GHP FAMILY

2025 member formulary

List of covered drugs

Geisinger

What is the Statewide PDL and GHP Family Formulary?

Geisinger Health Plan, like other Medical Assistance Managed Care Organizations follows the Statewide Preferred Drug List (PDL). The Statewide PDL is developed by the Department of Human Services' (DHS) Pharmacy and Therapeutics Committee. A formulary is a list of drugs selected by GHP Family, which represents medications believed to be a necessary part of a quality treatment program. Only medications that are not part of the PDL may be included in the GHP Family formulary.

This formulary is up to date at the time of print. For the most up to date information, please go to our website at https://www.geisinger.org/health-plan/plans/ghp-family and visit https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Preferred-Drug-List.aspx for information on the Statewide PDL.

Can the Formulary change?

The plan may add or remove drugs from the formulary. If we remove drugs from our formulary or add restrictions on a drug such as a requirement for prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. See section, "Are there any requirements or limits on my drugs?" for more information.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Drug Class

The formulary begins on page 14. The drugs in this formulary are grouped into the class of drugs they belong to. If you know what class your drug belongs to, look for the class name in the list that begins on page 12. Then look under the class name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that is included at the end of this document. The Index provides an alphabetical list of all the drugs included in this document.

The first column of the formulary lists the formulary drug. Brand drugs are printed in all upper-case letters (e.g. DIURIL ORAL SUSPENSION). Generic drugs are printed in all lower-case italic letters (e.g. *furosemide)*.

The second column of the formulary lists the tier the drug is covered on. Tier 1 contains generic medications. Tier 2 contains brand name medications. Drugs listed as OTC are over-the-counter medications.

The third column of the formulary lists any requirements or limits that may apply to the drug. See the section titled "Are there any requirements or limits on my drugs" below.

What are generic drugs?

GHP Family covers both brand name drugs and generic drugs. If your doctor prescribes a brand name drug and a generic is available, your pharmacist will give you the generic version of that drug. A generic drug is approved by the Federal Food & Drug Administration (FDA) as having the same active ingredient as the brand name drug and is just as safe and effective. Generally, generic drugs cost less than brand name drugs. Prescriptions written as "brand medically necessary" by your doctor will require prior authorization.

Are Over-the-Counter (OTC) drugs covered?

Certain OTC medications are listed on the Statewide PDL or formulary. OTC drugs will require a prescription from your doctor.

Dispensing Limits

GHP Family will cover up to a 34-day supply of your medication unless the prescription is written for less by your physician or the medication is subject to a quantity limit restriction. If there are medications you take on a regular basis, such as blood pressure medications or medications to treat cholesterol (maintenance medications), you have the option to obtain a 90-day supply from a participating retail pharmacy or mail order pharmacy. Please call GHP Family Pharmacy services at (855) 552-6028 or (570) 214–3554 for assistance in finding a participating pharmacy. Certain medications such as controlled substances and specialty medications are excluded from this 90-day supply program. If you have questions about which medications are considered maintenance medications you can check online at https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger or call GHP Family Pharmacy services at (855) 552-6028 or (570) 214–3554. A medication may be refilled when 85% has been used. Controlled medications, which may cause addiction, such as those used for pain or anxiety, may be refilled when 90% has been used. If for some reason you need a refill before 85% or 90% of the medication has been used please call GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554 for assistance.

GHP Family will grant one early refill if you are traveling outside of Pennsylvania and will run out of medication before you return home. GHP Family will allow this once per medication per member per year. Your pharmacy should contact GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554 to obtain a vacation supply. Any additional requests for a vacation supply will require prior authorization.

Requests to replace medications that are lost, stolen, or destroyed must be reviewed by GHP Family Pharmacy Services. Members should contact GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554 for more information.

Blood Glucose Monitors and Strips

Members are entitled to receive one new blood glucose monitor every two years and 200 strips every month. You can also receive a new monitor if you switch to a different one that is preferred on the PDL.

Medical Benefit Drugs

Medical benefit drugs are drugs dispensed and administered in a physician's office and are not included in the formulary. For some Medical Benefit Drugs, your provider must first obtain prior authorization. Your provider can find a list of medical benefit drugs that require prior authorization here: GHP-Family-Medical-Drug-PA-List.pdf (geisinger.org). Any questions regarding the coverage of medical benefit drugs should be directed to GHP Family Pharmacy Services at (855) 552-6028.

Vaccines

The vaccines included in the formulary are available to members at a retail pharmacy without a prescription. The typhoid vaccine (Vivotif) is also available at retail pharmacies but requires a prescription. Other vaccines are considered a medical benefit and should be administered by your physician.

Are there any requirements or limits on my drugs?

Some drugs may have additional requirements or limits. These requirements and limits may include:

- **Prior Authorization:** GHP Family requires your physician to get prior approval for certain drugs. This means that your prescriber will need to get approval from GHP Family before you fill prescriptions for these drugs. Without this approval, GHP Family will not pay for the drug. If GHP denies the prior authorization request, you can appeal the decision. Please see the GHP member handbook, section 15, Complaint, Appeal and Fair Hearing Processes, for information about filing an appeal.

- **Quantity Limits:** For certain drugs, there are limits to the amount of the drug that you can get. GHP Family follows DHS' quantity limits except for blood glucose meters and strips, injection devices for insulin, condoms, spacers (OptiChamber), injectable anticoagulants (Lovenox), vaccines, medications used to treat low blood sugar (glucagon, GVOKE, etc.), Symbicort, and budesonide-formoterol HFA. Quantity limits are available at https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html or www.geisinger.org/health-plan/plans/ghp-family/pharmacy-coverage. If your prescriber wants you to have more than the limit, your prescriber must request prior authorization.

- **Step Therapy:** In some cases, GHP Family requires you to first try certain drugs to treat your medical condition before we will approve another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, GHP Family may not approve Drug B unless you try Drug A first. If Drug A does not work for you, GHP

Family will then approve Drug B. Your prescriber may request prior authorization if Drug A does not work for you or if you cannot take Drug A.

- **Specialty Pharmacy:** Specialty medications can only be filled by certain pharmacies in the GHP Family network. Specialty drugs are medications used to treat complex diseases. These medications usually require specialized handling and monitoring. If you are taking a specialty medicine or if you have a question about finding a specialty pharmacy, please call GHP Family Pharmacy services at (855) 552-6028. Specialty medications that are included in this formulary have the initials SP next to them. A complete list of specialty medications and pharmacies that can fill them can be found here: GHP Family Specialty List. Any Specialty Medication that is also a Medical Benefit Drug can either be dispensed by a contracted specialty pharmacy or a prescriber can obtain, administer and bill GHP Family for the cost of the medications.

The following abbreviations are found within column three of this formulary and indicate the requirements and limits listed above:

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	Your physician is required to get prior authorization from GHP Family before you fill your prescription for this drug. Without prior approval, GHP Family will not pay for this drug.
QL	Quantity Limit Restriction	GHP Family limits the amount of this drug that can be obtained per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before GHP Family will approve this drug, you must first try another drug(s) to treat your medical condition. This drug may only be approved if the other drug(s) does not work for you.
SP	Specialty Pharmacy	Some drugs are not available at your retail pharmacy. These drugs are called specialty drugs and can be obtained at specialty pharmacies. To find out how and where to obtain a specialty drug, please contact GHP Family Pharmacy services at (855) 552-6028.
AL	Age Limit	Some drugs are only available to certain age groups. If you are outside this age range your physician will need to obtain prior authorization before you fill your prescription for this drug.

How much will I pay for my drugs?

Pharmacy copays will apply to members 18 years of age and older unless otherwise listed below. Brand name prescription and over-the-counter drugs have a $3 copayment. Generic prescription and over-the-counter drugs have a $1 copayment. Services cannot be denied if the member is unable to afford the copay.

There are no copays for:

- Pregnant women (including the postpartum period which ends 12 months after delivery)
- Children under 18 years of age
- Medical benefit drugs
- Members in a nursing home
- Members receiving hospice care.
- Members in an Intermediate Care Facility for Mental Retardation or Intermediate Care Facility for Other Related Conditions
- Family planning drugs or supplies
- Drugs, including immunizations, when dispensed and/or administered by a physician
- Title IV-B Foster Care and IV-E Foster Care and Adoption Assistance
- Members eligible under the Breast and Cervical Cancer Prevention and Treatment Programs
- There is no copay for the following groups of medications:

    - Antihypertensives (high blood pressure)
    - Antidiabetes (high blood sugar)
    - Anticonvulsants (seizure)
    - Cardiovascular preparations (heart disease)
    - Antipsychotics (except those that are controlled substance antianxiety drugs)
    - Antineoplastics (cancer drugs)
    - Antiglaucoma drugs
    - Anti-Parkinson's drugs
    - HIV/AIDS drugs
    - Preferred naloxone injection/nasal spray for drug overdose

Non-covered medications

The following medications are not eligible for coverage under the Medical Assistance Program:

- Drugs that are designated by the FDA as less than effective (DESI) drugs
- Any drug marketed by a drug company that does not participate in the Medicaid Rebate Program
- Drugs used for cosmetic purposes or hair growth
- Drugs used for fertility
- Drugs used for erectile dysfunction
- Drugs and devices classified as experimental
- Drugs ordered by a prescriber who has been barred or suspended from participating the MA program

What if my drug requires prior authorization?

If you learn that GHP Family requires prior authorization of your drug, you have two options:

- You can ask GHP Family Pharmacy Services for a list of similar drugs that are on the GHP Family formulary. You can call GHP Family Pharmacy Services at (855) 552-6028 or (570) 214-3554. When you receive the list, show it to your doctor and ask him or her if one of these drugs will work for you.
- Your physician can ask GHP Family for approval of your drug through a prior authorization. See below for information about how your physician can request a prior authorization.

What if I need a drug that is not listed on the Statewide PDL or GHP Family Formulary?

- Please check the PDL Welcome to Pennsylvania Medical Assistance Preferred Drug List | Pennsylvania Medical Assistance Preferred Drug List (papdl.com) and formulary to see if there is a preferred alternative or formulary alternative that you can ask your physician to switch you to
- Your physician can ask us to approve your drug even if it is not on our formulary or the PDL

Generally, GHP Family will only approve your physician's request if the alternative drugs included on the plan's formulary would not be as effective in treating your condition and/or would cause you to have a negative medical effect. We must make our decision within 24 hours of getting your prescriber's request.

If the pharmacy cannot fill your prescription because of the medication being non-formulary or requiring prior authorization, GHP Family will authorize a temporary supply of the medication. If your prescription is for an ongoing medication, a 15-day temporary supply will be authorized. If your prescription is for a new medication, a 5-day temporary supply of medication will be authorized. Members are limited to one temporary supply per medication every 180 days.

A member whose prescription rejects for prior authorization or other utilization management criteria should not be turned away at the pharmacy without receiving a temporary supply of medication unless the dispensing pharmacist feels that dispensing the medication would jeopardize the health and safety of the member.

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, TTY/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, phone or email 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).
OCRMail@hhs.gov

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

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-447-4000 (PA RELAY 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-447-4000 (PA RELAY 711) o hable con su proveedor.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 800-447-4000 (PA RELAY 711)或咨询您的服务提供商。

सावधान: ियद तपाईं नेपाली भाषा बो4नु67छ भने तपाईंका लाि◌ग ि◌न:शु< भाि◌षक सहायता सेवाह> उपल@ छन्। प6ँचयोE ढाँचाह>मा जानकारी Jदान गनK उपयुL सहायता र सेवाह> ि◌पन ि◌नः शु< उपल@ छन्। 800-447-4000 (PA RELAY 711) मा फोन गनुKहोस् वा आPनो Jदायकसँग कुरा गनुKहोस्।

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-447-4000 (PA RELAY 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. تاصل على الرقم 800-447-4000 (PA RELAY 711) وأتحدث إلى مقدم الخدمة".

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 800-447-4000 (PA RELAY 711) oswa pale avèk founisè w la.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800-447-4000 (PA RELAY 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 800-447-4000 (PA RELAY 711) або зверніться до свого постачальника».

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 800-447-4000 (PA RELAY 711)或與您的提供者討論。」

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 800-447-4000 (PA RELAY 711) ou fale com seu provedor.

◌মনা◌◌যাগ ি◌◌দন: ি◌যদ আপন বাংলা ◌বলন তা◌েহল আপনার জনb ি◌◌বনামূ◌◌লb ভাষা সহায়তা ি◌পেরষবা◌িদ উপলi ◌রেয়ছ। অb◌া◌◌া◌েসযাগb ফরমb◌া◌◌ট তথb pদা◌◌নর জনb উপযুr সহায়ক সেহযা◌িগতা এবং
ি◌পেরষবা◌িদও
ি◌◌বনামূ◌◌লb উপলi ◌রেয়ছ। 800-447-4000 (PA RELAY 711) নv◌◌র কল কwন অথবা আপনার pদানকারীর সা◌◌থ কথা বলুন।

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 800-447-4000 (PA RELAY 711) ou parlez à votre fournisseur. »

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800-447-4000 (PA RELAY 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

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Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
ANALEPTICS		
caffeine citrate 20 mg/ml solution	1	AL (Up to 2 yrs old)
caffeine citrate 60 mg/3ml solution	1	AL (Up to 2 yrs old)
ALTERNATIVE MEDICINES (CONTINUED)		
ALTERNATIVE MEDICINE - M'S		
melatonin 3 mg tab	3	
ALTERNATIVE MEDICINE COMBINATIONS		
melatonin-pyridoxine 5-10 mg tab	3	
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
GOLD COMPOUNDS		
AURANOFIN 3 MG CAP	1	
RIDAURA 3 MG CAP	2	
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide (10 mg tab, 20 mg tab)	1	
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESICS OTHER		
acetaminophen (120 mg suppos, 160 mg chew tab)	3	QL (20 units per 1 day)
acetaminophen (160 mg/5ml liquid, 160 mg/5ml solution, 325 mg/10.15ml solution, 650 mg/20.3ml solution)	3	QL (75 units per 1 day)
acetaminophen 325 mg tab	3	QL (10 units per 1 day)
acetaminophen 650 mg suppos	3	QL (6 units per 1 day)
acetaminophen 650 mg/20.3ml suspension	3	QL (100 units per 1 day)
acetaminophen childrens 160 mg/5ml solution	3	QL (75 units per 1 day)
acetaminophen extra strength 500 mg tab	3	QL (6 units per 1 day)
childrens acetaminophen 160 mg/5ml suspension	3	QL (75 units per 1 day)
ft pain reliever adults 650 mg suppos	3	QL (6 units per 1 day)
ft pain reliever children 120 mg suppos	3	QL (20 units per 1 day)
m-pap 160 mg/5ml liquid	3	QL (75 units per 1 day)
mapap 500 mg cap	3	QL (6 units per 1 day)

Drug Name	Drug Tier	Requirements / Limits
mapap childrens 80 mg chew tab	3	QL (30 units per 1 day)
SALICYLATES		
aspirin (81 mg chew tab, 81 mg tab dr, 325 mg tab)	3	QL (12 units per 1 day)
salsalate (500 mg tab, 750 mg tab)	1	QL (4 units per 1 day)
sm aspirin low dose 81 mg tab dr	3	QL (12 units per 1 day)
ANDROGENS-ANABOLIC (CONTINUED)		
ANDROGENS		
danazol (50 mg cap, 100 mg cap, 200 mg cap)	1	
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
hydrocortisone 100 mg/60ml enema	1	
RECTAL COMBINATIONS		
lidocaine-hydrocortisone ace (2-2 % kit, 3-1 % kit, 3-2.5 % kit)	1	
PROCTOFOAM HC 1-1 % FOAM	2	
RECTAL LOCAL ANESTHETICS		
gnp anorectal 5 % cream	1	
hemorrhoidal relief 5 % cream	1	
lidocaine (anorectal) 5 % cream	1	
pramoxine hcl (perianal) 1 % foam	3	
rectasmoothe 5 % cream	1	
RECTAL STEROIDS		
hydrocortisone (perianal) 2.5 % cream	1	
procto-med hc 2.5 % cream	1	
proctosol hc 2.5 % cream	1	
proctozone-hc 2.5 % cream	1	
ANTACIDS (CONTINUED)		
ANTACID COMBINATIONS		
ACID GONE (95-358 MG/15ML SUSPENSION, 160-105 MG CHEW TAB)	3	
antacid 400-400-40 mg/10ml suspension	3	

Drug Name	Drug Tier	Requirements / Limits
antacid plus anti-gas relief 200-200-20 mg/5ml suspension	3	
antacid regular strength 200-200-20 mg/5ml suspension	3	
antacid/antigas 400-400-40 mg/10ml suspension	3	
ft antacid & antigas 200-200-20 mg/5ml suspension	3	
hm antacid 200-200-20 mg/5ml suspension	3	
mag-al plus 200-200-20 mg/5ml liquid	3	
sm antacid 400-400-40 mg/10ml suspension	3	
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	3	
ANTACIDS - BICARBONATE		
sodium bicarbonate (325 mg tab, 650 mg tab)	3	
ANTACIDS - CALCIUM SALTS		
antacid 750 mg chew tab	3	
antacid calcium 500 mg chew tab	3	
antacid extra strength 750 mg chew tab	3	
antacid regular strength 500 mg chew tab	3	
antacid ultra strength 1000 mg chew tab	3	
calcium antacid 500 mg chew tab	3	
calcium antacid extra strength 750 mg chew tab	3	
calcium carbonate antacid 1250 mg/5ml suspension	3	
ft antacid extra strength 750 mg chew tab	3	
hm calcium antacid ex st 750 mg chew tab	3	
sm calcium antacid ex st 750 mg chew tab	3	
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide -mg supplement 400 (240 mg) mg tab	3	
magnesium oxide 400 mg tab	3	
true magnesium oxide 400 mg tab	3	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
albendazole 200 mg tab	1	QL (4 units per 1 day)

Drug Name	Drug Tier	Requirements / Limits
EMVERM 100 MG CHEW TAB	2	PA, QL (2 units per 1 day)
praziquantel 600 mg tab	1	
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
trimethoprim 100 mg tab	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	1	
sulfatrim pediatric 200-40 mg/5ml suspension	1	
ANTIPROTOZOAL AGENTS		
atovaquone 750 mg/5ml suspension	1	QL (20 units per 1 day)
MEPRON 750 MG/5ML SUSPENSION	2	QL (20 units per 1 day)
LEPROSTATICS		
dapsone (25 mg tab, 100 mg tab)	1	
LINCOSAMIDES		
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	1	
clindamycin palmitate hcl 75 mg/5ml recon soln	1	
OXAZOLIDINONES		
linezolid (100 mg/5ml recon susp, 600 mg tab)	1	
SIVEXTRO 200 MG TAB	2	PA, QL (1 unit per 1 day)
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate (100 mg cap, 150 mg cap)	1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	1	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	1	

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	1	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	1	QL (2 units per 1 day)
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	1	
XANTHINES		
theophylline (80 mg/15ml elixir, 80 mg/15ml solution)	1	
theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)	1	
ANTICOAGULANTS (CONTINUED)		
HEPARINS AND HEPARINOID-LIKE AGENTS		
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)	1	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
ft stomach relief 262 mg chew tab	3	
MICROFLOR CAP	3	
stomach relief 262 mg chew tab	3	
WOMENS 50 BILLION CAP	3	
ANTIPERISTALTIC AGENTS		
anti-diarrheal 2 mg cap	1	QL (8 units per 1 day)
DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID)	1	
ft anti-diarrheal 2 mg cap	1	QL (8 units per 1 day)
gnp anti-diarrheal 2 mg cap	1	QL (8 units per 1 day)
hm anti-diarrheal 2 mg cap	1	QL (8 units per 1 day)
loperamide hcl 2 mg cap	1	QL (8 units per 1 day)

Drug Name	Drug Tier	Requirements / Limits
sm anti-diarrheal 2 mg cap	1	QL (8 units per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES AND SPECIFIC ANTAGONISTS		
acetylcysteine 200 mg/ml solution	1	
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine maleate er 12 mg tab er	3	
ANTIHISTAMINES - ETHANOLAMINES		
allergy 25 mg cap	3	
diphenhydramine hcl (12.5 mg/5ml liquid, 25 mg cap, 25 mg tab, 50 mg cap)	3	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)	1	
ANTIHYPERTENSIVES (CONTINUED)		
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone 25 mg tab	1	QL (4 units per 1 day)
eplerenone 50 mg tab	1	QL (2 units per 1 day)
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
minoxidil (2.5 mg tab, 10 mg tab)	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10 MG TAB	2	PA, SP
pyridostigmine bromide (30 mg tab, 60 mg tab)	1	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
ethambutol hcl (100 mg tab, 400 mg tab)	1	
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	1	

Drug Name	Drug Tier	Requirements / Limits
PRETOMANID 200 MG TAB	2	PA
pyrazinamide 500 mg tab	1	
rifabutin 150 mg cap	1	
rifampin (150 mg cap, 300 mg cap)	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)	2	SP
cyclophosphamide (25 mg cap, 50 mg cap)	1	SP
MELPHALAN 2 MG TAB	1	
ANTIMETABOLITES		
mercaptopurine 50 mg tab	1	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
EMCYT 140 MG CAP	2	
FLUTAMIDE 125 MG CAP	1	QL (6 units per 1 day)
LYSODREN 500 MG TAB	2	SP
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	1	
nilutamide 150 mg tab	1	QL (2 units per 1 day), SP
ANTINEOPLASTIC COMBINATIONS		
INQOVI 35-100 MG TAB	2	PA, SP
ANTINEOPLASTICS MISC.		
bexarotene 75 mg cap	1	PA, SP
MATULANE 50 MG CAP	2	SP
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	1	
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	1	SP
vincasar pfs 1 mg/ml solution	1	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	SP

Drug Name	Drug Tier	Requirements / Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
lithium 8 meq/5ml solution	1	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	1	
lithium carbonate er (300 mg tab er, 450 mg tab er)	1	
ANTIVIRALS (CONTINUED)		
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	QL (20 units per 1 fill)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK	2	
MISC. ANTIVIRALS		
VEKLURY 100 MG RECON SOLN	2	SP
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
digitek (125 mcg tab, 250 mcg tab)	1	
digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)	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 (1 unit per 1 day), SP
PROSTAGLANDIN VASODILATORS		
treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)	1	PA, SP
CONTRACEPTIVES (CONTINUED)		
EMERGENCY CONTRACEPTIVES		
econtra ez 1.5 mg tab	3	
econtra one-step 1.5 mg tab	3	
her style 1.5 mg tab	3	
levonorgestrel 1.5 mg tab	3	
my way 1.5 mg tab	3	

Drug Name	Drug Tier	Requirements / Limits
opcicon one-step 1.5 mg tab	3	
option 2 1.5 mg tab	3	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
hydrocortisone sod suc (pf) 100 mg recon soln	1	
methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)	1	
methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)	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	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
benzonatate (100 mg cap, 200 mg cap)	1	
HYCODAN 5-1.5 MG/5ML SOLUTION	1	QL (30 units per 1 day)
hydrocodone bit-homatrop mbr 5-1.5 mg tab	1	QL (6 units per 1 day)
hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution	1	QL (30 units per 1 day)
hydromet 5-1.5 mg/5ml solution	1	QL (30 units per 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod poli-chlorphe poli er 10-8 mg/5ml susp	1	QL (10 units per 1 day)
promethazine-codeine 6.25-10 mg/5ml solution	1	QL (30 units per 1 day), AL (18 to 999 yrs old)
promethazine-codeine 6.25-10 mg/5ml syrup	1	QL (30 units per 1 day), AL (18 to 999 yrs old)
promethazine-dm 6.25-15 mg/5ml syrup	1	
MISC. RESPIRATORY INHALANTS		
sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)	1	
MUCOLYTICS		
acetylcysteine (10 % solution, 20 % solution)	1	
DERMATOLOGICALS (CONTINUED)		
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
CARAC 0.5 % CREAM	1	

Drug Name	Drug Tier	Requirements / Limits
EFUDEX 5 % CREAM	1	
fluorouracil (0.5 % cream, 2 % solution, 5 % cream, 5 % solution)	1	
ANTISEBORRHEIC PRODUCTS		
selenium sulfide (2.25 % shampoo, 2.3 % shampoo, 2.5 % lotion)	1	
BURN PRODUCTS		
silver sulfadiazine 1 % cream	1	
ssd 1 % cream	1	
EMOLLIENT/KERATOLYTIC AGENTS		
urea (20 % cream, 39 % cream, 40 % cream, 41 % cream)	1	
urea 20 intensive hydrating 20 % cream	3	
UREA HYDRATING 35 % FOAM	1	
ureacin-20 20 % cream	3	
EMOLLIENTS		
ammonium lactate (12 % cream, 12 % lotion)	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	2	PA, QL (0.8 units per 1 day), SP
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox 0.5 % solution	1	
LOCAL ANESTHETICS - TOPICAL		
pramoxine hcl 1 % lotion	3	
MISC. TOPICAL		
DRYSOL 20 % SOLUTION	2	
XERAC AC 6.25 % SOLUTION	2	
zinc oxide (20 % ointment, 25 % ointment)	3	
ROSACEA AGENTS		
azelaic acid 15 % gel	1	
ivermectin 1 % cream	1	
metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)	1	

Drug Name	Drug Tier	Requirements / Limits
rosadan (0.75 % cream, 0.75 % gel)	1	
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC TESTS		
PRECISION XTRA KETONE STRIP	1	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS (CONTINUED)		
DIETARY MANAGEMENT PRODUCTS		
FOLTANX 3-35-2 MG TAB	3	
L-METHYLFOLATE (7.5 MG TAB, 15 MG TAB)	3	
L-METHYLFOLATE-B6-B12 3-35-2 MG TAB	3	
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	1	
acetazolamide er 500 mg cap er 12h	1	
methazolamide (25 mg tab, 50 mg tab)	1	
DIURETIC COMBINATIONS		
amiloride-hydrochlorothiazide 5-50 mg tab	1	
spironolactone-hctz 25-25 mg tab	1	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1	
LOOP DIURETICS		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)	1	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl 5 mg tab	1	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone (25 mg tab, 50 mg tab)	1	
DIURIL 250 MG/5ML SUSPENSION	2	AL (Up to 2 yrs old)
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	1	

Drug Name	Drug Tier	Requirements / Limits
indapamide (1.25 mg tab, 2.5 mg tab)	1	
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
METABOLIC MODIFIERS		
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	1	PA, QL (4 units per 1 day)
javygtor (100 mg packet, 500 mg packet)	1	PA, SP
javygtor 100 mg tab	1	PA, SP
levocarnitine (1 gm/10ml solution, 330 mg tab)	1	
levocarnitine sf 1 gm/10ml solution	1	
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	2	PA, SP
NULIBRY 9.5 MG RECON SOLN	2	PA, SP
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 units per 1 day), SP
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	2	PA, QL (0.15 units per 1 day), SP
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, QL (3 units per 1 day), SP
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	1	PA, SP
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	2	PA, SP
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	2	PA, SP
POSTERIOR PITUITARY HORMONES		
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	1	
desmopressin acetate spray 0.01 % solution	1	QL (0.4 units per 1 day)
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone 200 mg tab	1	
PROLACTIN INHIBITORS		
cabergoline 0.5 mg tab	1	
SOMATOSTATIC AGENTS		
octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)	1	SP

Drug Name	Drug Tier	Requirements / Limits
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)	1	PA, QL (2 units per 1 day), SP
TOLVAPTAN 15 MG TAB	1	PA, QL (1 unit per 1 day), SP
tolvaptan 15 mg tab	1	PA, QL (1 unit per 1 day), SP
tolvaptan 30 mg tab	1	PA, QL (2 units per 1 day), SP
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
ANTIFLATULENTS		
ft gas relief extra strength 125 mg cap	3	
ft gas relief ultra strength 180 mg cap	3	
gas relief extra strength 125 mg cap	3	
gas relief ultra strength 180 mg cap	3	
gnp anti-gas 180 mg cap	3	
gnp gas relief extra strength 125 mg cap	3	
simethicone ultra strength 180 mg cap	3	
sm gas relief 180 mg cap	3	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	1	
HEPATOTROPICS		
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	2	PA, QL (1 tab per day), SP
INTESTINAL ACIDIFIERS		
enulose 10 gm/15ml solution	1	
generlac 10 gm/15ml solution	1	
lactulose encephalopathy 10 gm/15ml solution	1	
LIVE FECAL MICROBIOTA		
VOWST CAP	2	PA, SP
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)	1	
sod citrate-citric acid 500-334 mg/5ml solution	3	

Drug Name	Drug Tier	Requirements / Limits
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	SP
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI (200 MG TAB, 400 MG TAB)	2	PA, QL (1 unit per 1 day), SP
URINARY ANALGESICS		
phenazopyridine hcl (100 mg tab, 200 mg tab)	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
COMPLEMENT INHIBITORS		
EMPAVELI 1080 MG/20ML SOLUTION	2	PA, QL (5.72 units per 1 day), SP
FABHALTA 200 MG CAP	2	PA, QL (2 units per 1 day), SP
HEMATORHEOLOGIC AGENTS		
pentoxifylline er 400 mg tab er	1	
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl 0.5 mg cap	1	SP
anagrelide hcl 1 mg cap	1	
CABLIVI 11 MG KIT	2	PA, SP
cilostazol (50 mg tab, 100 mg tab)	1	QL (2 units per 1 day)
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	2	PA, SP
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, SP
HEMATOPOIETIC AGENTS (CONTINUED)		
COBALAMINS		
cyanocobalamin 1000 mcg/ml solution	1	
dodex 1000 mcg/ml solution	1	
FOLIC ACID/FOLATES		
folic acid 1 mg tab	1	
IRON		
EZFE 200 434.8 (200 FE) MG CAP	3	
ferrex 150 150 mg cap	3	

Drug Name	Drug Tier	Requirements / Limits
ferrous sulfate 300 (60 fe) mg/5ml solution	3	
ferrous sulfate 75 (15 fe) mg/ml solution	3	
iron (ferrous sulfate) 75 (15 fe) mg/ml solution	3	
STEM CELL MOBILIZERS		
XOLREMDI 100 MG CAP	2	PA, QL (4 units per 1 day), SP
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
ANTIHISTAMINE HYPNOTICS		
sleep tabs 25 mg tab	3	
LAXATIVES (CONTINUED)		
BULK LAXATIVES		
fiber laxative + calcium 625 mg tab	3	
fiber-lax 625 mg tab	3	
ft fiber laxative 625 mg tab	3	
hm fiber 500 mg tab	3	
soluble fiber therapy powder	3	
LAXATIVE COMBINATIONS		
CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	2	
colace 2-in-1 8.6-50 mg tab	3	
ft senna-s 8.6-50 mg tab	3	
ft stool softener 50-8.6 mg tab	3	
GAVILYTE-C 240 GM RECON SOLN	1	
gavilyte-g 236 gm recon soln	1	
gavilyte-n with flavor pack 420 gm recon soln	1	
hm senna-s 8.6-50 mg tab	3	
hm stool softener/laxative 8.6-50 mg tab	3	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	1	
peg-3350/electrolytes 236 gm recon soln	1	
senexon-s 8.6-50 mg tab	3	
senna plus 8.6-50 mg tab	3	
senna-docusate sodium 8.6-50 mg tab	3	

Drug Name	Drug Tier	Requirements / Limits
senna-time s 8.6-50 mg tab	3	
sennosides-docusate sodium 8.6-50 mg tab	3	
stimulant laxative 8.6-50 mg tab	3	
stool softener plus laxative 8.6-50 mg tab	3	
SUTAB 1479-225-188 MG TAB	2	QL (24 units per fill), AL (At least 18 yrs old)
LAXATIVES - MISCELLANEOUS		
constulose 10 gm/15ml solution	1	
glycerin (adult) 2 gm suppos	3	
glycerin adult 2 gm suppos	3	
hm clearlax 17 gm packet	3	
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	1	
peg 3350 (17 gm packet, 17 gm/scoop powder)	3	
polyethylene glycol 3350 17 gm packet	3	
SALINE LAXATIVES		
ft magnesium citrate 1.745 gm/30ml solution	3	
hm magnesium citrate 1.745 gm/30ml solution	3	
magnesium citrate 1.745 gm/30ml solution	3	
milk of magnesia 7.75 % suspension	3	
MILK OF MAGNESIA CONCENTRATE 2400 MG/10ML SUSPENSION	3	
STIMULANT LAXATIVES		
bisacodyl 10 mg suppos	3	
bisacodyl ec 5 mg tab dr	3	
ft gentle laxative 10 mg suppos	3	
ft laxative 5 mg tab dr	3	
gentle laxative (5 mg tab dr, 10 mg suppos)	3	
gnp womens gentle laxative 5 mg tab dr	3	
hm gentle laxative 10 mg suppos	3	
hm laxative 5 mg tab dr	3	
senna 8.8 mg/5ml liquid	3	
sm gentle laxative 5 mg tab dr	3	

Drug Name	Drug Tier	Requirements / Limits
SURFACTANT LAXATIVES		
docusate sodium 100 mg/10ml liquid	3	
silace 60 mg/15ml syrup	3	
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
AIMSCO LUBRICATED MISC	3	QL (48 units per 30 days)
CAYA DIAPHRAGM	2	
DUREX EXTRA SENSITIVE THIN MISC	3	QL (48 units per 30 days)
DUREX TROPICAL MISC	3	QL (48 units per 30 days)
FANTASY LUBRICATED MISC	3	QL (48 units per 30 days)
FANTASY LUBRICATED/SPERMICIDE MISC	3	QL (48 units per 30 days)
FC2 FEMALE CONDOM MISC	3	QL (48 units per 30 days)
KIMONO MISC	3	QL (48 units per 30 days)
KIMONO MICRO THIN MISC	3	QL (48 units per 30 days)
KIMONO MICRO THIN PLUS MISC	3	QL (48 units per 30 days)
KIMONO SENSATION MISC	3	QL (48 units per 30 days)
MAXX MISC	3	QL (48 units per 30 days)
TRUE COVER DEVICE	3	QL (48 units per 30 days)
TRUSTEX LUBRICATED MISC	3	QL (48 units per 30 days)
TRUSTEX NON-LUBRICATED MISC	3	QL (48 units per 30 days)
TRUSTEX RIA LUB/SPERMICIDE MISC	3	QL (48 units per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	3	QL (48 units per 30 days)
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH MISC	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS MISC	2	
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	

Drug Name	Drug Tier	Requirements / Limits
ACTI-LANCE LITE LANCETS 28G MISC	2	
ACTI-LANCE SPECIAL LANCETS 17G MISC	2	
ACTI-LANCE UNIVERSAL 23G MISC	2	
ADVANCED MOBILE LANCET MISC	2	
ADVOCATE LANCETS MISC	2	
ADVOCATE LANCETS 30G MISC	2	
ADVOCATE LANCING DEVICE MISC	2	QL (1 unit per 1 day)
ADVOCATE RAPID-SAFE LANCING MISC	2	QL (1 unit per 1 day)
ADVOCATE SAFETY LANCETS MISC	2	
ADVOCATE SAFETY LANCETS 21G MISC	2	
ADVOCATE SAFETY LANCETS 23G MISC	2	
ADVOCATE SAFETY LANCETS 26G MISC	2	
ADVOCATE SAFETY LANCETS 28G MISC	2	
AGAMATRIX ULTRA-THIN LANCETS MISC	2	
AIMSCO TWIST LANCETS 32G MISC	2	
AIMSCO TWIST LANCETS 33G MISC	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	
ASSURE LANCE PLUS SAFETY 30G MISC	2	
ASSURE LANCE SAFETY LANCET 28G MISC	2	
AUTO-LANCET MISC	2	QL (1 unit per 1 day)
AUTO-LANCET MINI MISC	2	QL (1 unit per 1 day)
AUTOLET LANCING DEVICE MISC	2	QL (1 unit per 1 day)

Drug Name	Drug Tier	Requirements / Limits
AUTOLET LITE LANCING DEVICE MISC	2	QL (1 unit per 1 day)
BD MICROTAINER LANCETS MISC	2	
CARDIOCOM LANCING DEVICE MISC	2	QL (1 unit per 1 day)
CAREONE ADVANCED LANCING DEV MISC	2	QL (1 unit per 1 day)
CAREONE LANCET SUPER THIN 30G MISC	2	
CARESENS CONTROL SOLUTION A/B SOLUTION	2	
CARESENS LANCETS MISC	2	
CARESENS LANCETS 30G MISC	2	
CARETOUCH LANCING/EJECTOR MISC	2	QL (1 unit per 1 day)
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	
CARETOUCH TWIST MC LANCETS 30G MISC	2	
CHOSEN LANCETS 30G MISC	2	
CHOSEN LANCING DEVICE MISC	2	QL (1 unit per 1 day)
CHOSEN SAFETY LANCETS 28G MISC	2	
CLEANLET LANCETS 28G MISC	2	
CLEVER CHEK LANCETS 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 TWIST LANCET 30G MISC	2	
DIATHRIVE LANCET ULTRA THIN 30 MISC	2	

Drug Name	Drug Tier	Requirements / Limits
DIATHRIVE LANCETS MISC	2	
DIATHRIVE LANCING DEVICE MISC	2	QL (1 unit per 1 day)
DROPLET INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
DROPLET LANCETS ULTRA THIN 30G MISC	2	
DROPLET LANCING DEVICE MISC	2	QL (1 unit per 1 day)
DROPSAFE ACTI-LANCE 23G 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 INSULIN SYRINGE 29G X 5/16" 1 ML MISC	2	
EASY COMFORT LANCETS MISC	2	
EASY COMFORT LANCETS TWIST TOP MISC	2	
EASY MINI EJECT LANCING DEVICE MISC	2	QL (1 unit per 1 day)
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	QL (1 unit per 1 day)
EASY TOUCH SAFETY LANCETS 21G MISC	2	
EASY TOUCH SAFETY LANCETS 23G MISC	2	
EASY TOUCH SAFETY LANCETS 26G MISC	2	
EASY TOUCH SAFETY LANCETS 28G MISC	2	

Drug Name	Drug Tier	Requirements / Limits
EMBRACE LANCETS ULTRA THIN 30G MISC	2	
EZ-LETS LANCETS 21G MISC	2	
EZ-LETS LANCETS 28G MISC	2	
EZ-LETS LANCETS 30G MISC	2	
FINGERSTIX LANCETS MISC	2	
FORA LANCETS MISC	2	
FORA LANCING DEVICE MISC	2	QL (1 unit per 1 day)
FREESTYLE LANCETS MISC	2	
FREESTYLE UNISTICK II LANCETS MISC	2	
GENTEEL BUTTERFLY TOUCH LANCET MISC	2	
GENTEEL LANCING KIT (BLUE) KIT	2	
GLOBAL INJECT EASE LANCETS 28G MISC	2	
GLOBAL INJECT EASE LANCETS 30G MISC	2	
GLOBAL LANCING DEVICE MISC	2	QL (1 unit per 1 day)
GLUCOCOM LANCETS 28G MISC	2	
GLUCOCOM LANCETS 30G MISC	2	
GLUCOCOM LANCETS 33G 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	QL (1 unit per 1 day)
GOJJI STERILE LANCETS MISC	2	
HEALTH CARE LANCING DEVICE MISC	2	QL (1 unit per 1 day)
HEALTHY ACCENTS LANCING DEVICE MISC	2	QL (1 unit per 1 day)
HEALTHY ACCENTS UNILET LANCETS MISC	2	
HYPOLANCE AST LANCING KIT	2	
IHEALTH LANCING DEVICE MISC	2	QL (1 unit per 1 day)
IN TOUCH LANCING DEVICE MISC	2	QL (1 unit per 1 day)
IN TOUCH STERILE LANCETS 30G MISC	2	
LANCET DEVICE WITH EJECTOR MISC	2	QL (1 unit per 1 day)
LANCET TRANSPORTER CASE MISC	2	QL (1 unit per 1 day)

Drug Name	Drug Tier	Requirements / Limits
LANCETS MISC	2	
LANCETS 28G THIN MISC	2	
LANCETS 30G MISC	2	
LANCETS 33G MISC	2	
LANCETS MICRO THIN 33G MISC	2	
LANCETS SUPER THIN MISC	2	
LANCETS SUPER THIN 28G MISC	2	
LANCETS ULTRA THIN 30G MISC	2	
LANCING DEVICE MISC	2	QL (1 unit per 1 day)
LANZO MISC	2	QL (1 unit per 1 day)
LEADER ADVANCED LANCING DEVICE MISC	2	QL (1 unit per 1 day)
LIBERTY MEDICAL LANCETS MISC	2	
LITE TOUCH LANCETS MISC	2	
LITE TOUCH LANCING PEN MISC	2	QL (1 unit per 1 day)
LITETOUCH LANCETS MISC	2	
LIVE BETTER ADV LANCING DEVICE MISC	2	QL (1 unit per 1 day)
LIVE BETTER LANCET ULTRA THIN 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 PLUS EXTRA 21G 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	
MEIJER LANCETS THIN MISC	2	
MEIJER LANCETS UNIVERSAL 30G MISC	2	
MEIJER LANCETS UNIVERSAL 33G MISC	2	

Drug Name	Drug Tier	Requirements / Limits
MEIJER SUPER THIN LANCETS MISC	2	
MICROLET LANCETS MISC	2	
MICROLET NEXT LANCING DEVICE MISC	2	QL (1 unit per 1 day)
MINI LANCING DEVICE MISC	2	QL (1 unit per 1 day)
MM LANCING DEVICE MISC	2	QL (1 unit per 1 day)
MM TWIST LANCETS MISC	2	
MOBILE LANCETS 30G 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	
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	QL (1 unit per 1 day)
ONETOUCH DELICA PLUS LANCET30G MISC	2	
ONETOUCH DELICA PLUS LANCET33G MISC	2	
ONETOUCH DELICA PLUS LANCING MISC	2	QL (1 unit per 1 day)
ONETOUCH DELICA SAFETY LANCING MISC	2	QL (1 unit per 1 day)
ONETOUCH ULTRA CONTROL LIQUID	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC	2	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	2	
PC LANCETS SUPER THIN 30G MISC	2	
PERFECT LANCETS 28G MISC	2	
PERFECT LANCETS 30G MISC	2	
PERFECT POINT SAFETY LANCETS MISC	2	
PHARMACIST CHOICE LANCETS MISC	2	

Drug Name	Drug Tier	Requirements / Limits
PHARMACY COUNTER LANCETS MISC	2	
PIP LANCETS 28G MISC	2	
PIP LANCETS 30G MISC	2	
PREFERRED PLUS LANCETS THIN MISC	2	
PRO COMFORT LANCETS 30G MISC	2	
PRO COMFORT LANCETS 31G MISC	2	
PRO COMFORT SAFETY LANCETS 30G MISC	2	
PRODIGY LANCETS 28G MISC	2	
PRODIGY LANCING DEVICE MISC	2	QL (1 unit per 1 day)
PRODIGY SAFETY LANCETS 26G MISC	2	
PRODIGY TWIST TOP LANCETS 28G MISC	2	
PX LANCETS MICROTHIN 33G MISC	2	
READYLANCE SAFETY LANCETS MISC	2	
RELION LANCET DEVICES 30G MISC	2	QL (1 unit per 1 day)
RELION LANCETS 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	2	
RELION LANCING DEVICE MISC	2	QL (1 unit per 1 day)
RELION ULTRA THIN LANCETS 30G MISC	2	
RELION ULTRA THIN PLUS LANCETS MISC	2	
REXALL LANCETS ULTRA THIN 30G MISC	2	
RIGHTEST GD500 LANCING DEVICE MISC	2	QL (1 unit per 1 day)
RIGHTEST GL300 LANCETS 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	
SAPS HEALTH TWIST TOP LANCETS MISC	2	

Drug Name	Drug Tier	Requirements / Limits
SAPS TWIST TOP LANCETS MISC	2	
SHOPKO AUTOLET LANCING DEVICE MISC	2	QL (1 unit per 1 day)
SHOPKO ON-THE-GO LANCETS 30G MISC	2	
SHOPKO UNILET LANCETS 28G MISC	2	
SHOPKO UNILET LANCETS 30G MISC	2	
SIMPLE DIAGNOSTICS LANCING DEV MISC	2	QL (1 unit per 1 day)
SMART DIABETES VANTAGE LANCING MISC	2	QL (1 unit per 1 day)
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	
SMARTEST LANCETS 28G MISC	2	
SOLUS V2 LANCETS 28G MISC	2	
SOLUS V2 LANCING DEVICE MISC	2	QL (1 unit per 1 day)
SOLUS V2 TWIST LANCETS 30G MISC	2	
STERILANCE PA MISC	2	QL (1 unit per 1 day)
STERILANCE TL 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	QL (1 unit per 1 day)
SURE-LANCE FLAT LANCETS MISC	2	
SURE-LANCE LANCETS 26G MISC	2	
SURE-LANCE THIN LANCETS 28G MISC	2	
SURE-LANCE ULTRA THIN LANCETS MISC	2	
SURE-TOUCH LANCETS UNIVERSAL MISC	2	
SURELITE LANCETS MISC	2	
TECHLITE LANCETS MISC	2	
TECHLITE LANCETS 26G MISC	2	

Drug Name	Drug Tier	Requirements / Limits
TECHLITE LANCETS 30G MISC	2	
TOPCARE LANCETS MICRO-THIN 33G MISC	2	
TRAVEL LANCETS MISC	2	
TRAVEL LANCETS ADVANCED 28G MISC	2	
TRUE COMFORT TWIST TOP LANCETS MISC	2	
TRUEDRAW LANCING DEVICE MISC	2	QL (1 unit per 1 day)
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	QL (1 unit per 1 day)
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 LANCETS MISC	2	
UNILET COMFORTOUCH LANCET MISC	2	
UNILET EXCELITE MISC	2	
UNILET EXCELITE II 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 ULTRA-THIN 28G MISC	2	
UNISTIK 2 MISC	2	QL (1 unit per 1 day)
UNISTIK 2 COMFORT MISC	2	QL (1 unit per 1 day)
UNISTIK 2 EXTRA MISC	2	QL (1 unit per 1 day)

Drug Name	Drug Tier	Requirements / Limits
UNISTIK 2 NORMAL MISC	2	QL (1 unit per 1 day)
UNISTIK 2 SUPER MISC	2	QL (1 unit per 1 day)
UNISTIK 3 COMFORT MISC	2	QL (1 unit per 1 day)
UNISTIK 3 EXTRA MISC	2	QL (1 unit per 1 day)
UNISTIK 3 GENTLE MISC	2	
UNISTIK 3 NEONATAL MISC	2	QL (1 unit per 1 day)
UNISTIK 3 NORMAL MISC	2	QL (1 unit per 1 day)
UNISTIK CZT COMFORT MISC	2	QL (1 unit per 1 day)
UNISTIK CZT NORMAL MISC	2	QL (1 unit per 1 day)
UNISTIK NORMAL MISC	2	QL (1 unit per 1 day)
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	
VALUE PLUS LANCING DEVICE MISC	2	QL (1 unit per 1 day)
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	
VIDA MIA AUTOLET LANCING DEV MISC	2	QL (1 unit per 1 day)

Drug Name	Drug Tier	Requirements / Limits
VIDA MIA UNILET LANCETS 28G MISC	2	
VIDA MIA UNILET LANCETS 30G MISC	2	
VIVAGUARD INO CONTROL SOLUTION LIQUID	2	
VIVAGUARD LANCETS MISC	2	
VIVAGUARD LANCETS 30G MISC	2	
VIVAGUARD LANCING DEVICE MISC	2	QL (1 unit per 1 day)
VIVAGUARD SAFETY LANCETS 28G MISC	2	
ZEVRX TWIST TOP LANCETS 30G MISC	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	
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	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	2	
ASSURE ID INSULIN SAFETY SYR (X 15/64" 0.5 ML MISC, 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 8 MM MISC	2	
AUM MINI INSULIN PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	
AUM PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC)	2	
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	
AUTOPEN DEVICE	2	QL (1 unit per 365 days)

Drug Name	Drug Tier	Requirements / Limits
BD ALLERGY SYRINGE (X 3/8" 0.5 ML MISC, X 3/8" 1 ML MISC)	2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	2	
BD INSULIN SYRINGE (27G 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)	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 1/2UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE ULTRAFINE (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 LUER-LOK SYRINGE 20G X 1" 1 ML MISC	2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM MISC	2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM MISC	2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM MISC	2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM MISC	2	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM 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 SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML MISC	2	
BD TB SYRINGE 27G X 3/8" 1 ML MISC	2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	2	
BD VEO INSULIN SYR ULTRAFINE (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 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)	2	

Drug Name	Drug Tier	Requirements / Limits
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	
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 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	
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	
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)	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 1/4" 0.3 ML MISC, 31G X 1/4" 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	
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	

Drug Name	Drug Tier	Requirements / Limits
DROPSAFE SAFETY PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 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 COMFORT PEN NEEDLES 29G X 5MM 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	
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, 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 8MM MISC, 30G X 8 MM MISC)	2	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM 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	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	2	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC	2	
EMBECTA INSULIN SYRINGE U-100 (27G X 5/8" 1 ML MISC, 28G X 1/2" 1 ML MISC)	2	
EMBECTA 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 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 Name	Drug Tier	Requirements / Limits
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC	2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC	2	
EMBECTA PEN NEEDLE U/F (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)	2	
EMBRACE PEN NEEDLES (30G X 5 MISC, 30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 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	
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 5/16" 0.3 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 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	

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	
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 SHORT PEN NEEDLES 31G X 8 MM MISC	2	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
INSULIN SYRINGE (28G X 1/2" 0.5 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	
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	
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
INSUPEN32G EXTR3ME 32G X 6 MM 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 U-100 0.5 ML MISC	2	
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	2	

Drug Name	Drug Tier	Requirements / Limits
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 PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
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 29G X 5MM MISC	2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G 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 31G X 6 MM 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	

Drug Name	Drug Tier	Requirements / Limits
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	
MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML 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	QL (1 unit per 365 days)
PC UNIFINE PENTIPS 29G X 12MM MISC	2	
PEN NEEDLE/5-BEVEL TIP 32G X 4 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 5/16" 31G X 8 MM 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	
PENTIPS GENERIC 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 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	
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 (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
QUICK TOUCH INSULIN PEN NEEDLE (31G X 4 MISC, 31G X 5 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G 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	
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	
SAFETY INSULIN SYRINGES (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	
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML 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	

Drug Name	Drug Tier	Requirements / Limits
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" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 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	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 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 (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" 1 ML MISC)	2	
TRUE COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 32G X 4 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, 32G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC	2	
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC	2	
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	3	
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	

Drug Name	Drug Tier	Requirements / Limits
TRUEPLUS PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 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 (31G X 6 MISC, 32G X 6 MISC)	2	
ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)	2	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	2	
ULTIGUARD SAFEPACK PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 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 FLO INSULIN PEN NEEDLES 29G X 12MM MISC	2	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 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	

Drug Name	Drug Tier	Requirements / Limits
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC	2	
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 OTC PEN NEEDLES (31G X 5 MISC, 32G X 4 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, 31G X 5 MISC, 31G X 6 MISC, 31G 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	
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 32G X 4 MM 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	
ZEVRX 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	
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	2	QL (2 units per 365 days)

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	QL (2 units per 365 days)
OPTICHAMBER DIAMOND MISC	2	QL (2 units per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	QL (2 units per 365 days)
OPTICHAMBER DIAMOND-MD MASK MISC	2	QL (2 units per 365 days)
OPTICHAMBER DIAMOND-SM MASK MISC	2	QL (2 units per 365 days)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)	3	
MAGNESIUM		
magnesium-oxide 400 (240 mg) mg tab	3	
true magnesium oxide 400 mg tab	3	
PHOSPHATE		
K-PHOS 500 MG TAB	2	
phospha 250 neutral 155-852-130 mg tab	3	
phospho-trin k500 500 mg tab	2	
POTASSIUM		
klor-con (8 tab er, 20 packet)	1	
klor-con 10 10 meq tab er	1	
klor-con m10 10 meq tab er	1	
klor-con m15 15 meq tab er	1	
klor-con m20 20 meq tab er	1	
potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	1	
potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)	1	
potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
penicillamine 250 mg cap	1	SP

Drug Name	Drug Tier	Requirements / Limits
trientine hcl 250 mg cap	1	SP
IMMUNOMODULATORS		
JOENJA 70 MG TAB	2	PA, QL (2 units per 1 day), SP
IMMUNOSUPPRESSIVE AGENTS		
ENSPRYNG 120 MG/ML SOLN PRSYR	2	PA, SP
IRRIGATION SOLUTIONS		
sterile water for irrigation solution	1	
water for irrigation, sterile solution	1	
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate powder	1	
SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION)	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	2	PA, SP
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	2	PA, SP
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	1	
gnp sore throat spray 1.4 % liquid	3	
hm sore throat spray 1.4 % liquid	3	
phenaseptic 1.4 % liquid	3	
sore throat 1.4 % liquid	3	
sore throat spray 1.4 % liquid	3	
DENTAL PRODUCTS		
denta 5000 plus 1.1 % cream	1	
dentagel 1.1 % gel	1	
fraiche 5000 dental 1.1 % gel	1	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	
sodium fluoride 0.2 % solution	1	

Drug Name	Drug Tier	Requirements / Limits
sodium fluoride 1.1 % gel	1	
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	
sodium fluoride 5000 plus 1.1 % cream	1	
sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel, 1.1 % paste)	1	
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone 0.1 % paste	1	QL (0.72 units per 1 day)
triamcinolone acetonide 0.1 % paste	1	QL (0.72 units per 1 day)
THROAT PRODUCTS - MISC.		
pilocarpine hcl (5 mg tab, 7.5 mg tab)	1	
MULTIVITAMINS (CONTINUED)		
B-COMPLEX W/ FOLIC ACID		
dialyvite tab	3	
nephronex tab	3	
tm-vite rx 1 mg tab	3	
triphrocaps 1 mg cap	3	
virt-caps 1 mg cap	3	
vp-vite rx 1 mg tab	3	
wescaps 1 mg cap	3	
MULTIPLE VITAMINS W/ MINERALS		
cerovite senior tab	3	
certavite/antioxidants tab	3	
multiple vitamins-minerals liquid	3	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID		
QUFLORA FE 0.25 MG CHEW TAB	3	
PED MULTI VITAMINS W/FL & FE		
multi-vit/iron/fluoride 0.25-10 mg/ml solution	3	
multi-vitamin/fluoride/iron 0.25-10 mg/ml solution	3	
QUFLORA FE PEDIATRIC 0.25-9.5 MG/ML LIQUID	3	
PED MV W/ FLUORIDE		
FLOTREX 0.5 MG CHEW TAB	3	

Drug Name	Drug Tier	Requirements / Limits
MULTI-VITAMIN/FLUORIDE (MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SOLUTION)	3	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	3	
POLY-VI-FLOR 0.5 MG CHEW TAB	3	
TRI-VITAMIN WITH FLUORIDE 0.25 MG/ML SOLUTION	3	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	3	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	3	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
GABLOFEN 50 MCG/ML SOLN PRSYR	2	SP
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1 MG CAP, 1.5 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP)	2	PA, SP
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENTS - MISC.		
hm saline nasal spray 0.65 % solution	3	
nasal moisturizing spray 0.65 % solution	3	
saline mist spray 0.65 % solution	3	
saline nasal spray 0.65 % solution	3	
SYMPATHOMIMETIC DECONGESTANTS		
12 hour nasal decongestant 0.05 % solution	3	
12 hour nasal spray 0.05 % solution	3	
ft nasal spray 0.05 % solution	3	
gnp nasal four spray 1 % solution	3	
gnp nasal spray fast acting 1 % solution	3	
hm nasal spray 0.05 % solution	3	
hm nose drops 1 % solution	3	
hm sinus nasal spray 0.05 % solution	3	

Drug Name	Drug Tier	Requirements / Limits
mucinex sinus-max clear & cool 0.05 % solution	3	
mucinex sinus-max sinus/allrgy 0.05 % solution	3	
nasal decongestant spray 0.05 % solution	3	
nasal four 1 % solution	3	
nasal spray 12 hour 0.05 % solution	3	
nasal spray extra moisturizing 0.05 % solution	3	
nasal spray no drip 0.05 % solution	3	
oxymetazoline hcl 0.05 % solution	3	
sinus nasal spray 0.05 % solution	3	
sinus relief extra strength 1 % solution	3	
sm nose drops nasal decongest 1 % solution	3	
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
EXSERVAN 50 MG FILM	2	PA
RADICAVA ORS 105 MG/5ML SUSPENSION	2	PA, QL (2.5 units per 1 day), SP
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	2	PA, QL (2.5 units per 1 day), SP
riluzole 50 mg tab	1	QL (2 units per 1 day)
TEGLUTIK 50 MG/10ML SUSPENSION	2	PA, QL (20 units per 1 day), SP
TIGLUTIK 50 MG/10ML SUSPENSION	2	PA, QL (20 units per 1 day), SP
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	2	PA, QL (3 units per 1 day), SP
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	2	PA, SP
NUTRIENTS (CONTINUED)		
MISC. NUTRITIONAL SUBSTANCES		
fish oil 1000 mg cap	3	
OPHTHALMIC AGENTS (CONTINUED)		
ARTIFICIAL TEARS AND LUBRICANTS		
ALCON TEARS 0.5 % SOLUTION	3	
BION TEARS PF 0.1-0.3 % SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
genteal tears night-time ointment	3	
gnp nighttime relief lub eye ointment	3	
goodsense lubricant eye drops 0.4-0.3 % solution	3	
lubricant eye drops (pf) 0.4-0.3 % solution	3	
lubricant eye nighttime ointment	3	
lubrifresh p.m. ointment	3	
polyvinyl alcohol 1.4 % solution	3	
refresh lacri-lube ointment	3	
refresh p.m. ointment	3	
REFRESH PLUS 0.5 % SOLUTION	3	
systane nighttime ointment	3	
ultra lubricating eye drops pf 0.4-0.3 % solution	3	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate (1 % ointment, 1 % solution)	1	
cyclopentolate hcl 1 % solution	1	
ISOPTO ATROPINE 1 % SOLUTION	1	
phenylephrine hcl (2.5 % solution, 10 % solution)	1	
OPHTHALMIC ANTI-INFECTIVES		
TRIFLURIDINE 1 % SOLUTION	1	
XDEMVY 0.25 % SOLUTION	2	PA
OPHTHALMICS - MISC.		
sodium chloride (hypertonic) (5 % ointment, 5 % solution)	3	
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	1	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
methylergonovine maleate 0.2 mg tab	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
FLEBOGAMMA DIF 2.5 GM/50ML SOLUTION	2	PA, SP

Drug Name	Drug Tier	Requirements / Limits
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP
WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION)	2	SP
PHARMACEUTICAL ADJUVANTS (CONTINUED)		
LIQUID VEHICLES		
BACTERIOSTATIC WATER(BENZ ALC) SOLUTION	1	
ORA-BLEND SUSPENSION	3	
ORA-BLEND SF SUSPENSION	3	
ORA-PLUS LIQUID	3	
ORA-SWEET SF SYRUP	3	
sterile diluent/epoprostenol solution	1	SP
sterile water for injection solution	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA 1 GM PACKET	2	PA, SP
MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	2	PA, SP
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI 284 MG/1.5ML SOLN PRSYR	2	PA, QL (0.22 units per 1 day)
RESPIRATORY AGENTS - MISC. (CONTINUED)		
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	2	PA, QL (2 units per 1 day), SP
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	2	PA, QL (4 units per 1 day), SP
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	2	PA, QL (2 units per 1 day), SP
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	PA, QL (5 units per 1 day), SP
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	2	PA, QL (2 units per 1 day), SP
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	2	PA, QL (3 units per 1 day), SP

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	2	PA, QL (2 units per 1 day), SP
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	1	
propylthiouracil 50 mg tab	1	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	2	AL (At least 19 yrs old)
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	2	AL (At least 19 yrs old)
PENTACEL RECON SUSP	2	
TDVAX 2-2 LF/0.5ML SUSPENSION	2	AL (At least 19 yrs old)
TENIVAC 5-2 LFU INJECTABLE	2	AL (At least 19 yrs old)
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	2	AL (At least 19 yrs old)
VAXELIS SUSP PRSYR	2	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)	1	
glycopyrrolate (1 mg tab, 2 mg tab)	1	
MISC. ANTI-ULCER		
CARAFATE 1 GM/10ML SUSPENSION	1	
sucralfate (1 gm tab, 1 gm/10ml suspension)	1	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol (100 mcg tab, 200 mcg tab)	1	
UNCATEGORIZED (CONTINUED)		
UNCLASSIFIED		
ALYFTREK (4-20-50 MG TAB, 10-50-125 MG TAB)	2	PA, SP
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	1	

Drug Name	Drug Tier	Requirements / Limits
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
BEXSERO SUSP PRSYR	2	AL (19 to 25 yrs old)
CAPVAXIVE 0.5 ML SOLN PRSYR	2	QL (0.5 units per lifetime), AL (19 to 999 yrs old)
MENACTRA SOLUTION	2	AL (At least 19 yrs old)
MENQUADFI SOLUTION	2	AL (At least 19 yrs old)
MENVEO RECON SOLN	2	AL (19 to 55 yrs old)
PENBRAYA RECON SUSP	2	AL (19 to 999 yrs old)
PNEUMOVAX 23 (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	2	AL (At least 19 yrs old)
PREVNAR 13 SUSPENSION	2	AL (At least 19 yrs old)
PREVNAR 20 0.5 ML SUSP PRSYR	2	QL (0.5 units per 1 day), AL (At least 19 yrs old)
TRUMENBA SUSP PRSYR	2	AL (19 to 25 yrs old)
VAXNEUVANCE 0.5 ML SUSP PRSYR	2	AL (At least 19 yrs old)
VIVOTIF CAP DR	2	QL (0.58 units per 1 day)
VIRAL VACCINES		
ABRYSVO 120 MCG/0.5ML RECON SOLN	2	AL (19 to 999 yrs old)
AFLURIA SUSPENSION	2	
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	2	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	2	
AREXVY 120 MCG/0.5ML RECON SUSP	2	QL (1 ea per lifetime), AL (60 to 999 yrs old)
COMIRNATY (30 MCG/0.3ML SUSP PRSYR, 30 MCG/0.3ML SUSPENSION)	2	
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	2	AL (19 to 19 yrs old)
ENGERIX-B 20 MCG/ML SUSP PRSYR	2	AL (At least 20 yrs old)
ENGERIX-B 20 MCG/ML SUSPENSION	2	AL (At least 20 yrs old)
FLUAD 0.5 ML SUSP PRSYR	2	
FLUAD QUADRIVALENT 0.5 ML PRSYR	2	
FLUARIX 0.5 ML SUSP PRSYR	2	
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	2	

Drug Name	Drug Tier	Requirements / Limits
FLUBLOK 0.5 ML SOLN PRSYR	2	
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	2	
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLULAVAL 0.5 ML SUSP PRSYR	2	
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR	2	
FLUMIST LIQUID	2	
FLUMIST QUADRIVALENT SUSPENSION	2	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	2	
FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR	2	
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	2	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	2	
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	2	AL (19 to 45 yrs old)
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	2	
HAVRIX 1440 EL U/ML SUSPENSION	2	AL (At least 19 yrs old)
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	2	AL (At least 19 yrs old)
JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION	2	
JYNNEOS 0.5 ML SUSPENSION	2	AL (At least 19 yrs old)
M-M-R II RECON SOLN	2	AL (At least 19 yrs old)
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	2	
MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION	2	
MODERNA COVID-19 VAC 6M-11Y (25 MCG/0.25ML SUSP PRSYR, 25 MCG/0.25ML SUSPENSION)	2	
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	2	
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	2	
MRESVIA 50 MCG/0.5ML SUSP PRSYR	2	QL (0.5 units per lifetime), AL (60 to 999 yrs old)
NOVAVAX COVID-19 VACCINE (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	2	
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	2	

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	2	
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	2	
PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION)	2	
PFIZER COVID-19 VAC-TRIS 6M-4Y (3 MCG/0.2ML SUSPENSION, 3 MCG/0.3ML SUSPENSION)	2	
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	2	
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION	2	
PREHEVBRIO 10 MCG/ML SUSPENSION	2	AL (At least 19 yrs old)
PRIORIX RECON SUSP	2	AL (At least 19 yrs old)
PROQUAD RECON SUSP	2	AL (At least 19 yrs old)
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION)	2	AL (At least 20 yrs old)
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	2	AL (19 to 19 yrs old)
RECOMBIVAX HB 40 MCG/ML SUSPENSION	2	AL (At least 19 yrs old)
SHINGRIX 50 MCG/0.5ML RECON SUSP	2	QL (2 units per 365 days), AL (At least 19 yrs old)
SPIKEVAX (50 MCG/0.5ML SUSP PRSYR, 50 MCG/0.5ML SUSPENSION)	2	
SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	2	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	2	AL (At least 19 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	2	AL (At least 19 yrs old)
VARIVAX 1350 PFU/0.5ML RECON SUSP	2	AL (At least 19 yrs old)
VASOPRESSORS (CONTINUED)		
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
ergocalciferol 1.25 mg (50000 ut) cap	1	
ergocalciferol 200 mcg/ml solution	3	
ft vitamin d3 50 mcg cap	3	

Drug Name	Drug Tier	Requirements / Limits
MEPHYTON 5 MG TAB	2	
phytonadione 5 mg tab	1	
true vitamin d3 (10 mcg (400 unit) tab, 50 mcg (2000 ut) cap)	3	
vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)	1	
vitamin d 10 mcg/ml liquid	3	
vitamin d3 (10 mcg (400 unit) tab, 10 mcg/ml liquid, 50 mcg (2000 ut) cap)	3	
well vitamin d3 50 mcg (2000 ut) cap	3	
WATER SOLUBLE VITAMINS		
TRUE VITAMIN B1 50 MG TAB	3	
true vitamin b6 (10 mg tab, 100 mg tab)	3	
true vitamin c 250 mg tab	3	

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