (Affordable Care Act)
<i>varenicline tartrate (starter)</i>	1	ACA (Affordable Care Act)
<i>varenicline tartrate(continue)</i>	1	ACA (Affordable Care Act)
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
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

Drug Name	Drug Tier	Requirements / Limits
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		
<i>nintedanib esylate</i>	1	PA, QL
SULFONAMIDES		
<i>sulfadiazine</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NP THYROID	1	
RENTHYROID	3	

Drug Name	Drug Tier	Requirements / Limits
SYNTHROID	3	
THYQUIDITY	3	
THYROID	1	
TIROSINT	3	
TIROSINT-SOL	3	
<i>unithroid</i>	1	
TOXIDS		
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 TOXIDS TD	0	
VAXELIS	0	AL
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTICHOLINERGIC COMBINATIONS		
BELLADONNA ALKALOIDS-OPIUM	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
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
FIRST-LANSOPRAZOLE	2	AL
FIRST-OMEPRAZOLE	2	AL
FIRST-PANTOPRAZOLE	2	AL

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>tolterodine tartrate er</i>	1	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VESICARE LS	3	AL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	3	QL
<i>mirabegron er (25 mg tab er 24h, 50 mg tab er 24h)</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	
TRUMENBA	0	
VAXNEUVANCE	0	

Drug Name	Drug Tier	Requirements / Limits
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	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	

Drug Name	Drug Tier	Requirements / Limits
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
SPIKEVAX	0	
SPIKEVAX 6M-11Y	0	

Drug Name	Drug Tier	Requirements / Limits
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	
PHEXXI	0	
VAGINAL ESTROGENS		
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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VITAMIN K		
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		eq ivermectin	88	est estrogens-methyltest ds	97
		eq nicotine	175	est estrogens-methyltest hs	97
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isosorbide mononitrate	k-prime	21	kionex	157
isosorbide mononitrate er	K-Y ME & YOU EXTRA	21	KISQALI (200 MG DOSE)	51
isotretinoin	LUBRICATED	79	KISQALI (400 MG DOSE)	51
isradipine	K-Y ME & YOU INTENSE	63	KISQALI (600 MG DOSE)	51
ISTURISA	kaitlib fe	93	KITABIS PAK	9
ITOVEBI	kalliga	53	KLARITY-A	167
itraconazole	KALYDECO	38	klayesta	80
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javygtor	ketorolac tromethamine	95	29G	142
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KOMZIFTI	48	lamotrigine er	28	leflunomide	12
KOSELUGO	48	lamotrigine starter kit-blue	28	lenalidomide	156
kourzeq	158	lamotrigine starter kit-green	28	LENVIMA (10 MG DAILY DOSE)	54
kp aspirin	14	lamotrigine starter kit-orange	28	LENVIMA (12 MG DAILY DOSE)	54
kp folic acid	107	LAMPIT	19	LENVIMA (14 MG DAILY DOSE)	54
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KROGER LANCETS SUPER THIN	125	LANCETS THIN	126	LEUKERAN	53
KROGER LANCETS THIN	125	LANCETS ULTRA THIN	126	leuprolide acetate	52
KROGER LANCETS THIN 26G	125	LANCETS ULTRA THIN 30G	126	levabuterol hcl	24
KROGER LANCETS ULTRATHIN 30G	125	LANCING DEVICE	126	LEVALBUTEROL TARTRATE	24
KROGER LANCING DEVICE	125	LANOXIN	64	levetiracetam	28
KROGER PEN NEEDLES	142	lansoprazole	181	levetiracetam er	28
kurvelo	70	lanthanum carbonate	102	levo-t	178
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		LANTUS SOLOSTAR	34	levocarnitine	93
		LANZO	126	levocarnitine sf	93
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		larin 1/20	70	levonorg-eth estrad triphasic	75
		larin 24 fe	70	levonorgest-eth est & eth est	74
		larin fe 1.5/30	70	levonorgest-eth estrad 91-day	74
		larin fe 1/20	70	levonorgest-eth estradiol-iron	70
		LATANOPROST	169	levonorgestrel	73
labetalol hcl	62	layolis fe	70	levonorgestrel-ethinyl estrad	70,73
lacosamide	28	LAZCLUZE	47	levora 0.15/30 (28)	70
lactulose	109	LDO PLUS	87	levorphanol tartrate	16
lactulose encephalopathy	101	LEADER ADVANCED LANCING DEVICE	126	LEVOTHYROXINE SODIUM	178
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LIBERVANT	27	lo-zumandimine	70	LYNPARZA	53
lidocaine	87	loestrin 1.5/30 (21)	70	LYSODREN	44
lidocaine hcl	87	loestrin 1/20 (21)	70	LYTGOBI (12 MG DAILY DOSE)	47
LIDOCAINE HCL	157	loestrin fe 1.5/30	70	LYTGOBI (16 MG DAILY DOSE)	47
lidocaine hcl urethral/mucosal	87	loestrin fe 1/20	70	LYTGOBI (20 MG DAILY DOSE)	47
lidocaine viscous hcl	158	lojaimiess	74	lyza	74
lidocaine-prilocaine	89	LOKELMA	157	M	
lidocan	87	lomustine	53	M-M-R II	183
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liothyronine sodium	178	lopinavir-ritonavir	58	marlissa	70
lisdexamfetamine dimesylate	7	lorazepam	22	MASK VORTEX/CHILD/FROG	152
lisinopril	41	lorazepam intensol	22	MASK	
lisinopril-hydrochlorothiazide	41	LORBRENA	46	VORTEX/TODDLER/LADYBUG	152
LITE TOUCH LANCETS	126	loryna	70	MATULANE	51
LITE TOUCH LANCING PEN	126	lorzone	162	matzim la	63
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LITETOUCH PEN NEEDLES	142	loteprednol-tobramycin	168	maxi-tuss ac	77
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lithium	55	low-ogestrel	70	MAXICOMFORT SYR 27G X 1/2"	142
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lithium carbonate er	56	lubiprostone	99	MAXX	112
LITHOBID	56	luizza 1.5/30	70	MAXX PLUS	112
LITHOSTAT	104	luizza 1/20	70	MAYZENT	176
LIVDELZI	101	LUMAKRAS	48	MAYZENT STARTER PACK	176
LIVE BETTER ADV LANCING DEVICE	126	LUMRYZ	171	MB CAPS	20
LIVE BETTER LANCET SUPER THIN	126	LUMRYZ STARTER PACK	171	mct oil	164
LIVE BETTER LANCET ULTRA THIN	126	LUNG PERFORM PEAK FLOW METER	147	ME/NAPHOS/MB/HYO1	20
LIVMARLI	100	LUPKYNIS	156	meclizine hcl	37
LIVTENCITY	60	lurasidone hcl	56	MECLOFENAMATE SODIUM	11
		lutera	70	MEDIC INSULIN SYRINGE	142
		lyleq	74	MEDICHOICE SAFETY LANCET	126

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MEDISENSE GLUCOSE KETONE CONTR.....	126	memantine hcl.....	174	methylphenidate hcl er (osm).....	8
MEDISENSE HI/MID/LOW CONTROL.....	126	MEMANTINE HCL.....	174	methylphenidate hcl er (xr).....	8
MEDLANCE EXTRA 21G.....	126	memantine hcl er.....	174	METHYLPHENIDATE HCL ER(DIFFUS).....	8
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MEDLANCE PLUS SPECIAL 0.8MM.....	127	MENQUADFI.....	182	metoprolol succinate er.....	62
MEDLANCE PLUS SUPERLITE 30G.....	127	MENVEO.....	182	metoprolol tartrate.....	62
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medroxyprogesterone acetate.171		mesalamine er.....	100	mibelas 24 fe.....	70
mefenamic acid.....	11	mesalamine-cleanser.....	100	MICROCHAMBER.....	152
mefloquine hcl.....	43	mesna.....	54	MICRODOT CONTROL HIGH/LOW.....	127
megestrol acetate.....	53	metaxalone.....	163	MICRODOT PEN NEEDLE.....	143
MEGESTROL ACETATE.....	171	metformin hcl.....	32	microgestin 1.5/30.....	70
MEIJER ALCOHOL SWABS.....	111	metformin hcl er.....	32	microgestin 1/20.....	70
MEIJER LANCETS.....	127	methadone hcl.....	16	microgestin 24 fe.....	71
MEIJER LANCETS THIN.....	127	methadone hcl intensol.....	16	microgestin fe 1.5/30.....	71
MEIJER LANCETS UNIVERSAL 21G.....	127	methadose.....	16	microgestin fe 1/20.....	71
MEIJER LANCETS UNIVERSAL 30G.....	127	methazolamide.....	91	MICROLET LANCETS.....	127
MEIJER LANCETS UNIVERSAL 33G.....	127	methenamine hippurate.....	20	MICROLET NEXT LANCETS.....	127
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		METHITEST.....	17	midodrine hcl.....	186
		methocarbamol.....	163	mifepristone.....	35
		METHOTREXATE SODIUM.....	45	MIGERGOT.....	153
		methotrexate sodium (pf).....	45	MIGLITOL.....	32
		METHOXSALEN RAPID.....	82	miglustat.....	106
		methscopolamine bromide.....	181	mili.....	71
		methsuximide.....	30	milnacipran hcl.....	172
		METHYLDOPA.....	43	mimvey.....	98
		methylergonovine maleate.....	170		
		methylphenidate.....	8		
		methylphenidate hcl.....	8		

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MINI WRIGHT PEAK FLOW		MOVANTIK	101	naltrexone hcl	37
METER	147	moxifloxacin hcl	99,167	NAMZARIC	172
minocycline hcl	178	MOXIFLOXACIN HCL (2X DAY)	167	naproxen	11
minoxidil	43	MPD SAFETY LANCET 21G	127	naproxen dr	12
minzoya	71	MPD SAFETY LANCET 23G	127	naproxen sodium	12
mirabegron er	182	MPD SAFETY LANCET 28G	127	naproxen sodium er	12
mirtazapine	30	MPD SAFETY LANCET 30G	128	naproxen-esomeprazole mg	11
misoprostol	181	MRESVIA	184	naratriptan hcl	154
mm aspirin	14	MS INSULIN SYRINGE	143	NATACYN	167
MM INSULIN SYRINGE/NEEDLE	143	MULPLETA	107	NATALCHEW	160
MM LANCING DEVICE	127	MULTAQ	22	NATALVIT	160
MM PEN NEEDLES	143	MULTI-LANCET DEVICE	128	NATAZIA	74
MM TWIST LANCETS	127	MULTI-LANCET DEVICE 2	128	nateglinide	35
MNEXSPIKE	184	MULTI-VIT-FLOR	159	NAYZILAM	27
MOBILE LANCETS 30G	127	MULTI-VITAMIN/FLUORIDE	159	nebivolol hcl	62
modafinil	8	MULTI-		NEBULIZER AIR TUBE/PLUGS	149
MODD1 PATIENT WELCOME		VITAMIN/FLUORIDE/IRON	158	NEBULIZER MASK ADULT	149
KIT	136	MULTIVITAMIN W/FLUORIDE	159	NEBULIZER MASK CHILD	149
MODD1 SUPPLY KIT	136	MULTIVITAMIN/FLUORIDE	159	NEBUSAL	77
MODERNA COVID-19 VAC 6M-		mupirocin	80	necon 0.5/35 (28)	71
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mondoxyne nl	178	mycophenolate sodium	156	neo-polycin hc	168
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MONOJECT INSULIN SYRINGE	143	MYFEMBREE	98	neomycin sulfate	9
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MONOLET OPD LANCETS	127	MYLERAN	44	GRAMICIDIN	166
MONOLETTOR SAFETY		MYQORZO	64	NEOMYCIN-POLYMYXIN-HC	168
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montelukast sodium	25	MYTESI	36	NEONATAL COMPLETE	160
morphine sulfate	16	N		NEORAL	156
MORPHINE SULFATE		na sulfate-k sulfate-mg sulf	109	NERLYNX	49
(CONCENTRATE)	16	nabumetone	11	NESTABS	160
morphine sulfate er	16	nadolol	63	NESTABS DHA	160
MORPHINE SULFATE ER BEADS	16	NAFTIFINE HCL	80	NESTABS ONE	161
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NEUTEK 2TEK CONTROL	128	nitrofurantoin macrocrystal	20	NOVOLIN 70/30 FLEXPEN	34
NEVANAC	168	nitrofurantoin monohyd macro	20	NOVOLIN N	34
nevirapine	60	nitroglycerin	18,21	NOVOLIN N FLEXPEN	34
nevirapine er	60	NITYR	94	NOVOLIN R	34
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nicardipine hcl	63	norethin-eth estradiol-fe	71	NOVOLOG MIX 70/30 FLEXPEN	34
nicoderm cq	175	norethindron-ethinyl estrad-fe	75	NOVOLOG PENFILL	34
nicorette	175	norethindrone	74	NOVOPEN ECHO	143
nicorette mini	175	norethindrone acet-ethinyl est	71	NOXAFIL	38
nicorette starter kit	175	norethindrone acetate	171	NP THYROID	178
NICOTINE	175	norethindrone-eth estradiol	98	NUBEQA	45
nicotine mini	175	norgestim-eth estrad triphasic	75	NUCALA	25
nicotine polacrilex	175	norgestimate-eth estradiol	71	NUCORT	85
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NICOTROL NS	176	nortrel 1/35 (28)	71	NUTROPIN AQ NUSPIN 20	94
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OVACE PLUS.....	82	PANDA MASK SMALL.....	152	peg-kcl-nacl-nasulf-na asc-c.....	109
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oxazepam.....	22	PANRETIN.....	81	PEGASYS.....	61
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oxcarbazepine er.....	28	PARI ALTERA NEBULIZER HANDSET.....	149	PEN NEEDLE/5-BEVEL TIP.....	143
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PALFORZIA (12 MG DAILY DOSE).....	8	paroxetine mesylate.....	176	pentoxifylline er.....	105
PALFORZIA (120 MG DAILY DOSE).....	8	PAXLOVID (150/100).....	60	perampanel.....	27
PALFORZIA (160 MG DAILY DOSE).....	9	PAXLOVID (300/100 & 150/100).....	60	PERFECT LANCETS 28G.....	128
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PALFORZIA (200 MG DAILY DOSE).....	9	pazopanib hcl.....	49	PERFECT POINT SAFETY LANCETS.....	128
PALFORZIA (240 MG DAILY DOSE).....	9	PAZOPANIB HCL.....	49	PERINDOPRIL ERBUMINE.....	41
PALFORZIA (3 MG DAILY DOSE).....	9	PB-HYOSCY-ATROPINE- SCOPOLAMINE.....	179	periogard.....	158
PALFORZIA (300 MG MAINTENANCE).....	9	PC LANCETS SUPER THIN 30G.....	128	permethrin.....	89
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PHARMACY COUNTER LANCETS	128	PIP PEN NEEDLES 32G X 4MM	143	potassium citrate er	103
PHEBURANE	96	PIQRAY (200 MG DAILY DOSE)	53	POTASSIUM CITRATE-CITRIC ACID	103
phenazo	103	PIQRAY (250 MG DAILY DOSE)	53	POTASSIUM IODIDE (EXPECTORANT)	77
PHENAZOPYRIDINE HCL	104	PIQRAY (300 MG DAILY DOSE)	53	PR BENZOYL PEROXIDE	79
PHENELZINE SULFATE	31	pirfenidone	177	PR BENZOYL PEROXIDE WASH	79
phenobarbital	107	piroxicam	12	pramipexole dihydrochloride	55
phenobarbital-belladonna alk	179	pitavastatin calcium	40	pramipexole dihydrochloride er	55
PHENOHYTRO	180	PLEGRIDY	173	PRAMOSONE	89
phenoxybenzamine hcl	41	PLEGRIDY STARTER PACK	173	prasugrel hcl	106
phenylephrine hcl	165	PLENVU	109	pravastatin sodium	40
phenytek	30	PLEXION CLEANSING CLOTH	78	praziquantel	19
phenytoin	30	PLEXION NS	83	prazosin hcl	43
phenytoin infatabs	30	PNEUMOVAX 23	182	PRECISION GLUCOSE KETONE CONTR	129
phenytoin sodium extended	30	PNV 27-CA/FE/FA	160	PRECISION SURE-DOSE SYRINGE	143
PHEXX	185	PNV PRENATAL PLUS MULTIVIT+DHA	160	PRECISION THINS GP LANCETS	129
PHEXXI	185	PNV-DHA	161	PRECISION XTRA BLOOD GLUCOSE	90
philith	71	PNV-DHA+DOCUSATE	161	PRECISION XTRA KETONE	90
PHOSPHA 250 NEUTRAL	154	PNV-OMEGA	160	PRECISION XTRA-GLUCOSE/KETONE	113
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PILLOW MASK/PEDIATRIC	150	POLY-VI-FLOR	159	PREFERRED PLUS INSULIN SYRINGE	143
pilocarpine hcl	158,166	POLY-VI-FLOR/IRON	158	PREFERRED PLUS LANCETS COLORED	129
pimecrolimus	87	polycin	166	PREFERRED PLUS LANCETS THIN	129
pimozide	174	polymyxin b-trimethoprim	166	PREFERRED PLUS UNIFINE	143
pimtrea	67	pomalidomide	48	PENTIPS	143
pindolol	63	PONVORY	176	pregabalin	28
pioglitazone hcl	36	PONVORY STARTER PACK	176	pregabalin er	174
pioglitazone hcl-glimepiride	35	portia-28	71		
pioglitazone hcl-metformin hcl	36	posaconazole	38		
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px stop smoking aid	NEEDLE	144	ramipril	41
pyrazinamide	QUICKTEK CONTROL SOLUTION	130	ranolazine er	21
pyridostigmine bromide	QUILLICHEW ER	8	RAPAMUNE	157
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pyrimethamine	quinapril hcl	41	RASUVO	10
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	quinine sulfate	44	REALITY INSULIN SYRINGE	144
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qc alcohol	R		REALITY SWABS	111
QC ALCOHOL SWABS	RA ALCOHOL SWABS	111	REALITY TRIGGER LANCETS	130
qc aspirin low dose	ra aspirin adult low dose	14	reclipsen	71
qc childrens aspirin	ra aspirin adult low strength	14	RECOMBIVAX HB	184
qc folic acid	ra aspirin childrens	14	REDEMPLO	93
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QC LANCETS ULTRA THIN	ra aspirin ec adult low st	14	CONTROL	130
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QC UNIFINE PENTIPS	RA E-ZJECT LANCETS ULTRA		RELION INSULIN SYRINGE	144
QC UNILET LANCETS 28G	THIN	130	RELION KETONE TEST	90
QC UNILET LANCETS MICRO	ra folic acid	107	RELION LANCET DEVICES 30G	130
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QINLOCK	ra isopropyl alcohol wipes	89	RELION LANCETS MICRO-THIN	
QLOSI	ra mini nicotine	176	33G	130
QNASL	ra nicotine	176	RELION LANCETS THIN 26G	130
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QUAKE	rabeprazole sodium	181	RELION MINI PEN NEEDLES	144
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RENTHYROID.....	178	RIMANTADINE HCL.....	62	SAFETY PEN NEEDLES.....	144
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uro-sp	21	varenicline tartrate(continue)	176	VERQUVO	66
ursodiol	99	VARIVAX	185	VERSAPAP	150
ustell	21	VAXELIS	179	VERSAPAP W/UNIVERSAL	
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valacyclovir hcl	61	VECAMYL	43	VESICARE LS	182
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valganciclovir hcl	61	VELPHORO	102	VIBERZI	100
valproic acid	30	VELSIPITY	102	VIDA MIA AUTOLET LANCING	
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VALTYA 1/50	72	VENTAVIS	65	vigpoder	29
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SYRINGE	146	venxxiva	104	VILAMIT MB	21
VALUE PLUS LANCET STANDARD		VEOZAH	95	vilazodone hcl	31
21G	135	verapamil hcl	64	VILEVEV MB	21
VALUE PLUS LANCETS SUPER		verapamil hcl er	64	VINATE CARE	161
THIN	135	VERASENS GLUCOSE CONTROL	135	VINATE II	161
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28G	135	VERIFINE SAFE LANCET MINI		VIRT-NATE DHA	161
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VANDAZOLE	185	28G	135	VITAFOL ULTRA	162
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VANISHPOINT INSULIN		30G	135	VITAFOL-OB+DHA	162
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VANOXIDE-HC	79	28G	135	VITAMEDMD ONE	
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VITRAKVI	50	LANCETS	136	XELJANZ	10
VIVA DHA	161	WALGREENS LANCETS	136	XELJANZ XR	10
VIVAGUARD INO CONTROL		WALGREENS LANCETS MICRO		xelria fe	72
SOLUTION	135	THIN	136	XERESE	83
VIVAGUARD LANCETS	135	WALGREENS LANCETS SUPER		XERMELO	102
VIVAGUARD LANCETS 30G	135	THIN	136	XIFAXAN	19
VIVAGUARD LANCING DEVICE	136	WALGREENS THIN LANCETS	136	XIGDUO XR	35
VIVAGUARD SAFETY LANCETS		WALGREENS ULTRA THIN		XIIDRA	165
28G	136	LANCETS	136	XOFLUZA (40 MG DOSE)	62
VIZIMPRO	47	warfarin sodium	26	XOFLUZA (80 MG DOSE)	62
VOCABRIA	59	WAYRILZ	104	XOLAIR	23
volnea	67	WEBCOL ALCOHOL PREP LARGE	111	XOLREMDI	106
VONJO	52	WEBCOL ALCOHOL PREP		XOSPATA	50
VORANIGO	52	MEDIUM	111	XPOVIO (100 MG ONCE WEEKLY)	50
voriconazole	38	weekly-d	187	XPOVIO (40 MG ONCE WEEKLY)	50
VORTEX HOLD		WEGMANS UNIFINE PENTIPS		XPOVIO (40 MG TWICE WEEKLY)	50
CHMBR/MASK/CHILD	153	PLUS	147	XPOVIO (60 MG ONCE WEEKLY)	50
VORTEX HOLD		WELIREG	48	XPOVIO (60 MG TWICE WEEKLY)	50
CHMBR/MASK/TODDLER	153	wera	72	XPOVIO (80 MG ONCE WEEKLY)	51
VORTEX VALVE CHAMBER-PEDI		WES-PHOS 250 NEUTRAL	155	XPOVIO (80 MG TWICE WEEKLY)	51
MASK	153	WESCAP-C DHA	161	XROMI	106
VORTEX VALVED HOLDING		WESCAP-PN DHA	162	XTAMPZA ER	17
CHAMBER	153	WESNATAL DHA COMPLETE	161	XTANDI	45
VOSEVI	61	WESNATE DHA	161	xulane	72
VOWST	101	WILZIN	155	XURIDEN	94
VOXZOGO	95	WINDMILL TRAINER	150		
VOYDEYA	105	WINLEVI	80	Y	
VP INSULIN SYRINGE	147	WINREVAIR	65	yargesa	106
VRAYLAR	56	wixela inhub	23	YEZTUGO	58
VTAMA	81	wymzya fe	72	yl folic acid	107
vyfemla	72			YONSA	44
VYKAT XR	92	X		YORVIPATH	95
VYLEESI	172	XADAGO	55	yulithira	49
vylibra	72	XALKORI	46	yuvafem	186
VYNDAMAX	66	xarah fe	75		

Z	ZONTIVITY	105
	ZORYVE	88
zafemy	zovia 1/35 (28)	72
zafirlukast	ZTALMY	29
zaleplon	ZUBSOLV	17
ZAVZPRET	zumandimine	72
ZEJULA	ZURNAL	37
ZELAPAR	ZYCLARA PUMP	86
ZELBORAF	ZYDELIG	53
ZELSUVMI	ZYFLO	23
zelvysia	ZYKADIA	46
ZEMBRACE SYMTOUCH	ZYMFENTRA (1 PEN)	102
zenatane	ZYMFENTRA (2 PEN)	102
ZENPEP	ZYMFENTRA (2 SYRINGE)	102
zenzedi		7
ZEPOSIA		176
ZEPOSIA 7-DAY STARTER PACK		176
ZEPOSIA STARTER KIT		176
ZERVIAE		166
ZEVXR INSULIN SYRINGE		147
ZEVXR PEN NEEDLES		147
ZEVXR STERILE ALCOHOL PREP PAD		111
ZEVXR TWIST TOP LANCETS 30G		136
zidovudine		60
ZILBRYSQ		104
zileuton er		23
ZILXI		88
ZIMHI		37
ziprasidone hcl		56
ZIRGAN		167
ZITHRANOL		81
ZOKINVY		156
ZOLINZA		48
zolmitriptan		154
ZOLPIDEM TARTRATE		108
zolpidem tartrate		108
zolpidem tartrate er		108
ZOMACTON		94
zonisamide		29