

CHIP Formulary



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.

Geisinger

2025 List of covered drugs

Geisinger Health Plan

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

CHIP Pharmacy Benefit

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

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

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

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

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

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

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

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

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

Using this formulary

- Medications are listed by therapeutic class within the table of contents. An alphabetical index of all medications can be found at the back of the formulary.
- The medication Tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits.
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of May 1, 2025 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following publications: "Member Update" for members and "Healthcare Provider Update" for providers. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.
- **Restrictions in medication availability may result from use of a formulary.**

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

Quantity Limits

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

Step Therapy

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

Specialty Vendor Drug Program

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

What is a medication formulary?

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

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

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

Formulary exclusions

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

Formulary development

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

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

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

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

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

What are generics?

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

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

Notes for Providers

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

These criteria include but are not limited to:

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

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

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

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

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

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

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

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

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

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

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

Sources:

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

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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.

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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者。

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LEGEND

0 \$0

1 Generics

2 Brands

QL Quantity Limit

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

PA-NSO Prior Authorization - New Starts Only

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

PA Prior Authorization Required

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

ST Step Therapy

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

AL Age Limit

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

PN Publishing Note

This drug has unique restrictions.

SP Specialty Drug

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

QL Quantity Limit (Custom)

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

PN Note

This drug has unique restrictions

LA Limited Access

Drugs that are only available at certain pharmacies

MDS Max Days Supply Allowed

Max Days Supply Allowed

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Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphet er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	1	
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1	
<i>dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i>	1	PA, QL (1 unit per day)
<i>methamphetamine hcl 5 mg tab</i>	1	
ANALEPTICS		
<i>caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)</i>	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)</i>	1	
<i>clonidine hcl er 0.1 mg tab er 12h</i>	1	
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	1	
QELBREE 100 MG CAP ER 24H	2	PA, QL (1 unit per 1 day)
QELBREE 150 MG CAP ER 24H	2	PA, QL (2 units per 1 day)
QELBREE 200 MG CAP ER 24H	2	PA, QL (3 units per 1 day)
STIMULANTS - MISC.		
<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	1	PA
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)</i>	1	
<i>methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)</i>	1	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	1	
<i>methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)</i>	1	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	1	
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>modafinil (100 mg tab, 200 mg tab)</i>	1	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>neomycin sulfate 500 mg tab</i>	1	
<i>paromomycin sulfate 250 mg cap</i>	1	
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, LA, QL (224 units per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/5ml nebu soln</i>	1	PA, LA, QL (280 units per 56 days), SP, MDS
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-FKJP (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	QL (2 units per 28 days), PA-NSO, SP, QL (28 days supply per fill), MDS
ADALIMUMAB-FKJP (2 SYRINGE) (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	2	QL (2 units per 28 days), PA-NSO, SP, QL (28 days supply per fill), MDS
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	2	QL (0.8 ml per 28 days), PA-NSO, SP, MDS
AMJEVITA 20 MG/0.2ML SOLN PRSYR	2	QL (0.4 ml per 28 days), PA-NSO, SP, MDS
AMJEVITA 80 MG/0.8ML SOLN A-INJ	2	QL (2.4 ml per 28 days), PA-NSO, SP, MDS
AMJEVITA-PED 15KG TO <30KG 20 MG/0.2ML SOLN PRSYR	2	QL (0.4 ml per 28 days), PA-NSO, SP, MDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	QL (0.8 ml per 28 days), PA-NSO, SP, QL (28 days supply per fill), MDS

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

Drug Name	Drug Tier	Requirements / Limits
HADLIMA 40 MG/0.8ML SOLN PRSYR	2	QL (1.6 ml per 28 days), PA-NSO, SP, QL (28 days supply per fill), MDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	QL (0.8 ml per 28 days), PA-NSO, SP, QL (28 days supply per fill), MDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	2	QL (1.6 ml per 28 days), PA-NSO, SP, QL (28 days supply per fill), MDS
SIMPONI (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	QL (1 unit per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR)	2	QL (0.5 units per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA 50 MG/4ML SOLUTION	2	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
YUSIMRY 40 MG/0.8ML SOLN A-INJ	2	QL (1.6 ml per 28 days), PA-NSO, SP, QL (28 days supply per fill), MDS
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ 15 MG TAB ER 24H	2	PA, QL (30 units per 30 days), SP, MDS
RINVOQ 30 MG TAB ER 24H	2	QL (30 units per 30 days), PA-NSO, SP, MDS
RINVOQ 45 MG TAB ER 24H	2	QL (28 units per 28 days), PA-NSO, SP, QL (3 fills per 180 days), MDS
RINVOQ LQ 1 MG/ML SOLUTION	2	QL (360 ml per 30 days), PA-NSO, SP, MDS
XELJANZ (5 MG TAB, 10 MG TAB)	2	QL (60 units per 30 days), PA-NSO, SP, MDS
XELJANZ 1 MG/ML SOLUTION	2	QL (300 units per 30 days), PA-NSO, SP, MDS
XELJANZ XR 11 MG TAB ER 24H	2	PA, QL (30 units per 30 days), SP, MDS
XELJANZ XR 22 MG TAB ER 24H	2	QL (30 units per 30 days), PA-NSO, SP, MDS
INTERLEUKIN-1 BLOCKERS		
ARCALYST 220 MG RECON SOLN	2	PA, SP, MDS
INTERLEUKIN-1BETA BLOCKERS		
ILARIS 150 MG/ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)

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

Drug Name	Drug Tier	Requirements / Limits
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	QL (3.6 units per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	2	QL (3.6 units per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TOFIDENCE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	2	PA, QL (3.6 ml per 28 days), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>cataflam 50 mg tab</i>	1	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er 100 mg tab er 24h</i>	1	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	1	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	1	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	1	
FENOPROFEN CALCIUM (400 MG CAP, 600 MG TAB)	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	1	
<i>indomethacin er 75 mg cap er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL (20 units per fill)
MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP)	1	
<i>mefenamic acid 250 mg cap</i>	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	1	
NALFON 400 MG CAP	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr 500 mg tab dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	1	
<i>relafen (500 mg tab, 750 mg tab)</i>	1	
<i>sulindac (150 mg tab, 200 mg tab)</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (10 & 20 & 30 MG TAB THPK, 30 MG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	2	QL (8 units per 28 days), PA-NSO, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	2	QL (8 units per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI 50 MG/ML SOLN CART	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg tab)</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
SALICYLATES		
<i>adult aspirin regimen 81 mg tab dr</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin 81 81 mg tab dr</i>	0	
<i>aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin regimen 81 mg tab dr</i>	0	
<i>diflunisal 500 mg tab</i>	1	
<i>ft aspirin 81 mg chew tab</i>	0	
<i>ft aspirin low dose 81 mg tab dr</i>	0	
<i>gnp adult aspirin low strength 81 mg chew tab</i>	0	
<i>gnp aspirin 81 mg tab dr</i>	0	
<i>gnp aspirin low dose 81 mg tab dr</i>	0	
<i>goodsense aspirin 81 mg chew tab</i>	0	
<i>goodsense aspirin adult low st 81 mg chew tab</i>	0	
<i>goodsense aspirin low dose 81 mg tab dr</i>	0	
<i>hm aspirin 81 mg chew tab</i>	0	
<i>hm aspirin ec low dose 81 mg tab dr</i>	0	
<i>salsalate (500 mg tab, 750 mg tab)</i>	1	
<i>sm aspirin adult low strength (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>sm aspirin ec low strength 81 mg tab dr</i>	0	
<i>sm aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>sm childrens aspirin 81 mg chew tab</i>	0	

ANALGESICS - OPIOID

OPIOID AGONISTS

CODEINE SULFATE (15 MG TAB, 30 MG TAB, 60 MG TAB)	1	
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	1	PA, MDS
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	1	PA, QL (120 units per 30 days), MDS
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	1	PA, QL (136 units per 34 days), MDS

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>levorphanol tartrate (2 mg tab, 3 mg tab)</i>	1	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	1	PA
<i>methadone hcl intensol 10 mg/ml conc</i>	1	PA
<i>methadose 40 mg tab sol</i>	1	PA
MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 10 MG/5ML SOLUTION, 15 MG TAB, 20 MG SUPPOS, 20 MG/5ML SOLUTION, 30 MG SUPPOS, 30 MG TAB)	1	
<i>morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)</i>	1	
MORPHINE SULFATE ER (10 MG CAP ER 24H, 15 MG TAB ER, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 30 MG TAB ER, 50 MG CAP ER 24H, 60 MG CAP ER 24H, 60 MG TAB ER, 80 MG CAP ER 24H, 100 MG CAP ER 24H, 100 MG TAB ER, 200 MG TAB ER)	1	PA
MORPHINE SULFATE ER BEADS (30 MG CAP ER 24H, 45 MG CAP ER 24H, 60 MG CAP ER 24H, 75 MG CAP ER 24H, 90 MG CAP ER 24H, 120 MG CAP ER 24H)	1	PA
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	1	PA
OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)	2	PA
<i>oxymorphone hcl (5 mg tab, 10 mg tab)</i>	1	
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	1	PA
<i>tramadol hcl 100 mg tab</i>	1	
<i>tramadol hcl 50 mg tab</i>	1	QL (8 units per 1 day)
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1	PA
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-30 mg tab, 300-30 mg/12.5ml solution, 300-60 mg tab)</i>	1	
<i>ascomp-codeine 50-325-40-30 mg cap</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	
<i>endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)</i>	1	
<i>hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)</i>	1	
NALOCET 2.5-300 MG TAB	1	
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	2	QL (1.28 ml per 28 days), MDS
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	QL (1.92 ml per 28 days), MDS
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	QL (2.56 ml per 28 days), MDS
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	QL (0.64 ml per 28 days), MDS
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	QL (0.36 ml per 28 days), MDS
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	QL (0.18 ml per 28 days), MDS
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	QL (0.27 ml per 28 days), MDS
<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	1	PA, QL (0.143 units per 1 day)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	MDS
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i>	1	MDS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	
SUBLOCADE (100 MG/0.5ML SOLN PRSYR, 300 MG/1.5ML SOLN PRSYR)	2	PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANDROGENS-ANABOLIC		
ANDROGENS		
AVEED 750 MG/3ML SOLUTION	2	PA, SP, MDS
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	1	
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
<i>hydrocort-pramoxine (perianal) 2.5-1 % cream</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
<i>lidocaine-hydrocort (perianal) 3-0.5 % cream</i>	1	
<i>lidocaine-hydrocortisone ace (2-2 % kit, 2.8-0.55 % gel, 3-0.5 % kit, 3-1 % kit, 3-2.5 % kit)</i>	1	
PROCTOFOAM HC 1-1 % FOAM	2	
RECTAL STEROIDS		
<i>anucort-hc 25 mg suppos</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	1	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	1	
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	1	QL (4 units per fill)
EMVERM 100 MG CHEW TAB	2	PA, QL (6 units per fill)
<i>ivermectin 3 mg tab</i>	1	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS), MDS
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO 194 MG TAB DR	2	PA, QL (12 units per 3 days), MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole (250 mg tab, 500 mg tab)</i>	1	
<i>pentamidine isethionate 300 mg recon soln</i>	1	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	1	
<i>trimethoprim 100 mg tab</i>	1	
XIFAXAN 550 MG TAB	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>multiple vitamins-minerals liquid</i>	0	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	1	
<i>nitazoxanide 500 mg tab</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	1	MDS
GLYCOPEPTIDES		
KIMYRSA 1200 MG RECON SOLN	2	PA
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	1	
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	1	PA
<i>linezolid 600 mg tab</i>	1	QL (2 units per 1 day), QL (112 units per 180 days), MDS
SIVEXTRO 200 MG TAB	2	PA, QL (6 ea per 6 days), QL (1 fill per 365 days), MDS

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

Drug Name	Drug Tier	Requirements / Limits
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1 gm tab</i>	1	
<i>methenamine mandelate (0.5 gm tab, 1 gm tab)</i>	1	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	1	
<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)</i>	1	PA
NITRATES		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	1	
<i>isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	1	
NITRO-BID 2 % OINTMENT	2	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1	
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	2	
<i>meprobamate (200 mg tab, 400 mg tab)</i>	1	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	1	
ALPRAZOLAM INTENSOL 1 MG/ML CONC	2	
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	1	
<i>chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)</i>	1	
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)</i>	1	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>diazepam intensol 5 mg/ml conc</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol 2 mg/ml conc</i>	1	
<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	1	
NORPACE CR 100 MG CAP ER 12H	2	QL (8 units per 1 day)
NORPACE CR 150 MG CAP ER 12H	2	QL (5 units per 1 day)
<i>quinidine gluconate er 324 mg tab er</i>	1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	1	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	1	
MULTAQ 400 MG TAB	2	
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR 100 MG/10ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FASENRA 10 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA 30 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN 30 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	2	PA, QL (1 unit per 28 days), SP, MDS
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	2	PA, QL (1.91 units per 28 days), SP, MDS
TEZSPIRE 210 MG/1.91ML SOLN PRSYR	2	PA, QL (1.91 units per 28 days), SP, MDS
XOLAIR (150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, MDS
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR)	2	PA, QL (5 units per 28 days), SP, MDS
XOLAIR 150 MG RECON SOLN	2	PA, SP, MDS
XOLAIR 300 MG/2ML SOLN A-INJ	2	PA, QL (4 ml per 28 days), SP, MDS
XOLAIR 300 MG/2ML SOLN PRSYR	2	PA, QL (4 ml per 28 days), SP, MDS
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA 17 MCG/ACT AERO SOLN	2	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER 18 MCG CAP	2	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast (250 mcg tab, 500 mcg tab)</i>	1	PA
STEROID INHALANTS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	2	
ASMANEX HFA 50 MCG/ACT AEROSOL	2	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	
FLUTICASONE PROPIONATE HFA (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	2	
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	2	
SYMPATHOMIMETICS		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, 8 mg/20ml syrup)</i>	1	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	1	
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	1	PA
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL (2 units per 1 day)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL (10.7 units per 28 days)
<i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	1	QL (1.02 units per 1 day)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	2	
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (2 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	2	QL (1 unit per 30 days)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	1	PA
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	1	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	2	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	2	QL (2 units per 1 day)
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (2 units per 1 day)
XOPENEX HFA 45 MCG/ACT AEROSOL	1	
XANTHINES		
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	2	
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	1	
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	2	QL (2 units per 1 day)
ELIQUIS 5 MG TAB	2	QL (4 units per 1 day)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	2	QL (74 units per 30 days), MDS
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 unit per 1 day)
XARELTO (2.5 MG TAB, 15 MG TAB)	2	QL (2 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
XARELTO 1 MG/ML RECON SUSP	2	QL (20 units per 1 day)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	QL (51 units per 30 days), MDS
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	1	MDS
<i>fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	1	MDS
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/0.5ml soln prsyr, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	1	QL (2 ea per 1 day)
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	PA, QL (1 unit per 1 day)
FYCOMPA 0.5 MG/ML SUSPENSION	2	PA, QL (24 units per 1 day)
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	1	
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	1	
DIASTAT ACUDIAL (10 MG GEL, 20 MG GEL)	2	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	2	QL (10 ea per 30 days), AL, MDS
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	2	PA, QL (2 units per 1 day)
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older), MDS
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older), MDS

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

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

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

Drug Name	Drug Tier	Requirements / Limits
XCOPRI 200 MG TAB	2	PA, QL (2 units per 1 day)
GABA MODULATORS		
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	1	
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	1	PA, SP
<i>vigadrone 500 mg packet</i>	1	PA, LA, SP
<i>vigadrone 500 mg tab</i>	1	PA, SP
<i>vigpoder 500 mg packet</i>	1	PA, SP
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	2	
DILANTIN INFATABS 50 MG CHEW TAB	2	
DILANTIN-125 125 MG/5ML SUSPENSION	2	
<i>phenytek (200 mg cap, 300 mg cap)</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs 50 mg chew tab</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	
VALPROIC ACID		
DEPAKOTE (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR)	2	
DEPAKOTE ER (250 MG TAB ER 24H, 500 MG TAB ER 24H)	2	
DEPAKOTE SPRINKLES 125 MG CAP DR	2	
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	1	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	1	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER	2	PA, QL (2 units per 1 day)
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1	
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	0	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	PA, QL (1 unit per 1 day)
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO 100 MG/20ML SOLUTION	2	PA, SP, MDS
ZURZUVAE (20 MG CAP, 25 MG CAP)	2	PA, QL (28 ea per 14 days), SP, MDS
ZURZUVAE 30 MG CAP	2	PA, QL (14 ea per 14 days), SP, MDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE 15 MG TAB	1	
<i>tranylcypromine sulfate 10 mg tab</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	2	PA, SP, MDS
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	2	PA, SP, MDS
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab)</i>	1	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	1	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	1	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	2	PA
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	PA, QL (1 unit per day)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er (50 mg tab er 24h, 100 mg tab er 24h)</i>	1	QL (1 unit per 1 day)
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	1	QL (1 unit per day)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	PA
FETZIMA TITRATION 20 & 40 MG CP24 THPK	2	PA
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 37.5 mg tab er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h, 225 mg tab er 24h)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	1	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	2	PA
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	2	PA
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	2	QL (1 unit per 1 day)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	2	QL (2 units per 1 day)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (2 units per 1 day)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (1 unit per 1 day)
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	1	
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	1	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	1	PA, QL (1 ea per 1 day)
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	1	PA, QL (2 ea per 1 day)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	2	QL (2 units per 1 day)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 unit per 1 day)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 units per 1 day)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	QL (1 unit per 1 day)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	QL (2 units per 1 day)
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	ST, QL (0.5 units per 1 day)
ANTIDIABETIC-ANTIBODIES		
TZIELD 2 MG/2ML SOLUTION	2	PA, LA, SP, MDS
BIGUANIDES		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	PN (\$0 Oral Oncology)

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Drug Name	Drug Tier	Requirements / Limits
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
CVS SOFT GLUCOSE 4 GM CHEW TAB	2	
DEX4 4-6 GM-MG CHEW TAB	2	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	2	
DEX4 NATURALS 4-6 GM-MG CHEW TAB	2	
DEX4 POUCH PACK 4-6 GM-MG CHEW TAB	2	
DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	QL (2 units per fill), MDS
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	QL (2 units per fill), MDS
GLUCO TO GO 4 GM CHEW TAB	2	
GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
GLUCOSE INSTANT ENERGY (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
GNP GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
GNP QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
GOODSENSE GLUCOSE 4-6 GM-MG CHEW TAB	2	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QL (2 units per fill), MDS
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QL (2 units per fill), MDS
GVOKE KIT 1 MG/0.2ML SOLUTION	2	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QL (2 units per fill), MDS
HY-VEE GLUCOSE 4-6 GM-MG CHEW TAB	2	
KROGER GLUCOSE 4-6 GM-MG CHEW TAB	2	
LEADER GLUCOSE 4-6 GM-MG CHEW TAB	2	
LEADER QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
LONGS GLUCOSE 4-6 GM-MG CHEW TAB	2	
MEIJER GLUCOSE 4-6 GM-MG CHEW TAB	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>mifepristone 300 mg tab</i>	1	PA, QL (112 units per 28 days), SP, MDS
PREFERRED PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2	
PX GLUCOSE 4-6 GM-MG CHEW TAB	2	
RA GLUCOSE (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	2	
SM GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
SMART SENSE GLUCOSE 4-6 GM-MG CHEW TAB	2	
TGT GLUCOSE 4-6 GM-MG CHEW TAB	2	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	2	
TRUEPLUS GLUCOSE ON THE GO 4 GM CHEW TAB	2	
UP & UP GLUCOSE 4-6 GM-MG CHEW TAB	2	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2	
WALGREENS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA 5 MG TAB	2	QL (1 unit per 1 day)
INCRETIN MIMETIC AGENTS		
<i>liraglutide 18 mg/3ml soln pen</i>	1	PA, QL (0.3 units per 1 day)
MOUNJARO (5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 units per 28 days)
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), QL (1 fill per 180 days), MDS
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 units per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (0.11 units per 1 day)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	PA, QL (0.11 units per 1 day)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	PA, QL (0.11 units per 1 day)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (1 unit per day)
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 days), QL (1 fill per 180 days), MDS
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ)	2	PA, QL (0.072 units per 1 day)
TRULICITY (3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	2	PA, QL (0.072 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	1	
INSULIN ASPART 100 UNIT/ML SOLUTION	1	
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	1	
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	1	
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	1	
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	2	
INSULIN DEGLUDEC FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	
LANTUS 100 UNIT/ML SOLUTION	2	
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	2	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLIN N 100 UNIT/ML SUSPENSION	2	
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	2	
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	2	
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	2	
NOVOLIN R 100 UNIT/ML SOLUTION	2	
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	2	
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	
NOVOLIN R RELION 100 UNIT/ML SOLUTION	2	
NOVOLOG 100 UNIT/ML SOLUTION	2	
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	2	
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	

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Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	2	
NOVOLOG RELION 100 UNIT/ML SOLUTION	2	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	2	
TRESIBA 100 UNIT/ML SOLUTION	2	
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide (60 mg tab, 120 mg tab)</i>	1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE (10 MG TAB, 25 MG TAB)	2	QL (1 unit per 1 day)
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI 125 MG TAB DR	2	PA
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>loperamide hcl 2 mg cap</i>	1	
<i>opium 10 mg/ml (1%) tincture</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox (90 mg packet, 180 mg packet, 360 mg packet)</i>	1	PA, SP, MDS
<i>deferasirox (90 mg tab, 125 mg tab sol, 180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)</i>	1	PA, SP, MDS
<i>deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)</i>	1	PA, SP, MDS
<i>deferiprone 500 mg tab</i>	1	PA, LA, SP, MDS
FERRIPROX 100 MG/ML SOLUTION	2	PA, LA, SP, MDS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA 200 MG RECON SOLN	2	PA, SP, MDS
PRAXBIND 2.5 GM/50ML SOLUTION	2	PA, SP, MDS
OPIOID ANTAGONISTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)</i>	1	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	2	
<i>naltrexone hcl 50 mg tab</i>	1	
REXTOVY 4 MG/0.25ML LIQUID	2	
VIVITROL 380 MG RECON SUSP	2	PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	1	QL (2 units per fill), MDS
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	1	
SANCUSO 3.1 MG/24HR PATCH	2	PA, QL (4 units per 28 days), MDS
SUSTOL 10 MG/0.4ML PRSYR	2	PA, SP, MDS
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1	
<i>scopolamine 1 mg/3days patch 72hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TRANSDERM-SCOP 1 MG/3DAYS PATCH 72HR	2	
<i>trimethobenzamide hcl 300 mg cap</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	2	QL (2 units per 28 days), MDS
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	QL (4 units per 1 day)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (40 mg cap, 80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap, 125 mg cap)</i>	1	
CINVANTI 130 MG/18ML EMULSION	2	PA, SP, MDS
EMEND 125 MG/5ML RECON SUSP	2	
ANTIFUNGALS		
ANTIFUNGALS		
<i>flucytosine (250 mg cap, 500 mg cap)</i>	1	MDS
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	2	PA, MDS
<i>fluconazole (40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	PA
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	1	PA, QL (90 units per 30 days), MDS
<i>posaconazole 40 mg/ml suspension</i>	1	PA, QL (20 units per 1 day), MDS
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	1	PA, MDS
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIHISTAMINES - NON-SEDATING		
<i>all day allergy 10 mg tab</i>	1	
<i>allergy relief (cetirizine) 10 mg tab</i>	1	
<i>allergy relief (loratadine) 10 mg tab</i>	1	
<i>allergy relief 10 mg tab</i>	1	
<i>allergy relief ceterizine 5 mg tab</i>	1	
<i>allergy relief cetirizine 10 mg tab</i>	1	
<i>cetirizine hcl (5 mg chew tab, 5 mg tab, 10 mg tab)</i>	1	
<i>cetirizine hcl childrens 5 mg chew tab</i>	1	
<i>ft all day allergy 10 mg tab</i>	1	
<i>ft all day allergy 24 hour 10 mg tab</i>	1	
<i>ft all day allergy relief 10 mg tab</i>	1	
<i>ft allergy relief 10 mg tab</i>	1	
<i>ft allergy relief cetirizine 10 mg tab</i>	1	
<i>ft allergy relief loratadine 10 mg tab</i>	1	
<i>gnp all day allergy 10 mg tab</i>	1	
<i>gnp loratadine (10 mg tab, 10 mg tab disp)</i>	1	
<i>goodsense all day allergy 10 mg tab</i>	1	
<i>goodsense allergy relief 10 mg tab</i>	1	
<i>hm all day allergy 10 mg tab</i>	1	
<i>hm allergy relief (cetirizine) 10 mg tab</i>	1	
<i>hm cetirizine hcl 10 mg tab</i>	1	
<i>hm loratadine 10 mg tab</i>	1	
<i>kls aller-tec 10 mg tab</i>	1	
<i>kls allerclear 10 mg tab</i>	1	
<i>loratadine (10 mg tab, 10 mg tab disp)</i>	1	
<i>qc allergy relief 10 mg tab</i>	1	
<i>sm all day allergy 10 mg tab</i>	1	
<i>sm all day allergy relief 10 mg tab</i>	1	
<i>sm allergy relief 10 mg tab disp</i>	1	
<i>sm loratadine 10 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sm loratadine allergy relief 10 mg tab disp</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	1	
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cycproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL 180 MG TAB	2	PA, QL (1 unit per 1 day)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	2	PA, LA, SP, MDS
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	PA
NEXLIZET 180-10 MG TAB	2	PA, QL (1 unit per 1 day)
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl 0.5 gm cap</i>	1	QL (8 units per day)
<i>icosapent ethyl 1 gm cap</i>	1	QL (4 units per day)
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	1	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	
<i>gemfibrozil 600 mg tab</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL (1 unit per day)
<i>atorvastatin calcium 10 mg tab</i>	1	QL (2 units per 1 day)
<i>lovastatin 10 mg tab</i>	1	QL (4 units per 1 day)
<i>lovastatin 20 mg tab</i>	1	QL (2 units per 1 day)
<i>lovastatin 40 mg tab</i>	1	QL (1 unit per 1 day)
<i>pravastatin sodium 10 mg tab</i>	1	QL (8 units per day)
<i>pravastatin sodium 20 mg tab</i>	1	QL (4 units per day)
<i>pravastatin sodium 40 mg tab</i>	1	QL (2 units per 1 day)
<i>pravastatin sodium 80 mg tab</i>	1	QL (8 units per 28 days)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (1 unit per day)
<i>rosuvastatin calcium 5 mg tab</i>	1	QL (2 units per 1 day)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	1	QL (1 unit per day)
<i>simvastatin 10 mg tab</i>	1	QL (4 units per day)
<i>simvastatin 20 mg tab</i>	1	QL (2 units per 1 day)
<i>simvastatin 5 mg tab</i>	1	QL (8 units per day)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	2	PA, QL (1 unit per day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe 10 mg tab</i>	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID (20 MG CAP, 30 MG CAP)	2	PA, LA, QL (56 units per 28 days), SP, MDS
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)</i>	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO 284 MG/1.5ML SOLN PRSYR	2	PA, SP
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	2	PA, QL (0.072 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
REPATHA 140 MG/ML SOLN PRSYR	2	PA, QL (0.072 units per 1 day)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	2	PA, QL (0.125 units per 1 day)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	PA, QL (0.072 units per 1 day)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 8 MG TAB)	2	
<i>perindopril erbumine 4 mg tab</i>	1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl 10 mg cap</i>	1	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	1	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	1	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	1	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	PA
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	PA
<i>amlodipine-valsartan-hctz 10-160-25 mg tab</i>	1	PA
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	1	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	1	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	1	PA
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
TEKTURNA HCT (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB)	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	1	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone (25 mg tab, 50 mg tab)</i>	1	
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	1	
ANTIMALARIALS		
ARTESUNATE 110 MG RECON SOLN	2	
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl 250 mg tab</i>	1	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	2	QL (14 ea per 14 days), QL (14 ea per 180 days), MDS
<i>pyrimethamine 25 mg tab</i>	1	PA, SP, MDS
<i>quinine sulfate 324 mg cap</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10 MG TAB	2	PA, LA, QL (240 units per 30 days), SP, MDS
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID 200 MG TAB	2	PA, QL (1 unit per 1 day)
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO (20 MG TAB, 100 MG TAB)	2	PA, LA, SP, MDS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
BELRAPZO 100 MG/4ML SOLUTION	2	SP, MDS
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	2	SP, MDS
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	2	SP
BENDEKA 100 MG/4ML SOLUTION	2	SP, MDS
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	PN (\$0 Oral Oncology), SP
LEUKERAN 2 MG TAB	2	PN (\$0 Oral Oncology)
MELPHALAN 2 MG TAB	1	PN (\$0 Oral Oncology)
MYLERAN 2 MG TAB	2	PN (\$0 Oral Oncology), SP
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	1	SP, MDS
OXALIPLATIN 200 MG/40ML SOLUTION	1	MDS
<i>temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)</i>	1	PN (\$0 Oral Oncology), SP
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	2	PA, SP, MDS
VIVIMUSTA 100 MG/4ML SOLUTION	2	SP, MDS
YONDELIS 1 MG RECON SOLN	2	PA, SP, MDS
ZEPZELCA 4 MG RECON SOLN	2	PA, SP, MDS
ANTIMETABOLITES		
<i>capecitabine (150 mg tab, 500 mg tab)</i>	1	PN (\$0 Oral Oncology), SP, MDS
<i>clofarabine 1 mg/ml solution</i>	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>decitabine 50 mg recon soln</i>	2	SP, MDS
FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	2	SP, MDS
JYLAMVO 2 MG/ML SOLUTION	2	PA
<i>mercaptopurine 50 mg tab</i>	1	PN (\$0 Oral Oncology)
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	1	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	1	
<i>nelarabine 5 mg/ml solution</i>	2	PA, SP, MDS
ONUREG (200 MG TAB, 300 MG TAB)	2	PA, QL (14 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION, 500 MG/20ML SOLUTION)	2	SP
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	2	SP
<i>pemetrexed disodium (100 mg recon soln, 500 mg recon soln)</i>	2	SP, MDS
PEMETREXED DITROMETHAMINE (100 MG RECON SOLN, 500 MG RECON SOLN)	2	SP
PEMFEXY 500 MG/20ML SOLUTION	2	SP
PRALATREXATE (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	2	SP, MDS
XATMEP 2.5 MG/ML SOLUTION	2	PA, SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	2	PA, SP, MDS
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
FRUZAQLA 1 MG CAP	2	PA, QL (84 ea per 28 days), SP, MDS
FRUZAQLA 5 MG CAP	2	PA, QL (21 ea per 28 days), SP, MDS
INLYTA 1 MG TAB	2	QL (180 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
INLYTA 5 MG TAB	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	2	QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	2	QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	2	QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	2	SP, MDS
ZALTRAP (100 MG/4ML SOLUTION, 200 MG/8ML SOLUTION)	2	PA, SP, MDS
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN 150 MG RECON SOLN	2	PA, SP, MDS
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
MARGENZA 250 MG/10ML SOLUTION	2	PA, SP, MDS
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
ONTRUZANT 150 MG RECON SOLN	2	SP, MDS
ONTRUZANT 420 MG RECON SOLN	2	SP
PERJETA 420 MG/14ML SOLUTION	2	SP, MDS
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
TUKYSA (50 MG TAB, 150 MG TAB)	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS 50 MG RECON SOLN	2	PA, SP, MDS
ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC)	2	PA, SP, MDS
BAVENCIO 200 MG/10ML SOLUTION	2	PA, SP, MDS
BESPONSA 0.9 MG RECON SOLN	2	PA, SP, MDS
BLENREP 100 MG RECON SOLN	2	PA, MDS
BLINCYTO 35 MCG RECON SOLN	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
COLUMVI (2.5 MG/2.5ML SOLUTION, 10 MG/10ML SOLUTION)	2	PA, QL (30 ml per 21 days), SP, MDS
DANYELZA 40 MG/10ML SOLUTION	2	PA, SP, MDS
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, MDS
ELAHERE 100 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION)	2	PA, LA, SP, QL (34 days supply per fill), MDS
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
ENHERTU 100 MG RECON SOLN	2	PA, SP, MDS
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	2	PA, SP, MDS
GAZYVA 1000 MG/40ML SOLUTION	2	PA, SP, MDS
IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN)	2	PA, SP, MDS
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	2	PA, SP, MDS
IMJUDO 25 MG/1.25ML SOLUTION	2	PA, QL (375 units per 180 days), SP, MDS
IMJUDO 300 MG/15ML SOLUTION	2	PA, QL (15 units per 180 days), SP, MDS
JEMPERLI 500 MG/10ML SOLUTION	2	PA, SP, MDS
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	2	PA, SP, MDS
KEYTRUDA 100 MG/4ML SOLUTION	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK 100 MCG/0.5ML SOLUTION	2	PA, SP
LIBTAYO 350 MG/7ML SOLUTION	2	PA, SP, MDS
LOQTORZI 240 MG/6ML SOLUTION	2	PA, SP, MDS
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	2	PA, SP, MDS
MONJUVI 200 MG RECON SOLN	2	PA, SP, MDS
MYLOTARG 4.5 MG RECON SOLN	2	PA, SP, MDS
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 240 MG/24ML SOLUTION)	2	PA, SP, MDS
OPDIVO 120 MG/12ML SOLUTION	2	PA, SP, MDS
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	2	PA, SP, MDS
POLIVY 140 MG RECON SOLN	2	PA, SP, MDS
POLIVY 30 MG RECON SOLN	2	PA, SP, MDS
POTELIGEO 20 MG/5ML SOLUTION	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, PN (PA is not required for oncology or multiple sclerosis indications), SP, MDS
RITUXAN (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, PN (PA is not required for oncology or multiple sclerosis indications), SP, MDS
RYBREVENT 350 MG/7ML SOLUTION	2	PA, SP, MDS
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	2	PA, SP, MDS
TALVEY (3 MG/1.5ML SOLUTION, 40 MG/ML SOLUTION)	2	PA, SP, QL (34 days supply per fill), MDS
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	2	PA, SP, MDS
TECVAYLI (30 MG/3ML SOLUTION, 153 MG/1.7ML SOLUTION)	2	PA, SP, MDS
TEVIMBRA 100 MG/10ML SOLUTION	2	PA, SP, MDS
TIVDAK 40 MG RECON SOLN	2	PA, SP
UNITUXIN 17.5 MG/5ML SOLUTION	2	PA, SP, MDS
VYLOY 100 MG RECON SOLN	2	PA, SP, MDS
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	2	PA, SP, MDS
ZEVALIN Y-90 3.2 MG/2ML KIT	2	PA, SP, MDS
ZYNLONTA 10 MG RECON SOLN	2	PA, LA, SP, MDS
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	2	QL (56 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
VENCLEXTA 100 MG TAB	2	QL (180 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
VENCLEXTA 50 MG TAB	2	QL (28 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	2	QL (42 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
PROVENGE 50000000 CELLS SUSPENSION	2	PA, SP, MDS
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	2	SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
<i>erlotinib hcl 25 mg tab</i>	1	QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
EXKIVITY 40 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	2	LA, QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LAZCLUZE (80 MG TAB, 240 MG TAB)	2	QL (30 units per 30 days), PA-NSO, SP, MDS
PORTRAZZA 800 MG/50ML SOLUTION	2	PA, SP, MDS
TAGRISSO (40 MG TAB, 80 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, MDS
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
DAURISMO 25 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ERIVEDGE 150 MG CAP	2	QL (28 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ODOMZO 200 MG CAP	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
<i>abiraterone acetate 500 mg tab</i>	1	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>abirtega 250 mg tab</i>	1	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	2	PA, QL (60 ea per 30 days), SP, QL (30 days supply per fill), MDS
<i>anastrozole 1 mg tab</i>	0	PN (\$0 Oral Oncology)
<i>bicalutamide 50 mg tab</i>	1	PN (\$0 Oral Oncology)
CAMCEVI 42 MG PRSYR	2	

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Drug Name	Drug Tier	Requirements / Limits
ELIGARD 22.5 MG KIT	2	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	2	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	2	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT 140 MG CAP	2	PN (\$0 Oral Oncology), SP
ERLEADA 240 MG TAB	2	QL (30 units per 30 days), PA-NSO, SP, MDS
ERLEADA 60 MG TAB	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
<i>exemestane 25 mg tab</i>	0	PN (\$0 Oral Oncology)
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON 80 MG RECON SOLN	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FULVESTRANT 250 MG/5ML SOLN PRSYR	2	SP, MDS
<i>fulvestrant 250 mg/5ml soln prsyr</i>	2	SP, MDS
<i>letrozole 2.5 mg tab</i>	0	PN (\$0 Oral Oncology)
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	2	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH) 30 MG KIT	2	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH) 45 MG KIT	2	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN 500 MG TAB	2	LA, PN (\$0 Oral Oncology), SP
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	1	PN (\$0 Oral Oncology)
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide 150 mg tab</i>	1	PN (\$0 Oral Oncology), SP
NUBEQA 300 MG TAB	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ORGOVYX 120 MG TAB	2	PA, QL (64 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ORSERDU 345 MG TAB	2	LA, QL (30 units per 30 days), PA-NSO, SP, MDS
ORSERDU 86 MG TAB	2	LA, QL (90 units per 30 days), PA-NSO, SP, MDS
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	0	PN (\$0 Oral Oncology)
<i>toremifene citrate 60 mg tab</i>	1	PN (\$0 Oral Oncology), SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	2	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	2	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI (40 MG CAP, 40 MG TAB)	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
XTANDI 80 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG 40 MG TAB	2	LA, QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	2	QL (21 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	2	QL (8 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	2	QL (4 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	2	QL (8 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	2	QL (4 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	2	QL (24 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	QL (8 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	2	QL (32 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO 80 (2 X 40) MG RECON SOLN	2	PA, LA, QL (17 doses per lifetime), SP
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, MDS
<i>mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, MDS
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION	2	PA, QL (2.15 units per 1 day), SP, MDS
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION	2	SP, MDS
INQOVI 35-100 MG TAB	2	QL (5 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	2	QL (49 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	2	QL (70 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	2	QL (91 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	2	QL (100 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	2	QL (80 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG 240-80 MG/20ML SOLUTION	2	PA, QL (40 units per 28 days), SP, MDS
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	2	SP, MDS
RITUXAN HYCELA (1400-23400 MG -UT/11.7ML SOLUTION, 1600-26800 MG -UT/13.4ML SOLUTION)	2	PA, SP, MDS
VYXEOS 44-100 MG RECON SUSP	2	PA, LA, SP, MDS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150 MG CAP	2	QL (240 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALIQOPA 60 MG RECON SOLN	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ALUNBRIG 30 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
AUGTYRO 40 MG CAP	0	PA, QL (240 ea per 30 days), SP, MDS
BALVERSA 3 MG TAB	2	LA, QL (84 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
BALVERSA 4 MG TAB	2	LA, QL (56 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
BALVERSA 5 MG TAB	2	LA, QL (28 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
BELEODAQ 500 MG RECON SOLN	2	PA, SP, MDS
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN)	2	PA, SP
<i>bortezomib 3.5 mg recon soln</i>	2	PA, SP, MDS
BORTEZOMIB 3.5 MG/1.4ML SOLUTION	2	PA, SP
BOSULIF (400 MG TAB, 500 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
BOSULIF 100 MG TAB	2	QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
BRAFTOVI 75 MG CAP	2	QL (180 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
BRUKINSA 80 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
CALQUENCE 100 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
CAPRELSA 100 MG TAB	2	LA, QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
CAPRELSA 300 MG TAB	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	2	QL (56 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	2	QL (112 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	2	QL (84 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
COPIKTRA (15 MG CAP, 25 MG CAP)	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
COTELIC 20 MG TAB	2	QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
<i>dasatinib 20 mg tab</i>	2	QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	1	QL (28 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	2	QL (21 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
FYARRO 100 MG RECON SUSP	2	PA, SP
GAVRETO 100 MG CAP	2	QL (120 units per 30 days), PA-NSO, SP, MDS
GLEEVEC 100 MG TAB	2	QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
GLEEVEC 400 MG TAB	2	QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	2	QL (21 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB)	2	LA, QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ICLUSIG 45 MG TAB	2	LA, QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
IDHIFA (50 MG TAB, 100 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA (70 MG CAP, 420 MG TAB)	2	QL (28 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA 140 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA 70 MG/ML SUSPENSION	2	QL (216 units per 36 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
INREBIC 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ITOVEBI 3 MG TAB	0	QL (60 ea per 30 days), PA-NSO, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ITOVEBI 9 MG TAB	0	QL (30 ea per 30 days), PA-NSO, SP, MDS
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
JAYPIRCA 100 MG TAB	2	QL (60 units per 30 days), PA-NSO, SP, MDS
JAYPIRCA 50 MG TAB	2	QL (30 units per 30 days), PA-NSO, SP, MDS
KISQALI (200 MG DOSE) 200 MG TAB THPK	2	QL (21 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE) 200 MG TAB THPK	2	QL (42 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE) 200 MG TAB THPK	2	QL (63 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	2	QL (240 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
KOSELUGO 25 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
KRAZATI 200 MG TAB	2	QL (180 units per 30 days), PA-NSO, SP, MDS
KYPROLIS (10 MG RECON SOLN, 30 MG RECON SOLN, 60 MG RECON SOLN)	2	PA, SP, MDS
<i>lapatinib ditosylate 250 mg tab</i>	1	QL (180 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LORBRENA 100 MG TAB	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LORBRENA 25 MG TAB	2	QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LUMAKRAS 120 MG TAB	2	QL (240 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LUMAKRAS 320 MG TAB	2	QL (90 units per 30 days), PA-NSO, SP, MDS
LYNPARZA (100 MG TAB, 150 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	2	QL (84 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	2	QL (112 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	2	QL (140 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
MEKINIST 0.05 MG/ML RECON SOLN	2	PA, QL (1200 units per 30 days), SP, MDS
MEKINIST 0.5 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MEKINIST 2 MG TAB	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MEKTOVI 15 MG TAB	2	QL (180 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
NERLYNX 40 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	2	PA, QL (3 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	0	PA, LA, QL (60 units per 30 days), SP, MDS
OJEMDA 100 MG TAB	2	PA, LA, QL (24 ea per 28 days), SP, MDS
OJEMDA 25 MG/ML RECON SUSP	2	PA, LA, QL (96 ml per 28 days), SP, MDS
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	2	PA, LA, QL (30 ea per 30 days), SP, MDS
<i>pazopanib hcl 200 mg tab</i>	0	QL (120 units per 30 days), PA-NSO, SP, QL (30 days supply per fill), MDS
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	2	LA, QL (14 units per 21 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	2	QL (28 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	2	QL (56 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	2	QL (56 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
QINLOCK 50 MG TAB	2	LA, QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, SP, MDS
RETEVMO 40 MG CAP	1	QL (90 ea per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
RETEVMO 40 MG TAB	1	QL (90 ea per 30 days), PA-NSO, SP, MDS
RETEVMO 80 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
REZLIDHIA 150 MG CAP	2	QL (30 units per 30 days), PA-NSO, SP, MDS
<i>romidepsin 10 mg recon soln</i>	2	PA, SP
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ROZLYTREK 100 MG CAP	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ROZLYTREK 200 MG CAP	2	QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ROZLYTREK 50 MG PACKET	2	PA, QL (336 ea per 28 days), SP, MDS
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
RYDAPT 25 MG CAP	2	QL (224 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
RYTELO (47 MG RECON SOLN, 188 MG RECON SOLN)	2	PA, SP, MDS
SCEMBLIX (20 MG TAB, 40 MG TAB)	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
SCEMBLIX 100 MG TAB	2	QL (120 ea per 30 days), PA-NSO, SP, MDS
<i>sorafenib tosylate 200 mg tab</i>	1	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
SPRYCEL 20 MG TAB	2	QL (90 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
STIVARGA 40 MG TAB	2	QL (84 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	1	QL (28 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA (150 MG TAB, 200 MG TAB)	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
TAFINLAR (50 MG CAP, 75 MG CAP)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TAFINLAR 10 MG TAB SOL	2	PA, QL (900 units per 30 days), SP, MDS
TALZENNA (0.1 MG CAP, 0.35 MG CAP)	2	PA, QL (30 ea per 30 days), SP, MDS
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	2	QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
TASIGNA (150 MG CAP, 200 MG CAP)	2	QL (112 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
TASIGNA 50 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
TAZVERIK 200 MG TAB	2	LA, QL (240 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>temsirolimus 25 mg/ml solution</i>	2	PA, SP, MDS
TEPMETKO 225 MG TAB	2	LA, QL (60 units per 30 days), PA-NSO, SP, MDS
TIBSOVO 250 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
<i>torpenz (5 mg tab, 7.5 mg tab)</i>	1	QL (28 units per 28 days), PA-NSO, SP, MDS
<i>torpenz 10 mg tab</i>	1	QL (28 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
<i>torpenz 2.5 mg tab</i>	1	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	2	QL (64 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
TRUQAP (160 MG TAB, 200 MG TAB)	2	PA, QL (64 ea per 28 days), SP, MDS
TURALIO 125 MG CAP	2	PA, LA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	0	PA, LA, QL (56 units per 28 days), SP, QL (28 days supply per fill), MDS
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	2	QL (56 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 100 MG CAP	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 20 MG/ML SOLUTION	2	PA, QL (300 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 25 MG CAP	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VONJO 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VORANIGO 10 MG TAB	2	LA, QL (60 units per 30 days), PA-NSO, SP, MDS
VORANIGO 40 MG TAB	2	LA, QL (30 units per 30 days), PA-NSO, SP, MDS
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	2	PA, QL (120 ea per 30 days), SP, MDS
XALKORI (200 MG CAP, 250 MG CAP)	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
XALKORI 150 MG CAP SPRINK	2	PA, QL (180 ea per 30 days), SP, MDS
XOSPATA 40 MG TAB	2	PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	2	QL (30 tabs per 30 days), PA-NSO, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ZELBORAF 240 MG TAB	2	QL (240 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ZOLINZA 100 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ZYDELIG (100 MG TAB, 150 MG TAB)	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ZYKADIA 150 MG TAB	2	QL (84 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC ENZYMES		
ASPARLAS 3750 UNIT/5ML SOLUTION	2	SP, MDS
ONCASPAR 750 UNIT/ML SOLUTION	2	LA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY), MDS
RYLAZE 10 MG/0.5ML SOLUTION	2	PA, SP
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC 15 MCI/ML SOLUTION	2	PA, SP, MDS
AZEDRA THERAPEUTIC 15 MCI/ML SOLUTION	2	PA, SP, MDS
LUTATHERA 370 MBQ/ML SOLUTION	2	PA, SP, MDS
PLUVICTO 1000 MBQ/ML SOLUTION	2	PA, SP
XOFIGO 30 MCCI/ML SOLUTION	2	PA, SP, MDS
ANTINEOPLASTICS MISC.		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	2	PA, SP, MDS
BESREMI 500 MCG/ML SOLN PRSYR	2	LA, QL (2 units per 28 days), PA-NSO, SP, MDS
<i>bexarotene 75 mg cap</i>	1	PA, PN (\$0 Oral Oncology), SP, MDS
<i>hydroxyurea 500 mg cap</i>	1	PN (\$0 Oral Oncology)
MATULANE 50 MG CAP	2	LA, PN (\$0 Oral Oncology), SP, MDS
<i>tretinoin 10 mg cap</i>	1	PN (\$0 Oral Oncology), SP
TRISENOX 12 MG/6ML SOLUTION	2	PA, SP, MDS
CHEMOTHERAPY ADJUNCTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	2	PA, SP, MDS
KEPIVANCE 5.16 MG RECON SOLN	2	PA, LA, SP, QL (34 day supply per fill), MDS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA 300 MG RECON SOLN	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
IWILFIN 192 MG TAB	0	PA, LA, QL (240 ea per 30 days), SP, MDS
KHAPZORY (175 MG RECON SOLN, 300 MG RECON SOLN)	2	PA, SP, MDS
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<i>mesna 400 mg tab</i>	2	SP, MDS
MESNEX 400 MG TAB	2	SP, MDS
PEDMARK 12.5 % SOLUTION	2	PA, SP, MDS
MITOTIC INHIBITORS		
ABRAXANE 100 MG RECON SUSP	2	PA, SP, MDS
<i>eribulin mesylate 1 mg/2ml solution</i>	2	PA, SP, MDS
ETOPOSIDE 50 MG CAP	1	PN (\$0 Oral Oncology), SP
HALAVEN 1 MG/2ML SOLUTION	2	PA, SP, MDS
IXEMPRA KIT (15 MG RECON SOLN, 45 MG RECON SOLN)	2	PA, SP, MDS
JEVTANA 60 MG/1.5ML SOLUTION	2	PA, SP, MDS
<i>paclitaxel protein-bound part 100 mg recon susp</i>	2	PA, SP, MDS
PACLITAXEL PROTEIN-BOUND PART 100 MG RECON SUSP	2	PA, SP
ONCOLYTIC VIRAL AGENTS		
IMLYGIC (1000000 UNIT/ML SUSPENSION, 100000000 UNIT/ML SUSPENSION)	2	PA, SP, MDS
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	PN (\$0 Oral Oncology), SP, MDS
ONIVYDE 43 MG/10ML INJECTABLE	2	PA, SP, MDS
TRODELVY 180 MG RECON SOLN	2	PA, SP, MDS
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone 200 mg tab</i>	1	
ONGENTYS (25 MG CAP, 50 MG CAP)	2	ST, QL (1 unit per 1 day)
<i>tolcapone 100 mg tab</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1	
<i>apomorphine hcl 30 mg/3ml soln cart</i>	1	SP
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	1	
CARBIDOPA-LEVODOPA (10-100 MG TAB DISP, 25-100 MG TAB DISP)	2	
CARBIDOPA-LEVODOPA (10-100 MG TAB, 25-100 MG TAB, 25-250 MG TAB, 25-250 MG TAB DISP)	1	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	1	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	1	
INBRIJA 42 MG CAP	2	QL (300 units per 30 days), SP, MDS
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	2	QL (150 units per 30 days), MDS
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	1	
<i>pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	1	PA
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	1	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	1	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium 8 meq/5ml solution</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
LITHOBID 300 MG TAB ER	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	2	PA, QL (1 unit per day)

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Drug Name	Drug Tier	Requirements / Limits
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)</i>	1	PA
NUPLAZID (10 MG TAB, 34 MG CAP)	2	PA, QL (30 units per 30 days), SP, MDS
VRAYLAR (1.5 & 3 MG CAP THPK, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	2	PA, QL (1 unit per 1 day)
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	1	
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	PA
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	2	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	2	PA, QL (3.5 units per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	2	PA, QL (5 units per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	2	PA, QL (0.75 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	2	PA, QL (1 unit per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	2	PA, QL (1.5 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	2	PA, QL (0.25 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	2	PA, QL (0.5 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	2	PA, QL (0.88 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	2	PA, QL (1.32 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	2	PA, QL (1.75 units per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	2	PA, QL (2.63 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 6 mg tab er 24h, 9 mg tab er 24h)</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	2	PA, QL (1 unit per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA (12.5 MG, 25 MG, 37.5 MG, 50 MG)	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1	
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 100 MG/0.28ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR, 150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR)	2	PA, QL (1 ml per 28 days), SP, MDS
BUTYROPHENONES		
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	1	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	1	
DIBENZAPINES		
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	1	PA
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	1	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	1	
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg recon soln, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	1	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	1	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	2	PA, QL (1 unit per 1 day)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MUSCARINIC AGENTS		
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	2	PA, QL (60 ea per 30 days), MDS
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	2	PA, QL (56 ea per 28 days), QL (1 fillper180 days), MDS

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Drug Name	Drug Tier	Requirements / Limits
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>compro 25 mg suppos</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	1	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	1	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	2	PA, QL (2.4 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	2	PA, QL (3.2 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	2	PA, QL (1 unit per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
ARISTADA 1064 MG/3.9ML PRSYR	2	PA, QL (3.9 units per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	2	PA, QL (1.6 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	2	PA, QL (3.2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO 675 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 28 days), SP, MDS
THIOXANTHENES		
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTIC COMBINATIONS		
IV PREP WIPES 70 % PAD	2	

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Drug Name	Drug Tier	Requirements / Limits
MICROCLENS WIPES 30 % PAD	2	
UNI-SOLVE PAD	2	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (30 units per 1 day)
<i>abacavir sulfate 300 mg tab</i>	1	QL (2 units per 1 day)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	QL (1 unit per 1 day)
APRETUDE 600 MG/3ML SUSP	0	QL (3 ml per 1 fill), QL (21 ml per 365 days), MDS
APTIVUS 250 MG CAP	2	QL (4 units per 1 day)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1	QL (2 units per 1 day)
<i>atazanavir sulfate 300 mg cap</i>	1	QL (1 unit per day)
BIKTARVY 30-120-15 MG TAB	2	QL (1 unit per day)
BIKTARVY 50-200-25 MG TAB	2	QL (1 unit per 1 day)
CABENUVA 400 & 600 MG/2ML SUSP	2	QL (4 units per 28 days), MDS
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 units per 28 days), MDS
CIMDUO 300-300 MG TAB	2	QL (1 unit per 1 day)
COMPLERA 200-25-300 MG TAB	2	QL (1 unit per 1 day)
<i>darunavir 600 mg tab</i>	1	QL (2 units per 1 day)
<i>darunavir 800 mg tab</i>	1	QL (1 units per 1 day)
DELSTRIGO 100-300-300 MG TAB	2	QL (1 unit per 1 day)
DESCOVY 120-15 MG TAB	2	QL (1 unit per day)
DESCOVY 200-25 MG TAB	2	QL (1 unit per 1 day), PN (\$0 copay for pre-exposure prophylaxis), MDS
DOVATO 50-300 MG TAB	2	QL (1 unit per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
EDURANT 25 MG TAB	2	QL (2 units per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
EFAVIRENZ 200 MG CAP	1	QL (2 units per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
EFAVIRENZ 50 MG CAP	1	QL (3 units per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
<i>efavirenz 600 mg tab</i>	1	QL (1 unit per 1 day), PN (\$0 copay for pre-exposure prophylaxis)

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Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	1	QL (1 unit per day)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	1	QL (1 unit per 1 day)
<i>emtricitabine 200 mg cap</i>	1	QL (1 unit per 1 day)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	QL (1 unit per day)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	QL (1 unit per day), PN (\$0 copay for pre-exposure prophylaxis), MDS
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 units per 1 day)
<i>etravirine (100 mg tab, 200 mg tab)</i>	1	QL (2 units per 1 day)
EVOTAZ 300-150 MG TAB	2	QL (1 unit per 1 day)
<i>fosamprenavir calcium 700 mg tab</i>	1	QL (4 units per 1 day)
FUZEON 90 MG RECON SOLN	2	QL (2 units per 1 day), SP
GENVOYA 150-150-200-10 MG TAB	2	QL (1 unit per 1 day)
INTELENCE 25 MG TAB	2	QL (4 units per 1 day)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (6 units per 1 day)
ISENTRESS 100 MG PACKET	2	QL (2 units per 1 day)
ISENTRESS 400 MG TAB	2	QL (4 units per 1 day)
ISENTRESS HD 600 MG TAB	2	QL (2 units per 1 day)
JULUCA 50-25 MG TAB	2	QL (1 unit per 1 day)
KALETRA 400-100 MG/5ML SOLUTION	2	QL (14 ml per 1 day)
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	1	QL (30 units per 1 day)
<i>lamivudine 150 mg tab</i>	1	QL (2 units per 1 day)
<i>lamivudine 300 mg tab</i>	1	QL (1 unit per 1 day)
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	QL (2 units per 1 day)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	QL (8 units per day)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	QL (4 units per day)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (14 units per 1 day)
<i>maraviroc 150 mg tab</i>	1	QL (2 units per 1 day)
<i>maraviroc 300 mg tab</i>	1	QL (4 units per day)
<i>nevirapine 200 mg tab</i>	1	QL (2 units per 1 day)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QL (40 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
NEVIRAPINE ER 100 MG TAB ER 24H	1	QL (3 units per 1 day)
<i>nevirapine er 400 mg tab er 24h</i>	1	QL (1 unit per 1 day)
NORVIR 100 MG PACKET	2	QL (12 units per 1 day)
ODEFSEY 200-25-25 MG TAB	2	QL (1 unit per 1 day)
PIFELTRO 100 MG TAB	2	QL (2 units per 1 day)
PREZCOBIX 800-150 MG TAB	2	QL (1 unit per 1 day)
PREZISTA 100 MG/ML SUSPENSION	2	QL (13.34 units per 1 day)
PREZISTA 150 MG TAB	2	QL (6 units per 1 day)
PREZISTA 75 MG TAB	2	QL (2 units per 1 day)
REYATAZ 50 MG PACKET	2	QL (6 units per 1 day)
<i>ritonavir 100 mg tab</i>	1	QL (12 units per 1 day)
RUKOBIA 600 MG TAB ER 12H	2	QL (2 units per 1 day)
SELZENTRY 20 MG/ML SOLUTION	2	QL (60 units per 1 day)
<i>stavudine 40 mg cap</i>	1	QL (2 units per 1 day)
STRIBILD 150-150-200-300 MG TAB	2	QL (1 unit per 1 day)
SUNLENCA 4 X 300 MG TAB THPK	2	QL (4 ea per 2 days), QL (1 fill per 180 days), MDS
SUNLENCA 463.5 MG/1.5ML SOLUTION	2	QL (3 units per 180 days), MDS
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 ea per 8 days), QL (1 fill per 180 days), MDS
SYMITUZA 800-150-200-10 MG TAB	2	QL (1 unit per 1 day)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	QL (1 unit per day)
TIVICAY 50 MG TAB	2	QL (2 units per 1 day)
TIVICAY PD 5 MG TAB SOL	2	QL (12 units per 1 day)
TRIUMEQ 600-50-300 MG TAB	2	QL (1 unit per 1 day)
TRIUMEQ PD 60-5-30 MG TAB SOL	2	QL (6 units per 1 day)
TYBOST 150 MG TAB	2	QL (1 unit per 1 day)
VIRACEPT 250 MG TAB	2	QL (9 units per 1 day)
VIRACEPT 625 MG TAB	2	QL (4 units per 1 day)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (1 unit per 1 day)
VIREAD 40 MG/GM POWDER	2	QL (8 units per 1 day)
<i>zidovudine (50 mg/5ml syrup, 100 mg cap)</i>	1	QL (6 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>zidovudine 300 mg tab</i>	1	QL (2 units per 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	0	QL (20 ea per fills)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QL (30 ea per fills)
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK	2	QL (11 ea per fill)
CMV AGENTS		
LIVTENCITY 200 MG TAB	2	PA, LA, QL (112 units per 28 days), SP, MDS
PREVYMIS (240 MG TAB, 480 MG TAB)	2	PA, QL (1 unit per 1 day)
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	1	MDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	1	SP
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	1	
<i>lamivudine 100 mg tab</i>	1	QL (1 unit per 1 day)
MAVYRET 100-40 MG TAB	2	PA, QL (84 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	2	PA, QL (168 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	QL (2 units per 28 days), SP, MDS
PEGASYS 180 MCG/ML SOLUTION	2	QL (4 units per 28 days), SP, MDS
RIBAVIRIN (200 MG CAP, 200 MG TAB)	2	SP
VEMLIDY 25 MG TAB	2	QL (1 unit per 1 day)
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	1	
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	1	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (84 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
<i>oseltamivir phosphate 45 mg cap</i>	1	QL (48 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS

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Drug Name	Drug Tier	Requirements / Limits
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (540 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
<i>oseltamivir phosphate 75 mg cap</i>	1	QL (42 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
RIMANTADINE HCL 100 MG TAB	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QL (2 units per 180 days), MDS
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	QL (2 units per 180 days), MDS
MISC. ANTIVIRALS		
LAGEVRIO 200 MG CAP	0	QL (40 ea per fills)
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin 6 gm recon soln</i>	2	SP
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1	
<i>carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i>	1	PA
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	1	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
<i>metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
BETA BLOCKERS NON-SELECTIVE		
INNOPRAN XL (80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>pindolol (5 mg tab, 10 mg tab)</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i>	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digitek (125 mcg tab, 250 mcg tab)</i>	1	
<i>digox (125 mcg tab, 250 mcg tab)</i>	1	
<i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	2	PA, QL (30 units per 30 days), SP, MDS
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO 24-26 MG TAB	2	QL (6 units per 1 day)
ENTRESTO 49-51 MG TAB	2	QL (3 units per 1 day)
ENTRESTO 97-103 MG TAB	2	QL (2 units per 1 day)
IMPOTENCE AGENTS		
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	1	PA
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)</i>	2	PA, SP, MDS
<i>treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)</i>	2	PA, SP, MDS
TYVASO 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	2	PA, QL (112 units per 28 days), SP, MDS
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	2	PA, QL (112 units per 28 days), SP, MDS
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	2	PA, QL (196 units per 28 days), SP, MDS
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	PA, QL (252 units per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
TYVASO REFILL 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	2	PA, SP, MDS
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	1	PA, QL (30 units per 30 days), SP, MDS
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	1	PA, QL (60 units per 30 days), SP, MDS
OPSUMIT 10 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
TRACLEER 32 MG TAB SOL	2	PA, QL (112 units per 28 days), SP, MDS
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq 20 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	PA, SP, MDS
<i>sildenafil citrate 20 mg tab</i>	1	PA
<i>tadalafil (pah) 20 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
UPTRAVI 1800 MCG RECON SOLN	2	PA, QL (60 units per 30 days), SP, MDS
UPTRAVI 200 & 800 MCG TAB THPK	2	PA, QL (200 units per 180 days), SP, MDS
UPTRAVI 200 MCG TAB	2	PA, QL (140 units per 28 days), SP, MDS
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	2	PA, QL (90 units per 30 days), SP, MDS
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	2	PA, QL (2 units per 1 day)
CORLANOR 5 MG/5ML SOLUTION	2	PA, QL (20 units per 1 day)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	1	QL (2 ea per 1 day), PA-NSO
TRANSTHYRETIN STABILIZERS		
VYNDAMAX 61 MG CAP	2	PA, QL (30 units per 30 days), SP, MDS
VYNDALOX 20 MG CAP	2	PA, QL (120 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	1	
CEFACLOR ER 500 MG TAB ER 12H	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA 1 GM RECON SOLN	2	PA, MDS
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle 0.1-20 mg-mcg tab</i>	0	
<i>altavera 0.15-30 mg-mcg tab</i>	0	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	0	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>amethia 0.15-0.03 & 0.01 mg tab</i>	0	
<i>amethyst 90-20 mcg tab</i>	0	
<i>apri 0.15-30 mg-mcg tab</i>	0	
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	0	
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	0	
<i>aubra 0.1-20 mg-mcg tab</i>	0	
<i>aubra eq 0.1-20 mg-mcg tab</i>	0	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	0	
<i>aviane 0.1-20 mg-mcg tab</i>	0	
<i>ayuna 0.15-30 mg-mcg tab</i>	0	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	0	
BALCOLTRA 0.1-20 MG-MCG(21) TAB	0	
<i>balziva 0.4-35 mg-mcg tab</i>	0	
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	0	
<i>briellyn 0.4-35 mg-mcg tab</i>	0	
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	0	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	0	
<i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i>	0	
<i>chateal 0.15-30 mg-mcg tab</i>	0	
<i>chateal eq 0.15-30 mg-mcg tab</i>	0	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	0	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	0	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>cyred 0.15-30 mg-mcg tab</i>	0	
<i>cyred eq 0.15-30 mg-mcg tab</i>	0	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	0	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	0	
<i>delyla 0.1-20 mg-mcg tab</i>	0	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	0	
<i>dolishale 90-20 mcg tab</i>	0	
DROSPIREN-ETH ESTRAD-LEVOMEFOL (3-0.02-0.451 MG TAB, 3-0.03-0.451 MG TAB)	0	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>elinest 0.3-30 mg-mcg tab</i>	0	
<i>emoquette 0.15-30 mg-mcg tab</i>	0	
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	0	
<i>enskyce 0.15-30 mg-mcg tab</i>	0	
<i>estarylla 0.25-35 mg-mcg tab</i>	0	
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	0	
<i>falmina 0.1-20 mg-mcg tab</i>	0	
<i>fayosim 42-21-21-7 days tab</i>	0	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>feirza 1/20 1-20 mg-mcg tab</i>	0	
FEMLYV 1-0.02 MG TAB DISP	0	
<i>femynor 0.25-35 mg-mcg tab</i>	0	
<i>finzala 1-20 mg-mcg(24) chew tab</i>	0	
<i>gemmily 1-20 mg-mcg(24) cap</i>	0	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	0	
<i>iclevia 0.15-0.03 mg tab</i>	0	
<i>introvale 0.15-0.03 mg tab</i>	0	
<i>isibloom 0.15-30 mg-mcg tab</i>	0	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	0	
<i>jasmiel 3-0.02 mg tab</i>	0	
<i>jolessa 0.15-0.03 mg tab</i>	0	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	0	
<i>juleber 0.15-30 mg-mcg tab</i>	0	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>junel 1/20 1-20 mg-mcg tab</i>	0	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	0	
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	0	
<i>kalliga 0.15-30 mg-mcg tab</i>	0	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	0	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	0	
<i>kurvelo 0.15-30 mg-mcg tab</i>	0	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>larin 1/20 1-20 mg-mcg tab</i>	0	
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	0	
<i>larissia 0.1-20 mg-mcg tab</i>	0	
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	0	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	0	
<i>lessina 0.1-20 mg-mcg tab</i>	0	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	0	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	0	
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	0	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	0	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	0	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	0	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	0	
<i>lillow 0.15-30 mg-mcg tab</i>	0	
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	0	
<i>lo-zumandimine 3-0.02 mg tab</i>	0	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	0	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	0	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	0	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>loryna 3-0.02 mg tab</i>	0	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	0	
<i>luteru 0.1-20 mg-mcg tab</i>	0	
<i>marlissa 0.15-30 mg-mcg tab</i>	0	
<i>merzee 1-20 mg-mcg(24) cap</i>	0	
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	0	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	0	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	0	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	0	
<i>mili 0.25-35 mg-mcg tab</i>	0	
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	0	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	0	
NATAZIA 3/2-2/2-3/1 MG TAB	0	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	0	
NEXTSTELLIS 3-14.2 MG TAB	0	
<i>nikki 3-0.02 mg tab</i>	0	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)</i>	0	
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	0	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	0	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	0	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	0	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	0	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	0	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	0	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	0	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>nylia 1/35 1-35 mg-mcg tab</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>nymyo 0.25-35 mg-mcg tab</i>	0	
<i>ocella 3-0.03 mg tab</i>	0	
<i>orsythia 0.1-20 mg-mcg tab</i>	0	
<i>philith 0.4-35 mg-mcg tab</i>	0	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	0	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>portia-28 0.15-30 mg-mcg tab</i>	0	
<i>previfem 0.25-35 mg-mcg tab</i>	0	
<i>reclipsen 0.15-30 mg-mcg tab</i>	0	
<i>rivelsa 42-21-21-7 days tab</i>	0	
<i>setlakin 0.15-0.03 mg tab</i>	0	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	0	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	0	
<i>sronyx 0.1-20 mg-mcg tab</i>	0	
<i>syeda 3-0.03 mg tab</i>	0	
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	0	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	0	
<i>taysofy 1-20 mg-mcg(24) cap</i>	0	
TAYTULLA 1-20 MG-MCG(24) CAP	0	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	0	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	0	
<i>tri-lynyah 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	0	
<i>turqoz 0.3-30 mg-mcg tab</i>	0	
TYBLUME 0.1-20 MG-MCG CHEW TAB	0	
<i>tydemy 3-0.03-0.451 mg tab</i>	0	
<i>valtya 1/50 1-50 mg-mcg tab</i>	0	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	0	
<i>vestura 3-0.02 mg tab</i>	0	
<i>vienva 0.1-20 mg-mcg tab</i>	0	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>vyfemla 0.4-35 mg-mcg tab</i>	0	
<i>vylibra 0.25-35 mg-mcg tab</i>	0	
<i>wera 0.5-35 mg-mcg tab</i>	0	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	0	
<i>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>	0	
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	0	
<i>zarah 3-0.03 mg tab</i>	0	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	0	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	0	
<i>zumandimine 3-0.03 mg tab</i>	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	0	
TWIRLA 120-30 MCG/24HR PATCH WK	0	
<i>xulane 150-35 mcg/24hr patch wk</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>zafemy 150-35 mcg/24hr patch wk</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA 0.013-0.15 MG/24HR RING	0	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	0	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	0	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	0	
<i>haloette 0.12-0.015 mg/24hr ring</i>	0	
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER IUD	0	SP
EMERGENCY CONTRACEPTIVES		
<i>econtra ez 1.5 mg tab</i>	0	
<i>econtra one-step 1.5 mg tab</i>	0	
ELLA 30 MG TAB	0	
<i>her style 1.5 mg tab</i>	0	
<i>levonorgestrel 1.5 mg tab</i>	0	
<i>my choice 1.5 mg tab</i>	0	
<i>my way 1.5 mg tab</i>	0	
<i>new day 1.5 mg tab</i>	0	
<i>opcicon one-step 1.5 mg tab</i>	0	
<i>option 2 1.5 mg tab</i>	0	
<i>react 1.5 mg tab</i>	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila 0.35 mg tab</i>	0	
<i>deblitane 0.35 mg tab</i>	0	
<i>emzahh 0.35 mg tab</i>	0	
<i>errin 0.35 mg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>heather 0.35 mg tab</i>	0	
<i>incassia 0.35 mg tab</i>	0	
<i>jencycla 0.35 mg tab</i>	0	
<i>lyleq 0.35 mg tab</i>	0	
<i>lyza 0.35 mg tab</i>	0	
<i>nora-be 0.35 mg tab</i>	0	
<i>norethindrone 0.35 mg tab</i>	0	
<i>norlyda 0.35 mg tab</i>	0	
<i>norlyroc 0.35 mg tab</i>	0	
OPILL 0.075 MG TAB	0	
<i>sharobel 0.35 mg tab</i>	0	
SLYND 4 MG TAB	0	
<i>tulana 0.35 mg tab</i>	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf) 100 mg recon soln</i>	1	MDS
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	1	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	
SOLU-CORTEF (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
SOLU-CORTEF 100 MG RECON SOLN	2	MDS
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	

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Drug Name	Drug Tier	Requirements / Limits
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	1	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	1	
<i>hydromet 5-1.5 mg/5ml solution</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromphen-pseudoeph-dm 2-30-10 mg/5ml syrup</i>	1	
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	1	
<i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i>	1	
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	1	
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	1	
<i>promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)</i>	1	
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1	
PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP	1	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	1	
<i>virtussin a/c 100-10 mg/5ml solution</i>	1	
<i>virtussin ac w/alc 100-10 mg/5ml liquid</i>	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene 0.3 % gel</i>	1	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	
<i>amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
<i>avar cleanser 10-5 % liquid</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>avita (0.025 % cream, 0.025 % gel)</i>	1	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
<i>clindamycin phos (once-daily) 1 % gel</i>	1	
<i>clindamycin phos (twice-daily) 1 % gel</i>	1	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
FABIOR 0.1 % FOAM	2	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
<i>sulfacetamide sod-sulfur wash 9-4.5 % liquid</i>	1	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % liquid, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % liquid, 10-5 % lotion, 10-5 % suspension)</i>	1	
SULFACETAMIDE-SULFUR IN UREA 10-5 % EMULSION	1	
TAZAROTENE 0.1 % FOAM	1	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN 15 % OINTMENT	2	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE 1.3 % PATCH	1	PA, QL (30 units per 15 days), MDS
<i>diclofenac sodium 1 % gel</i>	1	QL (10 units per 1 day)
<i>diclofenac sodium 1.5 % solution</i>	1	PA
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin 2 % ointment</i>	1	
<i>mupirocin calcium 2 % cream</i>	1	
XEPI 1 % CREAM	2	PA

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Drug Name	Drug Tier	Requirements / Limits
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	1	
<i>econazole nitrate 1 % cream</i>	1	
<i>ketoconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	1	
KETODAN (2 % FOAM, 2 % KIT)	1	
<i>klayesta 100000 unit/gm powder</i>	1	
<i>naftifine hcl (1 % cream, 2 % cream)</i>	1	
<i>nyamyc 100000 unit/gm powder</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	1	
<i>nystop 100000 unit/gm powder</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	PA, SP
<i>fluorouracil (5 % cream, 5 % solution)</i>	1	
FLUOROURACIL 2 % SOLUTION	2	
TOLAK 4 % CREAM	2	
VALCHLOR 0.016 % GEL	2	PA, LA, SP, MDS
ANTIPSORIATICS		
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	1	PA, SP, MDS
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	1	
<i>calcitrene 0.005 % ointment</i>	1	
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	QL (2 units per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	2	QL (1 unit per 28 days), PA-NSO, SP, MDS
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	QL (2 units per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	QL (1 unit per 28 days), PA-NSO, SP, MDS
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	2	QL (2 ml per 28 days), PA-NSO, SP, MDS
METHOXSALEN RAPID 10 MG CAP	1	PA, MDS
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	2	PA, QL (1 unit per 84 days), PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	2	QL (1 unit per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	2	QL (1 unit per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO 450 MG/7.5ML SOLUTION	2	PA, LA, SP
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	
TREMFYA 100 MG/ML SOLN PRSYR	2	QL (1 unit per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 200 MG/20ML SOLUTION	2	QL (20 ml per 28 days), PA-NSO, SP, MDS
TREMFYA 200 MG/2ML SOLN PRSYR	2	QL (2 ml per 28 days), PA-NSO, SP, MDS
TREMFYA ONE-PRESS 100 MG/ML SOLN A-INJ	2	QL (1 unit per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA PEN 100 MG/ML SOLN A-INJ	2	QL (1 unit per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA PEN 200 MG/2ML SOLN A-INJ	2	QL (2 ml per 28 days), PA-NSO, SP, MDS
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>sodium sulfacetamide wash 10 % liquid</i>	1	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	1	PA, QL (5 units per fill)
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir 1 % cream</i>	1	PA, QL (5 units per fill), MDS
XERESE 5-1 % CREAM	2	PA
BURN PRODUCTS		
<i>silver sulfadiazine 1 % cream</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ssd 1 % cream</i>	1	
CAUTERIZING AGENTS		
<i>silver nitrate 0.5 % solution</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	
AMCINONIDE 0.1 % CREAM	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>clobetasol prop emollient base 0.05 % cream</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e 0.05 % cream</i>	1	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1	
<i>diflorasone diacetate 0.05 % ointment</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body 0.01 % oil</i>	1	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	
<i>fluocinonide emulsified base 0.05 % cream</i>	1	
FLURANDRENOLIDE (0.05 % CREAM, 0.05 % LOTION)	1	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	

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Drug Name	Drug Tier	Requirements / Limits
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
PREDNICARBATE 0.1 % OINTMENT	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone in absorbase 0.05 % ointment</i>	1	
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS
ADBRY 300 MG/2ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), SP, MDS
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	2	PA, QL (30 units per 30 days), SP, MDS
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	2	PA, QL (2.28 units per 28 days), SP, MDS
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, MDS
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA, QL (1.34 units per 28 days), MDS
EBGLYSS 250 MG/2ML SOLN A-INJ	2	PA, QL (4 ml per 28 days), SP, MDS
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	2	PA, LA, QL (30 units per 30 days), SP, MDS
<i>pimecrolimus 1 % cream</i>	1	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox 0.5 % solution</i>	1	
YCANTH 0.7 % SOLUTION	2	PA, LA, QL (2 ea per 21 days), SP, MDS
LOCAL ANESTHETICS - TOPICAL		
<i>glydo 2 % prsyr</i>	1	
<i>lidocaine 5 % ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine 5 % patch</i>	1	PA, MDS
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	1	
<i>lidocan 5 % patch</i>	1	PA, MDS
QUTENZA (2 PATCH) 8 % KIT	2	PA, QL (4 units per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH) 8 % KIT	2	PA, QL (4 units per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA 8 % KIT	2	PA, QL (4 units per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>tridacaine ii 5 % patch</i>	1	PA, MDS
<i>tridacaine iii 5 % patch</i>	1	PA, MDS
MISC. TOPICAL		
<i>alcohol wipes 70 % misc</i>	2	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	2	
<i>isopropyl alcohol 70 % misc</i>	2	
<i>isopropyl alcohol wipes 70 % misc</i>	2	
<i>medpura alcohol pads 70 % misc</i>	2	
<i>qc alcohol 70 % misc</i>	2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	2	
XERAC AC 6.25 % SOLUTION	1	
PROTECTIVES AGAINST UV RADIATION		
SCENESSE 16 MG IMPLANT	2	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	PA, QL (30 gm per fills)
FINACEA 15 % FOAM	2	PA
<i>ivermectin 1 % cream</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
ROSADAN (0.75 % CREAM, 0.75 % CREAM KIT)	1	

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

Drug Name	Drug Tier	Requirements / Limits
SCABICIDES PEDICULICIDES		
LINDANE 1 % SHAMPOO	1	
<i>malathion 0.5 % lotion</i>	1	
<i>permethrin 5 % cream</i>	1	
SPINOSAD 0.9 % SUSPENSION	2	PA
WOUND CARE PRODUCTS		
VYJUVEK 5000000000 PFU/2.5ML GEL	2	PA, LA, QL (10 ml per 8 days), SP, QL (28 days supply per fill), MDS
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
MACRILEN 60 MG PACKET	2	
THYROGEN 0.9 MG RECON SOLN	2	SP, MDS
DIAGNOSTIC TESTS		
ADVIN COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
BD VERITOR HOME COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
BINAXNOW COVID-19 AG HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
CARESTART COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
CHEMSTRIP K STRIP	2	QL (100 units per fill)
CHEMSTRIP UGK STRIP	2	QL (100 units per fill)
CLEARDETECT COVID-19 AG HOME KIT	0	QL (8 units per 30 day(s)), MDS
CLINITEST RAPID COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 AT HOME ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 AT-HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 OTC ANTIGEN 1-PACK KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 OTC ANTIGEN 2-PACK KIT	0	QL (8 units per 30 day(s)), MDS
CVS COVID-19 AT HOME TEST KIT KIT	0	QL (8 units per 30 day(s)), MDS
CVS KETONE CARE STRIP	2	QL (100 units per fill)
DIATRUST COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
ELLUME COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
FASTEP COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
FLOWFLEX COVID-19 AG HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS

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Drug Name	Drug Tier	Requirements / Limits
GENABIO COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	QL (8 units per 30 day(s)), MDS
IHEALTH COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
INDICAID COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
INTELISWAB COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
KETO-DIASTIX STRIP	2	QL (100 units per fill)
KETONE TEST STRIP	2	QL (100 units per fill)
KETOSTIX STRIP	2	QL (100 units per fill)
OHC COVID-19 ANTIGEN SELF TEST KIT	0	QL (8 units per 30 day(s)), MDS
ON/GO COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
ON/GO ONE COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
ONETOUCH ULTRA STRIP	2	QL (200 units per 30 days)
ONETOUCH ULTRA BLUE TEST STRIP	2	QL (200 units per 30 days)
ONETOUCH ULTRA TEST STRIP	2	QL (200 units per 30 days)
ONETOUCH VERIO STRIP	2	QL (200 units per 30 days)
PILOT COVID-19 AT-HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
QUICKVUE AT-HOME COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
RELION KETONE TEST STRIP	2	QL (100 units per fill)
SPEEDY SWAB COVID-19 ANTIGEN KIT	0	QL (8 units per 30 day(s)), MDS
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	2	
PERTZYE (4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART)	2	PA
VIOKACE (10440-39150 TAB, 20880-78300 TAB)	2	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	2	PA
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
DIURIL 250 MG/5ML SUSPENSION	2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	1	
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 unit per 30 days)
PROLIA 60 MG/ML SOLN PRSYR	2	PA, SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	1	PA, QL (2.48 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements / Limits
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	PA, QL (1.56 units per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA 120 MG/1.7ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID 4 MG/100ML SOLUTION	1	MDS
<i>zoledronic acid 4 mg/5ml conc</i>	1	PN (\$0 Oral Oncology), SP, MDS
<i>zoledronic acid 5 mg/100ml solution</i>	1	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	2	PA, MDS
NOVAREL 5000 UNIT RECON SOLN	2	PA, MDS
PREGNYL 10000 UNIT RECON SOLN	2	MDS
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	2	PA, SP, MDS
GROWTH HORMONES		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	2	PA, SP, MDS
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	2	PA, SP, MDS
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	2	PA, SP, MDS
NGENLA (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	2	PA, SP, MDS
NORDITROPIN FLEXPOR (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN	2	PA, SP, MDS
OMNITROPE (5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART)	2	PA, SP, MDS
OMNITROPE 5.8 MG RECON SOLN	2	PA, SP, MDS
SAIZEN 8.8 MG RECON SOLN	2	PA, SP, MDS
SAIZENPREP 8.8 MG RECON SOLN	2	PA, SP, MDS
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	2	PA, SP
SOGROYA 10 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
SOGROYA 15 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
SOGROYA 5 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN)	2	PA, SP, MDS
ZOMACTON (FOR ZOMA-JET 10) 10 MG RECON SOLN	2	PA, SP, MDS
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl 60 mg tab</i>	0	PN (\$0 copay for women)
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA 500 MG RECON SOLN	2	PA, LA, SP, MDS
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH) 45 MG KIT	2	PA, QL (1 unit per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	2	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	2	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA 50 MG KIT	2	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
TRIPTODUR 22.5 MG SRER	2	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION	2	PA, SP, MDS
BRINEURA 2 X 150 MG/5ML KIT	2	PA, SP, MDS
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	1	
CRYSVITA (10 MG/ML SOLUTION, 20 MG/ML SOLUTION, 30 MG/ML SOLUTION)	2	PA, SP, MDS
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	1	
ELAPRASE 6 MG/3ML SOLUTION	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ELFABRIO 20 MG/10ML SOLUTION	2	PA, LA, SP, MDS
ELFABRIO 5 MG/2.5ML SOLUTION	1	PA, SP, MDS
FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN)	2	PA, SP, MDS
<i>javygtor (100 mg packet, 500 mg packet)</i>	1	PA, LA, SP, MDS
<i>javygtor 100 mg tab</i>	1	PA, SP, MDS
KANUMA 20 MG/10ML SOLUTION	2	PA, SP, MDS
LAMZEDE 10 MG RECON SOLN	2	PA, LA, SP, MDS
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf 1 gm/10ml solution</i>	1	
LUMIZYME 50 MG RECON SOLN	2	PA, SP, MDS
MEPSEVII 10 MG/5ML SOLUTION	2	PA, LA, SP, MDS
NAGLAZYME 1 MG/ML SOLUTION	2	PA, SP, MDS
NEXVIAZYME 100 MG RECON SOLN	2	PA, SP
NULIBRY 9.5 MG RECON SOLN	2	LA, SP, MDS
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION)	2	PA, SP, MDS
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, SP, MDS
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	2	PA, LA, SP, MDS
VIMIZIM 5 MG/5ML SOLUTION	2	PA, SP, MDS
XENPOZYME 20 MG RECON SOLN	2	PA, SP
XENPOZYME 4 MG RECON SOLN	2	PA, SP, MDS
XPHOZAH (20 MG TAB, 30 MG TAB)	2	PA, LA, QL (60 ea per 30 days), SP, MDS
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	2	PA, QL (30 units per 30 days), SP, MDS
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray 0.01 % solution</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PROLACTIN INHIBITORS		
<i>cabergoline 0.5 mg tab</i>	1	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>lanreotide acetate 120 mg/0.5ml solution</i>	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>octreotide acetate (20 mg kit, 30 mg kit)</i>	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1	SP, MDS
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	2	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan 15 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
<i>tolvaptan 30 mg tab</i>	1	PA, QL (30 units per 30 days), SP, MDS
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	2	
<i>est estrogens-methyltest (0.625-1.25 mg tab, 1.25-2.5 mg tab)</i>	1	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
<i>estratest f.s. 1.25-2.5 mg tab</i>	1	
<i>estratest h.s. 0.625-1.25 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	1	
<i>jinteli 1-5 mg-mcg tab</i>	1	
<i>mimvey 1-0.5 mg tab</i>	1	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	1	
PREMPHASE 0.625-5 MG TAB	2	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	2	
ESTROGENS		
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	2	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	1	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	1	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM (50 MG CAP, 250 MG CAP)	2	PA, LA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	1	QL (2 units per 1 day)
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
HEPATOTROPICS		
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	2	PA, LA, QL (30 ea per 30 days), SP, MDS
INFLAMMATORY BOWEL AGENTS		
AVSOLA 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>balsalazide disodium 750 mg cap</i>	1	
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	2	QL (1 unit per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA 2 X 200 MG KIT	2	QL (1 unit per 28 days), PA-NSO, SP, MDS
CIMZIA-STARTER 200 MG/ML PREF SY KT	2	QL (3 units per 28 days), PA-NSO, SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM 250 MG CAP	2	PA, QL (4 units per 1 day)
ENTYVIO 300 MG RECON SOLN	2	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ	2	PA, QL (1.36 ml per 28 days), SP, MDS
INFLECTRA 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)</i>	1	
<i>mesalamine er (0.375 gm cap er 24h, 500 mg cap er)</i>	1	
<i>mesalamine-cleanser 4 gm kit</i>	1	
OMVOH 100 MG/ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), SP, MDS
OMVOH 300 MG/15ML SOLUTION	2	PA, QL (45 ml per 56 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
REMICADE 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLXIS 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 180 MG/1.2ML SOLN CART	2	QL (1.2 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 360 MG/2.4ML SOLN CART	2	QL (2.4 units per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	2	PA, SP, MDS
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose 10 gm/15ml solution</i>	1	
<i>generlac 10 gm/15ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	1	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	2	QL (1 unit per 1 day)
LIVE FECAL MICROBIOTA		
REBYOTA 150 ML SUSPENSION	2	PA, SP
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK (12.5 MG TAB, 25 MG TAB)	2	QL (1 unit per 1 day)
PHOSPHATE BINDER AGENTS		
AURYXIA 1 GM 210 MG(Fe) TAB	2	PA, QL (408 units per 34 days), MDS
<i>calcium acetate (phos binder) (667 mg cap, 667 mg tab)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)</i>	1	
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)</i>	1	
<i>sevelamer hcl (400 mg tab, 800 mg tab)</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
VELPHORO 500 MG CHEW TAB	2	PA
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5 MG KIT	2	PA, QL (1 unit per 30 days), SP, MDS
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO 250 MG TAB	2	PA, QL (84 units per 28 days), SP, MDS
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>pot & sod cit-cit ac 550-500-334 mg/5ml solution</i>	1	
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	1	
<i>potassium citrate-citric acid 1100-334 mg/5ml solution</i>	1	
<i>sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution)</i>	1	
<i>tricitrates 550-500-334 mg/5ml solution</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	LA, SP, MDS
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	2	PA, LA, SP, MDS
HYPEROXALURIA AGENTS		
OXLUMO 94.5 MG/0.5ML SOLUTION	2	PA, LA, SP, MDS
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI (200 MG TAB, 400 MG TAB)	2	PA, QL (30 tabs per 30 days), SP, MDS
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100 MG CAP	2	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
<i>dutasteride 0.5 mg cap</i>	1	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	PA
<i>finasteride 5 mg tab</i>	1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	1	PA
<i>tamsulosin hcl 0.4 mg cap</i>	1	
URINARY STONE AGENTS		
LITHOSTAT 250 MG TAB	2	

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Drug Name	Drug Tier	Requirements / Limits
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	
GOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	1	PA, QL (1 unit per day)
KRYSTEXXA 8 MG/ML SOLUTION	2	PA, QL (2 units per 28 days), SP, MDS
URICOSURICS		
<i>probenecid 500 mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI 189 MG/ML SOLUTION	2	PA, LA, SP, MDS
ANTIHEMOPHILIC PRODUCTS		
ADVATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN)	2	PA, SP, MDS
AFSTYLA (250 KIT, 500 KIT, 1000 KIT, 1500 KIT, 2000 KIT, 2500 KIT, 3000 KIT)	2	PA, SP, MDS
ALPHANATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN)	2	PA, SP, MDS
ELOCTATE (250 RECON SOLN, 500 RECON SOLN, 750 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN, 5000 RECON SOLN, 6000 RECON SOLN)	2	PA, SP, MDS
ESPEROCT (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
ESPEROCT 4000 UNIT RECON SOLN	2	PA, SP, MDS
FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN)	2	PA, SP, MDS
HEMGENIX (10 X 10 ML SUSP THPK, 11 X 10 ML SUSP THPK, 12 X 10 ML SUSP THPK, 13 X 10 ML SUSP THPK, 14 X 10 ML SUSP THPK, 15 X 10 ML SUSP THPK, 16 X 10 ML SUSP THPK, 17 X 10 ML SUSP THPK, 18 X 10 ML SUSP THPK, 19 X 10 ML SUSP THPK, 20 X 10 ML SUSP THPK, 21 X 10 ML SUSP THPK, 22 X 10 ML SUSP THPK, 23 X 10 ML SUSP THPK, 24 X 10 ML SUSP THPK, 25 X 10 ML SUSP THPK, 26 X 10 ML SUSP THPK, 27 X 10 ML SUSP THPK, 28 X 10 ML SUSP THPK, 29 X 10 ML SUSP THPK, 30 X 10 ML SUSP THPK, 31 X 10 ML SUSP THPK, 32 X 10 ML SUSP THPK, 33 X 10 ML SUSP THPK, 34 X 10 ML SUSP THPK, 35 X 10 ML SUSP THPK, 36 X 10 ML SUSP THPK, 37 X 10 ML SUSP THPK, 38 X 10 ML SUSP THPK, 39 X 10 ML SUSP THPK, 40 X 10 ML SUSP THPK, 41 X 10 ML SUSP THPK, 42 X 10 ML SUSP THPK, 43 X 10 ML SUSP THPK, 44 X 10 ML SUSP THPK, 45 X 10 ML SUSP THPK, 46 X 10 ML SUSP THPK,	2	PA, LA, QL (1 units per lifetime), SP, MDS

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

47 X 10 ML SUSP THPK, 48 X 10 ML SUSP THPK)		
Drug Name	Drug Tier	Requirements / Limits
HEMLIBRA (30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION, 300 MG/2ML SOLUTION)	2	PA, SP, MDS
HEMLIBRA 12 MG/0.4ML SOLUTION	2	PA, SP, MDS
HEMOFIL M (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1700 RECON SOLN)	2	PA, SP, MDS
HUMATE-P (250-600 RECON SOLN, 500-1200 RECON SOLN, 1000-2400 RECON SOLN)	2	PA, SP, MDS
JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
JIVI 4000 UNIT RECON SOLN	2	PA, SP, MDS
KCENTRA (500 KIT, 1000 KIT)	2	MDS
KOATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN)	2	PA, SP, MDS
KOATE-DVI (500 RECON SOLN, 1000 RECON SOLN)	2	PA, SP, MDS
KOGENATE FS (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	2	PA, SP, MDS
NOVOEIGHT (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
OBIZUR 500 UNIT RECON SOLN	2	PA, SP, MDS
RECOMBINATE (220-400 RECON SOLN, 401-800 RECON SOLN, 801-1240 RECON SOLN, 1241-1800 RECON SOLN, 1801-2400 RECON SOLN)	2	PA, SP, MDS
WILATE (500-500 KIT, 1000-1000 KIT)	2	PA, SP, MDS
XYNTHA (250 KIT, 500 KIT, 1000 KIT, 2000 KIT)	2	PA, SP, MDS
XYNTHA SOLOFUSE (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	2	PA, SP, MDS
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	1	PA, QL (9 units per 30 days), SP, MDS
<i>sajazir 30 mg/3ml soln prsyr</i>	1	PA, LA, QL (9 units per 30 days), SP, MDS
COMPLEMENT INHIBITORS		
BERINERT 500 UNIT KIT	2	PA, SP, MDS
CINRYZE 500 UNIT RECON SOLN	2	PA, SP, MDS
EMPAVELI 1080 MG/20ML SOLUTION	2	PA, LA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ENJAYMO 1100 MG/22ML SOLUTION	2	PA, SP
FABHALTA 200 MG CAP	2	PA, LA, QL (60 ea per 30 days), SP, MDS
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	2	PA, QL (8 doses per 28 days), SP, MDS
PIASKY 340 MG/2ML SOLUTION	2	PA, SP, MDS
RUCONEST 2100 UNIT RECON SOLN	2	PA, SP, MDS
SOLIRIS 300 MG/30ML SOLUTION	2	PA, SP, MDS
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	2	PA, SP, MDS
VEOPOZ 400 MG/2ML SOLUTION	2	PA, LA, SP, MDS
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA (500 KIT, 1500 KIT)	2	PA, LA, SP, MDS
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er 400 mg tab er</i>	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR 10 MG/ML SOLUTION	2	PA, SP, MDS
ORLADEYO (110 MG CAP, 150 MG CAP)	2	PA, LA, QL (28 units per 28 days), SP, MDS
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM 68.8 MG RECON SOLN	2	PA, LA, SP
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl 0.5 mg cap</i>	1	SP
<i>anagrelide hcl 1 mg cap</i>	1	
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	1	
BRILINTA (60 MG TAB, 90 MG TAB)	2	
CABLIVI 11 MG KIT	2	PA, QL (30 units per 30 days), SP, MDS
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clopidogrel bisulfate (75 mg tab, 300 mg tab)</i>	1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	1	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	2	PA, LA, QL (56 units per 28 days), SP, MDS
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME 400 UNIT RECON SOLN	2	PA, SP, MDS
ELELYSO 200 UNIT RECON SOLN	2	PA, SP, MDS
<i>miglustat 100 mg cap</i>	1	PA, QL (90 units per 30 days), SP, MDS
VPRIV 400 UNIT RECON SOLN	2	PA, SP, MDS
<i>yargesa 100 mg cap</i>	1	PA, LA, QL (90 units per 30 days), SP, MDS
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO 100 MG/10ML SOLUTION	2	PA, SP, MDS
ENDARI 5 GM PACKET	2	PA, QL (180 units per 30 days), SP, MDS
<i>l-glutamine 5 gm packet</i>	2	PA, QL (180 ea per 30 days), SP, MDS
COBALAMINS		
<i>sm vitamin b-12 100 mcg tab</i>	0	
<i>sm vitamin b-12 500 mcg tab</i>	0	
<i>true vitamin b12 (500 mcg tab, 1000 mcg tab)</i>	0	
<i>vitamin b-12 1000 mcg tab</i>	0	
<i>vitamin b12 1000 mcg tab</i>	0	
FOLIC ACID/FOLATES		
<i>cvs folic acid 800 mcg tab</i>	0	
<i>folate 400 mcg tab</i>	0	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	0	
<i>folic acid 1 mg tab</i>	1	
<i>gnp folic acid 400 mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>hm folic acid 400 mcg tab</i>	0	
<i>kp folic acid 800 mcg tab</i>	0	
<i>px folic acid 400 mcg tab</i>	0	
<i>qc folic acid 800 mcg tab</i>	0	
<i>ra folic acid (400 mcg tab, 800 mcg tab)</i>	0	
<i>sm folic acid 400 mcg tab</i>	0	
<i>true folic acid 400 mcg tab</i>	0	
<i>yl folic acid 400 mcg tab</i>	0	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	2	PA, SP, MDS
DOPTELET 20 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	PA, SP, MDS
FULPHILA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
FYLNETRA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 day), SP, MDS
LEUKINE 250 MCG RECON SOLN	2	PA, SP, MDS
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	2	PA, LA, SP, MDS
MIRCERA 120 MCG/0.3ML SOLN PRSYR	2	PA, LA, SP
NEULASTA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
NEULASTA ONPRO 6 MG/0.6ML PREF SY KT	2	PA, QL (0.043 units per 1 day), SP
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	2	PA, SP, MDS

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

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Drug Name	Drug Tier	Requirements / Limits
<i>ferumoxytol 510 mg/17ml solution</i>	2	LA, SP, MDS
<i>gnp iron 200 (65 fe) mg tab</i>	0	
INJECTAFER 100 MG/2ML SOLUTION	2	SP
INJECTAFER 750 MG/15ML SOLUTION	2	SP, MDS
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	0	
<i>iron infant/toddler 75 (15 fe) mg/ml solution</i>	0	
<i>iron supplement childrens 75 (15 fe) mg/ml solution</i>	0	
<i>nu-iron 150 mg cap</i>	0	
<i>polysaccharide iron complex 150 mg cap</i>	0	
<i>sm iron 325 (65 fe) mg tab</i>	0	
<i>sm iron slow release 160 (50 fe) mg tab er</i>	0	
<i>true ferrous sulfate 324 mg tab dr</i>	0	
<i>wee care 15 mg/1.25ml suspension</i>	0	
STEM CELL MOBILIZERS		
APHEXDA 62 MG RECON SOLN	2	PA, SP, MDS
MOZOBIL 24 MG/1.2ML SOLUTION	2	SP, MDS
XOLREMDI 100 MG CAP	2	PA, LA, QL (120 ea per 30 days), SP, MDS
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
SEZABY 100 MG RECON SOLN	2	
NON-BARBITURATE HYPNOTICS		
<i>estazolam (1 mg tab, 2 mg tab)</i>	1	
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	1	
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	2	PA, QL (30 tabs per 30 days), MDS
QUAZEPAM 15 MG TAB	1	
<i>temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)</i>	1	
<i>triazolam (0.125 mg tab, 0.25 mg tab)</i>	1	
<i>zaleplon (5 mg cap, 10 mg cap)</i>	1	
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	PA
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	1	
<i>zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)</i>	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon 8 mg tab</i>	1	ST
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	2	
GAVILYTE-C 240 GM RECON SOLN	1	
<i>gavilyte-g 236 gm recon soln</i>	1	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	1	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	1	
SUTAB 1479-225-188 MG TAB	2	QL (24 ea per fill), AL
LAXATIVES - MISCELLANEOUS		
<i>constulose 10 gm/15ml solution</i>	1	
<i>kristalose (10 gm packet, 20 gm packet)</i>	2	PA
<i>lactulose (10 gm packet, 20 gm packet)</i>	2	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CLARITHROMYCIN		
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
ERYTHROMYCINS		
<i>e.e.s. 400 400 mg tab</i>	1	
<i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
ERYTHROCIN STEARATE 250 MG TAB	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	2	PA, QL (20 units per fill)
DIFICID 40 MG/ML RECON SUSP	2	PA, QL (150 units per fill)
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DIAPHRAGM	0	
FC2 FEMALE CONDOM MISC	0	
FEMCAP (22 DEVICE, 26 DEVICE, 30 DEVICE)	0	
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	0	
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH MISC	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK SAFE-T PRO LANCETS MISC	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS MISC	2	
ACTI-LANCE 28G MISC	2	
ACTI-LANCE LITE LANCETS 28G MISC	2	
ACTI-LANCE SPECIAL LANCETS 17G MISC	2	
ACTI-LANCE UNIVERSAL 23G MISC	2	
ADJUSTABLE LANCING DEVICE MISC	2	
ADVANCED MOBILE LANCET MISC	2	
ADVOCATE LANCETS MISC	2	
ADVOCATE LANCETS 30G MISC	2	
ADVOCATE LANCING DEVICE MISC	2	
ADVOCATE RAPID-SAFE LANCING MISC	2	
ADVOCATE SAFETY LANCETS MISC	2	
ADVOCATE SAFETY LANCETS 26G MISC	2	
AGAMATRIX ULTRA-THIN LANCETS MISC	2	
AIMSCO TWIST LANCETS 32G MISC	2	
AIMSCO TWIST LANCETS 33G MISC	2	
AMBI-TRAY 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	

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
DROPLET 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	
DROPLET PERSONAL LANCETS 30G MISC	2	
DROPSAFE ACTI-LANCE 23G MISC	2	
DRUG MART LANCETS THIN 26G MISC	2	
DRUG MART LANCING DEVICE MISC	2	
DRUG MART ON-THE-GO LANCET 30G MISC	2	
DRUG MART UNILET LANCETS 28G MISC	2	
DRUG MART UNILET LANCETS 30G MISC	2	
DRUG MART UNILET LANCETS 33G MISC	2	
E-Z JECT LANCET MICRO-THIN 33G MISC	2	
E-Z JECT LANCET SUPER THIN 30G MISC	2	
E-Z JECT LANCETS MISC	2	
E-Z JECT LANCETS 21G MISC	2	
E-Z JECT LANCETS THIN 26G MISC	2	
EASY COMFORT 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	
EASY MINI LANCING DEVICE MISC	2	
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	2	
EASY TOUCH LANCETS 21G MISC	2	
EASY TOUCH LANCETS 23G MISC	2	
EASY TOUCH LANCETS 26G MISC	2	
EASY TOUCH LANCETS 28G MISC	2	
EASY TOUCH LANCETS 28G/TWIST MISC	2	
EASY TOUCH LANCETS 30G MISC	2	
EASY TOUCH LANCETS 30G/TWIST MISC	2	
EASY TOUCH LANCETS 32G MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH LANCETS 32G/TWIST MISC	2	
EASY TOUCH LANCETS 33G/TWIST MISC	2	
EASY TOUCH LANCING DEVICE MISC	2	
EASY TOUCH SAFETY LANCETS 21G MISC	2	
EASY TOUCH SAFETY LANCETS 23G MISC	2	
EASY TOUCH SAFETY LANCETS 26G MISC	2	
EASY TOUCH SAFETY LANCETS 28G MISC	2	
EMBRACE LANCETS ULTRA THIN 30G MISC	2	
EMBRACE LANCING DEVICE/EJECTOR MISC	2	
EMBRACE PRESSURE ACTIVATED 21G MISC	2	
EMBRACE PRESSURE ACTIVATED 28G MISC	2	
EQL COLOR LANCETS 21G MISC	2	
EQL COLOR LANCETS MICRO 33G MISC	2	
EQL SUPER THIN LANCETS 30G MISC	2	
EQL THIN LANCETS 26G MISC	2	
EZ-LETS LANCETS 21G MISC	2	
EZ-LETS LANCETS 26G MISC	2	
EZ-LETS LANCETS 28G MISC	2	
EZ-LETS LANCETS 30G MISC	2	
FIFTY50 SAFETY SEAL LANCETS MISC	2	
FIFTY50 UNILET LANCETS 33G MISC	2	
FINE 30 MISC	2	
FINGERSTIX LANCETS MISC	2	
FORA LANCETS MISC	2	
FORA LANCING DEVICE MISC	2	
FREDS PHARMACY AUTOLET LANCING MISC	2	
FREDS PHARMACY UNILET LANC 28G MISC	2	
FREDS PHARMACY UNILET LANC 30G MISC	2	
FREESTYLE LANCETS MISC	2	
FREESTYLE LIBRE 14 DAY READER DEVICE	2	QL (1 unit per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL (0.072 units per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 2 PLUS SENSOR MISC	2	QL (0.067 units per 1 day)
FREESTYLE LIBRE 2 READER DEVICE	2	QL (1 unit per 730 days)
FREESTYLE LIBRE 2 SENSOR MISC	2	QL (0.072 units per 1 day)
FREESTYLE LIBRE 3 PLUS SENSOR MISC	2	QL (0.067 units per 1 day)
FREESTYLE LIBRE 3 READER DEVICE	2	QL (1 ea per 730 days)
FREESTYLE LIBRE 3 SENSOR MISC	2	QL (0.072 units per 1 day)
FREESTYLE UNISTICK II LANCETS MISC	2	
GENTEEL BUTTERFLY TOUCH LANCET MISC	2	
GENTEEL CONTACT TIPS (BLUE) MISC	2	
GENTEEL CONTACT TIPS (CLEAR) MISC	2	
GENTEEL CONTACT TIPS (GREEN) MISC	2	
GENTEEL CONTACT TIPS (ORANGE) MISC	2	
GENTEEL CONTACT TIPS (RAINBOW) MISC	2	
GENTEEL CONTACT TIPS (VIOLET) MISC	2	
GENTEEL CONTACT TIPS (YELLOW) MISC	2	
GENTEEL LANCING KIT (BLUE) KIT	2	
GENTEEL NOZZLES MISC	2	
GENTEEL PLUS LANCING (BLACK) MISC	2	
GENTEEL PLUS LANCING (PURPLE) MISC	2	
GENTEEL PLUS LANCING (WHITE) MISC	2	
GENTEEL PLUS LANCING DEV(BLUE) MISC	2	
GENTEEL PLUS LANCING DEV(PINK) MISC	2	
GENTLE-LET GP LANCETS MISC	2	
GENTLE-LET LANCETS MISC	2	
GENTLE-LET PLATFORMS MISC	2	
GLOBAL INJECT EASE LANCETS 28G MISC	2	
GLOBAL INJECT EASE LANCETS 30G MISC	2	
GLOBAL LANCING DEVICE MISC	2	
GLUCOCOM LANCETS 28G MISC	2	
GLUCOCOM LANCETS 30G MISC	2	
GLUCOCOM LANCETS 33G MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
GNP LANCETS 21G MISC	2	
GNP LANCETS THIN MISC	2	
GNP LANCETS THIN 26G MISC	2	
GNP LANCING SYSTEM DEVICE MISC	2	
GNP STERILE LANCETS 28G MISC	2	
GNP STERILE LANCETS 30G MISC	2	
GNP STERILE LANCETS 33G MISC	2	
GOJJI LANCING DEVICE/CLEAR CAP MISC	2	
GOJJI STERILE LANCETS MISC	2	
GOODSENSE COLOR LANCETS 33G MISC	2	
GOODSENSE LANCETS 26G UNIV MISC	2	
GOODSENSE LANCETS 30G MISC	2	
GOODSENSE LANCETS 30G UNIV MISC	2	
GOODSENSE LANCETS 33G MISC	2	
GOODSENSE LANCETS 33G UNIV MISC	2	
GOODSENSE LANCING DEVICE MISC	2	
H-E-B INCONTROL ADV LANCING MISC	2	
H-E-B INCONTROL LANCETS 28G MISC	2	
H-E-B INCONTROL LANCETS 30G MISC	2	
H-E-B INCONTROL LANCETS 33G MISC	2	
HAEMOLANCE MISC	2	
HAEMOLANCE LOW FLOW LANCETS MISC	2	
HAEMOLANCE PLUS MISC	2	
HAEMOLANCE PLUS HIGH FLOW MISC	2	
HAEMOLANCE PLUS LOW FLOW MISC	2	
HAEMOLANCE PLUS MAX FLOW MISC	2	
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	2	
HEALTH CARE LANCING DEVICE MISC	2	
HEALTHY ACCENTS LANCING DEVICE MISC	2	
HEALTHY ACCENTS UNILET LANCETS MISC	2	
HY-VEE LANCETS MISC	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
MEIJER LANCETS THIN MISC	2	
MEIJER LANCETS UNIVERSAL 21G MISC	2	
MEIJER LANCETS UNIVERSAL 30G MISC	2	
MEIJER LANCETS UNIVERSAL 33G MISC	2	
MEIJER SUPER THIN LANCETS MISC	2	
MICROLET LANCETS MISC	2	
MICROLET NEXT LANCING DEVICE MISC	2	
MINI LANCING DEVICE MISC	2	
MM LANCING DEVICE MISC	2	
MM TWIST LANCETS MISC	2	
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	
MPD SAFETY LANCET 30G MISC	2	
MULTI-LANCET DEVICE MISC	2	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH LANCETS 30G MISC	2	
NOVA SAFETY LANCETS 23G MISC	2	
NOVA SAFETY LANCETS 28G MISC	2	
NOVA SUREFLEX LANCETS MISC	2	
NOVA SUREFLEX LANCING DEVICE MISC	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	2	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G6 PODS (GEN 5) MISC	2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	
OMNIPOD 5 LIBRE2 PLUS G6 KIT	2	

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

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	
OMNIPOD DASH INTRO (GEN 4) KIT	2	
OMNIPOD DASH PDM (GEN 4) KIT	2	
OMNIPOD DASH PODS (GEN 4) MISC	2	
ONETOUCH CLUB LANCETS FINE PT MISC	2	
ONETOUCH DELICA LANCETS 33G MISC	2	
ONETOUCH DELICA LANCING DEV MISC	2	
ONETOUCH DELICA PLUS LANCET30G MISC	2	
ONETOUCH DELICA PLUS LANCET33G MISC	2	
ONETOUCH DELICA PLUS LANCING MISC	2	
ONETOUCH DELICA SAFETY LANCING MISC	2	
ONETOUCH FINEPOINT LANCETS MISC	2	
ONETOUCH SURESOFT LANCING DEV MISC	2	
ONETOUCH ULTRA 2 W/DEVICE KIT	0	QL (1 unit per 730 days), MDS
ONETOUCH ULTRA CONTROL LIQUID	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC	2	
ONETOUCH ULTRASOFT LANCETS MISC	2	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	0	QL (1 unit per 730 days), MDS
ONETOUCH VERIO REFLECT W/DEVICE KIT	0	QL (1 unit per 730 days), MDS
PC LANCETS SUPER THIN 30G MISC	2	
PENLET II BLOOD SAMPLER KIT	2	
PENLET II REPLACEMENT CAP MISC	2	
PERFECT LANCETS 28G MISC	2	
PERFECT LANCETS 30G MISC	2	
PERFECT POINT SAFETY LANCETS MISC	2	
PHARMACIST CHOICE LANCETS MISC	2	
PHARMACY COUNTER LANCETS MISC	2	
PIP LANCETS 28G MISC	2	
PIP LANCETS 30G MISC	2	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
AUM PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	2	
AUM SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AURORA PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
AURORA UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
AUTOJECT 2 MISC	2	
AUTOPEN DEVICE	2	
BD AUTOSHIELD (X 5MM MISC, X 8MM MISC)	2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	2	
BD INSULIN SYR ULTRAFINE II (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
BD INSULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
BD INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	2	
BD PEN MISC	2	
BD PEN MINI MISC	2	
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
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, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 6 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
EASY TOUCH SAFETY PEN NEEDLES (29G X 5MM MISC, 29G X 8MM MISC, 30G X 8 MM MISC)	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	2	
EMBECTA INS SYR U/F 1/2 UNIT (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC)	2	
EMBECTA INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 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-500 31G X 6MM 0.5 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	
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 (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
EQL INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
EXEL COMFORT POINT PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
FIFTY50 PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
FIFTY50 SUPERIOR COMFORT SYR (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
FREDS PHARMACY UNIFINE PENTIP+ (X 5 MISC, X 8 MISC)	2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC	2	
FREESTYLE PRECISION INS SYR (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL EASE INJECT PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
GLOBAL EASY GLIDE INSULIN SYR (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	2	
GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL INSULIN SYRINGES (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GNP CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
GNP INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
GNP 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 ULTICARE PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTIGUARD SAFEPAK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTRA COM INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	2	
GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
H-E-B INCONTROL PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	2	
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	2	
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	2	
HUMATROPEN FOR 12MG DEVICE	2	
HUMATROPEN FOR 24MG DEVICE	2	
HUMATROPEN FOR 6MG DEVICE	2	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
INJECT-EASE MISC	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	2	
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	
INSULIN SYRINGE/NEEDLE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
INSUPEN SENSITIVE (X 6 MISC, X 8 MISC)	2	
INSUPEN ULTRAFIN (30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC)	2	
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 29G (0.5 ML MISC, 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 30G (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KROGER PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MAXI-COMFORT SAFETY PEN NEEDLE (X 5MM MISC, X 8MM MISC)	2	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC	2	
MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
MEDICINE SHOPPE PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
MEIJER PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MICRODOT PEN NEEDLE (31G X 6 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
NORDIPEN DELIVERY SYSTEM MISC	2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	2	
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	2	
NOVOPEN ECHO DEVICE	2	
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC	2	
OMNITROPE PEN 10 INJ DEVICE MISC	2	
OMNITROPE PEN 5 INJ DEVICE MISC	2	
PC UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
PEN 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	

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

Drug Name	Drug Tier	Requirements / Limits
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	
PRECISION SURE-DOSE SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 3/8" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
PRECISION SUREDOSE PLUS SYR (X 1/2" 0.3 ML MISC, X 1/2" 1 ML MISC)	2	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
PREFERRED PLUS UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PRO COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
PRO COMFORT PEN NEEDLES (31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC)	2	
PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC	2	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	2	
PX MINI PEN NEEDLES 31G X 5 MM MISC	2	
PX PEN NEEDLE (29G X 12MM MISC, 31G X 8 MM MISC)	2	
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM MISC	2	
QC PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
QC UNIFINE PENTIPS 32G X 4 MM MISC	2	
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 4 MISC, 33G X 5 MISC, 33G X 6 MISC, 33G X 8 MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
RA INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
RA PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
RAYA SURE PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
REALITY INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	2	
RELION INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
RELION MINI PEN NEEDLES 31G X 6 MM MISC	2	
RELION PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	2	
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	
SB INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	2	
SHOPKO UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
SHOPKO UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SURE COMFORT PEN NEEDLES (29G X 12.7MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
SURE-FINE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
SURE-JECT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	2	
TOPCARE CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUE COMFORT INSULIN SYRINGE (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	
TRUE COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
TRUE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
TRUEPLUS 5-BEVEL PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
TRUEPLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUEPLUS PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC	2	
ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTICARE MICRO PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ULTICARE MINI PEN NEEDLES (30G X 5 MISC, 31G X 6 MISC, 32G X 6 MISC)	2	
ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)	2	
ULTICARE SHORT PEN NEEDLES (30G X 8 MISC, 31G X 8 MISC)	2	
ULTIGUARD SAFEPACK PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE SHORT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	

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

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Drug Name	Drug Tier	Requirements / Limits
UNIFINE ULTRA PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VALUE HEALTH INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
VERIFINE PLUS PEN NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	2	
WEGMANS UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
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	
ZEVRX PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
RESPIRATORY AIDS		
ACTEEV PROTECT FACE MASK MISC	2	
BREATHE COMFORT PROTECT SHIELD MISC	2	
CLEVER CHOICE DISPOSABLE MASK MISC	2	
CLEVER CHOICE FACE MASK MISC	2	
CPR MICROSHIELD MISC	2	
CVS MEDICAL FACE MASKS EARLOOP MISC	2	
CVS PROCEDURAL MASK MISC	2	
DISPOSABLE FACE MASK MISC	2	
DISPOSABLE FACE MASK 3-PLY MISC	2	
EAR-LOOP MASK SMALL MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
EASY FLOW KN 95 MISC	2	
FACE MASK MISC	2	
FACE MASK EARLOOP-STYLE MISC	2	
FACE MASKS 3 LAYER NON-MEDICAL MISC	2	
J & J GERM FILTER MASK MISC	2	
KN95 DISPOSABLE MASK MISC	2	
KN95 MEDICAL PROTECTIVE MASK MISC	2	
LIGHT SHIELD MISC	2	
LIGHT SHIELD DELUXE SLEEP MASK MISC	2	
MASK PEDIATRIC SIZE 1" MISC	2	
MAXI-MASK MISC	2	
N95 FACE MASK MISC	2	
N95 MASKS MISC	2	
N95 PARTI RESPIRATOR FACE MASK MISC	2	
NEXCARE ALL PURPOSE MASK MISC	2	
NEXCARE EARLOOP MASK MISC	2	
PEDIATRIC MEDIUM MASK MISC	2	
PEDIATRIC SMALL MASK MISC	2	
SHIELD-SECURE FULL FACE SHIELD MISC	2	
SIESTA MASK MISC	2	
RESPIRATORY THERAPY SUPPLIES		
OPTICHAMBER DIAMOND MISC	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK MISC	2	
OPTICHAMBER DIAMOND-SM MASK MISC	2	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	2	PA, QL (1 unit per 28 days)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 28 days)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	PA, QL (3 units per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
NURTEC 75 MG TAB DISP	2	PA, QL (18 units per 30 days)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	2	PA, QL (1 unit per day)
UBRELVY (50 MG TAB, 100 MG TAB)	2	PA, QL (16 units per 30 days), MDS
MIGRAINE COMBINATIONS		
MIGERGOT 2-100 MG SUPPOS	1	
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	PA, QL (16 units per 28 days), MDS
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)</i>	1	
SEROTONIN AGONISTS		
<i>almotriptan malate (6.25 mg tab, 12.5 mg tab)</i>	1	PA, QL (16 units per 28 days), MDS
<i>eletriptan hydrobromide (20 mg tab, 40 mg tab)</i>	1	PA, QL (16 units per 28 days), MDS
<i>frovatriptan succinate 2.5 mg tab</i>	1	PA, QL (16 units per 28 days), MDS
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	1	QL (16 units per 28 days), MDS
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	QL (8 units per 28 days), MDS
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	1	QL (8 units per 28 days), MDS
ZEMBRACE SYMTOUCH 3 MG/0.5ML SOLN A-INJ	2	PA, QL (8 units per 28 days), MDS
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL (16 units per 28 days), MDS
<i>zolmitriptan 5 mg solution</i>	1	PA, QL (16 units per 28 days), MDS
<i>zomig (2.5 mg tab, 5 mg tab)</i>	1	MDS
MINERALS ELECTROLYTES		
FLUORIDE		
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	PN (\$0 Copay for 6 months through 16 years of age)
POTASSIUM		
<i>effer-k 25 meq effer tab</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	1	
<i>klor-con m20 20 meq tab er</i>	1	
<i>klor-con/ef 25 meq effer tab</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
<i>potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	1	
TRACE MINERALS		
<i>copper gluconate 2 mg tab</i>	0	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine (250 mg cap, 250 mg tab)</i>	1	
<i>trientine hcl 250 mg cap</i>	1	SP
ENZYMES		
XIAFLEX 0.9 MG RECON SOLN	2	PA, SP, MDS
IMMUNOMODULATORS		
JOENJA 70 MG TAB	2	PA, LA, QL (60 tabs per 30 days), SP, MDS
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
THALOMID (50 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP)	2	SP, MDS
VYVGART 400 MG/20ML SOLUTION	2	PA, SP
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	2	PA, QL (22.4 ml per 50 days), SP, QL (50 days supply per fill), MDS
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tab</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
ENSPRYNG 120 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 28 days), SP, MDS
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	2	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	PA
GAMIFANT (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION)	2	PA, LA, SP, MDS
GAMIFANT 100 MG/20ML SOLUTION	2	PA, LA, SP, MDS
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	1	
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	2	
NULOJIX 250 MG RECON SOLN	2	PA, MDS
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	2	
SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	2	
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>sirolimus 1 mg/ml solution</i>	1	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
UPLIZNA 100 MG/10ML SOLUTION	2	PA, QL (30 units per 180 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYMPHATIC AGENTS		
SYLVANT (100 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	2	PA, QL (56 units per 28 days), SP, MDS
VIJOICE 50 MG PACKET	2	PA, QL (28 ea per 28 days), SP, MDS
VIJOICE 50 MG TAB THPK	2	PA, QL (28 units per 28 days), SP, MDS
POTASSIUM REMOVING AGENTS		
<i>kionex 15 gm/60ml suspension</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
LOKELMA 10 GM PACKET	2	PA, QL (1.14 units per day)
LOKELMA 5 GM PACKET	2	PA, QL (1 unit per day)
<i>sodium polystyrene sulfonate powder</i>	1	
SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION)	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	2	PA, LA, SP, MDS
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
BENLYSTA 200 MG/ML SOLN A-INJ	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS
SAPHNELO 300 MG/2ML SOLUTION	2	PA, QL (2 units per 28 days), SP, MDS
UREMIC PRURITUS AGENTS		
KORSUVA 65 MCG/1.3ML SOLUTION	2	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl 2 % solution</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
DENTAL PRODUCTS		
<i>denta 5000 plus 1.1 % cream</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>dentagel 1.1 % gel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>fraiche 5000 dental 1.1 % gel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.2 % solution, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)

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

Drug Name	Drug Tier	Requirements / Limits
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 plus 1.1 % cream</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	PN (\$0 Copay for 6 months through 16 years of age)
STERIODS - MOUTH/THROAT/DENTAL		
<i>oralone 0.1 % paste</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
MULTIVITAMINS		
B-COMPLEX VITAMINS		
<i>b complex cap</i>	0	
<i>b-complex/b-12 tab</i>	0	
<i>vitamin b complex cap</i>	0	
<i>vitamin b complex w/b-12 tab</i>	0	
B-COMPLEX W/ C		
<i>sm super b complex/c tab</i>	0	
B-COMPLEX W/ MINERALS		
<i>eldertonic liquid</i>	0	
BIOFLAVONOID PRODUCTS		
<i>ester-c tab</i>	0	
MULTIPLE VITAMINS W/ CALCIUM		
<i>gnp one daily womens health tab</i>	0	
MULTIPLE VITAMINS W/ MINERALS		
<i>multiple vitamins-minerals liquid</i>	0	
<i>multivit/multimineral adult liquid</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ocuvite eye health gummies chew tab</i>	0	
MULTIVITAMINS		
<i>daily-vite tab</i>	0	
<i>gnp essential one daily tab</i>	0	
<i>sm multiple vitamins essential tab</i>	0	
<i>stress formula tab</i>	0	
<i>tab-a-vite/beta carotene tab</i>	0	
<i>true daily vite tab</i>	0	
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride 0.25-10 mg/ml solution</i>	1	
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml solution</i>	1	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	1	
PED MV W/ FLUORIDE		
FLOTREX (0.25 MG CHEW TAB, 0.5 MG CHEW TAB)	1	
MULTI-VITAMIN/FLUORIDE (MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SOLUTION)	1	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	1	
QUFLORA GUMMIES 0.125 MG CHEW TAB	1	
TRI-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION)	1	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	
PED MV W/ IRON		
<i>cerovite jr 18 mg chew tab</i>	0	
<i>sm animal shapes complete 18 mg chew tab</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
PEDIATRIC MULTIPLE VITAMINS		
<i>gnp childrens chewables/ex c chew tab</i>	0	
<i>gnp little ones childrens chew tab</i>	0	
<i>sm animal shapes kids first chew tab</i>	0	
PRENATAL VITAMINS		
C-NATE DHA 28-1-200 MG CAP	1	
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	1	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	1	
COMPLETENATE 29-1 MG CHEW TAB	1	
ELITE-OB 50-1.25 MG TAB	1	
ENBRACE HR CAP	1	
FOLIVANE-OB 85-1 MG CAP	1	
M-NATAL PLUS 27-1 MG TAB	1	
NESTABS 32-1 MG TAB	1	
NESTABS DHA 32-1 MG MISC	1	
NESTABS ONE 38-1-225 MG CAP	1	
NIVA-PLUS 27-1 MG TAB	1	
OB COMPLETE 50-1.25 MG TAB	1	
OB COMPLETE ONE 50-1-476 MG CAP	1	
OB COMPLETE PETITE 35-5-1-200 MG CAP	1	
OB COMPLETE PREMIER 30-20-1 MG TAB	1	
OB COMPLETE/DHA 30-10-1-200 MG CAP	1	
PNV TABS 29-1 29-1 MG TAB	1	
PNV-DHA 27-0.6-0.4-300 MG CAP	1	
PNV-OMEGA 28-0.6-0.4-340 MG CAP	1	
PNV-SELECT 27-0.6-0.4 MG TAB	1	
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS 27-1 MG TAB	1	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	1	
PRENATE 0.6-0.4 MG CHEW TAB	1	
PRENATE AM 1 MG TAB	1	

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

Drug Name	Drug Tier	Requirements / Limits
PRENATE DHA 18-0.6-0.4-300 MG CAP	1	
PRENATE ELITE 20-0.6-0.4 MG TAB	1	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	1	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	1	
PRENATE MINI 18-0.6-0.4-350 MG CAP	1	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	1	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	1	
PREPLUS 27-1 MG TAB	1	
PRETAB 29-1 MG TAB	1	
PRIMACARE 30-1-470 MG CAP	1	
RELNATE DHA 28-1-200 MG CAP	1	
SE-NATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB)	1	
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	1	
SELECT-OB+DHA 29-1 & 250 MG MISC	1	
TARON-C DHA 35-1 MG CAP	1	
THRIVITE RX 29-1 MG TAB	1	
TRICARE TAB	1	
TRINATAL RX 1 60-1 MG TAB	1	
TRISTART DHA 31-0.6-0.4-200 MG CAP	1	
VINATE ONE 60-1 MG TAB	1	
VIRT-NATE DHA 28-1-200 MG CAP	1	
VIRT-PN DHA 27-0.6-0.4-300 MG CAP	1	
VIRT-PN PLUS 28-0.6-0.4-340 MG CAP	1	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	1	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	1	
VITAFOL-NANO 18-0.6-0.4 MG TAB	1	
VITAFOL-OB TAB	1	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	1	
VITAFOL-ONE 29-1-200 MG CAP	1	
VIVA DHA 28-1-200 MG CAP	1	
VP-PNV-DHA 28-1-215.8 MG CAP	1	

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

Drug Name	Drug Tier	Requirements / Limits
WESCAP-C DHA 53.5-38-1 MG CAP	1	
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP	1	
WESNATE DHA 28-1-200 MG CAP	1	
WESTGEL DHA 31-0.6-0.4-200 MG CAP	1	
ZATEAN-PN DHA 27-0.6-0.4-300 MG CAP	1	
ZATEAN-PN PLUS 28-0.6-0.4-340 MG CAP	1	
VITAMIN MIXTURES		
<i>sm cod liver oil cap</i>	0	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>baclofen 5 mg/5ml solution</i>	1	PA, QL (16 units per 1 day)
BACLOFEN 5 MG/5ML SOLUTION	1	PA, QL (16 ea per 1 day)
<i>carisoprodol (250 mg tab, 350 mg tab)</i>	1	
<i>cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>metaxalone (400 mg tab, 800 mg tab)</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	1	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1.5 MG CAP, 10 MG CAP)	2	PA, LA, QL (2 ea per 30 days), SP, MDS
SOHONOS 1 MG CAP	2	PA, LA, QL (4 ea per 30 days), SP, MDS
SOHONOS 2.5 MG CAP	2	PA, LA, QL (3 ea per 30 days), SP, MDS
SOHONOS 5 MG CAP	2	PA, LA, QL (1 ea per 30 days), SP, MDS
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL-ASPIRIN-CODEINE 200-325-16 MG TAB	1	
VISCOSUPPLEMENTS		
EUFLEXXA 20 MG/2ML SOLN PRSYR	2	PA, QL (12 ml per 180 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	1	
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
NASAL STEROIDS		
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
<i>ft allergy relief 24 hr 50 mcg/act suspension</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	
OMNARIS 50 MCG/ACT SUSPENSION	2	PA
QNASL 80 MCG/ACT AERO SOLN	2	PA
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	2	PA
ZETONNA 37 MCG/ACT AERO SOLN	2	PA
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>edaravone 30 mg/100ml solution</i>	2	PA, SP, MDS
QALSODY 100 MG/15ML SOLUTION	2	PA, LA, SP, MDS
RADICAVA 30 MG/100ML SOLUTION	2	PA, LA, SP, MDS
RADICAVA ORS 105 MG/5ML SUSPENSION	2	PA, QL (50 units per 28 days), SP, MDS
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	2	PA, QL (70 ml per 28 days), SP, QL (1 fill per 180 days), MDS
<i>riluzole 50 mg tab</i>	1	
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	2	PA, LA, QL (90 caps per 30 days), SP, MDS
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 100 MG/2ML SOLUTION	2	PA, LA, SP, MDS

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

Drug Name	Drug Tier	Requirements / Limits
EXONDYS 51 (100 MG/2ML SOLUTION, 500 MG/10ML SOLUTION)	2	PA, LA, SP, MDS
VILTEPSO 250 MG/5ML SOLUTION	2	PA, LA, SP, MDS
VYONDYS 53 100 MG/2ML SOLUTION	2	PA, LA, SP, MDS
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX (100 RECON SOLN, 200 RECON SOLN)	2	PA, SP, MDS
DYSPORT (300 RECON SOLN, 500 RECON SOLN)	2	PA, SP, MDS
MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION)	2	PA, SP, MDS
XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN)	2	PA, SP, MDS
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	2	PA, LA, QL (6.67 units per 1 day), SP
SPINRAZA 12 MG/5ML SOLUTION	2	PA, LA, SP, PN (MIN 120 DAY SUPPLY; MAX 120 DAY SUPPLY)
NUTRIENTS		
LIPIDS		
DOJOLVI 100 % LIQUID	2	PA, SP, MDS
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETOPTIC-S 0.25 % SUSPENSION	2	
CARTEOLOL HCL 1 % SOLUTION	1	
<i>dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	1	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol hemihydrate 0.5 % solution</i>	1	PA
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily) 0.5 % solution</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate 1 % solution</i>	1	

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE 15 MG RECON SOLN	2	SP, MDS
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
FLAREX 0.1 % SUSPENSION	2	
<i>fluorometholone 0.1 % suspension</i>	1	
FML FORTE 0.25 % SUSPENSION	2	
ILUVIEN 0.19 MG IMPLANT	2	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
MAXIDEX 0.1 % SUSPENSION	2	
<i>neo-polycin hc 1 % ointment</i>	1	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
<i>prednisolone acetate 1 % suspension</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
XIPERE 40 MG/ML SUSPENSION	2	LA, SP, MDS
OPHTHALMICS - MISC.		
ALOMIDE 0.1 % SOLUTION	2	PA
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt solution</i>	1	
<i>brinzolamide 1 % suspension</i>	1	
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>epinastine hcl 0.05 % solution</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylergonovine maleate 0.2 mg tab</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
ALYGLO (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, LA, SP, MDS
ASCENIV 5 GM/50ML SOLUTION	2	PA, SP, MDS
BIVIGAM 10 GM/100ML SOLUTION	2	PA, SP
BIVIGAM 5 GM/50ML SOLUTION	2	PA, SP, MDS
CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	2	PA, SP, MDS
CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
CYTOGAM 50 MG/ML SOLUTION	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY), MDS
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	2	PA, SP, MDS
GAMASTAN INJECTABLE	2	SP, MDS
GAMMAGARD (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMMAGARD (2.5 GM/25ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	2	PA, SP, MDS
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	2	PA, SP, MDS
GAMUNEX-C (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMUNEX-C (2.5 GM/25ML SOLUTION, 40 GM/400ML SOLUTION)	2	PA, SP, MDS
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	2	PA, SP, MDS

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

Drug Name	Drug Tier	Requirements / Limits
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS
OCTAGAM 25 GM/500ML SOLUTION	2	PA, MDS
PANZYGA (2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	2	PA, SP, MDS
RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR	2	SP, MDS
RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR	2	SP, MDS
WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION)	2	SP, MDS
XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
MONOCLONAL ANTIBODIES		
SYNAGIS (50 MG/0.5ML SOLUTION, 100 MG/ML SOLUTION)	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZINPLAVA 1000 MG/40ML SOLUTION	2	PA, SP, MDS
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT)	2	PA, SP, MDS
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>ampicillin 500 mg cap</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	1	
PROGESTINS		
PROGESTINS		
<i>gallifrey 5 mg tab</i>	1	
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	2	PA, MDS
LILETTA (52 MG) 20.1 MCG/DAY IUD	0	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
MAKENA 275 MG/1.1ML SOLN A-INJ	2	PA, MDS
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
NEXPLANON 68 MG IMPLANT	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
<i>norethindrone acetate 5 mg tab</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>disulfiram (250 mg tab, 500 mg tab)</i>	1	
<i>lofexidine hcl 0.18 mg tab</i>	2	PA, QL (112 units per 7 days), MDS
LUCEMYRA 0.18 MG TAB	2	PA, QL (112 units per 7 days), MDS
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
XYWAV 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
ANTIDEMENTIA AGENTS		
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	1	
<i>memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)</i>	1	PA
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB)	1	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	1	

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Drug Name	Drug Tier	Requirements / Limits
FIBROMYALGIA AGENTS		
SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB)	2	PA, QL (2 units per 1 day)
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	2	PA, QL (55 units per 28 days), QL (ql= 1 fill per 180 days)
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine 12.5 mg tab</i>	1	PA, QL (102 units per 34 days), SP, MDS
<i>tetrabenazine 25 mg tab</i>	1	PA, QL (136 units per 34 days), SP, MDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	2	QL (1 unit per 28 days), SP, MDS
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	2	QL (1 unit per 28 days), SP, MDS
BETASERON 0.3 MG KIT	2	QL (14 units per 28 days), SP, MDS
BRIUMVI 150 MG/6ML SOLUTION	2	PA, SP, MDS
<i>dalfampridine er 10 mg tab er 12h</i>	1	QL (60 units per 30 days), SP, MDS
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL (14 units per 7 days), SP, MDS
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL (60 units per 30 days), SP, MDS
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	1	QL (60 units per 30 days), SP, MDS
<i>fingolimod hcl 0.5 mg cap</i>	1	QL (30 units per 30 days), SP, MDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL (30 units per 30 days), SP, MDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL (12 units per 28 days), SP, MDS
<i>glatopa 20 mg/ml soln prsyr</i>	1	QL (30 ml per 30 days), SP, MDS
<i>glatopa 40 mg/ml soln prsyr</i>	1	QL (12 ml per 28 days), SP, MDS
KESIMPTA 20 MG/0.4ML SOLN A-INJ	2	QL (0.4 units per 28 days), SP, MDS
LEMTRADA 12 MG/1.2ML SOLUTION	2	PA, QL (5 days supply per 365 day), SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
MAYZENT (1 MG TAB, 2 MG TAB)	2	QL (30 units per 30 days), SP, MDS
MAYZENT 0.25 MG TAB	2	QL (140 units per 28 days), SP, MDS
MAYZENT STARTER PACK 0.25 MG TAB THPK	2	QL (7 ea per 4 days), SP, QL (1 fill per 180 days), MDS
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QL (12 ea per 5 days), SP, QL (1 fill per 180 days), MDS
OCREVUS 300 MG/10ML SOLUTION	2	PA, QL (20 ml per 180 days), SP, QL (2 fills per 365 days), PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY (125 MCG/0.5ML SOLN A-INJ, 125 MCG/0.5ML SOLN PRSYR)	2	QL (1 unit per 28 days), SP, MDS
PLEGRIDY STARTER PACK (63 & 94 MCG/0.5ML SOLN A-INJ, 63 & 94 MCG/0.5ML SOLN PRSYR)	2	QL (1 unit per 28 days), SP, MDS
REBIF 44 MCG/0.5ML SOLN PRSYR	2	QL (6 units per 28 days), SP, MDS
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	2	QL (6 units per 28 days), SP, MDS
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	2	QL (4.2 units per 28 days), SP, MDS
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	2	QL (4.2 units per 28 days), SP, MDS
<i>teriflunomide 14 mg tab</i>	1	QL (30 units per 30 days), SP, MDS
<i>teriflunomide 7 mg tab</i>	1	PA, QL (30 units per 30 days), SP, MDS
TYSABRI 300 MG/15ML CONC	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
ZEPOSIA 0.92 MG CAP	2	PA, QL (30 units per 30 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, MDS
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	PA, QL (7 ea per 7 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, QL (1 fill per180 days), MDS
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	PA, QL (37 ea per 37 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), QL (1 fill per180 days), MDS
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 units per 28 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, MDS
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA 1 GM PACKET	2	PA, LA, QL (112 ea per 28 days), SP, MDS
ERGOLOID MESYLATES 1 MG TAB	1	
MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	2	PA, LA, QL (90 ea per 30 days), SP, MDS
PIMOZIDE (1 MG TAB, 2 MG TAB)	1	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	0	
CHANTIX 1 MG TAB	0	QL (2 units per 1 day)
CHANTIX CONTINUING MONTH PAK 1 MG TAB	0	QL (2 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB THPK	0	QL (53 ea per 30 days), QL (1 fillper180 days), MDS
<i>ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 21 mg/24hr patch 24hr)</i>	0	
<i>ft nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>gnp nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr, 21-14-7 mg/24hr kit)</i>	0	
<i>nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>nicotine polacrilex mini 2 mg lozenge</i>	0	
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	0	
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	0	
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	0	
NICOTROL 10 MG INHALER	0	
NICOTROL NS 10 MG/ML SOLUTION	0	
<i>sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	0	QL (2 units per 1 day)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	0	QL (53 units per 30 days), PN (0), QL (1 fillper180 days), MDS
<i>varenicline tartrate(continue) 1 mg tab</i>	0	QL (2 units per 1 day)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA 25 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 units per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements / Limits
ONPATTRO 10 MG/5ML SOLUTION	2	PA, SP, MDS
TEGSEDI 284 MG/1.5ML SOLN PRSYR	2	PA, LA, QL (6 units per 28 days), SP, MDS
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP 1000 MG RECON SOLN	2	PA, LA, SP, MDS
ARALAST NP 500 MG RECON SOLN	2	PA, SP, MDS
GLASSIA 1000 MG/50ML SOLUTION	2	PA, LA, SP, MDS
PROLASTIN-C 1000 MG RECON SOLN	2	PA, LA, SP, MDS
PROLASTIN-C 1000 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ZEMAIRA 1000 MG RECON SOLN	2	PA, LA, SP, MDS
CYSTIC FIBROSIS AGENTS		
KALYDECO (13.4 MG PACKET, 150 MG TAB)	2	PA, LA, QL (60 units per 30 days), SP, MDS
KALYDECO (25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	2	PA, LA, QL (56 units per 28 days), SP, MDS
KALYDECO 5.8 MG PACKET	2	PA, LA, QL (56 units per 28 days), SP, QL (28 days supply per fill), MDS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	2	PA, LA, QL (112 units per 28 days), SP, MDS
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	2	PA, LA, QL (56 units per 28 days), SP, MDS
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	PA, SP, MDS
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	2	PA, LA, QL (84 units per 28 days), SP, MDS
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>minocycline hcl (50 mg cap, 75 mg cap, 75 mg tab, 100 mg cap)</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	1	
THYROID HORMONES		
ADTHYZA (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	2	
<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	PN (\$0 Oral Oncology)
<i>levothyroxine sodium 300 mcg tab</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	1	
<i>unithroid 137 mcg tab</i>	2	
TOXIDS		
TOXOID COMBINATIONS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	0	
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	0	
DAPTACEL 23-15-5 SUSPENSION	0	
INFANRIX 25-58-10 SUSPENSION	0	
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	0	

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Drug Name	Drug Tier	Requirements / Limits
PEDIARIX SUSP PRSYR	0	
PENTACEL RECON SUSP	0	AL, MDS
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	0	
TDVAX 2-2 LF/0.5ML SUSPENSION	0	
TENIVAC 5-2 LFU INJECTABLE	0	
TETANUS-DIPHThERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	0	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>hyosyne (0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	1	
<i>cimetidine hcl 300 mg/5ml solution</i>	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1	
<i>ft acid reducer max strength 20 mg tab</i>	1	
<i>nizatidine 150 mg cap</i>	2	PA, QL (2 units per 1 day)
NIZATIDINE 300 MG CAP	2	PA, QL (1 unit per 1 day)
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole (30 mg cap dr, 60 mg cap dr)</i>	1	ST, QL (1 unit per day)
<i>esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)</i>	1	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	
<i>ft acid reducer 15 mg cap dr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>goodsense lansoprazole 15 mg cap dr</i>	1	
<i>lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)</i>	1	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	2	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	
ULCER THERAPY COMBINATIONS		
<i>omeprazole-sodium bicarbonate (20-1100 mg cap, 20-1680 mg packet, 40-1100 mg cap, 40-1680 mg packet)</i>	1	ST
UNCATEGORIZED		
UNCLASSIFIED		
DANZITEN (71 MG TAB, 95 MG TAB)	2	QL (112 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
DATROWAY 100 MG RECON SOLN	2	PA, QL (6 ea per 21 days), SP, MDS
EBGLYSS 250 MG/2ML SOLN PRSYR	2	PA, QL (4 ml per 28 days), SP, MDS
IMKELDI 80 MG/ML SOLUTION	2	QL (280 ml per 28 days), PA-NSO, SP, MDS
OPDIVO QVANTIG 600-10000 MG-UT/5ML SOLUTION	2	PA, SP, MDS
PREVYMIS (20 MG PACKET, 120 MG PACKET)	2	PA, QL (4 ea per 1 day), QL (400 eaper365 days)
REVUFORJ (110 MG TAB, 160 MG TAB)	2	PA, QL (120 ea per 30 days), SP, MDS
SUNLENCA 300 MG TAB	2	QL (4 ea per 2 days), PN (2 DAYS SUPPLY IN 180 DAYS), QL (1 fillper180 days), MDS
ZIIHERA 300 MG RECON SOLN	2	PA, SP, MDS
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)</i>	1	ST
<i>fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)</i>	1	ST
GELNIQUE 10 % GEL	2	PA
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	
OXYTROL 3.9 MG/24HR PATCH TW	2	ST
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	1	
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	1	
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	1	ST
<i>trospium chloride 20 mg tab</i>	1	
<i>trospium chloride er 60 mg cap er 24h</i>	1	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL (1 unit per 1 day)
MYRBETRIQ 8 MG/ML SRER	2	QL (10 units per day)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl 100 mg tab</i>	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB RECON SOLN	0	
BEXSERO SUSP PRSYR	0	
CAPVAXIVE 0.5 ML SOLN PRSYR	0	QL (0.5 ml per lifetime), AL, MDS
HIBERIX 10 MCG RECON SOLN	0	
MENVEO (RECON SOLN, SOLUTION)	0	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	0	
PENBRAYA RECON SUSP	0	QL (2 ea per lifetime)
PNEUMOVAX 23 (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	0	
PREVNAR 20 0.5 ML SUSP PRSYR	0	QL (0.5 ml per lifetime)
TRUMENBA SUSP PRSYR	0	
VAXNEUVANCE 0.5 ML SUSP PRSYR	0	AL, MDS
VIVOTIF CAP DR	2	QL (4 units per fill)
VIRAL VACCINES		
ABRYVO 120 MCG/0.5ML RECON SOLN	0	AL, MDS

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Drug Name	Drug Tier	Requirements / Limits
ACAM2000 RECON SOLN	0	
AFLURIA SUSPENSION	0	
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	0	
AFLURIA QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, SUSPENSION)	0	
AREXVY 120 MCG/0.5ML RECON SUSP	0	QL (1 ea per lifetime), AL, MDS
AUDENZ (0.5 ML PRSYR, EMULSION)	0	QL (1 ml per lifetime), AL
COMIRNATY (30 MCG/0.3ML SUSP PRSYR, 30 MCG/0.3ML SUSPENSION)	0	
ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	0	
FLUAD 0.5 ML SUSP PRSYR	0	
FLUAD QUADRIVALENT 0.5 ML PRSYR	0	
FLUARIX 0.5 ML SUSP PRSYR	0	
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	0	
FLUBLOK 0.5 ML SOLN PRSYR	0	
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	0	
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLULAVAL 0.5 ML SUSP PRSYR	0	
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR	0	
FLUMIST LIQUID	0	
FLUMIST QUADRIVALENT SUSPENSION	0	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	0	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	0	
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	0	
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION)	0	AL, MDS
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	0	
IPOL INJECTABLE	0	
JYNNEOS 0.5 ML SUSPENSION	0	AL, MDS

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

Drug Name	Drug Tier	Requirements / Limits
M-M-R II RECON SOLN	0	
MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VAC 6M-11Y (25 MCG/0.25ML SUSP PRSYR, 25 MCG/0.25ML SUSPENSION)	0	
MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	0	
MRESVIA 50 MCG/0.5ML SUSP PRSYR	1	QL (0.5 ml per lifetime), AL, MDS
NOVAVAX COVID-19 VACCINE (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	0	
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	0	
PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION)	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y (3 MCG/0.2ML SUSPENSION, 3 MCG/0.3ML SUSPENSION)	0	
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	0	
PREHEVBRIO 10 MCG/ML SUSPENSION	0	
PRIORIX RECON SUSP	0	
PROQUAD RECON SUSP	0	
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	0	
SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION	0	
SHINGRIX 50 MCG/0.5ML RECON SUSP	0	AL, MDS
SPIKEVAX (50 MCG/0.5ML SUSP PRSYR, 50 MCG/0.5ML SUSPENSION)	0	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	0	AL, MDS
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	0	AL, MDS
VARIVAX 1350 PFU/0.5ML RECON SUSP	0	
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	0	

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

Drug Name	Drug Tier	Requirements / Limits
SHUR-SEAL CONTRACEPTIVE 2 % GEL	0	
TODAY SPONGE 1000 MG MISC	0	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 12.5 % FOAM, 28 % FILM)	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin phosphate 2 % cream</i>	1	
<i>metronidazole 0.75 % gel</i>	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI 1.8-1-0.4 % GEL	0	
VAGINAL ESTROGENS		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	1	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	2	
PREMARIN 0.625 MG/GM CREAM	2	
<i>yuvafem 10 mcg tab</i>	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	AL, MDS
<i>epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	QL (2 units per fill)
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>calcidol 200 mcg/ml solution</i>	0	
<i>dialyvite vitamin d 5000 125 mcg (5000 ut) cap</i>	0	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>ergocalciferol 200 mcg/ml solution</i>	0	
<i>phytonadione 5 mg tab</i>	1	
<i>true vitamin a 10000 unit cap</i>	0	
<i>true vitamin d3 125 mcg (5000 ut) cap</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>vitamin a 3 mg (10000 ut) cap</i>	0	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
<i>vitamin d3 125 mcg (5000 ut) cap</i>	0	
WATER SOLUBLE VITAMINS		
<i>ascorbic acid 500 mg tab</i>	0	
<i>gnp vitamin c drops 60 mg lozenge</i>	0	
<i>niacin er 250 mg cap er</i>	0	
<i>sm chewable c 500 mg chew tab</i>	0	
<i>sm vit c/rose hips 1000 mg tab</i>	0	
<i>sm vitamin b-6 100 mg tab</i>	0	
<i>sm vitamin c (500 mg chew tab, 1000 mg tab)</i>	0	
<i>sm vitamin c 250 mg tab</i>	0	
<i>sm vitamin c/rose hips 500 mg tab</i>	0	
<i>true vitamin b1 100 mg tab</i>	0	
<i>true vitamin b1 250 mg tab</i>	0	
<i>true vitamin b2 (25 mg tab, 50 mg tab, 100 mg tab)</i>	0	
<i>true vitamin b3 (50 mg tab, 250 mg tab, 500 mg tab)</i>	0	
<i>true vitamin b6 (25 mg tab, 50 mg tab, 100 mg tab)</i>	0	
<i>true vitamin c (250 mg tab, 500 mg tab, 1000 mg tab)</i>	0	
<i>true vitamin d3 50 mcg tab</i>	0	
<i>vitamin b-1 100 mg tab</i>	0	
<i>vitamin b-6 25 mg tab</i>	0	
<i>vitamin b1 100 mg tab</i>	0	
<i>vitamin c 1000 mg tab</i>	0	
<i>vitamin c 500 mg tab</i>	0	

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ONGENTYS	62	OXYCONTIN	18
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SAVELLA TITRATION PACK	165	silodosin	101
saxagliptin-metformin er	33	silver nitrate	88
SB ALCOHOL PREP	129	silver sulfadiazine	87
SB INSULIN SYRINGE	141	SIMBRINZA	158
SB LANCETS THIN	123	simliya	80
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selegiline hcl	63	SKYRIZI PEN	87
selenium sulfide	87	SKYTROFA	95
SELZENTRY	69	SLYND	83
SEREVENT DISKUS	26	SM ALCOHOL PREP	129
SEROSTIM	94	sm all day allergy	40
sertraline hcl	31	sm all day allergy relief	40
setlakin	80	sm allergy relief	40
sevelamer carbonate	100	sm animal shapes complete	152
sevelamer hcl	100	sm animal shapes kids first	153
SEZABY	108	sm aspirin adult low strength	17
sharobel	83	sm aspirin ec low strength	17
SHIELD-SECURE FULL FACE SHIELD	146	sm aspirin low dose	17
SHINGRIX	174	sm chewable c	176
SHOPKO AUTOLET LANCING DEVICE	124	sm childrens aspirin	17
SHOPKO ON-THE-GO LANCETS 30G	124	sm cod liver oil	155
SHOPKO UNIFINE PENTIPS	141	sm folic acid	106
SHOPKO UNIFINE PENTIPS PLUS	141	SM GLUCOSE	35
SHOPKO UNILET LANCETS 28G	124	sm iron	108
SHOPKO UNILET LANCETS 30G	124	sm iron slow release	108
SHUR-SEAL CONTRACEPTIVE	175	SM LANCETS 33G	124
SIDE BUTTON SAFETY LANCET	124	sm loratadine	40
SIESTA MASK	146	sm loratadine allergy relief	41
SIGNIFOR LAR	97	sm multiple vitamins essential	152

sm nicotine	167	SPEEDY SWAB COVID-19 ANTIGEN	92
sm nicotine polacrilex	167	SPEVIGO	87
sm super b complex/c	151	SPIKEVAX	174
SM TRUEDRAW LANCING DEVICE	124	SPINOSAD	91
sm vit c/rose hips	176	SPINRAZA	157
sm vitamin b-12	105	SPIRIVA HANDIHALER	24
sm vitamin b-6	176	SPIRIVA RESPIMAT	24
sm vitamin c	176	spironolactone	93
sm vitamin c/rose hips	176	spironolactone-hctz	93
SMART DIABETES VANTAGE LANCING	124	SPRAVATO (56 MG DOSE)	31
SMART SENSE COLOR LANCETS 33G	124	SPRAVATO (84 MG DOSE)	31
SMART SENSE GLUCOSE	35	sprintec 28	80
SMART SENSE STANDARD LANCETS	124	SPRYCEL	59
SMART SENSE SUPER THIN LANCETS	124	SPS (SODIUM POLYSTYRENE SULF)	150
SMART SENSE THIN LANCETS 26G	124	sronyx	80
SMARTEST LANCETS 28G	124	ssd	88
sod citrate-citric acid	101	stavudine	69
sodium fluoride	147,150	STELARA	100
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sodium fluoride 5000 plus	151	STIMUFEND	107
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SODIUM OXYBATE	164	STRENSIQ	96
sodium polystyrene sulfonate	150	stress formula	152
sodium sulfacetamide wash	87	STRIBILD	69
SOGROYA	95	STRIVERDI RESPIMAT	26
SOHONOS	155	SUBLOCADE	19
solifenacin succinate	172	subvenite	29
SOLIRIS	104	subvenite starter kit-blue	29
SOLU-CORTEF	83	sucralfate	170
SOLU-MEDROL (PF)	83	sulfacetamide sod-sulfur wash	85
SOLUS V2 LANCETS 28G	124	sulfacetamide sodium	87,159
SOLUS V2 LANCING DEVICE	124	sulfacetamide sodium (acne)	85
SOLUS V2 TWIST LANCETS 30G	124	sulfacetamide sodium-sulfur	85
SOMATULINE DEPOT	97	SULFACETAMIDE-PREDNISOLONE	160
SOMAVERT	94	SULFACETAMIDE-SULFUR IN UREA	85
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sorine	72	sulfamethoxazole-trimethoprim	21
sotalol hcl	72	sulfasalazine	100
sotalol hcl (af)	72	sulfatrim pediatric	21

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TAKHZYRO	104
TALVEY	50
TALZENNA	59
tamoxifen citrate	53
tamsulosin hcl	101
tarina 24 fe	80
tarina fe 1/20	80
tarina fe 1/20 eq	80
TARON-C DHA	154
TASIGNA	59
TAVALLISSE	104
taysofy	80
TAYTULLA	80
TAZAROTENE	85
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TAZVERIK	59
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TECENTRIQ	50
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TECVAYLI	50
TEGRETOL	29
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TEGSEDI	168	tiagabine hcl	30
TEKTURN HCT	44	TIBSOVO	60
telmisartan	43	tilia fe	80
telmisartan-hctz	45	timolol hemihydrate	157
temazepam	109	timolol maleate	72,157
temozolomide	46	timolol maleate (once-daily)	157
temsirolimus	60	tinidazole	21
TENIVAC	170	TIVDAK	50
tenofovir disoproxil fumarate	69	TIVICAY	69
TEPEZZA	95	TIVICAY PD	69
TEPMETKO	60	tizanidine hcl	155
terazosin hcl	44	TOBRADEX	160
terbinafine hcl	39	tobramycin	13,159
terbutaline sulfate	26	tobramycin-dexamethasone	160
terconazole	175	TODAY SPONGE	175
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tetracycline hcl	169	TOLAK	86
TEVIMBRA	50	tolcapone	62
TEZSPIRE	24	tolterodine tartrate	172
TGT GLUCOSE	35	tolterodine tartrate er	172
TGT LANCET MICRO THIN 33G	125	tolvaptan	97
TGT LANCET THIN 26G	125	TOPCARE CLICKFINE PEN NEEDLES	142
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THEO-24	26	topiramate er	29
theophylline	26	toremifene citrate	53
theophylline er	26	torpenz	60
THINLETS GP LANCETS	125	torsemide	93
thioridazine hcl	66	TOUJEO MAX SOLOSTAR	37
thiotepa	46	TOUJEO SOLOSTAR	37
thiothixene	66	TRACLEER	74
THRIVITE RX	154	TRADJENTA	35
THYROGEN	91	tramadol hcl	18
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VERIFINE UNIVERSAL LANCETS 28G	127	vitamin b12	105
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