

GEISINGER HEALTH PLAN

2024

CHIP Formulary



Geisinger

List of covered drugs

Geisinger Health Plan

Pharmacy Department
Internal Mail Code 24-10
100 North Academy Avenue
Danville, PA 17822

CHIP Pharmacy Benefit

The CHIP Pharmacy benefit assigns each prescription medication to one of two different tiers, each representing a set copayment amount. The copay amount will depend on your prescription medication benefits. Additional medications, other than those included in this formulary, may be covered under the CHIP Pharmacy benefit. The definitions of the copay levels are listed below:

- Tier 1—Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2—Includes certain formulary brand name medications with no generic equivalent. Prior authorization may be necessary for medications in this tier.

The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to changes in medication availability in the marketplace.

A few things you should remember when using this formulary and your prescription benefit:

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance or deductible when you receive the prescription.
- Coverage is for generic drugs when they have equivalent rating in the drug products list (Orange Book—U.S. Department of Health and Human Services).
- Some medications on the formulary require prior authorization which your provider may request through our Pharmacy Service Team at 844-866-8533.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team, except for those items listed as specific exclusions. Non-formulary medications not requiring prior authorization will be available at the highest copay level.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28

days across all products (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).

- Insulin syringes, lancets, and inhaler spacers are covered at Tier 2.
- Non-prescription (over-the-counter) medications are only covered if required by healthcare reform legislation or if the medication is part of the formulary.
- Note that if certain conditions are met some medications may be covered with no copay/coinsurance due to healthcare reform legislation. Please contact the pharmacy customer service team for more information.
- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 1 copay level if the primary ingredient is generic or the Tier 2 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- Medications listed on Tier 0 are covered at \$0 copay.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization if more than a 5 day supply is required for a member under 18 years of age.

Using this formulary

- Medications are listed by therapeutic class within the table of contents. An alphabetical index of all medications can be found at the back of the formulary.
- The medication Tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits.
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of April 1, 2024 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following publications: “Member Update” for members and “Healthcare Provider Update” for providers. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.
- **Restrictions in medication availability may result from use of a formulary.**

Please be aware that if you choose to obtain a non-formulary drug, you may be required to pay the full price of that drug. For information about your specific prescription drug benefits, please contact the Pharmacy Service Team at 844-866-8533.

Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column.
- Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied.
- If not listed above the maximum days supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

Step Therapy

For details regarding step therapy requirements please contact the Pharmacy Service Team at 844-866-8533.

Specialty Vendor Drug Program

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Service Team at 844-866-8533 for additional information on the program and a complete list of the medications included.

What is a medication formulary?

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based upon the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if two or more medications produce the same clinical results, elements like cost and ease of use are considered.

A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective, and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a “covered” medication and you pay your particular co-pay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication or may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. We respond to such requests within 24 hours of receiving all necessary information. If an exception is approved, you will be charged at the highest applicable copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

Formulary exclusions

There are certain medications that your plan will not cover under any circumstance. These are called exclusions. Examples of exclusions include, but are not limited to, medications used for experimental, investigational or unproven medication therapies, medications used for weight loss and weight management, sexual dysfunction medications, and medications used for cosmetic purposes. Exclusions are subject to change so you should contact the Pharmacy Service Team when you are unsure whether a medication is covered.

Formulary development

When deciding whether or not a medication should be included in the formulary, the Pharmacy and Therapeutics Committee carefully considers each medication for coverage or non-coverage in order to ensure safety and effectiveness in the medications being prescribed. This information is then shared with participating providers for review and feedback. Based upon the gathered information and provider feedback, the Pharmacy and Therapeutics Committee will determine a medication’s inclusion or exclusion in the formulary. For the specific criteria used to determine a medication’s inclusion or exclusion in this formulary, please contact the Pharmacy Customer

Service Team.

Health Care Reform: The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, the government created “provisions,” or laws, that health insurers must adapt to, which change health benefits for consumers. These changes include the expansion of preventive services, including vaccinations, prescription drugs, and more. In accordance with the ACA requirements, and subject to any applicable limitations of your pharmacy plan, the following preventive medications will be covered with no cost-sharing under the prescription drug benefit:

- Aspirin Products – Low dose (81 mg) aspirin products as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives – For females.
- Breast Cancer Prevention – Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen for women who are at increased risk of breast cancer and at low risk for adverse medication effects.
- Folic Acid Supplements – Generic folic acid 0.4 mg and 0.8 mg tablets for all women who are planning or capable of pregnancy.
- Fluoride Supplements – Fluoride drops and chewable tablets starting at 6 months for children whose water supply is fluoride insufficient up to age 16 years for the prevention of dental caries.
- HIV Pre-Exposure Prophylaxis – Apretude 600 mg/3 mL injection, Descovy 200-25 mg tablet, emtricitabine/tenofovir 200-300 mg tablet, and Vocabria 30 mg tablet.
- Smoking Cessation Products
- Vaccinations – Preventive vaccines are covered for \$0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.
- Vitamins – Generic over the counter vitamins.

Formulary, oral chemotherapy agents will have no cost sharing based on the Pennsylvania Oral Anticancer Treatment Access Law.

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications. Over-the-counter preventive care medications or products may be submitted for reimbursement if purchased without a prescription.

What are generics?

When a company develops a new medication, it receives a patent that protects the medication company's right to be the only manufacturer of that medication for a certain period of time, which means that no generic can be manufactured. After that patent expires, other companies can then make the same medication and sell it in its generic form. The generic form of a medication has the same active ingredients, the same strength, and the same dosage as the brand name medication. The inactive ingredients (which provide texture, shape and color) may be different, which is why a generic typically looks different than its brand name counterpart. Generic medications are usually less expensive than brand name medications, but are just as safe and effective. This is because generic manufacturers have lower advertising costs and greater competition from other generic manufacturers. Additionally, the U.S. Food and Drug Administration regulates all pharmaceuticals, including generics, to assure quality, strength, purity and potency.

Your prescription medication coverage is a generic-based plan and, whenever possible, you should use a cost-effective generic medication.

Notes for Providers

Formulary review process: Medications selected for inclusion in the formulary are chosen in consideration of effectiveness, safety and overall value. Evaluation for formulary inclusion is based on formalized selection criteria to determine the most optimal benefit to members.

These criteria include but are not limited to:

- Medication name/dosage form
- Medication class/pharmacology
- FDA-approved indications
- Adverse reactions
- Clinical evidence of safety and efficacy
- Recommendations of national agencies and organizations
- Therapeutic equivalence
- Cost analysis

The criteria are reviewed by the Health Plan Pharmacy and Therapeutics Committee, which is comprised of pharmacists and participating physicians in active clinical practice from various specialties. The medication is then reviewed and evaluated by clinicians in particular specialties for additional feedback. The feedback is discussed by the Pharmacy and Therapeutics Committee prior to finalizing a decision on formulary status. To be included, the medication must offer a distinct advantage over existing formulary medications in the same therapeutic class. Specifically, the medication must demonstrate such attributes as:

- A distinct or unique therapeutic feature
- Greater efficacy, proven in clinical trials, over other medications in the same therapeutic category
- An improved dosing schedule, safety profile or cost-effectiveness over existing formulary medications

If there are comparable therapeutic agents, additional analysis may be considered. These factors include:

- Member satisfaction
- Cost analysis
- Contract terms and conditions
- Market share analysis
- Patent life assessment
- Utilization management
- Consumer advertising
- Per member per month costs

Generic substitution policy: The Health Plan prescription benefits are generically based. Generic substitution will occur for those medications included in the “Approved Medication Products with Therapeutic Equivalence Evaluations,” also known as “The Orange Book,” published by the U.S. Department of Health and Human Services. Generic medications, which have an equivalent rating by these standards, are generally provided under the member’s prescription medication benefit. The Health Plan may also elect to include only one brand- name medication in the formulary even if the medication is marketed by more than one company, or if the brand name medication does not significantly differ from the generic medication.

Prior authorization: To promote the most appropriate utilization, select medications may require prior authorization by the Health Plan to be eligible for coverage under the member’s prescription benefit. The Pharmacy and Therapeutics Committee determines prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the prescribing physician must obtain prior authorization by contacting the Health Plan Pharmacy Department. Submission of medical documentation is required. Prior authorization can be requested:

- Online at ghp.promptpa.com
- By faxing a completed prior authorization form to 570-300-2122
- By mailing a completed prior authorization form to:
 - Attention Pharmacy Department 24-10
100 North Academy Avenue
Danville, PA 17822
- Prior authorization for certain medications can be initiated via phone by calling 844-866-8533

Step Therapy: Some medications may require that other medications be tried prior to or concomitantly with the requested medication. The pharmacy claims system looks for a record of the required medications and if they are not found, medical documentation must be submitted showing use of these medications or rationale for skipping the step therapy medications.

Non-formulary medications: The formulary is designed to meet most therapeutic needs of the population served by the Health Plan. Occasionally, because of allergy, therapeutic failure, or a specific diagnostic-related need, formulary medications may not meet the special needs of an individual member. In these special instances, the prescribing physician may make requests to the Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Health Plan Pharmacy Department regarding the request.

Formulary addition requests: Requests for changes or additions, comments, and suggestions for the formulary are welcome and can be made by written request to the Health Plan Pharmacy Department.

Sources:

- Academy of Managed Care Pharmacy (AMCP), “Formulary Management,” “Formularies,” www.amcp.org., November 2001.
- Health Insurance Association of America (HIAA), “Guide to Managed Care: Choosing and Using a Health Plan.” www.hiaa.org., November 2001.
- National Consumers League (NCL), “Consumer Guide to Generic Medications,” www.nclnet.org., November 2001.
- “From the Pharmacist,” www.cvs.com., November 2001.

Discrimination is against the law

Geisinger Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Geisinger Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Geisinger Health Plan at 800-447-4000.

If you believe that Geisinger Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue,
Danville, PA 17822-3220
Phone: (866) 577-7733, PA Relay 711,
Fax: (570) 271-7225, or
Email: GHPCivilRights@thehealthplan.com

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675
Phone: (717) 787-1127, PA Relay 711,
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are available to help you.

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 by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW.,
Room 509F, HHH Building,
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 800-447-4000 (PA RELAY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (PA RELAY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (PA RELAY: 711).

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 800-447-4000 (PA RELAY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (PA RELAY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-447-4000 (رقم هاتف الصم والبكم: PA RELAY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।
फोन गर्नुहोस् 800-447-4000 (PA RELAY: 711) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (PA RELAY: 711). 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (PA RELAY: 711)។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (PA RELAY: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 800-447-4000 (PA RELAY: 711) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (PA RELAY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (PA RELAY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 800-447-4000 (PA RELAY: 711)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-447-4000 (PA RELAY: 711).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (PA RELAY: 711).

LEGEND

0 \$0

1 Generics

2 Brands

QL Quantity Limit

Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame.

PA Prior Authorization Required

You (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.

ST Step Therapy

Before our plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

AL Age Limit

Our plan limits certain medications to members who meet minimum or maximum age requirements.

PN Publishing Note

This drug has unique restrictions.

SP Specialty Drug

Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.

QL Quantity Limit (Custom)

Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame.

SUM2 Restricted Programs (SMART UM #2)

Customizable UM #2.

SUM3 SMART UM #3

Customizable UM #3.

LA Limited Access

Drugs that are only available at certain pharmacies

MDS Max Days Supply Allowed

Max Days Supply Allowed

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	14
AMINOGLYCOSIDES	15
ANALGESICS - ANTI-INFLAMMATORY	15
ANALGESICS - NONNARCOTIC	18
ANALGESICS - OPIOID	19
ANDROGENS-ANABOLIC	22
ANORECTAL AND RELATED PRODUCTS	22
ANTHELMINTICS	23
ANTI-INFECTIVE AGENTS - MISC.	23
ANTIANGINAL AGENTS	25
ANTIANKXIETY AGENTS	25
ANTIARRHYTHMICS	26
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	26
ANTICOAGULANTS	29
ANTICONVULSANTS	30
ANTIDEPRESSANTS	33
ANTIDIABETICS	35
ANTIDIARRHEAL/PROBIOTIC AGENTS	40
ANTIDOTES AND SPECIFIC ANTAGONISTS	41
ANTIEMETICS	41
ANTIFUNGALS	42
ANTIHISTAMINES	43
ANTIHYPERTENSIVES	44
ANTIHYPERTENSIVES	46
ANTIMALARIALS	48
ANTIMYASTHENIC/CHOLINERGIC AGENTS	49
ANTIMYCOBACTERIAL AGENTS	49
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	49
ANTIPARKINSON AND RELATED THERAPY AGENTS	65
ANTIPSYCHOTICS/ANTIMANIC AGENTS	66
ANTISEPTICS & DISINFECTANTS	69
ANTIVIRALS	69
BETA BLOCKERS	74
CALCIUM CHANNEL BLOCKERS	75
CARDIOTONICS	76
CARDIOVASCULAR AGENTS - MISC.	76
CEPHALOSPORINS	78
CONTRACEPTIVES	79
CORTICOSTEROIDS	86
COUGH/COLD/ALLERGY	87
DERMATOLOGICALS	88
DIAGNOSTIC PRODUCTS	94
DIGESTIVE AIDS	95
DIURETICS	96
ENDOCRINE AND METABOLIC AGENTS - MISC.	96
ESTROGENS	101

FLUOROQUINOLONES	102
GASTROINTESTINAL AGENTS - MISC.	102
GENITOURINARY AGENTS - MISCELLANEOUS	105
GOUT AGENTS	105
HEMATOLOGICAL AGENTS - MISC.	106
HEMATOPOIETIC AGENTS	109
HEMOSTATICS	112
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	112
LAXATIVES	113
MACROLIDES	113
MEDICAL DEVICES AND SUPPLIES	114
MIGRAINE PRODUCTS	150
MINERALS ELECTROLYTES	151
MISCELLANEOUS THERAPEUTIC CLASSES	151
MOUTH/THROAT/DENTAL AGENTS	154
MULTIVITAMINS	155
MUSCULOSKELETAL THERAPY AGENTS	158
NASAL AGENTS - SYSTEMIC AND TOPICAL	159
NEUROMUSCULAR AGENTS	160
NUTRIENTS	161
OPHTHALMIC AGENTS	161
OTIC AGENTS	165
OXYTOCICS	165
PASSIVE IMMUNIZING AND TREATMENT AGENTS	166
PENICILLINS	167
PROGESTINS	168
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	168
RESPIRATORY AGENTS - MISC.	172
SULFONAMIDES	173
TETRACYCLINES	173
THYROID AGENTS	173
TOXOIDS	174
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	174
UNCATEGORIZED	175
URINARY ANTISPASMODICS	175
VACCINES	176
VAGINAL AND RELATED PRODUCTS	179
VASOPRESSORS	179
VITAMINS	180

Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	1	
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1	
<i>dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i>	1	PA, QL (1 cap per 1 day)
<i>methamphetamine hcl 5 mg tab</i>	1	
ANALEPTICS		
<i>caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)</i>	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)</i>	1	
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	1	
QELBREE 100 MG CAP ER 24H	2	PA, QL (1 unit per 1 day)
QELBREE 150 MG CAP ER 24H	2	PA, QL (2 units per 1 day)
QELBREE 200 MG CAP ER 24H	2	PA, QL (3 units per 1 day(s))
STIMULANTS - MISC.		
<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	1	PA
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)</i>	1	PA
<i>methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)</i>	1	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>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)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)</i>	1	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	1	
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>modafinil (100 mg tab, 200 mg tab)</i>	1	PA
AMINOGLYCOSIDES (CONTINUED)		
AMINOGLYCOSIDES		
<i>neomycin sulfate 500 mg tab</i>	1	
<i>paramomycin sulfate 250 mg cap</i>	1	
TOBI PODHALER 28 MG CAP	2	PA, QL (224 units per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (224 units per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/5ml nebu soln</i>	1	PA, LA, QL (280 units per 56 days), SP, MDS
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-FKJP (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML AUT-IJ KIT, 40 MG/0.8ML PREF SY KT)	2	PA, QL (2 units per 28 day(s)), SP, QL (28 days supply per fill), MDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	PA, QL (0.8 ml per 28 day(s)), SP, QL (28 days supply per fill), MDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	2	PA, QL (1.6 ml per 28 day(s)), SP, QL (28 days supply per fill), MDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	PA, QL (0.8 ml per 28 day(s)), SP, QL (28 days supply per fill), MDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	2	PA, QL (1.6 ml per 28 day(s)), SP, QL (28 days supply per fill), MDS
HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT)	2	PA, QL (2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT)	2	PA, QL (2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	PA, QL (2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	2	PA, QL (2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	2	PA, QL (3 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN 80 MG/0.8ML PEN KIT	2	PA, QL (3 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	2	PA, QL (6 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	2	PA, QL (3 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	2	PA, QL (4 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-PSOR/UEVIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	2	PA, QL (3 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML PEN KIT	2	PA, QL (4 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR)	2	PA, QL (0.5 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA 50 MG/4ML SOLUTION	2	PA, SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
YUSIMRY 40 MG/0.8ML SOLN PEN	2	PA, QL (1.6 ml per 28 day(s)), SP, QL (28 days supply per fill), MDS
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	2	PA, QL (30 units per 30 days), SP, MDS
RINVOQ 45 MG TAB ER 24H	2	PA, QL (28 units per 28 day(s)), SP, QL (3 fills per 180 days), MDS
XELJANZ (5 MG TAB, 10 MG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
XELJANZ 1 MG/ML SOLUTION	2	PA, QL (300 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	2	PA, QL (30 units per 30 days), SP, MDS
GOLD COMPOUNDS		
RIDAURA 3 MG CAP	2	
INTERLEUKIN-1 BLOCKERS		
ARCALYST 220 MG RECON SOLN	2	PA, SP, MDS
INTERLEUKIN-1BETA BLOCKERS		
ILARIS 150 MG/ML SOLUTION	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	PA, QL (3.6 units per 28 days), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	2	PA, QL (3.6 units per 28 days), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er 100 mg tab er 24h</i>	1	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	1	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	1	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	1	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	1	
<i>fenoprofen calcium (400 mg cap, 600 mg tab)</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	1	
<i>indomethacin er 75 mg cap er</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac tromethamine 10 mg tab</i>	1	QL (20 units per fill)
MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP)	1	
<i>mefenamic acid 250 mg cap</i>	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	1	
NALFON 400 MG CAP	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	
<i>naproxen dr 500 mg tab dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>naproxen-esomeprazole mg (375-20 mg tab dr, 500-20 mg tab dr)</i>	1	PA, QL (2 units per day)
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	1	
<i>sulindac (150 mg tab, 200 mg tab)</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	2	PA, QL (55 units per 28 days), SP, MDS
OTEZLA 30 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	2	PA, QL (8 units per 28 days), SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	2	PA, QL (8 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI 50 MG/ML SOLN CART	2	PA, QL (4 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	2	PA, QL (4 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
<i>bac 50-325-40 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>bupap 50-300 mg tab</i>	1	
<i>butalbital-acetaminophen (50-300 mg cap, 50-300 mg tab, 50-325 mg tab)</i>	1	
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
<i>esgic 50-325-40 mg cap</i>	1	
<i>zebutal 50-325-40 mg cap</i>	1	
SALICYLATES		
<i>adult aspirin regimen 81 mg tab dr</i>	0	
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin 81 81 mg tab dr</i>	0	
<i>aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin regimen 81 mg tab dr</i>	0	
<i>diflunisal 500 mg tab</i>	1	
<i>ft aspirin low dose 81 mg tab dr</i>	0	
<i>gnp adult aspirin low strength 81 mg chew tab</i>	0	
<i>gnp aspirin 81 mg tab dr</i>	0	
<i>gnp aspirin low dose 81 mg tab dr</i>	0	
<i>goodsense aspirin 81 mg chew tab</i>	0	
<i>goodsense aspirin adult low st 81 mg chew tab</i>	0	
<i>goodsense aspirin low dose 81 mg tab dr</i>	0	
<i>hm aspirin 81 mg chew tab</i>	0	
<i>hm aspirin ec low dose 81 mg tab dr</i>	0	
<i>qc aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>salsalate (500 mg tab, 750 mg tab)</i>	1	
<i>sm aspirin adult low strength (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>sm aspirin ec low strength 81 mg tab dr</i>	0	
<i>sm aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>sm childrens aspirin 81 mg chew tab</i>	0	
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
CODEINE SULFATE (15 MG TAB, 30 MG TAB, 60 MG TAB)	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	1	PA, MDS
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	1	PA, QL (136 units per 34 days), MDS
FENTORA (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	2	PA
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>levorphanol tartrate (2 mg tab, 3 mg tab)</i>	1	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	
<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	PA
<i>methadone hcl intensol 10 mg/ml conc</i>	1	PA
<i>methadose 40 mg tab sol</i>	1	PA
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)	1	
<i>morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)</i>	1	
<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	PA
MORPHINE SULFATE ER BEADS (30 MG CAP ER 24H, 45 MG CAP ER 24H, 60 MG CAP ER 24H, 75 MG CAP ER 24H, 90 MG CAP ER 24H, 120 MG CAP ER 24H)	1	PA
NUCYNTA (50 MG TAB, 75 MG TAB, 100 MG TAB)	2	PA
NUCYNTA ER (50 MG TAB ER 12H, 100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H, 250 MG TAB ER 12H)	2	PA
<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	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	1	PA
OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>oxymorphone hcl (5 mg tab, 10 mg tab)</i>	1	
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	1	PA
<i>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 tab er 24h)</i>	1	PA
<i>tramadol hcl er (biphasic) (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1	PA
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-30 mg tab, 300-60 mg tab)</i>	1	
<i>ascomp-codeine 50-325-40-30 mg cap</i>	1	
<i>butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)</i>	1	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	
<i>endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
<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	
<i>hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)</i>	1	
NALOCET 2.5-300 MG TAB	1	
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	2	QL (1.28 ml per 28 day(s)), SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	QL (1.92 ml per 28 day(s)), SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	QL (2.56 ml per 28 day(s)), SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	QL (0.64 ml per 28 day(s)), SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	QL (0.36 ml per 28 day(s)), SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements / Limits
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	QL (0.18 ml per 28 day(s)), SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	QL (0.27 ml per 28 day(s)), SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	1	PA, QL (0.143 units per day)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	MDS
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i>	1	MDS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	
SUBLOCADE (100 MG/0.5ML SOLN PRSYR, 300 MG/1.5ML SOLN PRSYR)	2	SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANDROGENS-ANABOLIC (CONTINUED)		
ANABOLIC STEROIDS		
<i>oxandrolone (2.5 mg tab, 10 mg tab)</i>	1	
ANDROGENS		
AVEED 750 MG/3ML SOLUTION	2	PA, SP, MDS
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	1	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</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	
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
TLANDO 112.5 MG CAP	2	PA, QL (2 units per day)
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
<i>hydrocort-pramoxine (perianal) 2.5-1 % cream</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-hydrocort (perianal) 3-0.5 % cream</i>	1	
<i>lidocaine-hydrocortisone ace (2-2 % kit, 2.8-0.55 % gel, 3-0.5 % kit, 3-1 % kit, 3-2.5 % kit)</i>	1	
PROCTOFOAM HC 1-1 % FOAM	2	
RECTAL STEROIDS		
<i>anucort-hc 25 mg suppos</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	1	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	1	
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	1	QL (4 units per fill)
EMVERM 100 MG CHEW TAB	2	PA
<i>ivermectin 3 mg tab</i>	1	PA, SUM2 (PA not required if submitted with the following ICD-10 codes: B73, B78, B86), MDS
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO 194 MG TAB DR	2	PA, QL (12 units per 3 days), MDS
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab)</i>	1	
<i>pentamidine isethionate 300 mg recon soln</i>	1	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	1	
<i>trimethoprim 100 mg tab</i>	1	
XIFAXAN (200 MG TAB, 550 MG TAB)	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>multivitamin liquid</i>	0	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
XACDURO 1-1 GM RECON SOLN	2	PA, QL (168 ea per 14 days), MDS
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	1	
<i>nitazoxanide 500 mg tab</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	1	MDS
DAPTOMYCIN 500 MG RECON SOLN	1	
GLYCOPEPTIDES		
DALVANCE 500 MG RECON SOLN	2	PA, MDS
FIRVANQ (25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN)	2	
KIMYRSA 1200 MG RECON SOLN	2	PA
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 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	
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	1	PA
<i>linezolid 600 mg tab</i>	1	QL (2 units per 1 day), QL (112 units per 180 days), MDS
SIVEXTRO 200 MG TAB	2	PA, QL (6 ea per 6 days), QL (1 fill per 365 days), MDS
PLEUROMUTILINS		
XENLETA 600 MG TAB	2	PA, QL (10 units per 5 day(s)), MDS
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1 gm tab</i>	1	
<i>methenamine mandelate (0.5 gm tab, 1 gm tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin 25 mg/5ml suspension</i>	1	
<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
<i>ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)</i>	1	PA
NITRATES		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	1	
<i>isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	1	
NITRO-BID 2 % OINTMENT	2	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	2	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1	
ANTIANSIETY AGENTS (CONTINUED)		
ANTIANSIETY AGENTS - MISC.		
<i>buspirone hcl (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)</i>	1	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>meprobamate (200 mg tab, 400 mg tab)</i>	1	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	1	
<i>alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	1	
ALPRAZOLAM INTENSOL 1 MG/ML CONC	2	
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)</i>	1	
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)</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 5 mg/ml conc</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol 2 mg/ml conc</i>	1	
<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	1	
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	1	
NORPACE CR 100 MG CAP ER 12H	2	QL (8 units per 1 day)
NORPACE CR 150 MG CAP ER 12H	2	QL (5 units per 1 day)
<i>quinidine gluconate er 324 mg tab er</i>	1	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	1	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	1	
MULTAQ 400 MG TAB	2	
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR 100 MG/10ML SOLUTION	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FASENRA 30 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN 30 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 100 MG RECON SOLN	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	2	PA, QL (1 unit per 28 days), SP, MDS
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	2	PA, QL (1.91 units per 28 days), SP, MDS
TEZSPIRE 210 MG/1.91ML SOLN PRSYR	2	PA, QL (1.91 units per 28 days), SP, MDS
XOLAIR (150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, MDS
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR)	2	PA, QL (5 units per 28 days), SP, MDS
XOLAIR 150 MG RECON SOLN	2	PA, SP, MDS
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA 17 MCG/ACT AERO SOLN	2	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER 18 MCG CAP	2	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	2	
TUDORZA PRESSAIR 400 MCG/ACT AER POW BA	2	ST
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	1	
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast (250 mcg tab, 500 mcg tab)</i>	1	PA
STEROID INHALANTS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	2	

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Drug Name	Drug Tier	Requirements / Limits
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	2	
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	2	
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	2	
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	2	
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	2	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLOVENT DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	
FLOVENT HFA (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	
FLUTICASONE PROPIONATE HFA (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	2	
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	2	
SYMPATHOMIMETICS		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	
<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)</i>	1	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	1	
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	1	PA
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL (2 units per 1 day(s))
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL (10.7 units per 28 days)
<i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	1	QL (1.02 units per 1 day)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	

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Drug Name	Drug Tier	Requirements / Limits
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	2	
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (2 units per day)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	QL (1 unit per 30 days)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	1	PA
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	1	
<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 45 MCG/ACT AEROSOL	1	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	2	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	2	QL (2 units per 1 day)
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	1	
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (2 units per 1 day)
XANTHINES		
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	2	
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	1	
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	2	QL (2 units per 1 day)
ELIQUIS 5 MG TAB	2	QL (4 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	2	QL (74 units per 30 days), MDS
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 unit per 1 day)
XARELTO (2.5 MG TAB, 15 MG TAB)	2	QL (2 units per 1 day)
XARELTO 1 MG/ML RECON SUSP	2	QL (20 units per day)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	QL (51 units per 30 days), MDS
HEPARINS AND HEPARINOID-LIKE AGENTS		
<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, 300 mg/3ml solution)</i>	1	MDS
<i>fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	1	MDS
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/0.5ml soln prsyr, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1	
HEPARIN SODIUM (PORCINE) PF (5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	
ANTICONSULSANTS (CONTINUED)		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	PA, QL (1 unit per 1 day)
FYCOMPA 0.5 MG/ML SUSPENSION	2	PA, QL (24 units per 1 day)
ANTICONSULSANTS - BENZODIAZEPINES		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	1	
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	1	
DIASTAT ACUDIAL (10 MG GEL, 20 MG GEL)	2	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1	
NAYZILAM 5 MG/0.1ML SOLUTION	2	QL (10 units per 30 days), AL, PN (Covered for members 12 years of age and older), MDS
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	2	PA, QL (2 units per 1 day)
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older)
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older)

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Drug Name	Drug Tier	Requirements / Limits
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older)
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	2	PA, QL (1 unit per 1 day)
APTIOM (600 MG TAB, 800 MG TAB)	2	PA, QL (2 units per 1 day)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i>	1	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	1	
CARBATROL (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	2	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	2	PA, LA, SP
EPIDIOLEX 100 MG/ML SOLUTION	2	PA, SP
<i>epitol 200 mg tab</i>	1	
EPRONTIA 25 MG/ML SOLUTION	2	PA, QL (16 units per day)
FINTEPLA 2.2 MG/ML SOLUTION	2	PA, LA, QL (360 units per 30 days), SP, MDS
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	PA
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine er (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)</i>	1	
<i>lamotrigine starter kit-blue 35 x 25 mg kit</i>	1	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1	
OXTELLAR XR (150 MG TAB ER 24H, 300 MG TAB ER 24H, 600 MG TAB ER 24H)	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	
<i>primidone (50 mg tab, 250 mg tab)</i>	1	
<i>roweepra 500 mg tab</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	1	PA
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>subvenite starter kit-blue 35 x 25 mg kit</i>	1	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	2	
TEGRETOL-XR (100 MG TAB ER 12H, 200 MG TAB ER 12H, 400 MG TAB ER 12H)	2	
<i>topiramate (15 mg cap sprinkle, 25 mg cap sprinkle, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>topiramate er (25 mg cap er 24h, 50 mg cap er 24h, 100 mg cap er 24h)</i>	1	PA
<i>topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	1	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	2	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H, 200 MG CAP ER 24H)	2	PA
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ZTALMY 50 MG/ML SUSPENSION	2	PA, LA, QL (110 units per 30 days), SP, MDS
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	2	PA, QL (28 ea per 28 day(s)), QL (1 fill per 180 days), MDS
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	2	PA, QL (2 units per 1 day)
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	2	PA, QL (2 units per 1 day)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	2	PA, QL (1 unit per 1 day)
XCOPRI 200 MG TAB	2	PA, QL (2 units per 1 day)
GABA MODULATORS		
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	1	PA, SP
<i>vigadrone (500 mg packet, 500 mg tab)</i>	1	PA, SP
<i>vigpoder 500 mg packet</i>	1	PA, SP
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	2	
DILANTIN INFATABS 50 MG CHEW TAB	2	
<i>phenytek (200 mg cap, 300 mg cap)</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs 50 mg chew tab</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	
VALPROIC ACID		
DEPAKOTE (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR)	2	
DEPAKOTE ER (250 MG TAB ER 24H, 500 MG TAB ER 24H)	2	
DEPAKOTE SPRINKLES 125 MG CAP DR	2	
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	1	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	1	
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	1	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER	2	PA, QL (2 units per day)
ANTIDEPRESSANTS - MISC.		
APLENZIN (174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H)	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1	
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	0	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	PA, QL (1 unit per 1 day)
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO 100 MG/20ML SOLUTION	2	PA, SP, MDS
ZURZUVAE (20 MG CAP, 25 MG CAP)	2	PA, QL (28 ea per 14 days), SP, MDS
ZURZUVAE 30 MG CAP	2	PA, QL (14 ea per 14 days), SP, MDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate 15 mg tab</i>	1	
<i>tranylcypromine sulfate 10 mg tab</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	2	PA, SP, MDS
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	2	PA, SP, MDS
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	1	
FLUOXETINE HCL (10 MG CAP, 10 MG TAB, 20 MG CAP, 20 MG TAB, 20 MG/5ML SOLUTION, 40 MG CAP, 60 MG TAB, 90 MG CAP DR)	1	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<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 (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	1	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	1	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	2	PA
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	PA, QL (1 unit per day)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er (50 mg tab er 24h, 100 mg tab er 24h)</i>	1	QL (1 unit per 1 day)
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	1	QL (1 unit per day)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	PA
FETZIMA TITRATION 20 & 40 MG CP24 THPK	2	PA
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 37.5 mg tab er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h, 225 mg tab er 24h)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</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 (10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	1	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	2	PA
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	2	PA
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	2	QL (1 unit per 1 day)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	2	QL (2 units per 1 day)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (2 units per 1 day)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (1 unit per 1 day)
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	1	
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	1	
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	2	QL (2 units per 1 day)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 unit per 1 day)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 units per 1 day)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	QL (1 unit per 1 day)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	QL (2 units per 1 day)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	QL (1 unit per 1 day)
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	ST, QL (0.5 units per 1 day)
ANTIDIABETIC-ANTIBODIES		
TZIELD 2 MG/2ML SOLUTION	2	PA, LA, SP, MDS
BIGUANIDES		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)

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Drug Name	Drug Tier	Requirements / Limits
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
CVS SOFT GLUCOSE 4 GM CHEW TAB	2	
DEX4 4-6 GM-MG CHEW TAB	2	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	2	
DEX4 NATURALS 4-6 GM-MG CHEW TAB	2	
DEX4 POUCH PACK 4-6 GM-MG CHEW TAB	2	
DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	QL (2 units per fill), MDS
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	2	QL (2 units per fill), MDS
GLUCO TO GO 4 GM CHEW TAB	2	
GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
GLUCOSE INSTANT ENERGY (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
GLUCOSE-VITAMIN C 4-6 GM-MG CHEW TAB	2	
GNP GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
GNP QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
GOODSENSE GLUCOSE 4-6 GM-MG CHEW TAB	2	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QL (2 units per fill), MDS
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QL (2 units per fill), MDS
GVOKE KIT 1 MG/0.2ML SOLUTION	2	
GVOKE PFS (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR)	2	QL (2 units per fill), MDS
HY-VEE GLUCOSE 4-6 GM-MG CHEW TAB	2	
KORLYM 300 MG TAB	2	PA, QL (112 units per 28 days), SP, MDS
KROGER GLUCOSE 4-6 GM-MG CHEW TAB	2	
LEADER GLUCOSE 4-6 GM-MG CHEW TAB	2	
LEADER QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
LONGS GLUCOSE 4-6 GM-MG CHEW TAB	2	
MEIJER GLUCOSE 4-6 GM-MG CHEW TAB	2	
<i>mifepristone 300 mg tab</i>	1	PA, QL (112 units per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
PREFERRED PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2	
PX GLUCOSE 4-6 GM-MG CHEW TAB	2	
RA GLUCOSE (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	2	
SM GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
SMART SENSE GLUCOSE 4-6 GM-MG CHEW TAB	2	
TGT GLUCOSE 4-6 GM-MG CHEW TAB	2	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	2	
TRUEPLUS GLUCOSE ON THE GO 4 GM CHEW TAB	2	
UP & UP GLUCOSE 4-6 GM-MG CHEW TAB	2	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2	
WALGREENS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	2	STEP THERAPY - ZEGALOGUE, QL (2 units per fill)
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	2	STEP THERAPY - ZEGALOGUE, QL (2 units per fill)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA 5 MG TAB	2	QL (1 unit per 1 day)
INCRETIN MIMETIC AGENTS		
MOUNJARO (5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN)	2	PA, QL (2 units per 28 days)
MOUNJARO 2.5 MG/0.5ML SOLN PEN	2	PA, QL (2 ml per 180 days)
MOUNJARO 7.5 MG/0.5ML SOLN PEN	2	PA, QL (2 units per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	PA, QL (0.06 units per 1 day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (0.11 units per day)
OZEMPIC (1 MG/DOSE) (2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN)	2	PA, QL (0.11 units per 1 day)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	PA, QL (0.11 units per day)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (1 unit per day)
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 days), QL (1 fill per 180 days), MDS
TRULICITY (0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN)	2	PA, QL (0.072 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
TRULICITY (3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN)	2	PA, QL (0.072 units per 1 day)
VICTOZA 18 MG/3ML SOLN PEN	2	PA, QL (0.3 units per 1 day)
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	1	
INSULIN ASPART 100 UNIT/ML SOLUTION	1	
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	1	
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	1	
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	1	
LANTUS 100 UNIT/ML SOLUTION	2	
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	2	
LEVEMIR 100 UNIT/ML SOLUTION	2	
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN	2	
LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN	2	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLIN N 100 UNIT/ML SUSPENSION	2	
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	2	
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	2	
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	2	
NOVOLIN R 100 UNIT/ML SOLUTION	2	
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	2	
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	
NOVOLIN R RELION 100 UNIT/ML SOLUTION	2	
NOVOLOG 100 UNIT/ML SOLUTION	2	
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	2	

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Drug Name	Drug Tier	Requirements / Limits
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	2	
NOVOLOG RELION 100 UNIT/ML SOLUTION	2	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	2	
TRESIBA 100 UNIT/ML SOLUTION	2	
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide (60 mg tab, 120 mg tab)</i>	1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA (5 MG TAB, 10 MG TAB)	2	QL (1 unit per 1 day)
JARDIANCE (10 MG TAB, 25 MG TAB)	2	QL (1 unit per 1 day)
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI 125 MG TAB DR	2	PA

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Drug Name	Drug Tier	Requirements / Limits
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID)	1	
<i>loperamide hcl 2 mg cap</i>	1	
<i>opium 10 mg/ml (1%) tincture</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox (90 mg packet, 180 mg packet, 360 mg packet)</i>	1	PA, SP, MDS
<i>deferasirox (90 mg tab, 125 mg tab sol, 180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)</i>	1	PA, SP, MDS
<i>deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)</i>	1	PA, SP, MDS
<i>deferiprone 500 mg tab</i>	1	PA, LA, SP, MDS
FERRIPROX 100 MG/ML SOLUTION	2	PA, LA, SP, MDS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA 200 MG RECON SOLN	2	PA, SP, MDS
PRAXBIND 2.5 GM/50ML SOLUTION	2	PA, SP, MDS
OPIOID ANTAGONISTS		
KLOXXADO 8 MG/0.1ML LIQUID	2	
<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsy, 4 mg/0.1ml liquid)</i>	1	
<i>naltrexone hcl 50 mg tab</i>	1	
OPVEE 2.7 MG/0.1ML SOLUTION	2	
VIVITROL 380 MG RECON SUSP	2	SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZIMHI 5 MG/0.5ML SOLN PRSYR	2	
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	1	QL (2 units per fill), MDS
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	1	
SANCUSO 3.1 MG/24HR PATCH	2	PA, QL (4 units per 28 days), MDS

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Drug Name	Drug Tier	Requirements / Limits
SUSTOL 10 MG/0.4ML PRSYR	2	PA, SP, MDS
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1	
<i>scopolamine 1 mg/3days patch 72hr</i>	1	
TRANSDERM-SCOP 1 MG/3DAYS PATCH 72HR	2	
<i>trimethobenzamide hcl 300 mg cap</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	2	QL (2 units per 28 days), MDS
BONJESTA 20-20 MG TAB ER	2	QL (2 units per 1 day)
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	QL (4 units per 1 day)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (40 mg cap, 80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap, 125 mg cap)</i>	1	
CINVANTI 130 MG/18ML EMULSION	2	PA, SP, MDS
EMEND 125 MG/5ML RECON SUSP	2	
ANTIFUNGALS (CONTINUED)		
ANTIFUNGALS		
<i>flucytosine (250 mg cap, 500 mg cap)</i>	1	MDS
<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	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	2	PA, MDS
<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	PA
<i>ketoconazole 200 mg tab</i>	1	
NOXAFIL 300 MG PACKET	2	PA, QL (30 units per 30 days), MDS
<i>posaconazole 100 mg tab dr</i>	1	PA, QL (90 units per 30 days), MDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole 40 mg/ml suspension</i>	1	PA, QL (20 units per day), MDS
VIVJOA 150 MG CAP THPK	2	PA, QL (18 units per 84 days), MDS
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	1	PA, MDS
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	1	
ANTIHISTAMINES - NON-SEDATING		
<i>all day allergy 10 mg tab</i>	1	
<i>allergy relief (loratadine) 10 mg tab</i>	1	
<i>allergy relief 10 mg tab</i>	1	
<i>allergy relief ceterizine 5 mg tab</i>	1	
<i>allergy relief cetirizine 10 mg tab</i>	1	
<i>allergy relief/indoor/outdoor 10 mg tab</i>	1	
<i>cetirizine hcl (5 mg chew tab, 5 mg tab, 10 mg tab)</i>	1	
<i>cetirizine hcl childrens 5 mg chew tab</i>	1	
<i>ft all day allergy 10 mg tab</i>	1	
<i>ft all day allergy 24 hour 10 mg tab</i>	1	
<i>ft all day allergy relief 10 mg tab</i>	1	
<i>gnp all day allergy 10 mg tab</i>	1	
<i>gnp loratadine (10 mg tab, 10 mg tab disp)</i>	1	
<i>goodsense all day allergy 10 mg tab</i>	1	
<i>goodsense allergy relief 10 mg tab</i>	1	
<i>hm all day allergy 10 mg tab</i>	1	
<i>hm allergy relief (cetirizine) 10 mg tab</i>	1	
<i>hm cetirizine hcl 10 mg tab</i>	1	
<i>hm loratadine 10 mg tab</i>	1	
<i>kls aller-tec 10 mg tab</i>	1	
<i>kls allerclear 10 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>loratadine (10 mg tab, 10 mg tab disp)</i>	1	
<i>sm all day allergy 10 mg tab</i>	1	
<i>sm all day allergy relief 10 mg tab</i>	1	
<i>sm allergy relief 10 mg tab disp</i>	1	
<i>sm loratadine 10 mg tab</i>	1	
<i>sm loratadine allergy relief 10 mg tab disp</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 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 (CONTINUED)		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL 180 MG TAB	2	PA, QL (1 unit per 1 day)
ANGIPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	2	PA, LA, SP, MDS
ANTHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	PA
NEXLIZET 180-10 MG TAB	2	PA, QL (1 unit per 1 day)
ANTHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl 0.5 gm cap</i>	1	QL (8 units per day)
<i>icosapent ethyl 1 gm cap</i>	1	QL (4 units per day)
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	
VASCEPA 0.5 GM CAP	2	QL (8 units per 1 day)
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</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, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	1	PA
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	
<i>gemfibrozil 600 mg tab</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL (1 unit per day)
<i>atorvastatin calcium 10 mg tab</i>	1	QL (2 units per day)
<i>fluvastatin sodium 20 mg cap</i>	1	QL (4 units per 1 day)
<i>fluvastatin sodium 40 mg cap</i>	1	QL (2 units per 1 day)
<i>fluvastatin sodium er 80 mg tab er 24h</i>	1	PA, QL (1 unit per day)
LIVALO 1 MG TAB	2	PA, QL (4 units per 1 day)
LIVALO 2 MG TAB	2	PA, QL (2 units per 1 day)
LIVALO 4 MG TAB	2	PA, QL (1 unit per 1 day)
<i>lovastatin 10 mg tab</i>	1	QL (4 units per 1 day)
<i>lovastatin 20 mg tab</i>	1	QL (2 units per 1 day)
<i>lovastatin 40 mg tab</i>	1	QL (1 unit per 1 day)
<i>pravastatin sodium 10 mg tab</i>	1	QL (8 units per day)
<i>pravastatin sodium 20 mg tab</i>	1	QL (4 units per day)
<i>pravastatin sodium 40 mg tab</i>	1	QL (2 units per day)
<i>pravastatin sodium 80 mg tab</i>	1	QL (1 unit per day)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (1 unit per day)
<i>rosuvastatin calcium 5 mg tab</i>	1	QL (2 units per day)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	1	QL (1 unit per day)
<i>simvastatin 10 mg tab</i>	1	QL (4 units per day)
<i>simvastatin 20 mg tab</i>	1	QL (2 units per day)

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Drug Name	Drug Tier	Requirements / Limits
<i>simvastatin 5 mg tab</i>	1	QL (8 units per day)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	2	PA, QL (1 unit per day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe 10 mg tab</i>	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID (20 MG CAP, 30 MG CAP)	2	PA, LA, QL (56 units per 28 days), SP, MDS
JUXTAPID (5 MG CAP, 10 MG CAP)	2	PA, LA, QL (28 units per 28 days), SP, MDS
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)</i>	1	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO 284 MG/1.5ML SOLN PRSYR	2	PA, SP
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	2	PA, QL (0.072 units per 1 day)
REPATHA 140 MG/ML SOLN PRSYR	2	PA, QL (0.072 units per 1 day)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	2	PA, QL (0.125 units per 1 day)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	PA, QL (0.072 units per 1 day)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITORS		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl 10 mg cap</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
EDARBI (40 MG TAB, 80 MG TAB)	2	PA, QL (1 unit per 1 day)
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	1	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	1	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	1	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	PA
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	PA
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	1	PA
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	1	
EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB)	2	PA, QL (1 unit per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	1	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	1	PA
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
TEKTURNA HCT (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB)	2	PA
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	1	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>epirenone (25 mg tab, 50 mg tab)</i>	1	
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	1	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	1	
ANTIMALARIALS		
ARTESUNATE 110 MG RECON SOLN	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
KRINTAFEL 150 MG TAB	2	QL (2 ea per 1 day), QL (1 fill per 180 days), MDS
<i>mefloquine hcl 250 mg tab</i>	1	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	2	QL (14 ea per 14 days), QL (14 ea per 180 days), MDS
<i>pyrimethamine 25 mg tab</i>	1	PA, SP, MDS
<i>quinine sulfate 324 mg cap</i>	1	PA

ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)

ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE 10 MG TAB	2	PA, LA, QL (240 units per 30 days), SP, MDS
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	

ANTIMYCOBACTERIAL AGENTS (CONTINUED)

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID 200 MG TAB	2	PA, QL (1 unit per 1 day)
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO (20 MG TAB, 100 MG TAB)	2	PA, LA, SP, MDS

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)

ALKYLATING AGENTS

BELRAPZO 100 MG/4ML SOLUTION	2	SP, MDS
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln, 100 mg/4ml solution)</i>	2	SP, MDS
BENDEKA 100 MG/4ML SOLUTION	2	SP, MDS
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	PN (\$0 Oral Oncology), SP
LEUKERAN 2 MG TAB	2	PN (\$0 Oral Oncology)

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Drug Name	Drug Tier	Requirements / Limits
MELPHALAN 2 MG TAB	1	PN (\$0 Oral Oncology)
MYLERAN 2 MG TAB	2	PN (\$0 Oral Oncology), SP
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	1	SP, MDS
OXALIPLATIN 200 MG/40ML SOLUTION	1	MDS
<i>temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)</i>	1	PN (\$0 Oral Oncology), SP
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	2	PA, SP, MDS
VIVIMUSTA 100 MG/4ML SOLUTION	2	SP, MDS
YONDELIS 1 MG RECON SOLN	2	PA, SP, MDS
ZEPZELCA 4 MG RECON SOLN	2	PA, SP, MDS
ANTIMETABOLITES		
<i>capecitabine (150 mg tab, 500 mg tab)</i>	1	PN (\$0 Oral Oncology), SP, MDS
<i>clofarabine 1 mg/ml solution</i>	2	PA, SP, MDS
<i>decitabine 50 mg recon soln</i>	2	SP, MDS
FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	2	SP, MDS
<i>mercaptopurine 50 mg tab</i>	1	PN (\$0 Oral Oncology)
<i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	1	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)</i>	1	
<i>nelarabine 5 mg/ml solution</i>	2	PA, SP, MDS
ONUREG (200 MG TAB, 300 MG TAB)	2	PA, QL (14 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION, 500 MG/20ML SOLUTION)	2	SP
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	2	SP
<i>pemetrexed disodium (100 mg recon soln, 500 mg recon soln)</i>	2	SP, MDS
PEMETREXED DITROMETHAMINE (100 MG RECON SOLN, 500 MG RECON SOLN)	2	SP
PEMFEXY 500 MG/20ML SOLUTION	2	SP
PRALATREXATE (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	2	SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
XATMEP 2.5 MG/ML SOLUTION	2	PA, SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	2	SP, MDS
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
FRUZAQLA 1 MG CAP	2	PA, QL (84 ea per 28 days), SP, MDS
FRUZAQLA 5 MG CAP	2	PA, QL (21 ea per 28 days), SP, MDS
INLYTA 1 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
INLYTA 5 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	2	SP, MDS
ZALTRAP (100 MG/4ML SOLUTION, 200 MG/8ML SOLUTION)	2	PA, SP, MDS
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN 150 MG RECON SOLN	2	PA, SP, MDS
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
MARGENZA 250 MG/10ML SOLUTION	2	PA, SP, MDS
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ONTRUZANT 150 MG RECON SOLN	2	SP, MDS
ONTRUZANT 420 MG RECON SOLN	2	SP
PERJETA 420 MG/14ML SOLUTION	2	SP, MDS
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
TUKYSA (50 MG TAB, 150 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS 50 MG RECON SOLN	2	PA, SP, MDS
ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC)	2	PA, SP, MDS
BAVENCIO 200 MG/10ML SOLUTION	2	PA, SP, MDS
BESPONSA 0.9 MG RECON SOLN	2	PA, SP, MDS
BLENREP 100 MG RECON SOLN	2	PA, MDS
BLINCYTO 35 MCG RECON SOLN	2	PA, SP, MDS
COLUMVI 2.5 MG/2.5ML SOLUTION	2	PA, QL (30 tabs per 30 days), SP, MDS
DANYELZA 40 MG/10ML SOLUTION	2	PA, SP, MDS
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, MDS
ELAHERE 100 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION)	2	PA, LA, SP, QL (34 days supply per fill), MDS
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
ENHERTU 100 MG RECON SOLN	2	PA, SP, MDS
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	2	PA, SP, MDS
GAZYVA 1000 MG/40ML SOLUTION	2	PA, SP, MDS
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	2	PA, SP, MDS
IMJUDO 25 MG/1.25ML SOLUTION	2	PA, QL (375 units per 180 days), SP, MDS
IMJUDO 300 MG/15ML SOLUTION	2	PA, QL (15 units per 180 days), SP, MDS
JEMPERLI 500 MG/10ML SOLUTION	2	PA, SP, MDS
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	2	PA, SP, MDS
KEYTRUDA 100 MG/4ML SOLUTION	2	PA, SP, SUM3 (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK 100 MCG/0.5ML SOLUTION	2	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
LIBTAYO 350 MG/7ML SOLUTION	2	PA, LA, SP, MDS
LOQTORZI 240 MG/6ML SOLUTION	2	PA, SP, MDS
LUMOXITI 1 MG RECON SOLN	2	PA, SP, MDS
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	2	PA, SP, MDS
MONJUVI 200 MG RECON SOLN	2	PA, SP, MDS
MYLOTARG 4.5 MG RECON SOLN	2	PA, SP, MDS
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 240 MG/24ML SOLUTION)	2	PA, SP, MDS
OPDIVO 120 MG/12ML SOLUTION	2	PA, SP, MDS
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	2	PA, SP, MDS
POLIVY 140 MG RECON SOLN	2	PA, SP, MDS
POLIVY 30 MG RECON SOLN	2	PA, SP, MDS
POTELIGEO 20 MG/5ML SOLUTION	2	PA, LA, SP, MDS
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
RITUXAN (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
RYBREVAANT 350 MG/7ML SOLUTION	2	PA, SP, MDS
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	2	PA, SP, MDS
TALVEY (3 MG/1.5ML SOLUTION, 40 MG/ML SOLUTION)	2	PA, SP, QL (34 days supply per fill), MDS
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	2	PA, SP, MDS
TECVAYLI (30 MG/3ML SOLUTION, 153 MG/1.7ML SOLUTION)	2	PA, MDS
TIVDAK 40 MG RECON SOLN	2	PA, SP
UNITUXIN 17.5 MG/5ML SOLUTION	2	PA, SP, MDS
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	2	PA, SP, MDS
ZEVALIN Y-90 3.2 MG/2ML KIT	2	PA, SP, MDS
ZYNLONTA 10 MG RECON SOLN	2	PA, LA, SP, MDS
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA 100 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VENCLEXTA 50 MG TAB	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	2	PA, QL (42 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
PROVENGE 50000000 CELLS SUSPENSION	2	PA, SP, MDS
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	2	SP, MDS
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>erlotinib hcl 25 mg tab</i>	1	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
EXKIVITY 40 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
PORTRAZZA 800 MG/50ML SOLUTION	2	PA, SP, MDS
TAGRISSO (40 MG TAB, 80 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, MDS
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
DAURISMO 25 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ERIVEDGE 150 MG CAP	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ODOMZO 200 MG CAP	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>abiraterone acetate 500 mg tab</i>	1	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	2	PA, QL (60 ea per 30 days), SP, QL (30 days supply per fill), MDS
<i>anastrozole 1 mg tab</i>	0	PN (\$0 Oral Oncology)
<i>bicalutamide 50 mg tab</i>	1	PN (\$0 Oral Oncology)
CAMCEVI 42 MG PRSYR	2	
ELIGARD 22.5 MG KIT	2	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	2	SP, SUM3 (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	2	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT 140 MG CAP	2	PN (\$0 Oral Oncology), SP
ERLEADA 240 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
ERLEADA 60 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>exemestane 25 mg tab</i>	0	PN (\$0 Oral Oncology)
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON 80 MG RECON SOLN	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FLUTAMIDE 125 MG CAP	1	PN (\$0 Oral Oncology)
FULVESTRANT 250 MG/5ML SOLN PRSYR	2	SP, MDS
<i>fulvestrant 250 mg/5ml soln prsyr</i>	2	SP, MDS
<i>letrozole 2.5 mg tab</i>	0	PN (\$0 Oral Oncology)
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	2	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH) 30 MG KIT	2	SP, SUM3 (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH) 45 MG KIT	2	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements / Limits
LYSODREN 500 MG TAB	2	LA, PN (\$0 Oral Oncology), SP
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	1	PN (\$0 Oral Oncology)
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide 150 mg tab</i>	1	PN (\$0 Oral Oncology), SP
NUBEQA 300 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ORGOVYX 120 MG TAB	2	PA, QL (64 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ORSERDU 345 MG TAB	2	PA, LA, QL (30 units per 30 days), SP, MDS
ORSERDU 86 MG TAB	2	PA, LA, QL (90 units per 30 days), SP, MDS
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	0	PN (\$0 Oral Oncology)
<i>toremifene citrate 60 mg tab</i>	1	PN (\$0 Oral Oncology), SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	2	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	2	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI (40 MG CAP, 40 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
XTANDI 80 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
YONSA 125 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ZOLADEX 10.8 MG IMPLANT	2	SP, QL (84 days supply per fill), MDS
ZOLADEX 3.6 MG IMPLANT	2	SP, QL (28 days supply per fill), MDS
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG 40 MG TAB	2	PA, LA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	2	PA, QL (8 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	2	PA, QL (4 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	2	PA, QL (8 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	2	PA, QL (4 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	2	PA, QL (24 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	PA, QL (8 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	2	PA, QL (32 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO 80 (2 X 40) MG RECON SOLN	2	PA, LA, QL (17 doses per lifetime), SP
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, MDS
<i>mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, MDS
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION	2	PA, QL (2.15 units per 1 day(s)), SP, MDS
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION	2	SP, MDS
INQOVI 35-100 MG TAB	2	PA, QL (5 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	2	PA, QL (70 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	2	PA, QL (91 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK	2	PA, QL (49 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	2	PA, QL (100 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	2	PA, QL (80 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements / Limits
OPDUALAG 240-80 MG/20ML SOLUTION	2	PA, QL (40 units per 28 days), SP, MDS
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	2	SP, MDS
RITUXAN HYCELA (1400-23400 MG -UT/11.7ML SOLUTION, 1600-26800 MG -UT/13.4ML SOLUTION)	2	PA, SP, MDS
VYXEOS 44-100 MG RECON SUSP	2	PA, LA, SP, MDS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150 MG CAP	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALIQOPA 60 MG RECON SOLN	2	PA, SP, MDS
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ALUNBRIG 30 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
AUGTYRO 40 MG CAP	0	PA, QL (240 ea per 30 days), SP, MDS
BALVERSA 3 MG TAB	2	PA, LA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
BALVERSA 4 MG TAB	2	PA, LA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
BALVERSA 5 MG TAB	2	PA, LA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
BELEODAQ 500 MG RECON SOLN	2	PA, SP, MDS
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN)	2	PA, SP
<i>bortezomib 3.5 mg recon soln</i>	2	PA, SP, MDS
BORTEZOMIB 3.5 MG/1.4ML SOLUTION	2	PA, SP
BOSULIF (400 MG TAB, 500 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
BOSULIF 100 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
BRAFTOVI 75 MG CAP	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
BRUKINSA 80 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CALQUENCE 100 MG CAP	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), MDS

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Drug Name	Drug Tier	Requirements / Limits
CALQUENCE 100 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CAPRELSA 100 MG TAB	2	PA, LA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CAPRELSA 300 MG TAB	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	2	PA, QL (112 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
COPIKTRA (15 MG CAP, 25 MG CAP)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
COTELLIC 20 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	1	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
FYARRO 100 MG RECON SUSP	2	PA, SP
GAVRETO 100 MG CAP	2	PA, QL (120 units per 30 days), SP, MDS
GLEEVEC 100 MG TAB	2	QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
GLEEVEC 400 MG TAB	2	QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB)	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ICLUSIG 45 MG TAB	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IDHIFA (50 MG TAB, 100 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA 140 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA 560 MG TAB	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), MDS
IMBRUVICA 70 MG/ML SUSPENSION	2	PA, QL (216 units per 36 days), PN (\$0 Oral Oncology), SP, MDS
INREBIC 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
JAYPIRCA 100 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS
JAYPIRCA 50 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
KISQALI (200 MG DOSE) 200 MG TAB THPK	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE) 200 MG TAB THPK	2	PA, QL (42 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE) 200 MG TAB THPK	2	PA, QL (63 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
KOSELUGO 25 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
KRAZATI 200 MG TAB	2	PA, QL (180 units per 30 days), SP, MDS
KYPROLIS (10 MG RECON SOLN, 30 MG RECON SOLN, 60 MG RECON SOLN)	2	PA, SP, MDS
<i>lapatinib ditosylate 250 mg tab</i>	1	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LORBRENA 100 MG TAB	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LORBRENA 25 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LUMAKRAS 120 MG TAB	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LUMAKRAS 320 MG TAB	2	PA, QL (90 units per 30 days), SP, MDS
LYNPARZA (100 MG TAB, 150 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	2	PA, QL (112 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	2	PA, QL (140 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
MEKINIST 0.05 MG/ML RECON SOLN	2	PA, QL (1200 units per 30 day(s)), SP, MDS
MEKINIST 0.5 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MEKINIST 2 MG TAB	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MEKTOVI 15 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
NERLYNX 40 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	2	PA, QL (3 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	0	PA, LA, QL (180 ea per 30 days), SP, MDS
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	2	PA, LA, QL (30 ea per 30 days), SP, MDS
<i>pazopanib hcl 200 mg tab</i>	0	PA, QL (120 units per 30 day(s)), SP, QL (30 days supply per fill), MDS
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	2	PA, LA, QL (14 units per 21 days), PN (\$0 Oral Oncology), SP, MDS
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
QINLOCK 50 MG TAB	2	PA, LA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
RETEVMO 40 MG CAP	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
RETEVMO 80 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
REZLIDHIA 150 MG CAP	2	PA, QL (30 units per 30 days), SP, MDS
<i>romidepsin 10 mg recon soln</i>	2	PA, SP
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ROZLYTREK 100 MG CAP	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ROZLYTREK 200 MG CAP	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ROZLYTREK 50 MG PACKET	2	PA, QL (336 ea per 28 days), SP, MDS
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
RYDAPT 25 MG CAP	2	PA, QL (224 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
SCEMBLIX (20 MG TAB, 40 MG TAB)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>sorafenib tosylate 200 mg tab</i>	1	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
SPRYCEL 20 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
STIVARGA 40 MG TAB	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	1	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA (150 MG TAB, 200 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TAFINLAR (50 MG CAP, 75 MG CAP)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TAFINLAR 10 MG TAB SOL	2	PA, QL (900 units per 30 day(s)), SP, MDS
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TASIGNA (150 MG CAP, 200 MG CAP)	2	PA, QL (112 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
TASIGNA 50 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TAZVERIK 200 MG TAB	2	PA, LA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>temsirolimus 25 mg/ml solution</i>	2	PA, SP, MDS
TEPMETKO 225 MG TAB	2	PA, LA, QL (60 units per 30 days), SP, MDS
TIBSOVO 250 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
TRUQAP (160 MG TAB, 200 MG TAB)	2	PA, QL (64 ea per 28 days), SP, MDS
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), MDS
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	2	PA, QL (42 units per 28 days), PN (\$0 Oral Oncology), MDS
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	2	PA, QL (42 units per 28 days), PN (\$0 Oral Oncology), MDS
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	2	PA, QL (63 units per 28 days), PN (\$0 Oral Oncology), MDS
TURALIO (125 MG CAP, 200 MG CAP)	2	PA, LA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	0	PA, LA, QL (56 units per 28 day(s)), SP, QL (28 days supply per fill), MDS
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 100 MG CAP	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 20 MG/ML SOLUTION	2	PA, QL (300 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 25 MG CAP	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VONJO 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VOTRIENT 200 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
XALKORI (200 MG CAP, 250 MG CAP)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
XOSPATA 40 MG TAB	2	PA, PN (\$0 Oral Oncology), SP, MDS
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	2	PA, QL (30 tabs per 30 days), SP, MDS
ZEJULA 100 MG CAP	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), MDS
ZELBORAF 240 MG TAB	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ZOLINZA 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ZYDELIG (100 MG TAB, 150 MG TAB)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ZYKADIA 150 MG TAB	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC ENZYMES		
ASPARLAS 3750 UNIT/5ML SOLUTION	2	SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ONCASPAR 750 UNIT/ML SOLUTION	2	PA, LA, SP, MDS
RYLAZE 10 MG/0.5ML SOLUTION	2	PA, SP
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC 15 MCI/ML SOLUTION	2	PA, SP, MDS
AZEDRA THERAPEUTIC 15 MCI/ML SOLUTION	2	PA, SP, MDS
LUTATHERA 370 MBQ/ML SOLUTION	2	PA, SP, MDS
PLUVICTO 1000 MBQ/ML SOLUTION	2	PA, SP
XOFIGO 30 MCCI/ML SOLUTION	2	PA, SP, MDS
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	2	PA, SP, MDS
BESREMI 500 MCG/ML SOLN PRSYR	2	PA, LA, QL (2 units per 28 days), SP, MDS
<i>bexarotene 75 mg cap</i>	1	PA, PN (\$0 Oral Oncology), SP, MDS
<i>hydroxyurea 500 mg cap</i>	1	PN (\$0 Oral Oncology)
MATULANE 50 MG CAP	2	LA, PN (\$0 Oral Oncology), SP, MDS
SYNRIBO 3.5 MG RECON SOLN	2	PA, SP, MDS
<i>tretinoin 10 mg cap</i>	1	PN (\$0 Oral Oncology), SP
TRISENOX 12 MG/6ML SOLUTION	2	PA, SP, MDS
CHEMOTHERAPY ADJUNCTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	2	PA, SP, MDS
KEPIVANCE 5.16 MG RECON SOLN	2	PA, LA, SP, QL (34 day supply per fill), MDS
KEPIVANCE 6.25 MG RECON SOLN	2	LA, SP, MDS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA 300 MG RECON SOLN	2	PA, SP, MDS
IWILFIN 192 MG TAB	0	PA, QL (240 ea per 30 days), SP, MDS
KHAPZORY (175 MG RECON SOLN, 300 MG RECON SOLN)	2	PA, SP, MDS
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
MESNEX 400 MG TAB	2	SP, MDS
PEDMARK 12.5 % SOLUTION	2	PA, SP, MDS
MITOTIC INHIBITORS		
ABRAXANE 100 MG RECON SUSP	2	PA, SP, MDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ETOPOSIDE 50 MG CAP	1	PN (\$0 Oral Oncology), SP
HALAVEN 1 MG/2ML SOLUTION	2	PA, SP, MDS
IXEMPRA KIT (15 MG RECON SOLN, 45 MG RECON SOLN)	2	PA, SP, MDS
JEVTANA 60 MG/1.5ML SOLUTION	2	PA, SP, MDS
PACLITAXEL PROTEIN-BOUND PART 100 MG RECON SUSP	2	PA, SP
ONCOLYTIC VIRAL AGENTS		
IMLYGIC (1000000 UNIT/ML SUSPENSION, 100000000 UNIT/ML SUSPENSION)	2	PA, SP, MDS
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	PN (\$0 Oral Oncology), SP, MDS
ONIVYDE 43 MG/10ML INJECTABLE	2	PA, SP, MDS
TRODELVY 180 MG RECON SOLN	2	PA, SP, MDS
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
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 COMT INHIBITORS		
<i>entacapone 200 mg tab</i>	1	
ONGENTYS (25 MG CAP, 50 MG CAP)	2	ST, QL (1 unit per 1 day)
<i>tolcapone 100 mg tab</i>	1	ST
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1	
<i>apomorphine hcl 30 mg/3ml soln cart</i>	1	SP
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	1	
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)	1	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	1	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	1	
INBRIJA 42 MG CAP	2	QL (300 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	2	QL (150 units per 30 days), MDS
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	1	
<i>pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	1	PA
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	1	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	1	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
LITHOBID 300 MG TAB ER	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	2	PA, QL (1 unit per day)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)</i>	1	PA
NUPLAZID (10 MG TAB, 34 MG CAP)	2	PA, QL (30 units per 30 days), SP, MDS
VRAYLAR (1.5 & 3 MG CAP THPK, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	2	PA, QL (1 unit per 1 day)
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	1	
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	PA
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	2	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	2	PA, QL (3.5 units per 168 days), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements / Limits
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	2	PA, QL (5 units per 168 days), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	2	PA, QL (0.75 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	2	PA, QL (1 unit per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	2	PA, QL (1.5 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	2	PA, QL (0.25 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	2	PA, QL (0.5 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	2	PA, QL (0.88 ml per 84 day(s)), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	2	PA, QL (1.32 ml per 84 day(s)), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	2	PA, QL (1.75 units per 84 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	2	PA, QL (2.63 ml per 84 day(s)), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 6 mg tab er 24h, 9 mg tab er 24h)</i>	1	PA
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	2	PA, QL (1 unit per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA (12.5 MG, 25 MG, 37.5 MG, 50 MG)	2	PA, QL (2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1	
RYKINDO (25 MG, 37.5 MG, 50 MG)	2	PA, QL (2 ea per 28 days), SP, MDS
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 100 MG/0.28ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR, 150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR)	2	PA, QL (1 ml per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
BUTYROPHENONES		
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	1	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	1	
DIBENZAPINES		
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	1	PA
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	1	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	1	
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg recon soln, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	1	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	1	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	2	PA, QL (1 unit per 1 day)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	2	PA, QL (2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>compro 25 mg suppos</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	1	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	1	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	2	PA, QL (2.4 ml per 56 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	2	PA, QL (3.2 ml per 56 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	2	PA, QL (1 unit per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)</i>	1	
ARISTADA 1064 MG/3.9ML PRSYR	2	PA, QL (3.9 units per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	2	PA, QL (1.6 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	2	PA, QL (3.2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO 675 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 28 days), SP, MDS
THIOXANTHENES		
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANTISEPTICS & DISINFECTANTS (CONTINUED)		
ANTISEPTIC COMBINATIONS		
IV PREP WIPES 70 % PAD	2	
MICROCLENS WIPES 30 % PAD	2	
UNI-SOLVE PAD	2	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (30 units per 1 day)
<i>abacavir sulfate 300 mg tab</i>	1	QL (2 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	QL (1 unit per 1 day)
APRETUDE 600 MG/3ML SUSP	0	QL (3 ml per 1 fill), QL (21 ml per 365 days), MDS
APTIVUS 250 MG CAP	2	QL (4 units per 1 day)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1	QL (2 units per day)
<i>atazanavir sulfate 300 mg cap</i>	1	QL (1 unit per day)
BIKTARVY 30-120-15 MG TAB	2	QL (1 unit per day)
BIKTARVY 50-200-25 MG TAB	2	QL (1 unit per 1 day)
CABENUVA 400 & 600 MG/2ML SUSP	2	QL (4 units per 28 day(s)), MDS
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 units per 28 days), MDS
CIMDUO 300-300 MG TAB	2	QL (1 units per 1 day(s))
COMPLERA 200-25-300 MG TAB	2	QL (1 unit per 1 day)
<i>darunavir 600 mg tab</i>	1	QL (2 units per 1 day(s))
<i>darunavir 800 mg tab</i>	1	QL (1 units per 1 day(s))
DELSTRIGO 100-300-300 MG TAB	2	QL (1 unit per 1 day)
DESCOVY 120-15 MG TAB	2	QL (1 unit per day)
DESCOVY 200-25 MG TAB	2	QL (1 unit per 1 day), PN (\$0 copay for pre-exposure prophylaxis), MDS
DOVATO 50-300 MG TAB	2	QL (1 unit per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
EDURANT 25 MG TAB	2	QL (2 units per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
EFAVIRENZ 200 MG CAP	1	QL (2 units per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
EFAVIRENZ 50 MG CAP	1	QL (3 units per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
<i>efavirenz 600 mg tab</i>	1	QL (1 unit per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	1	QL (1 unit per day)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	1	QL (1 unit per 1 day)
<i>emtricitabine 200 mg cap</i>	1	QL (1 unit per 1 day)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	QL (1 unit per day)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	QL (1 unit per day), PN (\$0 copay for pre-exposure prophylaxis), MDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 units per 1 day)
<i>etravirine (100 mg tab, 200 mg tab)</i>	1	QL (2 units per day)
EVOTAZ 300-150 MG TAB	2	QL (1 unit per 1 day)
<i>fosamprenavir calcium 700 mg tab</i>	1	QL (4 units per 1 day)
FUZEON 90 MG RECON SOLN	2	QL (2 units per 1 day), SP
GENVOYA 150-150-200-10 MG TAB	2	QL (1 unit per 1 day)
INTELENCE 25 MG TAB	2	QL (4 units per 1 day)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (6 units per 1 day)
ISENTRESS 100 MG PACKET	2	QL (2 units per 1 day)
ISENTRESS 400 MG TAB	2	QL (4 units per 1 day)
ISENTRESS HD 600 MG TAB	2	QL (2 units per 1 day)
JULUCA 50-25 MG TAB	2	QL (1 unit per 1 day)
<i>lamivudine 10 mg/ml solution</i>	1	QL (30 units per 1 day)
<i>lamivudine 150 mg tab</i>	1	QL (2 units per 1 day)
<i>lamivudine 300 mg tab</i>	1	QL (1 unit per 1 day)
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	QL (2 units per day)
LEXIVA 50 MG/ML SUSPENSION	2	QL (56 units per 1 day)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	QL (8 units per day)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	QL (4 units per day)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (14 units per 1 day)
<i>maraviroc 150 mg tab</i>	1	QL (2 units per day)
<i>maraviroc 300 mg tab</i>	1	QL (4 units per day)
<i>nevirapine 200 mg tab</i>	1	QL (2 units per 1 day)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QL (40 units per 1 day)
NEVIRAPINE ER 100 MG TAB ER 24H	1	QL (3 units per 1 day)
<i>nevirapine er 400 mg tab er 24h</i>	1	QL (1 unit per 1 day)
NORVIR 100 MG PACKET	2	QL (12 units per 1 day)
NORVIR 80 MG/ML SOLUTION	2	QL (16 units per 1 day)
ODEFSEY 200-25-25 MG TAB	2	QL (1 unit per 1 day)
PIFELTRO 100 MG TAB	2	QL (2 units per 1 day)
PREZCOBIX 800-150 MG TAB	2	QL (1 unit per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PREZISTA 100 MG/ML SUSPENSION	2	QL (13.34 units per 1 day)
PREZISTA 150 MG TAB	2	QL (6 units per 1 day)
PREZISTA 75 MG TAB	2	QL (2 units per 1 day)
REYATAZ 50 MG PACKET	2	QL (6 units per 1 day)
<i>ritonavir 100 mg tab</i>	1	QL (12 units per 1 day)
RUKOBIA 600 MG TAB ER 12H	2	QL (2 units per 1 day)
SELZENTRY 20 MG/ML SOLUTION	2	QL (60 units per day)
SELZENTRY 25 MG TAB	2	QL (8 units per 1 day)
SELZENTRY 75 MG TAB	2	QL (2 units per 1 day)
<i>stavudine 40 mg cap</i>	1	QL (2 units per 1 day)
STRIBILD 150-150-200-300 MG TAB	2	QL (1 unit per 1 day)
SUNLENCA 4 X 300 MG TAB THPK	2	QL (4 ea per 2 days), QL (1 fill per 180 days), MDS
SUNLENCA 463.5 MG/1.5ML SOLUTION	2	QL (3 units per 180 days), MDS
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 ea per 8 days), QL (1 fill per 180 days), MDS
SYMTUZA 800-150-200-10 MG TAB	2	QL (1 unit per 1 day)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	QL (1 unit per day)
TIVICAY (25 MG TAB, 50 MG TAB)	2	QL (2 units per 1 day)
TIVICAY 10 MG TAB	2	QL (8 units per 1 day)
TIVICAY PD 5 MG TAB SOL	2	QL (12 units per 1 day)
TRIUMEQ 600-50-300 MG TAB	2	QL (1 unit per 1 day)
TRIUMEQ PD 60-5-30 MG TAB SOL	2	QL (6 units per day)
TRIZIVIR 300-150-300 MG TAB	2	QL (2 units per 1 day)
TYBOST 150 MG TAB	2	QL (1 unit per 1 day)
VIRACEPT 250 MG TAB	2	QL (9 units per 1 day)
VIRACEPT 625 MG TAB	2	QL (4 units per 1 day)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (1 unit per 1 day)
VIREAD 40 MG/GM POWDER	2	QL (8 units per 1 day)
<i>zidovudine (50 mg/5ml syrup, 100 mg cap)</i>	1	QL (6 units per 1 day)
<i>zidovudine 300 mg tab</i>	1	QL (2 units per 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	0	QL (20 ea per fill(s))

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	0	QL (30 ea per fill(s))
CMV AGENTS		
LIVTENCITY 200 MG TAB	2	PA, LA, QL (112 units per 28 days), SP, MDS
PREVYMIS (240 MG TAB, 480 MG TAB)	2	PA, QL (1 unit per 1 day)
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	1	MDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	1	SP
BARACLUDE 0.05 MG/ML SOLUTION	2	SP
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	1	
EPIVIR HBV 5 MG/ML SOLUTION	2	QL (20 units per 1 day)
<i>lamivudine 100 mg tab</i>	1	QL (1 unit per 1 day)
MAVYRET 100-40 MG TAB	2	PA, QL (84 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	2	PA, QL (168 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	QL (2 units per 28 days), SP, MDS
PEGASYS 180 MCG/ML SOLUTION	2	QL (4 units per 28 days), SP, MDS
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	SP
VEMLIDY 25 MG TAB	2	QL (1 unit per 1 day)
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	1	
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	1	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (84 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
<i>oseltamivir phosphate 45 mg cap</i>	1	QL (48 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (540 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>oseltamivir phosphate 75 mg cap</i>	1	QL (42 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
RELENZA DISKHALER 5 MG/ACT AER POW BA	2	QL (60 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
RIMANTADINE HCL 100 MG TAB	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QL (2 units per 180 days), MDS
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	QL (2 units per 180 days), MDS
MISC. ANTIVIRALS		
LAGEVRIO 200 MG CAP	0	QL (40 ea per fill(s))
TPOXX 200 MG CAP	0	QL (9 units per 14 day(s)), QL (14 days supply per 365 days), MDS
TPOXX 200 MG/20ML SOLUTION	0	QL (80 ml per 14 day(s)), QL (14 days supply per 365 days), MDS
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin 6 gm recon soln</i>	1	SP
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1	
<i>carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i>	1	PA
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	1	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</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 (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</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 (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
BETA BLOCKERS NON-SELECTIVE		
INNOPRAN XL (80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>pindolol (5 mg tab, 10 mg tab)</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 (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)</i>	1	
<i>sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	1	
<i>timolol maleate (5 mg tab, 10 mg tab)</i>	1	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	1	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap er 24h, 180 mg cap er 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	1	
<i>diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
<i>felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	1	
<i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	
<i>nifedipine (10 mg cap, 20 mg cap)</i>	1	
<i>nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	1	
<i>nimodipine 30 mg cap</i>	1	
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
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)	1	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek (125 mcg tab, 250 mcg tab)</i>	1	
<i>digox (125 mcg tab, 250 mcg tab)</i>	1	
<i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	1	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	2	PA, QL (30 units per 30 days), SP, MDS
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	
ENTRESTO 24-26 MG TAB	2	QL (6 units per 1 day)
ENTRESTO 49-51 MG TAB	2	QL (3 units per 1 day)
ENTRESTO 97-103 MG TAB	2	QL (2 units per 1 day)
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO 0.5 MG TAB	2	PA, QL (1 ea per 1 days)
IMPOTENCE AGENTS		
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	1	PA
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)</i>	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)</i>	2	PA, SP, MDS
TYVASO 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	2	PA, QL (112 units per 28 days), SP, MDS
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	2	PA, QL (196 units per 28 days), SP, MDS
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	PA, QL (252 units per 28 days), SP, MDS
TYVASO REFILL 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	2	PA, SP, MDS
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	1	PA, QL (30 units per 30 days), SP, MDS
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	1	PA, QL (60 units per 30 days), SP, MDS
OPSUMIT 10 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
TRACLEER 32 MG TAB SOL	2	PA, QL (112 units per 28 days), SP, MDS
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq 20 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
LIQREV 10 MG/ML SUSPENSION	2	PA, MDS
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	PA, SP, MDS
<i>sildenafil citrate 20 mg tab</i>	1	PA
<i>tadalafil (pah) 20 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
UPTRAVI 1800 MCG RECON SOLN	2	PA, QL (60 units per 30 days), SP, MDS
UPTRAVI 200 & 800 MCG TAB THPK	2	PA, QL (200 units per 180 days), SP, MDS
UPTRAVI 200 MCG TAB	2	PA, QL (140 units per 28 days), SP, MDS
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	2	PA, QL (90 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	2	PA, QL (2 units per 1 day)
CORLANOR 5 MG/5ML SOLUTION	2	PA, QL (20 units per day)
TRANSTHYRETIN STABILIZERS		
VYNDAMAX 61 MG CAP	2	PA, QL (30 units per 30 days), SP, MDS
VYNDAQEL 20 MG CAP	2	PA, QL (120 units per 30 days), SP, MDS
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	2	PA, QL (1 unit per day)
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ 2.5 (2-0.5) GM RECON SOLN	2	PA, MDS
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
CEPHALEXIN (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG CAP, 500 MG TAB)	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	1	
CEFACLOR ER 500 MG TAB ER 12H	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</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	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB)	2	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA 1 GM RECON SOLN	2	PA, MDS

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Drug Name	Drug Tier	Requirements / Limits
CONTRACEPTIVES (CONTINUED)		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle 0.1-20 mg-mcg tab</i>	0	
<i>altavera 0.15-30 mg-mcg tab</i>	0	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	0	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>amethia 0.15-0.03 & 0.01 mg tab</i>	0	
<i>amethyst 90-20 mcg tab</i>	0	
<i>apri 0.15-30 mg-mcg tab</i>	0	
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	0	
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	0	
<i>aubra 0.1-20 mg-mcg tab</i>	0	
<i>aubra eq 0.1-20 mg-mcg tab</i>	0	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	0	
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	0	
<i>aviane 0.1-20 mg-mcg tab</i>	0	
<i>ayuna 0.15-30 mg-mcg tab</i>	0	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	0	
BALCOLTRA 0.1-20 MG-MCG(21) TAB	0	
<i>balziva 0.4-35 mg-mcg tab</i>	0	
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	0	
<i>briellyn 0.4-35 mg-mcg tab</i>	0	
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	0	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	0	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	0	
<i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>chateal 0.15-30 mg-mcg tab</i>	0	
<i>chateal eq 0.15-30 mg-mcg tab</i>	0	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	0	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	0	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>cyred 0.15-30 mg-mcg tab</i>	0	
<i>cyred eq 0.15-30 mg-mcg tab</i>	0	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	0	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	0	
<i>delyla 0.1-20 mg-mcg tab</i>	0	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	0	
<i>dolishale 90-20 mcg tab</i>	0	
<i>drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)</i>	0	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	0	
<i>elinest 0.3-30 mg-mcg tab</i>	0	
<i>emoquette 0.15-30 mg-mcg tab</i>	0	
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	0	
<i>enskyce 0.15-30 mg-mcg tab</i>	0	
<i>estarylla 0.25-35 mg-mcg tab</i>	0	
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	0	
<i>falmina 0.1-20 mg-mcg tab</i>	0	
<i>fayosim 42-21-21-7 days tab</i>	0	
<i>femynor 0.25-35 mg-mcg tab</i>	0	
<i>finzala 1-20 mg-mcg(24) chew tab</i>	0	
<i>gemmily 1-20 mg-mcg(24) cap</i>	0	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	0	
<i>iclevia 0.15-0.03 mg tab</i>	0	
<i>introvale 0.15-0.03 mg tab</i>	0	
<i>isibloom 0.15-30 mg-mcg tab</i>	0	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	0	
<i>jasmiel 3-0.02 mg tab</i>	0	
<i>jolessa 0.15-0.03 mg tab</i>	0	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	0	
<i>juleber 0.15-30 mg-mcg tab</i>	0	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>junel 1/20 1-20 mg-mcg tab</i>	0	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	0	
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	0	
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	0	
<i>kalliga 0.15-30 mg-mcg tab</i>	0	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	0	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	0	
<i>kurvelo 0.15-30 mg-mcg tab</i>	0	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>larin 1/20 1-20 mg-mcg tab</i>	0	
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	0	
<i>larissia 0.1-20 mg-mcg tab</i>	0	
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	0	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	0	
<i>lessina 0.1-20 mg-mcg tab</i>	0	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	0	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	0	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	0	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	0	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	0	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	0	
<i>lillow 0.15-30 mg-mcg tab</i>	0	
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	0	
<i>lo-zumandimine 3-0.02 mg tab</i>	0	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	0	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	0	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	0	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	0	
<i>loryna 3-0.02 mg tab</i>	0	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	0	
<i>lutra 0.1-20 mg-mcg tab</i>	0	
<i>marlissa 0.15-30 mg-mcg tab</i>	0	
<i>merzee 1-20 mg-mcg(24) cap</i>	0	
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	0	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	0	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	0	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	0	
<i>mili 0.25-35 mg-mcg tab</i>	0	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	0	
NATAZIA 3/2-2/2-3/1 MG TAB	0	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	0	
NEXTSTELLIS 3-14.2 MG TAB	0	
<i>nikki 3-0.02 mg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)</i>	0	
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	0	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	0	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	0	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	0	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	0	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	0	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	0	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	0	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>nylia 1/35 1-35 mg-mcg tab</i>	0	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>nymyo 0.25-35 mg-mcg tab</i>	0	
<i>ocella 3-0.03 mg tab</i>	0	
<i>orsythia 0.1-20 mg-mcg tab</i>	0	
<i>philith 0.4-35 mg-mcg tab</i>	0	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	0	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>portia-28 0.15-30 mg-mcg tab</i>	0	
<i>previfem 0.25-35 mg-mcg tab</i>	0	
<i>reclipsen 0.15-30 mg-mcg tab</i>	0	
<i>rivelsa 42-21-21-7 days tab</i>	0	
<i>setlakin 0.15-0.03 mg tab</i>	0	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	0	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	0	
<i>sronyx 0.1-20 mg-mcg tab</i>	0	
<i>syeda 3-0.03 mg tab</i>	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	0	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	0	
<i>taysofy 1-20 mg-mcg(24) cap</i>	0	
TAYTULLA 1-20 MG-MCG(24) CAP	0	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	0	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	0	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	0	
<i>turqoz 0.3-30 mg-mcg tab</i>	0	
TYBLUME 0.1-20 MG-MCG CHEW TAB	0	
<i>tydemy 3-0.03-0.451 mg tab</i>	0	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	0	
<i>vestura 3-0.02 mg tab</i>	0	
<i>vienva 0.1-20 mg-mcg tab</i>	0	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>vyfemla 0.4-35 mg-mcg tab</i>	0	
<i>vylibra 0.25-35 mg-mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>wera 0.5-35 mg-mcg tab</i>	0	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	0	
<i>zarah 3-0.03 mg tab</i>	0	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	0	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	0	
<i>zumandimine 3-0.03 mg tab</i>	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	0	
TWIRLA 120-30 MCG/24HR PATCH WK	0	
<i>xulane 150-35 mcg/24hr patch wk</i>	0	
<i>zafemy 150-35 mcg/24hr patch wk</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA 0.013-0.15 MG/24HR RING	0	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	0	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	0	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	0	
<i>haloette 0.12-0.015 mg/24hr ring</i>	0	
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER IUD	0	SP
EMERGENCY CONTRACEPTIVES		
<i>curae 1.5 mg tab</i>	0	
<i>econtra ez 1.5 mg tab</i>	0	
<i>econtra one-step 1.5 mg tab</i>	0	
ELLA 30 MG TAB	0	
<i>her style 1.5 mg tab</i>	0	
<i>levonorgestrel 1.5 mg tab</i>	0	
<i>my choice 1.5 mg tab</i>	0	
<i>my way 1.5 mg tab</i>	0	
<i>new day 1.5 mg tab</i>	0	
<i>opcicon one-step 1.5 mg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>option 2 1.5 mg tab</i>	0	
<i>react 1.5 mg tab</i>	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	0	MDS
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	MDS
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila 0.35 mg tab</i>	0	
<i>deblitane 0.35 mg tab</i>	0	
<i>errin 0.35 mg tab</i>	0	
<i>heather 0.35 mg tab</i>	0	
<i>incassia 0.35 mg tab</i>	0	
<i>jencycla 0.35 mg tab</i>	0	
<i>lyleq 0.35 mg tab</i>	0	
<i>lyza 0.35 mg tab</i>	0	
<i>nora-be 0.35 mg tab</i>	0	
<i>norethindrone 0.35 mg tab</i>	0	
<i>norlyda 0.35 mg tab</i>	0	
<i>norlyroc 0.35 mg tab</i>	0	
<i>sharobel 0.35 mg tab</i>	0	
SLYND 4 MG TAB	0	
<i>tulana 0.35 mg tab</i>	0	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE (0.5 MG CAP SPRINK, 1 MG CAP SPRINK, 2 MG CAP SPRINK, 5 MG CAP SPRINK)	2	PA, LA, SP, MDS
<i>budesonide 3 mg cp dr part</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	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	1	
<i>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)</i>	1	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
TARPEYO 4 MG CAP DR	2	PA, LA, QL (120 units per 30 days), SP, MDS
MINERALOCORTICIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i>	1	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	
<i>hydromet 5-1.5 mg/5ml solution</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	1	
<i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i>	1	
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i>	1	
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	1	
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	1	
<i>promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)</i>	1	
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	1	
<i>virtussin a/c 100-10 mg/5ml solution</i>	1	
<i>virtussin ac w/alc 100-10 mg/5ml liquid</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	1	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	
<i>amnesteem (10 mg cap, 20 mg cap, 40 mg cap)</i>	1	MDS
ARAZLO 0.045 % LOTION	2	PA
<i>avar cleanser 10-5 % liquid</i>	1	
<i>avita (0.025 % cream, 0.025 % gel)</i>	1	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	1	
ERY 2 % PAD	1	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
FABIOR 0.1 % FOAM	2	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i>	1	MDS
<i>sulfacetamide sod-sulfur wash 9-4.5 % liquid</i>	1	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % liquid, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % liquid, 10-5 % lotion, 10-5 % suspension)</i>	1	
SULFACETAMIDE-SULFUR IN UREA 10-5 % EMULSION	1	
TAZAROTENE 0.1 % FOAM	1	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN 15 % OINTMENT	2	PA

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Drug Name	Drug Tier	Requirements / Limits
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE 1.3 % PATCH	1	PA, QL (30 units per 15 days), MDS
<i>diclofenac sodium 1 % gel</i>	1	QL (10 units per 1 day)
<i>diclofenac sodium 1.5 % solution</i>	1	PA
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin 2 % ointment</i>	1	
<i>mupirocin calcium 2 % cream</i>	1	
XEPI 1 % CREAM	2	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	1	
<i>econazole nitrate 1 % cream</i>	1	
<i>ketconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	1	
KETODAN (2 % FOAM, 2 % KIT)	1	
<i>klayesta 100000 unit/gm powder</i>	1	
<i>naftifine hcl (1 % cream, 2 % cream)</i>	1	
<i>nyamyc 100000 unit/gm powder</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	1	
<i>nystop 100000 unit/gm powder</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	PA, SP
<i>fluorouracil (0.5 % cream, 2 % solution, 5 % cream, 5 % solution)</i>	1	
VALCHLOR 0.016 % GEL	2	PA, LA, SP, MDS
ANTIPSORIATICS		
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	1	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	1	
<i>calcitrene 0.005 % ointment</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	PA, QL (2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 28 days), SP, MDS
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	PA, QL (2 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 28 days), SP, MDS
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), SP, MDS
METHOXSALLEN RAPID 10 MG CAP	1	PA, MDS
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	2	PA, QL (1 unit per 84 days), MDS
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 84 days), SP, MDS
SKYRIZI PEN 150 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 84 days), SP, MDS
SPEVIGO 450 MG/7.5ML SOLUTION	2	PA, LA, SP
STELARA 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 units per 84 days), SP, MDS
STELARA 45 MG/0.5ML SOLUTION	2	PA, QL (0.5 units per 84 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 90 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	
TREMFYA (100 MG/ML SOLN PEN, 100 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ZORYVE 0.3 % CREAM	2	PA, QL (60 units per 30 days), MDS
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>sodium sulfacetamide wash 10 % liquid</i>	1	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	1	PA, QL (5 units per fill)

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Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir 1 % cream</i>	1	PA, QL (5 gm per fill(s)), MDS
XERESE 5-1 % CREAM	2	PA
BURN PRODUCTS		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
CAUTERIZING AGENTS		
SILVER NITRATE 0.5 % SOLUTION	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	
AMCINONIDE 0.1 % CREAM	1	
<i>beseer 0.05 % lotion</i>	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>clobetasol prop emollient base 0.05 % cream</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e 0.05 % cream</i>	1	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1	
<i>diflorasone diacetate 0.05 % ointment</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body 0.01 % oil</i>	1	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide emulsified base 0.05 % cream</i>	1	
<i>flurandrenolide (0.05 % cream, 0.05 % lotion)</i>	1	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream, 0.05 % lotion)</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
<i>hydrocortisone ace-pramoxine 2.5-1 % cream</i>	1	
<i>hydrocortisone butyr lipo base 0.1 % cream</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
PREDNICARBATE 0.1 % OINTMENT	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 absorbbase 0.05 % ointment</i>	1	
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	2	PA, QL (30 units per 30 days), SP, MDS
DUPIXENT (200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR)	2	PA, QL (2.28 units per 28 days), SP, MDS
DUPIXENT (300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, MDS
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA, QL (1.34 units per 28 days), MDS
OPZELURA 1.5 % CREAM	2	PA, QL (240 units per 28 days)
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY 100 UNIT RECON SOLN	2	PA, QL (3 ea per 84 days), SP, MDS
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	2	PA, QL (30 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>pimecrolimus 1 % cream</i>	1	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX 0.5 % GEL	2	
<i>podofilox 0.5 % solution</i>	1	
YCANTH 0.7 % SOLUTION	2	PA, QL (2 ea per 21 days), SP, MDS
LOCAL ANESTHETICS - TOPICAL		
<i>glydo 2 % prsy</i>	1	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine 5 % patch</i>	1	PA, MDS
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsy</i>	1	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	1	
<i>lidocan iii 5 % patch</i>	1	PA, MDS
QUTENZA (2 PATCH) 8 % KIT	2	PA, QL (4 units per 90 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH) 8 % KIT	2	PA, QL (4 units per 90 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA 8 % KIT	2	PA, QL (4 units per 90 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
MISC. TOPICAL		
<i>alcohol wipes 70 % misc</i>	2	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	2	
<i>isopropyl alcohol 70 % misc</i>	2	
<i>isopropyl alcohol wipes 70 % misc</i>	2	
<i>medpura alcohol pads 70 % misc</i>	2	
<i>qc alcohol 70 % misc</i>	2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	2	
XERAC AC 6.25 % SOLUTION	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA 2 % OINTMENT	2	PA

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Drug Name	Drug Tier	Requirements / Limits
PROTECTIVES AGAINST UV RADIATION		
SCENESSE 16 MG IMPLANT	2	PA, SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	PA, QL (30 gm per fill(s))
FINACEA 15 % FOAM	2	PA
<i>ivermectin 1 % cream</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
ROSADAN (0.75 % CREAM, 0.75 % CREAM KIT)	1	
SCABICIDES PEDICULICIDES		
LINDANE 1 % SHAMPOO	1	
<i>malathion 0.5 % lotion</i>	1	
<i>permethrin 5 % cream</i>	1	
SPINOSAD 0.9 % SUSPENSION	1	
WOUND CARE PRODUCTS		
VYJUVEK 5000000000 PFU/2.5ML GEL	2	PA, LA, QL (10 ml per 8 day(s)), SP, QL (28 days supply per fill), MDS
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC DRUGS		
MACRILEN 60 MG PACKET	2	
THYROGEN 0.9 MG RECON SOLN	2	SP, MDS
DIAGNOSTIC TESTS		
ADVIN COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
BD VERITOR HOME COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
BINAXNOW COVID-19 AG HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
CARESTART COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
CHEMSTRIP K STRIP	2	QL (100 units per fill)
CHEMSTRIP UGK STRIP	2	QL (100 units per fill)
CLEARDETECT COVID-19 AG HOME KIT	0	QL (8 units per 30 day(s)), MDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CLINITEST RAPID COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 AT HOME ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 AT-HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 OTC ANTIGEN 1-PACK KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 OTC ANTIGEN 2-PACK KIT	0	QL (8 units per 30 day(s)), MDS
CVS COVID-19 AT HOME TEST KIT KIT	0	QL (8 units per 30 day(s)), MDS
CVS KETONE CARE STRIP	2	QL (100 units per fill)
DIATRUST COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
ELLUME COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
FASTEP COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
FLOWFLEX COVID-19 AG HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
GENABIO COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	QL (8 units per 30 day(s)), MDS
IHEALTH COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
INDICAID COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
INTELISWAB COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
KETO-DIASTIX STRIP	2	QL (100 units per fill)
KETONE TEST STRIP	2	QL (100 units per fill)
KETOSTIX STRIP	2	QL (100 units per fill)
ON/GO COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
ON/GO ONE COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
ONETOUCH ULTRA STRIP	2	QL (200 units per 30 days)
ONETOUCH VERIO STRIP	2	QL (200 units per 30 days)
PILOT COVID-19 AT-HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
QUICKVUE AT-HOME COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
RELION KETONE TEST STRIP	2	QL (100 units per fill)
SPEEDY SWAB COVID-19 ANTIGEN KIT	0	QL (8 units per 30 day(s)), MDS
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	2	

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Drug Name	Drug Tier	Requirements / Limits
PERTZYE (4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART)	2	PA
VIOKACE (10440-39150 TAB, 20880-78300 TAB)	2	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	2	PA
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
DIURETIC COMBINATIONS		
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>toremide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
DIURIL 250 MG/5ML SUSPENSION	2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
EVENITY 105 MG/1.17ML SOLN PRSYR	2	PA, SP, MDS
FOSAMAX PLUS D (70-2800 TAB, 70-5600 TAB)	2	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 unit per 30 days)
PROLIA 60 MG/ML SOLN PRSYR	2	PA, SP, SUM3 (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	1	PA, QL (2.48 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	PA, QL (1.56 units per 30 days), SP, SUM3 (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA 120 MG/1.7ML SOLUTION	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID 4 MG/100ML SOLUTION	1	MDS
<i>zoledronic acid 4 mg/5ml conc</i>	1	SP, MDS
<i>zoledronic acid 5 mg/100ml solution</i>	1	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	2	PA, MDS
NOVAREL 5000 UNIT RECON SOLN	2	PA, MDS
PREGNYL 10000 UNIT RECON SOLN	2	MDS
GNRH/LHRH ANTAGONISTS		
ORILISSA 150 MG TAB	2	PA, QL (30 units per 30 days), MDS
ORILISSA 200 MG TAB	2	PA, QL (60 units per 30 days), MDS
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	2	PA, SP, MDS
GROWTH HORMONES		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	2	PA, SP, MDS
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	2	PA, SP, MDS
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
NGENLA (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	2	PA, SP, MDS
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN	2	PA, SP, MDS
OMNITROPE (5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART)	2	PA, SP, MDS
OMNITROPE 5.8 MG RECON SOLN	2	PA, SP, MDS
SAIZEN (5 MG RECON SOLN, 8.8 MG RECON SOLN)	2	PA, SP, MDS
SAIZENPREP 8.8 MG RECON SOLN	2	PA, SP, MDS
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	2	PA, SP, MDS
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)	2	PA, SP
SOGROYA 10 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
SOGROYA 15 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
SOGROYA 5 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN)	2	PA, SP, MDS
ZOMACTON (FOR ZOMA-JET 10) 10 MG RECON SOLN	2	PA, SP, MDS
HORMONE RECEPTOR MODULATORS		
OSPHENA 60 MG TAB	2	PA, QL (1 unit per 1 day)
<i>raloxifene hcl 60 mg tab</i>	0	PN (\$0 copay for women)
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA 500 MG RECON SOLN	2	PA, LA, SP, MDS
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH) 45 MG KIT	2	PA, QL (1 unit per 168 days), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	2	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	2	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	2	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA 50 MG KIT	2	PA, SP, SUM3 (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
SYNAREL 2 MG/ML SOLUTION	2	
TRIPTODUR 22.5 MG SRER	2	PA, SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION	2	PA, SP, MDS
BRINEURA 2 X 150 MG/5ML KIT	2	PA, SP, MDS
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	1	
CRYSVITA (10 MG/ML SOLUTION, 20 MG/ML SOLUTION, 30 MG/ML SOLUTION)	2	PA, SP, MDS
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	1	
ELAPRASE 6 MG/3ML SOLUTION	2	PA, SP, MDS
ELFABRIO 20 MG/10ML SOLUTION	2	PA, LA, SP, MDS
FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN)	2	PA, SP, MDS
GALAFOLD 123 MG CAP	2	PA, LA, QL (14 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, SP, MDS
KANUMA 20 MG/10ML SOLUTION	2	PA, SP, MDS
LAMZEDE 10 MG RECON SOLN	2	PA, LA, SP, MDS
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf 1 gm/10ml solution</i>	1	
LUMIZYME 50 MG RECON SOLN	2	PA, SP, MDS
MEPSEVII 10 MG/5ML SOLUTION	2	PA, LA, SP, MDS
NAGLAZYME 1 MG/ML SOLUTION	2	PA, SP, MDS
NEXVIAZYME 100 MG RECON SOLN	2	PA, SP
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	2	PA, LA, SP
NULIBRY 9.5 MG RECON SOLN	2	PA, LA, SP, MDS
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	2	PA, QL (14 units per 28 days), SP, MDS
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, QL (84 units per 28 days), SP, MDS
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION)	2	PA, SP, MDS
REVCOVI 2.4 MG/1.5ML SOLUTION	2	PA, LA, SP
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, SP, MDS
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	2	PA, LA, SP, MDS
VIMIZIM 5 MG/5ML SOLUTION	2	PA, SP, MDS
XENPOZYME 20 MG RECON SOLN	2	PA, SP
XENPOZYME 4 MG RECON SOLN	2	PA, SP, MDS
XPHOZAH (20 MG TAB, 30 MG TAB)	2	PA, LA, QL (60 ea per 30 days), SP, MDS
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	2	PA, QL (30 units per 30 days), SP, MDS
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray 0.01 % solution</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline 0.5 mg tab</i>	1	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsy, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1	SP, MDS
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	2	PA, LA, QL (60 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	2	PA, LA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION, 120 MG/0.5ML SOLUTION)	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	2	PA, QL (56 units per 28 days), SP, MDS
TOLVAPTAN 15 MG TAB	1	PA, QL (60 units per 30 days), MDS
<i>tolvaptan 15 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
<i>tolvaptan 30 mg tab</i>	1	PA, QL (30 units per 30 days), SP, MDS
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	2	
DUAVEE 0.45-20 MG TAB	2	PA
<i>est estrogens-methyltest (0.625-1.25 mg tab, 1.25-2.5 mg tab)</i>	1	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	1	
<i>jinteli 1-5 mg-mcg tab</i>	1	
<i>mimvey 1-0.5 mg tab</i>	1	
MYFEMBREE 40-1-0.5 MG TAB	2	PA, QL (28 units per 28 days), MDS
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	1	
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	2	PA, QL (56 units per 28 days), MDS
PREMPHASE 0.625-5 MG TAB	2	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	2	
ESTROGENS		
DELESTROGEN 10 MG/ML OIL	2	
<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	

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Drug Name	Drug Tier	Requirements / Limits
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	2	
<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 tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	1	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	1	
<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	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
FLUOROQUINOLONES (CONTINUED)		
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	2	PA, QL (28 units per 14 days), MDS
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
<i>ciprofloxacin hcl (100 mg tab, 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	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM (50 MG CAP, 250 MG CAP)	2	PA, LA, SP, MDS
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 (8 mcg cap, 24 mcg cap)</i>	1	QL (2 units per day)
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY (PELLETS) 200 MCG CAP SPRINK	2	PA, LA, QL (36 units per 1 day(s)), SP, QL (34 days supply per fill), MDS
BYLVAY (PELLETS) 600 MCG CAP SPRINK	2	PA, LA, QL (12 units per 1 day(s)), SP, QL (34 days supply per fill), MDS
BYLVAY 1200 MCG CAP	2	PA, LA, QL (6 units per 1 day(s)), SP, QL (34 days supply per fill), MDS
BYLVAY 400 MCG CAP	2	PA, LA, QL (18 units per 1 day(s)), SP, QL (34 days supply per fill), MDS
LIVMARLI 9.5 MG/ML SOLUTION	2	PA, LA, QL (90 units per 30 days), SP, MDS
INFLAMMATORY BOWEL AGENTS		
AVSOLA 100 MG RECON SOLN	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>balsalazide disodium 750 mg cap</i>	1	
CIMZIA 2 X 200 MG KIT	2	PA, QL (1 unit per 28 days), SP, MDS
CIMZIA 2 X 200 MG/ML PREF SY KT	2	PA, QL (1 unit per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA STARTER KIT 6 X 200 MG/ML PREF SY KT	2	PA, QL (3 units per 28 days), SP, SUM3 (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM 250 MG CAP	2	
ENTYVIO 300 MG RECON SOLN	2	PA, SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
INFLECTRA 100 MG RECON SOLN	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
MESALAMINE (1.2 GM TAB DR, 4 GM ENEMA, 400 MG CAP DR, 800 MG TAB DR, 1000 MG SUPPOS)	1	
<i>mesalamine er (0.375 gm cap er 24h, 500 mg cap er)</i>	1	
<i>mesalamine-cleanser 4 gm kit</i>	1	
PENTASA 250 MG CAP ER	2	
REMICADE 100 MG RECON SOLN	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLEXIS 100 MG RECON SOLN	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	2	PA, QL (2.4 units per 56 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI 600 MG/10ML SOLUTION	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	2	PA, SP, MDS
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose 10 gm/15ml solution</i>	1	
<i>generlac 10 gm/15ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	1	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	2	QL (1 unit per 1 day)
LIVE FECAL MICROBIOTA		
REBYOTA 150 ML SUSPENSION	2	PA, SP
VOWST CAP	2	PA, LA, QL (12 caps per 30 days), SP, MDS
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK (12.5 MG TAB, 25 MG TAB)	2	QL (1 unit per 1 day)
RELISTOR 12 MG/0.6ML SOLUTION	2	PA, QL (18 units per 30 days), SP, MDS
RELISTOR 8 MG/0.4ML SOLUTION	2	PA, QL (6 units per 30 days), SP, MDS
PHOSPHATE BINDER AGENTS		
AURYXIA 1 GM 210 MG(Fe) TAB	2	PA, QL (408 units per 34 days), MDS
<i>calcium acetate (phos binder) (667 mg cap, 667 mg tab)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)</i>	1	
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)</i>	1	
<i>sevelamer hcl (400 mg tab, 800 mg tab)</i>	1	PA
VELPHORO 500 MG CHEW TAB	2	PA
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5 MG KIT	2	PA, QL (1 unit per 30 days), SP, MDS
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO 250 MG TAB	2	PA, QL (84 units per 28 days), SP, MDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
<i>pot & sod cit-cit ac 550-500-334 mg/5ml solution</i>	1	
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	1	
<i>potassium citrate-citric acid 1100-334 mg/5ml solution</i>	1	
<i>sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution)</i>	1	
<i>tricitrates 550-500-334 mg/5ml solution</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	LA, SP, MDS
PROCYSBI (25 MG CAP DR, 75 MG CAP DR, 75 MG PACKET, 300 MG PACKET)	2	PA, LA, SP, MDS
HYPEROXALURIA AGENTS		
OXLUMO 94.5 MG/0.5ML SOLUTION	2	PA, LA, SP, MDS
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI (200 MG TAB, 400 MG TAB)	2	PA, QL (30 tabs per 30 days), SP, MDS
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100 MG CAP	2	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
<i>dutasteride 0.5 mg cap</i>	1	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	PA
<i>finasteride 5 mg tab</i>	1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	1	PA
<i>tamsulosin hcl 0.4 mg cap</i>	1	
URINARY STONE AGENTS		
LITHOSTAT 250 MG TAB	2	
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
GOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	1	PA, QL (1 unit per day)
KRYSTEXXA 8 MG/ML SOLUTION	2	PA, QL (2 units per 28 days), SP, MDS
URICOSURICS		
<i>probenecid 500 mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI 189 MG/ML SOLUTION	2	PA, LA, SP, MDS
ANTIHEMOPHILIC PRODUCTS		
ADVATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN)	2	PA, SP, MDS
AFSTYLA (250 KIT, 500 KIT, 1000 KIT, 1500 KIT, 2000 KIT, 2500 KIT, 3000 KIT)	2	PA, SP, MDS
ALPHANATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN)	2	PA, SP, MDS
ELOCTATE (250 RECON SOLN, 500 RECON SOLN, 750 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN, 5000 RECON SOLN, 6000 RECON SOLN)	2	PA, SP, MDS
ESPEROCT (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN)	2	PA, SP, MDS
HEMGENIX (10 X 10 ML SUSP THPK, 11 X 10 ML SUSP THPK, 12 X 10 ML SUSP THPK, 13 X 10 ML SUSP THPK, 14 X 10 ML SUSP THPK, 15 X 10 ML SUSP THPK, 16 X 10 ML SUSP THPK, 17 X 10 ML SUSP THPK, 18 X 10 ML SUSP THPK, 19 X 10 ML SUSP THPK, 20 X 10 ML SUSP THPK, 21 X 10 ML SUSP THPK, 22 X 10 ML SUSP THPK, 23 X 10 ML SUSP THPK, 24 X 10 ML SUSP THPK, 25 X 10 ML SUSP THPK, 26 X 10 ML SUSP THPK, 27 X 10 ML SUSP THPK, 28 X 10 ML SUSP THPK, 29 X 10 ML SUSP THPK, 30 X 10 ML SUSP THPK, 31 X 10 ML SUSP THPK, 32 X 10 ML SUSP THPK, 33 X 10 ML SUSP THPK, 34 X 10 ML SUSP THPK, 35 X 10 ML SUSP THPK, 36 X 10 ML SUSP THPK, 37 X 10 ML SUSP THPK, 38 X 10 ML SUSP THPK, 39 X 10 ML SUSP THPK, 40 X 10 ML SUSP THPK, 41 X 10 ML SUSP THPK, 42 X 10 ML SUSP THPK, 43 X 10 ML SUSP THPK, 44 X 10 ML SUSP THPK, 45 X 10 ML SUSP THPK, 46 X 10 ML SUSP THPK, 47 X 10 ML SUSP THPK, 48 X 10 ML SUSP THPK)	2	PA, LA, QL (1 units per lifetime), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
HEMLIBRA (30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION, 300 MG/2ML SOLUTION)	2	PA, SP, MDS
HEMLIBRA 12 MG/0.4ML SOLUTION	2	PA, SP, MDS
HEMOFIL M (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1700 RECON SOLN)	2	PA, SP, MDS
HUMATE-P (250-600 RECON SOLN, 500-1200 RECON SOLN, 1000-2400 RECON SOLN)	2	PA, SP, MDS
JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
KCENTRA (500 KIT, 1000 KIT)	2	MDS
KOATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN)	2	PA, SP, MDS
KOATE-DVI (500 RECON SOLN, 1000 RECON SOLN)	2	PA, SP, MDS
KOGENATE FS (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	2	PA, SP, MDS
NOVOEIGHT (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
OBIZUR 500 UNIT RECON SOLN	2	PA, SP, MDS
RECOMBINATE (220-400 RECON SOLN, 401-800 RECON SOLN, 801-1240 RECON SOLN, 1241-1800 RECON SOLN, 1801-2400 RECON SOLN)	2	PA, SP, MDS
WILATE (500-500 KIT, 1000-1000 KIT)	2	PA, SP, MDS
XYNTHA (250 KIT, 500 KIT, 1000 KIT, 2000 KIT)	2	PA, SP, MDS
XYNTHA SOLOFUSE (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	2	PA, SP, MDS
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	1	PA, QL (9 units per 30 days), SP, MDS
<i>sajazir 30 mg/3ml soln prsyr</i>	1	PA, QL (9 units per 30 days), SP, MDS
COMPLEMENT INHIBITORS		
BERINERT 500 UNIT KIT	2	PA, SP, MDS
CINRYZE 500 UNIT RECON SOLN	2	PA, SP, MDS
EMPAVELI 1080 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ENJAYMO 1100 MG/22ML SOLUTION	2	PA, SP
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	2	PA, QL (8 doses per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
RUCONEST 2100 UNIT RECON SOLN	2	PA, SP, MDS
SOLIRIS 300 MG/30ML SOLUTION	2	PA, SP, MDS
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	2	PA, SP, MDS
VEOPOZ 400 MG/2ML SOLUTION	2	PA, LA, SP, MDS
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er 400 mg tab er</i>	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR 10 MG/ML SOLUTION	2	PA, SP, MDS
ORLADEYO (110 MG CAP, 150 MG CAP)	2	PA, LA, QL (28 units per 28 days), SP, MDS
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	2	PA, QL (4 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	2	PA, QL (2 units per 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM 68.8 MG RECON SOLN	2	PA, LA, SP
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl 0.5 mg cap</i>	1	SP
<i>anagrelide hcl 1 mg cap</i>	1	
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	1	
BRILINTA (60 MG TAB, 90 MG TAB)	2	
CABLIVI 11 MG KIT	2	PA, QL (30 units per 30 days), SP, MDS
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	
<i>clopidogrel bisulfate (75 mg tab, 300 mg tab)</i>	1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	1	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	2	PA, LA, QL (56 units per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CEREZYME 400 UNIT RECON SOLN	2	PA, SP, MDS
ELELYSO 200 UNIT RECON SOLN	2	PA, SP, MDS
<i>miglustat 100 mg cap</i>	1	PA, LA, QL (90 units per 30 days), SP, MDS
VPRIV 400 UNIT RECON SOLN	2	PA, SP, MDS
<i>yargesa 100 mg cap</i>	1	PA, LA, QL (90 units per 30 days), SP, MDS
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO 100 MG/10ML SOLUTION	2	PA, SP, MDS
ENDARI 5 GM PACKET	2	PA, QL (180 units per 30 days), SP, MDS
SIKLOS (100 MG TAB, 1000 MG TAB)	2	PA, SP
COBALAMINS		
<i>sm vitamin b-12 100 mcg tab</i>	0	
<i>sm vitamin b-12 500 mcg tab</i>	0	
<i>true vitamin b12 (500 mcg tab, 1000 mcg tab)</i>	0	
<i>vitamin b-12 1000 mcg tab</i>	0	
FOLIC ACID/FOLATES		
<i>cvs folic acid 800 mcg tab</i>	0	
<i>folate 400 mcg tab</i>	0	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	0	
<i>folic acid 1 mg tab</i>	1	
<i>gnp folic acid 400 mcg tab</i>	0	
<i>hm folic acid 400 mcg tab</i>	0	
<i>kp folic acid 800 mcg tab</i>	0	
<i>px folic acid 400 mcg tab</i>	0	
<i>qc folic acid 800 mcg tab</i>	0	
<i>ra folic acid (400 mcg tab, 800 mcg tab)</i>	0	
<i>sm folic acid 400 mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>true folic acid 400 mcg tab</i>	0	
<i>yl folic acid 400 mcg tab</i>	0	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	2	PA, SP, MDS
DOPTELET 20 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	PA, SP, MDS
FULPHILA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
FYLNETRA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 days), SP, MDS
LEUKINE 250 MCG RECON SOLN	2	PA, SP, MDS
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	2	PA, LA, SP, MDS
MIRCERA 120 MCG/0.3ML SOLN PRSYR	2	PA, LA, SP
MULPLETA 3 MG TAB	2	PA, QL (7 units per fill), SP
NEULASTA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
NEULASTA ONPRO 6 MG/0.6ML PREF SY KT	2	PA, QL (0.043 units per 1 day), SP
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	2	PA, SP, MDS
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	2	PA, SP, MDS
PROMACTA (12.5 MG PACKET, 25 MG PACKET)	2	PA, SP, MDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PROMACTA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	2	PA, SP, MDS
REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN)	2	PA, SP, MDS
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
RELEUKO 300 MCG/ML SOLUTION	2	PA, SP
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	2	PA, SP, MDS
ROLVEDON 13.2 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 days), SP, MDS
STIMUFEND 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 days), SP, MDS
UDENYCA 6 MG/0.6ML SOLN A-INJ	2	PA, QL (0.043 units per 1 day(s)), SP
UDENYCA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 day), SP
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
HEMATOPOIETIC MIXTURES		
FOLTABS 800 800-10-115 MCG-MG-MCG TAB	0	
IRON		
EZFE 200 434.8 (200 FE) MG CAP	0	
<i>ferate 240 (27 fe) mg tab</i>	0	
<i>ferosul 325 (65 fe) mg tab</i>	0	
<i>ferrex 150 150 mg cap</i>	0	
FERRIMIN 150 150 MG TAB	0	
FERROUS GLUCONATE 324 (38 FE) MG TAB	0	
<i>ferrous sulfat (75 (15 fe) mg/ml solution, 220 (44 fe) mg/5ml solution, 300 (60 fe) mg/5ml solution, 324 (65 fe) mg tab dr, 325 (65 fe) mg tab, 325 (65 fe) mg tab dr)</i>	0	
<i>ferrous sulfat 300 mg/6.8ml solution</i>	1	
<i>ferumoxytol 510 mg/17ml solution</i>	2	LA, SP, MDS
<i>gnp iron 200 (65 fe) mg tab</i>	0	
INJECTAFER 100 MG/2ML SOLUTION	2	SP
INJECTAFER 750 MG/15ML SOLUTION	2	SP, MDS
<i>iron (ferrous sulfat) 75 (15 fe) mg/ml solution</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>iron infant/toddler 75 (15 fe) mg/ml solution</i>	0	
<i>iron supplement childrens 75 (15 fe) mg/ml solution</i>	0	
<i>nu-iron 150 mg cap</i>	0	
<i>poly-iron 150 150 mg cap</i>	0	
<i>polysaccharide iron complex 150 mg cap</i>	0	
<i>sm iron 325 (65 fe) mg tab</i>	0	
<i>sm iron slow release 160 (50 fe) mg tab er</i>	0	
<i>true ferrous sulfate 324 mg tab dr</i>	0	
<i>wee care 15 mg/1.25ml suspension</i>	0	
STEM CELL MOBILIZERS		
APHEXDA 62 MG RECON SOLN	2	PA, SP, MDS
MOZOBIL 24 MG/1.2ML SOLUTION	2	SP, MDS
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
SEZABY 100 MG RECON SOLN	2	
NON-BARBITURATE HYPNOTICS		
<i>estazolam (1 mg tab, 2 mg tab)</i>	1	
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	1	
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	2	PA, QL (30 tabs per 30 days), MDS
QUAZEPAM 15 MG TAB	1	
<i>temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)</i>	1	
<i>triazolam (0.125 mg tab, 0.25 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>zaleplon (5 mg cap, 10 mg cap)</i>	1	
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	PA
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	1	
<i>zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)</i>	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon 8 mg tab</i>	1	ST
LAXATIVES (CONTINUED)		
LAXATIVE COMBINATIONS		
CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	2	
GAVILYTE-C 240 GM RECON SOLN	1	
<i>gavilyte-g 236 gm recon soln</i>	1	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	1	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	1	
PLENVU 140 GM RECON SOLN	2	
LAXATIVES - MISCELLANEOUS		
<i>constulose 10 gm/15ml solution</i>	1	
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	2	PA
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
MACROLIDES (CONTINUED)		
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		
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>clarithromycin er 500 mg tab er 24h</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ERYTHROMYCINS		
E.E.S. 400 400 MG TAB	1	
<i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
ERYTHROCIN STEARATE 250 MG TAB	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	2	PA, QL (20 units per fill)
DIFICID 40 MG/ML RECON SUSP	2	PA, QL (150 units per fill)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
CAYA DIAPHRAGM	0	
FC FEMALE CONDOM MISC	0	
FC2 FEMALE CONDOM MISC	0	
FEMCAP (22 DEVICE, 26 DEVICE, 30 DEVICE)	0	
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	0	
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH MISC	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS MISC	2	
ACCU-CHEK MULTICLIX LANCETS MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK SAFE-T PRO LANCETS MISC	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS MISC	2	
ACTI-LANCE 28G MISC	2	
ACTI-LANCE LITE LANCETS 28G MISC	2	
ACTI-LANCE SPECIAL LANCETS 17G MISC	2	
ACTI-LANCE UNIVERSAL 23G MISC	2	
ADJUSTABLE LANCING DEVICE MISC	2	
ADVANCED MOBILE LANCET MISC	2	
ADVOCATE LANCETS MISC	2	
ADVOCATE LANCETS 30G MISC	2	
ADVOCATE LANCING DEVICE MISC	2	
ADVOCATE RAPID-SAFE LANCING MISC	2	
ADVOCATE SAFETY LANCETS MISC	2	
ADVOCATE SAFETY LANCETS 26G MISC	2	
AGAMATRIX ULTRA-THIN LANCETS MISC	2	
AIMSCO TWIST LANCETS 32G MISC	2	
AIMSCO TWIST LANCETS 33G MISC	2	
ALTERNATE SITE LANCING DEVICE MISC	2	
AMBI-TRAY MISC	2	
AQUA LANCE ADJUSTABLE LANCING DEVICE	2	
AQUALANCE LANCETS 30G MISC	2	
ASSURE COMFORT LANCETS 28G MISC	2	
ASSURE HAEMOLANCE PLUS HIGH MISC	2	
ASSURE HAEMOLANCE PLUS LOW MISC	2	
ASSURE HAEMOLANCE PLUS MICRO MISC	2	
ASSURE HAEMOLANCE PLUS NORMAL MISC	2	
ASSURE HAEMOLANCE PLUS PED MISC	2	
ASSURE LANCE LANCETS MISC	2	
ASSURE LANCE LANCETS 21G MISC	2	
ASSURE LANCE PLUS SAFETY 25G MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ASSURE LANCE PLUS SAFETY 30G MISC	2	
ASSURE LANCE SAFETY LANCET 28G MISC	2	
ASSURE LANCETS MISC	2	
AURORA LANCET SUPER THIN 30G MISC	2	
AURORA LANCET THIN 23G MISC	2	
AUTO-LANCET MISC	2	
AUTO-LANCET MINI MISC	2	
AUTOLET II CLINISAFE KIT	2	
AUTOLET LANCING DEVICE MISC	2	
AUTOLET LITE CLINISAFE KIT	2	
AUTOLET LITE STARTER PACK KIT	2	
AUTOLET MINI MISC	2	
AUTOLET PLATFORMS MISC	2	
AUTOLET PLUS MISC	2	
BD LANCET ULTRAFINE 30G MISC	2	
BD LANCET ULTRAFINE 33G MISC	2	
BD MICROTAINER LANCETS MISC	2	
BULLSEYE MINI SAFETY LANCETS MISC	2	
BULLSEYE SAFETY LANCETS MISC	2	
CARDIOCOM LANCING DEVICE MISC	2	
CAREONE ADVANCED LANCING DEV MISC	2	
CAREONE LANCET SUPER THIN 30G MISC	2	
CAREONE LANCET THIN 23G MISC	2	
CARESENS LANCETS MISC	2	
CARESENS LANCETS 30G MISC	2	
CARETOUCH LANCING/EJECTOR MISC	2	
CARETOUCH SAFETY LANCETS MISC	2	
CARETOUCH SAFETY LANCETS 26G MISC	2	
CARETOUCH TWIST LANCETS 28G MISC	2	
CARETOUCH TWIST LANCETS 30G MISC	2	
CARETOUCH TWIST LANCETS 33G MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CARETOUCH TWIST MC LANCETS 30G MISC	2	
CLEANLET LANCETS 28G MISC	2	
CLEVER CHEK LANCETS MISC	2	
CLEVER CHOICE COMFORT EZ MISC	2	
CLEVER CHOICE LANCETS 21G MISC	2	
CLEVER CHOICE LANCETS 23G MISC	2	
CLEVER CHOICE LANCETS 28G MISC	2	
COAGUCHEK LANCETS MISC	2	
COMFORT ASSURED LANCETS 28G MISC	2	
COMFORT ASSURED LANCETS 33G MISC	2	
COMFORT LANCETS MISC	2	
COMFORT TOUCH LANCETS 31G MISC	2	
COMFORT TOUCH PLUS LANCETS 28G MISC	2	
COMFORT TOUCH PLUS LANCETS 30G MISC	2	
CVS LANCETS 21G MISC	2	
CVS LANCETS MICRO THIN 33G MISC	2	
CVS LANCETS ORIGINAL MISC	2	
CVS LANCETS THIN 26G MISC	2	
CVS LANCETS ULTRA THIN 30G MISC	2	
CVS LANCETS ULTRA-THIN 30G MISC	2	
CVS LANCING DEVICE MISC	2	
CVS ULTRA THIN LANCETS MISC	2	
DEXCOM G6 RECEIVER DEVICE	2	QL (1 unit per 730 days)
DEXCOM G6 SENSOR MISC	2	QL (0.1 units per 1 day(s))
DEXCOM G6 TRANSMITTER MISC	2	QL (1 unit per 90 days), MDS
DEXCOM G7 RECEIVER DEVICE	2	QL (1 unit per 730 days)
DEXCOM G7 SENSOR MISC	2	QL (0.1 units per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30 MISC	2	
DIATHRIVE LANCETS MISC	2	
DIATHRIVE LANCING DEVICE MISC	2	
DROPLET GENTEEL LANCING DEVICE MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DROPLET LANCETS ULTRA THIN 30G MISC	2	
DROPLET LANCING DEVICE MISC	2	
DROPLET PERSONAL LANCETS 30G MISC	2	
DRUG MART LANCETS THIN 26G MISC	2	
DRUG MART LANCING DEVICE MISC	2	
DRUG MART ON-THE-GO LANCET 30G MISC	2	
DRUG MART UNILET LANCETS 28G MISC	2	
DRUG MART UNILET LANCETS 30G MISC	2	
DRUG MART UNILET LANCETS 33G MISC	2	
E-Z JECT LANCET MICRO-THIN 33G MISC	2	
E-Z JECT LANCET SUPER THIN 30G MISC	2	
E-Z JECT LANCETS MISC	2	
E-Z JECT LANCETS 21G MISC	2	
E-Z JECT LANCETS THIN 26G MISC	2	
EASY COMFORT LANCETS MISC	2	
EASY COMFORT LANCETS TWIST TOP MISC	2	
EASY MINI EJECT LANCING DEVICE MISC	2	
EASY MINI LANCING DEVICE MISC	2	
EASY TOUCH INSULIN BARRELS 1ML MISC	2	
EASY TOUCH LANCETS 21G MISC	2	
EASY TOUCH LANCETS 23G MISC	2	
EASY TOUCH LANCETS 26G MISC	2	
EASY TOUCH LANCETS 28G MISC	2	
EASY TOUCH LANCETS 28G/TWIST MISC	2	
EASY TOUCH LANCETS 30G MISC	2	
EASY TOUCH LANCETS 30G/TWIST MISC	2	
EASY TOUCH LANCETS 32G MISC	2	
EASY TOUCH LANCETS 32G/TWIST MISC	2	
EASY TOUCH LANCETS 33G/TWIST MISC	2	
EASY TOUCH LANCING DEVICE MISC	2	
EASY TOUCH SAFETY LANCETS 21G MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH SAFETY LANCETS 23G MISC	2	
EASY TOUCH SAFETY LANCETS 26G MISC	2	
EASY TOUCH SAFETY LANCETS 28G MISC	2	
EASY TWIST & CAP LANCETS MISC	2	
EMBRACE LANCETS ULTRA THIN 30G MISC	2	
EMBRACE LANCING DEVICE/EJECTOR MISC	2	
EMBRACE PRESSURE ACTIVATED 21G MISC	2	
EMBRACE PRESSURE ACTIVATED 28G MISC	2	
EQL COLOR LANCETS 21G MISC	2	
EQL COLOR LANCETS MICRO 33G MISC	2	
EQL SUPER THIN LANCETS 30G MISC	2	
EQL THIN LANCETS 26G MISC	2	
EZ-LETS LANCETS 21G MISC	2	
EZ-LETS LANCETS 26G MISC	2	
EZ-LETS LANCETS 28G MISC	2	
EZ-LETS LANCETS 30G MISC	2	
FIFTY50 SAFETY SEAL LANCETS MISC	2	
FIFTY50 UNILET LANCETS 33G MISC	2	
FINE 30 MISC	2	
FINGERSTIX LANCETS MISC	2	
FORA LANCETS MISC	2	
FORA LANCING DEVICE MISC	2	
FREDS PHARMACY AUTOLET LANCING MISC	2	
FREDS PHARMACY UNILET LANC 28G MISC	2	
FREDS PHARMACY UNILET LANC 30G MISC	2	
FREESTYLE LANCETS MISC	2	
FREESTYLE LIBRE 14 DAY READER DEVICE	2	QL (1 unit per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL (0.07 units per 1 day)
FREESTYLE LIBRE 2 READER DEVICE	2	QL (1 unit per 730 days)
FREESTYLE LIBRE 2 SENSOR MISC	2	QL (0.07 units per 1 day)
FREESTYLE LIBRE 3 READER DEVICE	2	QL (1 ea per 730 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 3 SENSOR MISC	2	QL (0.07 units per 1 day)
FREESTYLE UNISTICK II LANCETS MISC	2	
GENTEEL BUTTERFLY TOUCH LANCET MISC	2	
GENTEEL CONTACT TIPS (BLUE) MISC	2	
GENTEEL CONTACT TIPS (CLEAR) MISC	2	
GENTEEL CONTACT TIPS (GREEN) MISC	2	
GENTEEL CONTACT TIPS (ORANGE) MISC	2	
GENTEEL CONTACT TIPS (RAINBOW) MISC	2	
GENTEEL CONTACT TIPS (VIOLET) MISC	2	
GENTEEL CONTACT TIPS (YELLOW) MISC	2	
GENTEEL LANCING DEVICE (GOLD) MISC	2	
GENTEEL LANCING DEVICE (PLATNM) MISC	2	
GENTEEL LANCING DEVICE (SILVER) MISC	2	
GENTEEL LANCING KIT (BLUE) KIT	2	
GENTEEL NOZZLES MISC	2	
GENTEEL PLUS LANCING (BLACK) MISC	2	
GENTEEL PLUS LANCING (PURPLE) MISC	2	
GENTEEL PLUS LANCING (WHITE) MISC	2	
GENTEEL PLUS LANCING DEV (BLUE) MISC	2	
GENTEEL PLUS LANCING DEV (PINK) MISC	2	
GENTLE-LET GP LANCETS MISC	2	
GENTLE-LET LANCETS MISC	2	
GENTLE-LET PLATFORMS MISC	2	
GLOBAL INJECT EASE LANCETS 28G MISC	2	
GLOBAL INJECT EASE LANCETS 30G MISC	2	
GLOBAL LANCING DEVICE MISC	2	
GLUCOCOM LANCETS 28G MISC	2	
GLUCOCOM LANCETS 30G MISC	2	
GLUCOCOM LANCETS 33G MISC	2	
GNP LANCETS 21G MISC	2	
GNP LANCETS MICRO THIN 33G MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GNP LANCETS SUPER THIN 30G MISC	2	
GNP LANCETS THIN MISC	2	
GNP LANCETS THIN 26G MISC	2	
GNP LANCING SYSTEM DEVICE MISC	2	
GNP STERILE LANCETS 28G MISC	2	
GNP STERILE LANCETS 30G MISC	2	
GNP STERILE LANCETS 33G MISC	2	
GOJJI LANCING DEVICE/CLEAR CAP MISC	2	
GOJJI STERILE LANCETS MISC	2	
GOODSENSE COLOR LANCETS 33G MISC	2	
GOODSENSE LANCETS 26G UNIV MISC	2	
GOODSENSE LANCETS 30G MISC	2	
GOODSENSE LANCETS 30G UNIV MISC	2	
GOODSENSE LANCETS 33G MISC	2	
GOODSENSE LANCETS 33G UNIV MISC	2	
GOODSENSE LANCING DEVICE MISC	2	
H-E-B INCONTROL ADV LANCING MISC	2	
H-E-B INCONTROL LANCETS 28G MISC	2	
H-E-B INCONTROL LANCETS 30G MISC	2	
H-E-B INCONTROL LANCETS 33G MISC	2	
HAEMOLANCE MISC	2	
HAEMOLANCE LOW FLOW LANCETS MISC	2	
HAEMOLANCE PLUS MISC	2	
HAEMOLANCE PLUS HIGH FLOW MISC	2	
HAEMOLANCE PLUS LOW FLOW MISC	2	
HAEMOLANCE PLUS MAX FLOW MISC	2	
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	2	
HEALTH CARE LANCING DEVICE MISC	2	
HEALTHY ACCENTS LANCING DEVICE MISC	2	
HEALTHY ACCENTS UNILET LANCETS MISC	2	
HY-VEE LANCETS MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
HY-VEE THIN LANCETS MISC	2	
HYPOLANCE AST LANCING KIT	2	
IN TOUCH LANCING DEVICE MISC	2	
IN TOUCH STERILE LANCETS 30G MISC	2	
INSUL-CAP MISC	2	
INSUL-EZE MISC	2	
KINNEY LANCETS MISC	2	
KINNEY THIN LANCETS MISC	2	
KROGER AUTOLET LANCING DEVICE MISC	2	
KROGER HEALTHPRO LANCET 26G MISC	2	
KROGER LANCETS MISC	2	
KROGER LANCETS 21G MISC	2	
KROGER LANCETS MICRO THIN 33G MISC	2	
KROGER LANCETS SUPER THIN MISC	2	
KROGER LANCETS THIN MISC	2	
KROGER LANCETS THIN 26G MISC	2	
KROGER LANCETS ULTRATHIN 30G MISC	2	
KROGER LANCING DEVICE MISC	2	
LANCET DEVICE MISC	2	
LANCET DEVICE WITH EJECTOR MISC	2	
LANCET TRANSPORTER CASE MISC	2	
LANCETS MISC	2	
LANCETS 28G MISC	2	
LANCETS 30G MISC	2	
LANCETS 33G MISC	2	
LANCETS MICRO THIN 33G MISC	2	
LANCETS SUPER THIN 28G MISC	2	
LANCETS THIN MISC	2	
LANCETS ULTRA FINE MISC	2	
LANCETS ULTRA THIN MISC	2	
LANCETS ULTRA THIN 30G MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
LANCING DEVICE MISC	2	
LANZO MISC	2	
LEADER ADVANCED LANCING DEVICE MISC	2	
LIBERTY MEDICAL LANCETS MISC	2	
LIBERTY MINI LANCING DEVICE MISC	2	
LIFESCAN UNISTIK 2 MISC	2	
LIFESCAN UNISTIK II LANCETS MISC	2	
LITE TOUCH LANCETS MISC	2	
LITE TOUCH LANCING PEN MISC	2	
LITETOUCH LANCETS MISC	2	
LIVE BETTER ADV LANCING DEVICE MISC	2	
LIVE BETTER LANCET SUPER THIN MISC	2	
LIVE BETTER LANCET ULTRA THIN MISC	2	
LONGS LANCETS STANDARD MISC	2	
LONGS LANCETS THIN MISC	2	
LONGS LANCETS ULTRA THIN MISC	2	
MEDICHOICE SAFETY LANCET MISC	2	
MEDICHOICE SAFETY LANCET EXTRA MISC	2	
MEDICHOICE SAFETY LANCET NORM MISC	2	
MEDISENSE THIN LANCETS MISC	2	
MEDLANCE EXTRA 21G MISC	2	
MEDLANCE LITE 25G MISC	2	
MEDLANCE PLUS EXTRA 21G MISC	2	
MEDLANCE PLUS LANCETS MISC	2	
MEDLANCE PLUS LITE 25G MISC	2	
MEDLANCE PLUS SPECIAL 0.8MM MISC	2	
MEDLANCE PLUS SUPERLITE 30G MISC	2	
MEDLANCE PLUS UNIVERSAL 21G MISC	2	
MEDLANCE UNIVERSAL 21G MISC	2	
MEIJER LANCETS MISC	2	
MEIJER LANCETS THIN MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MEIJER LANCETS UNIVERSAL 21G MISC	2	
MEIJER LANCETS UNIVERSAL 30G MISC	2	
MEIJER LANCETS UNIVERSAL 33G MISC	2	
MEIJER SUPER THIN LANCETS MISC	2	
MICROLET LANCETS MISC	2	
MICROLET NEXT LANCING DEVICE MISC	2	
MINI LANCING DEVICE MISC	2	
MM LANCING DEVICE MISC	2	
MM TWIST LANCETS MISC	2	
MONOLET LANCETS MISC	2	
MONOLET OPD LANCETS MISC	2	
MONOLETTOR SAFETY LANCETS MISC	2	
MPD SAFETY LANCET 21G MISC	2	
MPD SAFETY LANCET 23G MISC	2	
MPD SAFETY LANCET 28G MISC	2	
MPD SAFETY LANCET 30G MISC	2	
MULTI-LANCET DEVICE MISC	2	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH LANCETS 30G MISC	2	
NOVA SAFETY LANCETS 23G MISC	2	
NOVA SAFETY LANCETS 28G MISC	2	
NOVA SUREFLEX LANCETS MISC	2	
NOVA SUREFLEX LANCING DEVICE MISC	2	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G6 PODS (GEN 5) MISC	2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	
OMNIPOD 5 PACK MISC	2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	
OMNIPOD DASH INTRO (GEN 4) KIT	2	
OMNIPOD DASH PDM (GEN 4) KIT	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD DASH PODS (GEN 4) MISC	2	
ON CALL LANCETS MISC	2	
ON CALL LANCING DEVICE MISC	2	
ON CALL PLUS LANCETS MISC	2	
ON CALL PLUS LANCING DEVICE MISC	2	
ONETOUCH CLUB LANCETS FINE PT MISC	2	
ONETOUCH DELICA LANCETS 30G MISC	2	
ONETOUCH DELICA LANCETS 33G MISC	2	
ONETOUCH DELICA LANCING DEV MISC	2	
ONETOUCH DELICA PLUS LANCET30G MISC	2	
ONETOUCH DELICA PLUS LANCET33G MISC	2	
ONETOUCH DELICA PLUS LANCING MISC	2	
ONETOUCH DELICA SAFETY LANCING MISC	2	
ONETOUCH FINEPOINT LANCETS MISC	2	
ONETOUCH SURESOFT LANCING DEV MISC	2	
ONETOUCH ULTRA LIQUID	2	
ONETOUCH ULTRA 2 W/DEVICE KIT	1	QL (1 units per 730 day(s)), MDS
ONETOUCH ULTRASOFT 2 LANCETS MISC	2	
ONETOUCH ULTRASOFT LANCETS MISC	2	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	0	QL (1 units per 730 day(s)), MDS
ONETOUCH VERIO REFLECT W/DEVICE KIT	0	QL (1 units per 730 day(s)), MDS
PC LANCETS SUPER THIN 30G MISC	2	
PENLET II BLOOD SAMPLER KIT	2	
PENLET II REPLACEMENT CAP MISC	2	
PERFECT LANCETS 28G MISC	2	
PERFECT LANCETS 30G MISC	2	
PHARMACIST CHOICE LANCETS MISC	2	
PHARMACY COUNTER LANCETS MISC	2	
PIP LANCETS 28G MISC	2	
PIP LANCETS 30G MISC	2	
PRECISION THINS GP LANCETS MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PREFERRED PLUS LANCETS COLORED MISC	2	
PREFERRED PLUS LANCETS THIN MISC	2	
PRESSURE ACTIVAT SAFETY LANCET MISC	2	
PRO COMFORT LANCETS 30G MISC	2	
PRO COMFORT LANCETS 31G MISC	2	
PRO COMFORT SAFETY LANCETS 30G MISC	2	
PRODIGY COUNT-A-DOSE MISC	2	
PRODIGY LANCETS 28G MISC	2	
PRODIGY LANCING DEVICE MISC	2	
PRODIGY SAFETY LANCETS 26G MISC	2	
PRODIGY TWIST TOP LANCETS 28G MISC	2	
PSS SELECT GP LANCETS MISC	2	
PSS SELECT PLATFORMS MISC	2	
PSS SELECT SAFETY LANCETS MISC	2	
PURE COMFORT LANCETS 30G MISC	2	
PUSH BUTTON SAFETY LANCETS MISC	2	
PUSH BUTTON SAFETY LANCETS 28G MISC	2	
PX ADVANCED LANCING DEVICE MISC	2	
PX LANCET AUTO INJECTOR MISC	2	
PX LANCETS MICROTHIN 33G MISC	2	
PX LANCETS ULTRA THIN MISC	2	
PX LANCETS ULTRA THIN 28G MISC	2	
QC ADVANCED LANCING DEVICE MISC	2	
QC LANCETS SUPER THIN 30G MISC	2	
QC LANCETS ULTRA THIN MISC	2	
QC UNILET LANCETS 28G MISC	2	
QC UNILET LANCETS MICRO THIN MISC	2	
RA E-ZJECT LANCETS 28G MISC	2	
RA E-ZJECT LANCETS THIN 26G MISC	2	
RA E-ZJECT LANCETS THIN 28G MISC	2	
RA E-ZJECT LANCETS ULTRA THIN MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
READYLANCE SAFETY LANCETS MISC	2	
REALITY LANCETS MISC	2	
REALITY TRIGGER LANCETS MISC	2	
RELION LANCET DEVICES 30G MISC	2	
RELION LANCETS MICRO-THIN 33G MISC	2	
RELION LANCETS THIN 26G MISC	2	
RELION LANCETS ULTRA-THIN 30G MISC	2	
RELION LANCING DEVICE (KIT, MISC)	2	
RELION ULTRA THIN LANCETS 30G MISC	2	
RELION ULTRA THIN PLUS LANCETS MISC	2	
REXALL LANCETS ULTRA THIN 30G MISC	2	
RIGHTEST ALTERNATE SITE ADAPT MISC	2	
RIGHTEST GD500 LANCING DEVICE MISC	2	
RIGHTEST GL300 LANCETS MISC	2	
SAFE-T-LANCE MISC	2	
SAFE-T-LANCE PLUS MISC	2	
SAFETY LANCET 21G/PRESSURE ACT MISC	2	
SAFETY LANCET 23G/PRESSURE ACT MISC	2	
SAFETY LANCET 28G/PRESSURE ACT MISC	2	
SAFETY LANCET 30G/PRESSURE ACT MISC	2	
SAFETY LANCETS MISC	2	
SAFETY LANCETS 21G MISC	2	
SAFETY LANCETS 23G MISC	2	
SAFETY LANCETS 28G MISC	2	
SAFETY LET LANCETS MISC	2	
SAFETY SEAL LANCETS MISC	2	
SAPS HEALTH PLUS LANCETS MISC	2	
SAPS HEALTH TWIST TOP LANCETS MISC	2	
SAPS TWIST TOP LANCETS MISC	2	
SAPSCARE TWIST TOP LANCETS MISC	2	
SB LANCETS THIN MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SB LANCETS ULTRA THIN MISC	2	
SELECT-LITE DEVICE/LANCETS KIT	2	
SELECT-LITE LANCING DEVICE MISC	2	
SHOPKO AUTOLET LANCING DEVICE MISC	2	
SHOPKO ON-THE-GO LANCETS 30G MISC	2	
SHOPKO UNILET LANCETS 28G MISC	2	
SHOPKO UNILET LANCETS 30G MISC	2	
SIDE BUTTON SAFETY LANCET MISC	2	
SIMPLE DIAGNOSTICS LANCING DEV MISC	2	
SINGLE-LET MISC	2	
SM LANCETS 33G MISC	2	
SM TRUEDRAW LANCING DEVICE MISC	2	
SMART DIABETES VANTAGE LANCING MISC	2	
SMART SENSE COLOR LANCETS 33G MISC	2	
SMART SENSE STANDARD LANCETS MISC	2	
SMART SENSE SUPER THIN LANCETS MISC	2	
SMART SENSE THIN LANCETS 26G MISC	2	
SMARTTEST LANCETS 28G MISC	2	
SOLUS V2 LANCETS 28G MISC	2	
SOLUS V2 LANCING DEVICE MISC	2	
SOLUS V2 TWIST LANCETS 30G MISC	2	
STERILANCE PA MISC	2	
STERILANCE TL MISC	2	
SUPER THIN LANCETS MISC	2	
SURE COMFORT LANCETS 18G MISC	2	
SURE COMFORT LANCETS 21G MISC	2	
SURE COMFORT LANCETS 23G MISC	2	
SURE COMFORT LANCETS 28G MISC	2	
SURE COMFORT LANCETS 30G MISC	2	
SURE COMFORT LANCING PEN MISC	2	
SURE-LANCE FLAT LANCETS MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SURE-LANCE LANCETS 26G MISC	2	
SURE-LANCE THIN LANCETS 28G MISC	2	
SURE-LANCE ULTRA THIN LANCETS MISC	2	
SURE-PEN MISC	2	
SURE-TOUCH LANCETS UNIVERSAL MISC	2	
SURELITE LANCETS MISC	2	
TECHLITE AST LANCETS MISC	2	
TECHLITE LANCETS MISC	2	
TECHLITE LANCETS 26G MISC	2	
TECHLITE LANCETS 30G MISC	2	
TGT LANCET MICRO THIN 33G MISC	2	
TGT LANCET THIN 26G MISC	2	
TGT LANCET ULTRA THIN 30G MISC	2	
TGT LANCING DEVICE MISC	2	
THINLETS GP LANCETS MISC	2	
TODAYS HEALTH LANCING DEVICE MISC	2	
TODAYS HEALTH THIN LANCETS 28G MISC	2	
TODAYS HEALTH THIN LANCETS 30G MISC	2	
TOPCARE LANCETS MICRO-THIN 33G MISC	2	
TRAVEL LANCETS MISC	2	
TRAVEL LANCETS ADVANCED 28G MISC	2	
TRUE COMFORT SAFETY LANCETS MISC	2	
TRUE COMFORT TWIST TOP LANCETS MISC	2	
TRUEDRAW LANCING DEVICE MISC	2	
TRUEPLUS LANCETS 26G MISC	2	
TRUEPLUS LANCETS 28G MISC	2	
TRUEPLUS LANCETS 30G MISC	2	
TRUEPLUS LANCETS 33G MISC	2	
TRUEPLUS SAFETY LANCETS 28G MISC	2	
TWIST TOP LANCETS 30G MISC	2	
ULTI-LANCE AUTOMATIC MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
UNISTIK 3 NEONATAL MISC	2	
UNISTIK 3 NORMAL MISC	2	
UNISTIK CZT COMFORT MISC	2	
UNISTIK CZT NORMAL MISC	2	
UNISTIK NORMAL MISC	2	
UNISTIK PRO SAFETY LANCET MISC	2	
UNISTIK SAFETY LANCETS 28G MISC	2	
UNISTIK SAFETY LANCETS 30G MISC	2	
UNISTIK TOUCH SAFETY LANC 21G MISC	2	
UNISTIK TOUCH SAFETY LANC 23G MISC	2	
UNISTIK TOUCH SAFETY LANC 28G MISC	2	
UNISTIK TOUCH SAFETY LANC 30G MISC	2	
UNIVERSAL 1 LANCETS THIN 26G MISC	2	
UNIVERSAL 1 LANCETS THIN 33G MISC	2	
UNIVERSAL 1 LANCETS ULTRA THIN MISC	2	
V-GO 20 20 UNIT/24HR KIT	2	QL (1 units per 1 day(s))
V-GO 30 30 UNIT/24HR KIT	2	QL (1 units per 1 day(s))
V-GO 40 40 UNIT/24HR KIT	2	QL (1 units per 1 day(s))
VALUE PLUS LANCET STANDARD 21G MISC	2	
VALUE PLUS LANCETS SUPER THIN MISC	2	
VALUE PLUS LANCETS THIN 26G MISC	2	
VALUE PLUS LANCING DEVICE MISC	2	
VALUMARK LANCET SUPER THIN 30G MISC	2	
VALUMARK LANCET ULTRA THIN 28G MISC	2	
VERIFINE SAFE LANCET MINI 21G MISC	2	
VERIFINE SAFE LANCET MINI 23G MISC	2	
VERIFINE SAFE LANCET MINI 28G MISC	2	
VERIFINE SAFE LANCET MINI 30G MISC	2	
VERIFINE UNIVERSAL LANCETS 28G MISC	2	
VERIFINE UNIVERSAL LANCETS 30G MISC	2	
VERIFINE UNIVERSAL LANCETS 33G MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VIDA MIA AUTOLET LANCING DEV MISC	2	
VIDA MIA UNILET LANCETS 28G MISC	2	
VIDA MIA UNILET LANCETS 30G MISC	2	
VIVAGUARD LANCETS MISC	2	
VIVAGUARD LANCING DEVICE MISC	2	
VIVI CAP MISC	2	
VIVI CAP1 MISC	2	
WALGREENS ADV TRAVEL LANCETS MISC	2	
WALGREENS LANCETS MISC	2	
WALGREENS LANCETS MICRO THIN MISC	2	
WALGREENS LANCETS SUPER THIN MISC	2	
WALGREENS THIN LANCETS MISC	2	
WALGREENS ULTRA THIN LANCETS MISC	2	
ZEV RX TWIST TOP LANCETS 30G MISC	2	
MISC. DEVICES		
ADVOCATE ALCOHOL PREP PADS 70 % PAD	2	
ALCOH-GLOVE CONTOURED WIPE PAD	2	
ALCOH-WIPE SHEET	2	
ALCOHOL PADS 70 % PAD	2	
ALCOHOL PREP (70 % PAD, PAD)	2	
ALCOHOL PREP PADS 70 % PAD	2	
ALCOHOL PREPS PAD	2	
ALCOHOL SWABS (70 % PAD, PAD)	2	
ALCOHOL SWABSTICK (70 % PAD, PAD)	2	
APLICARE ALCOHOL SWABSTICK 70 % PAD	2	
BD SWAB SINGLE USE REGULAR PAD	2	
BD SWABS SINGLE USE BUTTERFLY PAD	2	
CARETOUCH ALCOHOL PREP 70 % PAD	2	
COMFORT TOUCH ALCOHOL PREP 70 % PAD	2	
CURITY ALCOHOL PREPS 70 % PAD	2	
CURITY ALCOHOL SWABS PAD	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CVS ALCOHOL PREP PADS 70 % PAD	2	
CVS PREP 70 % PAD	2	
DROPSAFE ALCOHOL PREP 70 % PAD	2	
EASY COMFORT ALCOHOL PADS PAD	2	
EASY TOUCH ALCOHOL PREP MEDIUM 70 % PAD	2	
EQL ALCOHOL SWABS 70 % PAD	2	
ESSENTRA WIPES 9X9" 70 % SHEET	2	
FIFTY50 ALCOHOL PREP 70 % PAD	2	
GLOBAL ALCOHOL PREP EASE 70 % PAD	2	
GNP ALCOHOL SWABS 70 % PAD	2	
H-E-B INCONTROL ALCOHOL PAD	2	
HM STERILE ALCOHOL PREP PAD	2	
MEIJER ALCOHOL SWABS 70 % PAD	2	
PHARMACIST CHOICE ALCOHOL PAD	2	
PRO COMFORT ALCOHOL 70 % PAD	2	
PURE COMFORT ALCOHOL PREP PAD	2	
QC ALCOHOL SWABS 70 % PAD	2	
RA ALCOHOL SWABS 70 % PAD	2	
REALITY SWABS PAD	2	
RELION ALCOHOL SWABS (70 % PAD, PAD)	2	
SAPS CARE ALCOHOL PREP 70 % PAD	2	
SAPS HEALTH ALCOHOL PREP (70 % PAD, PAD)	2	
SAPS HEALTH CARE ALCOHOL PREP 70 % PAD	2	
SB ALCOHOL PREP 70 % PAD	2	
SHOPKO ALCOHOL SWABS 70 % PAD	2	
SM ALCOHOL PREP (70 % PAD, PAD)	2	
SURE COMFORT ALCOHOL PREP 70 % PAD	2	
SURE-PREP ALCOHOL PREP 70 % PAD	2	
TGT ALCOHOL SWABS 70 % PAD	2	
TRUE COMFORT ALCOHOL PREP PADS 70 % PAD	2	
TRUE COMFORT PRO ALCOHOL PREP 70 % PAD	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ULTICARE ALCOHOL SWABS (70 % PAD, PAD)	2	
ULTILET ALCOHOL SWABS PAD	2	
ULTRA-CARE ALCOHOL PREP PADS 70 % PAD	2	
WEBCOL ALCOHOL PREP LARGE 70 % PAD	2	
WEBCOL ALCOHOL PREP MEDIUM 70 % PAD	2	
ZEVrx STERILE ALCOHOL PREP PAD 70 % PAD	2	
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
1ST TIER UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
ABOUTTIME PEN NEEDLE (30G X 8 MISC, 31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	2	
ADVOCATE INSULIN PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 33G X 4 MM MISC)	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
AQINJECT PEN NEEDLE (31G X 5 MISC, 32G X 4 MISC)	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	2	
ASSURE ID INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	2	
ASSURE ID SAFETY PEN NEEDLES (30G X 5 MISC, 30G X 8 MISC, 31G X 5 MISC)	2	
AUM INSULIN SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AUM MINI INSULIN PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	2	
AUM SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AURORA PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
AURORA UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
AUTOJECT 2 MISC	2	
AUTOPEN DEVICE	2	
BD AUTOSHIELD (X 5MM MISC, X 8MM MISC)	2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	2	
BD INSULIN SYR ULTRAFINE II (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
BD INSULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 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, U-100 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
BD INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 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)	2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	2	
BD PEN MISC	2	
BD PEN MINI MISC	2	
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML MISC	2	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 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 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	2	
BD VEO INSULIN SYRINGE U/F (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 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)	2	
CAREONE UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 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)	2	
CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 33G X 4 MM MISC)	2	
CEQR SIMPLICITY 2U DEVICE	2	QL (10 units per 30 day(s)), AL, MDS
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	
CLICKFINE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	2	
COMFORT EZ INSULIN SYRINGE (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 1/2" 0.3 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, 30G X 5/16" 1 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)	2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	2	
COMFORT EZ PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC, 33G X 8 MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
COMFORT EZ PRO PEN NEEDLES (30G X 8 MISC, 31G X 4 MISC, 31G X 5 MISC)	2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	2	
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
DIATHRIVE PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 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 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 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)	2	
DROPLET MICRON 34G X 3.5 MM MISC	2	
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	
DROPSAFE SAFETY PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 MISC)	2	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 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)	2	
DRUG MART UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	2	
EASY COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/2" 0.3 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, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	
EASY COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	2	
EASY TOUCH FLIPLOCK INSULIN SY (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 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, 30G X 5/16" 1 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)	2	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 6 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
EASY TOUCH SAFETY PEN NEEDLES (29G X 5MM MISC, 29G X 8MM MISC, 30G X 8 MM MISC)	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ELITE-THIN INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 28G X 5/16" 0.5 ML MISC, 28G X 5/16" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 29G X 5/16" 0.5 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 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)	2	
EMBRACE PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
EQL INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EXEL COMFORT POINT INSULIN SYR (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)	2	
EXEL COMFORT POINT PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
FIFTY50 PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
FIFTY50 SUPERIOR COMFORT SYR (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
FREDS PHARMACY UNIFINE PENTIP+ (X 5 MISC, X 8 MISC)	2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE PRECISION INS SYR (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL EASE INJECT PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
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, X 15/64" 1 ML MISC)	2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	2	
GLOBAL INJECT EASE INSULIN SYR (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 1/2" 0.3 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, 30G X 5/16" 1 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)	2	
GLOBAL INSULIN SYRINGES (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.3 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, 30G X 5/16" 1 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)	2	
GNP CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
GNP INSULIN SYRINGE (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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML MISC	2	
GNP INSULIN SYRINGES 29GX1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	2	
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML MISC	2	
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC	2	
GNP ULTICARE PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTRA COM INSULIN SYRINGE (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)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	2	
GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
H-E-B INCONTROL PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE (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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	2	
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	2	
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	2	
HUMATROPEN FOR 12MG DEVICE	2	
HUMATROPEN FOR 24MG DEVICE	2	
HUMATROPEN FOR 6MG DEVICE	2	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
INJECT-EASE MISC	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1" 0.3 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 1/2" 0.5 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 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" 0.5 ML MISC, 29G X 1/2" 1 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, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 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)	2	
INSULIN SYRINGE/NEEDLE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
INSUPEN SENSITIVE (X 6 MISC, X 8 MISC)	2	
INSUPEN ULTRAFIN (30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC)	2	
KINRAY INSULIN SYRINGE (29G X 1/2" 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)	2	
KMART VALU INSULIN SYRINGE 29G (0.5 ML MISC, 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 30G (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC)	2	
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KROGER PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
LEADER INSULIN SYRINGE (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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
LITETOUCH INSULIN SYRINGE (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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	2	
MAGELLAN INSULIN SAFETY SYR (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)	2	
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MAXI-COMFORT SAFETY PEN NEEDLE (X 5MM MISC, X 8MM MISC)	2	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC	2	
MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
MEDICINE SHOPPE PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MEIJER PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MICRODOT PEN NEEDLE (31G X 6 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
MM INSULIN SYRINGE/NEEDLE (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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
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, U-100 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (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, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
NORDIPEN DELIVERY SYSTEM MISC	2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	2	
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	2	
NOVOPEN ECHO DEVICE	2	
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC	2	
OMNITROPE PEN 10 INJ DEVICE MISC	2	
OMNITROPE PEN 5 INJ DEVICE MISC	2	
PC UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
PEN NEEDLES 1/2" 29G X 12MM MISC	2	
PEN NEEDLES 3/16" 31G X 5 MM MISC	2	
PEN NEEDLES 5/16" (30G X 8 MISC, 31G X 8 MISC)	2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC	2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC	2	
PRECISION SURE-DOSE SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 3/8" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
PRECISION SUREDOSE PLUS SYR (X 1/2" 0.3 ML MISC, X 1/2" 1 ML MISC)	2	
PREFERRED PLUS INSULIN SYRINGE (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)	2	
PREFERRED PLUS UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PRO COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
PRO COMFORT PEN NEEDLES (31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC)	2	
PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC	2	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	2	
PX MINI PEN NEEDLES 31G X 5 MM MISC	2	
PX PEN NEEDLE (29G X 12MM MISC, 31G X 8 MM MISC)	2	
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM MISC	2	
QC PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
QC UNIFINE PENTIPS 32G X 4 MM MISC	2	
RA INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
RA PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
RAYA SURE PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
REALITY INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	2	
RELION INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 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)	2	
RELION MINI PEN NEEDLES 31G X 6 MM MISC	2	
RELION PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	2	
SAFESNAP INSULIN SYRINGE (28G X 1/2" 1 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)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SAFETY INSULIN SYRINGES (27G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
SAFETY PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
SB INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	2	
SHOPKO UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
SHOPKO UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
SURE COMFORT INSULIN SYRINGE (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 1/2" 0.3 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, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 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)	2	
SURE COMFORT PEN NEEDLES (29G X 12.7MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
SURE-FINE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC)	2	
SURE-JECT INSULIN SYRINGE (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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 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, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 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)	2	
TECHLITE PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	2	
TOPCARE CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
TOPCARE ULTRA COMFORT INS SYR (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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUE COMFORT INSULIN SYRINGE (X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
TRUE COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
TRUEPLUS 5-BEVEL PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
TRUEPLUS INSULIN SYRINGE (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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUEPLUS PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC	2	
ULTICARE INSULIN SYRINGE (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 1/2" 0.3 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, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 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)	2	
ULTICARE MICRO PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ULTICARE MINI PEN NEEDLES (30G X 5 MISC, 31G X 6 MISC, 32G X 6 MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)	2	
ULTICARE SHORT PEN NEEDLES (30G X 8 MISC, 31G X 8 MISC)	2	
ULTIGUARD SAFEPACK PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 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)	2	
ULTILET INSULIN SYRINGE (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, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 1 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" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE SHORT (30G X 1/2" 0.3 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	2	
ULTRA FLO INSULIN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 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, 30G X 5/16" 1 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)	2	
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	2	
ULTRA-THIN II INS SYR SHORT (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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA-THIN II INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC	2	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC	2	
ULTRACARE INSULIN SYRINGE (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, 30G X 5/16" 1 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)	2	
ULTRACARE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC)	2	
UNIFINE PEN NEEDLES 32G X 4 MM MISC	2	
UNIFINE PENTIPS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PENTIPS PLUS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE ULTRA PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VALUE HEALTH INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 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)	2	
VERIFINE PLUS PEN NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	2	
WEGMANS UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
ZEVX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
ZEVX PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
RESPIRATORY AIDS		
ACTEEV PROTECT FACE MASK MISC	2	
BREATHE COMFORT PROTECT SHIELD MISC	2	
CLEVER CHOICE DISPOSABLE MASK MISC	2	
CLEVER CHOICE FACE MASK MISC	2	
CPR MICROSHIELD MISC	2	
CVS MEDICAL FACE MASKS EARLOOP MISC	2	
CVS PROCEDURAL MASK MISC	2	
DISPOSABLE FACE MASK MISC	2	
DISPOSABLE FACE MASK 3-PLY MISC	2	
EAR-LOOP MASK SMALL MISC	2	
EASY FLOW KN 95 MISC	2	
FACE MASK MISC	2	
FACE MASK EARLOOP-STYLE MISC	2	
FACE MASKS 3 LAYER NON-MEDICAL MISC	2	
J & J GERM FILTER MASK MISC	2	
KN95 DISPOSABLE MASK MISC	2	
KN95 MEDICAL PROTECTIVE MASK MISC	2	
LIGHT SHIELD MISC	2	
LIGHT SHIELD DELUXE SLEEP MASK MISC	2	
MASK PEDIATRIC SIZE 1" MISC	2	
MASK PEDIATRIC SIZE 3" MISC	2	
MAXI-MASK MISC	2	
N95 FACE MASK MISC	2	
N95 MASKS MISC	2	
N95 PARTI RESPIRATOR FACE MASK MISC	2	
NEXCARE ALL PURPOSE MASK MISC	2	
NEXCARE EARLOOP MASK MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
PEDIATRIC MEDIUM MASK MISC	2	
PEDIATRIC SMALL MASK MISC	2	
SHIELD-SECURE FULL FACE SHIELD MISC	2	
SIESTA MASK MISC	2	
RESPIRATORY THERAPY SUPPLIES		
OPTICHAMBER DIAMOND MISC	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK MISC	2	
OPTICHAMBER DIAMOND-SM MASK MISC	2	
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	2	PA, QL (1 unit per 28 days)
AJOVY 225 MG/1.5ML SOLN A-INJ	2	PA, QL (1.5 units per 28 days), SUM3 (MIN 30 DAY SUPPLY; MAX 90 DAY SUPPLY)
AJOVY 225 MG/1.5ML SOLN PRSYR	2	PA, QL (1.5 units per 28 days), SUM3 (MIN 30 DAY SUPPLY; MAX 90 DAY SUPPLY)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 28 days)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	PA, QL (3 units per 28 days)
NURTEC 75 MG TAB DISP	2	PA, QL (18 units per 30 days)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	2	PA, QL (1 unit per day)
UBRELVY (50 MG TAB, 100 MG TAB)	2	PA, QL (16 units per 30 days), MDS
MIGRAINE COMBINATIONS		
MIGERGOT 2-100 MG SUPPOS	1	
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	PA, QL (16 units per 28 days), MDS
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)</i>	1	
SEROTONIN AGONISTS		
<i>almotriptan malate (6.25 mg tab, 12.5 mg tab)</i>	1	PA, QL (16 units per 28 days), MDS
<i>eletriptan hydrobromide (20 mg tab, 40 mg tab)</i>	1	PA, QL (16 units per 28 days), MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>frovatriptan succinate 2.5 mg tab</i>	1	PA, QL (16 units per 28 days), MDS
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	1	QL (16 units per 28 days), MDS
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	QL (8 units per 28 days), MDS
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	1	QL (8 units per 28 days), MDS
ZEMBRACE SYMTOUCH 3 MG/0.5ML SOLN A-INJ	2	PA, QL (8 units per 28 days), MDS
<i>zolmitriptan (2.5 mg solution, 5 mg solution)</i>	1	PA, QL (16 units per 28 days), MDS
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL (16 units per 28 days), MDS
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
PHOSPHATE		
K-PHOS 500 MG TAB	2	
POTASSIUM		
<i>effer-k 25 meq effer tab</i>	1	
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	1	
<i>klor-con m20 20 meq tab er</i>	1	
<i>klor-con/ef 25 meq effer tab</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 (10 tab er, 20 tab 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	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine (250 mg cap, 250 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>trientine hcl 250 mg cap</i>	1	SP
ENZYMES		
XIAFLEX 0.9 MG RECON SOLN	2	PA, SP, MDS
IMMUNOMODULATORS		
JOENJA 70 MG TAB	2	PA, LA, QL (60 tabs per 30 days), SP, MDS
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (15 MG CAP, 20 MG CAP, 25 MG CAP)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REZUROCK 200 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
THALOMID (50 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP)	2	SP, MDS
VYVGART 400 MG/20ML SOLUTION	2	PA, SP
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	2	PA, QL (22.4 ml per 50 day(s)), SP, QL (50 days supply per fill), MDS
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tab</i>	1	
<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	
ENSPRYNG 120 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 28 days), SP, MDS
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	2	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	PA
GAMIFANT (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION)	2	PA, LA, SP, MDS
GAMIFANT 100 MG/20ML SOLUTION	2	PA, LA, SP, MDS
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
LUPKYNIS 7.9 MG CAP	2	PA, LA, QL (180 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	1	
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	2	
NULOJIX 250 MG RECON SOLN	2	PA, MDS
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	2	
SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	2	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
UPLIZNA 100 MG/10ML SOLUTION	2	PA, QL (30 units per 180 days), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYMPHATIC AGENTS		
SYLVANT (100 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	2	PA, QL (56 units per 28 days), SP, MDS
VIJOICE 50 MG TAB THPK	2	PA, QL (28 units per 28 days), SP, MDS
POTASSIUM REMOVING AGENTS		
LOKELMA 10 GM PACKET	2	PA, QL (1.14 units per day)
LOKELMA 5 GM PACKET	2	PA, QL (1 unit per day)
<i>sodium polystyrene sulfonate powder</i>	1	
SPS 15 GM/60ML SUSPENSION	1	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	2	PA, QL (1 unit per 1 day)
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	2	PA, LA, SP, MDS
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
BENLYSTA 200 MG/ML SOLN A-INJ	2	PA, QL (4 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BENLYSTA 200 MG/ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS
SAPHNELO 300 MG/2ML SOLUTION	2	PA, QL (2 units per 28 days), SP, MDS
UREMIC PRURITUS AGENTS		
KORSUVA 65 MCG/1.3ML SOLUTION	2	PA
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl 2 % solution</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
DENTAL PRODUCTS		
<i>denta 5000 plus 1.1 % cream</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>dentagel 1.1 % gel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 1.1 % gel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 5000 plus 1.1 % cream</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.2 % solution, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 enamel 1.1-5 % gel</i>	1	
<i>sodium fluoride 5000 plus 1.1 % cream</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	1	
<i>sodium fluoride 5000 sensitive 1.1-5 % gel</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone 0.1 % paste</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide 0.1 % paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
MULTIVITAMINS (CONTINUED)		
B-COMPLEX VITAMINS		
<i>b complex cap</i>	0	
<i>b-complex/b-12 tab</i>	0	
<i>vitamin b complex cap</i>	0	
<i>vitamin b complex w/b-12 tab</i>	0	
B-COMPLEX W/ C		
<i>sm super b complex/c tab</i>	0	
B-COMPLEX W/ MINERALS		
<i>eldertonic liquid</i>	0	
BIOFLAVONOID PRODUCTS		
<i>ester-c tab</i>	0	
MULTIPLE VITAMINS W/ CALCIUM		
<i>gnp one daily womens health tab</i>	0	
MULTIPLE VITAMINS W/ MINERALS		
<i>multivit/multimineral adult liquid</i>	0	
<i>multivitamin liquid</i>	0	
<i>ocuvite eye health gummies chew tab</i>	0	
MULTIVITAMINS		
<i>daily-vite tab</i>	0	
<i>gnp essential one daily tab</i>	0	
<i>sm multiple vitamins essential tab</i>	0	
<i>stress formula tab</i>	0	
<i>tab-a-vite/beta carotene tab</i>	0	
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride 0.25-10 mg/ml solution</i>	1	
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml solution</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	1	
PED MV W/ FLUORIDE		
MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
<i>multi-vitamin/fluoride (multi-vitamin/fluoride 0.25 mg/ml solution, multi-vitamin/fluoride 0.5 mg/ml solution)</i>	1	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	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, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
QUFLORA GUMMIES 0.125 MG CHEW TAB	1	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
TRI-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION)	1	
<i>tri-vite/fluoride 0.25 mg/ml solution</i>	1	
<i>vitamins acd-fluoride 0.25 mg/ml solution</i>	1	
PED MV W/ IRON		
<i>cerovite jr 18 mg chew tab</i>	0	
<i>sm animal shapes complete 18 mg chew tab</i>	0	
PEDIATRIC MULTIPLE VITAMINS		
<i>gnp childrens chewables/ex c chew tab</i>	0	
<i>gnp little ones childrens chew tab</i>	0	
<i>sm animal shapes kids first chew tab</i>	0	
PRENATAL VITAMINS		
C-NATE DHA 28-1-200 MG CAP	1	
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	1	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	1	
COMPLETENATE 29-1 MG CHEW TAB	1	
ELITE-OB 50-1.25 MG TAB	1	
ENBRACE HR CAP	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FOLIVANE-OB 85-1 MG CAP	1	
M-NATAL PLUS 27-1 MG TAB	1	
NESTABS 32-1 MG TAB	1	
NESTABS DHA 32-1 MG MISC	1	
NESTABS ONE 38-1-225 MG CAP	1	
NIVA-PLUS 27-1 MG TAB	1	
OB COMPLETE 50-1.25 MG TAB	1	
OB COMPLETE ONE 50-1-476 MG CAP	1	
OB COMPLETE PETITE 35-5-1-200 MG CAP	1	
OB COMPLETE PREMIER 30-20-1 MG TAB	1	
OB COMPLETE/DHA 30-10-1-200 MG CAP	1	
PNV TABS 29-1 29-1 MG TAB	1	
PNV-DHA 27-0.6-0.4-300 MG CAP	1	
PNV-OMEGA 28-0.6-0.4-340 MG CAP	1	
PNV-SELECT 27-0.6-0.4 MG TAB	1	
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS 27-1 MG TAB	1	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	1	
PRENATE 0.6-0.4 MG CHEW TAB	1	
PRENATE AM 1 MG TAB	1	
PRENATE DHA 18-0.6-0.4-300 MG CAP	1	
PRENATE ELITE 20-0.6-0.4 MG TAB	1	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	1	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	1	
PRENATE MINI 18-0.6-0.4-350 MG CAP	1	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	1	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	1	
PREPLUS 27-1 MG TAB	1	
PRETAB 29-1 MG TAB	1	
PRIMACARE 30-1-470 MG CAP	1	
RELNATE DHA 28-1-200 MG CAP	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SE-NATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB)	1	
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	1	
SELECT-OB+DHA 29-1 & 250 MG MISC	1	
TARON-C DHA 35-1 MG CAP	1	
THRIVITE RX 29-1 MG TAB	1	
TRICARE TAB	1	
TRINATAL RX 1 60-1 MG TAB	1	
TRISTART DHA 31-0.6-0.4-200 MG CAP	1	
VINATE ONE 60-1 MG TAB	1	
VIRT-C DHA 53.5-38-1 MG CAP	1	
VIRT-NATE DHA 28-1-200 MG CAP	1	
VIRT-PN DHA 27-0.6-0.4-300 MG CAP	1	
VIRT-PN PLUS 28-0.6-0.4-340 MG CAP	1	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	1	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	1	
VITAFOL-NANO 18-0.6-0.4 MG TAB	1	
VITAFOL-OB TAB	1	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	1	
VITAFOL-ONE 29-1-200 MG CAP	1	
VIVA DHA 28-1-200 MG CAP	1	
VP-PNV-DHA 28-1-215.8 MG CAP	1	
WESCAP-C DHA 53.5-38-1 MG CAP	1	
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP	1	
WESNATE DHA 28-1-200 MG CAP	1	
WESTGEL DHA 31-0.6-0.4-200 MG CAP	1	
ZATEAN-PN DHA 27-0.6-0.4-300 MG CAP	1	
ZATEAN-PN PLUS 28-0.6-0.4-340 MG CAP	1	
VITAMIN MIXTURES		
<i>sm cod liver oil cap</i>	0	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BACLOFEN 5 MG/5ML SOLUTION	1	PA, QL (16 units per day)
<i>carisoprodol (250 mg tab, 350 mg tab)</i>	1	
<i>chlorzoxazone (375 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>fexmid 7.5 mg tab</i>	1	
<i>lorzone (375 mg tab, 750 mg tab)</i>	1	
<i>metaxalone (400 mg tab, 800 mg tab)</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er 100 mg tab er 12h</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		
CARISOPRODOL-ASPIRIN-CODEINE 200-325-16 MG TAB	1	
VISCOSUPPLEMENTS		
EUFLEXXA 20 MG/2ML SOLN PRSYR	2	PA, SP, MDS
SYNOJOYNT 20 MG/2ML SOLN PRSYR	2	PA, QL (6 ml per 180 day(s)), SP, QL (180 days supply per fill), MDS
TRILURON 20 MG/2ML SOLN PRSYR	2	PA, QL (6 ml per 180 day(s)), SP, QL (180 days supply per fill), MDS
TRIVISC 25 MG/2.5ML SOLN PRSYR	2	PA, QL (7.5 ml per 180 day(s)), SP, QL (180 days supply per fill), MDS
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENT COMBINATIONS		
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	1	
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NASAL STEROIDS		
BECONASE AQ 42 MCG/SPRAY SUSPENSION	2	PA
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
<i>ft allergy relief 24 hr 50 mcg/act suspension</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	
OMNARIS 50 MCG/ACT SUSPENSION	2	PA
QNASL 80 MCG/ACT AERO SOLN	2	PA
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	2	PA
ZETONNA 37 MCG/ACT AERO SOLN	2	PA
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
EXSERVAN 50 MG FILM	2	PA, LA, QL (60 units per 30 days), SP, MDS
QALSODY 100 MG/15ML SOLUTION	2	PA, LA, SP, MDS
RADICAVA 30 MG/100ML SOLUTION	2	PA, LA, SP, MDS
RADICAVA ORS 105 MG/5ML SUSPENSION	2	PA, QL (50 units per 28 days), SP, MDS
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	2	PA, QL (70 ml per 28 days), SP, QL (1 fill per 180 days), MDS
RELYVRIO 3-1 GM PACKET	2	PA, QL (56 units per 28 days), SP, MDS
<i>riluzole 50 mg tab</i>	1	
TEGLUTIK 50 MG/10ML SUSPENSION	2	PA, LA, QL (600 units per 30 days), SP, MDS
TIGLUTIK 50 MG/10ML SUSPENSION	2	PA, LA, QL (600 units per 30 days), SP, MDS
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	2	PA, LA, QL (90 caps per 30 days), SP, MDS
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 100 MG/2ML SOLUTION	2	PA, LA, SP, MDS
EXONDYS 51 (100 MG/2ML SOLUTION, 500 MG/10ML SOLUTION)	2	PA, LA, SP, MDS
VILTEPSO 250 MG/5ML SOLUTION	2	PA, LA, SP, MDS
VYONDYS 53 100 MG/2ML SOLUTION	2	PA, LA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX (100 RECON SOLN, 200 RECON SOLN)	2	PA, SP, MDS
DYSPORE (300 RECON SOLN, 500 RECON SOLN)	2	PA, SP, MDS
MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION)	2	PA, SP, MDS
SOHONOS (1.5 MG CAP, 10 MG CAP)	2	PA, LA, QL (2 ea per 30 days), SP, MDS
SOHONOS 1 MG CAP	2	PA, LA, QL (4 ea per 30 days), SP, MDS
SOHONOS 2.5 MG CAP	2	PA, LA, QL (3 ea per 30 days), SP, MDS
SOHONOS 5 MG CAP	2	PA, LA, QL (1 ea per 30 days), SP, MDS
XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN)	2	PA, SP, MDS
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	2	PA, LA, QL (6.67 units per 1 day), SP
SPINRAZA 12 MG/5ML SOLUTION	2	PA, LA, SP, SUM3 (MIN 120 DAY SUPPLY; MAX 120 DAY SUPPLY)
NUTRIENTS (CONTINUED)		
LIPIDS		
DOJOLVI 100 % LIQUID	2	PA, SP, MDS
OPHTHALMIC AGENTS (CONTINUED)		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETOPTIC-S 0.25 % SUSPENSION	2	
CARTEOLOL HCL 1 % SOLUTION	1	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	1	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfite (1 % ointment, 1 % solution)</i>	1	
<i>cyclopentolate hcl 1 % solution</i>	1	
ISOPTO ATROPINE 1 % SOLUTION	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>phenylephrine hcl 10 % solution</i>	1	
<i>tropicamide (0.5 % solution, 1 % solution)</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	2	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
VUITY 1.25 % SOLUTION	2	PA, QL (2.5 units per 30 days)
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	2	PA, QL (0.1 units per 25 days), SP, MDS
BEOVU 6 MG/0.05ML SOLUTION	2	PA, QL (0.1 units per 25 days), MDS
CIMERLI (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	2	PA, QL (0.1 units per 28 days), SP, MDS
EYLEA (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	2	PA, QL (0.1 units per 25 days), SP, SUM3 (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD 8 MG/0.07ML SOLUTION	2	PA, QL (0.14 ml per 21 day(s)), SP, SUM3 (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	2	PA, QL (0.1 units per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT 1ST FILL) 10 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 168 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL) 10 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 168 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
VABYSMO 6 MG/0.05ML SOLUTION	2	PA, QL (0.1 units per 21 days), SP, MDS
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P 0.1 % SOLUTION	2	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate (0.15 % solution, 0.2 % solution)</i>	1	
SIMBRINZA 1-0.2 % SUSPENSION	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac 500-10000 unit/gm ointment</i>	1	
AZASITE 1 % SOLUTION	2	
BACITRACIN 500 UNIT/GM OINTMENT	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	1	
BESIVANCE 0.6 % SUSPENSION	2	
CILOXAN 0.3 % OINTMENT	2	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
NATACYN 5 % SUSPENSION	2	
<i>neo-polycin 3.5-400-10000 ointment</i>	1	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin 500-10000 unit/gm ointment</i>	1	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	
XDEMVY 0.25 % SOLUTION	2	PA, QL (10 ml per 42 days), SP, MDS
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY 2 MG/0.1ML SOLUTION	2	PA, QL (0.2 ml per 28 days), SP, MDS
SYFOVRE 15 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 25 days), SP, MDS
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA 5 % SOLUTION	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE 0.002 % SOLUTION	2	PA, LA, QL (56 units per 28 days), SP, MDS
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE 15 MG RECON SOLN	2	SP, MDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
FLAREX 0.1 % SUSPENSION	2	
<i>fluorometholone 0.1 % suspension</i>	1	
FML FORTE 0.25 % SUSPENSION	2	
ILUVIEN 0.19 MG IMPLANT	2	PA, SP, SUM3 (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
MAXIDEX 0.1 % SUSPENSION	2	
<i>neo-polycin hc 1 % ointment</i>	1	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
PREDNISOLONE ACETATE 1 % SUSPENSION	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
XIPERE 40 MG/ML SUSPENSION	2	LA, SP, MDS
OPHTHALMICS - MISC.		
ALOMIDE 0.1 % SOLUTION	2	PA
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt solution</i>	1	
<i>brinzolamide 1 % suspension</i>	1	
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>epinastine hcl 0.05 % solution</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
<i>ft eye allergy itch & redness 0.1 % solution</i>	1	
<i>ft eye allergy itch relief 0.2 % solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	1	ST
DURYSTA 10 MCG IMPLANT	2	PA, QL (2 units per lifetime), SP
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN 0.01 % SOLUTION	2	ST
<i>tafluprost (pf) 0.0015 % solution</i>	1	PA
<i>travoprost (bak free) 0.004 % solution</i>	1	
VYZULTA 0.024 % SOLUTION	2	ST
XELPROS 0.005 % EMULSION	2	ST
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	
<i>ofloxacin 0.3 % solution</i>	1	
OTIC COMBINATIONS		
CIPRO HC 0.2-1 % SUSPENSION	2	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	1	
OTIC STEROIDS		
<i>flac 0.01 % oil</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	1	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
<i>methergine 0.2 mg tab</i>	1	
<i>methylergonovine maleate 0.2 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
ASCENIV 5 GM/50ML SOLUTION	2	PA, SP, MDS
BIVIGAM 10 GM/100ML SOLUTION	2	PA, SP
BIVIGAM 5 GM/50ML SOLUTION	2	PA, SP, MDS
CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	2	PA, SP, MDS
CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
CYTOGAM 50 MG/ML INJECTABLE	2	PA, SP
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	2	PA, SP, MDS
GAMASTAN INJECTABLE	2	SP, MDS
GAMMAGARD (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMMAGARD (2.5 GM/25ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	2	PA, SP, MDS
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	2	PA, SP, MDS
GAMUNEX-C (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMUNEX-C (2.5 GM/25ML SOLUTION, 40 GM/400ML SOLUTION)	2	PA, SP, MDS
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
OCTAGAM 25 GM/500ML SOLUTION	2	PA, MDS
PANZYGA (2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	2	PA, SP, MDS
RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR	2	SP, MDS
RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR	2	MDS
WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION)	2	SP, MDS
XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
MONOCLONAL ANTIBODIES		
SYNAGIS (50 MG/0.5ML SOLUTION, 100 MG/ML SOLUTION)	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZINPLAVA 1000 MG/40ML SOLUTION	2	PA, SP, MDS
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT)	2	PA, SP, MDS
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>ampicillin 500 mg cap</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 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	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	1	

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Drug Name	Drug Tier	Requirements / Limits
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	1	
PROGESTINS (CONTINUED)		
PROGESTINS		
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	2	PA, MDS
MAKENA 275 MG/1.1ML SOLN A-INJ	2	PA, MDS
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>norethindrone acetate 5 mg tab</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>disulfiram (250 mg tab, 500 mg tab)</i>	1	
LUCEMYRA 0.18 MG TAB	2	PA, QL (112 units per 7 days), MDS
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
XYREM 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
XYWAV 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
ANTIDEMENTIA AGENTS		
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	1	
<i>memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)</i>	1	PA
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB)	1	
<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	1	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	1	
FIBROMYALGIA AGENTS		
SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB)	2	

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Drug Name	Drug Tier	Requirements / Limits
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	2	
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine 12.5 mg tab</i>	1	PA, QL (102 units per 34 days), SP, MDS
<i>tetrabenazine 25 mg tab</i>	1	PA, QL (136 units per 34 days), SP, MDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	2	QL (1 unit per 28 days), SP, MDS
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	2	QL (1 unit per 28 days), SP, MDS
BAFIERTAM 95 MG CAP DR	2	ST, QL (120 units per 30 days), SP, MDS
BETASERON 0.3 MG KIT	2	QL (14 units per 28 days), SP, MDS
BRIUMVI 150 MG/6ML SOLUTION	2	PA, SP, MDS
<i>dalfampridine er 10 mg tab er 12h</i>	1	QL (60 units per 30 days), SP, MDS
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL (14 units per 7 days), SP, MDS
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL (60 units per 30 days), SP, MDS
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	1	QL (60 units per 30 days), SP, MDS
EXTAVIA 0.3 MG KIT	2	QL (15 units per 30 days), SP, MDS
<i>fingolimod hcl 0.5 mg cap</i>	1	QL (30 units per 30 days), SP, MDS
GILENYA 0.25 MG CAP	2	QL (30 units per 30 days), SP, MDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL (30 units per 30 days), SP, MDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL (12 units per 28 days), SP, MDS
KESIMPTA 20 MG/0.4ML SOLN A-INJ	2	QL (0.4 units per 28 days), SP, MDS
LEMTRADA 12 MG/1.2ML SOLUTION	2	PA, QL (5 days supply per 365 day), SP, SUM3 (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
MAVENCLAD (10 TABS) 10 MG TAB THPK	2	PA, QL (10 units per 28 days), SP, MDS
MAVENCLAD (4 TABS) 10 MG TAB THPK	2	PA, QL (4 units per 27 days), SP, MDS
MAVENCLAD (5 TABS) 10 MG TAB THPK	2	PA, QL (5 units per 28 days), SP, MDS
MAVENCLAD (6 TABS) 10 MG TAB THPK	2	PA, QL (6 units per 28 days), SP, MDS
MAVENCLAD (7 TABS) 10 MG TAB THPK	2	PA, QL (7 units per 28 days), SP, MDS
MAVENCLAD (8 TABS) 10 MG TAB THPK	2	PA, QL (8 units per 28 days), SP, MDS
MAVENCLAD (9 TABS) 10 MG TAB THPK	2	PA, QL (9 units per 28 days), SP, MDS
MAYZENT (1 MG TAB, 2 MG TAB)	2	QL (30 units per 30 days), SP, MDS
MAYZENT 0.25 MG TAB	2	QL (140 units per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER PACK 0.25 MG TAB THPK	2	QL (7 ea per 4 day(s)), SP, QL (1 fill per180 days), MDS
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QL (12 ea per 5 day(s)), SP, QL (1 fill per180 days), MDS
OCREVUS 300 MG/10ML SOLUTION	2	PA, QL (20 ml per 180 day(s)), SP, QL (2 fills per 365 days), SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR)	2	QL (1 unit per 28 days), SP, MDS
PLEGRIDY STARTER PACK (63 & 94 MCG/0.5ML SOLN PEN, 63 & 94 MCG/0.5ML SOLN PRSYR)	2	QL (1 unit per 28 days), SP, MDS
PONVORY 20 MG TAB	2	QL (30 units per 30 days), SP, MDS
PONVORY STARTER PACK 2,3,4,5,6,7,8,9 & 10 MG TAB THPK	2	QL (14 ea per 14 day(s)), SP, QL (1 fill per180 days), MDS
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	2	QL (6 units per 28 days), SP, MDS
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	2	QL (6 units per 28 days), SP, MDS
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	2	QL (4.2 units per 28 days), SP, MDS
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	2	QL (4.2 units per 28 days), SP, MDS
<i>teriflunomide 14 mg tab</i>	1	QL (30 units per 30 days), SP, MDS
<i>teriflunomide 7 mg tab</i>	1	PA, QL (30 units per 30 days), SP, MDS
TYSABRI 300 MG/15ML CONC	2	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VUMERITY 231 MG CAP DR	2	ST, QL (120 units per 30 days), SP, MDS
ZEPOSIA 0.92 MG CAP	2	PA, QL (30 units per 30 days), SP, SUM2 (PA not required if submitted with the following ICD-10 codes: G35), MDS
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	PA, QL (7 ea per 7 day(s)), SP, QL (1 fill per180 days), SUM2 (PA not required if submitted with the following ICD-10 codes: G35), MDS
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	PA, QL (37 ea per 37 day(s)), QL (1 fill per180 days), SUM2 (PA not required if submitted with the following ICD-10 codes: G35), MDS
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 units per 28 day(s)), SP, SUM2 (PA not required if submitted with the following ICD-10 codes: G35), MDS
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	1	

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Drug Name	Drug Tier	Requirements / Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES 1 MG TAB	1	
PIMOZIDE (1 MG TAB, 2 MG TAB)	1	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	0	
CHANTIX 1 MG TAB	0	QL (2 units per 1 day)
CHANTIX CONTINUING MONTH PAK 1 MG TAB	0	QL (2 units per 1 day)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB THPK	0	QL (53 ea per 30 days), QL (1 fillper180 days), MDS
<i>ft nicotine (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>ft nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>gnp nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr, 21-14-7 mg/24hr kit)</i>	0	
<i>nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>nicotine polacrilex mini 2 mg lozenge</i>	0	
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	0	
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	0	
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	0	
NICOTROL 10 MG INHALER	0	
NICOTROL NS 10 MG/ML SOLUTION	0	
<i>sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	0	QL (2 units per day)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	0	QL (53 ea per 30 days), PN (0), QL (1 fillper180 days), MDS
<i>varenicline tartrate(continue) 1 mg tab</i>	0	QL (2 units per day)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA 25 MG/0.5ML SOLN PRSYR	2	PA, LA, QL (0.5 units per 84 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ONPATTRO 10 MG/5ML SOLUTION	2	PA, SP, MDS
TEGSEDI 284 MG/1.5ML SOLN PRSYR	2	PA, LA, QL (6 units per 28 days), SP, MDS
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP 1000 MG RECON SOLN	2	PA, LA, SP, MDS
ARALAST NP 500 MG RECON SOLN	2	PA, SP, MDS
GLASSIA 1000 MG/50ML SOLUTION	2	PA, LA, SP, MDS
PROLASTIN-C 1000 MG RECON SOLN	2	PA, LA, SP, MDS
PROLASTIN-C 1000 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ZEMAIRA 1000 MG RECON SOLN	2	PA, LA, SP, MDS
CYSTIC FIBROSIS AGENTS		
KALYDECO (25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	2	PA, LA, QL (56 units per 28 days), SP, MDS
KALYDECO 13.4 MG PACKET	2	PA, LA, QL (60 units per 30 day(s)), SP, MDS
KALYDECO 150 MG TAB	2	PA, LA, QL (60 units per 30 days), SP, MDS
KALYDECO 5.8 MG PACKET	2	PA, LA, QL (56 units per 28 day(s)), SP, QL (28 days supply per fill), MDS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	2	PA, LA, QL (112 units per 28 days), SP, MDS
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	2	PA, LA, QL (56 units per 28 days), SP, MDS
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	PA, SP, MDS
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	2	PA, LA, QL (56 units per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	2	PA, LA, QL (84 units per 28 days), SP, MDS
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	2	PA, LA, QL (56 units per 28 day(s)), SP, MDS
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	1	
TETRACYCLINES (CONTINUED)		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TAB	2	PA, SP
TETRACYCLINES		
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	1	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	1	
<i>minocycline hcl er (55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 105 mg tab er 24h, 115 mg tab er 24h)</i>	1	PA
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	1	
THYROID HORMONES		
ADTHYZA (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	2	
<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	1	
<i>unithroid 137 mcg tab</i>	2	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	0	AL
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	0	
DAPTACEL 23-15-5 SUSPENSION	0	AL
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	0	AL
INFANRIX 25-58-10 SUSPENSION	0	AL
KINRIX SUSPENSION	0	
KINRIX 0.5 ML SUSP PRSYR	0	AL
PEDIARIX SUSP PRSYR	0	AL, MDS
PENTACEL RECON SUSP	0	AL, MDS
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	0	AL
TDVAX 2-2 LF/0.5ML SUSPENSION	0	AL
TENIVAC 5-2 LFU INJECTABLE	0	
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	0	AL
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<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>hyosyne (0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	1	
CIMETIDINE HCL 300 MG/5ML SOLUTION	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1	
<i>ft acid reducer max strength 20 mg tab</i>	1	
NIZATIDINE (150 MG CAP, 300 MG CAP)	1	
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole (30 mg cap dr, 60 mg cap dr)</i>	1	ST, QL (1 unit per day)
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	1	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	
<i>ft acid reducer 15 mg cap dr</i>	1	
<i>lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)</i>	1	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	2	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	
ULCER THERAPY COMBINATIONS		
<i>omeprazole-sodium bicarbonate (20-1100 mg cap, 20-1680 mg packet, 40-1100 mg cap, 40-1680 mg packet)</i>	1	ST
UNCATEGORIZED (CONTINUED)		
UNCLASSIFIED		
OPILL 0.075 MG TAB	0	
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)</i>	1	ST
GELNIQUE 10 % GEL	2	PA
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	
OXYTROL 3.9 MG/24HR PATCH TW	2	ST
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	1	
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	1	
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	1	ST
<i>tropium chloride 20 mg tab</i>	1	
<i>tropium chloride er 60 mg cap er 24h</i>	1	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL (1 unit per 1 day)
MYRBETRIQ 8 MG/ML SRER	2	QL (10 units per day)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl 100 mg tab</i>	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB RECON SOLN	0	AL, MDS
BEXSERO SUSP PRSYR	0	AL, MDS
HIBERIX 10 MCG RECON SOLN	0	AL, MDS
MENACTRA SOLUTION	0	AL, MDS
MENVEO (RECON SOLN, SOLUTION)	0	AL, MDS
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	0	AL, MDS
PENBRAYA RECON SUSP	0	QL (2 units per lifetime), AL, MDS
PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE	0	
PREVNAR 13 SUSPENSION	0	
PREVNAR 20 0.5 ML SUSP PRSYR	0	QL (0.5 ml per lifetime)

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Drug Name	Drug Tier	Requirements / Limits
TRUMENBA SUSP PRSYR	0	AL, MDS
VAXNEUVANCE 0.5 ML SUSP PRSYR	0	AL, MDS
VIVOTIF CAP DR	2	QL (4 units per fill)
VIRAL VACCINES		
ABRYSCO 120 MCG/0.5ML RECON SOLN	0	AL
ACAM2000 RECON SOLN	0	
AFLURIA QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, SUSPENSION)	0	
AREXVY 120 MCG/0.5ML RECON SUSP	0	QL (1 ea per lifetime), AL
COMIRNATY (30 MCG/0.3ML SUSP PRSYR, 30 MCG/0.3ML SUSPENSION)	0	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	0	AL, MDS
FLUAD 0.5 ML SUSP PRSYR	0	
FLUAD QUADRIVALENT 0.5 ML PRSYR	0	
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	0	
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	0	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLULAVAL QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUMIST QUADRIVALENT SUSPENSION	0	
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	0	
FLUZONE QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	0	
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	0	AL, MDS
HAVRIX (720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION)	0	AL, MDS
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	0	AL, MDS
IPOL INJECTABLE	0	AL, MDS
JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION	0	
JYNNEOS 0.5 ML SUSPENSION	0	AL, MDS
M-M-R II RECON SOLN	0	
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION	0	
MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	0	
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	0	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	0	
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	0	
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	0	
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	0	
PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION)	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y (3 MCG/0.2ML SUSPENSION, 3 MCG/0.3ML SUSPENSION)	0	
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	0	
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION	0	
PREHEVBRIO 10 MCG/ML SUSPENSION	0	AL, MDS
PRIORIX RECON SUSP	0	
PROQUAD RECON SUSP	0	AL, MDS
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	0	AL, MDS
SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION	0	
SHINGRIX 50 MCG/0.5ML RECON SUSP	0	AL, MDS
SPIKEVAX (50 MCG/0.5ML SUSP PRSYR, 50 MCG/0.5ML SUSPENSION)	0	
SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	0	AL, MDS
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	0	AL, MDS
VARIVAX 1350 PFU/0.5ML INJECTABLE	0	
ZOSTAVAX 19400 UNT/0.65ML RECON SUSP	0	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
SPERMICIDES		
OPTIONS CONCEPTROL 4 % GEL	0	
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	0	
SHUR-SEAL CONTRACEPTIVE 2 % GEL	0	
TODAY SPONGE 1000 MG MISC	0	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 12.5 % FOAM, 28 % FILM)	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE 2 % CREAM	2	
<i>metronidazole 0.75 % gel</i>	1	
MICONAZOLE 3 200 MG SUPPOS	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI 1.8-1-0.4 % GEL	0	
VAGINAL ESTROGENS		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	1	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	2	
PREMARIN 0.625 MG/GM CREAM	2	
<i>yuvaferm 10 mcg tab</i>	1	
VAGINAL PROGESTINS		
CRINONE 4 % GEL	2	PA
CRINONE 8 % GEL	2	PA
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	AL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>epinephrine 0.15 mg/0.3ml soln a-inj</i>	1	QL (2 units per fill)
<i>epinephrine 0.3 mg/0.3ml soln a-inj</i>	1	QL (2 units per fill(s))
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>calcitol 200 mcg/ml solution</i>	0	
<i>dialyvite vitamin d 5000 125 mcg (5000 ut) cap</i>	0	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>ergocalciferol 200 mcg/ml solution</i>	0	
<i>phytonadione 5 mg tab</i>	1	
<i>true vitamin d3 125 mcg (5000 ut) cap</i>	0	
<i>vitamin a 3 mg (10000 ut) cap</i>	0	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
WATER SOLUBLE VITAMINS		
<i>ascorbic acid 500 mg tab</i>	0	
<i>b1 natural 250 mg tab</i>	0	
<i>gnp vitamin c drops 60 mg lozenge</i>	0	
<i>niacin er (250 mg cap er, 500 mg cap er)</i>	0	
<i>sm chewable c 500 mg chew tab</i>	0	
<i>sm vit c/rose hips 1000 mg tab</i>	0	
<i>sm vitamin b-6 100 mg tab</i>	0	
<i>sm vitamin c (500 mg chew tab, 1000 mg tab)</i>	0	
<i>sm vitamin c 250 mg tab</i>	0	
<i>sm vitamin c/rose hips 500 mg tab</i>	0	
<i>true vitamin b1 100 mg tab</i>	0	
<i>true vitamin b1 250 mg tab</i>	0	
<i>true vitamin b2 (25 mg tab, 50 mg tab, 100 mg tab)</i>	0	
<i>true vitamin b3 (50 mg tab, 100 mg tab, 250 mg tab, 500 mg tab)</i>	0	
<i>true vitamin b6 (25 mg tab, 50 mg tab, 100 mg tab)</i>	0	
<i>true vitamin c (250 mg tab, 500 mg tab, 1000 mg tab)</i>	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>vitajoy biotin gummies 2500 mcg chew tab</i>	0	
<i>vitamin b-1 100 mg tab</i>	0	
<i>vitamin b-6 25 mg tab</i>	0	
<i>vitamin b1 100 mg tab</i>	0	
<i>vitamin c 500 mg tab</i>	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Index

1

1ST TIER UNIFINE PENTIPS	134
1ST TIER UNIFINE PENTIPS PLUS	134
1ST TIER UNILET COMFORTOUCH	114

A

abacavir sulfate	69
abacavir sulfate-lamivudine	70
ABILIFY ASIMTUFII	69
ABILIFY MAINTENA	69
abiraterone acetate	54,55
ABOUTTIME PEN NEEDLE	134
ABRAXANE	64
ABRYSCO	177
ACAM2000	177
acarbose	35
ACCU-CHEK FASTCLIX LANCET	114
ACCU-CHEK FASTCLIX LANCETS	114
ACCU-CHEK MULTICLIX LANCETS	114
ACCU-CHEK SAFE-T PRO LANCETS	115
ACCU-CHEK SOFTCLIX LANCET DEV	115
ACCU-CHEK SOFTCLIX LANCETS	115
acebutolol hcl	74
acetaminophen-codeine	21
acetazolamide	96
acetazolamide er	96
acetic acid	165
acetylcysteine	88
acitretin	89
ACTEEV PROTECT FACE MASK	149
ACTEMRA	17
ACTEMRA ACTPEN	17
ACTHIB	176
ACTI-LANCE 28G	115
ACTI-LANCE LITE LANCETS 28G	115
ACTI-LANCE SPECIAL LANCETS 17G	115
ACTI-LANCE UNIVERSAL 23G	115
ACTIMMUNE	64
acyclovir	73,90,91
ADACEL	174

ADAKVEO	109
ADALIMUMAB-FKJP	15
adapalene	88
adapalene-benzoyl peroxide	88
ADBRY	92
ADCETRIS	52
adefovir dipivoxil	73
ADEMPAS	77
ADJUSTABLE LANCING DEVICE	115
ADTHYZA	173
adult aspirin regimen	19
ADVAIR HFA	28
ADVANCED MOBILE LANCET	115
ADVATE	106
ADVIN COVID-19 ANTIGEN TEST	94
ADVOCATE ALCOHOL PREP PADS	132
ADVOCATE INSULIN PEN NEEDLE	134
ADVOCATE INSULIN PEN NEEDLES	134
ADVOCATE INSULIN SYRINGE	134
ADVOCATE LANCETS	115
ADVOCATE LANCETS 30G	115
ADVOCATE LANCING DEVICE	115
ADVOCATE RAPID-SAFE LANCING	115
ADVOCATE SAFETY LANCETS	115
ADVOCATE SAFETY LANCETS 26G	115
AEMCOLO	23
afirmelle	79
AFLURIA QUADRIVALENT	177
AFSTYLA	106
AGAMATRIX ULTRA-THIN LANCETS	115
AIMOVIG	150
AIMSCO TWIST LANCETS 32G	115
AIMSCO TWIST LANCETS 33G	115
AJOVY	150
ak-poly-bac	162
AKEEGA	55
AKYNZEO	42
albendazole	23
albuterol sulfate	28
albuterol sulfate hfa	28
alclometasone dipropionate	91

ALCOH-GLOVE CONTOURED WIPE	132	ambrisentan	77
ALCOH-WIPE	132	AMCINONIDE	91
ALCOHOL PADS	132	amethia	79
ALCOHOL PREP	132	amethyst	79
ALCOHOL PREP PADS	132	amiloride hcl	96
ALCOHOL PREPS	132	amiloride-hydrochlorothiazide	96
ALCOHOL SWABS	132	amiodarone hcl	26
ALCOHOL SWABSTICK	132	amitriptyline hcl	35
alcohol wipes	93	amlodipine besy-benazepril hcl	47
ALDURAZYME	99	amlodipine besylate	75
ALECENSA	58	amlodipine besylate-valsartan	47
alendronate sodium	96	amlodipine-atorvastatin	76
alfuzosin hcl er	105	amlodipine-olmesartan	47
ALIQOPA	58	amlodipine-valsartan-hctz	47
aliskiren fumarate	48	amnestem	88
ALKINDI SPRINKLE	86	AMONDYS 45	160
all day allergy	43	amoxapine	35
allergy relief	43	amoxicillin	167
allergy relief (loratadine)	43	amoxicillin-pot clavulanate	167
allergy relief ceterizine	43	AMOXICILLIN-POT CLAVULANATE ER	167
allergy relief cetirizine	43	amphetamine-dextroamphet er	14
allergy relief/indoor/outdoor	43	amphetamine-dextroamphetamine	14
allopurinol	106	ampicillin	167
almotriptan malate	150	AMVUTTRA	172
ALOMIDE	164	anagrelide hcl	108
alose tron hcl	104	anastrozole	55
ALPHAGAN P	162	ANDEXXA	41
ALPHANATE	106	ANNOVERA	85
alprazolam	25	ANORO ELLIPTA	28
alprazolam er	25	anucort-hc	23
ALPRAZOLAM INTENSOL	25	anusol-hc	23
alprazolam xr	25	APHEXDA	112
altavera	79	APLENZIN	33
ALTERNATE SITE LANCING DEVICE	115	APLICARE ALCOHOL SWABSTICK	132
ALUNBRIG	58	apomorphine hcl	65
alyacen 1/35	79	APRACLONIDINE HCL	162
alyacen 7/7/7	79	aprepitant	42
alyq	77	APRETUDE	70
amabelz	101	apri	79
amantadine hcl	65	APTIOM	31
AMBI-TRAY	115	APTIVUS	70

AQ INSULIN SYRINGE	134	ASSURE ID DUO PRO PEN NEEDLES	134
AQINJECT PEN NEEDLE	134	ASSURE ID INSULIN SAFETY SYR	134
AQUA LANCE ADJUSTABLE LANCING	115	ASSURE ID PRO PEN NEEDLES	134
AQUALANCE LANCETS 30G	115	ASSURE ID SAFETY PEN NEEDLES	134
ARALAST NP	172	ASSURE LANCE LANCETS	115
aranelle	79	ASSURE LANCE LANCETS 21G	115
ARANESP (ALBUMIN FREE)	110	ASSURE LANCE PLUS SAFETY 25G	115
ARAZLO	88	ASSURE LANCE PLUS SAFETY 30G	116
ARCALYST	17	ASSURE LANCE SAFETY LANCET 28G	116
AREXVY	177	ASSURE LANCETS	116
arformoterol tartrate	28	atazanavir sulfate	70
aripiprazole	69	atenolol	74
ARISTADA	69	atenolol-chlorthalidone	47
ARISTADA INITIO	69	atomoxetine hcl	14
armodafinil	14	atorvastatin calcium	45
ARMOUR THYROID	173	atovaquone	24
ARNUITY ELLIPTA	27	atovaquone-proguanil hcl	48
ARTESUNATE	48	atropine sulfate	161
ARZERRA	52	ATROVENT HFA	27
ASCENIV	166	aubra	79
ascomp-codeine	21	aubra eq	79
ascorbic acid	180	AUGTYRO	58
asenapine maleate	68	AUM INSULIN SAFETY PEN NEEDLE	134
ashlyna	79	AUM MINI INSULIN PEN NEEDLE	134
ASMANEX (120 METERED DOSES)	28	AUM PEN NEEDLE	134
ASMANEX (14 METERED DOSES)	28	AUM READYGARD DUO PEN NEEDLE	135
ASMANEX (30 METERED DOSES)	28	AUM SAFETY PEN NEEDLE	135
ASMANEX (60 METERED DOSES)	28	AURORA LANCET SUPER THIN 30G	116
ASMANEX HFA	28	AURORA LANCET THIN 23G	116
ASPARLAS	63	AURORA PEN NEEDLES	135
aspirin	19	AURORA UNIFINE PENTIPS	135
aspirin 81	19	aurovela 1.5/30	79
aspirin low dose	19	aurovela 1/20	79
aspirin regimen	19	aurovela 24 fe	79
aspirin-dipyridamole er	108	aurovela fe 1.5/30	79
ASSURE COMFORT LANCETS 28G	115	aurovela fe 1/20	79
ASSURE HAEMOLANCE PLUS HIGH	115	AURYXIA	104
ASSURE HAEMOLANCE PLUS LOW	115	AUTO-LANCET	116
ASSURE HAEMOLANCE PLUS MICRO	115	AUTO-LANCET MINI	116
ASSURE HAEMOLANCE PLUS NORMAL	115	AUTOJECT 2	135
ASSURE HAEMOLANCE PLUS PED	115	AUTOLET II CLINISAFE	116

AUTOLET LANCING DEVICE	116	balanced salt	164
AUTOLET LITE CLINISAFE	116	BALCOLTRA	79
AUTOLET LITE STARTER PACK	116	balsalazide disodium	103
AUTOLET MINI	116	BALVERSA	58
AUTOLET PLATFORMS	116	balziva	79
AUTOLET PLUS	116	BAQSIMI ONE PACK	36
AUTOPEN	135	BAQSIMI TWO PACK	37
AUVELITY	33	BARACLUE	73
AUVI-Q	179	BAVENCIO	52
avar cleanser	88	BAXDELA	102
AVASTIN	51	BD AUTOSHIELD	135
AVEED	22	BD AUTOSHIELD DUO	135
aviane	79	BD INSULIN SYR ULTRAFINE II	135
avita	88	BD INSULIN SYRINGE	135
AVONEX PEN	169	BD INSULIN SYRINGE HALF-UNIT	135
AVONEX PREFILLED	169	BD INSULIN SYRINGE MICROFINE	135
AVSOLA	103	BD INSULIN SYRINGE U-500	135
AVYCAZ	78	BD INSULIN SYRINGE U/F	135
ayuna	79	BD INSULIN SYRINGE U/F 1/2UNIT	135
AYVAKIT	56	BD INSULIN SYRINGE ULTRAFINE	135
AZASITE	162	BD LANCET ULTRAFINE 30G	116
azathioprine	152	BD LANCET ULTRAFINE 33G	116
AZEDRA DOSIMETRIC	64	BD LUER-LOK SYRINGE	135
AZEDRA THERAPEUTIC	64	BD MICROTAINER LANCETS	116
azelaic acid	94	BD PEN	135
azelastine hcl	159,164	BD PEN MINI	135
azelastine-fluticasone	159	BD PEN NEEDLE MICRO U/F	135
azithromycin	113	BD PEN NEEDLE MINI U/F	135
azurette	79	BD PEN NEEDLE NANO 2ND GEN	135
		BD PEN NEEDLE NANO U/F	135
		BD PEN NEEDLE ORIGINAL U/F	135
		BD PEN NEEDLE SHORT U/F	135
		BD SAFETY-LOK INSULIN SYRINGE	136
		BD SAFETYGLIDE INSULIN SYRINGE	136
		BD SWAB SINGLE USE REGULAR	132
		BD SWABS SINGLE USE BUTTERFLY	132
		BD VEO INSULIN SYR U/F 1/2UNIT	136
		BD VEO INSULIN SYRINGE U/F	136
		BD VERITOR HOME COVID-19 TEST	94
		BECONASE AQ	160
		BELEODAQ	58

B

b complex	155
b-complex/b-12	155
b1 natural	180
bac	18
bacitra-neomycin-polymyxin-hc	164
BACITRACIN	162
bacitracin-polymyxin b	163
baclofen	158
BACLOFEN	159
BAFIERTAM	169

BELRAPZO	49	bosentan	77
benazepril hcl	46	BOSULIF	58
benazepril-hydrochlorothiazide	47	BOTOX	161
bendamustine hcl	49	BRAFTOVI	58
BENDEKA	49	BREATHE COMFORT PROTECT SHIELD	149
BENLYSTA	153,154	BREO ELLIPTA	28
benzonatate	87	BREZTRI AEROSPHERE	28
benzoyl peroxide-erythromycin	88	briellyn	79
benztropine mesylate	65	BRILINTA	108
BEOVU	162	brimonidine tartrate	94,162
BERINERT	107	BRINEURA	99
beser	91	brinzolamide	164
BESIVANCE	163	BRIUMVI	169
BESPONSA	52	BRIXADI	21,22
BESREMI	64	BRIXADI (WEEKLY)	21
betamethasone dipropionate	91	bromfenac sodium (once-daily)	164
betamethasone dipropionate aug	91	bromocriptine mesylate	65
betamethasone valerate	91	BRUKINSA	58
BETASERON	169	budesonide	28,86
betaxolol hcl	74	budesonide-formoterol fumarate	28
BETAXOLOL HCL	161	BULLSEYE MINI SAFETY LANCETS	116
bethanechol chloride	176	BULLSEYE SAFETY LANCETS	116
BETOPTIC-S	161	bumetanide	96
bexarotene	64,89	bupap	19
BEXSERO	176	buprenorphine	22
bicalutamide	55	buprenorphine hcl	22
BIKTARVY	70	buprenorphine hcl-naloxone hcl	22
bimatoprost	165	bupropion hcl	34
BINAXNOW COVID-19 AG HOME TEST	94	bupropion hcl er (smoking det)	34,171
bisoprolol fumarate	74	bupropion hcl er (sr)	34
bisoprolol-hydrochlorothiazide	47	bupropion hcl er (xl)	34
BIVIGAM	166	BUPROPION HCL ER (XL)	34
BLENREP	52	buspirone hcl	25
BLINCYTO	52	butalbital-acetaminophen	19
blisovi 24 fe	79	butalbital-apap-caff-cod	21
blisovi fe 1.5/30	79	butalbital-apap-caffeine	19
blisovi fe 1/20	79	butalbital-asa-caff-codeine	21
BONJESTA	42	butalbital-aspirin-caffeine	19
BOOSTRIX	174	butorphanol tartrate	22
BORTEZOMIB	58	BYLVAY	103
bortezomib	58	BYLVAY (PELLETS)	103

C

C-NATE DHA	156	CAREONE UNIFINE PENTIPS	136
CABENUVA	70	CAREONE UNIFINE PENTIPS PLUS	136
cabergoline	100	CARESENS LANCETS	116
CABLIVI	108	CARESENS LANCETS 30G	116
CABOMETYX	58	CARESTART COVID-19 HOME TEST	94
caffeine citrate	14	CARETOUCH ALCOHOL PREP	132
calcidol	180	CARETOUCH INSULIN SYRINGE	136
calcipotriene	90	CARETOUCH LANCING/EJECTOR	116
calcitonin (salmon)	97	CARETOUCH PEN NEEDLES	136
calcitrene	90	CARETOUCH SAFETY LANCETS	116
CALCITRIOL	90	CARETOUCH SAFETY LANCETS 26G	116
calcitriol	99	CARETOUCH TWIST LANCETS 28G	116
calcium acetate	104	CARETOUCH TWIST LANCETS 30G	116
calcium acetate (phos binder)	104	CARETOUCH TWIST LANCETS 33G	116
CALQUENCE	58,59	CARETOUCH TWIST MC LANCETS 30G	117
CAMCEVI	55	carisoprodol	159
camila	86	CARISOPRODOL-ASPIRIN-CODEINE	159
camrese	79	CARTEOLOL HCL	161
camrese lo	79	cartia xt	75
CAMZYOS	76	carvedilol	74
candesartan cilexetil	47	carvedilol phosphate er	74
candesartan cilexetil-hctz	47	CAYA	114
capecitabine	50	caziant	79
CAPLYTA	66	CEFACLOR	78
CAPRELSA	59	CEFACLOR ER	78
captopril	46	cefadroxil	78
carbamazepine	31	cefdinir	78
carbamazepine er	31	cefixime	78
CARBATROL	31	cefpodoxime proxetil	78
CARBIDOPA-LEVODOPA	65	cefprozil	78
carbidopa-levodopa er	65	cefuroxime axetil	78
carbidopa-levodopa-entacapone	65	celecoxib	17
CARBINOXAMINE MALEATE	43	CEPHALEXIN	78
CARDIOCOM LANCING DEVICE	116	CEQR SIMPLICITY 2U	136
CAREFINE PEN NEEDLES	136	CEREZYME	109
CAREONE ADVANCED LANCING DEV	116	cerovite jr	156
CAREONE INSULIN SYRINGE	136	cetirizine hcl	43
CAREONE LANCET SUPER THIN 30G	116	cetirizine hcl childrens	43
CAREONE LANCET THIN 23G	116	CHANTIX	171
		CHANTIX CONTINUING MONTH PAK	171
		CHANTIX STARTING MONTH PAK	171

charlotte 24 fe	79	clarithromycin er	113
chateal	80	CLEANLET LANCETS 28G	117
chateal eq	80	CLEARDETECT COVID-19 AG HOME	94
CHEMSTRIP K	94	CLEMASTINE FUMARATE	43
CHEMSTRIP UGK	94	CLENPIQ	113
chlordiazepoxide hcl	26	CLEOCIN	179
CHLORDIAZEPOXIDE-AMITRIPTYLINE	168	CLEVER CHEK LANCETS	117
chlordiazepoxide-clidinium	174	CLEVER CHOICE COMFORT EZ	117,136
chlorhexidine gluconate	154	CLEVER CHOICE DISPOSABLE MASK	149
chloroquine phosphate	49	CLEVER CHOICE FACE MASK	149
chlorpromazine hcl	68	CLEVER CHOICE LANCETS 21G	117
chlorthalidone	96	CLEVER CHOICE LANCETS 23G	117
chlorzoxazone	159	CLEVER CHOICE LANCETS 28G	117
CHOLBAM	102	CLICKFINE PEN NEEDLES	136
cholestyramine	44	clindamycin hcl	24
cholestyramine light	44	clindamycin palmitate hcl	24
CHORIONIC GONADOTROPIN	97	clindamycin phos-benzoyl perox	88
CIBINQO	92	clindamycin phosphate	88,179
ciclopirox	89	CLINDESSE	179
ciclopirox olamine	89	CLINITEST RAPID COVID-19 TEST	95
cilostazol	108	clobazam	30
CILOXAN	163	clobetasol prop emollient base	91
CIMDUO	70	clobetasol propionate	91
CIMERLI	162	clobetasol propionate e	91
cimetidine	175	clobetasol propionate emulsion	91
CIMETIDINE HCL	175	clofarabine	50
CIMZIA	103	clomipramine hcl	35
CIMZIA STARTER KIT	103	clonazepam	30
cinacalcet hcl	99	clonidine	47
CINQAIR	27	clonidine hcl	47
CINRYZE	107	clopidogrel bisulfate	108
CINVANTI	42	clorazepate dipotassium	26
CIPRO	102	clotrimazole	89,154
CIPRO HC	165	clotrimazole-betamethasone	89
ciprofloxacin hcl	102,163	clozapine	68
CIPROFLOXACIN HCL	165	COAGUCHEK LANCETS	117
ciprofloxacin-dexamethasone	165	CODEINE SULFATE	19
citalopram hydrobromide	34	colchicine	106
CITRANATAL B-CALM	156	colchicine-probenecid	105
claravis	88	colesevelam hcl	45
clarithromycin	113	colestipol hcl	45

COLUMVI	52	CREON	95
COMBIPATCH	101	CRESEMBA	42
COMBIVENT RESPIMAT	28	CRINONE	179
COMETRIQ (100 MG DAILY DOSE)	59	cromolyn sodium	26,102
COMETRIQ (140 MG DAILY DOSE)	59	CROMOLYN SODIUM	164
COMETRIQ (60 MG DAILY DOSE)	59	cryselle-28	80
COMFORT ASSIST INSULIN SYRINGE	136	CRYSVITA	99
COMFORT ASSURED LANCETS 28G	117	curae	85
COMFORT ASSURED LANCETS 33G	117	CURITY ALCOHOL PREPS	132
COMFORT EZ INSULIN SYRINGE	136	CURITY ALCOHOL SWABS	132
COMFORT EZ MICRO PEN NEEDLES	136	CUTAQUIG	166
COMFORT EZ PEN NEEDLES	136	CUVITRU	166
COMFORT EZ PRO PEN NEEDLES	137	CVS ALCOHOL PREP PADS	133
COMFORT EZ SHORT PEN NEEDLES	137	CVS COVID-19 AT HOME TEST KIT	95
COMFORT LANCETS	117	cvs folic acid	109
COMFORT TOUCH ALCOHOL PREP	132	CVS GLUCOSE	37
COMFORT TOUCH INSULIN PEN NEED	137	cvs isopropyl alcohol wipes	93
COMFORT TOUCH LANCETS 31G	117	CVS KETONE CARE	95
COMFORT TOUCH PLUS LANCETS 28G	117	CVS LANCETS 21G	117
COMFORT TOUCH PLUS LANCETS 30G	117	CVS LANCETS MICRO THIN 33G	117
COMIRNATY	177	CVS LANCETS ORIGINAL	117
COMPLERA	70	CVS LANCETS THIN 26G	117
COMPLETE NATAL DHA	156	CVS LANCETS ULTRA THIN 30G	117
COMPLETENATE	156	CVS LANCETS ULTRA-THIN 30G	117
compro	68	CVS LANCING DEVICE	117
CONDYLOX	93	CVS MEDICAL FACE MASKS EARLOOP	149
constulose	113	CVS PREP	133
COPIKTRA	59	CVS PROCEDURAL MASK	149
CORLANOR	78	CVS SOFT GLUCOSE	37
COSELA	64	CVS ULTRA THIN LANCETS	117
COSENTYX	90	cyclafem 1/35	80
COSENTYX (300 MG DOSE)	90	cyclafem 7/7/7	80
COSENTYX SENSOREADY (300 MG)	90	cyclobenzaprine hcl	159
COSENTYX SENSOREADY PEN	90	cyclopentolate hcl	161
COSENTYX UNOREADY	90	cyclophosphamide	49
COTELLIC	59	cyclosporine	152,163
COVID-19 AT HOME ANTIGEN TEST	95	cyclosporine modified	152
COVID-19 AT-HOME TEST	95	cyproheptadine hcl	44
COVID-19 OTC ANTIGEN 1-PACK	95	CYRAMZA	51
COVID-19 OTC ANTIGEN 2-PACK	95	cyred	80
CPR MICROSHIELD	149	cyred eq	80

CYSTAGON	105
CYTOGAM	166

D

daily-vite	155
dalfampridine er	169
DALVANCE	24
danazol	22
dantrolene sodium	159
DANYELZA	52
dapsone	24
DAPTACEL	174
daptomycin	24
DAPTOMYCIN	24
darifenacin hydrobromide er	175
darunavir	70
DARZALEX	52
DARZALEX FASPRO	57
dasetta 1/35	80
dasetta 7/7/7	80
DAURISMO	54
DAXXIFY	92
daysee	80
deblitane	86
decitabine	50
deferasirox	41
deferasirox granules	41
deferiprone	41
DELESTROGEN	101
DELSTRIGO	70
delyla	80
demeclocycline hcl	173
denta 5000 plus	154
dentagel	154
DEPAKOTE	33
DEPAKOTE ER	33
DEPAKOTE SPRINKLES	33
DEPO-SUBQ PROVERA 104	86
depo-testosterone	22
DESCOVY	70
desipramine hcl	35

desmopressin ace spray refrig	100
desmopressin acetate	100
desmopressin acetate spray	100
desogestrel-ethinyl estradiol	80
desonide	91
desoximetasone	91
desvenlafaxine succinate er	35
DEX4	37
DEX4 GLUCOSE	37
DEX4 NATURALS	37
DEX4 POUCH PACK	37
DEX4 QUICK DISSOLVE GLUCOSE	37
dexamethasone	86
DEXAMETHASONE SODIUM PHOSPHATE	164
DEXCOM G6 RECEIVER	117
DEXCOM G6 SENSOR	117
DEXCOM G6 TRANSMITTER	117
DEXCOM G7 RECEIVER	117
DEXCOM G7 SENSOR	117
dexlansoprazole	175
dexmethylphenidate hcl	14
dexmethylphenidate hcl er	14
dextroamphetamine sulfate	14
dextroamphetamine sulfate er	14
DIACOMIT	31
dialyvit vitamin d 5000	180
DIASTAT ACUDIAL	30
DIATHRIVE LANCET ULTRA THIN 30	117
DIATHRIVE LANCETS	117
DIATHRIVE LANCING DEVICE	117
DIATHRIVE PEN NEEDLE	137
DIATRUST COVID-19 HOME TEST	95
diazepam	26,30
diazepam intensol	26
DICLOFENAC EPOLAMINE	89
diclofenac potassium	17
diclofenac sodium	17,89,164
diclofenac sodium er	17
diclofenac-misoprostol	17
dicloxacillin sodium	168
dicyclomine hcl	174

DIFICID	114	doxycycline monohydrate	173
diflorasone diacetate	91	doxylamine-pyridoxine	42
diflunisal	19	dronabinol	42
digitek	76	DROPLET GENTEEL LANCING DEVICE	117
digox	76	DROPLET INSULIN SYRINGE	137
digoxin	76	DROPLET LANCETS ULTRA THIN 30G	118
dihydroergotamine mesylate	150	DROPLET LANCING DEVICE	118
DILANTIN	33	DROPLET MICRON	137
DILANTIN INFATABS	33	DROPLET PEN NEEDLES	137
dilt-xr	75	DROPLET PERSONAL LANCETS 30G	118
diltiazem hcl	75	DROPSAFE ALCOHOL PREP	133
diltiazem hcl er	75	DROPSAFE SAFETY PEN NEEDLES	137
diltiazem hcl er beads	75	DROPSAFE SAFETY SYRINGE/NEEDLE	137
diltiazem hcl er coated beads	75	drosipren-eth estrad-levomefol	80
dimethyl fumarate	169	drosiprenone-ethinyl estradiol	80
dimethyl fumarate starter pack	169	DRUG MART LANCETS THIN 26G	118
DIPENTUM	103	DRUG MART LANCING DEVICE	118
diphenhydramine hcl	43	DRUG MART ON-THE-GO LANCET 30G	118
DIPHENOXYLATE-ATROPINE	41	DRUG MART UNIFINE PENTIPS	137
DIPHThERIA-TETANUS TOXOIDS DT	174	DRUG MART UNIFINE PENTIPS PLUS	137
dipyridamole	108	DRUG MART UNILET LANCETS 28G	118
disopyramide phosphate	26	DRUG MART UNILET LANCETS 30G	118
DISPOSABLE FACE MASK	149	DRUG MART UNILET LANCETS 33G	118
DISPOSABLE FACE MASK 3-PLY	149	DUAVEE	101
disulfiram	168	DULERA	29
DIURIL	96	duloxetine hcl	35
divalproex sodium	33	DUPIXENT	92
divalproex sodium er	33	DURYSTA	165
dofetilide	26	dutasteride	105
DOJOLVI	161	dutasteride-tamsulosin hcl	105
dolishale	80	DYSPORT	161
DOPTELET	110		
dorzolamide hcl	164	E	
dorzolamide hcl-timolol mal	161	E-Z JECT LANCET MICRO-THIN 33G	118
dorzolamide hcl-timolol mal pf	161	E-Z JECT LANCET SUPER THIN 30G	118
dotti	101	E-Z JECT LANCETS	118
DOVATO	70	E-Z JECT LANCETS 21G	118
doxazosin mesylate	47	E-Z JECT LANCETS THIN 26G	118
doxepin hcl	35	E.E.S. 400	114
doxercalciferol	99	EAR-LOOP MASK SMALL	149
doxycycline hyclate	173	EASY COMFORT ALCOHOL PADS	133

EASY COMFORT INSULIN SYRINGE	137	efavirenz-emtricitab-tenofo df	70
EASY COMFORT LANCETS	118	efavirenz-lamivudine-tenofovir	70
EASY COMFORT LANCETS TWIST TOP	118	effer-k	151
EASY COMFORT PEN NEEDLES	137	ELAHERE	52
EASY FLOW KN 95	149	ELAPRASE	99
EASY GLIDE PEN NEEDLES	137	eldertonic	155
EASY MINI EJECT LANCING DEVICE	118	ELELYSO	109
EASY MINI LANCING DEVICE	118	ELESTRIN	102
EASY TOUCH ALCOHOL PREP MEDIUM	133	eletriptan hydrobromide	150
EASY TOUCH FLIPLOCK INSULIN SY	137	ELFABRIO	99
EASY TOUCH INSULIN BARRELS 1ML	118	ELIGARD	55
EASY TOUCH INSULIN SAFETY SYR	138	elinest	80
EASY TOUCH INSULIN SYRINGE	138	ELIQUIS	29
EASY TOUCH LANCETS 21G	118	ELIQUIS DVT/PE STARTER PACK	30
EASY TOUCH LANCETS 23G	118	ELITE-OB	156
EASY TOUCH LANCETS 26G	118	ELITE-THIN INSULIN SYRINGE	138
EASY TOUCH LANCETS 28G	118	ELITEK	64
EASY TOUCH LANCETS 28G/TWIST	118	ELLA	85
EASY TOUCH LANCETS 30G	118	ELLUME COVID-19 HOME TEST	95
EASY TOUCH LANCETS 30G/TWIST	118	ELMIRON	105
EASY TOUCH LANCETS 32G	118	ELOCTATE	106
EASY TOUCH LANCETS 32G/TWIST	118	ELREXFIO	52
EASY TOUCH LANCETS 33G/TWIST	118	eluryng	85
EASY TOUCH LANCING DEVICE	118	EMBRACE LANCETS ULTRA THIN 30G	119
EASY TOUCH PEN NEEDLES	138	EMBRACE LANCING DEVICE/EJECTOR	119
EASY TOUCH SAFETY LANCETS 21G	118	EMBRACE PEN NEEDLES	138
EASY TOUCH SAFETY LANCETS 23G	119	EMBRACE PRESSURE ACTIVATED 21G	119
EASY TOUCH SAFETY LANCETS 26G	119	EMBRACE PRESSURE ACTIVATED 28G	119
EASY TOUCH SAFETY LANCETS 28G	119	EMCYT	55
EASY TOUCH SAFETY PEN NEEDLES	138	EMEND	42
EASY TOUCH SHEATHLOCK SYRINGE	138	EMGALITY	150
EASY TWIST & CAP LANCETS	119	EMGALITY (300 MG DOSE)	150
ec-naproxen	17	emoquette	80
econazole nitrate	89	EMPAVELI	107
econtra ez	85	EMPLICITI	52
econtra one-step	85	emtricitabine	70
EDARBI	47	emtricitabine-tenofovir df	70
EDARBYCLOR	47	EMTRIVA	71
EDURANT	70	EMVERM	23
EFAVIRENZ	70	enalapril maleate	46
efavirenz	70	enalapril-hydrochlorothiazide	48

ENBRACE HR	156	erlotinib hcl	54
ENBREL	18	errin	86
ENBREL MINI	18	ERY	88
ENBREL SURECLICK	18	ery-tab	114
ENDARI	109	ERYTHROCIN STEARATE	114
endocet	21	erythromycin	88,114,163
ENGERIX-B	177	erythromycin base	114
ENHERTU	52	erythromycin ethylsuccinate	114
enilloring	85	escitalopram oxalate	34
ENJAYMO	107	esgic	19
enoxaparin sodium	30	esomeprazole magnesium	175
enpresse-28	80	ESPEROCT	106
enskyce	80	ESSENTRA WIPES 9X9"	133
ENSPRYNG	152	est estrogens-methyltest	101
entacapone	65	est estrogens-methyltest ds	101
entecavir	73	est estrogens-methyltest hs	101
ENTRESTO	76	estarylla	80
ENTYVIO	103	estazolam	112
enulose	104	ester-c	155
ENVARUSUS XR	152	estradiol	102,179
EPIDIOLEX	31	estradiol valerate	102
epinastine hcl	164	estradiol-norethindrone acet	101
epinephrine	180	ESTRING	179
epitol	31	eszopiclone	112
EPIVIR HBV	73	ethambutol hcl	49
EPKINLY	52	ethosuximide	33
eplerenone	48	ethynodiol diac-eth estradiol	80
EPOGEN	110	etodolac	17
epoprostenol sodium	76	etodolac er	17
EPRONTIA	31	etonogestrel-ethinyl estradiol	85
EQL ALCOHOL SWABS	133	ETOPOSIDE	65
EQL COLOR LANCETS 21G	119	etravirine	71
EQL COLOR LANCETS MICRO 33G	119	EUCRISA	93
EQL INSULIN SYRINGE	138	EUFLEXXA	159
EQL SUPER THIN LANCETS 30G	119	euthyrox	173
EQL THIN LANCETS 26G	119	EVENITY	97
ERBITUX	54	everolimus	59,152
ergocalciferol	180	EVKEEZA	44
ERGOLOID MESYLATES	171	EVOTAZ	71
ERIVEDGE	54	EVRYSDI	161
ERLEADA	55	EXEL COMFORT POINT INSULIN SYR	138

EXEL COMFORT POINT PEN NEEDLE	138	FENOFIBRATE MICRONIZED	45
exemestane	55	fenofibrate micronized	45
EXKIVITY	54	fenofibric acid	45
EXONDYS 51	160	fenopropfen calcium	17
EXSERVAN	160	FENSOLVI (6 MONTH)	98
EXTAVIA	169	fentanyl	20
EYLEA	162	FENTANYL CITRATE	20
EYLEA HD	162	fentanyl citrate	20
EZ-LETS LANCETS 21G	119	FENTORA	20
EZ-LETS LANCETS 26G	119	ferate	111
EZ-LETS LANCETS 28G	119	ferosul	111
EZ-LETS LANCETS 30G	119	ferrex 150	111
ezetimibe	46	FERRIMIN 150	111
ezetimibe-simvastatin	44	FERRIPROX	41
EZFE 200	111	FERROUS GLUCONATE	111
F		ferrous sulfate	111
FABIOR	88	ferumoxytol	111
FABRAZYME	99	fesoterodine fumarate er	176
FACE MASK	149	FETROJA	78
FACE MASK EARLOOP-STYLE	149	FETZIMA	35
FACE MASKS 3 LAYER NON-MEDICAL	149	FETZIMA TITRATION	35
falmina	80	fexmid	159
famciclovir	73	FIFTY50 ALCOHOL PREP	133
famotidine	175	FIFTY50 PEN NEEDLES	138
FANAPT	66	FIFTY50 SAFETY SEAL LANCETS	119
FANAPT TITRATION PACK	66	FIFTY50 SUPERIOR COMFORT SYR	138
FARXIGA	40	FIFTY50 UNILET LANCETS 33G	119
FASENRA	27	FILSPARI	105
FASENRA PEN	27	FINACEA	94
FASTEP COVID-19 ANTIGEN TEST	95	finasteride	105
fayosim	80	FINE 30	119
FC FEMALE CONDOM	114	FINGERSTIX LANCETS	119
FC2 FEMALE CONDOM	114	ingolimod hcl	169
febuxostat	106	FINTEPLA	31
FEIBA	106	finzala	80
felbamate	32	FIRDAPSE	49
felodipine er	75	FIRMAGON	55
FEMCAP	114	FIRMAGON (240 MG DOSE)	55
femynor	80	FIRVANQ	24
fenofibrate	45	flac	165
		FLAREX	164

flavoxate hcl	176	FLUZONE HIGH-DOSE QUADRIVALENT	177
FLEBOGAMMA DIF	166	FLUZONE QUADRIVALENT	177
flecainide acetate	26	FML FORTE	164
FLOVENT DISKUS	28	folate	109
FLOVENT HFA	28	folic acid	109
FLOWFLEX COVID-19 AG HOME TEST	95	FOLIVANE-OB	157
FLUAD	177	FOLOTYN	50
FLUAD QUADRIVALENT	177	FOLTABS 800	111
FLUARIX QUADRIVALENT	177	fondaparinux sodium	30
FLUBLOK QUADRIVALENT	177	FORA LANCETS	119
FLUCELVAX QUADRIVALENT	177	FORA LANCING DEVICE	119
fluconazole	42	formoterol fumarate	29
flucytosine	42	FOSAMAX PLUS D	97
fludrocortisone acetate	87	fosamprenavir calcium	71
FLULAVAL QUADRIVALENT	177	fosinopril sodium	46
FLUMIST QUADRIVALENT	177	fosinopril sodium-hctz	48
flunisolide	160	FOSRENOL	104
fluocinolone acetonide	91,165	FOTIVDA	59
fluocinolone acetonide body	91	FREDS PHARMACY AUTOLET LANCING	119
fluocinolone acetonide scalp	91	FREDS PHARMACY UNIFINE PENTIP+	138
fluocinonide	91	FREDS PHARMACY UNIFINE PENTIPS	138
fluocinonide emulsified base	92	FREDS PHARMACY UNILET LANC 28G	119
fluorometholone	164	FREDS PHARMACY UNILET LANC 30G	119
fluorouracil	89	FREESTYLE LANCETS	119
FLUOXETINE HCL	34	FREESTYLE LIBRE 14 DAY READER	119
FLUOXETINE HCL (PMDD)	170	FREESTYLE LIBRE 14 DAY SENSOR	119
fluphenazine decanoate	68	FREESTYLE LIBRE 2 READER	119
FLUPHENAZINE HCL	68	FREESTYLE LIBRE 2 SENSOR	119
flurandrenolide	92	FREESTYLE LIBRE 3 READER	119
FLURAZEPAM HCL	112	FREESTYLE LIBRE 3 SENSOR	120
flurbiprofen	17	FREESTYLE PRECISION INS SYR	139
FLURBIPROFEN SODIUM	164	FREESTYLE UNISTICK II LANCETS	120
FLUTAMIDE	55	frovatriptan succinate	151
fluticasone propionate	92,160	FRUZAQLA	51
FLUTICASONE PROPIONATE DISKUS	28	ft acid reducer	175
FLUTICASONE PROPIONATE HFA	28	ft acid reducer max strength	175
fluticasone-salmeterol	29	ft all day allergy	43
FLUTICASONE-SALMETEROL	29	ft all day allergy 24 hour	43
fluvastatin sodium	45	ft all day allergy relief	43
fluvastatin sodium er	45	ft allergy relief 24 hr	160
fluvoxamine maleate	34	ft aspirin low dose	19

ft eye allergy itch & redness	164
ft eye allergy itch relief	164
ft nicotine	171
ft nicotine mini	171
FULPHILA	110
FULVESTRANT	55
fulvestrant	55
furosemide	96
FUZEON	71
FYARRO	59
fyavolv	101
FYCOMPA	30
FYLNETRA	110

G

gabapentin	31
GALAFOLD	99
GAMASTAN	166
GAMIFANT	152
GAMMAGARD	166
GAMMAGARD S/D LESS IGA	166
GAMMAKED	166
GAMMAPLEX	166
GAMUNEX-C	166
GARDASIL 9	177
GATTEX	104
GAVILYTE-C	113
gavilyte-g	113
gavilyte-n with flavor pack	113
GAVRETO	59
GAZYVA	52
GELNIQUE	176
gemfibrozil	45
gemmily	80
GENABIO COVID-19 RAPID TEST	95
generlac	104
gengraf	152
GENOTROPIN	97
GENOTROPIN MINIQUICK	97
gentamicin sulfate	89,163
GENTEEL BUTTERFLY TOUCH LANCET	120
GENTEEL CONTACT TIPS (BLUE)	120
GENTEEL CONTACT TIPS (CLEAR)	120
GENTEEL CONTACT TIPS (GREEN)	120
GENTEEL CONTACT TIPS (ORANGE)	120
GENTEEL CONTACT TIPS (RAINBOW)	120
GENTEEL CONTACT TIPS (VIOLET)	120
GENTEEL CONTACT TIPS (YELLOW)	120
GENTEEL LANCING DEVICE (GOLD)	120
GENTEEL LANCING DEVICE (PLATNM)	120
GENTEEL LANCING DEVICE (SILVER)	120
GENTEEL LANCING KIT (BLUE)	120
GENTEEL NOZZLES	120
GENTEEL PLUS LANCING (BLACK)	120
GENTEEL PLUS LANCING (PURPLE)	120
GENTEEL PLUS LANCING (WHITE)	120
GENTEEL PLUS LANCING DEV (BLUE)	120
GENTEEL PLUS LANCING DEV (PINK)	120
GENTLE-LET GP LANCETS	120
GENTLE-LET LANCETS	120
GENTLE-LET PLATFORMS	120
GENVOYA	71
GILENYA	169
GILOTRIF	54
GIVLAARI	106
GLASSIA	172
glatiramer acetate	169
GLEEVEC	59
glimepiride	40
glipizide	40
glipizide er	40
glipizide xl	40
glipizide-metformin hcl	36
GLOBAL ALCOHOL PREP EASE	133
GLOBAL EASE INJECT PEN NEEDLES	139
GLOBAL EASY GLIDE INSULIN SYR	139
GLOBAL EASY GLIDE PEN NEEDLES	139
GLOBAL INJECT EASE INSULIN SYR	139
GLOBAL INJECT EASE LANCETS 28G	120
GLOBAL INJECT EASE LANCETS 30G	120
GLOBAL INSULIN SYRINGES	139
GLOBAL LANCING DEVICE	120

GLUCAGEN HYPOKIT	37	gnp nicotine	171
GLUCAGON EMERGENCY	37	gnp nicotine mini	171
GLUCO TO GO	37	gnp nicotine polacrilex	171
GLUCOCOM LANCETS 28G	120	gnp one daily womens health	155
GLUCOCOM LANCETS 30G	120	GNP QUICK DISSOLVE GLUCOSE	37
GLUCOCOM LANCETS 33G	120	GNP STERILE LANCETS 28G	121
GLUCOPRO INSULIN SYRINGE	139	GNP STERILE LANCETS 30G	121
GLUCOSE	37	GNP STERILE LANCETS 33G	121
GLUCOSE INSTANT ENERGY	37	GNP ULTICARE PEN NEEDLES	139
GLUCOSE-VITAMIN C	37	GNP ULTIGUARD SAFEPAK NEEDLE	139
glyburide	40	GNP ULTRA COM INSULIN SYRINGE	139
GLYBURIDE MICRONIZED	40	gnp vitamin c drops	180
glyburide-metformin	36	GOJJI LANCING DEVICE/CLEAR CAP	121
glycopyrrolate	174	GOJJI STERILE LANCETS	121
glydo	93	goodsense all day allergy	43
GLYXAMBI	36	goodsense allergy relief	43
gnp adult aspirin low strength	19	goodsense aspirin	19
GNP ALCOHOL SWABS	133	goodsense aspirin adult low st	19
gnp all day allergy	43	goodsense aspirin low dose	19
gnp aspirin	19	GOODSENSE CLICKFINE PEN NEEDLE	140
gnp aspirin low dose	19	GOODSENSE COLOR LANCETS 33G	121
gnp childrens chewables/ex c	156	GOODSENSE GLUCOSE	37
GNP CLICKFINE PEN NEEDLES	139	GOODSENSE LANCETS 26G UNIV	121
gnp essential one daily	155	GOODSENSE LANCETS 30G	121
gnp folic acid	109	GOODSENSE LANCETS 30G UNIV	121
GNP GLUCOSE	37	GOODSENSE LANCETS 33G	121
GNP INSULIN SYRINGE	139	GOODSENSE LANCETS 33G UNIV	121
GNP INSULIN SYRINGES	139	GOODSENSE LANCING DEVICE	121
GNP INSULIN SYRINGES 28GX1/2"	139	goodsense nicotine	171
GNP INSULIN SYRINGES 29GX1/2"	139	GOODSENSE PEN NEEDLE PENFINE	140
GNP INSULIN SYRINGES 30GX5/16"	139	GOTOKNOW COVID-19 ANTIGEN RAPI	95
GNP INSULIN SYRINGES 31GX5/16"	139	granisetron hcl	41
gnp iron	111	griseofulvin microsize	42
GNP LANCETS 21G	120	griseofulvin ultramicronsize	42
GNP LANCETS MICRO THIN 33G	120	guaifenesin ac	87
GNP LANCETS SUPER THIN 30G	121	guaifenesin-codeine	87
GNP LANCETS THIN	121	guanfacine hcl	47
GNP LANCETS THIN 26G	121	guanfacine hcl er	14
GNP LANCING SYSTEM DEVICE	121	GVOKE HYPOPEN 1-PACK	37
gnp little ones childrens	156	GVOKE HYPOPEN 2-PACK	37
gnp loratadine	43	GVOKE KIT	37

GVOKE PFS 37

H

H-E-B INCONTROL ADV LANCING 121
H-E-B INCONTROL ALCOHOL 133
H-E-B INCONTROL LANCETS 28G 121
H-E-B INCONTROL LANCETS 30G 121
H-E-B INCONTROL LANCETS 33G 121
H-E-B INCONTROL PEN NEEDLES 140
H-E-B INCONTROL UNIFINE PENTIP 140
HADLIMA 15
HADLIMA PUSH TOUCH 15
HAEGARDA 107
HAEMOLANCE 121
HAEMOLANCE LOW FLOW LANCETS 121
HAEMOLANCE PLUS 121
HAEMOLANCE PLUS HIGH FLOW 121
HAEMOLANCE PLUS LOW FLOW 121
HAEMOLANCE PLUS MAX FLOW 121
HAEMOLANCE PLUS PEDIATRIC FLOW 121
hailey 1.5/30 80
hailey 24 fe 80
hailey fe 1.5/30 80
hailey fe 1/20 81
HALAVEN 65
halobetasol propionate 92
haloette 85
haloperidol 68
haloperidol decanoate 68
haloperidol lactate 68
HAVRIX 177
HEALTH CARE LANCING DEVICE 121
HEALTHWISE INSULIN SYR/NEEDLE 140
HEALTHWISE MICRON PEN NEEDLES 140
HEALTHWISE MINI PEN NEEDLES 140
HEALTHWISE PEN NEEDLES 140
HEALTHWISE SHORT PEN NEEDLES 140
HEALTHWISE UNIFINE PENTIPS 140
HEALTHY ACCENTS LANCING DEVICE 121
HEALTHY ACCENTS UNIFINE PENTIP 140
HEALTHY ACCENTS UNILET LANCETS 121

heather 86
HEMGENIX 106
HEMLIBRA 107
HEMOPIL M 107
heparin sodium (porcine) 30
HEPARIN SODIUM (PORCINE) PF 30
HEPLISAV-B 177
her style 85
HERCEPTIN 51
HERCEPTIN HYLECTA 57
HERZUMA 51
HIBERIX 176
HIZENTRA 166
hm all day allergy 43
hm allergy relief (cetirizine) 43
hm aspirin 19
hm aspirin ec low dose 19
hm cetirizine hcl 43
hm folic acid 109
hm loratadine 43
hm nicotine 171
hm nicotine polacrilex 171
HM STERILE ALCOHOL PREP 133
HM ULTICARE INSULIN SYRINGE 140
HM ULTICARE MINI PEN NEEDLES 140
HM ULTICARE SHORT PEN NEEDLES 140
HUMATE-P 107
HUMATROPE 97
HUMATROPEN FOR 12MG 140
HUMATROPEN FOR 24MG 140
HUMATROPEN FOR 6MG 140
HUMIRA 15
HUMIRA (2 PEN) 15
HUMIRA (2 SYRINGE) 16
HUMIRA PEDIATRIC CROHNS START 16
HUMIRA PEN 16
HUMIRA PEN-CD/UC/HS STARTER 16
HUMIRA PEN-PEDIATRIC UC START 16
HUMIRA PEN-PSOR/UEVIT STARTER 16
HUMIRA-PS/UV/ADOL HS STARTER 16
HY-VEE GLUCOSE 37

HY-VEE LANCETS	121	IDHIFA	59
HY-VEE THIN LANCETS	122	IHEALTH COVID-19 RAPID TEST	95
HYCAMTIN	65	ILARIS	17
hydralazine hcl	48	ILUVIEN	164
hydrochlorothiazide	96	imatinib mesylate	59
hydrocod poli-chlorphe poli er	87	IMBRUVICA	60
hydrocodone bit-homatrop mbr	87	IMFINZI	52
hydrocodone-acetaminophen	21	imipramine hcl	35
hydrocodone-ibuprofen	21	imipramine pamoate	35
hydrocort-pramoxine (perianal)	22	imiquimod	92
hydrocortisone	22,86,92	IMJUDO	52
hydrocortisone (perianal)	23	IMLYGIC	65
HYDROCORTISONE ACE-PRAMOXINE	22	IN TOUCH LANCING DEVICE	122
hydrocortisone ace-pramoxine	92	IN TOUCH STERILE LANCETS 30G	122
hydrocortisone acetate	23	INBRIJA	65
hydrocortisone butyr lipo base	92	incassia	86
HYDROCORTISONE BUTYRATE	92	INCONTROL ULTICARE PEN NEEDLES	140
hydrocortisone valerate	92	INCRUSE ELLIPTA	27
hydrocortisone-acetic acid	165	indapamide	96
hydromet	87	INDICAID COVID-19 RAPID TEST	95
hydromorphone hcl	20	indomethacin	17
hydroxychloroquine sulfate	49	indomethacin er	17
hydroxyprogesterone caproate	168	INFANRIX	174
hydroxyurea	64	INFLECTRA	103
hydroxyzine hcl	25	INJECT-EASE	140
hydroxyzine pamoate	25	INJECTAFER	111
HYFTOR	92	INLYTA	51
hyoscyamine sulfate	174	INNOPRAN XL	74
hyosyne	174	INPEN 100-BLUE-LILLY-HUMALOG	140
HYPOLANCE AST LANCING	122	INPEN 100-BLUE-NOVOLOG-FIASP	140
HYQVIA	167	INPEN 100-GREY-LILLY-HUMALOG	140
		INPEN 100-GREY-NOVOLOG-FIASP	140
		INPEN 100-PINK-LILLY-HUMALOG	140
		INPEN 100-PINK-NOVOLOG-FIASP	140
		INQOVI	57
		INREBIC	60
		INSUL-CAP	122
		INSUL-EZE	122
		INSULIN ASP PROT & ASP FLEXPEN	39
		INSULIN ASPART	39
		INSULIN ASPART FLEXPEN	39
I			
ibandronate sodium	97		
IBRANCE	59		
ibu	17		
ibuprofen	17		
icatibant acetate	107		
iclevia	81		
ICLUSIG	59		
icosapent ethyl	44		

INSULIN ASPART PENFILL	39
INSULIN ASPART PROT & ASPART	39
INSULIN SYRINGE	141
INSULIN SYRINGE-NEEDLE U-100	141
INSULIN SYRINGE/NEEDLE	141
INSUPEN PEN NEEDLES	141
INSUPEN SENSITIVE	141
INSUPEN ULTRAFIN	141
INTELENCE	71
INTELISWAB COVID-19 RAPID TEST	95
introvale	81
INVEGA HAFYERA	66,67
INVEGA SUSTENNA	67
INVEGA TRINZA	67
IPOL	177
ipratropium bromide	27,159
ipratropium-albuterol	29
irbesartan	47
irbesartan-hydrochlorothiazide	48
iron (ferrous sulfate)	111
iron infant/toddler	112
iron supplement childrens	112
ISENTRESS	71
ISENTRESS HD	71
isibloom	81
isoniazid	49
isopropyl alcohol	93
isopropyl alcohol wipes	93
ISOPTO ATROPINE	161
isosorbide dinitrate	25
isosorbide mononitrate	25
isosorbide mononitrate er	25
isotretinoin	88
isradipine	75
itraconazole	42
IV PREP WIPES	69
ivermectin	23,94
IWILFIN	64
IXEMPRA KIT	65
IZERVAY	163

J

J & J GERM FILTER MASK	149
jaimiess	81
JAKAFI	60
JANSSEN COVID-19 VACCINE	177
jantoven	29
JARDIANCE	40
jasmiel	81
javygtor	99
JAYPIRCA	60
JELMYTO	57
JEMPERLI	52
jencycla	86
JENTADUETO	36
JENTADUETO XR	36
JEVTANA	65
jinteli	101
JIVI	107
JOENJA	152
jolessa	81
joyeaux	81
juleber	81
JULUCA	71
junel 1.5/30	81
junel 1/20	81
junel fe 1.5/30	81
junel fe 1/20	81
junel fe 24	81
JUXTAPID	46
JYNARQUE	101
JYNNEOS	177

K

K-PHOS	151
KADCYLA	52
kaitlib fe	81
KALBITOR	108
kalliga	81
KALYDECO	172
KANJINTI	51

KANUMA	99	KOATE	107
kariva	81	KOATE-DVI	107
KCENTRA	107	KOGENATE FS	107
kelnor 1/35	81	KORLYM	37
kelnor 1/50	81	KORSUVA	154
KEPIVANCE	64	KOSELUGO	60
KESIMPTA	169	kp folic acid	109
KETO-DIASTIX	95	KRAZATI	60
ketoconazole	42,89	KRINTAFEL	49
KETODAN	89	KRISTALOSE	113
KETONE TEST	95	KROGER AUTOLET LANCING DEVICE	122
ketorolac tromethamine	18,165	KROGER GLUCOSE	37
KETOSTIX	95	KROGER HEALTHPRO LANCET 26G	122
KEYTRUDA	52	KROGER INSULIN SYRINGE	141
KHAPZORY	64	KROGER LANCETS	122
KIMMTRAK	52	KROGER LANCETS 21G	122
KIMYRSA	24	KROGER LANCETS MICRO THIN 33G	122
KINNEY LANCETS	122	KROGER LANCETS SUPER THIN	122
KINNEY THIN LANCETS	122	KROGER LANCETS THIN	122
KINRAY INSULIN SYRINGE	141	KROGER LANCETS THIN 26G	122
KINRIX	174	KROGER LANCETS ULTRATHIN 30G	122
KISQALI (200 MG DOSE)	60	KROGER LANCING DEVICE	122
KISQALI (400 MG DOSE)	60	KROGER PEN NEEDLES	141
KISQALI (600 MG DOSE)	60	KRYSTEXXA	106
KISQALI FEMARA (400 MG DOSE)	57	kurvelo	81
KISQALI FEMARA (600 MG DOSE)	57	KYNMOBI	66
KISQALI FEMARA(200 MG DOSE)	57	KYPROLIS	60
klayesta	89		
klor-con	151	L	
klor-con 10	151	labetalol hcl	74
klor-con m10	151	lacosamide	31
klor-con m15	151	lactulose	113
klor-con m20	151	lactulose encephalopathy	104
klor-con/ef	151	LAGEVRIO	74
KLOXXADO	41	lamivudine	71,73
kls aller-tec	43	lamivudine-zidovudine	71
kls allerclear	43	lamotrigine	31
KMART VALU INSULIN SYRINGE 29G	141	lamotrigine er	31
KMART VALU INSULIN SYRINGE 30G	141	lamotrigine starter kit-blue	31
KN95 DISPOSABLE MASK	149	LAMZEDE	99
KN95 MEDICAL PROTECTIVE MASK	149	LANCET DEVICE	122

LANCET DEVICE WITH EJECTOR	122	LENVIMA (18 MG DAILY DOSE)	51
LANCET TRANSPORTER CASE	122	LENVIMA (20 MG DAILY DOSE)	51
LANCETS	122	LENVIMA (24 MG DAILY DOSE)	51
LANCETS 28G	122	LENVIMA (4 MG DAILY DOSE)	51
LANCETS 30G	122	LENVIMA (8 MG DAILY DOSE)	51
LANCETS 33G	122	LEQVIO	46
LANCETS MICRO THIN 33G	122	lessina	81
LANCETS SUPER THIN 28G	122	letrozole	55
LANCETS THIN	122	leucovorin calcium	64
LANCETS ULTRA FINE	122	LEUKERAN	49
LANCETS ULTRA THIN	122	LEUKINE	110
LANCETS ULTRA THIN 30G	122	leuprolide acetate	55
LANCING DEVICE	123	levalbuterol hcl	29
LANREOTIDE ACETATE	100	LEVALBUTEROL TARTRATE	29
lansoprazole	175	LEVEMIR	39
lanthanum carbonate	104	LEVEMIR FLEXPEN	39
LANTUS	39	LEVEMIR FLEXTOUCH	39
LANTUS SOLOSTAR	39	levetiracetam	31
LANZO	123	levetiracetam er	31
lapatinib ditosylate	60	LEVOBUNOLOL HCL	161
larin 1.5/30	81	levocarnitine	99
larin 1/20	81	levocarnitine sf	99
larin 24 fe	81	levofloxacin	102
larin fe 1.5/30	81	levonest	81
larin fe 1/20	81	levonorg-eth estrad triphasic	81
larissia	81	levonorgest-eth est & eth est	82
latanoprost	165	levonorgest-eth estrad 91-day	82
layolis fe	81	levonorgest-eth estradiol-iron	82
LEADER ADVANCED LANCING DEVICE	123	levonorgestrel	85
LEADER GLUCOSE	37	levonorgestrel-ethinyl estrad	82
LEADER INSULIN SYRINGE	141	levora 0.15/30 (28)	82
LEADER QUICK DISSOLVE GLUCOSE	37	levorphanol tartrate	20
LEADER UNIFINE PENTIPS	141	levothyroxine sodium	174
LEADER UNIFINE PENTIPS PLUS	141	LEXIVA	71
leena	81	LIBERTY MEDICAL LANCETS	123
leflunomide	18	LIBERTY MINI LANCING DEVICE	123
LEMTRADA	169	LIBTAYO	53
lenalidomide	152	lidocaine	93
LENVIMA (10 MG DAILY DOSE)	51	lidocaine hcl	93
LENVIMA (12 MG DAILY DOSE)	51	LIDOCAINE HCL	154
LENVIMA (14 MG DAILY DOSE)	51	lidocaine hcl urethral/mucosal	93

lidocaine viscous hcl	154	LOKELMA	153
lidocaine-hydrocort (perianal)	23	LONGS GLUCOSE	37
lidocaine-hydrocortisone ace	23	LONGS INSULIN SYRINGE	142
lidocaine-prilocaine	93	LONGS LANCETS STANDARD	123
lidocan iii	93	LONGS LANCETS THIN	123
LIFESCAN UNISTIK 2	123	LONGS LANCETS ULTRA THIN	123
LIFESCAN UNISTIK II LANCETS	123	LONSURF	57
LIGHT SHIELD	149	loperamide hcl	41
LIGHT SHIELD DELUXE SLEEP MASK	149	lopinavir-ritonavir	71
lillow	82	LOQTORZI	53
LINDANE	94	loratadine	44
linezolid	24	lorazepam	26
LINZESS	104	lorazepam intensol	26
liothyronine sodium	174	LORBRENA	60
LIQREV	77	loryna	82
lisdexamfetamine dimesylate	14	lorzone	159
lisinopril	46	losartan potassium	47
lisinopril-hydrochlorothiazide	48	losartan potassium-hctz	48
LITE TOUCH LANCETS	123	lovastatin	45
LITE TOUCH LANCING PEN	123	low-ogestrel	82
LITETOUCH INSULIN SYRINGE	142	loxapine succinate	68
LITETOUCH LANCETS	123	lubiprostone	102
LITETOUCH PEN NEEDLES	142	LUCEMYRA	168
lithium carbonate	66	LUCENTIS	162
lithium carbonate er	66	LUMAKRAS	60
LITHOBID	66	LUMIGAN	165
LITHOSTAT	105	LUMIZYME	99
LIVALO	45	LUMOXITI	53
LIVE BETTER ADV LANCING DEVICE	123	LUNSUMIO	53
LIVE BETTER LANCET SUPER THIN	123	LUPKYNIS	152
LIVE BETTER LANCET ULTRA THIN	123	LUPRON DEPOT (1-MONTH)	55
LIVMARLI	103	LUPRON DEPOT (3-MONTH)	55
LIVTENCITY	73	LUPRON DEPOT (4-MONTH)	55
LO LOESTRIN FE	82	LUPRON DEPOT (6-MONTH)	55
lo-zumandimine	82	LUPRON DEPOT-PED (1-MONTH)	98
LODOCO	76	LUPRON DEPOT-PED (3-MONTH)	98
loestrin 1.5/30 (21)	82	LUPRON DEPOT-PED (6-MONTH)	99
loestrin 1/20 (21)	82	lurasidone hcl	66
loestrin fe 1.5/30	82	LUTATHERA	64
loestrin fe 1/20	82	lutra	82
lojaimiess	82	lyleq	86

lyllana	102
LYNPARZA	60
LYSODREN	56
LYTGOBI (12 MG DAILY DOSE)	61
LYTGOBI (16 MG DAILY DOSE)	61
LYTGOBI (20 MG DAILY DOSE)	61
lyza	86

M

M-M-R II	177
M-NATAL PLUS	157
MACRILEN	94
MAGELLAN INSULIN SAFETY SYR	142
MAKENA	168
malathion	94
MARATHON MEDICAL PENTIPS	142
maraviroc	71
MARGENZA	51
marlissa	82
MASK PEDIATRIC SIZE 1"	149
MASK PEDIATRIC SIZE 3"	149
MATULANE	64
matzim la	75
MAVENCLAD (10 TABS)	169
MAVENCLAD (4 TABS)	169
MAVENCLAD (5 TABS)	169
MAVENCLAD (6 TABS)	169
MAVENCLAD (7 TABS)	169
MAVENCLAD (8 TABS)	169
MAVENCLAD (9 TABS)	169
MAVYRET	73
MAXI-COMFORT INSULIN SYRINGE	142
MAXI-COMFORT SAFETY PEN NEEDLE	142
MAXI-MASK	149
MAXICOMFORT II PEN NEEDLE	142
MAXICOMFORT SYR 27G X 1/2"	142
MAXIDEX	164
MAYZENT	169
MAYZENT STARTER PACK	170
meclizine hcl	42
MECLOFENAMATE SODIUM	18

MEDIC INSULIN SYRINGE	142
MEDICHOICE SAFETY LANCET	123
MEDICHOICE SAFETY LANCET EXTRA	123
MEDICHOICE SAFETY LANCET NORM	123
MEDICINE SHOPPE PEN NEEDLES	142
MEDISENSE THIN LANCETS	123
MEDLANCE EXTRA 21G	123
MEDLANCE LITE 25G	123
MEDLANCE PLUS EXTRA 21G	123
MEDLANCE PLUS LANCETS	123
MEDLANCE PLUS LITE 25G	123
MEDLANCE PLUS SPECIAL 0.8MM	123
MEDLANCE PLUS SUPERLITE 30G	123
MEDLANCE PLUS UNIVERSAL 21G	123
MEDLANCE UNIVERSAL 21G	123
medpura alcohol pads	93
medroxyprogesterone acetate	86,168
mefenamic acid	18
mefloquine hcl	49
megestrol acetate	56
MEIJER ALCOHOL SWABS	133
MEIJER GLUCOSE	37
MEIJER LANCETS	123
MEIJER LANCETS THIN	123
MEIJER LANCETS UNIVERSAL 21G	124
MEIJER LANCETS UNIVERSAL 30G	124
MEIJER LANCETS UNIVERSAL 33G	124
MEIJER PEN NEEDLES	142
MEIJER SUPER THIN LANCETS	124
MEKINIST	61
MEKTOVI	61
meloxicam	18
MELPHALAN	50
memantine hcl	168
memantine hcl er	168
MENACTRA	176
MENVEO	176
MEPERIDINE HCL	20
meprobamate	25
MEPSEVII	99
mercaptapurine	50

merzee	82	MICRODOT PEN NEEDLE	142
MESALAMINE	103	microgestin 1.5/30	82
mesalamine er	103	microgestin 1/20	82
mesalamine-cleanser	103	microgestin 24 fe	82
MESNEX	64	microgestin fe 1.5/30	82
metaxalone	159	microgestin fe 1/20	82
metformin hcl	36	MICROLET LANCETS	124
metformin hcl er	36	MICROLET NEXT LANCING DEVICE	124
methadone hcl	20	midazolam hcl	112
methadone hcl intensol	20	MIDAZOLAM-SODIUM CHLORIDE (PF)	112
methadose	20	midodrine hcl	180
methamphetamine hcl	14	mifepristone	37,100
methazolamide	96	MIGERGOT	150
methenamine hippurate	24	miglitol	35
methenamine mandelate	24	miglustat	109
methergine	165	mili	82
methimazole	173	mimvey	101
methocarbamol	159	MINI LANCING DEVICE	124
methotrexate sodium	50	minocycline hcl	173
methotrexate sodium (pf)	50	minocycline hcl er	173
METHOXSALEN RAPID	90	minoxidil	48
methscopolamine bromide	175	MIRCERA	110
methylergonovine maleate	165	mirtazapine	33
methylphenidate	14	misoprostol	175
methylphenidate hcl	14	mitomycin	57
methylphenidate hcl er	14	MM INSULIN SYRINGE/NEEDLE	142
methylphenidate hcl er (cd)	15	MM LANCING DEVICE	124
methylphenidate hcl er (la)	15	MM PEN NEEDLES	142
methylphenidate hcl er (osm)	15	MM TWIST LANCETS	124
methylprednisolone	86	modafinil	15
methylprednisolone sodium succ	87	MODERNA COVID-19 BIVAL 6M-5Y	177
metoclopramide hcl	102	MODERNA COVID-19 BIVAL BOOSTER	178
metolazone	96	MODERNA COVID-19 BIVALENT	178
metoprolol succinate er	74	MODERNA COVID-19 VAC (BOOSTER)	178
metoprolol tartrate	74	MODERNA COVID-19 VAC 6M-11Y	178
metoprolol-hydrochlorothiazide	48	MODERNA COVID-19 VACC 6-11Y	178
metronidazole	23,94,179	MODERNA COVID-19 VACC 6M-5Y	178
mexiletine hcl	26	MODERNA COVID-19 VACCINE	178
mibelas 24 fe	82	moexipril hcl	46
MICONAZOLE 3	179	mometasone furoate	92,160
MICROCLENS WIPES	69	MONJUVI	53

mono-linyah	82	mycophenolic acid	153
MONOJECT INSULIN SYRINGE	142	MYFEMBREE	101
MONOJECT ULTRA COMFORT SYRINGE	142	MYGLUCOHEALTH LANCETS 30G	124
MONOLET LANCETS	124	MYLERAN	50
MONOLET OPD LANCETS	124	MYLOTARG	53
MONOLETTOR SAFETY LANCETS	124	MYOBLOC	161
montelukast sodium	27	MYRBETRIQ	176
MORPHINE SULFATE	20	MYTESI	40
morphine sulfate (concentrate)	20		
morphine sulfate er	20	N	
MORPHINE SULFATE ER BEADS	20	N95 FACE MASK	149
MOUNJARO	38	N95 MASKS	149
MOVANTIK	104	N95 PARTI RESPIRATOR FACE MASK	149
moxifloxacin hcl	102,163	na sulfate-k sulfate-mg sulf	113
MOXIFLOXACIN HCL (2X DAY)	163	nabumetone	18
MOZOBIL	112	nadolol	75
MPD SAFETY LANCET 21G	124	naftifine hcl	89
MPD SAFETY LANCET 23G	124	NAGLAZYME	99
MPD SAFETY LANCET 28G	124	NALFON	18
MPD SAFETY LANCET 30G	124	NALOCET	21
MS INSULIN SYRINGE	143	naloxone hcl	41
MULPLETA	110	naltrexone hcl	41
MULTAQ	26	naproxen	18
MULTI-LANCET DEVICE	124	naproxen dr	18
MULTI-LANCET DEVICE 2	124	naproxen sodium	18
MULTI-VIT-FLOR	156	naproxen-esomeprazole mg	18
multi-vit/iron/fluoride	155	naratriptan hcl	151
multi-vitamin/fluoride	156	NATACYN	163
multi-vitamin/fluoride/iron	155	NATAZIA	82
multivit/multimineral adult	155	nateglinide	40
multivitamin	23,155	NAYZILAM	30
MULTIVITAMIN W/FLUORIDE	156	neбиволол hcl	74
MULTIVITAMIN/FLUORIDE	156	necon 0.5/35 (28)	82
mupirocin	89	NEFAZODONE HCL	34
mupirocin calcium	89	nelarabine	50
mutamycin	57	neo-polycin	163
MVASI	51	neo-polycin hc	164
my choice	85	neomycin sulfate	15
my way	85	neomycin-bacitracin zn-polymyx	163
mycophenolate mofetil	153	neomycin-polymyxin-dexameth	164
mycophenolate sodium	153	NEOMYCIN-POLYMYXIN-GRAMICIDIN	163

NEOMYCIN-POLYMYXIN-HC	164	NINLARO	61
neomycin-polymyxin-hc	165	nitazoxanide	24
NEORAL	153	NITRO-BID	25
NERLYNX	61	NITRO-DUR	25
NESTABS	157	nitrofurantoin	25
NESTABS DHA	157	nitrofurantoin macrocrystal	25
NESTABS ONE	157	nitrofurantoin monohyd macro	25
NEULASTA	110	nitroglycerin	25
NEULASTA ONPRO	110	NITYR	99
NEUPOGEN	110	NIVA-PLUS	157
nevirapine	71	NIVESTYM	110
NEVIRAPINE	71	NIZATIDINE	175
NEVIRAPINE ER	71	nora-be	86
nevirapine er	71	NORDIPEN DELIVERY SYSTEM	143
new day	85	NORDITROPIN FLEXPRO	98
NEXCARE ALL PURPOSE MASK	149	norelgestromin-eth estradiol	85
NEXCARE EARLOOP MASK	149	norethin ace-eth estrad-fe	83
NEXIUM	175	norethin-eth estradiol-fe	83
NEXLETOL	44	norethindron-ethinyl estrad-fe	83
NEXLIZET	44	norethindrone	86
NEXTSTELLIS	82	norethindrone acet-ethinyl est	83
NEXVIAZYME	99	norethindrone acetate	168
NGENLA	98	norethindrone-eth estradiol	101
niacin er	180	norgestim-eth estrad triphasic	83
niacin er (antihyperlipidemic)	46	norgestimate-eth estradiol	83
nicardipine hcl	75	norlyda	86
nicotine	171	norlyroc	86
nicotine mini	171	NORPACE CR	26
nicotine polacrilex	171	nortrel 0.5/35 (28)	83
nicotine polacrilex mini	171	nortrel 1/35 (21)	83
nicotine step 1	171	nortrel 1/35 (28)	83
nicotine step 2	171	nortrel 7/7/7	83
nicotine step 3	171	nortriptyline hcl	35
NICOTROL	171	NORVIR	71
NICOTROL NS	171	NOVA SAFETY LANCETS 23G	124
nifedipine	75	NOVA SAFETY LANCETS 28G	124
nifedipine er	75	NOVA SUREFLEX LANCETS	124
nifedipine er osmotic release	76	NOVA SUREFLEX LANCING DEVICE	124
nikki	82	NOVAREL	97
nilutamide	56	NOVAVAX COVID-19 VACCINE	178
nimodipine	76	NOVOEIGHT	107

NOVOFINE AUTOCOVER PEN NEEDLE	143	NUZYRA	173
NOVOFINE PEN NEEDLE	143	nyamyc	89
NOVOFINE PLUS PEN NEEDLE	143	nylia 1/35	83
NOVOLIN 70/30	39	nylia 7/7/7	83
NOVOLIN 70/30 FLEXPEN	39	nymyo	83
NOVOLIN 70/30 FLEXPEN RELION	39	nystatin	42,89,154
NOVOLIN 70/30 RELION	39	nystatin-triamcinolone	89
NOVOLIN N	39	nystop	89
NOVOLIN N FLEXPEN	39	NYVEPRIA	110
NOVOLIN N FLEXPEN RELION	39		
NOVOLIN N RELION	39	O	
NOVOLIN R	39	OB COMPLETE	157
NOVOLIN R FLEXPEN	39	OB COMPLETE ONE	157
NOVOLIN R FLEXPEN RELION	39	OB COMPLETE PETITE	157
NOVOLIN R RELION	39	OB COMPLETE PREMIER	157
NOVOLOG	39	OB COMPLETE/DHA	157
NOVOLOG 70/30 FLEXPEN RELION	39	OBIZUR	107
NOVOLOG FLEXPEN	39	ocella	83
NOVOLOG FLEXPEN RELION	40	OCREVUS	170
NOVOLOG MIX 70/30	40	OCTAGAM	166,167
NOVOLOG MIX 70/30 FLEXPEN	40	octreotide acetate	100
NOVOLOG MIX 70/30 RELION	40	ocuvite eye health gummies	155
NOVOLOG PENFILL	40	ODEFSEY	71
NOVOLOG RELION	40	ODOMZO	54
NOVOPEN ECHO	143	ofloxacin	102,163,165
NOVOTWIST PEN NEEDLE	143	OGIVRI	51
NOXAFIL	42	OGSIVEO	61
NP THYROID	174	OJJAARA	61
NPLATE	110	olanzapine	68
nu-iron	112	olanzapine-fluoxetine hcl	168
NUBEQA	56	olmesartan medoxomil	47
NUCALA	27	olmesartan medoxomil-hctz	48
NUCYNTA	20	olmesartan-amlodipine-hctz	48
NUCYNTA ER	20	olopatadine hcl	159,165
NULIBRY	99	omega-3-acid ethyl esters	44
NULOJIX	153	omeprazole	175
NUPLAZID	66	omeprazole-sodium bicarbonate	175
NURTEC	150	OMNARIS	160
NUTROPIN AQ NUSPIN 10	98	OMNIPOD 5 G6 INTRO (GEN 5)	124
NUTROPIN AQ NUSPIN 20	98	OMNIPOD 5 G6 PODS (GEN 5)	124
NUTROPIN AQ NUSPIN 5	98	OMNIPOD 5 G7 INTRO (GEN 5)	124

OMNIPOD 5 G7 PODS (GEN 5)	124	OPDIVO	53
OMNIPOD 5 PACK	124	OPDUALAG	58
OMNIPOD CLASSIC PDM (GEN 3)	124	OPILL	175
OMNIPOD DASH INTRO (GEN 4)	124	opium	41
OMNIPOD DASH PDM (GEN 4)	124	OPSUMIT	77
OMNIPOD DASH PODS (GEN 4)	125	OPTICHAMBER DIAMOND	150
OMNITROPE	98	OPTICHAMBER DIAMOND-LG MASK	150
OMNITROPE PEN 10 INJ DEVICE	143	OPTICHAMBER DIAMOND-MD MASK	150
OMNITROPE PEN 5 INJ DEVICE	143	OPTICHAMBER DIAMOND-SM MASK	150
ON CALL LANCETS	125	option 2	86
ON CALL LANCING DEVICE	125	OPTIONS CONCEPTROL	179
ON CALL PLUS LANCETS	125	OPTIONS GYNOL II CONTRACEPTIVE	179
ON CALL PLUS LANCING DEVICE	125	OPVEE	41
ON/GO COVID-19 ANTIGEN TEST	95	OPZELURA	92
ON/GO ONE COVID-19 HOME TEST	95	oralone	154
ONCASPAR	64	ORGOVYX	56
ondansetron	41	ORIAHNN	101
ondansetron hcl	41	ORILISSA	97
ONETOUCH CLUB LANCETS FINE PT	125	ORKAMBI	172
ONETOUCH DELICA LANCETS 30G	125	ORLADEYO	108
ONETOUCH DELICA LANCETS 33G	125	orphenadrine citrate er	159
ONETOUCH DELICA LANCING DEV	125	ORSERDU	56
ONETOUCH DELICA PLUS LANCET30G	125	orsythia	83
ONETOUCH DELICA PLUS LANCET33G	125	oseltamivir phosphate	73,74
ONETOUCH DELICA PLUS LANCING	125	OSPHENA	98
ONETOUCH DELICA SAFETY LANCING	125	OTEZLA	18
ONETOUCH FINEPOINT LANCETS	125	oxaliplatin	50
ONETOUCH SURESOFT LANCING DEV	125	OXALIPLATIN	50
ONETOUCH ULTRA	95,125	oxandrolone	22
ONETOUCH ULTRA 2	125	oxaprozin	18
ONETOUCH ULTRASOFT 2 LANCETS	125	oxazepam	26
ONETOUCH ULTRASOFT LANCETS	125	oxcarbazepine	31
ONETOUCH VERIO	95	OXERVATE	163
ONETOUCH VERIO FLEX SYSTEM	125	OXLUMO	105
ONETOUCH VERIO REFLECT	125	OXTELLAR XR	31
ONGENTYS	65	oxybutynin chloride	176
ONIVYDE	65	oxybutynin chloride er	176
ONPATTRO	172	oxycodone hcl	20
ONTRUZANT	52	OXYCODONE HCL ER	20
ONUREG	50	oxycodone-acetaminophen	21
opcicon one-step	85	OXYCONTIN	20

oxymorphone hcl	21
OXYTROL	176
OZEMPIC (0.25 OR 0.5 MG/DOSE)	38
OZEMPIC (1 MG/DOSE)	38
OZEMPIC (2 MG/DOSE)	38

P

pacerone	26
PACLITAXEL PROTEIN-BOUND PART	65
PADCEV	53
paliperidone er	67
PALYNZIQ	99,100
pantoprazole sodium	175
PANZYGA	167
PARAGARD INTRAUTERINE COPPER	85
paricalcitol	100
paromomycin sulfate	15
paroxetine hcl	34
paroxetine hcl er	34
PARSABIV	100
PAXLOVID (150/100)	72
PAXLOVID (300/100)	73
pazopanib hcl	61
PC LANCETS SUPER THIN 30G	125
PC UNIFINE PENTIPS	143
PEDIARIX	174
PEDIATRIC MEDIUM MASK	150
PEDIATRIC SMALL MASK	150
PEDMARK	64
PEDVAX HIB	176
peg 3350-kcl-na bicarb-nacl	113
peg-3350/electrolytes	113
peg-3350/electrolytes/ascorbat	113
peg-kcl-nacl-nasulf-na asc-c	113
PEGASYS	73
PEMAZYRE	61
PEMETREXED	50
PEMETREXED DISODIUM	50
pemetrexed disodium	50
PEMETREXED DITROMETHAMINE	50
PEMFEXY	50

PEN NEEDLES	143
PEN NEEDLES 1/2"	143
PEN NEEDLES 3/16"	143
PEN NEEDLES 5/16"	143
PENBRAYA	176
penciclovir	91
penicillamine	151
penicillin v potassium	167
PENLET II BLOOD SAMPLER	125
PENLET II REPLACEMENT CAP	125
PENTACEL	174
pentamidine isethionate	23
PENTASA	103
pentazocine-naloxone hcl	22
PENTIPS	143
pentoxifylline er	108
PERFECT LANCETS 28G	125
PERFECT LANCETS 30G	125
PERINDOPRIL ERBUMINE	46
PERJETA	52
permethrin	94
perphenazine	68
PERPHENAZINE-AMITRIPTYLINE	168
PERSERIS	67
PERTZYE	96
PFIZER COVID-19 BIVAL 6MO-4YR	178
PFIZER COVID-19 VAC BIVAL 5-11	178
PFIZER COVID-19 VAC BIVALENT	178
PFIZER COVID-19 VAC-TRIS 5-11Y	178
PFIZER COVID-19 VAC-TRIS 6M-4Y	178
PFIZER-BIONT COVID-19 VAC-TRIS	178
PFIZER-BIONTECH COVID-19 VACC	178
PHARMACIST CHOICE ALCOHOL	133
PHARMACIST CHOICE LANCETS	125
PHARMACY COUNTER LANCETS	125
phenelzine sulfate	34
phenobarbital	112
phenoxybenzamine hcl	46
phenylephrine hcl	162
phenytek	33
phenytoin	33

phenytoin infatabs	33	polycin	163
phenytoin sodium extended	33	polymyxin b-trimethoprim	163
PHESGO	58	polysaccharide iron complex	112
PHEXXI	179	POMALYST	56
philith	83	PONVORY	170
PHOSPHOLINE IODIDE	162	PONVORY STARTER PACK	170
phytonadione	180	portia-28	83
PIFELTRO	71	PORTRAZZA	54
pilocarpine hcl	155,162	posaconazole	42,43
PILOT COVID-19 AT-HOME TEST	95	pot & sod cit-cit ac	105
pimecrolimus	93	potassium chloride	151
PIMOZIDE	171	potassium chloride crys er	151
pimtrea	83	potassium chloride er	151
pindolol	75	potassium citrate er	105
pioglitazone hcl	40	potassium citrate-citric acid	105
pioglitazone hcl-glimepiride	36	POTELIGEO	53
pioglitazone hcl-metformin hcl	36	PRALATREXATE	50
PIP LANCETS 28G	125	PRALUENT	46
PIP LANCETS 30G	125	pramipexole dihydrochloride	66
PIP PEN NEEDLES 31G X 5MM	143	pramipexole dihydrochloride er	66
PIP PEN NEEDLES 32G X 4MM	143	prasugrel hcl	108
PIQRAY (200 MG DAILY DOSE)	61	pravastatin sodium	45
PIQRAY (250 MG DAILY DOSE)	61	PRAXBIND	41
PIQRAY (300 MG DAILY DOSE)	61	prazosin hcl	47
pirmella 1/35	83	PRECISION SURE-DOSE SYRINGE	143
pirmella 7/7/7	83	PRECISION SUREDOSE PLUS SYR	143
piroxicam	18	PRECISION THINS GP LANCETS	125
PLEGRIDY	170	PREDNICARBATE	92
PLEGRIDY STARTER PACK	170	prednisolone	87
PLENVU	113	PREDNISOLONE ACETATE	164
PLUVICTO	64	prednisolone sodium phosphate	87
PNEUMOVAX 23	176	PREDNISOLONE SODIUM PHOSPHATE	164
PNV TABS 29-1	157	prednisone	87
PNV-DHA	157	PREFERRED PLUS GLUCOSE	38
PNV-OMEGA	157	PREFERRED PLUS INSULIN SYRINGE	143
PNV-SELECT	157	PREFERRED PLUS LANCETS COLORED	126
podofilox	93	PREFERRED PLUS LANCETS THIN	126
POLIVY	53	PREFERRED PLUS UNIFINE PENTIPS	143
poly-iron 150	112	pregabalin	32
POLY-VI-FLOR	156	PREGNYL	97
POLY-VI-FLOR/IRON	156	PREHEVBRIO	178

PREMARIN	102,179	prochlorperazine maleate	68
PREMPHASE	101	PROCRIT	110
PREMPRO	101	procto-med hc	23
PRENATAL	157	PROCTOFOAM HC	23
PRENATAL PLUS	157	proctosol hc	23
PRENATAL PLUS VITAMIN/MINERAL	157	proctozone-hc	23
PRENATE	157	PROCYSBI	105
PRENATE AM	157	PRODIGY COUNT-A-DOSE	126
PRENATE DHA	157	PRODIGY INSULIN SYRINGE	144
PRENATE ELITE	157	PRODIGY LANCETS 28G	126
PRENATE ENHANCE	157	PRODIGY LANCING DEVICE	126
PRENATE ESSENTIAL	157	PRODIGY SAFETY LANCETS 26G	126
PRENATE MINI	157	PRODIGY TWIST TOP LANCETS 28G	126
PRENATE PIXIE	157	progesterone	168
PRENATE RESTORE	157	PROGRAF	153
PREPLUS	157	PROLASTIN-C	172
PRESSURE ACTIVAT SAFETY LANCET	126	PROLIA	97
PRETAB	157	PROMACTA	110,111
PRETOMANID	49	promethazine hcl	44
prevalite	45	PROMETHAZINE VC	87
PREVENT DROPSAFE PEN NEEDLES	143	PROMETHAZINE VC/CODEINE	87
PREVENT SAFETY PEN NEEDLES	143	promethazine-codeine	87
previfem	83	promethazine-dm	87
PREVNAR 13	176	PROMETHEGAN	44
PREVNAR 20	176	propafenone hcl	26
PREVYMIS	73	propafenone hcl er	26
PREZCOBIX	71	propranolol hcl	75
PREZISTA	72	propranolol hcl er	75
PRIMACARE	157	propylthiouracil	173
primaquine phosphate	49	PROQUAD	178
primidone	32	protiptryline hcl	35
PRIORIX	178	PROVENGE	54
PRIVIGEN	167	pseudoeph-bromphen-dm	87
PRO COMFORT ALCOHOL	133	PSS SELECT GP LANCETS	126
PRO COMFORT INSULIN SYRINGE	144	PSS SELECT PLATFORMS	126
PRO COMFORT LANCETS 30G	126	PSS SELECT SAFETY LANCETS	126
PRO COMFORT LANCETS 31G	126	PULMICORT FLEXHALER	28
PRO COMFORT PEN NEEDLES	144	PULMOZYME	172
PRO COMFORT SAFETY LANCETS 30G	126	PURE COMFORT ALCOHOL PREP	133
probenecid	106	PURE COMFORT LANCETS 30G	126
prochlorperazine	68	PURE COMFORT PEN NEEDLE	144

PURE COMFORT SAFETY PEN NEEDLE	144
PUSH BUTTON SAFETY LANCETS	126
PUSH BUTTON SAFETY LANCETS 28G	126
PX ADVANCED LANCING DEVICE	126
PX EXTRA SHORT PEN NEEDLES	144
px folic acid	109
PX GLUCOSE	38
PX INSULIN SYRINGE	144
PX LANCET AUTO INJECTOR	126
PX LANCETS MICROTHIN 33G	126
PX LANCETS ULTRA THIN	126
PX LANCETS ULTRA THIN 28G	126
PX MINI PEN NEEDLES	144
PX PEN NEEDLE	144
PX SHORTLENGTH PEN NEEDLES	144
pyrazinamide	49
pyridostigmine bromide	49
pyridostigmine bromide er	49
pyrimethamine	49
PYRUKYND	108
PYRUKYND TAPER PACK	109

Q

QALSODY	160
QC ADVANCED LANCING DEVICE	126
qc alcohol	93
QC ALCOHOL SWABS	133
qc aspirin low dose	19
qc folic acid	109
QC LANCETS SUPER THIN 30G	126
QC LANCETS ULTRA THIN	126
QC PEN NEEDLES	144
QC UNIFINE PENTIPS	144
QC UNILET LANCETS 28G	126
QC UNILET LANCETS MICRO THIN	126
QELBREE	14
QINLOCK	61
QNASL	160
QNASL CHILDRENS	160
QUADRACEL	174
QUAZEPAM	112

quetiapine fumarate	68
quetiapine fumarate er	68
QUFLORA GUMMIES	156
QUFLORA PEDIATRIC	156
QUICKVUE AT-HOME COVID-19 TEST	95
quinapril hcl	46
quinapril-hydrochlorothiazide	48
quinidine gluconate er	26
quinidine sulfate	26
quinine sulfate	49
QULIPTA	150
QUTENZA	93
QUTENZA (2 PATCH)	93
QUTENZA (4 PATCH)	93
QVAR REDIHALER	28

R

RA ALCOHOL SWABS	133
RA E-ZJECT LANCETS 28G	126
RA E-ZJECT LANCETS THIN 26G	126
RA E-ZJECT LANCETS THIN 28G	126
RA E-ZJECT LANCETS ULTRA THIN	126
ra folic acid	109
RA GLUCOSE	38
RA INSULIN SYRINGE	144
ra isopropyl alcohol wipes	93
RA PEN NEEDLES	144
rabeprazole sodium	175
RADICAVA	160
RADICAVA ORS	160
RADICAVA ORS STARTER KIT	160
raloxifene hcl	98
ramelteon	113
ramipril	46
ranolazine er	25
rasagiline mesylate	66
RAYA SURE PEN NEEDLE	144
react	86
READYLANCE SAFETY LANCETS	127
REALITY INSULIN SYRINGE	144
REALITY LANCETS	127

REALITY SWABS	133	REYATAZ	72
REALITY TRIGGER LANCETS	127	REZLIDHIA	61
REBIF	170	REZUROCK	152
REBIF REBIDOSE	170	RHOGAM ULTRA-FILTERED PLUS	167
REBIF REBIDOSE TITRATION PACK	170	RHOPHYLAC	167
REBIF TITRATION PACK	170	RIABNI	53
REBLOZYL	111	RIBAVIRIN	73
REBYOTA	104	ribavirin	74
reclipsen	83	RIDAURA	17
RECOMBINATE	107	rifabutin	49
RECOMBIVAX HB	178	rifampin	49
RELENZA DISKHALER	74	RIGHTEST ALTERNATE SITE ADAPT	127
RELEUKO	111	RIGHTEST GD500 LANCING DEVICE	127
RELION ALCOHOL SWABS	133	RIGHTEST GL300 LANCETS	127
RELION GLUCOSE	38	riluzole	160
RELION INSULIN SYRINGE	144	RIMANTADINE HCL	74
RELION KETONE TEST	95	RINVOQ	16
RELION LANCET DEVICES 30G	127	risedronate sodium	97
RELION LANCETS MICRO-THIN 33G	127	RISPERDAL CONSTA	67
RELION LANCETS THIN 26G	127	risperidone	67
RELION LANCETS ULTRA-THIN 30G	127	ritonavir	72
RELION LANCING DEVICE	127	RITUXAN	53
RELION MINI PEN NEEDLES	144	RITUXAN HYCELA	58
RELION PEN NEEDLES	144	rivelsa	83
RELION SHORT PEN NEEDLES	144	rizatriptan benzoate	151
RELION ULTRA THIN LANCETS 30G	127	roflumilast	27
RELION ULTRA THIN PLUS LANCETS	127	ROLVEDON	111
RELISTOR	104	romidepsin	61
RELNATE DHA	157	ROMIDEPSIN	61
RELYVRIO	160	ropinirole hcl	66
REMICADE	103	ropinirole hcl er	66
RENFLEXIS	103	ROSADAN	94
repaglinide	40	rosuvastatin calcium	45
REPATHA	46	roweepra	32
REPATHA PUSHTRONEX SYSTEM	46	ROZLYTREK	62
REPATHA SURECLICK	46	RUBRACA	62
RETACRIT	111	RUCONEST	108
RETEVMO	61	rufinamide	32
REVCOVI	100	RUKOBIA	72
REVLIMID	152	RUXIENCE	53
REXALL LANCETS ULTRA THIN 30G	127	RYBELSUS	38

RYBREVANT	53
RYDAPT	62
RYKINDO	67
RYLAZE	64
RYPLAZIM	108

S

SAFE-T-LANCE	127
SAFE-T-LANCE PLUS	127
SAFESNAP INSULIN SYRINGE	144
SAFETY INSULIN SYRINGES	145
SAFETY LANCET 21G/PRESSURE ACT	127
SAFETY LANCET 23G/PRESSURE ACT	127
SAFETY LANCET 28G/PRESSURE ACT	127
SAFETY LANCET 30G/PRESSURE ACT	127
SAFETY LANCETS	127
SAFETY LANCETS 21G	127
SAFETY LANCETS 23G	127
SAFETY LANCETS 28G	127
SAFETY LET LANCETS	127
SAFETY PEN NEEDLES	145
SAFETY SEAL LANCETS	127
SAIZEN	98
SAIZENPREP	98
sajazir	107
salsalate	19
SANCUSO	41
SANDIMMUNE	153
SANDOSTATIN LAR DEPOT	100
SANOFI COVID-19 VAC (BOOSTER)	178
SAPHNELO	154
sapropterin dihydrochloride	100
SAPS CARE ALCOHOL PREP	133
SAPS HEALTH ALCOHOL PREP	133
SAPS HEALTH CARE ALCOHOL PREP	133
SAPS HEALTH PLUS LANCETS	127
SAPS HEALTH TWIST TOP LANCETS	127
SAPS TWIST TOP LANCETS	127
SAPSCARE TWIST TOP LANCETS	127
SARCLISA	53
SAVELLA	168

SAVELLA TITRATION PACK	169
SB ALCOHOL PREP	133
SB INSULIN SYRINGE	145
SB LANCETS THIN	127
SB LANCETS ULTRA THIN	128
SCSEMBLIX	62
SCENESSE	94
scopolamine	42
SE-NATAL 19	158
SECUADO	68
SECURESAFE INSULIN SYRINGE	145
SECURESAFE SAFETY PEN NEEDLES	145
SELECT-LITE DEVICE/LANCETS	128
SELECT-LITE LANCING DEVICE	128
SELECT-OB	158
SELECT-OB+DHA	158
selegiline hcl	66
selenium sulfide	90
SELZENTRY	72
SEREVENT DISKUS	29
SEROSTIM	98
sertraline hcl	34
setlakin	83
sevelamer carbonate	104
sevelamer hcl	104
SEZABY	112
sf	154
sf 5000 plus	154
sharobel	86
SHIELD-SECURE FULL FACE SHIELD	150
SHINGRIX	178
SHOPKO ALCOHOL SWABS	133
SHOPKO AUTOLET LANCING DEVICE	128
SHOPKO ON-THE-GO LANCETS 30G	128
SHOPKO UNIFINE PENTIPS	145
SHOPKO UNIFINE PENTIPS PLUS	145
SHOPKO UNILET LANCETS 28G	128
SHOPKO UNILET LANCETS 30G	128
SHUR-SEAL CONTRACEPTIVE	179
SIDE BUTTON SAFETY LANCET	128
SIESTA MASK	150

SIGNIFOR	100	sm loratadine	44
SIGNIFOR LAR	101	sm loratadine allergy relief	44
SIKLOS	109	sm multiple vitamins essential	155
sildenafil citrate	77	sm nicotine	171
silodosin	105	sm nicotine polacrilex	172
SILVER NITRATE	91	sm super b complex/c	155
silver sulfadiazine	91	SM TRUEDRAW LANCING DEVICE	128
SIMBRINZA	162	sm vit c/rose hips	180
simliya	83	sm vitamin b-12	109
simpesse	83	sm vitamin b-6	180
SIMPLE DIAGNOSTICS LANCING DEV	128	sm vitamin c	180
SIMPONI	16	sm vitamin c/rose hips	180
SIMPONI ARIA	16	SMART DIABETES VANTAGE LANCING	128
simvastatin	45,46	SMART SENSE COLOR LANCETS 33G	128
SINGLE-LET	128	SMART SENSE GLUCOSE	38
sirolimus	153	SMART SENSE STANDARD LANCETS	128
SIRTURO	49	SMART SENSE SUPER THIN LANCETS	128
SIVEXTRO	24	SMART SENSE THIN LANCETS 26G	128
SKYCLARYS	160	SMARTEST LANCETS 28G	128
SKYRIZI	90,103,104	sod citrate-citric acid	105
SKYRIZI (150 MG DOSE)	90	sodium fluoride	151,154
SKYRIZI PEN	90	sodium fluoride 5000 enamel	154
SKYTROFA	98	sodium fluoride 5000 plus	154
SLYND	86	sodium fluoride 5000 ppm	154
SM ALCOHOL PREP	133	sodium fluoride 5000 sensitive	154
sm all day allergy	44	SODIUM OXYBATE	168
sm all day allergy relief	44	sodium polystyrene sulfonate	153
sm allergy relief	44	sodium sulfacetamide wash	90
sm animal shapes complete	156	SOGROYA	98
sm animal shapes kids first	156	SOHONOS	161
sm aspirin adult low strength	19	solifenacin succinate	176
sm aspirin ec low strength	19	SOLIRIS	108
sm aspirin low dose	19	SOLU-CORTEF	87
sm chewable c	180	SOLU-MEDROL (PF)	87
sm childrens aspirin	19	SOLUS V2 LANCETS 28G	128
sm cod liver oil	158	SOLUS V2 LANCING DEVICE	128
sm folic acid	109	SOLUS V2 TWIST LANCETS 30G	128
SM GLUCOSE	38	SOMATULINE DEPOT	101
sm iron	112	SOMAVERT	97
sm iron slow release	112	sorafenib tosylate	62
SM LANCETS 33G	128	sorine	75

sotalol hcl	75	sulfamethoxazole-trimethoprim	23
sotalol hcl (af)	75	sulfasalazine	104
SPEEDY SWAB COVID-19 ANTIGEN	95	sulfatrim pediatric	23
SPEVIGO	90	sulindac	18
SPIKEVAX	178	sumatriptan	151
SPIKEVAX COVID-19 VACCINE	178	sumatriptan succinate	151
SPINOSAD	94	SUMATRIPTAN SUCCINATE REFILL	151
SPINRAZA	161	sumatriptan-naproxen sodium	150
SPIRIVA HANDIHALER	27	sunitinib malate	62
SPIRIVA RESPIMAT	27	SUNLENCA	72
spironolactone	96	SUPER THIN LANCETS	128
spironolactone-hctz	96	SUPPRELIN LA	99
SPRAVATO (56 MG DOSE)	34	SUPRAX	78
SPRAVATO (84 MG DOSE)	34	SURE COMFORT ALCOHOL PREP	133
sprintec 28	83	SURE COMFORT INSULIN SYRINGE	145
SPRYCEL	62	SURE COMFORT LANCETS 18G	128
SPS	153	SURE COMFORT LANCETS 21G	128
sronyx	83	SURE COMFORT LANCETS 23G	128
ssd	91	SURE COMFORT LANCETS 28G	128
stavudine	72	SURE COMFORT LANCETS 30G	128
STELARA	90,104	SURE COMFORT LANCING PEN	128
STERILANCE PA	128	SURE COMFORT PEN NEEDLES	145
STERILANCE TL	128	SURE-FINE PEN NEEDLES	145
STIMUFEND	111	SURE-JECT INSULIN SYRINGE	145
STIOLTO RESPIMAT	29	SURE-LANCE FLAT LANCETS	128
STIVARGA	62	SURE-LANCE LANCETS 26G	129
STRENSIQ	100	SURE-LANCE THIN LANCETS 28G	129
stress formula	155	SURE-LANCE ULTRA THIN LANCETS	129
STRIBILD	72	SURE-PEN	129
STRIVERDI RESPIMAT	29	SURE-PREP ALCOHOL PREP	133
SUBLOCADE	22	SURE-TOUCH LANCETS UNIVERSAL	129
subvenite	32	SURELITE LANCETS	129
subvenite starter kit-blue	32	SUSTOL	42
sucrafate	175	SUSVIMO (IMPLANT 1ST FILL)	162
sulfacetamide sod-sulfur wash	88	SUSVIMO (IMPLANT REFILL)	162
sulfacetamide sodium	90,163	syeda	83
sulfacetamide sodium (acne)	88	SYFOVRE	163
sulfacetamide sodium-sulfur	88	SYLVANT	153
SULFACETAMIDE-PREDNISOLONE	164	SYMDEKO	172
SULFACETAMIDE-SULFUR IN UREA	88	SYMLINPEN 120	36
sulfadiazine	173	SYMLINPEN 60	36

SYMPAZAN	30
SYMTUZA	72
SYNAGIS	167
SYNAREL	99
SYNJARDY	36
SYNJARDY XR	36
SYNOJOYNT	159
SYNRIBO	64

T

tab-a-vite/beta carotene	155
TABRECTA	62
tacrolimus	93,153
tadalafil	76
tadalafil (pah)	77
TAFINLAR	62
tafluprost (pf)	165
TAGRISSE	54
TAKHZYRO	108
TALVEY	53
TALZENNA	62
tamoxifen citrate	56
tamsulosin hcl	105
tarina 24 fe	84
tarina fe 1/20	84
tarina fe 1/20 eq	84
TARON-C DHA	158
TARPEYO	87
TASIGNA	62
TAVALISSE	108
taysofy	84
TAYTULLA	84
TAZAROTENE	88
tazarotene	90
taztia xt	76
TAZVERIK	62
TDVAX	174
TECENTRIQ	53
TECHLITE AST LANCETS	129
TECHLITE INSULIN SYRINGE	145
TECHLITE LANCETS	129

TECHLITE LANCETS 26G	129
TECHLITE LANCETS 30G	129
TECHLITE PEN NEEDLES	145
TECVAYLI	53
TEGLUTIK	160
TEGRETOL	32
TEGRETOL-XR	32
TEGSEDI	172
TEKTURNA HCT	48
telmisartan	47
telmisartan-hctz	48
temazepam	112
temozolomide	50
temsirolimus	62
TENIVAC	174
tenofovir disoproxil fumarate	72
TEPEZZA	98
TEPMETKO	62
terazosin hcl	47
terbinafine hcl	42
terbutaline sulfate	29
terconazole	179
teriflunomide	170
TERIPARATIDE (RECOMBINANT)	97
testosterone	22
testosterone cypionate	22
TESTOSTERONE ENANTHATE	22
TETANUS-DIPHTHERIA TOXOIDS TD	174
tetrabenazine	169
tetracycline hcl	173
TEZSPIRE	27
TGT ALCOHOL SWABS	133
TGT GLUCOSE	38
TGT LANCET MICRO THIN 33G	129
TGT LANCET THIN 26G	129
TGT LANCET ULTRA THIN 30G	129
TGT LANCING DEVICE	129
THALOMID	152
THEO-24	29
theophylline	29
theophylline er	29

THINLETS GP LANCETS	129	TOUJEO MAX SOLOSTAR	40
thioridazine hcl	68	TOUJEO SOLOSTAR	40
thiotepa	50	TPOXX	74
thiothixene	69	TRACLEER	77
THRIVITE RX	158	TRADJENTA	38
THYROGEN	94	tramadol hcl	21
tiadylt er	76	TRAMADOL HCL (ER BIPHASIC)	21
tiagabine hcl	32	tramadol hcl er	21
TIBSOVO	62	tramadol hcl er (biphasic)	21
TIGLUTIK	160	tramadol-acetaminophen	21
tilia fe	84	trandolapril	46
timolol maleate	75,161	TRANDOLAPRIL-VERAPAMIL HCL ER	48
tinidazole	23	tranexamic acid	112
TIVDAK	53	TRANSDERM-SCOP	42
TIVICAY	72	tranylcypromine sulfate	34
TIVICAY PD	72	TRAVEL LANCETS	129
tizanidine hcl	159	TRAVEL LANCETS ADVANCED 28G	129
TLANDO	22	travoprost (bak free)	165
TOBI PODHALER	15	TRAZIMERA	52
TOBRADEX	164	trazodone hcl	34
tobramycin	15,163	TRELEGY ELLIPTA	29
tobramycin-dexamethasone	164	TRELSTAR MIXJECT	56
TODAY SPONGE	179	TREMFYA	90
TODAYS HEALTH LANCING DEVICE	129	treprostinil	77
TODAYS HEALTH MINI PEN NEEDLES	145	TRESIBA	40
TODAYS HEALTH PEN NEEDLES	145	TRESIBA FLEXTOUCH	40
TODAYS HEALTH SHORT PEN NEEDLE	146	tretinoin	64,88
TODAYS HEALTH THIN LANCETS 28G	129	tri femynor	84
TODAYS HEALTH THIN LANCETS 30G	129	tri-estarylla	84
tolcapone	65	tri-legest fe	84
tolterodine tartrate	176	tri-linyah	84
tolterodine tartrate er	176	tri-lo-estarylla	84
TOLVAPTAN	101	tri-lo-marzia	84
tolvaptan	101	tri-lo-mili	84
TOPCARE CLICKFINE PEN NEEDLES	146	tri-lo-sprintec	84
TOPCARE LANCETS MICRO-THIN 33G	129	tri-mili	84
TOPCARE ULTRA COMFORT INS SYR	146	tri-nymyo	84
topiramate	32	tri-previfem	84
topiramate er	32	tri-sprintec	84
toremifene citrate	56	TRI-VI-FLOR	156
torseamide	96	tri-vite/fluoride	156

tri-vylibra	84	TRUE COMFORT TWIST TOP LANCETS	129
tri-vylibra lo	84	true ferrous sulfate	112
triamcinolone acetonide	92,155	true folic acid	110
triamcinolone in absorbbase	92	true vitamin b1	180
triamterene-hctz	96	true vitamin b12	109
triazolam	112	true vitamin b2	180
TRICARE	158	true vitamin b3	180
tricitrates	105	true vitamin b6	180
trientine hcl	152	true vitamin c	180
trifluoperazine hcl	69	true vitamin d3	180
TRIFLURIDINE	163	TRUEDRAW LANCING DEVICE	129
trihexyphenidyl hcl	65	TRUEPLUS 5-BEVEL PEN NEEDLES	146
TRIJARDY XR	36	TRUEPLUS GLUCOSE	38
TRIKAFTA	173	TRUEPLUS GLUCOSE ON THE GO	38
TRILEPTAL	32	TRUEPLUS INSULIN SYRINGE	146
TRILURON	159	TRUEPLUS LANCETS 26G	129
trimethobenzamide hcl	42	TRUEPLUS LANCETS 28G	129
trimethoprim	23	TRUEPLUS LANCETS 30G	129
trimipramine maleate	35	TRUEPLUS LANCETS 33G	129
TRINATAL RX 1	158	TRUEPLUS PEN NEEDLES	146
TRINTELLIX	35	TRUEPLUS SAFETY LANCETS 28G	129
TRIPTODUR	99	TRULICITY	38,39
TRISENOX	64	TRUMENBA	177
TRISTART DHA	158	TRUQAP	63
TRIUMEQ	72	TRUSELTIQ (100MG DAILY DOSE)	63
TRIUMEQ PD	72	TRUSELTIQ (125MG DAILY DOSE)	63
TRIVISC	159	TRUSELTIQ (50MG DAILY DOSE)	63
trivora (28)	84	TRUSELTIQ (75MG DAILY DOSE)	63
TRIZIVIR	72	TUDORZA PRESSAIR	27
TRODELVY	65	TUKYSA	52
TROKENDI XR	32	tulana	86
tropicamide	162	TURALIO	63
tropium chloride	176	turqoz	84
tropium chloride er	176	TWINRIX	179
TRUE COMFORT ALCOHOL PREP PADS	133	TWIRLA	85
TRUE COMFORT INSULIN SYRINGE	146	TWIST TOP LANCETS 30G	129
TRUE COMFORT PEN NEEDLES	146	TYBLUME	84
TRUE COMFORT PRO ALCOHOL PREP	133	TYBOST	72
TRUE COMFORT PRO INSULIN SYR	146	tydemy	84
TRUE COMFORT PRO PEN NEEDLES	146	TYMLOS	97
TRUE COMFORT SAFETY LANCETS	129	TYSABRI	170

TYVASO	77
TYVASO DPI MAINTENANCE KIT	77
TYVASO DPI TITRATION KIT	77
TYVASO REFILL	77
TYVASO STARTER	77
TZIELD	36

U

UBRELVY	150
UDENYCA	111
UDENYCA ONBODY	111
ULTI-LANCE AUTOMATIC	129
ULTICARE ALCOHOL SWABS	134
ULTICARE INSULIN SAFETY SYR	146
ULTICARE INSULIN SYR 1/2 UNIT	146
ULTICARE INSULIN SYRINGE	146
ULTICARE MICRO PEN NEEDLES	146
ULTICARE MINI PEN NEEDLES	146
ULTICARE PEN NEEDLES	147
ULTICARE SHORT PEN NEEDLES	147
ULTIGUARD SAFEPACK PEN NEEDLE	147
ULTIGUARD SAFEPACK SYR/NEEDLE	147
ULTILET ALCOHOL SWABS	134
ULTILET CLASSIC LANCETS	130
ULTILET INSULIN SYRINGE	147
ULTILET INSULIN SYRINGE SHORT	147
ULTILET LANCETS	130
ULTILET PEN NEEDLE	147
ULTILET SAFETY LANCETS	130
ULTILET SAFETY LANCETS 23G	130
ULTOMIRIS	108
ULTRA COMFORT INSULIN SYRINGE	147
ULTRA FLO INSULIN PEN NEEDLES	147
ULTRA FLO INSULIN SYR 1/2 UNIT	147
ULTRA FLO INSULIN SYRINGE	147
ULTRA THIN LANCETS 31G	130
ULTRA THIN PEN NEEDLES	147
ULTRA-CARE ALCOHOL PREP PADS	134
ULTRA-CARE LANCETS 30G	130
ULTRA-THIN II AUTO LANCET	130
ULTRA-THIN II INS SYR SHORT	147
ULTRA-THIN II INSULIN SYRINGE	147
ULTRA-THIN II LANCETS	130
ULTRA-THIN II MINI PEN NEEDLE	147
ULTRA-THIN II PEN NEEDLE SHORT	147
ULTRA-THIN II PEN NEEDLES	148
ULTRACARE INSULIN SYRINGE	148
ULTRACARE PEN NEEDLES	148
ULTRALANCE	130
UNI-SOLVE	69
UNIFINE PEN NEEDLES	148
UNIFINE PENTIPS	148
UNIFINE PENTIPS PLUS	148
UNIFINE PROTECT PEN NEEDLE	148
UNIFINE SAFECONTROL PEN NEEDLE	148
UNIFINE ULTRA PEN NEEDLE	148
UNILET COMFORTOUCH LANCET	130
UNILET EXCELITE	130
UNILET EXCELITE II	130
UNILET G.P. LANCET	130
UNILET G.P. SUPERLITE LANCET	130
UNILET GP 28 ULTRA THIN	130
UNILET LANCET	130
UNILET MICRO-THIN 33G	130
UNILET SUPER-THIN 30G	130
UNILET SUPERLITE LANCET	130
UNILET ULTRA-THIN 28G	130
UNISTIK 1	130
UNISTIK 2	130
UNISTIK 2 COMFORT	130
UNISTIK 2 EXTRA	130
UNISTIK 2 NEONATAL	130
UNISTIK 2 NORMAL	130
UNISTIK 2 SUPER	130
UNISTIK 3	130
UNISTIK 3 COMFORT	130
UNISTIK 3 EXTRA	130
UNISTIK 3 GENTLE	130
UNISTIK 3 NEONATAL	131
UNISTIK 3 NORMAL	131
UNISTIK CZT COMFORT	131
UNISTIK CZT NORMAL	131

UNISTIK NORMAL	131	VALUMARK LANCET ULTRA THIN 28G	131
UNISTIK PRO SAFETY LANCET	131	VALUMARK PEN NEEDLES	148
UNISTIK SAFETY LANCETS 28G	131	vancomycin hcl	24
UNISTIK SAFETY LANCETS 30G	131	VANFLYTA	63
UNISTIK TOUCH SAFETY LANC 21G	131	VANISHPOINT INSULIN SYRINGE	148
UNISTIK TOUCH SAFETY LANC 23G	131	VAQTA	179
UNISTIK TOUCH SAFETY LANC 28G	131	varenicline tartrate	172
UNISTIK TOUCH SAFETY LANC 30G	131	varenicline tartrate (starter)	172
unithroid	174	varenicline tartrate(continue)	172
UNITUXIN	53	VARIVAX	179
UNIVERSAL 1 LANCETS THIN 26G	131	VASCEPA	44
UNIVERSAL 1 LANCETS THIN 33G	131	VAXNEUVANCE	177
UNIVERSAL 1 LANCETS ULTRA THIN	131	VCF VAGINAL CONTRACEPTIVE	179
UP & UP GLUCOSE	38	VECTIBIX	54
UPLIZNA	153	VELIVET	84
UPTRAVI	77	VELPHORO	104
ursodiol	102	VELTASSA	153
UZEDY	67	VEMLIDY	73
V		VENCLEXTA	53,54
V-GO 20	131	VENCLEXTA STARTING PACK	54
V-GO 30	131	venlafaxine hcl	35
V-GO 40	131	venlafaxine hcl er	35
VABYSMO	162	VENTAVIS	77
valacyclovir hcl	73	VENTOLIN HFA	29
VALCHLOR	89	VEOPOZ	108
valganciclovir hcl	73	verapamil hcl	76
valproic acid	33	VERAPAMIL HCL ER	76
valsartan	47	VEREGEN	88
valsartan-hydrochlorothiazide	48	VERIFINE INSULIN PEN NEEDLE	148
VALTOCO 10 MG DOSE	30	VERIFINE INSULIN SYRINGE	148
VALTOCO 15 MG DOSE	30	VERIFINE PLUS PEN NEEDLE	148
VALTOCO 20 MG DOSE	31	VERIFINE SAFE LANCET MINI 21G	131
VALTOCO 5 MG DOSE	31	VERIFINE SAFE LANCET MINI 23G	131
VALUE HEALTH INSULIN SYRINGE	148	VERIFINE SAFE LANCET MINI 28G	131
VALUE PLUS GLUCOSE	38	VERIFINE SAFE LANCET MINI 30G	131
VALUE PLUS LANCET STANDARD 21G	131	VERIFINE UNIVERSAL LANCETS 28G	131
VALUE PLUS LANCETS SUPER THIN	131	VERIFINE UNIVERSAL LANCETS 30G	131
VALUE PLUS LANCETS THIN 26G	131	VERIFINE UNIVERSAL LANCETS 33G	131
VALUE PLUS LANCING DEVICE	131	VERQUVO	78
VALUMARK LANCET SUPER THIN 30G	131	VERZENIO	63
		vestura	84

VICTOZA	39	vitamins acid-fluoride	156
VIDA MIA AUTOLET LANCING DEV	132	VITRAKVI	63
VIDA MIA UNIFINE PENTIPS	148	VIVA DHA	158
VIDA MIA UNILET LANCETS 28G	132	VIVAGUARD LANCETS	132
VIDA MIA UNILET LANCETS 30G	132	VIVAGUARD LANCING DEVICE	132
vienva	84	VIVI CAP	132
vigabatrin	33	VIVI CAP1	132
vigadrone	33	VIVIMUSTA	50
vigpoder	33	VIVITROL	41
VIJOICE	153	VIVJOA	43
vilazodone hcl	35	VIVOTIF	177
VILTEPSO	160	VIZIMPRO	54
VIMIZIM	100	volnea	84
VINATE ONE	158	VONJO	63
VIOKACE	96	voriconazole	43
viorele	84	VOTRIENT	63
VIRACEPT	72	VOWST	104
VIREAD	72	VOXZOGO	100
VIRT-C DHA	158	VP INSULIN SYRINGE	148
VIRT-NATE DHA	158	VP-PNV-DHA	158
VIRT-PN DHA	158	VPRIV	109
VIRT-PN PLUS	158	VRAYLAR	66
virtussin a/c	87	VUITY	162
virtussin ac w/alc	87	VUMERITY	170
VISUDYNE	163	vyfemla	84
VITAFOL GUMMIES	158	VYJUVEK	94
VITAFOL ULTRA	158	vylibra	84
VITAFOL-NANO	158	VYNDAMAX	78
VITAFOL-OB	158	VYNDAQEL	78
VITAFOL-OB+DHA	158	VYONDYS 53	160
VITAFOL-ONE	158	VYVGART	152
vitajoy biotin gummies	181	VYVGART HYTRULO	152
vitamin a	180	VYXEOS	58
vitamin b complex	155	VYZULTA	165
vitamin b complex w/b-12	155		
vitamin b-1	181	W	
vitamin b-12	109	WALGREENS ADV TRAVEL LANCETS	132
vitamin b-6	181	WALGREENS GLUCOSE	38
vitamin b1	181	WALGREENS LANCETS	132
vitamin c	181	WALGREENS LANCETS MICRO THIN	132
vitamin d (ergocalciferol)	180	WALGREENS LANCETS SUPER THIN	132

WALGREENS THIN LANCETS	132
WALGREENS ULTRA THIN LANCETS	132
warfarin sodium	29
WEBCOL ALCOHOL PREP LARGE	134
WEBCOL ALCOHOL PREP MEDIUM	134
wee care	112
WEGMANS UNIFINE PENTIPS PLUS	148
WELIREG	56
wera	85
WESCAP-C DHA	158
WESCAP-PN DHA	158
WESNATE DHA	158
WESTGEL DHA	158
WIDE-SEAL DIAPHRAGM 60	114
WIDE-SEAL DIAPHRAGM 65	114
WIDE-SEAL DIAPHRAGM 70	114
WIDE-SEAL DIAPHRAGM 75	114
WIDE-SEAL DIAPHRAGM 80	114
WIDE-SEAL DIAPHRAGM 85	114
WIDE-SEAL DIAPHRAGM 90	114
WIDE-SEAL DIAPHRAGM 95	114
WILATE	107
WINRHO SDF	167
wixela inhub	29
wymzya fe	85

X

XACDURO	24
XALKORI	63
XARELTO	30
XARELTO STARTER PACK	30
XATMEP	51
XCOPRI	32
XCOPRI (250 MG DAILY DOSE)	32
XCOPRI (350 MG DAILY DOSE)	32
XDEMVY	163
XELJANZ	16
XELJANZ XR	17
XELPROS	165
XEMBIFY	167
XENLETA	24

XENPOZYME	100
XEOMIN	161
XEPI	89
XERAC AC	93
XERESE	91
XERMELO	104
XGEVA	97
XIAFLEX	152
XIFAXAN	23
XIGDUO XR	36
XIIDRA	163
XIPERE	164
XOFIGO	64
XOFLUZA (40 MG DOSE)	74
XOFLUZA (80 MG DOSE)	74
XOLAIR	27
XOSPATA	63
XPHOZAH	100
XPOVIO (100 MG ONCE WEEKLY)	57
XPOVIO (40 MG ONCE WEEKLY)	57
XPOVIO (40 MG TWICE WEEKLY)	57
XPOVIO (60 MG ONCE WEEKLY)	57
XPOVIO (60 MG TWICE WEEKLY)	57
XPOVIO (80 MG ONCE WEEKLY)	57
XPOVIO (80 MG TWICE WEEKLY)	57
XTANDI	56
xulane	85
XULTOPHY	36
XYNTHA	107
XYNTHA SOLOFUSE	107
XYREM	168
XYWAV	168

Y

yargesa	109
YCANTH	93
YERVOY	53
yl folic acid	110
YONDELIS	50
YONSA	56
YUSIMRY	16

yuvafem	179
Z	
zafemy	85
zafirlukast	27
zaleplon	113
ZALTRAP	51
zarah	85
ZATEAN-PN DHA	158
ZATEAN-PN PLUS	158
zebutal	19
ZEGALOGUE	38
ZEJULA	63
ZELBORAF	63
ZEMAIRA	172
ZEMBRACE SYMTOUCH	151
zenatane	88
ZENPEP	96
ZEPOSIA	170
ZEPOSIA 7-DAY STARTER PACK	170
ZEPOSIA STARTER KIT	170
ZEPZELCA	50
ZETONNA	160
ZEVALIN Y-90	53
ZEVRX INSULIN SYRINGE	149
ZEVRX PEN NEEDLES	149
ZEVRX STERILE ALCOHOL PREP PAD	134
ZEVRX TWIST TOP LANCETS 30G	132
zidovudine	72
ZIEXTENZO	111
ZIMHI	41
ZINPLAVA	167
ziprasidone hcl	66
ZOKINVY	153
ZOLADEX	56
ZOLEDRONIC ACID	97
zoledronic acid	97
ZOLINZA	63
zolmitriptan	151
ZOLPIDEM TARTRATE	113
zolpidem tartrate	113

zolpidem tartrate er	113
ZOMACTON	98
ZOMACTON (FOR ZOMA-JET 10)	98
zonisamide	32
ZORYVE	90
ZOSTAVAX	179
zovia 1/35 (28)	85
zovia 1/35e (28)	85
ZTALMY	32
ZULRESSO	34
zumandimine	85
ZURZUVAE	34
ZYDELIG	63
ZYKADIA	63
ZYNLONTA	53
ZYPITAMAG	46
ZYPREXA RELPREVV	68