

CHIP Formulary



Geisinger
HEALTH PLAN

2026

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, 2026 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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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)
ANALECTICS		
<i>caffeine citrate 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 (200 mg tab, 250 mg tab)</i>	1	PA
<i>armodafinil (50 mg tab, 150 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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)</i>	1	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	1	
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
METHYLPHENIDATE HCL ER(DIFFUS) (27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER)	1	
<i>modafinil (100 mg tab, 200 mg tab)</i>	1	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>neomycin sulfate 500 mg tab</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		
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
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

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
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-6 RECEPTOR INHIBITORS		
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	1	

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Drug Name	Drug Tier	Requirements / Limits
FLURBIPROFEN 100 MG TAB	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)
LURBIRO 100 MG TAB	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	1	
NALFON 400 MG CAP	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr 500 mg tab dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>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	2	QL (60 units per 30 days), PA-NSO, PN (28 DAY SUPPLY IN 180 DAYS), SP, QL (ql= 1 fillper180 days), MDS
OTEZLA 20 MG TAB	2	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
OTEZLA 30 MG TAB	2	QL (60 units per 30 days), PA-NSO, SP, MDS
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	2	QL (55 ea per 180 days), PA-NSO, PN (28 DAY SUPPLY IN 180 DAYS), SP, QL (ql= 1 fillper180 days), MDS
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	2	QL (41 ea per 180 days), PA-NSO, PN (28 DAY SUPPLY IN 180 DAYS), SP, QL (ql= 1 fillper180 days), MDS
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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/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 50-325-40 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	
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin 81 81 mg tab dr</i>	0	
<i>aspirin adult low dose 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	

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>hm aspirin ec low dose 81 mg tab dr</i>	0	
<i>qc aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
SALSALATE (500 MG TAB, 750 MG TAB)	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	
DISKETTS 40 MG TAB SOL	1	PA
<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 (400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>levorphanol tartrate (2 mg tab, 3 mg tab)</i>	1	
<i>meperidine hcl (50 mg tab, 50 mg/5ml solution)</i>	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 (10 MG/5ML SOLUTION, 15 MG TAB, 20 MG/5ML SOLUTION, 30 MG TAB)	1	
<i>morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)</i>	1	
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	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)	1	PA
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	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
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	
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	1	PA
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1	PA
<i>xyvona 2 mg tab</i>	1	
<i>xyvona 3 mg tab</i>	1	
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	
<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, 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

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
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	
PENTAZOCINE-NALOXONE HCL 50-0.5 MG TAB	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	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	1	
<i>testosterone (1.62 % 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		
HYDROCORT-PRAMOXINE (PERIANAL) 2.5-1 % CREAM	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
LIDOCAINE-HYDROCORT (PERIANAL) 3-0.5 % CREAM	1	
LIDOCAINE-HYDROCORTISONE ACE (1-3 % KIT, 2-2 % KIT, 2.8-0.55 % GEL, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
LIDOCORT 3-0.5 % CREAM	1	
PROCTOFOAM HC 1-1 % FOAM	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
RECTAL STEROIDS		
ANUCORT-HC 25 MG SUPPOS	1	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	1	
HYDROCORTISONE ACETATE (25 MG SUPPOS, 30 MG SUPPOS)	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.		
<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	
ANTI-INFECTIVE MISC. - COMBINATIONS		
MULTIPLE VITAMINS-MINERALS LIQUID	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

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>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
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1 gm tab</i>	1	
METHENAMINE MANDELATE (0.5 GM TAB, 1 GM TAB)	1	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	1	
<i>nitrofurantoin macrocrystal (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	
<i>nitro-bid 2 % ointment</i>	1	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr, 2 % ointment)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIANKXIETY AGENTS		
ANTIANKXIETY AGENTS - MISC.		
<i>bupirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</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, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	1	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	1	
MULTAQ 400 MG TAB	2	
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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	
<i>fluticasone propionate hfa (44 mcg/act aerosol, 110 mcg/act aerosol, 220 mcg/act aerosol)</i>	2	
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	2	
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	2	
SYMPATHOMIMETICS		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 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)

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Drug Name	Drug Tier	Requirements / Limits
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)
FLUTICASON-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	

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Drug Name	Drug Tier	Requirements / Limits
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
<i>rivaroxaban 1 mg/ml recon susp</i>	1	QL (20 ml per 1 days)
<i>rivaroxaban 2.5 mg tab</i>	1	QL (2 ea per day)
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 unit per 1 day)
XARELTO 15 MG TAB	2	QL (2 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	
<i>heparin sodium (porcine) +rfid 1000 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)
ANTICONSULSANTS		
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)
<i>perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	1	PA, QL (1 ea per 1 day)
<i>perampanel 0.5 mg/ml suspension</i>	1	PA, QL (24 units per 1 day)
ANTICONSULSANTS - BENZODIAZEPINES		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	2	QL (10 units per 30 days)
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)
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	1	PA, QL (1 unit per 1 day)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	1	PA, QL (2 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 (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	1	QL (2 ea per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<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 100 mg tab disp</i>	1	QL (4 ea per 1 day)
<i>lamotrigine 200 mg tab disp</i>	1	QL (5 ea per 1 day)
<i>lamotrigine 50 mg tab disp</i>	1	QL (3 ea per 1 day)
<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	
<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>relgaabi (300 mg cap, 400 mg cap)</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 sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>topiramate 25 mg/ml solution</i>	1	PA, QL (16 ml per 1 day)
<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

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Drug Name	Drug Tier	Requirements / Limits
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)
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, 500 mg tab)</i>	1	PA, LA, 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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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		
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

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
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	1	
<i>fluoxetine hcl (10 mg cap, 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	
<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	

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>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 125 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	
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	2	
ANTIDIABETIC COMBINATIONS		
<i>dapaglifloz base-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h, 10-1000 mg tab er 24h, 10-500 mg tab er 24h)</i>	1	QL (1 unit per day)
<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-metformin hcl 15-500 mg tab</i>	1	
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	2	QL (2 units per 1 day)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 unit per 1 day)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
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)
BIGUANIDES		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)
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	
<i>cvs soft glucose 4 gm chew tab</i>	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	
<i>ft glucose 4 gm chew tab</i>	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
<i>gluco to go 4 gm chew tab</i>	2	
<i>glucose (4 gm chew tab, 4-6 gm-mg chew tab)</i>	2	
GLUCOSE INSTANT ENERGY (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
<i>gnp glucose (4 gm chew tab, 4-6 gm-mg chew tab)</i>	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	

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Drug Name	Drug Tier	Requirements / Limits
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QL (2 units per fill), MDS
<i>hy-vee glucose 4-6 gm-mg chew tab</i>	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	
<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	
<i>walgreens glucose (4 gm chew tab, 4-6 gm-mg chew tab)</i>	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, 7.5 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 ml 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
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)

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Drug Name	Drug Tier	Requirements / Limits
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, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	2	PA, QL (0.072 ml per 1 days)
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	1	
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	1	
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE-YFGN (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	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	
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>dapagliflozin (5 mg tab, 10 mg tab)</i>	1	QL (1 unit per day)
JARDIANCE (10 MG TAB, 25 MG TAB)	2	QL (1 unit per 1 day)
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	
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	
<i>loperamide hcl 2 mg cap</i>	1	
OPIUM 10 MG/ML (1%) TINCTURE	1	

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Drug Name	Drug Tier	Requirements / Limits
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
OPIOID ANTAGONISTS		
<i>ft naloxone hcl 4 mg/0.1ml liquid</i>	0	
<i>gnp naloxone hcl 4 mg/0.1ml liquid</i>	0	
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	0	
<i>naltrexone hcl 50 mg tab</i>	1	
<i>narcan 4 mg/0.1ml liquid</i>	0	
REXTOVY 4 MG/0.25ML LIQUID	2	
VIVITROL 380 MG RECON SUSP	1	SP, 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	
TRANSDERM SCOP 1 MG/3DAYS PATCH 72HR	2	
TRANSDERM-SCOP 1 MG/3DAYS PATCH 72HR	2	

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Drug Name	Drug Tier	Requirements / Limits
<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 thpk, 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	
CLEMSZA 2.68 MG TAB	1	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	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>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 (cetirizine) 10 mg tab</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>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTHYPERLIPIDEMICS		
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
ANTHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	PA
NEXLIZET 180-10 MG TAB	2	PA, QL (1 unit per 1 day)
ANTHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl 0.5 gm cap</i>	1	QL (8 units per day)
<i>icosapent ethyl 1 gm cap</i>	1	QL (4 units per day)
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	
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 day)
<i>lovastatin 10 mg tab</i>	1	QL (4 units per 1 day)
<i>lovastatin 20 mg tab</i>	1	QL (2 units per 1 day)
<i>lovastatin 40 mg tab</i>	1	QL (1 unit per 1 day)
<i>pravastatin sodium 10 mg tab</i>	1	QL (8 units per day)
<i>pravastatin sodium 20 mg tab</i>	1	QL (4 units per day)
<i>pravastatin sodium 40 mg tab</i>	1	QL (2 units per day)
<i>pravastatin sodium 80 mg tab</i>	1	QL (1 unit per day)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (1 unit per day)
<i>rosuvastatin calcium 5 mg tab</i>	1	QL (2 units per day)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	1	QL (1 unit per day)
<i>simvastatin 10 mg tab</i>	1	QL (4 units per day)
<i>simvastatin 20 mg tab</i>	1	QL (2 units per day)
<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 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	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	1	
<i>methyldopa 250 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 tartrate (25 mg tab, 50 mg tab, 100 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
QUINAPRIL-HYDROCHLOROTHIAZIDE (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	1	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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		
<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	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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		
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	PN (\$0 Oral Oncology), SP
<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
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	PN (34 DAYS SUPPLY PER FILL), SP, MDS
<i>decitabine 50 mg recon soln</i>	2	SP, MDS
FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	2	SP, MDS
<i>mercaptopurine 50 mg tab</i>	1	PN (\$0 Oral Oncology)
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)</i>	1	
ONUREG (200 MG TAB, 300 MG TAB)	2	QL (14 units per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	2	
<i>pralatrexate (20 mg/ml solution, 40 mg/2ml solution)</i>	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
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

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Drug Name	Drug Tier	Requirements / Limits
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
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
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
KANJINTI 150 MG RECON SOLN	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
KANJINTI 420 MG RECON SOLN	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL), 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

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Drug Name	Drug Tier	Requirements / Limits
BAVENCIO 200 MG/10ML SOLUTION	2	PA, SP, MDS
BESPONSA 0.9 MG RECON SOLN	2	PA, SP, MDS
BLINCYTO 35 MCG RECON SOLN	2	PA, 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, SP, 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
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
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, PN (PA is not required for oncology or multiple sclerosis indications), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, PN (PA is not required for oncology or multiple sclerosis indications), SP, MDS
RYBREVANT 350 MG/7ML SOLUTION	2	PA, SP, MDS
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	2	PA, SP, MDS
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	2	PA, SP, MDS
TEVIMBRA 100 MG/10ML SOLUTION	2	PA, SP, MDS
TIVDAK 40 MG RECON SOLN	2	PA, SP
VYLOY 100 MG RECON SOLN	2	PA, SP, MDS
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	2	PA, SP, MDS
ZYNLONTA 10 MG RECON SOLN	2	PA, 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
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>erlotinib hcl 25 mg tab</i>	1	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	2	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
TAGRISSO (40 MG TAB, 80 MG TAB)	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
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>abirtega 250 mg tab</i>	1	QL (120 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
AKEEGA 100-500 MG TAB	2	PA, QL (60 ea per 30 days), SP, QL (30 days supply per fill), MDS
AKEEGA 50-500 MG TAB	2	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), 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	SP
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)
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)

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Drug Name	Drug Tier	Requirements / Limits
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)
<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	
NILUTAMIDE 150 MG TAB	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
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

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>	2	QL (21 ea per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
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 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
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 2 X 40 MG KIT	2	PA, LA, QL (17 doses per lifetime), SP
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	PN (34 DAYS SUPPLY PER FILL), 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)
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)

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Drug Name	Drug Tier	Requirements / Limits
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
TECENTRIQ HYBREZA 1875-30000 MG-UT/15ML SOLUTION	2	PA, QL (15 ml per 21 days), PN (21 DAYS SUPPLY PER FILL), SP, MDS
VYXEOS 44-100 MG RECON SUSP	2	PA, 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)
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
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	LA, QL (30 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	2	LA, 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	LA, QL (112 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	2	LA, 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
COTELLIC 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
GAVRETO 100 MG CAP	2	QL (120 units per 30 days), PA-NSO, 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

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Drug Name	Drug Tier	Requirements / Limits
ITOVEBI 3 MG TAB	0	QL (60 ea per 30 days), PA-NSO, SP, MDS
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
<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
<i>nilotinib hcl (150 mg cap, 200 mg cap)</i>	1	QL (112 units per 28 days), PA-NSO, SP, MDS
<i>nilotinib hcl 50 mg cap</i>	1	QL (120 units per 30 days), PA-NSO, SP, MDS
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	2	QL (3 units per 28 days), PA-NSO, 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), PN (\$0 Oral Oncology), 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, 200 MG TAB)	2	PA, QL (30 ea per 30 days), SP, MDS
OJJAARA 150 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, PN (\$0 Oral Oncology), 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
PHYRAGO (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	2	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
PHYRAGO 20 MG TAB	2	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), 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

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Drug Name	Drug Tier	Requirements / Limits
RETEVMO 40 MG TAB	1	QL (90 ea per 30 days), PA-NSO, 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
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	QL (120 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
TAZVERIK 200 MG TAB	2	LA, QL (240 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
TEPMETKO 225 MG TAB	2	QL (60 units per 30 days), PA-NSO, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
TIBSOVO 250 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
<i>torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	QL (28 units per 28 days), PA-NSO, 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 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	0	PA, QL (56 units per 28 days), SP, QL (28 days supply per fill), MDS
VANFLYTA 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	QL (60 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 20 MG/ML SOLUTION	2	QL (300 units per 30 days), PA-NSO, PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 25 MG CAP	2	QL (180 units per 30 days), PA-NSO, 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	QL (60 units per 30 days), PA-NSO, SP, MDS
VORANIGO 40 MG TAB	2	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
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

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Drug Name	Drug Tier	Requirements / Limits
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		
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	QL (2 units per 28 days), PA-NSO, SP, MDS
<i>bexarotene 75 mg cap</i>	1	PA-NSO, PN (34 DAYS SUPPLY PER FIL), 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
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, SP, QL (34 day supply per fill), MDS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN 192 MG TAB	0	PA, LA, QL (240 ea per 30 days), SP, MDS
KHAPZORY 175 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
PEDMARK 12.5 % SOLUTION	2	PA, SP, MDS
MITOTIC INHIBITORS		
<i>eribulin mesylate 1 mg/2ml solution</i>	2	PA, SP, MDS
ETOPOSIDE 50 MG CAP	1	PN (\$0 Oral Oncology), SP
TOPOISOMERASE I INHIBITORS		
HYCANTIN (0.25 MG CAP, 1 MG CAP)	2	PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ONIVYDE 43 MG/10ML SUSPENSION	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
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	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	2	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	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
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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)
<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 (0.5 MG CAP, 0.75 MG CAP)	2	PA, QL (1 ea per 1 days)
VRAYLAR (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 A 1 & 2 & 4 & 6 MG TAB	2	PA
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	2	PA
FANAPT TITRATION PACK C 1 & 2 & 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)

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Drug Name	Drug Tier	Requirements / Limits
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
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)
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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
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	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1	
<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)

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>iv prep wipes 70 % pad</i>	2	
<i>microclens wipes 30 % pad</i>	2	
<i>uni-solve pad</i>	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 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)
<i>darunavir 600 mg tab</i>	1	QL (2 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<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)
EDURANT 25 MG TAB	2	QL (2 units per 1 day)
<i>efavirenz 600 mg tab</i>	1	QL (1 unit per 1 day)
<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>emtricitab-rilpivir-tenofov df 200-25-300 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)

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Drug Name	Drug Tier	Requirements / Limits
<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>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)
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 675-150 MG TAB	2	QL (1 ea 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>rilpivirine hcl 25 mg tab</i>	1	QL (2 ea per 1 days)
<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)
STRIBILD 150-150-200-300 MG TAB	2	QL (1 unit per 1 day)
SUNLENCA 4 X 300 MG TAB THPK	2	QL (4 ea per 2 days), QL (1 fill per 180 days), MDS
SUNLENCA 463.5 MG/1.5ML SOLUTION	2	QL (3 units per 180 days), MDS
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 ea per 8 days), QL (1 fill per 180 days), MDS
SYMTUZA 800-150-200-10 MG TAB	2	QL (1 unit per 1 day)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	QL (1 unit per day)
TIVICAY 50 MG TAB	2	QL (2 units per 1 day)
TIVICAY PD 5 MG TAB SOL	2	QL (12 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
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)
<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	2	QL (20 ea per fills)
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	2	QL (11 ea per fill)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QL (30 ea per fills)
CMV AGENTS		
LIVTENCITY 200 MG TAB	2	PA, LA, QL (112 units per 28 days), SP, MDS
PREVMIS (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)

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Drug Name	Drug Tier	Requirements / Limits
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
<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	2	
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	2	QL (40 ea per fills)
TPOXX 200 MG CAP	0	QL (126 ea per 14 days), PN (14 DAYS SUPPLY IN 365 DAYS), QL (ql= 1 fillper365 days), MDS
TPOXX 200 MG/20ML SOLUTION	0	QL (1120 ea per 14 days), PN (14 DAYS SUPPLY IN 365 DAYS), QL (ql= 1 fillper365 days), MDS
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

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
TIMOLOL MALEATE (5 MG TAB, 10 MG TAB, 20 MG TAB)	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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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		
<i>sacubitril-valsartan 24-26 mg tab</i>	1	QL (6 units per 1 day)
<i>sacubitril-valsartan 49-51 mg tab</i>	1	QL (3 units per 1 day)
<i>sacubitril-valsartan 97-103 mg tab</i>	1	QL (2 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
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 INSTITUTIONAL KIT 80 MCG POWDER	2	PA, QL (112 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
TYVASO DPI MAINTENANCE KIT (112 X 32MCG & 112 POWDER, 112 X 48MCG & 112 POWDER)	2	PA, QL (224 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), 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 MAINTENANCE KIT 80 MCG POWDER	2	PA, QL (112 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	PA, QL (252 units per 28 days), SP, MDS
TYVASO REFILL 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP, 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
<i>bosentan 32 mg tab sol</i>	2	PA, QL (112 units per 28 days), PN (Max 28 Days supply per fill), 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), PN (28 DAYS SUPPLY PER FILL), SP, MDS
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq 20 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
<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/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
VYNDAQEL 20 MG CAP	2	PA, QL (120 units per 30 days), SP, MDS
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 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	

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Drug Name	Drug Tier	Requirements / Limits
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	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	0	
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	0	
<i>aubra 0.1-20 mg-mcg tab</i>	0	
<i>aubra eq 0.1-20 mg-mcg tab</i>	0	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	0	
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	0	
<i>aviane 0.1-20 mg-mcg tab</i>	0	
<i>ayuna 0.15-30 mg-mcg tab</i>	0	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	0	
BALCOLTRA 0.1-20 MG-MCG(21) TAB	0	
<i>balziva 0.4-35 mg-mcg tab</i>	0	
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	0	
<i>brillyn 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	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>finzala 1-20 mg-mcg(24) chew tab</i>	0	
<i>galbriela 0.8-25 mg-mcg 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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>loryna 3-0.02 mg tab</i>	0	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	0	
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>luizza 1/20 1-20 mg-mcg tab</i>	0	
<i>lutra 0.1-20 mg-mcg tab</i>	0	
<i>marlissa 0.15-30 mg-mcg tab</i>	0	
<i>merzee 1-20 mg-mcg(24) cap</i>	0	
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	0	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	0	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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>rosyrah 42-21-21-7 days tab</i>	0	
SAFYRAL 3-0.03-0.451 MG TAB	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-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-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	

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Drug Name	Drug Tier	Requirements / Limits
<i>turqoz 0.3-30 mg-mcg tab</i>	0	
TYBLUME 0.1-20 MG-MCG CHEW TAB	0	
<i>valtya 1/35 1-35 mg-mcg 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>zumandimine 3-0.03 mg tab</i>	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	0	
TWIRLA 120-30 MCG/24HR PATCH WK	0	
<i>xulane 150-35 mcg/24hr patch wk</i>	0	
<i>zafemy 150-35 mcg/24hr patch wk</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA 0.013-0.15 MG/24HR RING	0	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	0	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	0	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	0	
<i>haloette 0.12-0.015 mg/24hr ring</i>	0	
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER IUD	0	MDS

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Drug Name	Drug Tier	Requirements / Limits
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	
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	
<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>meleya 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	

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Drug Name	Drug Tier	Requirements / Limits
<i>orquidea 0.35 mg tab</i>	0	
<i>sharobel 0.35 mg tab</i>	0	
SLYND 4 MG TAB	0	
<i>tulana 0.35 mg tab</i>	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 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 (5 mg/5ml solution, 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, 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	
MINERALOCORTICIDS		
<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	

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
COUGH/COLD/ALLERGY COMBINATIONS		
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	1	
<i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i>	1	
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	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	
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
AVAR CLEANSER 10-5 % LIQUID	1	
<i>avita (0.025 % cream, 0.025 % gel)</i>	1	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
<i>clindamycin phos (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	
ERYTHROMYCIN 2 % GEL	2	
<i>erythromycin 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
SULFACETAMIDE SOD-SULFUR WASH 9-4 % LIQUID	1	
<i>sulfacetamide sodium (acne) 10 % lotion</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
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)	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		
<i>diclofenac sodium 1 % gel</i>	1	QL (10 units per 1 day)
<i>diclofenac sodium 1.5 % solution</i>	1	PA
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin 2 % ointment</i>	1	
<i>mupirocin calcium 2 % cream</i>	1	
XEPI 1 % CREAM	2	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	1	
<i>econazole nitrate 1 % cream</i>	1	
<i>ketconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	1	
KETODAN (2 % FOAM, 2 % KIT)	1	
<i>klayesta 100000 unit/gm powder</i>	1	
<i>naftifine hcl (1 % cream, 2 % cream)</i>	1	
<i>nyamyc 100000 unit/gm powder</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
VALCHLOR 0.016 % GEL	2	PA, SP, MDS
ANTIPSORIATICS		
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	1	PA, SP, MDS
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	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)
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
METHOXSALLEN RAPID 10 MG CAP	1	PA, MDS
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	2	PA, QL (1 unit per 84 days), 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 (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	2	PA, QL (2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
<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)

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Drug Name	Drug Tier	Requirements / Limits
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 PEN	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, PN (28 DAYS SUPPLY PER FILL), SP, MDS
TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ	2	QL (4 ml per 28 days), PA-NSO, PN (84 DAYS SUPPLY IN 180 DAYS), SP, QL (3 fills per 180 days), MDS
ANTISEBORRHEIC PRODUCTS		
SELENIUM SULFIDE 2.5 % LOTION	1	
SODIUM SULFACETAMIDE WASH 10 % LIQUID	1	
SULFACETAMIDE SODIUM (CLEANS) 10 % GEL	1	
SULFACETAMIDE SODIUM 10 % LIQUID	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
BURN PRODUCTS		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
CAUTERIZING AGENTS		
SILVER NITRATE 0.5 % SOLUTION	1	
CORTICOSTEROIDS - TOPICAL		
ALCLOMETASONE DIPROPIONATE (0.05 % CREAM, 0.05 % OINTMENT)	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	

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Drug Name	Drug Tier	Requirements / Limits
<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>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	
<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 % ointment)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	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

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
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 (2 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		
PODOFILOX 0.5 % SOLUTION	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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
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	
SCABICIDES PEDICULICIDES		
<i>malathion 0.5 % lotion</i>	1	
NATROBA 0.9 % SUSPENSION	2	PA
<i>permethrin 5 % cream</i>	1	
SPINOSAD 0.9 % SUSPENSION	2	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN 0.9 MG RECON SOLN	2	SP, MDS
DIAGNOSTIC TESTS		
2SAN COVID-19 RAPID SELF TEST KIT	0	QL (8 units per 30 days)
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
BINAXNOW COVID-19 ANTIGEN SELF 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)

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Drug Name	Drug Tier	Requirements / Limits
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
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

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Drug Name	Drug Tier	Requirements / Limits
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	
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		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
DIURETIC COMBINATIONS		
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 (10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>toremide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
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)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	
TERIPARATIDE 560 MCG/2.24ML SOLN PEN	2	PA, QL (2.24 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	PA, QL (1.56 units per 30 days), SP, 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)
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc)</i>	1	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 FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
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
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE)	2	PA, SP, MDS
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	2	PA, SP
SOGROYA (5 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	2	PA, SP, QL (34 days supply per fill), MDS
SOGROYA 10 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)
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	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
<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	
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	1	
ELAPRASE 6 MG/3ML SOLUTION	2	PA, SP, MDS
<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, 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
<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, 500 mg packet)</i>	1	PA, SP, MDS
<i>sapropterin dihydrochloride 100 mg tab</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
XPHOZAH (20 MG TAB, 30 MG TAB)	2	PA, LA, QL (60 ea per 30 days), SP, MDS
<i>zelvysia (100 mg packet, 500 mg packet)</i>	1	PA, 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	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline 0.5 mg tab</i>	1	
SOMATOSTATIC AGENTS		
<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)

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Drug Name	Drug Tier	Requirements / Limits
OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 200 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR, 1000 MCG/ML SOLUTION)	1	SP, MDS
<i>octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 500 mcg/ml solution)</i>	1	SP, MDS
SANDOSTATIN LAR DEPOT 10 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	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan (hyponatremia) 15 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
<i>tolvaptan (hyponatremia) 30 mg tab</i>	1	PA, QL (30 units per 30 days), SP, MDS
<i>tolvaptan 15 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
<i>tolvaptan 30 mg tab</i>	1	PA, QL (30 units per 30 days), SP, MDS
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>abigale 1-0.5 mg tab</i>	1	
<i>abigale lo 0.5-0.1 mg tab</i>	1	
<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	
EST ESTROGENS-METHYLTEST 1.25-2.5 MG TAB	1	
EST ESTROGENS-METHYLTEST DS 1.25-2.5 MG TAB	1	
EST ESTROGENS-METHYLTEST HS 0.625-1.25 MG TAB	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	
ESTRATEST H.S. 0.625-1.25 MG TAB	1	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	1	
<i>jinteli 1-5 mg-mcg tab</i>	1	
<i>mimvey 1-0.5 mg tab</i>	1	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	1	
PREMPHASE 0.625-5 MG TAB	2	

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Drug Name	Drug Tier	Requirements / Limits
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		
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	2	
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 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	
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	
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM (50 MG CAP, 250 MG CAP)	2	PA, LA, SP, MDS
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	1	QL (2 units per 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, QL (30 ea per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
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 (1 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 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
<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 PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	2	QL (2 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
OMVOH (300 MG DOSE) (100 MG/ML & 200 MG/2ML SOLN A-INJ, 100 MG/ML & 200 MG/2ML SOLN PRSYR)	2	QL (3 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
OMVOH 100 MG/ML SOLN A-INJ	2	QL (2 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
OMVOH 300 MG/15ML SOLUTION	2	QL (45 ml per 56 days), PA-NSO, PN (56 DAYS SUPPLY PER FILL), SP, MDS
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

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	1	
ZYMFENTRA (1 PEN) 120 MG/ML AUT-IJ KIT	2	QL (2 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
ZYMFENTRA (2 PEN) 120 MG/ML AUT-IJ KIT	2	QL (2 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
ZYMFENTRA (2 SYRINGE) 120 MG/ML PREF SY KT	2	QL (2 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
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>alose tron 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	
<i>ferric citrate 1 gm 210 mg(fe) tab</i>	2	PA, QL (408 units per 34 days), MDS
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)</i>	1	
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)</i>	1	
<i>sevelamer hcl (400 mg tab, 800 mg tab)</i>	1	PA
VELPHORO 500 MG CHEW TAB	2	PA
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5 MG KIT	2	PA, QL (1 unit per 30 days), SP, MDS
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
POT & SOD CIT-CIT AC 550-500-334 MG/5ML SOLUTION	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	1	
POTASSIUM CITRATE-CITRIC ACID 1100-334 MG/5ML SOLUTION	1	
SOD CITRATE-CITRIC ACID (1.5-1 GM/15ML SOLUTION, 3-2 GM/30ML SOLUTION, 500-334 MG/5ML SOLUTION)	1	
TRICITRATES 550-500-334 MG/5ML SOLUTION	1	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	SP, MDS
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	2	PA, LA, SP, MDS
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI (200 MG TAB, 400 MG TAB)	2	PA, QL (30 tabs per 30 days), SP, MDS
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100 MG CAP	2	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
<i>dutasteride 0.5 mg cap</i>	1	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	PA
<i>finasteride 5 mg tab</i>	1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	1	PA
<i>tamsulosin hcl 0.4 mg cap</i>	1	
URINARY STONE AGENTS		
LITHOSTAT 250 MG TAB	2	
GOUT AGENTS		
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

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Drug Name	Drug Tier	Requirements / Limits
URICOSURICS		
<i>probenecid 500 mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN)	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
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
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
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)

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Drug Name	Drug Tier	Requirements / Limits
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, 1 mg cap)</i>	1	PN (Max 34 day supply), MDS
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	1	
CABLIVI 11 MG KIT	2	PA, QL (30 units per 30 days), SP, MDS
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	
<i>clopidogrel bisulfate (75 mg tab, 300 mg tab)</i>	1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	1	
<i>ticagrelor (60 mg tab, 90 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
<i>miglustat 100 mg cap</i>	1	PA, QL (90 units per 30 days), SP, MDS
<i>miglustat 100 mg cap</i>	1	PA, QL (90 units per 30 days), SP, MDS
<i>yargesa 100 mg cap</i>	1	PA, QL (90 units per 30 days), SP, MDS
AGENTS FOR SICKLE CELL DISEASE		
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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		
DOPTELET 20 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg packet, 25 mg tab, 50 mg tab, 75 mg tab)</i>	2	PA, 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 SOLN PRSYR	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

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
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	2	PA, SP, MDS
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
PROCIT (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, 12.5 MG TAB, 25 MG PACKET, 25 MG TAB, 50 MG TAB, 75 MG TAB)	2	PA, SP, MDS
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	2	PA, SP, MDS
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	2	PA, QL (0.043 units per 1 day), SP
UDENYCA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 day), SP
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
HEMATOPOIETIC MIXTURES		
FOLTABS 800 800-10-115 MCG-MG-MCG TAB	0	
IRON		
EZFE 200 434.8 (200 FE) MG CAP	0	
<i>ferate 240 (27 fe) mg tab</i>	0	
<i>ferosul 325 (65 fe) mg tab</i>	0	
<i>ferrex 150 150 mg cap</i>	0	
FERRIMIN 150 150 MG TAB	0	
<i>ferrous gluconate 324 (38 fe) mg tab</i>	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	

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>ferumoxytol 510 mg/17ml solution</i>	2	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
<i>plerixafor 24 mg/1.2ml solution</i>	2	PA, PN (34 DAYS SUPPLY PER FILL), 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		
PHENOBARBITAL (15 MG TAB, 16.2 MG TAB, 20 MG/5ML ELIXIR, 30 MG TAB, 30 MG/7.5ML ELIXIR, 32.4 MG TAB, 60 MG TAB, 60 MG/15ML ELIXIR, 64.8 MG TAB, 97.2 MG TAB, 100 MG TAB)	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	

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>midazolam hcl 2 mg/ml syrup</i>	1	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	2	PA, QL (30 tabs per 30 days), MDS
QUAZEPAM 15 MG TAB	1	
<i>temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)</i>	1	
<i>triazolam (0.125 mg tab, 0.25 mg tab)</i>	1	
<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 MG-GM -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-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>	1	PA
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm packet, 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>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (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/5ml recon susp)</i>	1	
FIDAXOMICIN		
DIFICID 40 MG/ML RECON SUSP	2	PA, QL (150 units per fill)
<i>fidaxomicin 200 mg tab</i>	1	PA, QL (20 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	
ACCU-CHEK SAFE-T PRO LANCETS MISC	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	

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Drug Name	Drug Tier	Requirements / Limits
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	
ADVANTAGE SAFETY LANCETS 28G 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 21G MISC	2	
ADVOCATE SAFETY LANCETS 23G MISC	2	
ADVOCATE SAFETY LANCETS 26G MISC	2	
ADVOCATE SAFETY LANCETS 28G MISC	2	
AGAMATRIX ULTRA-THIN LANCETS MISC	2	
AIMSCO TWIST LANCETS 32G MISC	2	
AIMSCO TWIST LANCETS 33G MISC	2	
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	

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Drug Name	Drug Tier	Requirements / Limits
ASSURE LANCE PLUS SAFETY 30G MISC	2	
ASSURE LANCE SAFETY LANCET 28G MISC	2	
AURORA LANCET SUPER THIN 30G MISC	2	
AURORA LANCET THIN 23G MISC	2	
AUTO-LANCET MISC	2	
AUTO-LANCET MINI MISC	2	
AUTOLET II CLINISAFE KIT	2	
AUTOLET LANCING DEVICE MISC	2	
AUTOLET LITE CLINISAFE KIT	2	
AUTOLET LITE LANCING DEVICE MISC	2	
AUTOLET LITE STARTER PACK KIT	2	
AUTOLET MINI MISC	2	
AUTOLET PLATFORMS MISC	2	
AUTOLET PLUS 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	

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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 EZ INSULIN SYRINGE 27G X 1/2" 1 ML 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 ea per 365 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 15 DAY SENSOR MISC	2	QL (0.067 units per 1 day)
DEXCOM G7 RECEIVER DEVICE	2	QL (1 ea per 365 days)
DEXCOM G7 SENSOR MISC	2	QL (0.1 units per 1 day)
DIATHRIVE LANCET ULTRA THIN 30 MISC	2	
DIATHRIVE LANCETS MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
DIATHRIVE LANCING DEVICE MISC	2	
DROPLET GENTEEL LANCING DEVICE MISC	2	
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 15/64" 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	
DROPSAFE MEDLANCE LANCET 30G MISC	2	
DRUG MART LANCETS THIN 26G MISC	2	
DRUG MART LANCING DEVICE MISC	2	
DRUG MART ON-THE-GO LANCET 30G MISC	2	
DRUG MART UNILET LANCETS 28G MISC	2	
DRUG MART UNILET LANCETS 30G MISC	2	
DRUG MART UNILET LANCETS 33G MISC	2	
E-Z JECT LANCET MICRO-THIN 33G MISC	2	
E-Z JECT LANCET SUPER THIN 30G MISC	2	
E-Z JECT LANCETS MISC	2	
E-Z JECT LANCETS 21G MISC	2	
E-Z JECT LANCETS THIN 26G MISC	2	
EASY COMFORT 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	

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 30G MISC	2	
EASY TOUCH LANCETS 30G/TWIST MISC	2	
EASY TOUCH LANCETS 32G MISC	2	
EASY TOUCH LANCETS 32G/TWIST MISC	2	
EASY TOUCH LANCETS 33G/TWIST MISC	2	
EASY TOUCH LANCING DEVICE MISC	2	
EASY TOUCH SAFETY LANCETS 21G MISC	2	
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	
FONDCIRCLE LANCING DEVICE MISC	2	
FONDCIRCLE SINGLE USE LANCETS MISC	2	
FORA LANCETS MISC	2	
FORA LANCING DEVICE MISC	2	
FREDS PHARMACY AUTOLET LANCING 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
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)
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	

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
GLOBAL INJECT EASE LANCETS 30G MISC	2	
GLOBAL LANCING DEVICE MISC	2	
GLUCOCOM LANCETS 28G MISC	2	
GLUCOCOM LANCETS 30G MISC	2	
GLUCOCOM LANCETS 33G MISC	2	
GNP LANCETS 21G MISC	2	
GNP LANCETS 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	

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
HEALTH CARE LANCING DEVICE MISC	2	
HEALTHY ACCENTS LANCING DEVICE MISC	2	
HEALTHY ACCENTS UNILET LANCETS MISC	2	
HY-VEE LANCETS MISC	2	
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	
INSUL-EZE SPM 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	

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 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	
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	
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	
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	

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
MEDLANCE UNIVERSAL 21G MISC	2	
MEIJER LANCETS MISC	2	
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 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 INTRO GEN 5 KIT	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	2	
OMNIPOD 5 G7 INTRO (GEN 5) 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 G7 PODS (GEN 5) MISC	2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	2	
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 DELICA PLUS LANCET30G MISC	2	
ONETOUCH DELICA PLUS LANCET33G MISC	2	
ONETOUCH DELICA PLUS LANCING MISC	2	
ONETOUCH DELICA SAFETY LANCING 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 (DEVICE, 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	
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	
PRECISION THINS GP LANCETS MISC	2	
PREFERRED PLUS LANCETS COLORED MISC	2	
PREFERRED PLUS LANCETS THIN MISC	2	
PRO COMFORT 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
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	
PURE COMFORT SAFETY LANCET 30G MISC	2	
PX ADVANCED LANCING DEVICE MISC	2	
PX LANCET AUTO INJECTOR MISC	2	
PX LANCETS MICROTHIN 33G MISC	2	
PX LANCETS ULTRA THIN MISC	2	
PX LANCETS ULTRA THIN 28G MISC	2	
QC ADVANCED LANCING DEVICE MISC	2	
QC LANCETS SUPER THIN 30G MISC	2	
QC LANCETS ULTRA THIN MISC	2	
QC UNILET LANCETS 28G MISC	2	
QC UNILET LANCETS MICRO THIN MISC	2	
RA E-ZJECT LANCETS 28G MISC	2	
RA E-ZJECT LANCETS THIN 26G MISC	2	
RA E-ZJECT LANCETS THIN 28G MISC	2	
RA E-ZJECT LANCETS ULTRA THIN MISC	2	
READYLANCE SAFETY LANCETS MISC	2	
REALITY LANCETS MISC	2	
REALITY TRIGGER LANCETS MISC	2	
RELION LANCET DEVICES 30G MISC	2	
RELION 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
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 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	
SB LANCETS ULTRA THIN MISC	2	
SELECT-LITE DEVICE/LANCETS KIT	2	
SELECT-LITE LANCING DEVICE MISC	2	
SENSILANCE SAFETY LANCETS 21G MISC	2	
SENSILANCE SAFETY LANCETS 26G MISC	2	
SENSILANCE SAFETY LANCETS 28G MISC	2	
SHOPKO AUTOLET LANCING DEVICE MISC	2	
SHOPKO ON-THE-GO LANCETS 30G MISC	2	
SHOPKO UNILET 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
SHOPKO UNILET LANCETS 30G 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	
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	

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
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	
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	

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
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	
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	

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
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 INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE SAFE LANCET MINI 21G MISC	2	
VERIFINE SAFE LANCET MINI 23G MISC	2	
VERIFINE SAFE LANCET MINI 28G MISC	2	
VERIFINE SAFE LANCET MINI 30G MISC	2	
VERIFINE UNIVERSAL LANCETS 28G MISC	2	
VERIFINE UNIVERSAL LANCETS 30G MISC	2	
VERIFINE UNIVERSAL LANCETS 33G MISC	2	
VIDA MIA AUTOLET LANCING DEV MISC	2	
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	

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
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 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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
GOODSENSE 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	
TRUE COMFORT ALCOHOL PREP PADS 70 % PAD	2	
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	
ZEV RX 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	

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
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 (X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	2	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM MISC	2	
AUM INSULIN SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AUM MINI INSULIN PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
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 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 (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	

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 INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 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, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	2	
BD PEN MISC	2	
BD PEN MINI MISC	2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM MISC	2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM MISC	2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM MISC	2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM MISC	2	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM MISC	2	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	2	
BD VEO INSULIN SYR ULTRAFINE (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
CAREONE 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	

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
CEQR 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	
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 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 AUTOPROTECT DUO (X 4 MISC, X 5 MISC, X 8 MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
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 (29G X 5/16" 0.5 ML MISC, 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	
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	

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
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	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	2	
EMBECTA PEN NEEDLE ULTRAFINE (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	
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	
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	

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
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, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML MISC	2	
GNP INSULIN SYRINGES 29GX1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	2	
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML MISC	2	
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC	2	
GNP 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 SAFEPACK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 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	
HAN-EASE 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	

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
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	2	
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	2	
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	2	
HUMATROPEN FOR 12MG DEVICE	2	
HUMATROPEN FOR 24MG DEVICE	2	
HUMATROPEN FOR 6MG DEVICE	2	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
INJECT-EASE MISC	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	2	
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	

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
INSUPEN SENSITIVE (X 6 MISC, X 8 MISC)	2	
INSUPEN ULTRAFIN (30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC)	2	
INSUPEN32G EXTR3ME 32G X 6 MM MISC	2	
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 29G (0.5 ML MISC, 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 30G (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC)	2	
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KROGER PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
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	

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
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MAXI-COMFORT SAFETY PEN NEEDLE (X 5MM MISC, X 8MM MISC)	2	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC	2	
MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
MEDICINE SHOPPE PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MEIJER PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MICRODOT PEN NEEDLE (31G X 6 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
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	
PC UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM 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
PEN NEEDLE/5-BEVEL TIP (31G X 8 MISC, 32G X 4 MISC)	2	
PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
PEN NEEDLES 5/16" 31G X 8 MM MISC	2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
PENTIPS GENERIC PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC	2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC	2	
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 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 (X 4 MISC, X 5 MISC, X 6 MISC, X 8 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	

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
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 (29G X 12.7MM MISC, 31G X 4 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, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC, 33G X 8 MM MISC)	2	
RA INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
RA PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
RAYA SURE PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
REALITY INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	2	
RELION INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
RELION MINI PEN NEEDLES 31G X 6 MM MISC	2	
RELION PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	2	
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	

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 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	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 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 8 MM MISC, 32G X 4 MM MISC, 32G X 6 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, 32G 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, 31G X 8 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	
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	

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 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 PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	2	
ULTRA FLO INSULIN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	2	

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
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	
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	

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
VERIFINE 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, 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	
ZEVFX 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	
ZEVFX 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	
CVS MEDICAL FACE MASKS EARLOOP MISC	2	
CVS PROCEDURAL MASK MISC	2	
DISPOSABLE FACE MASK MISC	2	
DISPOSABLE FACE MASK 3-PLY MISC	2	
EAR-LOOP MASK SMALL MISC	2	
EASY FLOW KN 95 MISC	2	
FACE MASK MISC	2	
FACE MASK EARLOOP-STYLE MISC	2	
FACE MASKS 3 LAYER NON-MEDICAL MISC	2	
GNP EARLOOP MASKS MISC	2	
J & J GERM FILTER MASK MISC	2	
KN95 DISPOSABLE MASK MISC	2	
KN95 MEDICAL PROTECTIVE MASK MISC	2	
MASK PEDIATRIC SIZE 1" MISC	2	
N95 FACE MASK 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
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	
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)
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 PRODUCTS		
<i>dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)</i>	1	
SEROTONIN AGONISTS		
<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

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
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, MDS
<i>zomig (2.5 mg tab, 5 mg tab)</i>	1	QL (16 units per 28 days), MDS
MINERALS ELECTROLYTES		
FLUORIDE		
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB)	1	PN (\$0 Copay for 6 months through 16 years of age)
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	1	
K-TAB 10 MEQ TAB ER	1	
KLOR-CON (8 TAB ER, 20 PACKET)	1	
KLOR-CON 10 10 MEQ TAB ER	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	PN (Max 34 day supply), MDS
<i>trientine hcl 250 mg cap</i>	1	SP
ENZYMES		
XIAFLEX 0.9 MG RECON SOLN	2	PN (34 DAYS SUPPLY PER FILL), 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
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	QL (21 units per 28 days), PA-NSO, 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	QL (28 units per 28 days), PA-NSO, PN (\$0 Oral Oncology), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
THALOMID (50 MG CAP, 100 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	
<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
ENVARUS 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
<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	
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)	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	
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

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
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	
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 (15 gm/60ml suspension, 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
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		
DENTA 5000 PLUS 1.1 % CREAM	1	PN (\$0 Copay for 6 months through 16 years of age)
DENTAGEL 1.1 % GEL	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
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (0.2 % SOLUTION, 1.1 % GEL)	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PLUS 1.1 % CREAM	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PPM (1.1 % CREAM, 1.1 % GEL, 1.1 % PASTE)	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)
STEROIDS - 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		
GNP ONE DAILY WOMENS HEALTH TAB	0	
MULTIPLE VITAMINS W/ MINERALS		
MULTIPLE VITAMINS-MINERALS LIQUID	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
OCUVITE EYE HEALTH GUMMIES CHEW TAB	0	
MULTIVITAMINS		
DAILY-VITE TAB	0	
GNP ESSENTIAL ONE DAILY TAB	0	
<i>sm multiple vitamins essential tab</i>	0	
STRESS FORMULA TAB	0	
TAB-A-VITE/BETA CAROTENE TAB	0	
TRUE DAILY VITE TAB	0	
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride 0.25-10 mg/ml solution</i>	1	
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	1	
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE (MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION)	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 SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
QUFLORA GUMMIES 0.125 MG CHEW TAB	1	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	
PED MV W/ IRON		
CEROVITE JR 18 MG CHEW TAB	0	
<i>sm animal shapes complete 18 mg chew tab</i>	0	
PEDIATRIC MULTIPLE VITAMINS		
GNP CHILDRENS CHEWABLES/EX C CHEW TAB	0	
GNP LITTLE ONES CHILDRENS CHEW TAB	0	
<i>sm animal shapes kids first chew tab</i>	0	
PRENATAL VITAMINS		
C-NATE DHA 28-1-200 MG CAP	1	

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Drug Name	Drug Tier	Requirements / Limits
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	
NATALCHEW 29-1 MG CHEW 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 27-CA/FE/FA 60-1 MG TAB	1	
PNV-DHA 27-0.6-0.4-300 MG CAP	1	
PNV-OMEGA 28-0.6-0.4-340 MG CAP	1	
PNV-SELECT 27-0.6-0.4 MG TAB	1	
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS 27-1 MG TAB	1	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	1	
PRENATE 0.6-0.4 MG CHEW TAB	1	
PRENATE AM 1 MG TAB	1	
PRENATE DHA 18-0.6-0.4-300 MG CAP	1	
PRENATE ELITE 20-0.6-0.4 MG TAB	1	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	1	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	1	
PRENATE MINI 18-0.6-0.4-350 MG CAP	1	

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Drug Name	Drug Tier	Requirements / Limits
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	
PRIMACARE 30-1-470 MG CAP	1	
RELEVIA 27-1 MG TAB	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	
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	
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	
VITAMIN MIXTURES		
<i>sm cod liver oil cap</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
BACLOFEN 5 MG/5ML SOLUTION	1	PA, QL (16 ml 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>fexmid 7.5 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), PN (180 DAYS SUPPLY PER FILL), SP, MDS
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>qc allergy relief 50 mcg/act suspension</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>edaravone 30 mg/100ml solution</i>	2	PA, 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
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
NUTRIENTS		
LIPIDS		
DOJOLVI 100 % LIQUID	2	PA, SP, MDS
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETOPTIC-S 0.25 % SUSPENSION	2	

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Drug Name	Drug Tier	Requirements / Limits
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 % 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	
<i>cyclopentolate hcl 1 % solution</i>	1	
<i>phenylephrine hcl 10 % solution</i>	1	
<i>tropicamide (0.5 % solution, 1 % solution)</i>	1	
MIOTICS		
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	2	PA, QL (0.1 units per 25 days), SP, 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

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
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	
BACITRACIN 500 UNIT/GM OINTMENT	1	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	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	
NEOMYCIN-BACITRACIN ZN-POLYMYX (3.5-400-10000 OINTMENT, 5-400-10000 OINTMENT)	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	
SULFACETAMIDE SODIUM (10 % OINTMENT, 10 % SOLUTION)	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE 1 % SOLUTION	2	
XDEMVY 0.25 % SOLUTION	2	PA, QL (10 ml per 42 days), SP, MDS
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY 2 MG/0.1ML SOLUTION	2	PA, QL (0.2 ml per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
SYFOVRE 15 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 25 days), SP, MDS
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (pf) 0.05 % emulsion</i>	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA 5 % SOLUTION	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE 0.002 % SOLUTION	2	PA, LA, QL (56 units per 28 days), SP, MDS
OPHTHALMIC STEROIDS		
BACITRA-NEOMYCIN-POLYMYXIN-HC 1 % OINTMENT	1	
<i>fluorometholone 0.1 % suspension</i>	1	
FML FORTE 0.25 % SUSPENSION	2	
ILUVIEN 0.19 MG IMPLANT	2	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 (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
<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	SP, MDS
OPHTHALMICS - MISC.		
<i>azelastine hcl 0.05 % 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	

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Drug Name	Drug Tier	Requirements / Limits
<i>epinastine hcl 0.05 % solution</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
<i>ft eye allergy itch & redness 0.1 % solution</i>	1	
<i>ft eye allergy itch relief 0.2 % solution</i>	1	
<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 0.01 % solution</i>	1	ST
<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>ciprofloxacin hcl 0.2 % solution</i>	2	
<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>ciprofloxacin-hydrocortisone 0.2-1 % suspension</i>	2	
<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	

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Drug Name	Drug Tier	Requirements / Limits
OXYTOCICS		
OXYTOCICS		
<i>methergine 0.2 mg tab</i>	1	
<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 SOLUTION	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 ERC (5 GM/50ML SOLUTION, 10 GM/100ML 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

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Drug Name	Drug Tier	Requirements / Limits
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
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		
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/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 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	

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Drug Name	Drug Tier	Requirements / Limits
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1	
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
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>norethindrone acetate 5 mg tab</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
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
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
<i>sodium oxybate 500 mg/ml solution</i>	2	PA, LA, QL (540 units per 30 days), PN (30 DAYS SUPPLY PER FILL), 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
FIBROMYALGIA AGENTS		
<i>milnacipran hcl (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	PA, QL (2 units per 1 day)
<i>milnacipran hcl 12.5 & 25 & 50 mg misc</i>	1	PA, QL (55 units per 28 days), QL (ql= 1 fillper180 days)

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Drug Name	Drug Tier	Requirements / Limits
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 fillper180 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
<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 prsy</i>	1	QL (30 units per 30 days), SP, MDS
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	QL (12 units per 28 days), SP, MDS
<i>glatopa 20 mg/ml soln prsy</i>	1	QL (30 ml per 30 days), SP, MDS
<i>glatopa 40 mg/ml soln prsy</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
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 12 X 0.25 MG TAB THPK	2	QL (12 ea per 5 days), SP, QL (1 fill per180 days), MDS
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	2	QL (7 ea per 4 days), SP, QL (1 fill per180 days), MDS
OCREVUS ZUNOVO 920-23000 MG-UT/23ML SOLUTION	2	PA, QL (23 ml per 180 days), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, QL (2 fillsp365 days), PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
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

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Drug Name	Drug Tier	Requirements / Limits
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
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 per 180 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)
<i>ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 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	

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>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>goodsense nicotine polacrilex 4 mg gum</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 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)
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C 1000 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ZEMAIRA 1000 MG RECON SOLN	2	PA, 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

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Drug Name	Drug Tier	Requirements / Limits
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
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone 267 mg cap</i>	1	PA, QL (270 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
<i>pirfenidone 267 mg tab</i>	1	PA, QL (270 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>minocycline hcl (50 mg cap, 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	

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Drug Name	Drug Tier	Requirements / Limits
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	
EVEXITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	2	
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl (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>liomny (5 mcg tab, 25 mcg tab, 50 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)	2	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	

TOXOIDS

TOXOID COMBINATIONS

ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 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	0	
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 LF/0.5ML SUSPENSION	0	
TETANUS-DIPHThERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	0	

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Drug Name	Drug Tier	Requirements / Limits
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	
HYOSCYAMINE SULFATE (0.125 MG TAB, 0.125 MG TAB DISP, 0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	1	
HYOSCYAMINE SULFATE SL 0.125 MG SL TAB	1	
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	1	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	1	
H-2 ANTAGONISTS		
<i>acid reducer maximum strength 20 mg tab</i>	1	
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	1	
CIMETIDINE HCL 300 MG/5ML SOLUTION	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1	
<i>ft acid reducer max strength 20 mg tab</i>	1	
<i>qc famotidine acid reducer 20 mg tab</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole (30 mg cap dr, 60 mg cap dr)</i>	1	ST, QL (1 unit per day)
<i>esomeprazole magnesium (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	
<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	
<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>qc lansoprazole 15 mg cap dr</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>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		
ALYFTREK 10-50-125 MG TAB	2	PA, LA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
ALYFTREK 4-20-50 MG TAB	2	PA, LA, QL (84 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
ATTRUBY 356 MG TAB THPK	2	PA, QL (112 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
AVERI 0.15-0.03 MG TAB	0	
AVTOZMA (80 MG/4ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
AVTOZMA 162 MG/0.9ML SOLN A-INJ	2	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
AVTOZMA 162 MG/0.9ML SOLN PRSYR	2	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
AVTOZMA 200 MG/10ML SOLUTION	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
BOMYNTRA (120 MG/1.7ML SOLN PRSYR, 120 MG/1.7ML SOLUTION)	2	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRUKINSA 160 MG TAB	2	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
CONEXXENCE 60 MG/ML SOLN PRSYR	2	QL (1 ml per 180 days), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, QL (2 fillsper365 days), PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
CRENESSITY (25 MG CAP, 50 MG CAP, 100 MG CAP)	2	PA, LA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
CRENESSITY 50 MG/ML SOLUTION	2	PA, LA, QL (120 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
DANZITEN (71 MG TAB, 95 MG TAB)	2	QL (112 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), 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
DATROWAY 100 MG RECON SOLN	2	PA, QL (6 ea per 21 days), SP, MDS
EBGLYSS 250 MG/2ML SOLN PRSYR	2	PA, QL (2 ml per 28 days), SP, MDS
EKTERLY 300 MG TAB	2	PA, QL (4 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	2	QL (3 ea per 1 days)
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	2	QL (4 ea per 1 days)
ELIQUIS 0.15 MG CAP SPRINK	2	QL (74 ea per 30 days)
ELIQUIS 0.5 MG TAB SOL	2	QL (592 ea per 30 days)
EMRELIS (20 MG RECON SOLN, 100 MG RECON SOLN)	2	PA, PN (28 DAYS SUPPLY PER FILL), SP, MDS
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	2	PA, QL (1 ea per 1 day)
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	2	PA, QL (1 ea per 1 day)
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	2	PA, QL (168 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
GOMEKLI 2 MG CAP	2	PA, QL (84 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
HERCESSI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
HERNEXEOS 60 MG TAB	2	QL (3 ea per 1 day), PA-NSO, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY), SP, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY)
HYRNUO 10 MG TAB	2	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
IBTROZI 200 MG CAP	2	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
IMKELDI 80 MG/ML SOLUTION	2	QL (280 ml per 28 days), PA-NSO, SP, MDS
INLURIYO 200 MG TAB	2	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
JUBBONTI 60 MG/ML SOLN PRSYR	2	QL (1 ml per 180 days), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, QL (2 fillspers365 days), PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
KEYTRUDA QLEX (395-4800 MG -UNT/2.4ML SOLUTION, 790-9600 MG -UNT/4.8ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIRSTY (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	2	
KOMZIFTI 200 MG CAP	2	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), 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
KOSELUGO 5 MG CAP SPRINK	2	QL (600 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
KOSELUGO 7.5 MG CAP SPRINK	2	QL (360 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
MERILOG 100 UNIT/ML SOLUTION	2	
MERILOG SOLOSTAR 100 UNIT/ML SOLN PEN	2	
MODEYSO 125 MG CAP	2	LA, QL (20 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
NEULASTA 4 MG/0.4ML SOLUTION	2	QL (0.029 ml per 1 days), SP
OPDIVO QVANTIG 300-5000 MG -UT/2.5ML SOLUTION	2	PA, PN (28 DAYS SUPPLY PER FILL), SP, MDS
OPDIVO QVANTIG 600-10000 MG-UT/5ML SOLUTION	2	PA, SP, MDS
OSENVELT 120 MG/1.7ML SOLUTION	2	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OTEZLA XR 75 MG TAB ER 24H	2	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
PENMENVY RECON SUSP	0	QL (1 ml per 999 days), AL
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
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	2	LA, QL (8 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	0	QL (2 ea per lifetime), AL, MDS
STOBOCLO 60 MG/ML SOLN PRSYR	2	QL (1 ml per 180 days), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, QL (2 fillsper365 days), PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUNLENCA 300 MG TAB	2	QL (4 ea per 2 days), PN (2 DAYS SUPPLY IN 180 DAYS), QL (1 fillper180 days), MDS
TRYNGOLZA 80 MG/0.8ML SOLN A-INJ	2	PA, LA, QL (0.8 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
VYKAT XR (25 MG TAB ER 24H, 75 MG TAB ER 24H, 150 MG TAB ER 24H)	2	PA, LA, QL (84 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
WYOST 120 MG/1.7ML SOLUTION	2	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	QL (0.5 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)

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

Drug Name	Drug Tier	Requirements / Limits
YESINTEK 130 MG/26ML SOLUTION	2	PA, SP, MDS
YESINTEK 90 MG/ML SOLN PRSYR	2	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
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
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	
OXYTROL 3.9 MG/24HR PATCH TW	2	ST
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	1	
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	1	
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	1	ST
<i>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

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
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	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		
ABRYSVO 120 MCG/0.5ML RECON SOLN	0	AL, MDS
ACAM2000 RECON SOLN	0	
AFLURIA SUSPENSION	0	MDS
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	0	MDS
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	
COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION	0	
ENGERIX-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	MDS
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	0	
FLUBLOK 0.5 ML SOLN PRSYR	0	MDS
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	0	
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	0	MDS
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLULAVAL 0.5 ML SUSP PRSYR	0	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
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR	0	
FLUMIST LIQUID	0	MDS
FLUMIST QUADRIVALENT SUSPENSION	0	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	0	MDS
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 (0.5 ML SUSP PRSYR, SUSPENSION)	0	
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION, 1440 U/ML SUSP PRSYR)	0	AL, MDS
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	0	
IPOL SUSPENSION	0	
JYNNEOS 0.5 ML SUSPENSION	0	AL, MDS
M-M-R II RECON SOLN	0	
MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR	0	
MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	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	0	MDS
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	0	
NUVAXOVID COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	0	MDS
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	0	
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	0	
PREHEVBRIO 10 MCG/ML SUSPENSION	0	

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

Drug Name	Drug Tier	Requirements / Limits
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	
SPIKEVAX 6M-11Y 25 MCG/0.25ML SUSP PRSYR	0	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	0	AL, MDS
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 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	
TODAY SPONGE 1000 MG MISC	0	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 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		
PHEXX 1.8-1-0.4 % GEL	0	
PHEXXI 1.8-1-0.4 % GEL	0	
VAGINAL ESTROGENS		
<i>estradiol (0.01 % 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	

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
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	
<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	

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>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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atovaquone23	AVEED22
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AVONEX PREFILLED	159	BD PEN MINI	128
AVSOLA	98	BD PEN NEEDLE MICRO ULTRAFINE	128
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ayuna	75	BD PEN NEEDLE NANO 2ND GEN	128
AYVAKIT	54	BD PEN NEEDLE NANO ULTRAFINE	128
AZASITE	153	BD PEN NEEDLE ORIG ULTRAFINE	128
azathioprine	144	BD PEN NEEDLE SHORT ULTRAFINE	128
azelaic acid	90	BD SAFETYGLIDE INSULIN SYRINGE	128
azelastine hcl	150,154	BD SWAB SINGLE USE REGULAR	125
azelastine-fluticasone	150	BD SWABS SINGLE USE BUTTERFLY	125
azithromycin	106	BD VEO INSULIN SYR U/F 1/2UNIT	128
azurette	75	BD VEO INSULIN SYR ULTRAFINE	128
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bac (butalbital-acetamin-caff)	19	BENLYSTA	145
BACITRA-NEOMYCIN-POLYMYXIN-HC	154	benzonatate	83
BACITRACIN	153	benzoyl peroxide-erythromycin	84
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BD INSULIN SYR ULTRAFINE II	127	BETAXOLOL HCL	151
BD INSULIN SYRINGE	127	bethanechol chloride	168
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BD INSULIN SYRINGE U/F	128	bicalutamide	52
BD INSULIN SYRINGE U/F 1/2UNIT	128	BIKTARVY	66
BD INSULIN SYRINGE ULTRAFINE	128	bimatoprost	155
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bromocriptine mesylate	62
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budesonide	27,83
budesonide-formoterol fumarate	28
bumetanide	92
buprenorphine	22
buprenorphine hcl	22
buprenorphine hcl-naloxone hcl	22
bupropion hcl	33
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bupropion hcl er (sr)	33
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butalbital-apap-caffeine	19
butalbital-asa-caff-codeine	21
butalbital-aspirin-caffeine	19
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CABLIVI	102
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CARETOUCH ALCOHOL PREP	125	chlorthalidone	92
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carvedilol phosphate er	70	cimetidine	164
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CAYA	107	CIMZIA	98
CEFACTOR	74	CIMZIA (1 SYRINGE)	98
CEFACTOR ER	74	CIMZIA (2 SYRINGE)	98
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cefdinir	74	cinacalcet hcl	95
cefprozil	74	CINRYZE	101
cefuroxime axetil	74	CINVANTI	41
celecoxib	17	CIPRO	97
cephalexin	74	CIPRO HC	155
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CLEVER CHOICE COMFORT EZ	110,129	COMETRIQ (140 MG DAILY DOSE)	56
CLEVER CHOICE DISPOSABLE MASK	141	COMETRIQ (60 MG DAILY DOSE)	56
CLEVER CHOICE FACE MASK	141	COMFORT ASSIST INSULIN SYRINGE	129
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clindamycin palmitate hcl	24	COMFORT EZ PRO PEN NEEDLES	129
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clindamycin phos-benzoyl perox	84	COMFORT TOUCH ALCOHOL PREP	125
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clobetasol propionate e	88	COMIRNATY	169
clobetasol propionate emulsion	88	COMIRNATY 5-11 YEARS	169
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clomipramine hcl	35	COMPLETENATE	148
clonazepam	30	compro	65
clonidine	45	CONEXXENCE	165
clonidine hcl	45	constulose	106
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clopidogrel bisulfate	102	copper gluconate	143
clorazepate dipotassium	25	CORLANOR	74
clotrimazole	85,145	COSENTYX	86
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clozapine	64	COSENTYX SENSOREADY (300 MG)	86
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colchicine-probenecid	100	COVID-19 OTC ANTIGEN 1-PACK	91
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colestipol hcl	43	CRENESSITY	165

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cromolyn sodium	26,97
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CVS LANCETS THIN 26G	110
CVS LANCETS ULTRA THIN 30G	110
CVS LANCETS ULTRA-THIN 30G	110
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demeclocycline hcl	162
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desmopressin acetate	95	digox	72
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DEXCOM G7 RECEIVER	110	dipyridamole	102
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dexmethylphenidate hcl er	15	DISPOSABLE FACE MASK 3-PLY	141
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DIATHRIVE LANCETS	110	dolishale	76
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diclofenac sodium er	17	DOXERCALCIFEROL	95
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DROPSAFE AUTOPROTECT DUO	129	EASY TOUCH INSULIN SAFETY SYR	130
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DURYSTA	155	EASY TOUCH SAFETY LANCETS 28G	112
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EMBECTA INSULIN SYRINGE U-100	131	ENTYVIO	98
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EVKEEZA	43	felodipine er	72
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FERRIMIN 150	104	flucytosine	41
FERRIPROX	40	fludrocortisone acetate	83
ferrous gluconate	104	FLULAVAL	169
ferrous sulfate	104	FLULAVAL QUADRIVALENT	170
ferumoxytol	105	FLUMIST	170
fesoterodine fumarate er	168	FLUMIST QUADRIVALENT	170
FETROJA	75	flunisolide	151
FETZIMA	34	fluocinolone acetonide	88,155
FETZIMA TITRATION	34	fluocinolone acetonide body	88
fexmid	150	fluocinolone acetonide scalp	88
fidaxomicin	107	fluocinonide	88
FIFTY50 ALCOHOL PREP	125	fluocinonide emulsified base	88
FIFTY50 PEN NEEDLES	131	fluorometholone	154
FIFTY50 SAFETY SEAL LANCETS	112	fluorouracil	86
FIFTY50 SUPERIOR COMFORT SYR	131	FLUOROURACIL	86
FIFTY50 UNILET LANCETS 33G	112	fluoxetine hcl	34
FILSPARI	100	FLUOXETINE HCL (PMDD)	160
FINACEA	90	fluphenazine decanoate	65
finasteride	100	fluphenazine hcl	65
FINE 30	112	FLURAZEPAM HCL	105
FINGERSTIX LANCETS	112	FLURBIPROFEN	18
fingolimod hcl	159	FLURBIPROFEN SODIUM	155
FINTEPLA	30	fluticasone propionate	88,151
finzala	77	FLUTICASONE PROPIONATE DISKUS	27
FIRDAPSE	47	fluticasone propionate hfa	27
FIRMAGON	53	fluticasone-salmeterol	28
FIRMAGON (240 MG DOSE)	53	FLUTICASONE-SALMETEROL	28
flac	155	fluvoxamine maleate	34

FLUZONE	170	ft all day allergy relief	42
FLUZONE HIGH-DOSE QUADRIVALENT	170	ft allergy relief	42
FLUZONE QUADRIVALENT	170	ft allergy relief 24 hr	151
FML FORTE	154	ft allergy relief cetirizine	42
folate	103	ft allergy relief loratadine	42
folic acid	103	ft aspirin	19
FOLIVANE-OB	148	ft aspirin low dose	19
FOLOTYN	48	ft eye allergy itch & redness	155
FOLTABS 800	104	ft eye allergy itch relief	155
fondaparinux sodium	29	ft glucose	36
FONDCIRCLE LANCING DEVICE	112	ft naloxone hcl	40
FONDCIRCLE SINGLE USE LANCETS	112	ft nicotine	160
FORA LANCETS	112	ft nicotine mini	160
FORA LANCING DEVICE	112	FULPHILA	103
formoterol fumarate	28	fulvestrant	53
fosamprenavir calcium	67	furosemide	92
fosinopril sodium	45	FUZEON	67
fosinopril sodium-hctz	46	fyavolv	96
FOSRENOL	99	FYCOMPA	29
FOTIVDA	56	FYLNETRA	103
FREDS PHARMACY AUTOLET LANCING	112		
FREDS PHARMACY UNIFINE PENTIP+	131	G	
FREDS PHARMACY UNIFINE PENTIPS	131	gabapentin	30
FREDS PHARMACY UNILET LANC 28G	113	galbriela	77
FREDS PHARMACY UNILET LANC 30G	113	gallifrey	158
FREESTYLE LANCETS	113	GAMASTAN	156
FREESTYLE LIBRE 14 DAY READER	113	GAMMAGARD	156
FREESTYLE LIBRE 14 DAY SENSOR	113	GAMMAGARD ERC	156
FREESTYLE LIBRE 2 PLUS SENSOR	113	GAMMAGARD S/D LESS IGA	156
FREESTYLE LIBRE 2 READER	113	GAMMAKED	156
FREESTYLE LIBRE 2 SENSOR	113	GAMMAPLEX	156
FREESTYLE LIBRE 3 PLUS SENSOR	113	GAMUNEX-C	157
FREESTYLE LIBRE 3 READER	113	GARDASIL 9	170
FREESTYLE LIBRE 3 SENSOR	113	GATTEX	99
FREESTYLE UNISTICK II LANCETS	113	GAVILYTE-C	106
frovatriptan succinate	142	gavilyte-g	106
FRUZAQLA	49	gavilyte-n with flavor pack	106
ft acid reducer	164	GAVRETO	56
ft acid reducer max strength	164	GAZYVA	50
ft all day allergy	42	gemfibrozil	44
ft all day allergy 24 hour	42	gemmily	77

GENABIO COVID-19 RAPID TEST	91	GLOBAL LANCING DEVICE	114
generlac	99	GLUCAGEN HYPOKIT	36
gengraf	144	GLUCAGON EMERGENCY	36
GENOTROPIN	93	gluco to go	36
GENOTROPIN MINIQUICK	93	GLUCOCOM LANCETS 28G	114
gentamicin sulfate	85,153	GLUCOCOM LANCETS 30G	114
GENTEEL BUTTERFLY TOUCH LANCET	113	GLUCOCOM LANCETS 33G	114
GENTEEL CONTACT TIPS (BLUE)	113	GLUCOPRO INSULIN SYRINGE	132
GENTEEL CONTACT TIPS (CLEAR)	113	glucose	36
GENTEEL CONTACT TIPS (GREEN)	113	GLUCOSE INSTANT ENERGY	36
GENTEEL CONTACT TIPS (ORANGE)	113	glyburide	39
GENTEEL CONTACT TIPS (RAINBOW)	113	glyburide-metformin	35
GENTEEL CONTACT TIPS (VIOLET)	113	glycopyrrolate	164
GENTEEL CONTACT TIPS (YELLOW)	113	glydo	89
GENTEEL LANCING KIT (BLUE)	113	GLYXAMBI	35
GENTEEL NOZZLES	113	gnp adult aspirin low strength	19
GENTEEL PLUS LANCING (BLACK)	113	GNP ALCOHOL SWABS	125
GENTEEL PLUS LANCING (PURPLE)	113	gnp all day allergy	42
GENTEEL PLUS LANCING (WHITE)	113	gnp aspirin	19
GENTEEL PLUS LANCING DEV(BLUE)	113	gnp aspirin low dose	19
GENTEEL PLUS LANCING DEV(PINK)	113	GNP CHILDRENS CHEWABLES/EX C	147
GENTLE-LET GP LANCETS	113	GNP CLICKFINE PEN NEEDLES	132
GENTLE-LET LANCETS	113	GNP EARLOOP MASKS	141
GENTLE-LET PLATFORMS	113	GNP ESSENTIAL ONE DAILY	147
GENVOYA	67	gnp folic acid	103
GILOTRIF	51	gnp glucose	36
glatiramer acetate	159	GNP INSULIN SYRINGE	132
glatopa	159	GNP INSULIN SYRINGES	132
glimepiride	39	GNP INSULIN SYRINGES 28GX1/2"	132
glipizide	39	GNP INSULIN SYRINGES 29GX1/2"	132
glipizide er	39	GNP INSULIN SYRINGES 30GX5/16"	132
glipizide xl	39	GNP INSULIN SYRINGES 31GX5/16"	132
glipizide-metformin hcl	35	gnp iron	105
GLOBAL ALCOHOL PREP EASE	125	GNP LANCETS 21G	114
GLOBAL EASE INJECT PEN NEEDLES	131	GNP LANCETS THIN 26G	114
GLOBAL EASY GLIDE INSULIN SYR	131	GNP LANCING SYSTEM DEVICE	114
GLOBAL EASY GLIDE PEN NEEDLES	131	GNP LITTLE ONES CHILDRENS	147
GLOBAL INJECT EASE INSULIN SYR	131	gnp loratadine	42
GLOBAL INJECT EASE LANCETS 28G	113	gnp naloxone hcl	40
GLOBAL INJECT EASE LANCETS 30G	114	gnp nicotine	160
GLOBAL INSULIN SYRINGES	132	gnp nicotine mini	160

gnp nicotine polacrilex	160
GNP ONE DAILY WOMENS HEALTH	146
GNP PEN NEEDLES	132
GNP QUICK DISSOLVE GLUCOSE	36
GNP STERILE LANCETS 28G	114
GNP STERILE LANCETS 30G	114
GNP STERILE LANCETS 33G	114
GNP ULTICARE PEN NEEDLES	132
GNP ULTIGUARD SAFEPACK NEEDLE	132
GNP ULTRA COM INSULIN SYRINGE	132
gnp vitamin c drops	172
GOJJI LANCING DEVICE/CLEAR CAP	114
GOJJI STERILE LANCETS	114
GOMEKLI	166
GOODSENSE ALCOHOL SWABS	126
goodsense all day allergy	42
goodsense allergy relief	42
goodsense aspirin	19
goodsense aspirin adult low st	19
goodsense aspirin low dose	19
GOODSENSE CLICKFINE PEN NEEDLE	132
GOODSENSE COLOR LANCETS 33G	114
GOODSENSE GLUCOSE	36
GOODSENSE LANCETS 26G UNIV	114
GOODSENSE LANCETS 30G	114
GOODSENSE LANCETS 30G UNIV	114
GOODSENSE LANCETS 33G	114
GOODSENSE LANCETS 33G UNIV	114
GOODSENSE LANCING DEVICE	114
goodsense lansoprazole	164
goodsense nicotine	161
goodsense nicotine policrilex	161
GOODSENSE PEN NEEDLE PENFINE	132
GOTOKNOW COVID-19 ANTIGEN RAPI	91
granisetron hcl	40
griseofulvin microsize	41
griseofulvin ultramicrosize	41
guaifenesin ac	84
guaifenesin-codeine	84
guanfacine hcl	46
guanfacine hcl er	15

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H-E-B INCONTROL LANCETS 30G	114
H-E-B INCONTROL LANCETS 33G	114
H-E-B INCONTROL PEN NEEDLES	132
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HAEGARDA	101
HAEMOLANCE	114
HAEMOLANCE LOW FLOW LANCETS	114
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HAEMOLANCE PLUS LOW FLOW	114
HAEMOLANCE PLUS MAX FLOW	114
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hailey fe 1.5/30	77
hailey fe 1/20	77
halobetasol propionate	88
haloette	81
haloperidol	64
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haloperidol lactate	64
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HEALTHY ACCENTS LANCING DEVICE	115
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heather	82	hydrocortisone (perianal)	23
heparin sodium (porcine)	29	HYDROCORTISONE ACE-PRAMOXINE	22,88
heparin sodium (porcine) +fid	29	HYDROCORTISONE ACETATE	23
HEPARIN SODIUM (PORCINE) PF	29	HYDROCORTISONE BUTYRATE	88
HEPLISAV-B	170	hydrocortisone sod suc (pf)	83
her style	82	hydrocortisone valerate	88
HERCEPTIN HYLECTA	54	hydromet	83
HERCESSI	166	hydromorphone hcl	20
HERNEXEOS	166	hydroxychloroquine sulfate	47
HERZUMA	49	hydroxyprogesterone caproate	158
HIBERIX	169	hydroxyurea	61
HIZENTRA	157	hydroxyzine hcl	25
hm all day allergy	42	hydroxyzine pamoate	25
hm allergy relief (cetirizine)	42	HYDROXYZINE PAMOATE	25
hm aspirin	19	HYFTOR	89
hm aspirin ec low dose	20	HYOSCYAMINE SULFATE	164
hm cetirizine hcl	42	HYOSCYAMINE SULFATE SL	164
hm folic acid	103	HYOSYNE	164
hm loratadine	42	HYPOLANCE AST LANCING	115
hm nicotine	161	HYQVIA	157
hm nicotine polacrilex	161	HYRNUO	166
HM STERILE ALCOHOL PREP	126		
HM ULTICARE INSULIN SYRINGE	133	I	
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hy-vee glucose	37	iclevia	77
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hydralazine hcl	47	IHEALTH COVID-19 RAPID TEST	91
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hydrocodone bit-homatrop mbr	83	imatinib mesylate	56
hydrocodone-acetaminophen	21	IMBRUVICA	56
hydrocodone-ibuprofen	21	IMDELLTRA	50
HYDROCORT-PRAMOXINE (PERIANAL)	22	IMFINZI	50

imipramine hcl	35	INSUPEN SENSITIVE	134
imipramine pamoate	35	INSUPEN ULTRAFIN	134
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incassia	82	INVEGA TRINZA	64
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INCRUSE ELLIPTA	27	ipratropium bromide	27,150
indapamide	92	ipratropium-albuterol	28
INDICAID COVID-19 RAPID TEST	91	irbesartan	45
indomethacin	18	irbesartan-hydrochlorothiazide	46
indomethacin er	18	iron (ferrous sulfate)	105
INFANRIX	163	iron infant/toddler	105
INJECT-EASE	133	iron supplement childrens	105
INJECTAFER	105	ISENTRESS	67
INLURIYO	166	ISENTRESS HD	67
INLYTA	49	isibloom	77
INNOPRAN XL	71	isoniazid	48
INPEN 100-BLUE-LILLY-HUMALOG	133	isopropyl alcohol	90
INPEN 100-BLUE-NOVOLOG-FIASP	133	isopropyl alcohol wipes	90
INPEN 100-GREY-LILLY-HUMALOG	133	isosorbide dinitrate	24
INPEN 100-GREY-NOVOLOG-FIASP	133	isosorbide mononitrate	24
INPEN 100-PINK-LILLY-HUMALOG	133	isosorbide mononitrate er	24
INPEN 100-PINK-NOVOLOG-FIASP	133	isotretinoin	84
INQOVI	54	isradipine	72
INREBIC	56	ITOVEBI	57
INSUL-CAP	115	itraconazole	41
INSUL-EZE	115	iv prep wipes	66
INSUL-EZE SPM	115	ivabradine hcl	74
INSULIN ASP PROT & ASP FLEXPEN	38	ivermectin	23,90
INSULIN ASPART PROT & ASPART	38	IWILFIN	61
INSULIN GLARGINE MAX SOLOSTAR	38	IZERVAY	153
INSULIN GLARGINE SOLOSTAR	38		
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INSULIN SYRINGE	133	J & J GERM FILTER MASK	141
INSULIN SYRINGE-NEEDLE U-100	133	jaimiess	77
INSULIN SYRINGE/NEEDLE	133	JAKAFI	57
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JAYPIRCA	57	KEYTRUDA	50
JELMYTO	54	KEYTRUDA QLEX	166
JEMPERLI	50	KHAPZORY	61
jencycla	82	KIMMTRAK	50
JENTADUETO	35	KIMYRSA	23
JENTADUETO XR	35	KINNEY LANCETS	115
jinteli	96	KINNEY THIN LANCETS	115
JOENJA	144	KINRAY INSULIN SYRINGE	134
jolessa	77	KINRIX	163
joyeaux	77	kionex	145
JUBBONTI	166	KIRSTY	166
juleber	77	KISQALI (200 MG DOSE)	57
JULUCA	67	KISQALI (400 MG DOSE)	57
junel 1.5/30	77	KISQALI (600 MG DOSE)	57
junel 1/20	77	klayesta	85
junel fe 1.5/30	77	KLOR-CON	143
junel fe 1/20	77	KLOR-CON 10	143
junel fe 24	77	klor-con m10	143
JUXTAPID	44	klor-con m15	143
JYNNEOS	170	klor-con m20	143
		klor-con/ef	143
K		cls aller-tec	42
K-TAB	143	cls allerclear	42
KADCYLA	50	KMART VALU INSULIN SYRINGE 29G	134
kaitlib fe	77	KMART VALU INSULIN SYRINGE 30G	134
KALBITOR	101	KN95 DISPOSABLE MASK	141
KALETRA	67	KN95 MEDICAL PROTECTIVE MASK	141
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KALYDECO	161	KORSUVA	145
KANJINTI	49	KOSELUGO	57,167
kariva	77	kp folic acid	103
kelnor 1/35	77	KRAZATI	57
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KEPIVANCE	61	KROGER AUTOLET LANCING DEVICE	115
KESIMPTA	159	KROGER GLUCOSE	37
KETO-DIASTIX	91	KROGER HEALTHPRO LANCET 26G	115
ketoconazole	41,85	KROGER INSULIN SYRINGE	134
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KROGER LANCETS 21G	115	lapatinib ditosylate	57
KROGER LANCETS MICRO THIN 33G	115	larin 1.5/30	77
KROGER LANCETS SUPER THIN	115	larin 1/20	77
KROGER LANCETS THIN	115	larin 24 fe	77
KROGER LANCETS THIN 26G	115	larin fe 1.5/30	77
KROGER LANCETS ULTRATHIN 30G	115	larin fe 1/20	77
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KRYSTEXXA	100	layolis fe	78
kurvelo	77	LAZCLUZE	51
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l-glutamine	102	LEADER GLUCOSE	37
labetalol hcl	71	LEADER INSULIN SYRINGE	134
lacosamide	30	LEADER QUICK DISSOLVE GLUCOSE	37
lactulose	106	LEADER UNIFINE PENTIPS	134
lactulose encephalopathy	99	LEADER UNIFINE PENTIPS PLUS	134
LAGEVRIO	70	leena	78
lamivudine	67,69	leflunomide	18
lamivudine-zidovudine	68	lenalidomide	144
lamotrigine	30,31	LENVIMA (10 MG DAILY DOSE)	49
lamotrigine er	31	LENVIMA (12 MG DAILY DOSE)	49
lamotrigine starter kit-blue	31	LENVIMA (14 MG DAILY DOSE)	49
LANCET DEVICE	115	LENVIMA (18 MG DAILY DOSE)	49
LANCET DEVICE WITH EJECTOR	115	LENVIMA (20 MG DAILY DOSE)	49
LANCET TRANSPORTER CASE	115	LENVIMA (24 MG DAILY DOSE)	49
LANCETS	115	LENVIMA (4 MG DAILY DOSE)	49
LANCETS 28G THIN	115	LENVIMA (8 MG DAILY DOSE)	49
LANCETS 30G	115	LEQVIO	44
LANCETS 33G	115	lessina	78
LANCETS MICRO THIN 33G	116	letrozole	53
LANCETS SUPER THIN	116	leucovorin calcium	61
LANCETS SUPER THIN 28G	116	LEUKINE	103
LANCETS THIN	116	leuprolide acetate	53
LANCETS ULTRA THIN	116	levalbuterol hcl	28
LANCETS ULTRA THIN 30G	116	LEVALBUTEROL TARTRATE	28
LANCING DEVICE	116	levetiracetam	31
lanreotide acetate	95	levetiracetam er	31
lansoprazole	164	levo-t	163
lanthanum carbonate	99	LEVOBUNOLOL HCL	152
LANZO	116	levocarnitine	95
		levocarnitine sf	95

levofloxacin	97	lithium carbonate	63
levonest	78	lithium carbonate er	63
levonorg-eth estrad triphasic	78	LITHOBID	63
levonorgest-eth est & eth est	78	LITHOSTAT	100
levonorgest-eth estrad 91-day	78	LIVE BETTER ADV LANCING DEVICE	116
levonorgest-eth estradiol-iron	78	LIVE BETTER LANCET SUPER THIN	116
levonorgestrel	82	LIVE BETTER LANCET ULTRA THIN	116
levonorgestrel-ethinyl estrad	78	LIVTENCITY	69
levora 0.15/30 (28)	78	LO LOESTRIN FE	78
levorphanol tartrate	20	lo-zumandimine	78
levothyroxine sodium	163	loestrin 1.5/30 (21)	78
levoxy	163	loestrin 1/20 (21)	78
LIBERTY MEDICAL LANCETS	116	loestrin fe 1.5/30	78
LIBERTY MINI LANCING DEVICE	116	loestrin fe 1/20	78
LIBERVANT	30	lofexidine hcl	158
LIBTAYO	50	lojaimiess	78
lidocaine	89	LOKELMA	145
lidocaine hcl	89	LONGS GLUCOSE	37
LIDOCAINE HCL	145	LONGS INSULIN SYRINGE	134
lidocaine hcl urethral/mucosal	89	LONGS LANCETS STANDARD	116
lidocaine viscous hcl	145	LONGS LANCETS THIN	116
LIDOCAINE-HYDROCORT (PERIANAL)	22	LONGS LANCETS ULTRA THIN	116
LIDOCAINE-HYDROCORTISONE ACE	22	LONSURF	54,55
lidocaine-prilocaine	89	loperamide hcl	39
lidocan	89	lopinavir-ritonavir	68
LIDOCORT	22	loratadine	42
lillow	78	lorazepam	25
linezolid	24	lorazepam intensol	25
LINZESS	99	LORBRENA	57
liomny	163	loryna	78
liothyronine sodium	163	losartan potassium	45
liraglutide	37	losartan potassium-hctz	46
lisdexamfetamine dimesylate	15	lovastatin	44
lisinopril	45	low-ogestrel	78
lisinopril-hydrochlorothiazide	46	loxapine succinate	64
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LITE TOUCH LANCING PEN	116	LUCENTIS	152
LITETOUCH INSULIN SYRINGE	134	luizza 1.5/30	78
LITETOUCH LANCETS	116	luizza 1/20	78
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LUMIZYME	95	MEDICHOICE SAFETY LANCET	116
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LUPRON DEPOT (1-MONTH)	53	MEDICHOICE SAFETY LANCET NORM	116
LUPRON DEPOT (3-MONTH)	53	MEDICINE SHOPPE PEN NEEDLES	135
LUPRON DEPOT (4-MONTH)	53	MEDLANCE EXTRA 21G	116
LUPRON DEPOT (6-MONTH)	53	MEDLANCE LITE 25G	116
LUPRON DEPOT-PED (1-MONTH)	94	MEDLANCE PLUS EXTRA 21G	116
LUPRON DEPOT-PED (3-MONTH)	94	MEDLANCE PLUS LANCETS	116
LUPRON DEPOT-PED (6-MONTH)	94	MEDLANCE PLUS LITE 25G	116
lurasidone hcl	63	MEDLANCE PLUS SPECIAL 0.8MM	116
LURBIRO	18	MEDLANCE PLUS SUPERLITE 30G	116
lutera	78	MEDLANCE PLUS UNIVERSAL 21G	116
lyleq	82	MEDLANCE UNIVERSAL 21G	117
LYNPARZA	57	medpura alcohol pads	90
LYSODREN	53	medroxyprogesterone acetate	82,158
LYTGOBI (12 MG DAILY DOSE)	57	mefloquine hcl	47
LYTGOBI (16 MG DAILY DOSE)	57	megestrol acetate	53
LYTGOBI (20 MG DAILY DOSE)	57	MEIJER ALCOHOL SWABS	126
lyza	82	MEIJER GLUCOSE	37
M		MEIJER LANCETS	117
M-M-R II	170	MEIJER LANCETS THIN	117
M-NATAL PLUS	148	MEIJER LANCETS UNIVERSAL 21G	117
MAGELLAN INSULIN SAFETY SYR	134	MEIJER LANCETS UNIVERSAL 30G	117
malathion	90	MEIJER LANCETS UNIVERSAL 33G	117
MARATHON MEDICAL PENTIPS	134	MEIJER PEN NEEDLES	135
maraviroc	68	MEIJER SUPER THIN LANCETS	117
marlissa	78	MEKINIST	58
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MATULANE	61	meleya	82
matzim la	72	meloxicam	18
MAVYRET	69	memantine hcl	158
MAXI-COMFORT INSULIN SYRINGE	135	memantine hcl er	158
MAXI-COMFORT SAFETY PEN NEEDLE	135	MENVEO	169
MAXICOMFORT II PEN NEEDLE	135	mepredine hcl	20
MAXICOMFORT SYR 27G X 1/2"	135	meprobamate	25
MAXIDEX	154	mercaptopurine	48
MAYZENT	159	MERILOG	167
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