

GEISINGER HEALTH PLAN

2024

CHIP Formulary



Geisinger

List of covered drugs

Geisinger Health Plan

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

CHIP Pharmacy Benefit

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

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

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

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

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

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

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

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

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

Using this formulary

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

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

Quantity Limits

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

Step Therapy

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

Specialty Vendor Drug Program

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

What is a medication formulary?

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

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

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

Formulary exclusions

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

Formulary development

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

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

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

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

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

What are generics?

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

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

Notes for Providers

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

These criteria include but are not limited to:

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

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

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

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

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

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

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

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

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

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

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

Sources:

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

Discrimination is against the law

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

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

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

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

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

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (PA RELAY: 711)。

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

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

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

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

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

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

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

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

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

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

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

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

LEGEND

0 \$0

1 Generics

2 Brands

QL Quantity Limit

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

PA Prior Authorization Required

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

ST Step Therapy

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

AL Age Limit

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

PN Publishing Note

This drug has unique restrictions.

SP Specialty Drug

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

QL Quantity Limit (Custom)

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

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

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	12
AMINOGLYCOSIDES	13
ANALGESICS - ANTI-INFLAMMATORY	13
ANALGESICS - NONNARCOTIC	17
ANALGESICS - OPIOID	18
ANDROGENS-ANABOLIC	20
ANORECTAL AND RELATED PRODUCTS	20
ANTHELMINTICS	21
ANTI-INFECTIVE AGENTS - MISC.	21
ANTIANGINAL AGENTS	23
ANTIANKXIETY AGENTS	23
ANTIARRHYTHMICS	24
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	24
ANTICOAGULANTS	27
ANTICONVULSANTS	28
ANTIDEPRESSANTS	32
ANTIDIABETICS	34
ANTIDIARRHEAL/PROBIOTIC AGENTS	39
ANTIDOTES AND SPECIFIC ANTAGONISTS	39
ANTIEMETICS	40
ANTIFUNGALS	41
ANTIHISTAMINES	41
ANTIHYPERTENSIVES	43
ANTIHYPERTENSIVES	45
ANTIMALARIALS	47
ANTIMYASTHENIC/CHOLINERGIC AGENTS	47
ANTIMYCOBACTERIAL AGENTS	48
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	48
ANTIPARKINSON AND RELATED THERAPY AGENTS	64
ANTIPSYCHOTICS/ANTIMANIC AGENTS	65
ANTISEPTICS & DISINFECTANTS	68
ANTIVIRALS	68
BETA BLOCKERS	73
CALCIUM CHANNEL BLOCKERS	74
CARDIOTONICS	75
CARDIOVASCULAR AGENTS - MISC.	75
CEPHALOSPORINS	77
CONTRACEPTIVES	78
CORTICOSTEROIDS	85
COUGH/COLD/ALLERGY	86
DERMATOLOGICALS	87
DIAGNOSTIC PRODUCTS	93
DIGESTIVE AIDS	95
DIURETICS	95
ENDOCRINE AND METABOLIC AGENTS - MISC.	96
ESTROGENS	100

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

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

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

Drug Name	Drug Tier	Requirements / Limits
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	1	
<i>methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)</i>	1	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	1	
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>modafinil (100 mg tab, 200 mg tab)</i>	1	PA
AMINOGLYCOSIDES (CONTINUED)		
AMINOGLYCOSIDES		
<i>neomycin sulfate 500 mg tab</i>	1	
<i>paromomycin sulfate 250 mg cap</i>	1	
TOBI PODHALER 28 MG CAP	2	PA, QL (224 units per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (224 units per 56 days), SP, 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 (CONTINUED)		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-FKJP (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 units per 28 days), SP, QL (28 days supply per fill), MDS
ADALIMUMAB-FKJP (2 SYRINGE) (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	2	PA, QL (2 units per 28 days), SP, QL (28 days supply per fill), MDS
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	2	PA, QL (0.8 ml per 28 days), SP, MDS
AMJEVITA 20 MG/0.2ML SOLN PRSYR	2	PA, QL (0.4 ml per 28 days), SP, MDS
AMJEVITA 80 MG/0.8ML SOLN A-INJ	2	PA, QL (2.4 ml per 28 days), SP, MDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	PA, QL (0.8 ml per 28 days), SP, QL (28 days supply per fill), MDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	2	PA, QL (1.6 ml per 28 days), SP, QL (28 days supply per fill), MDS

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

Drug Name	Drug Tier	Requirements / Limits
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	PA, QL (0.8 ml per 28 days), SP, QL (28 days supply per fill), MDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	2	PA, QL (1.6 ml per 28 days), SP, QL (28 days supply per fill), MDS
HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT)	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) (40 MG/0.4ML AUT-IJ KIT, 40 MG/0.8ML AUT-IJ KIT)	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	PA, QL (3 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	PA, QL (6 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	PA, QL (3 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED>=40KG CROHNS START 80 MG/0.8ML PREF SY KT	2	PA, QL (3 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED>=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PSORIASIS/UEVIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	2	PA, QL (3 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR)	2	PA, QL (0.5 units per 28 days), SP, 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	PA, QL (1.6 ml per 28 days), SP, QL (28 days supply per fill), MDS
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	2	PA, QL (30 units per 30 days), SP, MDS
RINVOQ 45 MG TAB ER 24H	2	PA, QL (28 units per 28 days), SP, QL (3 fills per 180 days), MDS
RINVOQ LQ 1 MG/ML SOLUTION	2	PA, QL (360 ml per 30 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
XELJANZ (5 MG TAB, 10 MG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
XELJANZ 1 MG/ML SOLUTION	2	PA, QL (300 units per 30 days), SP, MDS
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	2	PA, QL (30 units per 30 days), SP, MDS
GOLD COMPOUNDS		
RIDAURA 3 MG CAP	2	
INTERLEUKIN-1 BLOCKERS		
ARCALYST 220 MG RECON SOLN	2	PA, SP, MDS
INTERLEUKIN-1BETA BLOCKERS		
ILARIS 150 MG/ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	PA, QL (3.6 units per 28 days), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	2	PA, QL (3.6 units per 28 days), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TOFIDENCE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	2	PA, QL (3.6 ml per 28 days), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er 100 mg tab er 24h</i>	1	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	1	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	1	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	1	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	1	

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>fenoprofen calcium (400 mg cap, 600 mg tab)</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	1	
<i>indomethacin er 75 mg cap er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL (20 units per fill)
MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP)	1	
<i>mefenamic acid 250 mg cap</i>	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	1	
NALFON 400 MG CAP	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr 500 mg tab dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>naproxen-esomeprazole mg (375-20 mg tab dr, 500-20 mg tab dr)</i>	1	PA, QL (2 units per 1 day)
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	1	
<i>sulindac (150 mg tab, 200 mg tab)</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (10 & 20 & 30 MG TAB THPK, 30 MG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	2	PA, QL (8 units per 28 days), PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	2	PA, QL (8 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

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

Drug Name	Drug Tier	Requirements / Limits
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 (CONTINUED)		
ANALGESIC COMBINATIONS		
<i>bac 50-325-40 mg tab</i>	1	
<i>bupap 50-300 mg tab</i>	1	
<i>butalbital-acetaminophen (50-300 mg cap, 50-300 mg tab, 50-325 mg tab)</i>	1	
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
<i>esgic 50-325-40 mg cap</i>	1	
<i>zebutal 50-325-40 mg cap</i>	1	
SALICYLATES		
<i>adult aspirin regimen 81 mg tab dr</i>	0	
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin 81 81 mg tab dr</i>	0	
<i>aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin regimen 81 mg tab dr</i>	0	
<i>diflunisal 500 mg tab</i>	1	
<i>ft aspirin 81 mg chew tab</i>	0	
<i>ft aspirin low dose 81 mg tab dr</i>	0	
<i>gnp adult aspirin low strength 81 mg chew tab</i>	0	
<i>gnp aspirin 81 mg tab dr</i>	0	
<i>gnp aspirin low dose 81 mg tab dr</i>	0	
<i>goodsense aspirin 81 mg chew tab</i>	0	
<i>goodsense aspirin adult low st 81 mg chew tab</i>	0	
<i>goodsense aspirin low dose 81 mg tab dr</i>	0	
<i>hm aspirin 81 mg chew tab</i>	0	
<i>hm aspirin ec low dose 81 mg tab dr</i>	0	

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>qc aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>salsalate (500 mg tab, 750 mg tab)</i>	1	
<i>sm aspirin adult low strength (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>sm aspirin ec low strength 81 mg tab dr</i>	0	
<i>sm aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>sm childrens aspirin 81 mg chew tab</i>	0	
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
CODEINE SULFATE (15 MG TAB, 30 MG TAB, 60 MG TAB)	1	
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	1	PA, MDS
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	1	PA, QL (120 units per 30 days), MDS
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	1	PA, QL (136 units per 34 days), MDS
FENTORA (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	2	PA
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>levorphanol tartrate (2 mg tab, 3 mg tab)</i>	1	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	1	PA
<i>methadone hcl intensol 10 mg/ml conc</i>	1	PA
<i>methadose 40 mg tab sol</i>	1	PA
MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 10 MG/5ML SOLUTION, 15 MG TAB, 20 MG SUPPOS, 20 MG/5ML SOLUTION, 30 MG SUPPOS, 30 MG TAB)	1	
<i>morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)</i>	1	
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	1	PA

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
MORPHINE SULFATE ER BEADS (30 MG CAP ER 24H, 45 MG CAP ER 24H, 60 MG CAP ER 24H, 75 MG CAP ER 24H, 90 MG CAP ER 24H, 120 MG CAP ER 24H)	1	PA
NUCYNTA (50 MG TAB, 75 MG TAB, 100 MG TAB)	2	PA
NUCYNTA ER (50 MG TAB ER 12H, 100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H, 250 MG TAB ER 12H)	2	PA
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	1	PA
OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)	2	PA
<i>oxymorphone hcl (5 mg tab, 10 mg tab)</i>	1	
<i>tramadol hcl (er biphasic) (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1	PA
<i>tramadol hcl 100 mg tab</i>	1	
<i>tramadol hcl 50 mg tab</i>	1	QL (8 units per 1 day)
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1	PA
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-30 mg tab, 300-30 mg/12.5ml solution, 300-60 mg tab)</i>	1	
<i>ascomp-codeine 50-325-40-30 mg cap</i>	1	
<i>butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)</i>	1	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	
<i>endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)</i>	1	
<i>hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)</i>	1	
NALOCET 2.5-300 MG TAB	1	
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-325 mg tab, 10-325 mg tab)</i>	1	

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>tramadol-acetaminophen 37.5-325 mg tab</i>	1	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	2	QL (1.28 ml per 28 days), MDS
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	QL (1.92 ml per 28 days), MDS
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	QL (2.56 ml per 28 days), MDS
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	QL (0.64 ml per 28 days), MDS
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	QL (0.36 ml per 28 days), MDS
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	QL (0.18 ml per 28 days), MDS
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	QL (0.27 ml per 28 days), MDS
<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	1	PA, QL (0.143 units per 1 day)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	MDS
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i>	1	MDS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	
SUBLOCADE (100 MG/0.5ML SOLN PRSYR, 300 MG/1.5ML SOLN PRSYR)	2	PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANDROGENS-ANABOLIC (CONTINUED)		
ANABOLIC STEROIDS		
<i>oxandrolone (2.5 mg tab, 10 mg tab)</i>	1	
ANDROGENS		
AVEED 750 MG/3ML SOLUTION	2	PA, SP, MDS
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	1	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	1	
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
TLANDO 112.5 MG CAP	2	PA, QL (2 units per 1 day)
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>hydrocortisone 100 mg/60ml enema</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
RECTAL COMBINATIONS		
<i>hydrocort-pramoxine (perianal) 2.5-1 % cream</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
<i>lidocaine-hydrocort (perianal) 3-0.5 % cream</i>	1	
<i>lidocaine-hydrocortisone ace (2-2 % kit, 2.8-0.55 % gel, 3-0.5 % kit, 3-1 % kit, 3-2.5 % kit)</i>	1	
PROCTOFOAM HC 1-1 % FOAM	2	
RECTAL STEROIDS		
<i>anucort-hc 25 mg suppos</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	1	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	1	
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	1	QL (4 units per fill)
EMVERM 100 MG CHEW TAB	2	PA
<i>ivermectin 3 mg tab</i>	1	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS), MDS
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO 194 MG TAB DR	2	PA, QL (12 units per 3 days), MDS
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab)</i>	1	
<i>pentamidine isethionate 300 mg recon soln</i>	1	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	1	
<i>trimethoprim 100 mg tab</i>	1	
XIFAXAN (200 MG TAB, 550 MG TAB)	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>multiple vitamins-minerals liquid</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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	
XACDURO 1-1 GM RECON SOLN	2	PA, QL (168 ea per 14 days), MDS
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	1	
<i>nitazoxanide 500 mg tab</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	1	MDS
DAPTOMYCIN 500 MG RECON SOLN	1	
GLYCOPEPTIDES		
DALVANCE 500 MG RECON SOLN	2	PA, MDS
FIRVANQ (25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN)	2	
KIMYRSA 1200 MG RECON SOLN	2	PA
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	1	
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	1	PA
<i>linezolid 600 mg tab</i>	1	QL (2 units per 1 day), QL (112 units per 180 days), MDS
SIVEXTRO 200 MG TAB	2	PA, QL (6 ea per 6 days), QL (1 fill per 365 days), MDS
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1 gm tab</i>	1	

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

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

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

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
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR 100 MG/10ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FASENRA 10 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA 30 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN 30 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	2	PA, QL (1 unit per 28 days), SP, MDS
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	2	PA, QL (1.91 units per 28 days), SP, MDS
TEZSPIRE 210 MG/1.91ML SOLN PRSYR	2	PA, QL (1.91 units per 28 days), SP, MDS
XOLAIR (150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, MDS
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR)	2	PA, QL (5 units per 28 days), SP, MDS
XOLAIR 150 MG RECON SOLN	2	PA, SP, MDS
XOLAIR 300 MG/2ML SOLN A-INJ	2	PA, QL (4 ml per 28 days), SP, MDS
XOLAIR 300 MG/2ML SOLN PRSYR	2	PA, QL (4 ml per 28 days), SP, MDS
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA 17 MCG/ACT AERO SOLN	2	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER 18 MCG CAP	2	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	2	
TUDORZA PRESSAIR 400 MCG/ACT AER POW BA	2	ST
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	1	
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast (250 mcg tab, 500 mcg tab)</i>	1	PA

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
STEROID INHALANTS		
ARNUIITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	2	
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	2	
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	2	
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	2	
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	2	
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	2	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLOVENT DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	
FLOVENT HFA (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	
FLUTICASONE PROPIONATE HFA (44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	2	
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	2	
SYMPATHOMIMETICS		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab)</i>	1	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	1	
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	1	PA
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL (2 units per 1 day)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL (10.7 units per 28 days)

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>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)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	QL (1 unit per 30 days)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	1	PA
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	1	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	2	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	2	QL (2 units per 1 day)
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	1	
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (2 units per 1 day)
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 (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	

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
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	2	QL (2 units per 1 day)
ELIQUIS 5 MG TAB	2	QL (4 units per 1 day)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	2	QL (74 units per 30 days), MDS
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 unit per 1 day)
XARELTO (2.5 MG TAB, 15 MG TAB)	2	QL (2 units per 1 day)
XARELTO 1 MG/ML RECON SUSP	2	QL (20 units per 1 day)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	QL (51 units per 30 days), MDS
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	1	MDS
<i>fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	1	MDS
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/0.5ml soln prsyr, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	1	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	
ANTICONVULSANTS (CONTINUED)		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	PA, QL (1 unit per 1 day)
FYCOMPA 0.5 MG/ML SUSPENSION	2	PA, QL (24 units per 1 day)
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	1	
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	1	
DIASTAT ACUDIAL (10 MG GEL, 20 MG GEL)	2	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	2	QL (10 ea per 30 days), AL, MDS
NAYZILAM 5 MG/0.1ML SOLUTION	2	QL (10 units per 30 days), AL, PN (Covered for members 12 years of age and older), MDS

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
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	2	PA, QL (2 units per 1 day)
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older), MDS
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older), MDS
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older), MDS
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older), MDS
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	2	PA, QL (1 unit per 1 day)
APTIOM (600 MG TAB, 800 MG TAB)	2	PA, QL (2 units per 1 day)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	1	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	1	
CARBATROL (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	2	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	2	PA, LA, SP
EPIDIOLEX 100 MG/ML SOLUTION	2	PA, SP
<i>epitol 200 mg tab</i>	1	
EPRONTIA 25 MG/ML SOLUTION	2	PA, QL (16 units per 1 day)
FINTEPLA 2.2 MG/ML SOLUTION	2	PA, LA, QL (360 units per 30 days), SP, MDS
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	1	PA
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	1	

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>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>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 er (25 mg cap er 24h, 50 mg cap er 24h, 100 mg cap er 24h)</i>	1	PA
<i>topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	1	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	2	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H, 200 MG CAP ER 24H)	2	PA
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ZTALMY 50 MG/ML SUSPENSION	2	PA, LA, QL (110 units per 30 days), SP, MDS
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
XCOPRI (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</i>	1	PA, LA, SP
<i>vigadrone 500 mg tab</i>	1	PA, SP
<i>vigpoder 500 mg packet</i>	1	PA, SP
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	2	
DILANTIN INFATABS 50 MG CHEW TAB	2	
DILANTIN-125 125 MG/5ML SUSPENSION	2	
<i>phenytek (200 mg cap, 300 mg cap)</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs 50 mg chew tab</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	
VALPROIC ACID		
DEPAKOTE (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR)	2	
DEPAKOTE ER (250 MG TAB ER 24H, 500 MG TAB ER 24H)	2	
DEPAKOTE SPRINKLES 125 MG CAP DR	2	
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	1	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	1	

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>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER	2	PA, QL (2 units per 1 day)
ANTIDEPRESSANTS - MISC.		
APLENZIN (174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H)	2	PA
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1	
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	0	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	PA, QL (1 unit per 1 day)
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO 100 MG/20ML SOLUTION	2	PA, SP, MDS
ZURZUVAE (20 MG CAP, 25 MG CAP)	2	PA, QL (28 ea per 14 days), SP, MDS
ZURZUVAE 30 MG CAP	2	PA, QL (14 ea per 14 days), SP, MDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate 15 mg tab</i>	1	
<i>tranylcypromine sulfate 10 mg tab</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	2	PA, SP, MDS
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	2	PA, SP, MDS
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	1	
FLUOXETINE HCL (10 MG CAP, 10 MG TAB, 20 MG CAP, 20 MG TAB, 20 MG/5ML SOLUTION, 40 MG CAP, 60 MG TAB, 90 MG CAP DR)	1	

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>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	
<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	

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>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	1	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	2	PA
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	2	PA
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	2	QL (1 unit per 1 day)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	2	QL (2 units per 1 day)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (2 units per 1 day)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (1 unit per 1 day)
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	1	
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	1	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	1	PA, QL (1 ea per 1 day)
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	1	PA, QL (2 ea per 1 day)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	2	QL (2 units per 1 day)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 unit per 1 day)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 units per 1 day)

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
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	QL (1 unit per 1 day)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	QL (2 units per 1 day)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	QL (1 unit per 1 day)
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	ST, QL (0.5 units per 1 day)
ANTIDIABETIC-ANTIBODIES		
TZIELD 2 MG/2ML SOLUTION	2	PA, LA, SP, MDS
BIGUANIDES		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
CVS SOFT GLUCOSE 4 GM CHEW TAB	2	
DEX4 4-6 GM-MG CHEW TAB	2	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	2	
DEX4 NATURALS 4-6 GM-MG CHEW TAB	2	
DEX4 POUCH PACK 4-6 GM-MG CHEW TAB	2	
DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	QL (2 units per fill), MDS
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	2	QL (2 units per fill), MDS
GLUCO TO GO 4 GM CHEW TAB	2	
GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
GLUCOSE INSTANT ENERGY (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
GNP GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
GNP QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
GOODSENSE GLUCOSE 4-6 GM-MG CHEW TAB	2	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QL (2 units per fill), MDS

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
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QL (2 units per fill), MDS
GVOKE KIT 1 MG/0.2ML SOLUTION	2	
GVOKE PFS (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR)	2	QL (2 units per fill), MDS
HY-VEE GLUCOSE 4-6 GM-MG CHEW TAB	2	
KORLYM 300 MG TAB	2	PA, QL (112 units per 28 days), SP, MDS
KROGER GLUCOSE 4-6 GM-MG CHEW TAB	2	
LEADER GLUCOSE 4-6 GM-MG CHEW TAB	2	
LEADER QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
LONGS GLUCOSE 4-6 GM-MG CHEW TAB	2	
MEIJER GLUCOSE 4-6 GM-MG CHEW TAB	2	
<i>mifepristone 300 mg tab</i>	1	PA, QL (112 units per 28 days), SP, MDS
PREFERRED PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2	
PX GLUCOSE 4-6 GM-MG CHEW TAB	2	
RA GLUCOSE (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	2	
SM GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
SMART SENSE GLUCOSE 4-6 GM-MG CHEW TAB	2	
TGT GLUCOSE 4-6 GM-MG CHEW TAB	2	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	2	
TRUEPLUS GLUCOSE ON THE GO 4 GM CHEW TAB	2	
UP & UP GLUCOSE 4-6 GM-MG CHEW TAB	2	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2	
WALGREENS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	2	STEP THERAPY - ZEGALOGUE, QL (2 units per fill)
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	2	STEP THERAPY - ZEGALOGUE, QL (2 units per fill)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA 5 MG TAB	2	QL (1 unit per 1 day)
INCRETIN MIMETIC AGENTS		
MOUNJARO (5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 units per 28 days)

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
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), QL (1 fill per 180 days), MDS
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 units per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	PA, QL (0.06 units per 1 day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (0.11 units per 1 day)
OZEMPIC (1 MG/DOSE) (2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN)	2	PA, QL (0.11 units per 1 day)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	PA, QL (0.11 units per 1 day)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (1 unit per day)
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 days), QL (1 fill per 180 days), MDS
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ)	2	PA, QL (0.072 units per 1 day)
TRULICITY (3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	2	PA, QL (0.072 units per 1 day)
VICTOZA 18 MG/3ML SOLN PEN	2	PA, QL (0.3 units per 1 day)
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	1	
INSULIN ASPART 100 UNIT/ML SOLUTION	1	
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	1	
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	1	
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	1	
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	2	
INSULIN DEGLUDEC FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	
LANTUS 100 UNIT/ML SOLUTION	2	
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	2	
LEVEMIR 100 UNIT/ML SOLUTION	2	
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN	2	
LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN	2	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	

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
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	
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	

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>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA (5 MG TAB, 10 MG TAB)	2	QL (1 unit per 1 day)
JARDIANCE (10 MG TAB, 25 MG TAB)	2	QL (1 unit per 1 day)
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI 125 MG TAB DR	2	PA
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID)	1	
<i>loperamide hcl 2 mg cap</i>	1	
<i>opium 10 mg/ml (1%) tincture</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox (90 mg packet, 180 mg packet, 360 mg packet)</i>	1	PA, SP, MDS
<i>deferasirox (90 mg tab, 125 mg tab sol, 180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)</i>	1	PA, SP, MDS
<i>deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)</i>	1	PA, SP, MDS
<i>deferiprone 500 mg tab</i>	1	PA, LA, SP, MDS
FERRIPROX 100 MG/ML SOLUTION	2	PA, LA, SP, MDS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA 200 MG RECON SOLN	2	PA, SP, MDS

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
PRAXBIND 2.5 GM/50ML SOLUTION	2	PA, SP, MDS
OPIOID ANTAGONISTS		
KLOXXADO 8 MG/0.1ML LIQUID	2	
<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr)</i>	1	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	2	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	0	
<i>naltrexone hcl 50 mg tab</i>	1	
OPVEE 2.7 MG/0.1ML SOLUTION	2	
REXTOVY 4 MG/0.25ML LIQUID	2	
VIVITROL 380 MG RECON SUSP	2	PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZIMHI 5 MG/0.5ML SOLN PRSYR	2	
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	1	QL (2 units per fill), MDS
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	1	
SANCUSO 3.1 MG/24HR PATCH	2	PA, QL (4 units per 28 days), MDS
SUSTOL 10 MG/0.4ML PRSYR	2	PA, SP, MDS
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1	
<i>scopolamine 1 mg/3days patch 72hr</i>	1	
TRANSDERM-SCOP 1 MG/3DAYS PATCH 72HR	2	
<i>trimethobenzamide hcl 300 mg cap</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	2	QL (2 units per 28 days), MDS
BONJESTA 20-20 MG TAB ER	2	QL (2 units per 1 day)
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	QL (4 units per 1 day)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (40 mg cap, 80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap, 125 mg cap)</i>	1	

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
CINVANTI 130 MG/18ML EMULSION	2	PA, SP, MDS
EMEND 125 MG/5ML RECON SUSP	2	
ANTIFUNGALS (CONTINUED)		
ANTIFUNGALS		
<i>flucytosine (250 mg cap, 500 mg cap)</i>	1	MDS
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	2	PA, MDS
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	PA
<i>ketoconazole 200 mg tab</i>	1	
NOXAFIL 300 MG PACKET	2	PA, QL (30 units per 30 days), MDS
<i>posaconazole 100 mg tab dr</i>	1	PA, QL (90 units per 30 days), MDS
<i>posaconazole 40 mg/ml suspension</i>	1	PA, QL (20 units per 1 day), MDS
VIVJOA 150 MG CAP THPK	2	PA, QL (18 units per 84 days), MDS
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	1	PA, MDS
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	1	
ANTIHISTAMINES - NON-SEDATING		
<i>all day allergy 10 mg tab</i>	1	
<i>allergy relief (loratadine) 10 mg tab</i>	1	
<i>allergy relief 10 mg tab</i>	1	
<i>allergy relief ceterizine 5 mg tab</i>	1	

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>allergy relief cetirizine 10 mg tab</i>	1	
<i>allergy relief/indoor/outdoor 10 mg tab</i>	1	
<i>cetirizine hcl (5 mg chew tab, 5 mg tab, 10 mg tab)</i>	1	
<i>cetirizine hcl childrens 5 mg chew tab</i>	1	
<i>ft all day allergy 10 mg tab</i>	1	
<i>ft all day allergy 24 hour 10 mg tab</i>	1	
<i>ft all day allergy relief 10 mg tab</i>	1	
<i>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>sm all day allergy 10 mg tab</i>	1	
<i>sm all day allergy relief 10 mg tab</i>	1	
<i>sm allergy relief 10 mg tab disp</i>	1	
<i>sm loratadine 10 mg tab</i>	1	
<i>sm loratadine allergy relief 10 mg tab disp</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	1	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	

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
ANTIHYPERTENSIVES (CONTINUED)		
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
ANTIHYPERTENSIVES - 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)
ANTIHYPERTENSIVES - 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
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	
<i>gemfibrozil 600 mg tab</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL (1 unit per day)
<i>atorvastatin calcium 10 mg tab</i>	1	QL (2 units per 1 day)
<i>fluvastatin sodium 20 mg cap</i>	1	QL (4 units per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluvastatin sodium 40 mg cap</i>	1	QL (2 units per 1 day)
<i>fluvastatin sodium er 80 mg tab er 24h</i>	1	PA, QL (1 unit per day)
LIVALO 1 MG TAB	2	PA, QL (4 units per 1 day)
LIVALO 2 MG TAB	2	PA, QL (2 units per 1 day)
LIVALO 4 MG TAB	2	PA, QL (1 unit per 1 day)
<i>lovastatin 10 mg tab</i>	1	QL (4 units per 1 day)
<i>lovastatin 20 mg tab</i>	1	QL (2 units per 1 day)
<i>lovastatin 40 mg tab</i>	1	QL (1 unit per 1 day)
<i>pravastatin sodium 10 mg tab</i>	1	QL (8 units per day)
<i>pravastatin sodium 20 mg tab</i>	1	QL (4 units per day)
<i>pravastatin sodium 40 mg tab</i>	1	QL (2 units per 1 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 1 day)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	1	QL (1 unit per day)
<i>simvastatin 10 mg tab</i>	1	QL (4 units per day)
<i>simvastatin 20 mg tab</i>	1	QL (2 units per 1 day)
<i>simvastatin 5 mg tab</i>	1	QL (8 units per day)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	2	PA, QL (1 unit per day)
ZYPITAMAG 1 MG TAB	2	PA, QL (1 ea per 1 day), MDS
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe 10 mg tab</i>	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID (20 MG CAP, 30 MG CAP)	2	PA, LA, QL (56 units per 28 days), SP, MDS
JUXTAPID (5 MG CAP, 10 MG CAP)	2	PA, LA, QL (28 units per 28 days), SP, MDS
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)</i>	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO 284 MG/1.5ML SOLN PRSYR	2	PA, SP

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

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>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	1	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	1	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	PA
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	PA
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	1	PA
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	1	
EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB)	2	PA, QL (1 unit per 1 day)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	1	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	1	PA

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>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
TEKTURNA HCT (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB)	2	PA
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	1	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>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 (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	1	
ANTIMALARIALS		
ARTESUNATE 110 MG RECON SOLN	2	
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
KRINTAFEL 150 MG TAB	2	QL (2 ea per 1 day), QL (1 fill per 180 days), MDS
<i>mefloquine hcl 250 mg tab</i>	1	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	2	QL (14 ea per 14 days), QL (14 ea per 180 days), MDS
<i>pyrimethamine 25 mg tab</i>	1	PA, SP, MDS
<i>quinine sulfate 324 mg cap</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10 MG TAB	2	PA, LA, QL (240 units per 30 days), SP, MDS

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>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID 200 MG TAB	2	PA, QL (1 unit per 1 day)
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO (20 MG TAB, 100 MG TAB)	2	PA, LA, SP, MDS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
BELRAPZO 100 MG/4ML SOLUTION	2	SP, MDS
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	2	SP, MDS
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	2	SP
BENDEKA 100 MG/4ML SOLUTION	2	SP, MDS
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	PN (\$0 Oral Oncology), SP
LEUKERAN 2 MG TAB	2	PN (\$0 Oral Oncology)
MELPHALAN 2 MG TAB	1	PN (\$0 Oral Oncology)
MYLERAN 2 MG TAB	2	PN (\$0 Oral Oncology), SP
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	1	SP, MDS
OXALIPLATIN 200 MG/40ML SOLUTION	1	MDS
<i>temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)</i>	1	PN (\$0 Oral Oncology), SP
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	2	PA, SP, MDS
VIVIMUSTA 100 MG/4ML SOLUTION	2	SP, MDS
YONDELIS 1 MG RECON SOLN	2	PA, SP, MDS
ZEPZELCA 4 MG RECON SOLN	2	PA, SP, MDS
ANTIMETABOLITES		
<i>capecitabine (150 mg tab, 500 mg tab)</i>	1	PN (\$0 Oral Oncology), SP, MDS

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

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
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	2	SP, MDS
ZALTRAP (100 MG/4ML SOLUTION, 200 MG/8ML SOLUTION)	2	PA, SP, MDS
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN 150 MG RECON SOLN	2	PA, SP, MDS
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
MARGENZA 250 MG/10ML SOLUTION	2	PA, SP, MDS
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
ONTRUZANT 150 MG RECON SOLN	2	SP, MDS
ONTRUZANT 420 MG RECON SOLN	2	SP
PERJETA 420 MG/14ML SOLUTION	2	SP, MDS
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
TUKYSA (50 MG TAB, 150 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS 50 MG RECON SOLN	2	PA, SP, MDS
ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC)	2	PA, SP, MDS
BAVENCIO 200 MG/10ML SOLUTION	2	PA, SP, MDS
BESPOLSA 0.9 MG RECON SOLN	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
BLNREP 100 MG RECON SOLN	2	PA, MDS
BLINCYTO 35 MCG RECON SOLN	2	PA, SP, MDS
COLUMVI (2.5 MG/2.5ML SOLUTION, 10 MG/10ML SOLUTION)	2	PA, QL (30 ml per 21 days), SP, MDS
DANYELZA 40 MG/10ML SOLUTION	2	PA, SP, MDS
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, MDS
ELAHERE 100 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION)	2	PA, LA, SP, QL (34 days supply per fill), MDS
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
ENHERTU 100 MG RECON SOLN	2	PA, SP, MDS
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	2	PA, SP, MDS
GAZYVA 1000 MG/40ML SOLUTION	2	PA, SP, MDS
IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN)	2	PA, SP, MDS
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	2	PA, SP, MDS
IMJUDO 25 MG/1.25ML SOLUTION	2	PA, QL (375 units per 180 days), SP, MDS
IMJUDO 300 MG/15ML SOLUTION	2	PA, QL (15 units per 180 days), SP, MDS
JEMPERLI 500 MG/10ML SOLUTION	2	PA, SP, MDS
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	2	PA, SP, MDS
KEYTRUDA 100 MG/4ML SOLUTION	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK 100 MCG/0.5ML SOLUTION	2	PA, SP
LIBTAYO 350 MG/7ML SOLUTION	2	PA, LA, SP, MDS
LOQTORZI 240 MG/6ML SOLUTION	2	PA, SP, MDS
LUMOXITI 1 MG RECON SOLN	2	PA, SP, MDS
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	2	PA, SP, MDS
MONJUVI 200 MG RECON SOLN	2	PA, SP, MDS
MYLOTARG 4.5 MG RECON SOLN	2	PA, SP, MDS
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 240 MG/24ML SOLUTION)	2	PA, SP, MDS
OPDIVO 120 MG/12ML SOLUTION	2	PA, SP, MDS
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	2	PA, SP, MDS

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

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

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
ELIGARD 22.5 MG KIT	2	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	2	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	2	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT 140 MG CAP	2	PN (\$0 Oral Oncology), SP
ERLEADA 240 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
ERLEADA 60 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>exemestane 25 mg tab</i>	0	PN (\$0 Oral Oncology)
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	2	SP, 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)
FLUTAMIDE 125 MG CAP	1	PN (\$0 Oral Oncology)
FULVESTRANT 250 MG/5ML SOLN PRSYR	2	SP, MDS
<i>fulvestrant 250 mg/5ml soln prsy</i>	2	SP, MDS
<i>letrozole 2.5 mg tab</i>	0	PN (\$0 Oral Oncology)
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	2	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH) 30 MG KIT	2	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH) 45 MG KIT	2	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN 500 MG TAB	2	LA, PN (\$0 Oral Oncology), SP
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	1	PN (\$0 Oral Oncology)
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide 150 mg tab</i>	1	PN (\$0 Oral Oncology), SP
NUBEQA 300 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), 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
ORGOVYX 120 MG TAB	2	PA, QL (64 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ORSERDU 345 MG TAB	2	PA, LA, QL (30 units per 30 days), SP, MDS
ORSERDU 86 MG TAB	2	PA, LA, QL (90 units per 30 days), SP, MDS
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	0	PN (\$0 Oral Oncology)
<i>toremifene citrate 60 mg tab</i>	1	PN (\$0 Oral Oncology), SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	2	SP, 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	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
XTANDI 80 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
YONSA 125 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG 40 MG TAB	2	PA, LA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	2	PA, QL (8 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	2	PA, QL (4 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	2	PA, QL (8 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	2	PA, QL (4 units per 28 days), PN (\$0 Oral Oncology), SP, MDS

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
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	2	PA, QL (24 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	PA, QL (8 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	2	PA, QL (32 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO 80 (2 X 40) MG RECON SOLN	2	PA, LA, QL (17 doses per lifetime), SP
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, MDS
<i>mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, MDS
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION	2	PA, QL (2.15 units per 1 day), SP, MDS
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION	2	SP, MDS
INQOVI 35-100 MG TAB	2	PA, QL (5 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	2	PA, QL (49 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	2	PA, QL (70 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	2	PA, QL (91 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	2	PA, QL (100 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	2	PA, QL (80 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG 240-80 MG/20ML SOLUTION	2	PA, QL (40 units per 28 days), SP, MDS
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	2	SP, MDS
RITUXAN HYCELA (1400-23400 MG -UT/11.7ML SOLUTION, 1600-26800 MG -UT/13.4ML SOLUTION)	2	PA, SP, MDS
VYXEOS 44-100 MG RECON SUSP	2	PA, LA, SP, MDS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150 MG CAP	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, PN (MIN 30 DAY SUPPLY; MAX 60 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
ALIQOPA 60 MG RECON SOLN	2	PA, SP, MDS
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ALUNBRIG 30 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
AUGTYRO 40 MG CAP	0	PA, QL (240 ea per 30 days), SP, MDS
BALVERSA 3 MG TAB	2	PA, LA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
BALVERSA 4 MG TAB	2	PA, LA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
BALVERSA 5 MG TAB	2	PA, LA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
BELEODAQ 500 MG RECON SOLN	2	PA, SP, MDS
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN)	2	PA, SP
<i>bortezomib 3.5 mg recon soln</i>	2	PA, SP, MDS
BORTEZOMIB 3.5 MG/1.4ML SOLUTION	2	PA, SP
BOSULIF (400 MG TAB, 500 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
BOSULIF 100 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
BRAFTOVI 75 MG CAP	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
BRUKINSA 80 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CALQUENCE 100 MG CAP	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CALQUENCE 100 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CAPRELSA 100 MG TAB	2	PA, LA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CAPRELSA 300 MG TAB	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	2	PA, QL (112 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS

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
COPIKTRA (15 MG CAP, 25 MG CAP)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
COTELLIC 20 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, 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), PN (\$0 Oral Oncology), SP, MDS
<i>dasatinib 20 mg tab</i>	2	QL (90 units per 30 days), 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	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
FYARRO 100 MG RECON SUSP	2	PA, SP
GAVRETO 100 MG CAP	2	PA, QL (120 units per 30 days), SP, MDS
GLEEVEC 100 MG TAB	2	QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
GLEEVEC 400 MG TAB	2	QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB)	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ICLUSIG 45 MG TAB	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IDHIFA (50 MG TAB, 100 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA 140 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA 560 MG TAB	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), MDS
IMBRUVICA 70 MG/ML SUSPENSION	2	PA, QL (216 units per 36 days), PN (\$0 Oral Oncology), SP, MDS

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
INREBIC 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
JAYPIRCA 100 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS
JAYPIRCA 50 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
KISQALI (200 MG DOSE) 200 MG TAB THPK	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE) 200 MG TAB THPK	2	PA, QL (42 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE) 200 MG TAB THPK	2	PA, QL (63 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
KOSELUGO 25 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
KRAZATI 200 MG TAB	2	PA, QL (180 units per 30 days), SP, MDS
KYPROLIS (10 MG RECON SOLN, 30 MG RECON SOLN, 60 MG RECON SOLN)	2	PA, SP, MDS
<i>lapatinib ditosylate 250 mg tab</i>	1	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LORBRENA 100 MG TAB	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LORBRENA 25 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LUMAKRAS 120 MG TAB	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LUMAKRAS 320 MG TAB	2	PA, QL (90 units per 30 days), SP, MDS
LYNPARZA (100 MG TAB, 150 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	2	PA, QL (112 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	2	PA, QL (140 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
MEKINIST 0.05 MG/ML RECON SOLN	2	PA, QL (1200 units per 30 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
MEKINIST 0.5 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MEKINIST 2 MG TAB	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MEKTOVI 15 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
NERLYNX 40 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	2	PA, QL (3 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	0	PA, LA, QL (180 ea per 30 days), SP, MDS
OJEMDA 100 MG TAB	2	PA, LA, QL (24 ea per 28 days), SP, MDS
OJEMDA 25 MG/ML RECON SUSP	2	PA, LA, QL (96 ml per 28 days), SP, MDS
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	2	PA, LA, QL (30 ea per 30 days), SP, MDS
<i>pazopanib hcl 200 mg tab</i>	0	PA, QL (120 units per 30 days), SP, QL (30 days supply per fill), MDS
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	2	PA, LA, QL (14 units per 21 days), PN (\$0 Oral Oncology), SP, MDS
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
QINLOCK 50 MG TAB	2	PA, LA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	1	PA, QL (60 ea per 30 days), SP, MDS
RETEVMO 40 MG CAP	1	PA, QL (90 ea per 30 days), PN (\$0 Oral Oncology), SP, MDS
RETEVMO 40 MG TAB	1	PA, QL (90 ea per 30 days), SP, MDS
RETEVMO 80 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
REZLIDHIA 150 MG CAP	2	PA, QL (30 units per 30 days), SP, MDS
<i>romidepsin 10 mg recon soln</i>	2	PA, SP
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION	2	PA, SP, MDS
ROZLYTREK 100 MG CAP	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), 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
ROZLYTREK 200 MG CAP	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ROZLYTREK 50 MG PACKET	2	PA, QL (336 ea per 28 days), SP, MDS
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
RYDAPT 25 MG CAP	2	PA, QL (224 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
SCEMBLIX (20 MG TAB, 40 MG TAB)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
SCEMBLIX 100 MG TAB	2	PA, QL (120 ea per 30 days), SP, MDS
<i>sorafenib tosylate 200 mg tab</i>	1	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
SPRYCEL 20 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
STIVARGA 40 MG TAB	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, 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	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA (150 MG TAB, 200 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TAFINLAR (50 MG CAP, 75 MG CAP)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TAFINLAR 10 MG TAB SOL	2	PA, QL (900 units per 30 days), SP, MDS
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TASIGNA (150 MG CAP, 200 MG CAP)	2	PA, QL (112 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
TASIGNA 50 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TAZVERIK 200 MG TAB	2	PA, LA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>temsirolimus 25 mg/ml solution</i>	2	PA, SP, MDS
TEPMETKO 225 MG TAB	2	PA, LA, QL (60 units per 30 days), SP, MDS
TIBSOVO 250 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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>torpenz (2.5 mg tab, 10 mg tab)</i>	1	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
<i>torpenz (5 mg tab, 7.5 mg tab)</i>	1	PA, QL (28 units per 28 days), SP, MDS
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	2	PA, QL (64 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
TRUQAP (160 MG TAB, 200 MG TAB)	2	PA, QL (64 ea per 28 days), SP, MDS
TURALIO (125 MG CAP, 200 MG CAP)	2	PA, LA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	0	PA, LA, QL (56 units per 28 days), SP, QL (28 days supply per fill), MDS
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 100 MG CAP	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 20 MG/ML SOLUTION	2	PA, QL (300 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 25 MG CAP	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VONJO 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VORANIGO 10 MG TAB	2	PA, LA, QL (60 units per 30 days), SP, MDS
VORANIGO 40 MG TAB	2	PA, LA, QL (30 units per 30 days), SP, MDS
VOTRIENT 200 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), 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	PA, QL (120 units per 30 days), 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, PN (\$0 Oral Oncology), SP, MDS
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	2	PA, QL (30 tabs per 30 days), SP, MDS
ZEJULA 100 MG CAP	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), MDS
ZELBORAF 240 MG TAB	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ZOLINZA 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ZYDELIG (100 MG TAB, 150 MG TAB)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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
ZYKADIA 150 MG TAB	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC ENZYMES		
ASPARLAS 3750 UNIT/5ML SOLUTION	2	SP, MDS
ONCASPAR 750 UNIT/ML SOLUTION	2	LA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY), MDS
RYLAZE 10 MG/0.5ML SOLUTION	2	PA, SP
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC 15 MCI/ML SOLUTION	2	PA, SP, MDS
AZEDRA THERAPEUTIC 15 MCI/ML SOLUTION	2	PA, SP, MDS
LUTATHERA 370 MBQ/ML SOLUTION	2	PA, SP, MDS
PLUVICTO 1000 MBQ/ML SOLUTION	2	PA, SP
XOFIGO 30 MCCI/ML SOLUTION	2	PA, SP, MDS
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	2	PA, SP, MDS
BESREMI 500 MCG/ML SOLN PRSYR	2	PA, LA, QL (2 units per 28 days), SP, MDS
<i>bexarotene 75 mg cap</i>	1	PA, PN (\$0 Oral Oncology), SP, MDS
<i>hydroxyurea 500 mg cap</i>	1	PN (\$0 Oral Oncology)
MATULANE 50 MG CAP	2	LA, PN (\$0 Oral Oncology), SP, MDS
SYNRIBO 3.5 MG RECON SOLN	2	PA, SP, MDS
<i>tretinoin 10 mg cap</i>	1	PN (\$0 Oral Oncology), SP
TRISENOX 12 MG/6ML SOLUTION	2	PA, SP, MDS
CHEMOTHERAPY ADJUNCTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	2	PA, SP, MDS
KEPIVANCE 5.16 MG RECON SOLN	2	PA, LA, SP, QL (34 day supply per fill), MDS
KEPIVANCE 6.25 MG RECON SOLN	2	LA, SP, MDS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA 300 MG RECON SOLN	2	PA, SP, MDS
IWILFIN 192 MG TAB	0	PA, LA, QL (240 ea per 30 days), SP, MDS
KHAPZORY (175 MG RECON SOLN, 300 MG RECON SOLN)	2	PA, SP, MDS
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	

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
MESNEX 400 MG TAB	2	SP, MDS
PEDMARK 12.5 % SOLUTION	2	PA, SP, MDS
MITOTIC INHIBITORS		
ABRAXANE 100 MG RECON SUSP	2	PA, SP, MDS
<i>eribulin mesylate 1 mg/2ml solution</i>	2	PA, SP, MDS
ETOPOSIDE 50 MG CAP	1	PN (\$0 Oral Oncology), SP
HALAVEN 1 MG/2ML SOLUTION	2	PA, SP, MDS
IXEMPRA KIT (15 MG RECON SOLN, 45 MG RECON SOLN)	2	PA, SP, MDS
JEVTANA 60 MG/1.5ML SOLUTION	2	PA, SP, MDS
<i>paclitaxel protein-bound part 100 mg recon susp</i>	2	PA, SP, MDS
PACLITAXEL PROTEIN-BOUND PART 100 MG RECON SUSP	2	PA, SP
ONCOLYTIC VIRAL AGENTS		
IMLYGIC (1000000 UNIT/ML SUSPENSION, 100000000 UNIT/ML SUSPENSION)	2	PA, SP, MDS
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	PN (\$0 Oral Oncology), SP, MDS
ONIVYDE 43 MG/10ML INJECTABLE	2	PA, SP, MDS
TRODELVY 180 MG RECON SOLN	2	PA, SP, MDS
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone 200 mg tab</i>	1	
ONGENTYS (25 MG CAP, 50 MG CAP)	2	ST, QL (1 unit per 1 day)
<i>tolcapone 100 mg tab</i>	1	ST
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1	
<i>apomorphine hcl 30 mg/3ml soln cart</i>	1	SP
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	1	

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
CARBIDOPA-LEVODOPA (10-100 MG TAB, 10-100 MG TAB DISP, 25-100 MG TAB, 25-100 MG TAB DISP, 25-250 MG TAB, 25-250 MG TAB DISP)	1	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	1	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	1	
INBRIJA 42 MG CAP	2	QL (300 units per 30 days), SP, MDS
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	2	QL (150 units per 30 days), MDS
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	1	
<i>pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	1	PA
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	1	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	1	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium 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 (1.5 & 3 MG CAP THPK, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	2	PA, QL (1 unit per 1 day)
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	1	

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
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	PA
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	2	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	2	PA, QL (3.5 units per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	2	PA, QL (5 units per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	2	PA, QL (0.75 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	2	PA, QL (1 unit per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	2	PA, QL (1.5 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	2	PA, QL (0.25 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	2	PA, QL (0.5 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	2	PA, QL (0.88 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	2	PA, QL (1.32 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	2	PA, QL (1.75 units per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	2	PA, QL (2.63 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 6 mg tab er 24h, 9 mg tab er 24h)</i>	1	PA
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	2	PA, QL (1 unit per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA (12.5 MG, 25 MG, 37.5 MG, 50 MG)	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1	

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
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 100 MG/0.28ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR, 150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR)	2	PA, QL (1 ml per 28 days), SP, MDS
BUTYROPHENONES		
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	1	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	1	
DIBENZAPINES		
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	1	PA
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	1	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	1	
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg recon soln, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	1	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	1	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	2	PA, QL (1 unit per 1 day)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>compro 25 mg suppos</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	1	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	1	

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>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, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)</i>	1	
ARISTADA 1064 MG/3.9ML PRSYR	2	PA, QL (3.9 units per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	2	PA, QL (1.6 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	2	PA, QL (3.2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO 675 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 28 days), SP, MDS
THIOXANTHENES		
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANTISEPTICS & DISINFECTANTS (CONTINUED)		
ANTISEPTIC COMBINATIONS		
IV PREP WIPES 70 % PAD	2	
MICROCLENS WIPES 30 % PAD	2	
UNI-SOLVE PAD	2	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (30 units per 1 day)
<i>abacavir sulfate 300 mg tab</i>	1	QL (2 units per 1 day)

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

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

Drug Name	Drug Tier	Requirements / Limits
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 units per 1 day)
<i>etravirine (100 mg tab, 200 mg tab)</i>	1	QL (2 units per 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)
<i>lamivudine 10 mg/ml solution</i>	1	QL (30 units per 1 day)
<i>lamivudine 150 mg tab</i>	1	QL (2 units per 1 day)
<i>lamivudine 300 mg tab</i>	1	QL (1 unit per 1 day)
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	QL (2 units per 1 day)
LEXIVA 50 MG/ML SUSPENSION	2	QL (56 units per 1 day)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	QL (8 units per day)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	QL (4 units per day)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (14 units per 1 day)
<i>maraviroc 150 mg tab</i>	1	QL (2 units per 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)
NORVIR 80 MG/ML SOLUTION	2	QL (16 units per 1 day)
ODEFSEY 200-25-25 MG TAB	2	QL (1 unit per 1 day)
PIFELTRO 100 MG TAB	2	QL (2 units per 1 day)
PREZCOBIX 800-150 MG TAB	2	QL (1 unit per 1 day)

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>oseltamivir phosphate 75 mg cap</i>	1	QL (42 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
RELENZA DISKHALER 5 MG/ACT AER POW BA	2	QL (60 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
RIMANTADINE HCL 100 MG TAB	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QL (2 units per 180 days), MDS
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	QL (2 units per 180 days), MDS
MISC. ANTIVIRALS		
LAGEVRIO 200 MG CAP	2	QL (40 ea per fills)
TPOXX 200 MG CAP	0	QL (9 units per 14 days), QL (14 days supply per 365 days), MDS
TPOXX 200 MG/20ML SOLUTION	0	QL (80 ml per 14 days), QL (14 days supply per 365 days), MDS
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin 6 gm recon soln</i>	1	SP
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1	
<i>carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i>	1	PA
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	1	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
<i>metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
BETA BLOCKERS NON-SELECTIVE		
INNOPRAN XL (80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	

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

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

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>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	1	
<i>nimodipine 30 mg cap</i>	1	
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
VERAPAMIL HCL ER (100 MG CAP ER 24H, 120 MG CAP ER 24H, 120 MG TAB ER, 180 MG CAP ER 24H, 180 MG TAB ER, 200 MG CAP ER 24H, 240 MG CAP ER 24H, 240 MG TAB ER, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	1	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek (125 mcg tab, 250 mcg tab)</i>	1	
<i>digox (125 mcg tab, 250 mcg tab)</i>	1	
<i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	1	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	2	PA, QL (30 units per 30 days), SP, MDS
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	
ENTRESTO 24-26 MG TAB	2	QL (6 units per 1 day)
ENTRESTO 49-51 MG TAB	2	QL (3 units per 1 day)
ENTRESTO 97-103 MG TAB	2	QL (2 units per 1 day)
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

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

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
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	2	PA, QL (2 units per 1 day)
CORLANOR 5 MG/5ML SOLUTION	2	PA, QL (20 units per 1 day)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	1	PA, QL (2 ea per 1 day)
TRANSTHYRETIN STABILIZERS		
VYNDAMAX 61 MG CAP	2	PA, QL (30 units per 30 days), SP, MDS
VYNDAQEL 20 MG CAP	2	PA, QL (120 units per 30 days), SP, MDS
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	2	PA, QL (1 unit per day)
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ 2.5 (2-0.5) GM RECON SOLN	2	PA, MDS
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	1	
CEFACLOR ER 500 MG TAB ER 12H	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefдинir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefіxime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1	
<i>cefподoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB)	2	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA 1 GM RECON SOLN	2	PA, MDS

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

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

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>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	
<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	

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>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>lutera 0.1-20 mg-mcg tab</i>	0	
<i>marlissa 0.15-30 mg-mcg tab</i>	0	
<i>merzee 1-20 mg-mcg(24) cap</i>	0	
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	0	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	0	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	0	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	0	
<i>mili 0.25-35 mg-mcg tab</i>	0	
<i>mono-linyah 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	

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>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	
<i>previfem 0.25-35 mg-mcg tab</i>	0	
<i>reclipsen 0.15-30 mg-mcg tab</i>	0	
<i>rivelsa 42-21-21-7 days tab</i>	0	
<i>setlakin 0.15-0.03 mg tab</i>	0	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	0	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	0	
<i>sronyx 0.1-20 mg-mcg tab</i>	0	

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

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>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>zarah 3-0.03 mg tab</i>	0	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	0	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	0	
<i>zumandimine 3-0.03 mg tab</i>	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	0	
TWIRLA 120-30 MCG/24HR PATCH WK	0	
<i>xulane 150-35 mcg/24hr patch wk</i>	0	
<i>zafemy 150-35 mcg/24hr patch wk</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA 0.013-0.15 MG/24HR RING	0	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	0	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	0	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	0	
<i>haloette 0.12-0.015 mg/24hr ring</i>	0	
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER IUD	0	SP
EMERGENCY CONTRACEPTIVES		
<i>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	

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>option 2 1.5 mg tab</i>	0	
<i>react 1.5 mg tab</i>	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
<i>medroxyprogesterone acetate (150 mg/ml susp prsy, 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>nora-be 0.35 mg tab</i>	0	
<i>norethindrone 0.35 mg tab</i>	0	
<i>norlyda 0.35 mg tab</i>	0	
<i>norlyroc 0.35 mg tab</i>	0	
OPILL 0.075 MG TAB	0	
<i>sharobel 0.35 mg tab</i>	0	
SLYND 4 MG TAB	0	
<i>tulana 0.35 mg tab</i>	0	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE (0.5 MG CAP SPRINK, 1 MG CAP SPRINK, 2 MG CAP SPRINK, 5 MG CAP SPRINK)	2	PA, LA, SP, MDS
<i>budesonide 3 mg cp dr part</i>	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	

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>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf) 100 mg recon soln</i>	1	MDS
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	1	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	
SOLU-CORTEF (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	
TARPEYO 4 MG CAP DR	2	PA, LA, QL (120 units per 30 days), SP, MDS
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i>	1	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	1	
<i>hydromet 5-1.5 mg/5ml solution</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	1	
<i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i>	1	
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i>	1	
<i>promethazine vc 6.25-5 mg/5ml syrup</i>	1	
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	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>promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)</i>	1	
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1	
<i>promethazine-phenylephrine 6.25-5 mg/5ml syrup</i>	1	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	1	
<i>virtussin a/c 100-10 mg/5ml solution</i>	1	
<i>virtussin ac w/alc 100-10 mg/5ml liquid</i>	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	1	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	
<i>amnesteem (10 mg cap, 20 mg cap, 40 mg cap)</i>	1	MDS
ARAZLO 0.045 % LOTION	2	PA
<i>avar cleanser 10-5 % liquid</i>	1	
<i>avita (0.025 % cream, 0.025 % gel)</i>	1	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	1	
ERY 2 % PAD	1	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
FABIOR 0.1 % FOAM	2	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i>	1	MDS
<i>sulfacetamide sod-sulfur wash 9-4.5 % liquid</i>	1	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % liquid, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % liquid, 10-5 % lotion, 10-5 % suspension)</i>	1	

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-SULFUR IN UREA 10-5 % EMULSION	1	
TAZAROTENE 0.1 % FOAM	1	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN 15 % OINTMENT	2	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE 1.3 % PATCH	1	PA, QL (30 units per 15 days), MDS
<i>diclofenac sodium 1 % gel</i>	1	QL (10 units per 1 day)
<i>diclofenac sodium 1.5 % solution</i>	1	PA
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin 2 % ointment</i>	1	
<i>mupirocin calcium 2 % cream</i>	1	
XEPI 1 % CREAM	2	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	1	
<i>econazole nitrate 1 % cream</i>	1	
<i>ketconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	1	
KETODAN (2 % FOAM, 2 % KIT)	1	
<i>klayesta 100000 unit/gm powder</i>	1	
<i>naftifine hcl (1 % cream, 2 % cream)</i>	1	
<i>nyamyc 100000 unit/gm powder</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	1	

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>nystop 100000 unit/gm powder</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	PA, SP
<i>fluorouracil (0.5 % cream, 2 % solution, 5 % cream, 5 % solution)</i>	1	
VALCHLOR 0.016 % GEL	2	PA, LA, SP, MDS
ANTIPSORIATICS		
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	1	PA, SP, MDS
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	1	
<i>calcitrene 0.005 % ointment</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 28 days), SP, MDS
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 28 days), SP, MDS
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), SP, MDS
METHOXSALLEN RAPID 10 MG CAP	1	PA, MDS
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	2	PA, QL (1 unit per 84 days), PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO 450 MG/7.5ML SOLUTION	2	PA, LA, SP
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 units per 84 days), PN (The quantity limit and day supply is based on indication), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 90 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 56 days), PN (The quantity limit and day supply is based on indication), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</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
TREMFYA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA (200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	2	PA, QL (2 ml per 28 days), SP, MDS
TREMFYA 200 MG/20ML SOLUTION	2	PA, QL (20 ml per 28 days), SP, MDS
ZORYVE 0.3 % CREAM	2	PA, QL (60 units per 30 days), MDS
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>sodium sulfacetamide wash 10 % liquid</i>	1	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	1	PA, QL (5 units per fill)
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir 1 % cream</i>	1	PA, QL (5 units per fill), MDS
XERESE 5-1 % CREAM	2	PA
BURN PRODUCTS		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
CAUTERIZING AGENTS		
<i>silver nitrate 0.5 % solution</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	
AMCINONIDE 0.1 % CREAM	1	
<i>beseer 0.05 % lotion</i>	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>clobetasol prop emollient base 0.05 % cream</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	

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>clobetasol propionate e 0.05 % cream</i>	1	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1	
<i>diflorasone diacetate 0.05 % ointment</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body 0.01 % oil</i>	1	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	
<i>fluocinonide emulsified base 0.05 % cream</i>	1	
<i>flurandrenolide (0.05 % cream, 0.05 % lotion)</i>	1	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream, 0.05 % lotion)</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
<i>hydrocortisone butyr lipo base 0.1 % cream</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
PREDNICARBATE 0.1 % OINTMENT	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone in 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

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 (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	2	PA, QL (2.28 units per 28 days), SP, MDS
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, MDS
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA, QL (1.34 units per 28 days), MDS
OPZELURA 1.5 % CREAM	2	PA, QL (240 units per 28 days)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	2	PA, QL (30 units per 30 days), SP, MDS
<i>pimecrolimus 1 % cream</i>	1	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX 0.5 % GEL	2	
<i>podofilox 0.5 % solution</i>	1	
YCANTH 0.7 % SOLUTION	2	PA, QL (2 ea per 21 days), SP, MDS
LOCAL ANESTHETICS - TOPICAL		
<i>glydo 2 % prsy</i>	1	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine 5 % patch</i>	1	PA, MDS
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsy</i>	1	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	1	
<i>lidocan 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	

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>cvs isopropyl alcohol wipes 70 % misc</i>	2	
<i>isopropyl alcohol 70 % misc</i>	2	
<i>isopropyl alcohol wipes 70 % misc</i>	2	
<i>medpura alcohol pads 70 % misc</i>	2	
<i>qc alcohol 70 % misc</i>	2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	2	
XERAC AC 6.25 % SOLUTION	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA 2 % OINTMENT	2	PA
PROTECTIVES AGAINST UV RADIATION		
SCENESSE 16 MG IMPLANT	2	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	PA, QL (30 gm per fills)
FINACEA 15 % FOAM	2	PA
<i>ivermectin 1 % cream</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
ROSADAN (0.75 % CREAM, 0.75 % CREAM KIT)	1	
SCABICIDES PEDICULICIDES		
LINDANE 1 % SHAMPOO	1	
<i>malathion 0.5 % lotion</i>	1	
<i>permethrin 5 % cream</i>	1	
SPINOSAD 0.9 % SUSPENSION	1	
WOUND CARE PRODUCTS		
VYJUVEK 5000000000 PFU/2.5ML GEL	2	PA, LA, QL (10 ml per 8 days), SP, QL (28 days supply per fill), MDS
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC DRUGS		
MACRILEN 60 MG PACKET	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
THYROGEN 0.9 MG RECON SOLN	2	SP, MDS
DIAGNOSTIC TESTS		
ADVIN COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
BD VERITOR HOME COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
BINAXNOW COVID-19 AG HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
CARESTART COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
CHEMSTRIP K STRIP	2	QL (100 units per fill)
CHEMSTRIP UGK STRIP	2	QL (100 units per fill)
CLEARDETECT COVID-19 AG HOME KIT	0	QL (8 units per 30 day(s)), MDS
CLINITEST RAPID COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 AT HOME ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 AT-HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 OTC ANTIGEN 1-PACK KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 OTC ANTIGEN 2-PACK KIT	0	QL (8 units per 30 day(s)), MDS
CVS COVID-19 AT HOME TEST KIT KIT	0	QL (8 units per 30 day(s)), MDS
CVS KETONE CARE STRIP	2	QL (100 units per fill)
DIATRUST COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
ELLUME COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
FASTEP COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
FLOWFLEX COVID-19 AG HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
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

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
ONETOUCH ULTRA STRIP	2	QL (200 units per 30 days)
ONETOUCH ULTRA BLUE TEST STRIP	2	QL (200 units per 30 days)
ONETOUCH ULTRA TEST STRIP	2	QL (200 units per 30 days)
ONETOUCH VERIO STRIP	2	QL (200 units per 30 days)
PILOT COVID-19 AT-HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
QUICKVUE AT-HOME COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
RELION KETONE TEST STRIP	2	QL (100 units per fill)
SPEEDY SWAB COVID-19 ANTIGEN KIT	0	QL (8 units per 30 day(s)), MDS
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	2	
PERTZYE (4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART)	2	PA
VIOKACE (10440-39150 TAB, 20880-78300 TAB)	2	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	2	PA
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
DIURETIC COMBINATIONS		
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	

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>toremide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
DIURIL 250 MG/5ML SUSPENSION	2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	1	
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
EVENITY 105 MG/1.17ML SOLN PRSYR	2	PA, SP, MDS
FOSAMAX PLUS D (70-2800 TAB, 70-5600 TAB)	2	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 unit per 30 days)
PROLIA 60 MG/ML SOLN PRSYR	2	PA, SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	1	PA, QL (2.48 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	PA, QL (1.56 units per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA 120 MG/1.7ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID 4 MG/100ML SOLUTION	1	MDS
<i>zoledronic acid 4 mg/5ml conc</i>	1	SP, MDS
<i>zoledronic acid 5 mg/100ml solution</i>	1	SP, PN (MIN 365 DAY SUPPLY; MAX 365 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
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	2	PA, MDS
NOVAREL 5000 UNIT RECON SOLN	2	PA, MDS
PREGNYL 10000 UNIT RECON SOLN	2	MDS
GNRH/LHRH ANTAGONISTS		
ORLISSA 150 MG TAB	2	PA, QL (30 units per 30 days), MDS
ORLISSA 200 MG TAB	2	PA, QL (60 units per 30 days), MDS
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	2	PA, SP, MDS
GROWTH HORMONES		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	2	PA, SP, MDS
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	2	PA, SP, MDS
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	2	PA, SP, MDS
NGENLA (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	2	PA, SP, MDS
NORDITROPIN FLEXPOR (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN	2	PA, SP, MDS
OMNITROPE (5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART)	2	PA, SP, MDS
OMNITROPE 5.8 MG RECON SOLN	2	PA, SP, MDS
SAIZEN (5 MG RECON SOLN, 8.8 MG RECON SOLN)	2	PA, SP, MDS
SAIZENPREP 8.8 MG RECON SOLN	2	PA, SP, MDS
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	2	PA, SP, MDS
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	2	PA, SP
SOGROYA 10 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS

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
SOGROYA 15 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
SOGROYA 5 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN)	2	PA, SP, MDS
ZOMACTON (FOR ZOMA-JET 10) 10 MG RECON SOLN	2	PA, SP, MDS
HORMONE RECEPTOR MODULATORS		
OSPHENA 60 MG TAB	2	PA, QL (1 ea per 1 days)
<i>raloxifene hcl 60 mg tab</i>	0	PN (\$0 copay for women)
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA 500 MG RECON SOLN	2	PA, LA, SP, MDS
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH) 45 MG KIT	2	PA, QL (1 unit per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	2	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	2	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA 50 MG KIT	2	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
SYNAREL 2 MG/ML SOLUTION	2	
TRIPTODUR 22.5 MG SRER	2	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION	2	PA, SP, MDS
BRINEURA 2 X 150 MG/5ML KIT	2	PA, SP, MDS
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	1	
CRYSVITA (10 MG/ML SOLUTION, 20 MG/ML SOLUTION, 30 MG/ML SOLUTION)	2	PA, SP, MDS
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	1	
ELAPRASE 6 MG/3ML SOLUTION	2	PA, SP, MDS
ELFABRIO 20 MG/10ML SOLUTION	2	PA, LA, SP, MDS
ELFABRIO 5 MG/2.5ML SOLUTION	1	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
FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN)	2	PA, SP, MDS
GALAFOLD 123 MG CAP	2	PA, LA, QL (14 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>javygtor (100 mg packet, 500 mg packet)</i>	1	PA, LA, SP, MDS
<i>javygtor 100 mg tab</i>	1	PA, SP, MDS
KANUMA 20 MG/10ML SOLUTION	2	PA, SP, MDS
LAMZEDE 10 MG RECON SOLN	2	PA, LA, SP, MDS
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf 1 gm/10ml solution</i>	1	
LUMIZYME 50 MG RECON SOLN	2	PA, SP, MDS
MEPSEVII 10 MG/5ML SOLUTION	2	PA, LA, SP, MDS
NAGLAZYME 1 MG/ML SOLUTION	2	PA, SP, MDS
NEXVIAZYME 100 MG RECON SOLN	2	PA, SP
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	2	PA, LA, SP
NULIBRY 9.5 MG RECON SOLN	2	PA, LA, SP, MDS
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	2	PA, QL (14 units per 28 days), SP, MDS
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, QL (84 units per 28 days), SP, MDS
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION)	2	PA, SP, MDS
REVCOVI 2.4 MG/1.5ML SOLUTION	2	PA, LA, SP
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, SP, MDS
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	2	PA, LA, SP, MDS
VIMIZIM 5 MG/5ML SOLUTION	2	PA, SP, MDS
XENPOZYME 20 MG RECON SOLN	2	PA, SP
XENPOZYME 4 MG RECON SOLN	2	PA, SP, MDS
XPHOZAH (20 MG TAB, 30 MG TAB)	2	PA, LA, QL (60 ea per 30 days), SP, MDS
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	2	PA, QL (30 units per 30 days), SP, MDS

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
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray 0.01 % solution</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline 0.5 mg tab</i>	1	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>lanreotide acetate 120 mg/0.5ml solution</i>	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>octreotide acetate (20 mg kit, 30 mg kit)</i>	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1	SP, MDS
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	2	PA, LA, QL (60 units per 30 days), SP, MDS
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	2	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
TOLVAPTAN 15 MG TAB	1	PA, QL (60 units per 30 days), MDS
<i>tolvaptan 15 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
<i>tolvaptan 30 mg tab</i>	1	PA, QL (30 units per 30 days), SP, MDS
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	

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
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	2	
DUAVEE 0.45-20 MG TAB	2	PA
<i>est estrogens-methyltest (0.625-1.25 mg tab, 1.25-2.5 mg tab)</i>	1	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
<i>estratest f.s. 1.25-2.5 mg tab</i>	1	
<i>estratest h.s. 0.625-1.25 mg tab</i>	1	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	1	
<i>jinteli 1-5 mg-mcg tab</i>	1	
<i>mimvey 1-0.5 mg tab</i>	1	
MYFEMBREE 40-1-0.5 MG TAB	2	PA, QL (28 units per 28 days), MDS
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	1	
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	2	PA, QL (56 units per 28 days), MDS
PREMPHASE 0.625-5 MG TAB	2	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	2	
ESTROGENS		
DELESTROGEN 10 MG/ML OIL	2	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	2	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	1	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	1	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	

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
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
FLUROQUINOLONES (CONTINUED)		
FLUROQUINOLONES		
BAXDELA 450 MG TAB	2	PA, QL (28 units per 14 days), MDS
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM (50 MG CAP, 250 MG CAP)	2	PA, LA, SP, MDS
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	1	QL (2 units per 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
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY (PELLETS) 200 MCG CAP SPRINK	2	PA, LA, QL (36 units per 1 day), SP, QL (34 days supply per fill), MDS
BYLVAY (PELLETS) 600 MCG CAP SPRINK	2	PA, LA, QL (12 units per 1 day), SP, QL (34 days supply per fill), MDS
BYLVAY 1200 MCG CAP	2	PA, LA, QL (6 units per 1 day), SP, QL (34 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
BYLVAY 400 MCG CAP	2	PA, LA, QL (18 units per 1 day), SP, QL (34 days supply per fill), MDS
LIVMARLI 9.5 MG/ML SOLUTION	2	PA, LA, QL (90 units per 30 days), SP, MDS
INFLAMMATORY BOWEL AGENTS		
AVSOLA 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>balsalazide disodium 750 mg cap</i>	1	
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	2	PA, QL (1 unit per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA 2 X 200 MG KIT	2	PA, QL (1 unit per 28 days), SP, MDS
CIMZIA-STARTER 200 MG/ML PREF SY KT	2	PA, QL (3 units per 28 days), SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM 250 MG CAP	2	
ENTYVIO 108 MG/0.68ML SOLN A-INJ	2	PA, QL (1.36 ml per 28 days), SP, MDS
ENTYVIO 300 MG RECON SOLN	2	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
INFLECTRA 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	1	
<i>mesalamine er (0.375 gm cap er 24h, 500 mg cap er)</i>	1	
<i>mesalamine-cleanser 4 gm kit</i>	1	
OMVOH 100 MG/ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), SP, MDS
OMVOH 300 MG/15ML SOLUTION	2	PA, QL (45 ml per 56 days), SP, MDS
PENTASA 250 MG CAP ER	2	
REMICADE 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLEXIS 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 180 MG/1.2ML SOLN CART	2	PA, QL (1.2 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 360 MG/2.4ML SOLN CART	2	PA, QL (2.4 units per 56 days), 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)

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

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

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

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

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
HEMLIBRA (30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION, 300 MG/2ML SOLUTION)	2	PA, SP, MDS
HEMLIBRA 12 MG/0.4ML SOLUTION	2	PA, SP, MDS
HEMOFIL M (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1700 RECON SOLN)	2	PA, SP, MDS
HUMATE-P (250-600 RECON SOLN, 500-1200 RECON SOLN, 1000-2400 RECON SOLN)	2	PA, SP, MDS
JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
KCENTRA (500 KIT, 1000 KIT)	2	MDS
KOATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN)	2	PA, SP, MDS
KOATE-DVI (500 RECON SOLN, 1000 RECON SOLN)	2	PA, SP, MDS
KOGENATE FS (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	2	PA, SP, MDS
NOVOEIGHT (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
OBIZUR 500 UNIT RECON SOLN	2	PA, SP, MDS
RECOMBINATE (220-400 RECON SOLN, 401-800 RECON SOLN, 801-1240 RECON SOLN, 1241-1800 RECON SOLN, 1801-2400 RECON SOLN)	2	PA, SP, MDS
WILATE (500-500 KIT, 1000-1000 KIT)	2	PA, SP, MDS
XYNTHA (250 KIT, 500 KIT, 1000 KIT, 2000 KIT)	2	PA, SP, MDS
XYNTHA SOLOFUSE (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	2	PA, SP, MDS
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	1	PA, QL (9 units per 30 days), SP, MDS
<i>sajazir 30 mg/3ml soln prsyr</i>	1	PA, LA, QL (9 units per 30 days), SP, MDS
COMPLEMENT INHIBITORS		
BERINERT 500 UNIT KIT	2	PA, SP, MDS
CINRYZE 500 UNIT RECON SOLN	2	PA, SP, MDS
EMPAVELI 1080 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ENJAYMO 1100 MG/22ML SOLUTION	2	PA, SP
FABHALTA 200 MG CAP	2	PA, LA, QL (60 ea per 30 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
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	2	PA, QL (8 doses per 28 days), SP, MDS
RUCONEST 2100 UNIT RECON SOLN	2	PA, SP, MDS
SOLIRIS 300 MG/30ML SOLUTION	2	PA, SP, MDS
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	2	PA, SP, MDS
VEOPOZ 400 MG/2ML SOLUTION	2	PA, LA, SP, MDS
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA (500 KIT, 1500 KIT)	2	PA, LA, SP, MDS
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er 400 mg tab er</i>	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR 10 MG/ML SOLUTION	2	PA, SP, MDS
ORLADEYO (110 MG CAP, 150 MG CAP)	2	PA, LA, QL (28 units per 28 days), SP, MDS
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM 68.8 MG RECON SOLN	2	PA, LA, SP
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl 0.5 mg cap</i>	1	SP
<i>anagrelide hcl 1 mg cap</i>	1	
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	1	
BRILINTA (60 MG TAB, 90 MG TAB)	2	
CABLIVI 11 MG KIT	2	PA, QL (30 units per 30 days), SP, MDS
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	
<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	

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
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 (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CEREZYME 400 UNIT RECON SOLN	2	PA, SP, MDS
ELELYSO 200 UNIT RECON SOLN	2	PA, SP, MDS
<i>miglustat 100 mg cap</i>	1	PA, QL (90 units per 30 days), SP, MDS
VPRIV 400 UNIT RECON SOLN	2	PA, SP, MDS
<i>yargesa 100 mg cap</i>	1	PA, LA, QL (90 units per 30 days), SP, MDS
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO 100 MG/10ML SOLUTION	2	PA, SP, MDS
ENDARI 5 GM PACKET	2	PA, QL (180 units per 30 days), SP, MDS
<i>l-glutamine 5 gm packet</i>	2	PA, QL (180 ea per 30 days), SP, MDS
SIKLOS (100 MG TAB, 1000 MG TAB)	2	PA, SP
COBALAMINS		
<i>sm vitamin b-12 100 mcg tab</i>	0	
<i>sm vitamin b-12 500 mcg tab</i>	0	
<i>true vitamin b12 (500 mcg tab, 1000 mcg tab)</i>	0	
<i>vitamin b-12 1000 mcg tab</i>	0	
FOLIC ACID/FOLATES		
<i>cvs folic acid 800 mcg tab</i>	0	
<i>folate 400 mcg tab</i>	0	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	0	
<i>folic acid 1 mg tab</i>	1	
<i>gnp folic acid 400 mcg tab</i>	0	
<i>hm folic acid 400 mcg tab</i>	0	
<i>kp folic acid 800 mcg tab</i>	0	
<i>px folic acid 400 mcg tab</i>	0	

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>qc folic acid 800 mcg tab</i>	0	
<i>ra folic acid (400 mcg tab, 800 mcg tab)</i>	0	
<i>sm folic acid 400 mcg tab</i>	0	
<i>true folic acid 400 mcg tab</i>	0	
<i>yl folic acid 400 mcg tab</i>	0	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	2	PA, SP, MDS
DOPTELET 20 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	PA, SP, MDS
FULPHILA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
FYLNETRA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 day), SP, MDS
LEUKINE 250 MCG RECON SOLN	2	PA, SP, MDS
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	2	PA, LA, SP, MDS
MIRCERA 120 MCG/0.3ML SOLN PRSYR	2	PA, LA, SP
MULPLETA 3 MG TAB	2	PA, QL (7 units per fill), SP
NEULASTA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
NEULASTA ONPRO 6 MG/0.6ML PREF SY KT	2	PA, QL (0.043 units per 1 day), SP
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	2	PA, SP, MDS
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	2	PA, SP, MDS

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

Drug Name	Drug Tier	Requirements / Limits
PROMACTA (12.5 MG PACKET, 25 MG PACKET)	2	PA, SP, MDS
PROMACTA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	2	PA, SP, MDS
REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN)	2	PA, SP, MDS
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
RELEUKO 300 MCG/ML SOLUTION	2	PA, SP
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	2	PA, SP, MDS
ROLVEDON 13.2 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 day), SP, MDS
STIMUFEND 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 day), SP, MDS
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	2	PA, QL (0.043 units per 1 day), SP
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 day), SP
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
HEMATOPOIETIC MIXTURES		
FOLTABS 800 800-10-115 MCG-MG-MCG TAB	0	
IRON		
EZFE 200 434.8 (200 FE) MG CAP	0	
<i>ferate 240 (27 fe) mg tab</i>	0	
<i>ferosul 325 (65 fe) mg tab</i>	0	
<i>ferrex 150 150 mg cap</i>	0	
FERRIMIN 150 150 MG TAB	0	
FERROUS GLUCONATE 324 (38 FE) MG TAB	0	
<i>ferrous sulfate (75 (15 fe) mg/ml solution, 220 (44 fe) mg/5ml solution, 300 (60 fe) mg/5ml solution, 324 (65 fe) mg tab dr, 325 (65 fe) mg tab, 325 (65 fe) mg tab dr)</i>	0	
<i>ferrous sulfate 300 mg/6.8ml solution</i>	1	
<i>ferumoxytol 510 mg/17ml solution</i>	2	LA, SP, MDS
<i>gnp iron 200 (65 fe) mg tab</i>	0	
INJECTAFER 100 MG/2ML SOLUTION	2	SP
INJECTAFER 750 MG/15ML SOLUTION	2	SP, MDS
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</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>iron infant/toddler 75 (15 fe) mg/ml solution</i>	0	
<i>iron supplement childrens 75 (15 fe) mg/ml solution</i>	0	
<i>nu-iron 150 mg cap</i>	0	
<i>poly-iron 150 150 mg cap</i>	0	
<i>polysaccharide iron complex 150 mg cap</i>	0	
<i>sm iron 325 (65 fe) mg tab</i>	0	
<i>sm iron slow release 160 (50 fe) mg tab er</i>	0	
<i>true ferrous sulfate 324 mg tab dr</i>	0	
<i>wee care 15 mg/1.25ml suspension</i>	0	
STEM CELL MOBILIZERS		
APHEXDA 62 MG RECON SOLN	2	PA, SP, MDS
MOZOBIL 24 MG/1.2ML SOLUTION	2	SP, MDS
XOLREMDI 100 MG CAP	2	PA, LA, QL (120 ea per 30 days), SP, MDS
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
SEZABY 100 MG RECON SOLN	2	
NON-BARBITURATE HYPNOTICS		
<i>estazolam (1 mg tab, 2 mg tab)</i>	1	
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	1	
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	2	PA, QL (30 tabs per 30 days), MDS
QUAZEPAM 15 MG TAB	1	
<i>temazepam (15 mg cap, 30 mg cap)</i>	1	
<i>temazepam (7.5 mg cap, 22.5 mg cap)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>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 (CONTINUED)		
LAXATIVE COMBINATIONS		
CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	2	
GAVILYTE-C 240 GM RECON SOLN	1	
<i>gavilyte-g 236 gm recon soln</i>	1	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	1	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	1	
PLENVU 140 GM RECON SOLN	2	
LAXATIVES - MISCELLANEOUS		
<i>constulose 10 gm/15ml solution</i>	1	
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	2	PA
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
CLARITHROMYCIN		
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	

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>clarithromycin er 500 mg tab er 24h</i>	1	
ERYTHROMYCINS		
E.E.S. 400 400 MG TAB	1	
<i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
ERYTHROCIN STEARATE 250 MG TAB	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	2	PA, QL (20 units per fill)
DIFICID 40 MG/ML RECON SUSP	2	PA, QL (150 units per fill)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
CAYA DIAPHRAGM	0	
FC2 FEMALE CONDOM MISC	0	
FEMCAP (22 DEVICE, 26 DEVICE, 30 DEVICE)	0	
OMNIFLEX DIAPHRAGM DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	0	
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH MISC	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS MISC	2	

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
HY-VEE 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	
KINNEY LANCETS MISC	2	
KINNEY THIN LANCETS MISC	2	
KROGER AUTOLET LANCING DEVICE MISC	2	
KROGER HEALTHPRO LANCET 26G MISC	2	
KROGER LANCETS MISC	2	
KROGER LANCETS 21G MISC	2	
KROGER LANCETS MICRO THIN 33G MISC	2	
KROGER LANCETS SUPER THIN MISC	2	
KROGER LANCETS THIN MISC	2	
KROGER LANCETS THIN 26G MISC	2	
KROGER LANCETS ULTRATHIN 30G MISC	2	
KROGER LANCING DEVICE MISC	2	
LANCET DEVICE MISC	2	
LANCET DEVICE WITH EJECTOR MISC	2	
LANCET TRANSPORTER CASE MISC	2	
LANCETS MISC	2	
LANCETS 28G MISC	2	
LANCETS 30G MISC	2	
LANCETS 33G MISC	2	
LANCETS MICRO THIN 33G MISC	2	
LANCETS SUPER THIN MISC	2	
LANCETS SUPER THIN 28G MISC	2	
LANCETS THIN MISC	2	

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

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

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 LANCING DEVICE MISC	2	
MINI LANCING DEVICE MISC	2	
MM LANCING DEVICE MISC	2	
MM TWIST LANCETS MISC	2	
MONOLET LANCETS MISC	2	
MONOLET OPD LANCETS MISC	2	
MONOLETTOR SAFETY LANCETS MISC	2	
MPD SAFETY LANCET 21G MISC	2	
MPD SAFETY LANCET 23G MISC	2	
MPD SAFETY LANCET 28G MISC	2	
MPD SAFETY LANCET 30G MISC	2	
MULTI-LANCET DEVICE MISC	2	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH LANCETS 30G MISC	2	
NOVA SAFETY LANCETS 23G MISC	2	
NOVA SAFETY LANCETS 28G MISC	2	
NOVA SUREFLEX LANCETS MISC	2	
NOVA SUREFLEX LANCING DEVICE MISC	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	2	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G6 PODS (GEN 5) MISC	2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	

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

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

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

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

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

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
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	
SHOPKO AUTOLET LANCING DEVICE MISC	2	
SHOPKO ON-THE-GO LANCETS 30G MISC	2	
SHOPKO UNILET LANCETS 28G MISC	2	
SHOPKO UNILET LANCETS 30G MISC	2	
SIDE BUTTON SAFETY LANCET MISC	2	
SIMPLE DIAGNOSTICS LANCING DEV MISC	2	
SINGLE-LET MISC	2	
SM LANCETS 33G MISC	2	
SM TRUEDRAW LANCING DEVICE MISC	2	
SMART DIABETES VANTAGE LANCING MISC	2	
SMART SENSE COLOR LANCETS 33G MISC	2	
SMART SENSE STANDARD LANCETS MISC	2	
SMART SENSE SUPER THIN LANCETS MISC	2	
SMART SENSE THIN LANCETS 26G MISC	2	
SMARTEST LANCETS 28G MISC	2	
SOLUS V2 LANCETS 28G MISC	2	
SOLUS V2 LANCING DEVICE MISC	2	
SOLUS V2 TWIST LANCETS 30G MISC	2	
STERILANCE PA MISC	2	
STERILANCE TL MISC	2	
SUPER THIN LANCETS MISC	2	
SURE COMFORT LANCETS 18G MISC	2	
SURE COMFORT LANCETS 21G MISC	2	
SURE COMFORT LANCETS 23G MISC	2	

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

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 LANCETS 33G MISC	2	
TRUEPLUS SAFETY LANCETS 28G MISC	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	
ULTRALANCE MISC	2	
UNILET COMFORTOUCH LANCET MISC	2	
UNILET EXCELITE MISC	2	
UNILET EXCELITE II MISC	2	
UNILET G.P. LANCET MISC	2	
UNILET G.P. SUPERLITE LANCET MISC	2	
UNILET GP 28 ULTRA THIN MISC	2	
UNILET LANCET MISC	2	
UNILET MICRO-THIN 33G MISC	2	
UNILET SUPER-THIN 30G MISC	2	
UNILET SUPERLITE LANCET MISC	2	
UNILET ULTRA-THIN 28G MISC	2	
UNISTIK 1 MISC	2	
UNISTIK 2 MISC	2	
UNISTIK 2 COMFORT MISC	2	
UNISTIK 2 EXTRA MISC	2	
UNISTIK 2 NEONATAL MISC	2	
UNISTIK 2 NORMAL MISC	2	
UNISTIK 2 SUPER MISC	2	

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

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

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 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	
WALGREENS LANCETS MICRO THIN MISC	2	
WALGREENS LANCETS SUPER THIN MISC	2	
WALGREENS THIN LANCETS MISC	2	
WALGREENS ULTRA THIN LANCETS MISC	2	
ZEV RX TWIST TOP LANCETS 30G MISC	2	
MISC. DEVICES		
ADVOCATE ALCOHOL PREP PADS 70 % PAD	2	
ALCOH-GLOVE CONTOURED WIPE PAD	2	
ALCOH-WIPE SHEET	2	
ALCOHOL PADS 70 % PAD	2	
ALCOHOL PREP (70 % PAD, PAD)	2	
ALCOHOL PREP PADS 70 % PAD	2	
ALCOHOL PREPS PAD	2	
ALCOHOL SWABS (70 % PAD, PAD)	2	
ALCOHOL SWABSTICK (70 % PAD, PAD)	2	
APLICARE ALCOHOL SWABSTICK 70 % PAD	2	

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

Drug Name	Drug Tier	Requirements / Limits
AUM 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	
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	

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 ALCOHOL PREP 70 % PAD	2	
SURE-PREP 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	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	2	
ADVOCATE INSULIN PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 33G X 4 MM MISC)	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
AQINJECT PEN NEEDLE (31G X 5 MISC, 32G X 4 MISC)	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	2	
ASSURE ID INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	2	
ASSURE ID SAFETY PEN NEEDLES (30G X 5 MISC, 30G X 8 MISC, 31G X 5 MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
AUM 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 (X 5MM MISC, X 8MM MISC)	2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	2	
BD INSULIN SYR ULTRAFINE II (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
BD INSULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
BD INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	2	
BD PEN MISC	2	
BD PEN MINI MISC	2	
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	2	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML MISC	2	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	2	
BD VEO INSULIN SYRINGE U/F (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CAREONE UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 33G X 4 MM MISC)	2	
CEQR SIMPLICITY 2U DEVICE	2	QL (10 units per 30 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	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	2	
EASY TOUCH FLIPLOCK INSULIN SY (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 6 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
EASY TOUCH SAFETY PEN NEEDLES (29G X 5MM MISC, 29G X 8MM MISC, 30G X 8 MM MISC)	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
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	
FREESTYLE PRECISION INS SYR (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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

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
H-E-B INCONTROL PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	2	
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	2	
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	2	
HUMATROPEN FOR 12MG DEVICE	2	
HUMATROPEN FOR 24MG DEVICE	2	
HUMATROPEN FOR 6MG DEVICE	2	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
INJECT-EASE MISC	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	2	
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1" 0.3 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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

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

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
LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MAXI-COMFORT SAFETY PEN NEEDLE (X 5MM MISC, X 8MM MISC)	2	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC	2	
MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
MEDICINE SHOPPE PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MEIJER PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MICRODOT PEN NEEDLE (31G X 6 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, 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
NORDIPEN DELIVERY SYSTEM MISC	2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	2	
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	2	
NOVOPEN ECHO DEVICE	2	
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC	2	
OMNITROPE PEN 10 INJ DEVICE MISC	2	
OMNITROPE PEN 5 INJ DEVICE MISC	2	
PC UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC	2	
PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
PEN NEEDLES 3/16" 31G X 5 MM MISC	2	
PEN NEEDLES 5/16" (30G X 8 MISC, 31G X 8 MISC)	2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
PENTIPS GENERIC PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC	2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC	2	
PRECISION SURE-DOSE SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 3/8" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
PRECISION SUREDOSE PLUS SYR (X 1/2" 0.3 ML MISC, X 1/2" 1 ML MISC)	2	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
PREFERRED PLUS UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	2	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
SAFETY PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
SB INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	2	
SHOPKO UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
SHOPKO UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SURE COMFORT PEN NEEDLES (29G X 12.7MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
SURE-FINE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC)	2	
SURE-JECT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	
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	

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
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 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
TRUEPLUS 5-BEVEL PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
TRUEPLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUEPLUS PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC	2	
ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTICARE MICRO PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ULTICARE MINI PEN NEEDLES (30G X 5 MISC, 31G X 6 MISC, 32G X 6 MISC)	2	
ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
ULTICARE SHORT PEN NEEDLES (30G X 8 MISC, 31G X 8 MISC)	2	
ULTIGUARD SAFEPACK PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE SHORT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	2	
ULTRA FLO INSULIN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	2	
ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA-THIN II INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC	2	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC	2	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRACARE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC)	2	
UNIFINE PEN NEEDLES 32G X 4 MM MISC	2	
UNIFINE PENTIPS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PENTIPS PLUS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 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	
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
VERIFINE PLUS PEN NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	2	
WEGMANS UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ZEV RX 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	

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

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

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>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	QL (8 units per 28 days), MDS
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	1	QL (8 units per 28 days), MDS
ZEMBRACE SYMTOUCH 3 MG/0.5ML SOLN A-INJ	2	PA, QL (8 units per 28 days), MDS
<i>zolmitriptan (2.5 mg solution, 5 mg solution)</i>	1	PA, QL (16 units per 28 days), MDS
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL (16 units per 28 days), MDS
<i>zomig (2.5 mg tab, 5 mg tab)</i>	1	MDS
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
PHOSPHATE		
K-PHOS 500 MG TAB	2	
POTASSIUM		
<i>effe-k 25 meq effe tab</i>	1	
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	1	
<i>klor-con m20 20 meq tab er</i>	1	
<i>klor-con/ef 25 meq effe 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 (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine (250 mg cap, 250 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>trientine hcl 250 mg cap</i>	1	SP
ENZYMES		
XIAFLEX 0.9 MG RECON SOLN	2	PA, SP, MDS
IMMUNOMODULATORS		
JOENJA 70 MG TAB	2	PA, LA, QL (60 tabs per 30 days), SP, MDS
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (15 MG CAP, 20 MG CAP, 25 MG CAP)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REZUROCK 200 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
THALOMID (50 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP)	2	SP, MDS
VYVGART 400 MG/20ML SOLUTION	2	PA, SP
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	2	PA, QL (22.4 ml per 50 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
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	2	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	PA
GAMIFANT (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION)	2	PA, LA, SP, MDS
GAMIFANT 100 MG/20ML SOLUTION	2	PA, LA, SP, MDS
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
LUPKYNIS 7.9 MG CAP	2	PA, LA, QL (180 units per 30 days), SP, MDS

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

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

Drug Name	Drug Tier	Requirements / Limits
BENLYSTA 200 MG/ML SOLN A-INJ	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS
SAPHNELO 300 MG/2ML SOLUTION	2	PA, QL (2 units per 28 days), SP, MDS
UREMIC PRURITUS AGENTS		
KORSUVA 65 MCG/1.3ML SOLUTION	2	PA
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl 2 % solution</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
DENTAL PRODUCTS		
<i>denta 5000 plus 1.1 % cream</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>dentagel 1.1 % gel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>fraiche 5000 dental 1.1 % gel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.2 % solution, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 plus 1.1 % cream</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel, 1.1 % paste)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	PN (\$0 Copay for 6 months through 16 years of age)
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone 0.1 % paste</i>	1	

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

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

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

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

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

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

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

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
BACLOFEN 5 MG/5ML SOLUTION	1	PA, QL (16 units per 1 day)
<i>carisoprodol (250 mg tab, 350 mg tab)</i>	1	
<i>chlorzoxazone (375 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>fexmid 7.5 mg tab</i>	1	
<i>lorzone (375 mg tab, 750 mg tab)</i>	1	
<i>metaxalone (400 mg tab, 800 mg tab)</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	1	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1.5 MG CAP, 10 MG CAP)	2	PA, LA, QL (2 ea per 30 days), SP, MDS
SOHONOS 1 MG CAP	2	PA, LA, QL (4 ea per 30 days), SP, MDS
SOHONOS 2.5 MG CAP	2	PA, LA, QL (3 ea per 30 days), SP, MDS
SOHONOS 5 MG CAP	2	PA, LA, QL (1 ea per 30 days), SP, MDS
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL-ASPIRIN-CODEINE 200-325-16 MG TAB	1	
VISCOSUPPLEMENTS		
EUFLEXXA 20 MG/2ML SOLN PRSYR	2	PA, QL (12 ml per 180 days), SP, MDS
SYNOJOYNT 20 MG/2ML SOLN PRSYR	2	PA, QL (12 ml per 180 days), SP, QL (180 days supply per fill), MDS
TRILURON 20 MG/2ML SOLN PRSYR	2	PA, QL (12 ml per 180 days), SP, QL (180 days supply per fill), MDS
TRIVISC 25 MG/2.5ML SOLN PRSYR	2	QL (15 ml per 180 days), SP, QL (180 days supply per fill), MDS
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENT COMBINATIONS		
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	1	
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	

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>olopatadine hcl 0.6 % solution</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
NASAL STEROIDS		
BECONASE AQ 42 MCG/SPRAY SUSPENSION	2	PA
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
<i>ft allergy relief 24 hr 50 mcg/act suspension</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	
OMNARIS 50 MCG/ACT SUSPENSION	2	PA
QNASL 80 MCG/ACT AERO SOLN	2	PA
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	2	PA
ZETONNA 37 MCG/ACT AERO SOLN	2	PA
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
<i>edaravone 30 mg/100ml solution</i>	2	PA, SP, MDS
EXSERVAN 50 MG FILM	2	PA, LA, QL (60 units per 30 days), SP, MDS
QALSODY 100 MG/15ML SOLUTION	2	PA, LA, SP, MDS
RADICAVA 30 MG/100ML SOLUTION	2	PA, LA, SP, MDS
RADICAVA ORS 105 MG/5ML SUSPENSION	2	PA, QL (50 units per 28 days), SP, MDS
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	2	PA, QL (70 ml per 28 days), SP, QL (1 fill per 180 days), MDS
<i>riluzole 50 mg tab</i>	1	
TEGLUTIK 50 MG/10ML SUSPENSION	2	PA, LA, QL (600 units per 30 days), SP, MDS
TIGLUTIK 50 MG/10ML SUSPENSION	2	PA, LA, QL (600 units per 30 days), SP, MDS
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	2	PA, LA, QL (90 caps per 30 days), SP, MDS
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 100 MG/2ML SOLUTION	2	PA, LA, SP, MDS

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>cyclopentolate hcl 1 % solution</i>	1	
ISOPTO ATROPINE 1 % SOLUTION	1	
<i>phenylephrine hcl 10 % solution</i>	1	
<i>tropicamide (0.5 % solution, 1 % solution)</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	2	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
VUITY 1.25 % SOLUTION	2	PA, QL (2.5 units per 30 days)
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	2	PA, QL (0.1 units per 25 days), SP, MDS
BEOVU 6 MG/0.05ML SOLUTION	2	PA, QL (0.1 units per 25 days), MDS
CIMERLI (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	2	PA, QL (0.1 units per 28 days), SP, MDS
EYLEA (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	2	PA, QL (0.1 units per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD 8 MG/0.07ML SOLUTION	2	PA, QL (0.14 ml per 21 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	2	PA, QL (0.1 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT 1ST FILL) 10 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL) 10 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
VABYSMO 6 MG/0.05ML SOLN PRSYR	2	PA, QL (0.1 ml per 21 days), SP, MDS
VABYSMO 6 MG/0.05ML SOLUTION	2	PA, QL (0.1 units per 21 days), SP, MDS
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P 0.1 % SOLUTION	2	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate (0.15 % solution, 0.2 % solution)</i>	1	
SIMBRINZA 1-0.2 % SUSPENSION	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1 % SOLUTION	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
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	1	
BESIVANCE 0.6 % SUSPENSION	2	
CILOXAN 0.3 % OINTMENT	2	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
NATACYN 5 % SUSPENSION	2	
<i>neo-polycin 3.5-400-10000 ointment</i>	1	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin 500-10000 unit/gm ointment</i>	1	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	
XDEMVIY 0.25 % SOLUTION	2	PA, QL (10 ml per 42 days), SP, MDS
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY 2 MG/0.1ML SOLUTION	2	PA, QL (0.2 ml per 28 days), SP, MDS
SYFOVRE 15 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 25 days), SP, MDS
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA 5 % SOLUTION	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE 0.002 % SOLUTION	2	PA, LA, QL (56 units per 28 days), SP, MDS

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

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

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

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

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

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

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

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

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
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	1	
PROGESTINS (CONTINUED)		
PROGESTINS		
<i>gallifrey 5 mg tab</i>	1	
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	2	PA, MDS
LILETTA (52 MG) 20.1 MCG/DAY IUD	0	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
MAKENA 275 MG/1.1ML SOLN A-INJ	2	PA, MDS
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
NEXPLANON 68 MG IMPLANT	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
<i>norethindrone acetate 5 mg tab</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>disulfiram (250 mg tab, 500 mg tab)</i>	1	
<i>lofexidine hcl 0.18 mg tab</i>	2	PA, QL (112 units per 7 days), MDS
LUCEMYRA 0.18 MG TAB	2	PA, QL (112 units per 7 days), MDS
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
XYREM 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
XYWAV 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
ANTIDEMENTIA AGENTS		
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	1	
<i>memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)</i>	1	PA

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
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB)	1	
<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	1	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	1	
FIBROMYALGIA AGENTS		
SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB)	2	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	2	
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine 12.5 mg tab</i>	1	PA, QL (102 units per 34 days), SP, MDS
<i>tetrabenazine 25 mg tab</i>	1	PA, QL (136 units per 34 days), SP, MDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	2	QL (1 unit per 28 days), SP, MDS
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	2	QL (1 unit per 28 days), SP, MDS
BAFIERTAM 95 MG CAP DR	2	ST, QL (120 units per 30 days), SP, MDS
BETASERON 0.3 MG KIT	2	QL (14 units per 28 days), SP, MDS
BRIUMVI 150 MG/6ML SOLUTION	2	PA, SP, MDS
<i>dalfampridine er 10 mg tab er 12h</i>	1	QL (60 units per 30 days), SP, MDS
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL (14 units per 7 days), SP, MDS
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL (60 units per 30 days), SP, MDS
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	1	QL (60 units per 30 days), SP, MDS
EXTAVIA 0.3 MG KIT	2	QL (15 units per 30 days), SP, MDS
<i>fingolimod hcl 0.5 mg cap</i>	1	QL (30 units per 30 days), SP, MDS
GILENYA 0.25 MG CAP	2	QL (30 units per 30 days), SP, MDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL (30 units per 30 days), SP, MDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL (12 units per 28 days), SP, MDS
KESIMPTA 20 MG/0.4ML SOLN A-INJ	2	QL (0.4 units per 28 days), SP, MDS
LEMTRADA 12 MG/1.2ML SOLUTION	2	PA, QL (5 days supply per 365 day), SP, PN (MIN 365 DAY SUPPLY; MAX 365 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
MAVENCLAD (10 TABS) 10 MG TAB THPK	2	PA, QL (10 units per 28 days), SP, MDS
MAVENCLAD (4 TABS) 10 MG TAB THPK	2	PA, QL (4 units per 27 days), SP, MDS
MAVENCLAD (5 TABS) 10 MG TAB THPK	2	PA, QL (5 units per 28 days), SP, MDS
MAVENCLAD (6 TABS) 10 MG TAB THPK	2	PA, QL (6 units per 28 days), SP, MDS
MAVENCLAD (7 TABS) 10 MG TAB THPK	2	PA, QL (7 units per 28 days), SP, MDS
MAVENCLAD (8 TABS) 10 MG TAB THPK	2	PA, QL (8 units per 28 days), SP, MDS
MAVENCLAD (9 TABS) 10 MG TAB THPK	2	PA, QL (9 units per 28 days), SP, MDS
MAYZENT (1 MG TAB, 2 MG TAB)	2	QL (30 units per 30 days), SP, MDS
MAYZENT 0.25 MG TAB	2	QL (140 units per 28 days), SP, MDS
MAYZENT STARTER PACK 0.25 MG TAB THPK	2	QL (7 ea per 4 days), SP, QL (1 fill per180 days), 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
OCREVUS 300 MG/10ML SOLUTION	2	PA, QL (20 ml per 180 days), SP, QL (2 fills per 365 days), PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
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
PONVORY 20 MG TAB	2	QL (30 units per 30 days), SP, MDS
PONVORY STARTER PACK 2,3,4,5,6,7,8,9 & 10 MG TAB THPK	2	QL (14 ea per 14 days), SP, QL (1 fill per180 days), MDS
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	2	QL (6 units per 28 days), SP, MDS
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	2	QL (6 units per 28 days), SP, MDS
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	2	QL (4.2 units per 28 days), SP, MDS
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	2	QL (4.2 units per 28 days), SP, MDS
<i>teriflunomide 14 mg tab</i>	1	QL (30 units per 30 days), SP, MDS
<i>teriflunomide 7 mg tab</i>	1	PA, QL (30 units per 30 days), SP, MDS
TYSABRI 300 MG/15ML CONC	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VUMERITY 231 MG CAP DR	2	ST, QL (120 units per 30 days), SP, MDS
ZEPOSIA 0.92 MG CAP	2	PA, QL (30 units per 30 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), 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
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	PA, QL (7 ea per 7 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, QL (1 fill per180 days), MDS
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	PA, QL (37 ea per 37 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), QL (1 fill per180 days), MDS
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 units per 28 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, MDS
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES 1 MG TAB	1	
PIMOZIDE (1 MG TAB, 2 MG TAB)	1	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	0	
CHANTIX 1 MG TAB	0	QL (2 units per 1 day)
CHANTIX CONTINUING MONTH PAK 1 MG TAB	0	QL (2 units per 1 day)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB THPK	0	QL (53 ea per 30 days), QL (1 fill per180 days), MDS
<i>ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 21 mg/24hr patch 24hr)</i>	0	
<i>ft nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>gnp nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr, 21-14-7 mg/24hr kit)</i>	0	
<i>nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	

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>nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>nicotine polacrilex mini 2 mg lozenge</i>	0	
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	0	
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	0	
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	0	
NICOTROL 10 MG INHALER	0	
NICOTROL NS 10 MG/ML SOLUTION	0	
<i>sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	0	QL (2 units per 1 day)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	0	QL (53 ea per 30 days), PN (0), QL (1 fillper180 days), MDS
<i>varenicline tartrate(continue) 1 mg tab</i>	0	QL (2 units per 1 day)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA 25 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 units per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ONPATTRO 10 MG/5ML SOLUTION	2	PA, SP, MDS
TEGSEDI 284 MG/1.5ML SOLN PRSYR	2	PA, LA, QL (6 units per 28 days), SP, MDS
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP 1000 MG RECON SOLN	2	PA, LA, SP, MDS
ARALAST NP 500 MG RECON SOLN	2	PA, SP, MDS
GLASSIA 1000 MG/50ML SOLUTION	2	PA, LA, SP, MDS
PROLASTIN-C 1000 MG RECON SOLN	2	PA, LA, SP, MDS
PROLASTIN-C 1000 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ZEMAIRA 1000 MG RECON SOLN	2	PA, LA, SP, MDS
CYSTIC FIBROSIS AGENTS		
KALYDECO (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

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
KALYDECO 5.8 MG PACKET	2	PA, LA, QL (56 units per 28 days), SP, QL (28 days supply per fill), MDS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	2	PA, LA, QL (112 units per 28 days), SP, MDS
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	2	PA, LA, QL (56 units per 28 days), SP, MDS
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	PA, SP, MDS
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	2	PA, LA, QL (84 units per 28 days), SP, MDS
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	1	
TETRACYCLINES (CONTINUED)		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TAB	2	PA, SP
TETRACYCLINES		
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	1	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	1	
<i>minocycline hcl er (55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 105 mg tab er 24h, 115 mg tab er 24h)</i>	1	PA
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	

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>propylthiouracil 50 mg tab</i>	1	
THYROID HORMONES		
ADTHYZA (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	2	
<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	1	
<i>unithroid 137 mcg tab</i>	2	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	0	
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	
DIPHThERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	0	
INFANRIX 25-58-10 SUSPENSION	0	
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	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 LFU INJECTABLE	0	
TETANUS-DIPHThERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	0	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>hyosyne (0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	1	
CIMETIDINE HCL 300 MG/5ML SOLUTION	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1	
<i>ft acid reducer max strength 20 mg tab</i>	1	
NIZATIDINE (150 MG CAP, 300 MG CAP)	1	
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole (30 mg cap dr, 60 mg cap dr)</i>	1	ST, QL (1 unit per day)
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	1	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	
<i>ft acid reducer 15 mg cap dr</i>	1	
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	1	
<i>lansoprazole (15 mg tab dr disp, 30 mg tab dr disp)</i>	1	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	2	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	
ULCER THERAPY COMBINATIONS		
<i>omeprazole-sodium bicarbonate (20-1100 mg cap, 20-1680 mg packet, 40-1100 mg cap, 40-1680 mg packet)</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)</i>	1	ST
<i>fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)</i>	1	ST
GELNIQUE 10 % GEL	2	PA
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	
OXYTROL 3.9 MG/24HR PATCH TW	2	ST
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	1	
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	1	
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	1	ST
<i>tropium chloride 20 mg tab</i>	1	
<i>tropium chloride er 60 mg cap er 24h</i>	1	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL (1 unit per 1 day)
MYRBETRIQ 8 MG/ML SRER	2	QL (10 units per day)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl 100 mg tab</i>	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB RECON SOLN	0	
BEXSERO SUSP PRSYR	0	
CAPVAXIVE 0.5 ML SOLN PRSYR	0	QL (0.5 ml per lifetime), AL, MDS
HIBERIX 10 MCG RECON SOLN	0	
MENACTRA SOLUTION	0	
MENVEO (RECON SOLN, SOLUTION)	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
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	0	
PENBRAYA RECON SUSP	0	QL (2 ea per lifetime)
PNEUMOVAX 23 (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	0	
PREVNAR 13 SUSPENSION	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	
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	0	
AFLURIA QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, SUSPENSION)	0	
AREXVY 120 MCG/0.5ML RECON SUSP	0	QL (1 ea per lifetime), AL, MDS
AUDENZ (0.5 ML PRSYR, EMULSION)	0	
COMIRNATY (30 MCG/0.3ML SUSP PRSYR, 30 MCG/0.3ML SUSPENSION)	0	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	0	
FLUAD 0.5 ML SUSP PRSYR	0	
FLUAD QUADRIVALENT 0.5 ML PRSYR	0	
FLUARIX 0.5 ML SUSP PRSYR	0	
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	0	
FLUBLOK 0.5 ML SOLN PRSYR	0	
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	0	
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLULAVAL 0.5 ML SUSP PRSYR	0	
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR	0	

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
FLUMIST LIQUID	0	
FLUMIST QUADRIVALENT SUSPENSION	0	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	0	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	0	
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	0	AL, MDS
HAVRIX (720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION)	0	AL, MDS
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	0	
IPOL INJECTABLE	0	
JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION	0	
JYNNEOS 0.5 ML SUSPENSION	0	AL, MDS
M-M-R II RECON SOLN	0	
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	0	
MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VAC 6M-11Y (25 MCG/0.25ML SUSP PRSYR, 25 MCG/0.25ML SUSPENSION)	0	
MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	0	
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	0	
MRESVIA 50 MCG/0.5ML SUSP PRSYR	1	QL (0.5 ml per lifetime), AL, MDS
NOVAVAX COVID-19 VACCINE (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	0	
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	0	
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	0	
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	0	

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
PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION)	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y (3 MCG/0.2ML SUSPENSION, 3 MCG/0.3ML SUSPENSION)	0	
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	0	
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION	0	
PREHEVBRIO 10 MCG/ML SUSPENSION	0	
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 COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	0	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	0	AL, MDS
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	0	AL, MDS
VARIVAX 1350 PFU/0.5ML RECON SUSP	0	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
SPERMICIDES		
OPTIONS CONCEPTROL 4 % GEL	0	
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	0	
SHUR-SEAL CONTRACEPTIVE 2 % GEL	0	
TODAY SPONGE 1000 MG MISC	0	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 12.5 % FOAM, 28 % FILM)	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE 2 % CREAM	2	

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>metronidazole 0.75 % gel</i>	1	
MICONAZOLE 3 200 MG SUPPOS	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI 1.8-1-0.4 % GEL	0	
VAGINAL ESTROGENS		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	1	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	2	
PREMARIN 0.625 MG/GM CREAM	2	
<i>yuvafem 10 mcg tab</i>	1	
VAGINAL PROGESTINS		
CRINONE 4 % GEL	2	PA
CRINONE 8 % GEL	2	PA
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	AL, 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 (CONTINUED)		
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	

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
WATER SOLUBLE VITAMINS		
<i>ascorbic acid 500 mg tab</i>	0	
<i>b1 natural 250 mg tab</i>	0	
<i>gnp vitamin c drops 60 mg lozenge</i>	0	
<i>niacin er 250 mg cap er</i>	0	
<i>sm chewable c 500 mg chew tab</i>	0	
<i>sm vit c/rose hips 1000 mg tab</i>	0	
<i>sm vitamin b-6 100 mg tab</i>	0	
<i>sm vitamin c (500 mg chew tab, 1000 mg tab)</i>	0	
<i>sm vitamin c 250 mg tab</i>	0	
<i>sm vitamin c/rose hips 500 mg tab</i>	0	
<i>true vitamin b1 100 mg tab</i>	0	
<i>true vitamin b1 250 mg tab</i>	0	
<i>true vitamin b2 (25 mg tab, 50 mg tab, 100 mg tab)</i>	0	
<i>true vitamin b3 (50 mg tab, 100 mg tab, 250 mg tab, 500 mg tab)</i>	0	
<i>true vitamin b6 (25 mg tab, 50 mg tab, 100 mg tab)</i>	0	
<i>true vitamin c (250 mg tab, 500 mg tab, 1000 mg tab)</i>	0	
<i>vitajoy biotin gummies 2500 mcg chew tab</i>	0	
<i>vitamin b-1 100 mg tab</i>	0	
<i>vitamin b-6 25 mg tab</i>	0	
<i>vitamin b1 100 mg tab</i>	0	
<i>vitamin c 500 mg tab</i>	0	

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

Index

1

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

A

abacavir sulfate	68
abacavir sulfate-lamivudine	69
ABILIFY ASIMTUFI	68
ABILIFY MAINTENA	68
abiraterone acetate	53
ABOUTTIME PEN NEEDLE	134
ABRAXANE	64
ABRYVO	177
ACAM2000	177
acarbose	34
ACCU-CHEK FASTCLIX LANCET	114
ACCU-CHEK FASTCLIX LANCETS	114
ACCU-CHEK SAFE-T PRO LANCETS	115
ACCU-CHEK SOFTCLIX LANCET DEV	115
ACCU-CHEK SOFTCLIX LANCETS	115
acebutolol hcl	73
acetaminophen-codeine	19
acetazolamide	95
acetazolamide er	95
acetic acid	165
acetylcysteine	87
acitretin	89
ACTEEV PROTECT FACE MASK	149
ACTEMRA	15
ACTEMRA ACTPEN	15
ACTHIB	176
ACTI-LANCE 28G	115
ACTI-LANCE LITE LANCETS 28G	115
ACTI-LANCE SPECIAL LANCETS 17G	115
ACTI-LANCE UNIVERSAL 23G	115
ACTIMMUNE	63
acyclovir	72,90
ADACEL	174
ADAKVEO	109

ADALIMUMAB-FKJP (2 PEN)	13
ADALIMUMAB-FKJP (2 SYRINGE)	13
adapalene	87
adapalene-benzoyl peroxide	87
ADBRY	91
ADCETRIS	50
adefovir dipivoxil	72
ADEMPAS	76
ADJUSTABLE LANCING DEVICE	115
ADTHYZA	174
adult aspirin regimen	17
ADVAIR HFA	26
ADVANCED MOBILE LANCET	115
ADVATE	106
ADVIN COVID-19 ANTIGEN TEST	94
ADVOCATE ALCOHOL PREP PADS	132
ADVOCATE INSULIN PEN NEEDLE	134
ADVOCATE INSULIN PEN NEEDLES	134
ADVOCATE INSULIN SYRINGE	134
ADVOCATE LANCETS	115
ADVOCATE LANCETS 30G	115
ADVOCATE LANCING DEVICE	115
ADVOCATE RAPID-SAFE LANCING	115
ADVOCATE SAFETY LANCETS	115
ADVOCATE SAFETY LANCETS 26G	115
ADZYNMA	108
AEMCOLO	21
afirmelle	78
AFLURIA	177
AFLURIA PRESERVATIVE FREE	177
AFLURIA QUADRIVALENT	177
AFSTYLA	106
AGAMATRIX ULTRA-THIN LANCETS	115
AIMOVIG	150
AIMSCO TWIST LANCETS 32G	115
AIMSCO TWIST LANCETS 33G	115
airborne	155
AJOVY	150
AKEEGA	53
AKYNZEO	40
albendazole	21

albuterol sulfate	26	alyq	76
albuterol sulfate hfa	26	amabelz	100
alclometasone dipropionate	90	amantadine hcl	64
ALCOH-GLOVE CONTOURED WIPE	132	AMBI-TRAY	115
ALCOH-WIPE	132	ambrisentan	76
ALCOHOL PADS	132	AMCINONIDE	90
ALCOHOL PREP	132	amethia	78
ALCOHOL PREP PADS	132	amethyst	78
ALCOHOL PREPS	132	amiloride hcl	96
ALCOHOL SWABS	132	amiloride-hydrochlorothiazide	95
ALCOHOL SWABSTICK	132	amiodarone hcl	24
alcohol wipes	92	amitriptyline hcl	33
ALDURAZYME	98	AMJEVITA	13
ALECENSA	56	amlodipine besy-benazepril hcl	46
alendronate sodium	96	amlodipine besylate	74
alfuzosin hcl er	105	amlodipine besylate-valsartan	46
ALIQOPA	57	amlodipine-atorvastatin	75
aliskiren fumarate	47	amlodipine-olmesartan	46
ALKINDI SPRINKLE	85	amlodipine-valsartan-hctz	46
all day allergy	41	amnesteem	87
allergy relief	41	AMONDYS 45	160
allergy relief (loratadine)	41	amoxapine	33
allergy relief ceterizine	41	amoxicillin	167
allergy relief cetirizine	42	amoxicillin-pot clavulanate	167
allergy relief/indoor/outdoor	42	AMOXICILLIN-POT CLAVULANATE ER	168
allopurinol	106	amphetamine-dextroamphet er	12
almotriptan malate	150	amphetamine-dextroamphetamine	12
ALOMIDE	164	ampicillin	167
alose tron hcl	104	AMVUTTRA	172
ALPHAGAN P	162	anagrelide hcl	108
ALPHANATE	106	anastrozole	53
alprazolam	23	ANDEXXA	39
alprazolam er	23	ANNOVERA	84
ALPRAZOLAM INTENSOL	23	ANORO ELLIPTA	26
alprazolam xr	24	anucort-hc	21
altavera	78	anusol-hc	21
ALTERNATE SITE LANCING DEVICE	115	APHEXDA	112
ALUNBRIG	57	APLENZIN	32
alyacen 1/35	78	APLICARE ALCOHOL SWABSTICK	132
alyacen 7/7/7	78	apomorphine hcl	64
ALYGLO	166	APRACLONIDINE HCL	162

aprepitant	40	ASSURE HAEMOLANCE PLUS HIGH	115
APRETUDE	69	ASSURE HAEMOLANCE PLUS LOW	115
apri	78	ASSURE HAEMOLANCE PLUS MICRO	115
APTIOM	29	ASSURE HAEMOLANCE PLUS NORMAL	115
APTIVUS	69	ASSURE HAEMOLANCE PLUS PED	115
AQ INSULIN SYRINGE	134	ASSURE ID DUO PRO PEN NEEDLES	134
AQINJECT PEN NEEDLE	134	ASSURE ID INSULIN SAFETY SYR	134
AQUA LANCE ADJUSTABLE LANCING	115	ASSURE ID PRO PEN NEEDLES	134
AQUALANCE LANCETS 30G	115	ASSURE ID SAFETY PEN NEEDLES	134
ARALAST NP	172	ASSURE LANCE LANCETS	115
aranelle	78	ASSURE LANCE LANCETS 21G	115
ARANESP (ALBUMIN FREE)	110	ASSURE LANCE PLUS SAFETY 25G	115
ARAZLO	87	ASSURE LANCE PLUS SAFETY 30G	116
ARCALYST	15	ASSURE LANCE SAFETY LANCET 28G	116
AREXVY	177	ASSURE LANCETS	116
arformoterol tartrate	26	atazanavir sulfate	69
aripiprazole	68	atenolol	73
ARISTADA	68	atenolol-chlorthalidone	46
ARISTADA INITIO	68	atomoxetine hcl	12
armodafinil	12	atorvastatin calcium	43
ARMOUR THYROID	174	atovaquone	22
ARNUITY ELLIPTA	26	atovaquone-proguanil hcl	47
ARTESUNATE	47	atropine sulfate	161
ARZERRA	50	ATROVENT HFA	25
ASCENIV	166	aubra	78
ascomp-codeine	19	aubra eq	78
ascorbic acid	181	AUDENZ	177
asenapine maleate	67	AUGTYRO	57
ashlyna	78	AUM ALCOHOL PREP PADS	133
ASMANEX (120 METERED DOSES)	26	AUM INSULIN SAFETY PEN NEEDLE	135
ASMANEX (14 METERED DOSES)	26	AUM MINI INSULIN PEN NEEDLE	135
ASMANEX (30 METERED DOSES)	26	AUM PEN NEEDLE	135
ASMANEX (60 METERED DOSES)	26	AUM READYGARD DUO PEN NEEDLE	135
ASMANEX HFA	26	AUM SAFETY PEN NEEDLE	135
ASPARLAS	63	AURORA LANCET SUPER THIN 30G	116
aspirin	17	AURORA LANCET THIN 23G	116
aspirin 81	17	AURORA PEN NEEDLES	135
aspirin low dose	17	AURORA UNIFINE PENTIPS	135
aspirin regimen	17	aurovela 1.5/30	78
aspirin-dipyridamole er	108	aurovela 1/20	78
ASSURE COMFORT LANCETS 28G	115	aurovela 24 fe	78

aurovela fe 1.5/30	78	bac	17
aurovela fe 1/20	78	bacitra-neomycin-polymyxin-hc	164
AURYXIA	104	BACITRACIN	163
AUTO-LANCET	116	bacitracin-polymyxin b	163
AUTO-LANCET MINI	116	baclofen	158
AUTOJECT 2	135	BACLOFEN	159
AUTOLET II CLINISAFE	116	BAFIERTAM	169
AUTOLET LANCING DEVICE	116	balanced salt	164
AUTOLET LITE CLINISAFE	116	BALCOLTRA	78
AUTOLET LITE STARTER PACK	116	balsalazide disodium	103
AUTOLET MINI	116	BALVERSA	57
AUTOLET PLATFORMS	116	balziva	78
AUTOLET PLUS	116	BAQSIMI ONE PACK	35
AUTOPEN	135	BAQSIMI TWO PACK	35
AUVELITY	32	BARACLUDE	72
AUVI-Q	180	BAVENCIO	50
avar cleanser	87	BAXDELA	102
AVASTIN	49	BD AUTOSHIELD	135
AVEED	20	BD AUTOSHIELD DUO	135
aviane	78	BD INSULIN SYR ULTRAFINE II	135
avita	87	BD INSULIN SYRINGE	135
AVONEX PEN	169	BD INSULIN SYRINGE HALF-UNIT	135
AVONEX PREFILLED	169	BD INSULIN SYRINGE MICROFINE	135
AVSOLA	103	BD INSULIN SYRINGE U-500	135
AVYCAZ	77	BD INSULIN SYRINGE U/F	135
ayuna	78	BD INSULIN SYRINGE U/F 1/2UNIT	135
AYVAKIT	55	BD INSULIN SYRINGE ULTRAFINE	135
AZASITE	162	BD LANCET ULTRAFINE 30G	116
azathioprine	152	BD LANCET ULTRAFINE 33G	116
AZEDRA DOSIMETRIC	63	BD LUER-LOK SYRINGE	135
AZEDRA THERAPEUTIC	63	BD MICROTAINER LANCETS	116
azelaic acid	93	BD PEN	135
azelastine hcl	159,164	BD PEN MINI	135
azelastine-fluticasone	159	BD PEN NEEDLE MICRO U/F	135
azithromycin	113	BD PEN NEEDLE MINI U/F	135
azurette	78	BD PEN NEEDLE NANO 2ND GEN	136
		BD PEN NEEDLE NANO U/F	136
		BD PEN NEEDLE ORIGINAL U/F	136
		BD PEN NEEDLE SHORT U/F	136
		BD SAFETY-LOK INSULIN SYRINGE	136
		BD SAFETYGLIDE INSULIN SYRINGE	136

B

b complex	155
b-complex/b-12	155
b1 natural	181

BD SWAB SINGLE USE REGULAR	133	BLINCYTO	51
BD SWABS SINGLE USE BUTTERFLY	133	blisovi 24 fe	78
BD VEO INSULIN SYR U/F 1/2UNIT	136	blisovi fe 1.5/30	78
BD VEO INSULIN SYRINGE U/F	136	blisovi fe 1/20	78
BD VERITOR HOME COVID-19 TEST	94	BONJESTA	40
BECONASE AQ	160	BOOSTRIX	174
BELEODAQ	57	BORTEZOMIB	57
BELRAPZO	48	bortezomib	57
benazepril hcl	45	bosentan	76
benazepril-hydrochlorothiazide	46	BOSULIF	57
bendamustine hcl	48	BOTOX	161
BENDAMUSTINE HCL	48	BRAFTOVI	57
BENDEKA	48	BREATHE COMFORT PROTECT SHIELD	149
BENLYSTA	153,154	BREO ELLIPTA	26
benzonatate	86	BREZTRI AEROSPHERE	26
benzoyl peroxide-erythromycin	87	briellyn	78
benztropine mesylate	64	BRILINTA	108
BEOVU	162	brimonidine tartrate	93,162
BERINERT	107	BRINEURA	98
beser	90	brinzolamide	164
BESIVANCE	163	BRIUMVI	169
BESPONSA	50	BRIXADI	20
BESREMI	63	BRIXADI (WEEKLY)	20
betamethasone dipropionate	90	bromfenac sodium (once-daily)	164
betamethasone dipropionate aug	90	bromocriptine mesylate	64
betamethasone valerate	90	BRUKINSA	57
BETASERON	169	budesonide	26,85
betaxolol hcl	73	budesonide-formoterol fumarate	27
BETAXOLOL HCL	161	BULLSEYE MINI SAFETY LANCETS	116
bethanechol chloride	176	BULLSEYE SAFETY LANCETS	116
BETOPTIC-S	161	bumetanide	95
bexarotene	63,89	bupap	17
BEXSERO	176	buprenorphine	20
bicalutamide	53	buprenorphine hcl	20
BIKTARVY	69	buprenorphine hcl-naloxone hcl	20
bimatoprost	165	bupropion hcl	32
BINAXNOW COVID-19 AG HOME TEST	94	bupropion hcl er (smoking det)	32,171
bisoprolol fumarate	73	bupropion hcl er (sr)	32
bisoprolol-hydrochlorothiazide	46	bupropion hcl er (xl)	32
BIVIGAM	166	BUPROPION HCL ER (XL)	32
BLENREP	51	buspironone hcl	23

butalbital-acetaminophen	17	carbidopa-levodopa er	65
butalbital-apap-caff-cod	19	carbidopa-levodopa-entacapone	65
butalbital-apap-caffeine	17	CARBINOXAMINE MALEATE	41
butalbital-asa-caff-codeine	19	CARDIOCOM LANCING DEVICE	116
butalbital-aspirin-caffeine	17	CAREFINE PEN NEEDLES	136
butorphanol tartrate	20	CAREONE ADVANCED LANCING DEV	116
BYLVAY	102,103	CAREONE INSULIN SYRINGE	136
BYLVAY (PELLETS)	102	CAREONE LANCET SUPER THIN 30G	116
C		CAREONE LANCET THIN 23G	116
C-NATE DHA	156	CAREONE UNIFINE PENTIPS	136
CABENUVA	69	CAREONE UNIFINE PENTIPS PLUS	136
cabergoline	100	CARESENS LANCETS	116
CABLIVI	108	CARESENS LANCETS 30G	116
CABOMETYX	57	CARESTART COVID-19 HOME TEST	94
caffeine citrate	12	CARETOUCH ALCOHOL PREP	133
calcidol	180	CARETOUCH INSULIN SYRINGE	136
calcipotriene	89	CARETOUCH LANCING/EJECTOR	116
calcitonin (salmon)	96	CARETOUCH PEN NEEDLES	136
calcitrene	89	CARETOUCH SAFETY LANCETS	116
CALCITRIOL	89	CARETOUCH SAFETY LANCETS 26G	116
calcitriol	98	CARETOUCH TWIST LANCETS 28G	116
calcium acetate	104	CARETOUCH TWIST LANCETS 30G	116
calcium acetate (phos binder)	104	CARETOUCH TWIST LANCETS 33G	116
CALQUENCE	57	CARETOUCH TWIST MC LANCETS 30G	117
CAMCEVI	53	carisoprodol	159
camila	85	CARISOPRODOL-ASPIRIN-CODEINE	159
camrese	78	CARTEOLOL HCL	161
camrese lo	78	cartia xt	74
CAMZYOS	75	carvedilol	73
candesartan cilexetil	45	carvedilol phosphate er	73
candesartan cilexetil-hctz	46	CAYA	114
capecitabine	48	caziant	78
CAPLYTA	65	CEFACTOR	77
CAPRELSA	57	CEFACTOR ER	77
captopril	45	cefadroxil	77
CAPVAXIVE	176	cefdinir	77
carbamazepine	29	cefixime	77
carbamazepine er	29	cefpodoxime proxetil	77
CARBATROL	29	cefprozil	77
CARBIDOPA-LEVODOPA	65	cefuroxime axetil	77
		celecoxib	15

cephalexin	77	cinacalcet hcl	98
CEQR SIMPLICITY 2U	136	CINQAIR	25
CEREZYME	109	CINRYZE	107
cerovite jr	156	CINVANTI	41
cetirizine hcl	42	CIPRO	102
cetirizine hcl childrens	42	CIPRO HC	165
CHANTIX	171	ciprofloxacin hcl	102,163,165
CHANTIX CONTINUING MONTH PAK	171	ciprofloxacin-dexamethasone	165
CHANTIX STARTING MONTH PAK	171	citalopram hydrobromide	32
charlotte 24 fe	78	CITRANATAL B-CALM	156
chateal	79	claravis	87
chateal eq	79	clarithromycin	113
CHEMSTRIP K	94	clarithromycin er	114
CHEMSTRIP UGK	94	CLEANLET LANCETS 28G	117
chlordiazepoxide hcl	24	CLEARDETECT COVID-19 AG HOME	94
CHLORDIAZEPOXIDE-AMITRIPTYLINE	169	CLEMASTINE FUMARATE	41
chlordiazepoxide-clidinium	174	CLENPIQ	113
chlorhexidine gluconate	154	CLEOCIN	179
chloroquine phosphate	47	CLEVER CHEK LANCETS	117
chlorpromazine hcl	67	CLEVER CHOICE COMFORT EZ	117,136
chlorthalidone	96	CLEVER CHOICE DISPOSABLE MASK	149
chlorzoxazone	159	CLEVER CHOICE FACE MASK	149
CHOLBAM	102	CLEVER CHOICE LANCETS 21G	117
cholestyramine	43	CLEVER CHOICE LANCETS 23G	117
cholestyramine light	43	CLEVER CHOICE LANCETS 28G	117
CHORIONIC GONADOTROPIN	97	CLICKFINE PEN NEEDLES	136
CHOSEN LANCETS 30G	117	clindamycin hcl	22
CHOSEN LANCING DEVICE	117	clindamycin palmitate hcl	22
CHOSEN SAFETY LANCETS 28G	117	clindamycin phos-benzoyl perox	87
CIBINQO	91	clindamycin phosphate	87,179
ciclopirox	88	CLINDESSE	179
ciclopirox olamine	88	CLINITEST RAPID COVID-19 TEST	94
cilostazol	108	clobazam	28
CILOXAN	163	clobetasol prop emollient base	90
CIMDUO	69	clobetasol propionate	90
CIMERLI	162	clobetasol propionate e	91
cimetidine	175	clobetasol propionate emulsion	91
CIMETIDINE HCL	175	clofarabine	49
CIMZIA	103	clomipramine hcl	33
CIMZIA (2 SYRINGE)	103	clonazepam	28
CIMZIA-STARTER	103	clonidine	45

clonidine hcl	46	copper gluconate	151
clopidogrel bisulfate	108	CORLANOR	77
clorazepate dipotassium	24	COSELA	63
clotrimazole	88,154	COSENTYX	89
clotrimazole-betamethasone	88	COSENTYX (300 MG DOSE)	89
clozapine	67	COSENTYX SENSOREADY (300 MG)	89
COAGUCHEK LANCETS	117	COSENTYX SENSOREADY PEN	89
CODEINE SULFATE	18	COSENTYX UNOREADY	89
colchicine	106	COTELLIC	58
colchicine-probenecid	105	COVID-19 AT HOME ANTIGEN TEST	94
colesevelam hcl	43	COVID-19 AT-HOME TEST	94
colestipol hcl	43	COVID-19 OTC ANTIGEN 1-PACK	94
COLUMVI	51	COVID-19 OTC ANTIGEN 2-PACK	94
COMBIPATCH	101	CPR MICROSHIELD	149
COMBIVENT RESPIMAT	27	CREON	95
COMETRIQ (100 MG DAILY DOSE)	57	CRESEMBA	41
COMETRIQ (140 MG DAILY DOSE)	57	CRINONE	180
COMETRIQ (60 MG DAILY DOSE)	57	cromolyn sodium	24,102
COMFORT ASSIST INSULIN SYRINGE	136	CROMOLYN SODIUM	164
COMFORT ASSURED LANCETS 28G	117	cryselle-28	79
COMFORT ASSURED LANCETS 33G	117	CRYSVITA	98
COMFORT EZ INSULIN SYRINGE	136	CURITY ALCOHOL PREPS	133
COMFORT EZ MICRO PEN NEEDLES	137	CUTAQUIG	166
COMFORT EZ PEN NEEDLES	137	CUVITRU	166
COMFORT EZ PRO PEN NEEDLES	137	CVS ALCOHOL PREP PADS	133
COMFORT EZ SHORT PEN NEEDLES	137	CVS COVID-19 AT HOME TEST KIT	94
COMFORT LANCETS	117	cvs folic acid	109
COMFORT TOUCH ALCOHOL PREP	133	CVS GLUCOSE	35
COMFORT TOUCH INSULIN PEN NEED	137	cvs isopropyl alcohol wipes	93
COMFORT TOUCH LANCETS 31G	117	CVS KETONE CARE	94
COMFORT TOUCH PLUS LANCETS 28G	117	CVS LANCETS 21G	117
COMFORT TOUCH PLUS LANCETS 30G	117	CVS LANCETS MICRO THIN 33G	117
COMFORT TOUCH TWIST LANCET 30G	117	CVS LANCETS ORIGINAL	117
COMIRNATY	177	CVS LANCETS THIN 26G	117
COMPLERA	69	CVS LANCETS ULTRA THIN 30G	117
COMPLETE NATAL DHA	156	CVS LANCETS ULTRA-THIN 30G	117
COMPLETENATE	156	CVS LANCING DEVICE	117
compro	67	CVS MEDICAL FACE MASKS EARLOOP	149
CONDYLOX	92	CVS PREP	133
constulose	113	CVS PROCEDURAL MASK	149
COPIKTRA	58	CVS SOFT GLUCOSE	35

CVS ULTRA THIN LANCETS	117	DELSTRIGO	69
cyclafem 1/35	79	delyla	79
cyclafem 7/7/7	79	demeclocycline hcl	173
cyclobenzaprine hcl	159	denta 5000 plus	154
cyclopentolate hcl	162	dentagel	154
cyclophosphamide	48	DEPAKOTE	31
cyclosporine	152,163	DEPAKOTE ER	31
cyclosporine modified	152	DEPAKOTE SPRINKLES	31
cyproheptadine hcl	42	DEPO-SUBQ PROVERA 104	85
CYRAMZA	49	depo-testosterone	20
cyred	79	DESCOVY	69
cyred eq	79	desipramine hcl	33
CYSTAGON	105	desmopressin ace spray refig	100
CYTOGAM	166	desmopressin acetate	100
		desmopressin acetate spray	100
D		desogestrel-ethinyl estradiol	79
daily-vite	155	desonide	91
dalfampridine er	169	desoximetasone	91
DALVANCE	22	desvenlafaxine succinate er	33
danazol	20	DEX4	35
dantrolene sodium	159	DEX4 GLUCOSE	35
DANYELZA	51	DEX4 NATURALS	35
dapsone	22	DEX4 POUCH PACK	35
DAPTACEL	174	DEX4 QUICK DISSOLVE GLUCOSE	35
daptomycin	22	dexamethasone	85
DAPTOMYCIN	22	DEXAMETHASONE SODIUM PHOSPHATE	164
darifenacin hydrobromide er	176	DEXCOM G6 RECEIVER	117
darunavir	69	DEXCOM G6 SENSOR	117
DARZALEX	51	DEXCOM G6 TRANSMITTER	117
DARZALEX FASPRO	56	DEXCOM G7 RECEIVER	117
dasatinib	58	DEXCOM G7 SENSOR	117
dasetta 1/35	79	dexlansoprazole	175
dasetta 7/7/7	79	dexmethylphenidate hcl	12
DAURISMO	53	dexmethylphenidate hcl er	12
daysee	79	dextroamphetamine sulfate	12
deblitane	85	dextroamphetamine sulfate er	12
decitabine	49	DIACOMIT	29
deferasirox	39	dialyvite vitamin d 5000	180
deferasirox granules	39	DIASTAT ACUDIAL	28
deferiprone	39	DIATHRIVE LANCET ULTRA THIN 30	118
DELESTROGEN	101	DIATHRIVE LANCETS	118

DIATHRIVE LANCING DEVICE	118	dofetilide	24
DIATHRIVE PEN NEEDLE	137	DOJOLVI	161
DIATRUST COVID-19 HOME TEST	94	dolishale	79
diazepam	24,28	DOPTLET	110
diazepam intensol	24	dorzolamide hcl	164
DICLOFENAC EPOLAMINE	88	dorzolamide hcl-timolol mal	161
diclofenac potassium	15	dorzolamide hcl-timolol mal pf	161
diclofenac sodium	15,88,164	dotti	101
diclofenac sodium er	15	DOVATO	69
diclofenac-misoprostol	15	doxazosin mesylate	46
dicloxacillin sodium	168	doxepin hcl	33
dicyclomine hcl	175	doxercalciferol	98
DIFICID	114	doxycycline hyclate	173
diflorasone diacetate	91	doxycycline monohydrate	173
diflunisal	17	doxylamine-pyridoxine	40
digitek	75	dronabinol	40
digox	75	DROPLET GENTEEL LANCING DEVICE	118
digoxin	75	DROPLET INSULIN SYRINGE	137
dihydroergotamine mesylate	150	DROPLET LANCETS ULTRA THIN 30G	118
DILANTIN	31	DROPLET LANCING DEVICE	118
DILANTIN INFATABS	31	DROPLET MICRON	137
DILANTIN-125	31	DROPLET PEN NEEDLES	137
dilt-xr	74	DROPLET PERSONAL LANCETS 30G	118
diltiazem hcl	74	DROPSAFE ALCOHOL PREP	133
diltiazem hcl er	74	DROPSAFE SAFETY PEN NEEDLES	137
diltiazem hcl er beads	74	DROPSAFE SAFETY SYRINGE/NEEDLE	137
diltiazem hcl er coated beads	74	drospiren-eth estrad-levomefol	79
dimethyl fumarate	169	drospirenone-ethinyl estradiol	79
dimethyl fumarate starter pack	169	DRUG MART LANCETS THIN 26G	118
DIPENTUM	103	DRUG MART LANCING DEVICE	118
diphenhydramine hcl	41	DRUG MART ON-THE-GO LANCET 30G	118
DIPHENOXYLATE-ATROPINE	39	DRUG MART UNIFINE PENTIPS	137
DIPHTHERIA-TETANUS TOXOIDS DT	174	DRUG MART UNIFINE PENTIPS PLUS	137
dipyridamole	108	DRUG MART UNILET LANCETS 28G	118
disopyramide phosphate	24	DRUG MART UNILET LANCETS 30G	118
DISPOSABLE FACE MASK	149	DRUG MART UNILET LANCETS 33G	118
DISPOSABLE FACE MASK 3-PLY	149	DUAVEE	101
disulfiram	168	DULERA	27
DIURIL	96	duloxetine hcl	33
divalproex sodium	31	DUPIXENT	92
divalproex sodium er	31	DURYSTA	165

dutasteride	105
dutasteride-tamsulosin hcl	105
DYSPORT	161

E

E-Z JECT LANCET MICRO-THIN 33G	118
E-Z JECT LANCET SUPER THIN 30G	118
E-Z JECT LANCETS	118
E-Z JECT LANCETS 21G	118
E-Z JECT LANCETS THIN 26G	118
E.E.S. 400	114
EAR-LOOP MASK SMALL	149
EASY COMFORT ALCOHOL PADS	133
EASY COMFORT INSULIN SYRINGE	137
EASY COMFORT LANCETS	118
EASY COMFORT LANCETS TWIST TOP	118
EASY COMFORT PEN NEEDLES	137
EASY FLOW KN 95	149
EASY GLIDE PEN NEEDLES	138
EASY MINI EJECT LANCING DEVICE	118
EASY MINI LANCING DEVICE	118
EASY TOUCH ALCOHOL PREP MEDIUM	133
EASY TOUCH FLIPLOCK INSULIN SY	138
EASY TOUCH INSULIN BARRELS 1ML	118
EASY TOUCH INSULIN SAFETY SYR	138
EASY TOUCH INSULIN SYRINGE	138
EASY TOUCH LANCETS 21G	118
EASY TOUCH LANCETS 23G	118
EASY TOUCH LANCETS 26G	118
EASY TOUCH LANCETS 28G	118
EASY TOUCH LANCETS 28G/TWIST	118
EASY TOUCH LANCETS 30G	118
EASY TOUCH LANCETS 30G/TWIST	118
EASY TOUCH LANCETS 32G	118
EASY TOUCH LANCETS 32G/TWIST	119
EASY TOUCH LANCETS 33G/TWIST	119
EASY TOUCH LANCING DEVICE	119
EASY TOUCH PEN NEEDLES	138
EASY TOUCH SAFETY LANCETS 21G	119
EASY TOUCH SAFETY LANCETS 23G	119
EASY TOUCH SAFETY LANCETS 26G	119

EASY TOUCH SAFETY LANCETS 28G	119
EASY TOUCH SAFETY PEN NEEDLES	138
EASY TOUCH SHEATHLOCK SYRINGE	138
EASY TWIST & CAP LANCETS	119
ec-naproxen	15
econazole nitrate	88
econtra ez	84
econtra one-step	84
edaravone	160
EDARBI	45
EDARBYCLOR	46
EDURANT	69
EFAVIRENZ	69
efavirenz	69
efavirenz-emtricitab-tenofo df	69
efavirenz-lamivudine-tenofovir	69
effer-k	151
ELAHERE	51
ELAPRASE	98
eldertonic	155
ELELYSO	109
ELESTRIN	101
eletriptan hydrobromide	150
ELFABRIO	98
ELIGARD	54
elinest	79
ELIQUIS	28
ELIQUIS DVT/PE STARTER PACK	28
ELITE-OB	156
ELITEK	63
ELLA	84
ELLUME COVID-19 HOME TEST	94
ELMIRON	105
ELOCTATE	106
ELREXFIO	51
eluryng	84
EMBRACE LANCETS ULTRA THIN 30G	119
EMBRACE LANCING DEVICE/EJECTOR	119
EMBRACE PEN NEEDLES	138
EMBRACE PRESSURE ACTIVATED 21G	119
EMBRACE PRESSURE ACTIVATED 28G	119

EMCYT	54	EPOGEN	110
EMEND	41	epoprostenol sodium	75
EMGALITY	150	EPRONTIA	29
EMGALITY (300 MG DOSE)	150	EQL ALCOHOL SWABS	133
emoquette	79	EQL COLOR LANCETS 21G	119
EMPAVELI	107	EQL COLOR LANCETS MICRO 33G	119
EMPLICITI	51	EQL INSULIN SYRINGE	138
emtricitabine	69	EQL SUPER THIN LANCETS 30G	119
emtricitabine-tenofovir df	69	EQL THIN LANCETS 26G	119
EMTRIVA	70	ERBITUX	53
EMVERM	21	ergocalciferol	180
emzahn	85	ERGOLOID MESYLATES	171
enalapril maleate	45	eribulin mesylate	64
enalapril-hydrochlorothiazide	46	ERIVEDGE	53
ENBRACE HR	156	ERLEADA	54
ENBREL	16	erlotinib hcl	53
ENBREL MINI	17	errin	85
ENBREL SURECLICK	17	ERY	87
ENDARI	109	ery-tab	114
endocet	19	ERYTHROCIN STEARATE	114
ENGERIX-B	177	erythromycin	87,114,163
ENHERTU	51	erythromycin base	114
enilloring	84	erythromycin ethylsuccinate	114
ENJAYMO	107	escitalopram oxalate	32
enoxaparin sodium	28	esgic	17
enpresse-28	79	esomeprazole magnesium	175
enskyce	79	ESPEROCT	106
ENSPRYNG	152	ESSENTRA WIPES 9X9"	133
entacapone	64	est estrogens-methyltest	101
entecavir	72	est estrogens-methyltest ds	101
ENTRESTO	75	est estrogens-methyltest hs	101
ENTYVIO	103	estarylla	79
enulose	104	estazolam	112
ENVARUSUS XR	152	ester-c	155
EPIDIOLEX	29	estradiol	101,180
epinastine hcl	164	estradiol valerate	101
epinephrine	180	estradiol-norethindrone acet	101
epitol	29	estratest f.s.	101
EPIVIR HBV	72	estratest h.s.	101
EPKINLY	51	ESTRING	180
eplerenone	47	eszopiclone	112

ethambutol hcl	48	famciclovir	72
ethosuximide	31	famotidine	175
ethynodiol diac-eth estradiol	79	FANAPT	66
etodolac	15	FANAPT TITRATION PACK	66
etodolac er	15	FARXIGA	39
etonogestrel-ethinyl estradiol	84	FASENRA	25
ETOPOSIDE	64	FASENRA PEN	25
etravirine	70	FASTEP COVID-19 ANTIGEN TEST	94
EUCRISA	93	fayosim	79
EUFLEXXA	159	FC2 FEMALE CONDOM	114
euthyrox	174	febuxostat	106
EVENITY	96	FEIBA	106
everolimus	58,152	felbamate	30
EVKEEZA	43	felodipine er	74
EVOTAZ	70	FEMCAP	114
EVRYSDI	161	FEMLYV	79
EXEL COMFORT POINT INSULIN SYR	138	femynor	79
EXEL COMFORT POINT PEN NEEDLE	138	fenofibrate	43
exemestane	54	FENOFIBRATE MICRONIZED	43
EXKIVITY	53	fenofibrate micronized	43
EXONDYS 51	161	fenofibric acid	43
EXSERVAN	160	fenopropfen calcium	16
EXTAVIA	169	FENSOLVI (6 MONTH)	98
EYLEA	162	fentanyl	18
EYLEA HD	162	FENTANYL CITRATE	18
EZ-LETS LANCETS 21G	119	fentanyl citrate	18
EZ-LETS LANCETS 26G	119	FENTORA	18
EZ-LETS LANCETS 28G	119	ferate	111
EZ-LETS LANCETS 30G	119	ferosul	111
ezetimibe	44	ferrex 150	111
ezetimibe-simvastatin	43	FERRIMIN 150	111
EZFE 200	111	FERRIPROX	39
F			
FABHALTA	107	FERROUS GLUCONATE	111
FABIOR	87	ferrous sulfate	111
FABRAZYME	99	ferumoxytol	111
FACE MASK	149	fesoterodine fumarate er	176
FACE MASK EARLOOP-STYLE	149	FETROJA	77
FACE MASKS 3 LAYER NON-MEDICAL	149	FETZIMA	33
falmina	79	FETZIMA TITRATION	33
		fexmid	159
		FIFTY50 ALCOHOL PREP	133

FIFTY50 PEN NEEDLES	138	fluocinolone acetonide body	91
FIFTY50 SAFETY SEAL LANCETS	119	fluocinolone acetonide scalp	91
FIFTY50 SUPERIOR COMFORT SYR	138	fluocinonide	91
FIFTY50 UNILET LANCETS 33G	119	fluocinonide emulsified base	91
FILSPARI	105	fluorometholone	164
FINACEA	93	fluorouracil	89
finasteride	105	FLUOXETINE HCL	32
FINE 30	119	FLUOXETINE HCL (PMDD)	171
FINGERSTIX LANCETS	119	fluphenazine decanoate	67
fingerlimod hcl	169	FLUPHENAZINE HCL	67
FINTEPLA	29	flurandrenolide	91
finzala	79	FLURAZEPAM HCL	112
FIRDAPSE	47	flurbiprofen	16
FIRMAGON	54	FLURBIPROFEN SODIUM	164
FIRMAGON (240 MG DOSE)	54	FLUTAMIDE	54
FIRVANQ	22	fluticasone propionate	91,160
flac	165	FLUTICASONE PROPIONATE DISKUS	26
FLAREX	164	FLUTICASONE PROPIONATE HFA	26
flavoxate hcl	176	fluticasone-salmeterol	27
FLEBOGAMMA DIF	166	FLUTICASONE-SALMETEROL	27
flecainide acetate	24	fluvastatin sodium	43,44
FLOVENT DISKUS	26	fluvastatin sodium er	44
FLOVENT HFA	26	fluvoxamine maleate	33
FLOWFLEX COVID-19 AG HOME TEST	94	FLUZONE	178
FLUAD	177	FLUZONE HIGH-DOSE QUADRIVALENT	178
FLUAD QUADRIVALENT	177	FLUZONE QUADRIVALENT	178
FLUARIX	177	FML FORTE	164
FLUARIX QUADRIVALENT	177	folate	109
FLUBLOK	177	folic acid	109
FLUBLOK QUADRIVALENT	177	FOLIVANE-OB	157
FLUCELVAX	177	FOLOTYN	49
FLUCELVAX QUADRIVALENT	177	FOLTABS 800	111
fluconazole	41	fondaparinux sodium	28
flucytosine	41	FORA LANCETS	119
fludrocortisone acetate	86	FORA LANCING DEVICE	119
FLULAVAL	177	formoterol fumarate	27
FLULAVAL QUADRIVALENT	177	FOSAMAX PLUS D	96
FLUMIST	178	fosamprenavir calcium	70
FLUMIST QUADRIVALENT	178	fosinopril sodium	45
flunisolide	160	fosinopril sodium-hctz	46
fluocinolone acetonide	91,165	FOSRENOL	104

FOTIVDA	58
fraiche 5000 dental	154
FREDS PHARMACY AUTOLET LANCING	119
FREDS PHARMACY UNIFINE PENTIP+	138
FREDS PHARMACY UNIFINE PENTIPS	138
FREDS PHARMACY UNILET LANC 28G	119
FREDS PHARMACY UNILET LANC 30G	119
FREESTYLE LANCETS	119
FREESTYLE LIBRE 14 DAY READER	119
FREESTYLE LIBRE 14 DAY SENSOR	120
FREESTYLE LIBRE 2 PLUS SENSOR	120
FREESTYLE LIBRE 2 READER	120
FREESTYLE LIBRE 2 SENSOR	120
FREESTYLE LIBRE 3 PLUS SENSOR	120
FREESTYLE LIBRE 3 READER	120
FREESTYLE LIBRE 3 SENSOR	120
FREESTYLE PRECISION INS SYR	138
FREESTYLE UNISTICK II LANCETS	120
frovatriptan succinate	150
FRUZAQLA	49
ft acid reducer	175
ft acid reducer max strength	175
ft all day allergy	42
ft all day allergy 24 hour	42
ft all day allergy relief	42
ft allergy relief	42
ft allergy relief 24 hr	160
ft allergy relief cetirizine	42
ft allergy relief loratadine	42
ft aspirin	17
ft aspirin low dose	17
ft eye allergy itch & redness	165
ft eye allergy itch relief	165
ft nicotine	171
ft nicotine mini	171
FULPHILA	110
FULVESTRANT	54
fulvestrant	54
furosemide	95
FUZEON	70
FYARRO	58

fyavolv	101
FYCOMPA	28
FYLNETRA	110

G

gabapentin	29
GALAFOLD	99
gallifrey	168
GAMASTAN	166
GAMIFANT	152
GAMMAGARD	166
GAMMAGARD S/D LESS IGA	166
GAMMAKED	166
GAMMAPLEX	166
GAMUNEX-C	166
GARDASIL 9	178
GATTEX	104
GAVILYTE-C	113
gavilyte-g	113
gavilyte-n with flavor pack	113
GAVRETO	58
GAZYVA	51
GELNIQUE	176
gemfibrozil	43
gemmily	79
GENABIO COVID-19 RAPID TEST	94
generlac	104
gengraf	152
GENOTROPIN	97
GENOTROPIN MINIQUICK	97
gentamicin sulfate	88,163
GENTEEL BUTTERFLY TOUCH LANCET	120
GENTEEL CONTACT TIPS (BLUE)	120
GENTEEL CONTACT TIPS (CLEAR)	120
GENTEEL CONTACT TIPS (GREEN)	120
GENTEEL CONTACT TIPS (ORANGE)	120
GENTEEL CONTACT TIPS (RAINBOW)	120
GENTEEL CONTACT TIPS (VIOLET)	120
GENTEEL CONTACT TIPS (YELLOW)	120
GENTEEL LANCING KIT (BLUE)	120
GENTEEL NOZZLES	120

GENTEEL PLUS LANCING (BLACK)	120	glycopyrrolate	175
GENTEEL PLUS LANCING (PURPLE)	120	glydo	92
GENTEEL PLUS LANCING (WHITE)	120	GLYXAMBI	34
GENTEEL PLUS LANCING DEV(BLUE)	120	gnp adult aspirin low strength	17
GENTEEL PLUS LANCING DEV(PINK)	120	GNP ALCOHOL SWABS	133
GENTLE-LET GP LANCETS	120	gnp all day allergy	42
GENTLE-LET LANCETS	120	gnp aspirin	17
GENTLE-LET PLATFORMS	120	gnp aspirin low dose	17
GENVOYA	70	gnp childrens chewables/ex c	156
GILENYA	169	GNP CLICKFINE PEN NEEDLES	139
GILOTRIF	53	gnp essential one daily	155
GIVLAARI	106	gnp folic acid	109
GLASSIA	172	GNP GLUCOSE	35
glatiramer acetate	169	GNP INSULIN SYRINGE	139
GLEEVEC	58	GNP INSULIN SYRINGES	139
glimepiride	39	GNP INSULIN SYRINGES 28GX1/2"	139
glipizide	39	GNP INSULIN SYRINGES 29GX1/2"	139
glipizide er	39	GNP INSULIN SYRINGES 30GX5/16"	139
glipizide xl	39	GNP INSULIN SYRINGES 31GX5/16"	139
glipizide-metformin hcl	34	gnp iron	111
GLOBAL ALCOHOL PREP EASE	133	GNP LANCETS 21G	121
GLOBAL EASE INJECT PEN NEEDLES	139	GNP LANCETS THIN	121
GLOBAL EASY GLIDE INSULIN SYR	139	GNP LANCETS THIN 26G	121
GLOBAL EASY GLIDE PEN NEEDLES	139	GNP LANCING SYSTEM DEVICE	121
GLOBAL INJECT EASE INSULIN SYR	139	gnp little ones childrens	156
GLOBAL INJECT EASE LANCETS 28G	120	gnp loratadine	42
GLOBAL INJECT EASE LANCETS 30G	120	gnp nicotine	171
GLOBAL INSULIN SYRINGES	139	gnp nicotine mini	171
GLOBAL LANCING DEVICE	120	gnp nicotine polacrilex	171
GLUCAGEN HYPOKIT	35	gnp one daily womens health	155
GLUCAGON EMERGENCY	35	GNP QUICK DISSOLVE GLUCOSE	35
GLUCO TO GO	35	GNP STERILE LANCETS 28G	121
GLUCOCOM LANCETS 28G	120	GNP STERILE LANCETS 30G	121
GLUCOCOM LANCETS 30G	120	GNP STERILE LANCETS 33G	121
GLUCOCOM LANCETS 33G	121	GNP ULTICARE PEN NEEDLES	139
GLUCOPRO INSULIN SYRINGE	139	GNP ULTIGUARD SAFEPACK NEEDLE	139
GLUCOSE	35	GNP ULTRA COM INSULIN SYRINGE	139
GLUCOSE INSTANT ENERGY	35	gnp vitamin c drops	181
glyburide	39	GOJJI LANCING DEVICE/CLEAR CAP	121
GLYBURIDE MICRONIZED	39	GOJJI STERILE LANCETS	121
glyburide-metformin	34	goodsense all day allergy	42

goodsense allergy relief	42	HAEMOLANCE PLUS	121
goodsense aspirin	17	HAEMOLANCE PLUS HIGH FLOW	121
goodsense aspirin adult low st	17	HAEMOLANCE PLUS LOW FLOW	121
goodsense aspirin low dose	17	HAEMOLANCE PLUS MAX FLOW	121
GOODSENSE CLICKFINE PEN NEEDLE	139	HAEMOLANCE PLUS PEDIATRIC FLOW	121
GOODSENSE COLOR LANCETS 33G	121	hailey 1.5/30	79
GOODSENSE GLUCOSE	35	hailey 24 fe	79
GOODSENSE LANCETS 26G UNIV	121	hailey fe 1.5/30	80
GOODSENSE LANCETS 30G	121	hailey fe 1/20	80
GOODSENSE LANCETS 30G UNIV	121	HALAVEN	64
GOODSENSE LANCETS 33G	121	halobetasol propionate	91
GOODSENSE LANCETS 33G UNIV	121	haloette	84
GOODSENSE LANCING DEVICE	121	haloperidol	67
goodsense nicotine	171	haloperidol decanoate	67
GOODSENSE PEN NEEDLE PENFINE	139	haloperidol lactate	67
GOTOKNOW COVID-19 ANTIGEN RAPI	94	HAVRIX	178
granisetron hcl	40	HEALTH CARE LANCING DEVICE	121
griseofulvin microsize	41	HEALTHWISE INSULIN SYR/NEEDLE	140
griseofulvin ultramicrosize	41	HEALTHWISE MICRON PEN NEEDLES	140
guaifenesin ac	86	HEALTHWISE MINI PEN NEEDLES	140
guaifenesin-codeine	86	HEALTHWISE PEN NEEDLES	140
guanfacine hcl	46	HEALTHWISE SHORT PEN NEEDLES	140
guanfacine hcl er	12	HEALTHWISE UNIFINE PENTIPS	140
GVOKE HYPOPEN 1-PACK	35	HEALTHY ACCENTS LANCING DEVICE	121
GVOKE HYPOPEN 2-PACK	36	HEALTHY ACCENTS UNIFINE PENTIP	140
GVOKE KIT	36	HEALTHY ACCENTS UNILET LANCETS	121
GVOKE PFS	36	heather	85
H		HEMGENIX	106
H-E-B INCONTROL ADV LANCING	121	HEMLIBRA	107
H-E-B INCONTROL ALCOHOL	133	HEMOPIL M	107
H-E-B INCONTROL LANCETS 28G	121	heparin sodium (porcine)	28
H-E-B INCONTROL LANCETS 30G	121	HEPARIN SODIUM (PORCINE) PF	28
H-E-B INCONTROL LANCETS 33G	121	HEPLISAV-B	178
H-E-B INCONTROL PEN NEEDLES	140	her style	84
H-E-B INCONTROL UNIFINE PENTIP	140	HERCEPTIN	50
HADLIMA	13	HERCEPTIN HYLECTA	56
HADLIMA PUSH TOUCH	14	HERZUMA	50
HAEGARDA	108	HIBERIX	176
HAEMOLANCE	121	HIZENTRA	166
HAEMOLANCE LOW FLOW LANCETS	121	hm all day allergy	42
		hm allergy relief (cetirizine)	42

hm aspirin	17	HYDROCORTISONE BUTYRATE	91
hm aspirin ec low dose	17	hydrocortisone sod suc (pf)	86
hm cetirizine hcl	42	hydrocortisone valerate	91
hm folic acid	109	hydrocortisone-acetic acid	165
hm loratadine	42	hydromet	86
hm nicotine	171	hydromorphone hcl	18
hm nicotine polacrilex	171	hydroxychloroquine sulfate	47
HM STERILE ALCOHOL PREP	133	hydroxyprogesterone caproate	168
HM ULTICARE INSULIN SYRINGE	140	hydroxyurea	63
HM ULTICARE MINI PEN NEEDLES	140	hydroxyzine hcl	23
HM ULTICARE SHORT PEN NEEDLES	140	hydroxyzine pamoate	23
HUMATE-P	107	HYFTOR	92
HUMATROPE	97	hyoscyamine sulfate	175
HUMATROPEN FOR 12MG	140	hyosyne	175
HUMATROPEN FOR 24MG	140	HYPOLANCE AST LANCING	122
HUMATROPEN FOR 6MG	140	HYQVIA	167
HUMIRA	14		
HUMIRA (2 PEN)	14	I	
HUMIRA (2 SYRINGE)	14	ibandronate sodium	96
HUMIRA-CD/UC/HS STARTER	14	IBRANCE	58
HUMIRA-PED<40KG CROHNS STARTER	14	ibu	16
HUMIRA-PED>/=40KG CROHNS START	14	ibuprofen	16
HUMIRA-PED>/=40KG UC STARTER	14	icatibant acetate	107
HUMIRA-PS/UV/ADOL HS STARTER	14	iclevia	80
HUMIRA-PSORIASIS/UVEIT STARTER	14	ICLUSIG	58
HY-VEE GLUCOSE	36	icosapent ethyl	43
HY-VEE LANCETS	122	IDHIFA	58
HY-VEE THIN LANCETS	122	IHEALTH COVID-19 RAPID TEST	94
HYCAMTIN	64	IHEALTH LANCING DEVICE	122
hydralazine hcl	47	ILARIS	15
hydrochlorothiazide	96	ILUVIEN	164
hydrocod poli-chlorphe poli er	86	imatinib mesylate	58
hydrocodone bit-homatrop mbr	86	IMBRUVICA	58
hydrocodone-acetaminophen	19	IMDELLTRA	51
hydrocodone-ibuprofen	19	IMFINZI	51
hydrocort-pramoxine (perianal)	21	imipramine hcl	34
hydrocortisone	20,86,91	imipramine pamoate	34
hydrocortisone (perianal)	21	imiquimod	92
HYDROCORTISONE ACE-PRAMOXINE	21,91	IMJUDO	51
hydrocortisone acetate	21	IMLYGIC	64
hydrocortisone butyr lipo base	91	IN TOUCH LANCING DEVICE	122

IN TOUCH STERILE LANCETS 30G	122	INTELISWAB COVID-19 RAPID TEST	94
INBRIJA	65	introvale	80
incassia	85	INVEGA HAFYERA	66
INCONTROL ULTICARE PEN NEEDLES	140	INVEGA SUSTENNA	66
INCRUSE ELLIPTA	25	INVEGA TRINZA	66
indapamide	96	IPOL	178
INDICAID COVID-19 RAPID TEST	94	ipratropium bromide	25,160
indomethacin	16	ipratropium-albuterol	27
indomethacin er	16	irbesartan	45
INFANRIX	174	irbesartan-hydrochlorothiazide	46
INFLECTRA	103	iron (ferrous sulfate)	111
INJECT-EASE	140	iron infant/toddler	112
INJECTAFER	111	iron supplement childrens	112
INLYTA	49	ISENTRESS	70
INNOPRAN XL	73	ISENTRESS HD	70
INPEN 100-BLUE-LILLY-HUMALOG	140	isibloom	80
INPEN 100-BLUE-NOVOLOG-FIASP	140	isoniazid	48
INPEN 100-GREY-LILLY-HUMALOG	140	isopropyl alcohol	93
INPEN 100-GREY-NOVOLOG-FIASP	140	isopropyl alcohol wipes	93
INPEN 100-PINK-LILLY-HUMALOG	140	ISOPTO ATROPINE	162
INPEN 100-PINK-NOVOLOG-FIASP	140	isosorbide dinitrate	23
INQOVI	56	isosorbide mononitrate	23
INREBIC	59	isosorbide mononitrate er	23
INSUL-CAP	122	isotretinoin	87
INSUL-EZE	122	isradipine	74
INSULIN ASP PROT & ASP FLEXPEN	37	itraconazole	41
INSULIN ASPART	37	IV PREP WIPES	68
INSULIN ASPART FLEXPEN	37	ivabradine hcl	77
INSULIN ASPART PENFILL	37	ivermectin	21,93
INSULIN ASPART PROT & ASPART	37	IWILFIN	63
INSULIN DEGLUDEC	37	IXEMPRA KIT	64
INSULIN DEGLUDEC FLEXTOUCH	37	IZERVAY	163
INSULIN GLARGINE MAX SOLOSTAR	37		
INSULIN GLARGINE SOLOSTAR	37	J	
INSULIN SYRINGE	140	J & J GERM FILTER MASK	149
INSULIN SYRINGE-NEEDLE U-100	141	jaimiess	80
INSULIN SYRINGE/NEEDLE	141	JAKAFI	59
INSUPEN PEN NEEDLES	141	JANSSEN COVID-19 VACCINE	178
INSUPEN SENSITIVE	141	jantoven	27
INSUPEN ULTRAFIN	141	JARDIANCE	39
INTELENCE	70	jasmiel	80

javygtor	99	KETODAN	88
JAYPIRCA	59	KETONE TEST	94
JELMYTO	56	ketorolac tromethamine	16,165
JEMPERLI	51	KETOSTIX	94
jencycla	85	KEYTRUDA	51
JENTADUETO	34	KHAPZORY	63
JENTADUETO XR	34	KIMMTRAK	51
JEVTANA	64	KIMYRSA	22
jinteli	101	KINNEY LANCETS	122
JIVI	107	KINNEY THIN LANCETS	122
JOENJA	152	KINRAY INSULIN SYRINGE	141
jolessa	80	KINRIX	174
joyeaux	80	kionex	153
juleber	80	KISQALI (200 MG DOSE)	59
JULUCA	70	KISQALI (400 MG DOSE)	59
junel 1.5/30	80	KISQALI (600 MG DOSE)	59
junel 1/20	80	KISQALI FEMARA (200 MG DOSE)	56
junel fe 1.5/30	80	KISQALI FEMARA (400 MG DOSE)	56
junel fe 1/20	80	KISQALI FEMARA (600 MG DOSE)	56
junel fe 24	80	klayesta	88
JUXTAPID	44	klor-con	151
JYNARQUE	100	klor-con 10	151
JYNNEOS	178	klor-con m10	151
		klor-con m15	151
		klor-con m20	151
		klor-con/ef	151
K		KLOXXADO	40
K-PHOS	151	kls aller-tec	42
KADCYLA	51	kls allerclear	42
kaitlib fe	80	KMART VALU INSULIN SYRINGE 29G	141
KALBITOR	108	KMART VALU INSULIN SYRINGE 30G	141
kalliga	80	KN95 DISPOSABLE MASK	149
KALYDECO	172,173	KN95 MEDICAL PROTECTIVE MASK	149
KANJINTI	50	KOATE	107
KANUMA	99	KOATE-DVI	107
kariva	80	KOGENATE FS	107
KCENTRA	107	KORLYM	36
kelnor 1/35	80	KORSUVA	154
kelnor 1/50	80	KOSELUGO	59
KEPIVANCE	63	kp folic acid	109
KESIMPTA	169	KRAZATI	59
KETO-DIASTIX	94		
ketoconazole	41,88		

KRINTAFEL	47	LANCETS SUPER THIN	122
KRISTALOSE	113	LANCETS SUPER THIN 28G	122
KROGER AUTOLET LANCING DEVICE	122	LANCETS THIN	122
KROGER GLUCOSE	36	LANCETS ULTRA FINE	123
KROGER HEALTHPRO LANCET 26G	122	LANCETS ULTRA THIN	123
KROGER INSULIN SYRINGE	141	LANCETS ULTRA THIN 30G	123
KROGER LANCETS	122	LANCING DEVICE	123
KROGER LANCETS 21G	122	LANREOTIDE ACETATE	100
KROGER LANCETS MICRO THIN 33G	122	lanreotide acetate	100
KROGER LANCETS SUPER THIN	122	lansoprazole	175
KROGER LANCETS THIN	122	lanthanum carbonate	104
KROGER LANCETS THIN 26G	122	LANTUS	37
KROGER LANCETS ULTRATHIN 30G	122	LANTUS SOLOSTAR	37
KROGER LANCING DEVICE	122	LANZO	123
KROGER PEN NEEDLES	141	lapatinib ditosylate	59
KRYSTEXXA	106	larin 1.5/30	80
kurvelo	80	larin 1/20	80
KYNMOBI	65	larin 24 fe	80
KYPROLIS	59	larin fe 1.5/30	80
		larin fe 1/20	80
L		larissia	80
l-glutamine	109	latanoprost	165
labetalol hcl	73	layolis fe	80
lacosamide	29	LAZCLUZE	53
lactulose	113	LEADER ADVANCED LANCING DEVICE	123
lactulose encephalopathy	104	LEADER GLUCOSE	36
LAGEVRIO	73	LEADER INSULIN SYRINGE	141
lamivudine	70,72	LEADER QUICK DISSOLVE GLUCOSE	36
lamivudine-zidovudine	70	LEADER UNIFINE PENTIPS	141
lamotrigine	29	LEADER UNIFINE PENTIPS PLUS	141
lamotrigine er	29	leena	80
lamotrigine starter kit-blue	30	leflunomide	16
LAMZEDE	99	LEMTRADA	169
LANCET DEVICE	122	lenalidomide	152
LANCET DEVICE WITH EJECTOR	122	LENVIMA (10 MG DAILY DOSE)	50
LANCET TRANSPORTER CASE	122	LENVIMA (12 MG DAILY DOSE)	50
LANCETS	122	LENVIMA (14 MG DAILY DOSE)	50
LANCETS 28G	122	LENVIMA (18 MG DAILY DOSE)	50
LANCETS 30G	122	LENVIMA (20 MG DAILY DOSE)	50
LANCETS 33G	122	LENVIMA (24 MG DAILY DOSE)	50
LANCETS MICRO THIN 33G	122	LENVIMA (4 MG DAILY DOSE)	50

LENVIMA (8 MG DAILY DOSE)	50	lidocaine-prilocaine	92
LEQVIO	44	lidocan	92
lessina	80	LIFESCAN UNISTIK 2	123
letrozole	54	LIFESCAN UNISTIK II LANCETS	123
leucovorin calcium	63	LIGHT SHIELD	149
LEUKERAN	48	LIGHT SHIELD DELUXE SLEEP MASK	149
LEUKINE	110	LILETTA (52 MG)	168
leuprolide acetate	54	lillow	81
levabuterol hcl	27	LINDANE	93
LEVALBUTEROL TARTRATE	27	linezolid	22
LEVEMIR	37	LINZESS	104
LEVEMIR FLEXPEN	37	liothyronine sodium	174
LEVEMIR FLEXTOUCH	37	LIQREV	76
levetiracetam	30	lisdexamphetamine dimesylate	12
levetiracetam er	30	lisinopril	45
LEVOBUNOLOL HCL	161	lisinopril-hydrochlorothiazide	46
levocarnitine	99	LITE TOUCH LANCETS	123
levocarnitine sf	99	LITE TOUCH LANCING PEN	123
levofloxacin	102	LITETOUCH INSULIN SYRINGE	141
levonest	80	LITETOUCH LANCETS	123
levonorg-eth estrad triphasic	81	LITETOUCH PEN NEEDLES	142
levonorgest-eth est & eth est	81	lithium	65
levonorgest-eth estrad 91-day	81	lithium carbonate	65
levonorgest-eth estradiol-iron	81	lithium carbonate er	65
levonorgestrel	84	LITHOBID	65
levonorgestrel-ethinyl estrad	81	LITHOSTAT	105
levora 0.15/30 (28)	81	LIVALO	44
levorphanol tartrate	18	LIVE BETTER ADV LANCING DEVICE	123
levothyroxine sodium	174	LIVE BETTER LANCET SUPER THIN	123
LEXIVA	70	LIVE BETTER LANCET ULTRA THIN	123
LIBERTY MEDICAL LANCETS	123	LIVMARLI	103
LIBERTY MINI LANCING DEVICE	123	LIVTENCITY	72
LIBERVANT	28	LO LOESTRIN FE	81
LIBTAYO	51	lo-zumandimine	81
lidocaine	92	loestrin 1.5/30 (21)	81
lidocaine hcl	92	loestrin 1/20 (21)	81
LIDOCAINE HCL	154	loestrin fe 1.5/30	81
lidocaine hcl urethral/mucosal	92	loestrin fe 1/20	81
lidocaine viscous hcl	154	lofexidine hcl	168
lidocaine-hydrocort (perianal)	21	lojaimiess	81
lidocaine-hydrocortisone ace	21	LOKELMA	153

LONGS GLUCOSE	36
LONGS INSULIN SYRINGE	142
LONGS LANCETS STANDARD	123
LONGS LANCETS THIN	123
LONGS LANCETS ULTRA THIN	123
LONSURF	56
loperamide hcl	39
lopinavir-ritonavir	70
LOQTORZI	51
loratadine	42
lorazepam	24
lorazepam intensol	24
LORBRENA	59
loryna	81
lorzone	159
losartan potassium	45
losartan potassium-hctz	46
lovastatin	44
low-ogestrel	81
loxapine succinate	67
lubiprostone	102
LUCEMYRA	168
LUCENTIS	162
LUMAKRAS	59
LUMIGAN	165
LUMIZYME	99
LUMOXITI	51
LUNSUMIO	51
LUPKYNIS	152
LUPRON DEPOT (1-MONTH)	54
LUPRON DEPOT (3-MONTH)	54
LUPRON DEPOT (4-MONTH)	54
LUPRON DEPOT (6-MONTH)	54
LUPRON DEPOT-PED (1-MONTH)	98
LUPRON DEPOT-PED (3-MONTH)	98
LUPRON DEPOT-PED (6-MONTH)	98
lurasidone hcl	65
LUTATHERA	63
lutera	81
lyleq	85
lyllana	101

LYNPARZA	59
LYSODREN	54
LYTGOBI (12 MG DAILY DOSE)	59
LYTGOBI (16 MG DAILY DOSE)	59
LYTGOBI (20 MG DAILY DOSE)	59
lyza	85

M

M-M-R II	178
M-NATAL PLUS	157
MACRILEN	93
MAGELLAN INSULIN SAFETY SYR	142
MAKENA	168
malathion	93
MARATHON MEDICAL PENTIPS	142
maraviroc	70
MARGENZA	50
marlissa	81
MASK PEDIATRIC SIZE 1"	149
MATULANE	63
matzim la	74
MAVENCLAD (10 TABS)	170
MAVENCLAD (4 TABS)	170
MAVENCLAD (5 TABS)	170
MAVENCLAD (6 TABS)	170
MAVENCLAD (7 TABS)	170
MAVENCLAD (8 TABS)	170
MAVENCLAD (9 TABS)	170
MAVYRET	72
MAXI-COMFORT INSULIN SYRINGE	142
MAXI-COMFORT SAFETY PEN NEEDLE	142
MAXI-MASK	149
MAXICOMFORT II PEN NEEDLE	142
MAXICOMFORT SYR 27G X 1/2"	142
MAXIDEX	164
MAYZENT	170
MAYZENT STARTER PACK	170
meclizine hcl	40
MECLOFENAMATE SODIUM	16
MEDIC INSULIN SYRINGE	142
MEDICHOICE SAFETY LANCET	123

MEDICHOICE SAFETY LANCET EXTRA	123	mesalamine er	103
MEDICHOICE SAFETY LANCET NORM	123	mesalamine-cleanser	103
MEDICINE SHOPPE PEN NEEDLES	142	MESNEX	64
MEDISENSE THIN LANCETS	123	metaxalone	159
MEDLANCE EXTRA 21G	123	metformin hcl	35
MEDLANCE LITE 25G	123	metformin hcl er	35
MEDLANCE PLUS EXTRA 21G	123	methadone hcl	18
MEDLANCE PLUS LANCETS	123	methadone hcl intensol	18
MEDLANCE PLUS LITE 25G	123	methadose	18
MEDLANCE PLUS SPECIAL 0.8MM	123	methamphetamine hcl	12
MEDLANCE PLUS SUPERLITE 30G	123	methazolamide	95
MEDLANCE PLUS UNIVERSAL 21G	123	methenamine hippurate	22
MEDLANCE UNIVERSAL 21G	124	methenamine mandelate	23
medpura alcohol pads	93	methergine	165
medroxyprogesterone acetate	85,168	methimazole	173
mefenamic acid	16	methocarbamol	159
mefloquine hcl	47	METHOTREXATE SODIUM	49
megestrol acetate	54	methotrexate sodium (pf)	49
MEIJER ALCOHOL SWABS	133	METHOXSALEN RAPID	89
MEIJER GLUCOSE	36	methscopolamine bromide	175
MEIJER LANCETS	124	methylergonovine maleate	166
MEIJER LANCETS THIN	124	methylphenidate	12
MEIJER LANCETS UNIVERSAL 21G	124	methylphenidate hcl	12
MEIJER LANCETS UNIVERSAL 30G	124	METHYLPHENIDATE HCL ER	13
MEIJER LANCETS UNIVERSAL 33G	124	methylphenidate hcl er (cd)	13
MEIJER PEN NEEDLES	142	methylphenidate hcl er (la)	13
MEIJER SUPER THIN LANCETS	124	methylphenidate hcl er (osm)	13
MEKINIST	59,60	methylprednisolone	86
MEKTOVI	60	methylprednisolone sodium succ	86
meloxicam	16	metoclopramide hcl	102
MELPHALAN	48	metolazone	96
memantine hcl	168	metoprolol succinate er	73
memantine hcl er	168	metoprolol tartrate	73
MENACTRA	176	metoprolol-hydrochlorothiazide	46
MENVEO	176	metronidazole	21,93,180
MEPERIDINE HCL	18	mexiletine hcl	24
meprobamate	23	mibelas 24 fe	81
MEPSEVII	99	MICONAZOLE 3	180
mercaptopurine	49	MICROCLENS WIPES	68
merzee	81	MICRODOT PEN NEEDLE	142
mesalamine	103	microgestin 1.5/30	81

microgestin 1/20	81	MONOJECT ULTRA COMFORT SYRINGE	142
microgestin 24 fe	81	MONOLET LANCETS	124
microgestin fe 1.5/30	81	MONOLET OPD LANCETS	124
microgestin fe 1/20	81	MONOLETTOR SAFETY LANCETS	124
MICROLET LANCETS	124	montelukast sodium	25
MICROLET NEXT LANCING DEVICE	124	MORPHINE SULFATE	18
midazolam hcl	112	morphine sulfate (concentrate)	18
MIDAZOLAM-SODIUM CHLORIDE (PF)	112	morphine sulfate er	18
midodrine hcl	180	MORPHINE SULFATE ER BEADS	19
mifepristone	36,100	MOUNJARO	36,37
MIGERGOT	150	MOVANTI	104
miglitol	34	moxifloxacin hcl	102,163
miglustat	109	MOXIFLOXACIN HCL (2X DAY)	163
mili	81	MOZOBIL	112
mimvey	101	MPD SAFETY LANCET 21G	124
MINI LANCING DEVICE	124	MPD SAFETY LANCET 23G	124
minocycline hcl	173	MPD SAFETY LANCET 28G	124
minocycline hcl er	173	MPD SAFETY LANCET 30G	124
minoxidil	47	MRESVIA	178
MIRCERA	110	MS INSULIN SYRINGE	142
mirtazapine	32	MULPLETA	110
misoprostol	175	MULTAQ	24
mitomycin	56	MULTI-LANCET DEVICE	124
MM INSULIN SYRINGE/NEEDLE	142	MULTI-LANCET DEVICE 2	124
MM LANCING DEVICE	124	multi-vit/iron/fluoride	155
MM PEN NEEDLES	142	MULTI-VITAMIN/FLUORIDE	156
MM TWIST LANCETS	124	multi-vitamin/fluoride/iron	156
modafinil	13	multiple vitamins-minerals	21,155
MODERNA COVID-19 BIVAL 6M-5Y	178	multivit/multimineral adult	155
MODERNA COVID-19 BIVAL BOOSTER	178	MULTIVITAMIN W/FLUORIDE	156
MODERNA COVID-19 BIVALENT	178	MULTIVITAMIN/FLUORIDE	156
MODERNA COVID-19 VAC (BOOSTER)	178	mupirocin	88
MODERNA COVID-19 VAC 6M-11Y	178	mupirocin calcium	88
MODERNA COVID-19 VACC 6-11Y	178	mutamycin	56
MODERNA COVID-19 VACC 6M-5Y	178	MVASI	50
MODERNA COVID-19 VACCINE	178	my choice	84
moexipril hcl	45	my way	84
mometasone furoate	91,160	mycophenolate mofetil	153
MONJUVI	51	mycophenolate sodium	153
mono-linyah	81	mycophenolic acid	153
MONOJECT INSULIN SYRINGE	142	MYFEMBREE	101

MYGLUCOHEALTH LANCETS 30G	124
MYLERAN	48
MYLOTARG	51
MYOBLOC	161
MYRBETRIQ	176
MYTESI	39

N

N95 FACE MASK	149
N95 MASKS	149
N95 PARTI RESPIRATOR FACE MASK	149
na sulfate-k sulfate-mg sulf	113
nabumetone	16
nadolol	74
naftifine hcl	88
NAGLAZYME	99
NALFON	16
NALOCET	19
naloxone hcl	40
NALOXONE HCL	40
naltrexone hcl	40
naproxen	16
naproxen dr	16
naproxen sodium	16
naproxen-esomeprazole mg	16
naratriptan hcl	150
NATACYN	163
NATAZIA	81
nateglinide	38
NAYZILAM	28
nebivolol hcl	73
necon 0.5/35 (28)	81
NEFAZODONE HCL	33
nelarabine	49
neo-polycin	163
neo-polycin hc	164
neomycin sulfate	13
neomycin-bacitracin zn-polymyx	163
neomycin-polymyxin-dexameth	164
NEOMYCIN-POLYMYXIN-GRAMICIDIN	163
NEOMYCIN-POLYMYXIN-HC	164

neomycin-polymyxin-hc	165
NEORAL	153
NERLYNX	60
NESTABS	157
NESTABS DHA	157
NESTABS ONE	157
NEULASTA	110
NEULASTA ONPRO	110
NEUPOGEN	110
nevirapine	70
NEVIRAPINE	70
NEVIRAPINE ER	70
nevirapine er	70
new day	84
NEXCARE ALL PURPOSE MASK	149
NEXCARE EARLOOP MASK	149
NEXIUM	175
NEXLETOL	43
NEXLIZET	43
NEXPLANON	168
NEXTSTELLIS	81
NEXVIAZYME	99
NGENLA	97
niacin er	181
niacin er (antihyperlipidemic)	44
nicardipine hcl	74
nicotine	171
nicotine mini	171
nicotine polacrilex	172
nicotine polacrilex mini	172
nicotine step 1	172
nicotine step 2	172
nicotine step 3	172
NICOTROL	172
NICOTROL NS	172
nifedipine	74
nifedipine er	74
nifedipine er osmotic release	75
nikki	82
nilutamide	54
nimodipine	75

NINLARO . . . . .	.60	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	.143
nitazoxanide . . . . .	.22	NOVOFINE PEN NEEDLE . . . . .	.143
NITRO-BID . . . . .	.23	NOVOFINE PLUS PEN NEEDLE . . . . .	.143
NITRO-DUR . . . . .	.23	NOVOLIN 70/30 . . . . .	.37
nitrofurantoin . . . . .	.23	NOVOLIN 70/30 FLEXPEN . . . . .	.38
nitrofurantoin macrocrystal . . . . .	.23	NOVOLIN 70/30 FLEXPEN RELION . . . . .	.38
nitrofurantoin monohyd macro . . . . .	.23	NOVOLIN 70/30 RELION . . . . .	.38
nitroglycerin . . . . .	.23	NOVOLIN N . . . . .	.38
NITYR . . . . .	.99	NOVOLIN N FLEXPEN . . . . .	.38
NIVA-PLUS . . . . .	.157	NOVOLIN N FLEXPEN RELION . . . . .	.38
NIVESTYM . . . . .	.110	NOVOLIN N RELION . . . . .	.38
NIZATIDINE . . . . .	.175	NOVOLIN R . . . . .	.38
nora-be . . . . .	.85	NOVOLIN R FLEXPEN . . . . .	.38
NORDIPEN DELIVERY SYSTEM . . . . .	.143	NOVOLIN R FLEXPEN RELION . . . . .	.38
NORDITROPIN FLEXPEN . . . . .	.97	NOVOLIN R RELION . . . . .	.38
norelgestromin-eth estradiol . . . . .	.84	NOVOLOG . . . . .	.38
norethin ace-eth estrad-fe . . . . .	.82	NOVOLOG 70/30 FLEXPEN RELION . . . . .	.38
norethin-eth estradiol-fe . . . . .	.82	NOVOLOG FLEXPEN . . . . .	.38
norethindron-ethinyl estrad-fe . . . . .	.82	NOVOLOG FLEXPEN RELION . . . . .	.38
norethindrone . . . . .	.85	NOVOLOG MIX 70/30 . . . . .	.38
norethindrone acet-ethinyl est . . . . .	.82	NOVOLOG MIX 70/30 FLEXPEN . . . . .	.38
norethindrone acetate . . . . .	.168	NOVOLOG MIX 70/30 RELION . . . . .	.38
norethindrone-eth estradiol . . . . .	.101	NOVOLOG PENFILL . . . . .	.38
norgestim-eth estrad triphasic . . . . .	.82	NOVOLOG RELION . . . . .	.38
norgestimate-eth estradiol . . . . .	.82	NOVOPEN ECHO . . . . .	.143
norlyda . . . . .	.85	NOVOTWIST PEN NEEDLE . . . . .	.143
norlyroc . . . . .	.85	NOXAFIL . . . . .	.41
NORPACE CR . . . . .	.24	NP THYROID . . . . .	.174
nortrel 0.5/35 (28) . . . . .	.82	NPLATE . . . . .	.110
nortrel 1/35 (21) . . . . .	.82	nu-iron . . . . .	.112
nortrel 1/35 (28) . . . . .	.82	NUBEQA . . . . .	.54
nortrel 7/7/7 . . . . .	.82	NUCALA . . . . .	.25
nortriptyline hcl . . . . .	.34	NUCYNTA . . . . .	.19
NORVIR . . . . .	.70	NUCYNTA ER . . . . .	.19
NOVA SAFETY LANCETS 23G . . . . .	.124	NULIBRY . . . . .	.99
NOVA SAFETY LANCETS 28G . . . . .	.124	NULOJIX . . . . .	.153
NOVA SUREFLEX LANCETS . . . . .	.124	NUPLAZID . . . . .	.65
NOVA SUREFLEX LANCING DEVICE . . . . .	.124	NURTEC . . . . .	.150
NOVAREL . . . . .	.97	NUTROPIN AQ NUSPIN 10 . . . . .	.97
NOVAVAX COVID-19 VACCINE . . . . .	.178	NUTROPIN AQ NUSPIN 20 . . . . .	.97
NOVOEIGHT . . . . .	.107	NUTROPIN AQ NUSPIN 5 . . . . .	.97

NUZYRA	173	OMNIPOD 5 DEXG7G6 PODS GEN 5	124
nyamyc	88	OMNIPOD 5 G6 INTRO (GEN 5)	124
nylia 1/35	82	OMNIPOD 5 G6 PODS (GEN 5)	124
nylia 7/7/7	82	OMNIPOD 5 G7 INTRO (GEN 5)	124
nymyo	82	OMNIPOD 5 G7 PODS (GEN 5)	124
nystatin	41,88,154	OMNIPOD 5 LIBRE2 PLUS G6	125
nystatin-triamcinolone	88	OMNIPOD 5 LIBRE2 PLUS G6 PODS	125
nystop	89	OMNIPOD 5 PACK	125
NYVEPRIA	110	OMNIPOD CLASSIC PDM (GEN 3)	125
O		OMNIPOD DASH INTRO (GEN 4)	125
OB COMPLETE	157	OMNIPOD DASH PDM (GEN 4)	125
OB COMPLETE ONE	157	OMNIPOD DASH PODS (GEN 4)	125
OB COMPLETE PETITE	157	OMNITROPE	97
OB COMPLETE PREMIER	157	OMNITROPE PEN 10 INJ DEVICE	143
OB COMPLETE/DHA	157	OMNITROPE PEN 5 INJ DEVICE	143
OBIZUR	107	OMVOH	103
ocella	82	ON/GO COVID-19 ANTIGEN TEST	94
OCREVUS	170	ON/GO ONE COVID-19 HOME TEST	94
OCTAGAM	167	ONCASPAR	63
octreotide acetate	100	ondansetron	40
ocuvite eye health gummies	155	ondansetron hcl	40
ODEFSEY	70	ONETOUCH CLUB LANCETS FINE PT	125
ODOMZO	53	ONETOUCH DELICA LANCETS 30G	125
ofloxacin	102,163,165	ONETOUCH DELICA LANCETS 33G	125
OGIVRI	50	ONETOUCH DELICA LANCING DEV	125
OGSIVEO	60	ONETOUCH DELICA PLUS LANCET30G	125
OHC COVID-19 ANTIGEN SELF TEST	94	ONETOUCH DELICA PLUS LANCET33G	125
OJEMDA	60	ONETOUCH DELICA PLUS LANCING	125
OJJAARA	60	ONETOUCH DELICA SAFETY LANCING	125
olanzapine	67	ONETOUCH FINEPOINT LANCETS	125
olanzapine-fluoxetine hcl	169	ONETOUCH SURESOFT LANCING DEV	125
olmesartan medoxomil	45	ONETOUCH ULTRA	95
olmesartan medoxomil-hctz	46	ONETOUCH ULTRA 2	125
olmesartan-amlodipine-hctz	46	ONETOUCH ULTRA BLUE TEST	95
olopatadine hcl	160,165	ONETOUCH ULTRA CONTROL	125
omega-3-acid ethyl esters	43	ONETOUCH ULTRA TEST	95
omeprazole	175	ONETOUCH ULTRASOFT 2 LANCETS	125
omeprazole-sodium bicarbonate	175	ONETOUCH ULTRASOFT LANCETS	125
OMNARIS	160	ONETOUCH VERIO	95
OMNIFLEX DIAPHRAGM	114	ONETOUCH VERIO FLEX SYSTEM	125
		ONETOUCH VERIO REFLECT	125

ONGENTYS	64	OXTELLAR XR	30
ONIVYDE	64	oxybutynin chloride	176
ONPATTRO	172	oxybutynin chloride er	176
ONTRUZANT	50	oxycodone hcl	19
ONUREG	49	OXYCODONE HCL ER	19
opcicon one-step	84	oxycodone-acetaminophen	19
OPDIVO	51	OXYCONTIN	19
OPDUALAG	56	oxymorphone hcl	19
OPILL	85	OXYTROL	176
opium	39	OZEMPIC (0.25 OR 0.5 MG/DOSE)	37
OPSUMIT	76	OZEMPIC (1 MG/DOSE)	37
OPTICHAMBER DIAMOND	150	OZEMPIC (2 MG/DOSE)	37
OPTICHAMBER DIAMOND-LG MASK	150		
OPTICHAMBER DIAMOND-MD MASK	150	P	
OPTICHAMBER DIAMOND-SM MASK	150	pacerone	24
option 2	85	paclitaxel protein-bound part	64
OPTIONS CONCEPTROL	179	PACLITAXEL PROTEIN-BOUND PART	64
OPTIONS GYNOL II CONTRACEPTIVE	179	PADCEV	51
OPVEE	40	paliperidone er	66
OPZELURA	92	PALYNZIQ	99
oralone	154	pantoprazole sodium	175
ORGOVYX	55	PANZYGA	167
ORIAHNN	101	PARAGARD INTRAUTERINE COPPER	84
ORLISSA	97	paricalcitol	99
ORKAMBI	173	paromomycin sulfate	13
ORLADEYO	108	paroxetine hcl	33
orphenadrine citrate er	159	paroxetine hcl er	33
ORSERDU	55	PARSABIV	99
orsythia	82	PAXLOVID (150/100)	71
oseltamivir phosphate	72,73	PAXLOVID (300/100)	72
OSPHENA	98	pazopanib hcl	60
OTEZLA	16	PC LANCETS SUPER THIN 30G	125
oxaliplatin	48	PC UNIFINE PENTIPS	143
OXALIPLATIN	48	PEDIARIX	174
oxandrolone	20	PEDIATRIC MEDIUM MASK	149
oxaprozin	16	PEDIATRIC SMALL MASK	149
oxazepam	24	PEDMARK	64
oxcarbazepine	30	PEDVAX HIB	177
oxcarbazepine er	30	peg 3350-kcl-na bicarb-nacl	113
OXERVATE	163	peg-3350/electrolytes	113
OXLUMO	105	peg-3350/electrolytes/ascorbat	113

peg-kcl-nacl-nasulf-na asc-c	113	PFIZER-BIONTECH COVID-19 VACC	179
PEGASYS	72	PHARMACIST CHOICE ALCOHOL	133
PEMAZYRE	60	PHARMACIST CHOICE LANCETS	125
PEMETREXED	49	PHARMACY COUNTER LANCETS	125
PEMETREXED DISODIUM	49	phenelzine sulfate	32
pemetrexed disodium	49	phenobarbital	112
PEMETREXED DITROMETHAMINE	49	phenoxybenzamine hcl	45
PEMFEXY	49	phenylephrine hcl	162
PEN NEEDLE/5-BEVEL TIP	143	phenytek	31
PEN NEEDLES	143	phenytoin	31
PEN NEEDLES 3/16"	143	phenytoin infatabs	31
PEN NEEDLES 5/16"	143	phenytoin sodium extended	31
PENBRAYA	177	PHESGO	56
penciclovir	90	PHEXXI	180
penicillamine	151	philith	82
penicillin v potassium	167	PHOSPHOLINE IODIDE	162
PENLET II BLOOD SAMPLER	125	phytonadione	180
PENLET II REPLACEMENT CAP	125	PIFELTRO	70
PENTACEL	174	pilocarpine hcl	155,162
pentamidine isethionate	21	PILOT COVID-19 AT-HOME TEST	95
PENTASA	103	pimecrolimus	92
pentazocine-naloxone hcl	20	PIMOZIDE	171
PENTIPS	143	pimtrea	82
PENTIPS GENERIC PEN NEEDLES	143	pindolol	74
pentoxifylline er	108	pioglitazone hcl	38
PERFECT LANCETS 28G	125	pioglitazone hcl-glimepiride	34
PERFECT LANCETS 30G	125	pioglitazone hcl-metformin hcl	34
PERFECT POINT SAFETY LANCETS	125	PIP LANCETS 28G	126
PERINDOPRIL ERBUMINE	45	PIP LANCETS 30G	126
PERJETA	50	PIP PEN NEEDLES 31G X 5MM	143
permethrin	93	PIP PEN NEEDLES 32G X 4MM	143
perphenazine	67	PIQRAY (200 MG DAILY DOSE)	60
PERPHENAZINE-AMITRIPTYLINE	169	PIQRAY (250 MG DAILY DOSE)	60
PERSERIS	66	PIQRAY (300 MG DAILY DOSE)	60
PERTZYE	95	pirmella 1/35	82
PFIZER COVID-19 BIVAL 6MO-4YR	178	pirmella 7/7/7	82
PFIZER COVID-19 VAC BIVAL 5-11	178	piroxicam	16
PFIZER COVID-19 VAC BIVALENT	178	PLEGRIDY	170
PFIZER COVID-19 VAC-TRIS 5-11Y	179	PLEGRIDY STARTER PACK	170
PFIZER COVID-19 VAC-TRIS 6M-4Y	179	PLENVU	113
PFIZER-BIONT COVID-19 VAC-TRIS	179	PLUVICTO	63

PNEUMOVAX 23	177	PREDNISOLONE SODIUM PHOSPHATE	164
PNV TABS 29-1	157	prednisone	86
PNV-DHA	157	PREFERRED PLUS GLUCOSE	36
PNV-OMEGA	157	PREFERRED PLUS INSULIN SYRINGE	143
PNV-SELECT	157	PREFERRED PLUS LANCETS COLORED	126
podofilox	92	PREFERRED PLUS LANCETS THIN	126
POLIVY	52	PREFERRED PLUS UNIFINE PENTIPS	143
poly-iron 150	112	pregabalin	30
POLY-VI-FLOR	156	PREGNYL	97
POLY-VI-FLOR/IRON	156	PREHEVBRIO	179
polycin	163	PREMARIN	102,180
polymyxin b-trimethoprim	163	PREMPHASE	101
polysaccharide iron complex	112	PREMPRO	101
POMALYST	55	PRENATAL	157
PONVORY	170	PRENATAL PLUS	157
PONVORY STARTER PACK	170	PRENATAL PLUS VITAMIN/MINERAL	157
portia-28	82	PRENATE	157
PORTRAZZA	53	PRENATE AM	157
posaconazole	41	PRENATE DHA	157
pot & sod cit-cit ac	105	PRENATE ELITE	157
potassium chloride	151	PRENATE ENHANCE	157
potassium chloride crys er	151	PRENATE ESSENTIAL	157
potassium chloride er	151	PRENATE MINI	157
potassium citrate er	105	PRENATE PIXIE	157
potassium citrate-citric acid	105	PRENATE RESTORE	157
POTELIGEO	52	PREPLUS	157
PRALATREXATE	49	PRESSURE ACTIVAT SAFETY LANCET	126
PRALUENT	45	PRETAB	157
pramipexole dihydrochloride	65	PRETOMANID	48
pramipexole dihydrochloride er	65	prevalite	43
prasugrel hcl	108	PREVENT DROPSAFE PEN NEEDLES	143
pravastatin sodium	44	PREVENT SAFETY PEN NEEDLES	143
PRAXBIND	40	previfem	82
prazosin hcl	46	PREVNAR 13	177
PRECISION SURE-DOSE SYRINGE	143	PREVNAR 20	177
PRECISION SUREDOSE PLUS SYR	143	PREVYMIS	72
PRECISION THINS GP LANCETS	126	PREZCOBIX	70
PREDNICARBATE	91	PREZISTA	71
prednisolone	86	PRIMACARE	157
prednisolone acetate	164	primaquine phosphate	47
prednisolone sodium phosphate	86	primidone	30

PRIORIX	179	protriptyline hcl	34
PRIVIGEN	167	PROVENGE	52
PRO COMFORT ALCOHOL	133	pseudoeph-bromphen-dm	87
PRO COMFORT INSULIN SYRINGE	144	PSS SELECT GP LANCETS	126
PRO COMFORT LANCETS 30G	126	PSS SELECT PLATFORMS	126
PRO COMFORT LANCETS 31G	126	PSS SELECT SAFETY LANCETS	126
PRO COMFORT PEN NEEDLES	144	PULMICORT FLEXHALER	26
PRO COMFORT SAFETY LANCETS 30G	126	PULMOZYME	173
probenecid	106	PURE COMFORT ALCOHOL PREP	133
prochlorperazine	67	PURE COMFORT LANCETS 30G	126
prochlorperazine maleate	67	PURE COMFORT PEN NEEDLE	144
PROCRIT	110	PURE COMFORT SAFETY PEN NEEDLE	144
procto-med hc	21	PUSH BUTTON SAFETY LANCETS	126
PROCTOFOAM HC	21	PUSH BUTTON SAFETY LANCETS 28G	126
proctosol hc	21	PX ADVANCED LANCING DEVICE	126
proctozone-hc	21	PX EXTRA SHORT PEN NEEDLES	144
PROCYSBI	105	px folic acid	109
PRODIGY COUNT-A-DOSE	126	PX GLUCOSE	36
PRODIGY INSULIN SYRINGE	144	PX INSULIN SYRINGE	144
PRODIGY LANCETS 28G	126	PX LANCET AUTO INJECTOR	126
PRODIGY LANCING DEVICE	126	PX LANCETS MICROTHIN 33G	126
PRODIGY SAFETY LANCETS 26G	126	PX LANCETS ULTRA THIN	126
PRODIGY TWIST TOP LANCETS 28G	126	PX LANCETS ULTRA THIN 28G	126
progesterone	168	PX MINI PEN NEEDLES	144
PROGRAF	153	PX PEN NEEDLE	144
PROLASTIN-C	172	PX SHORTLENGTH PEN NEEDLES	144
PROLIA	96	pyrazinamide	48
PROMACTA	111	pyridostigmine bromide	48
promethazine hcl	42	pyridostigmine bromide er	48
promethazine vc	86	pyrimethamine	47
PROMETHAZINE VC/CODEINE	86	PYRUKYND	109
promethazine-codeine	87	PYRUKYND TAPER PACK	109
promethazine-dm	87		
promethazine-phenylephrine	87	Q	
PROMETHEGAN	42	QALSODY	160
propafenone hcl	24	QC ADVANCED LANCING DEVICE	126
propafenone hcl er	24	qc alcohol	93
propranolol hcl	74	QC ALCOHOL SWABS	133
propranolol hcl er	74	qc aspirin low dose	18
propylthiouracil	174	qc folic acid	110
PROQUAD	179	QC LANCETS SUPER THIN 30G	126

QC LANCETS ULTRA THIN	126	raloxifene hcl	98
QC PEN NEEDLES	144	ramelteon	113
QC UNIFINE PENTIPS	144	ramipril	45
QC UNILET LANCETS 28G	126	ranolazine er	23
QC UNILET LANCETS MICRO THIN	126	rasagiline mesylate	65
QELBREE	12	RAYA SURE PEN NEEDLE	144
QINLOCK	60	react	85
QNASL	160	READYLANCE SAFETY LANCETS	127
QNASL CHILDRENS	160	REALITY INSULIN SYRINGE	144
QUADRACEL	174	REALITY LANCETS	127
QUAZEPAM	112	REALITY SWABS	133
quetiapine fumarate	67	REALITY TRIGGER LANCETS	127
quetiapine fumarate er	67	REBIF	170
QUFLORA GUMMIES	156	REBIF REBIDOSE	170
QUICKVUE AT-HOME COVID-19 TEST	95	REBIF REBIDOSE TITRATION PACK	170
quinapril hcl	45	REBIF TITRATION PACK	170
quinapril-hydrochlorothiazide	47	REBLOZYL	111
quinidine gluconate er	24	REBYOTA	104
quinidine sulfate	24	reclipsen	82
quinine sulfate	47	RECOMBINATE	107
QULIPTA	150	RECOMBIVAX HB	179
QUTENZA	92	RELENZA DISKHALER	73
QUTENZA (2 PATCH)	92	RELEUKO	111
QUTENZA (4 PATCH)	92	RELION ALCOHOL SWABS	133
QVAR REDIMALER	26	RELION GLUCOSE	36
R		RELION INSULIN SYRINGE	144
RA ALCOHOL SWABS	133	RELION KETONE TEST	95
RA E-ZJECT LANCETS 28G	126	RELION LANCET DEVICES 30G	127
RA E-ZJECT LANCETS THIN 26G	127	RELION LANCETS	127
RA E-ZJECT LANCETS THIN 28G	127	RELION LANCETS MICRO-THIN 33G	127
RA E-ZJECT LANCETS ULTRA THIN	127	RELION LANCETS THIN 26G	127
ra folic acid	110	RELION LANCETS ULTRA-THIN 30G	127
RA GLUCOSE	36	RELION LANCING DEVICE	127
RA INSULIN SYRINGE	144	RELION MINI PEN NEEDLES	144
ra isopropyl alcohol wipes	93	RELION PEN NEEDLES	144
RA PEN NEEDLES	144	RELION SHORT PEN NEEDLES	144
rabeprazole sodium	175	RELION ULTRA THIN LANCETS 30G	127
RADICAVA	160	RELION ULTRA THIN PLUS LANCETS	127
RADICAVA ORS	160	RELISTOR	104
RADICAVA ORS STARTER KIT	160	RELNATE DHA	157
		REMICADE	103

RENFLEX	103	ROMIDEPSIN	60
repaglinide	39	ropinirole hcl	65
REPATHA	45	ropinirole hcl er	65
REPATHA PUSHTRONEX SYSTEM	45	ROSADAN	93
REPATHA SURECLICK	45	rosuvastatin calcium	44
RETACRIT	111	roweepra	30
RETEVMO	60	ROZLYTREK	60,61
REVCovi	99	RUBRACA	61
REVLIMID	152	RUCONEST	108
REXALL LANCETS ULTRA THIN 30G	127	rufinamide	30
REXTOVY	40	RUKOBIA	71
REYATAZ	71	RUXIENCE	52
REZDIFFRA	102	RYBELSUS	37
REZLIDHIA	60	RYBREVANT	52
REZUROCK	152	RYDAPT	61
RHOGAM ULTRA-FILTERED PLUS	167	RYLAZE	63
RHOPHYLAC	167	RYPLAZIM	108
RIABNI	52		
RIBAVIRIN	72	S	
ribavirin	73	SAFE-T-LANCE	127
RIDAURA	15	SAFE-T-LANCE PLUS	127
rifabutin	48	SAFETY INSULIN SYRINGES	144
rifampin	48	SAFETY LANCET 21G/PRESSURE ACT	127
RIGHTEST ALTERNATE SITE ADAPT	127	SAFETY LANCET 23G/PRESSURE ACT	127
RIGHTEST GD500 LANCING DEVICE	127	SAFETY LANCET 28G/PRESSURE ACT	127
RIGHTEST GL300 LANCETS	127	SAFETY LANCET 30G/PRESSURE ACT	127
riluzole	160	SAFETY LANCETS	127
RIMANTADINE HCL	73	SAFETY LANCETS 21G	127
RINVOQ	14	SAFETY LANCETS 23G	127
RINVOQ LQ	14	SAFETY LANCETS 28G	127
risedronate sodium	96	SAFETY LET LANCETS	127
RISPERDAL CONSTA	66	SAFETY PEN NEEDLES	145
risperidone	66	SAFETY SEAL LANCETS	127
ritonavir	71	SAIZEN	97
RITUXAN	52	SAIZENPREP	97
RITUXAN HYCELA	56	sajazir	107
rivelsa	82	salsalate	18
rizatriptan benzoate	150	SANCUSO	40
roflumilast	25	SANDIMMUNE	153
ROLVEDON	111	SANDOSTATIN LAR DEPOT	100
romidepsin	60	SANOVI COVID-19 VAC (BOOSTER)	179

SAPHNELO	154	SHOPKO AUTOLET LANCING DEVICE	128
sapropterin dihydrochloride	99	SHOPKO ON-THE-GO LANCETS 30G	128
SAPS CARE ALCOHOL PREP	133	SHOPKO UNIFINE PENTIPS	145
SAPS HEALTH ALCOHOL PREP	133	SHOPKO UNIFINE PENTIPS PLUS	145
SAPS HEALTH CARE ALCOHOL PREP	133	SHOPKO UNILET LANCETS 28G	128
SAPS HEALTH PLUS LANCETS	127	SHOPKO UNILET LANCETS 30G	128
SAPS HEALTH TWIST TOP LANCETS	128	SHUR-SEAL CONTRACEPTIVE	179
SAPS TWIST TOP LANCETS	128	SIDE BUTTON SAFETY LANCET	128
SAPSCARE TWIST TOP LANCETS	128	SIESTA MASK	150
SARCLISA	52	SIGNIFOR	100
SAVELLA	169	SIGNIFOR LAR	100
SAVELLA TITRATION PACK	169	SIKLOS	109
saxagliptin-metformin er	34	sildenafil citrate	76
SB ALCOHOL PREP	133	silodosin	105
SB INSULIN SYRINGE	145	silver nitrate	90
SB LANCETS THIN	128	silver sulfadiazine	90
SB LANCETS ULTRA THIN	128	SIMBRINZA	162
SCSEMBLIX	61	simliya	82
SCENESSE	93	simpesse	82
scopolamine	40	SIMPLE DIAGNOSTICS LANCING DEV	128
SE-NATAL 19	158	SIMPONI	14
SECUADO	67	SIMPONI ARIA	14
SECURESAFE INSULIN SYRINGE	145	simvastatin	44
SECURESAFE SAFETY PEN NEEDLES	145	SINGLE-LET	128
SELECT-LITE DEVICE/LANCETS	128	sirolimus	153
SELECT-LITE LANCING DEVICE	128	SIRTURO	48
SELECT-OB	158	SIVEXTRO	22
SELECT-OB+DHA	158	SKYCLARYS	160
selegiline hcl	65	SKYRIZI	89,103
selenium sulfide	90	SKYRIZI (150 MG DOSE)	89
SELZENTRY	71	SKYRIZI PEN	89
SEREVENT DISKUS	27	SKYTROFA	97
SEROSTIM	97	SLYND	85
sertraline hcl	33	SM ALCOHOL PREP	133
setlakin	82	sm all day allergy	42
sevelamer carbonate	104	sm all day allergy relief	42
sevelamer hcl	104	sm allergy relief	42
SEZABY	112	sm animal shapes complete	156
sharobel	85	sm animal shapes kids first	156
SHIELD-SECURE FULL FACE SHIELD	150	sm aspirin adult low strength	18
SHINGRIX	179	sm aspirin ec low strength	18

sm aspirin low dose	18	SOLU-CORTEF	86
sm chewable c	181	SOLU-MEDROL (PF)	86
sm childrens aspirin	18	SOLUS V2 LANCETS 28G	128
sm cod liver oil	158	SOLUS V2 LANCING DEVICE	128
sm folic acid	110	SOLUS V2 TWIST LANCETS 30G	128
SM GLUCOSE	36	SOMATULINE DEPOT	100
sm iron	112	SOMAVERT	97
sm iron slow release	112	sorafenib tosylate	61
SM LANCETS 33G	128	sorine	74
sm loratadine	42	sotalol hcl	74
sm loratadine allergy relief	42	sotalol hcl (af)	74
sm multiple vitamins essential	155	SPEEDY SWAB COVID-19 ANTIGEN	95
sm nicotine	172	SPEVIGO	89
sm nicotine polacrilex	172	SPIKEVAX	179
sm super b complex/c	155	SPIKEVAX COVID-19 VACCINE	179
SM TRUEDRAW LANCING DEVICE	128	SPINOSAD	93
sm vit c/rose hips	181	SPINRAZA	161
sm vitamin b-12	109	SPIRIVA HANDIHALER	25
sm vitamin b-6	181	SPIRIVA RESPIMAT	25
sm vitamin c	181	spironolactone	96
sm vitamin c/rose hips	181	spironolactone-hctz	95
SMART DIABETES VANTAGE LANCING	128	SPRAVATO (56 MG DOSE)	32
SMART SENSE COLOR LANCETS 33G	128	SPRAVATO (84 MG DOSE)	32
SMART SENSE GLUCOSE	36	sprintec 28	82
SMART SENSE STANDARD LANCETS	128	SPRYCEL	61
SMART SENSE SUPER THIN LANCETS	128	SPS (SODIUM POLYSTYRENE SULF)	153
SMART SENSE THIN LANCETS 26G	128	sronyx	82
SMARTEST LANCETS 28G	128	ssd	90
sod citrate-citric acid	105	stavudine	71
sodium fluoride	151,154	STELARA	89,104
SODIUM FLUORIDE 5000 ENAMEL	154	STERILANCE PA	128
sodium fluoride 5000 plus	154	STERILANCE TL	128
sodium fluoride 5000 ppm	154	STIMUFEND	111
SODIUM FLUORIDE 5000 SENSITIVE	154	STIOLTO RESPIMAT	27
SODIUM OXYBATE	168	STIVARGA	61
sodium polystyrene sulfonate	153	STRENSIQ	99
sodium sulfacetamide wash	90	stress formula	155
SOGROYA	97,98	STRIBILD	71
SOHONOS	159	STRIVERDI RESPIMAT	27
solifenacin succinate	176	SUBLOCADE	20
SOLIRIS	108	subvenite	30

subvenite starter kit-blue	30	SUSTOL	40
sucralfate	175	SUSVIMO (IMPLANT 1ST FILL)	162
sulfacetamide sod-sulfur wash	87	SUSVIMO (IMPLANT REFILL)	162
sulfacetamide sodium	90,163	syeda	83
sulfacetamide sodium (acne)	87	SYFOVRE	163
sulfacetamide sodium-sulfur	87	SYLVANT	153
SULFACETAMIDE-PREDNISOLONE	164	SYMDEKO	173
SULFACETAMIDE-SULFUR IN UREA	88	SYMLINPEN 120	34
sulfadiazine	173	SYMLINPEN 60	34
sulfamethoxazole-trimethoprim	22	SYMPAZAN	29
sulfasalazine	104	SYMTUZA	71
sulfatrim pediatric	22	SYNAGIS	167
sulindac	16	SYNAREL	98
sumatriptan	151	SYNJARDY	34
sumatriptan succinate	151	SYNJARDY XR	34
SUMATRIPTAN SUCCINATE REFILL	151	SYNOJOYNT	159
sumatriptan-naproxen sodium	150	SYNRIBO	63
sunitinib malate	61		
SUNLENCA	71	T	
SUPER THIN LANCETS	128	tab-a-vite/beta carotene	155
SUPPRELIN LA	98	TABRECTA	61
SUPRAX	77	tacrolimus	92,153
SURE COMFORT ALCOHOL PREP	134	tadalafil	75
SURE COMFORT INSULIN SYRINGE	145	tadalafil (pah)	76
SURE COMFORT LANCETS 18G	128	TAFINLAR	61
SURE COMFORT LANCETS 21G	128	tafluprost (pf)	165
SURE COMFORT LANCETS 23G	128	TAGRISSO	53
SURE COMFORT LANCETS 28G	129	TAKHZYRO	108
SURE COMFORT LANCETS 30G	129	TALVEY	52
SURE COMFORT LANCING PEN	129	TALZENNA	61
SURE COMFORT PEN NEEDLES	145	tamoxifen citrate	55
SURE-FINE PEN NEEDLES	145	tamsulosin hcl	105
SURE-JECT INSULIN SYRINGE	145	tarina 24 fe	83
SURE-LANCE FLAT LANCETS	129	tarina fe 1/20	83
SURE-LANCE LANCETS 26G	129	tarina fe 1/20 eq	83
SURE-LANCE THIN LANCETS 28G	129	TARON-C DHA	158
SURE-LANCE ULTRA THIN LANCETS	129	TARPEYO	86
SURE-PEN	129	TASIGNA	61
SURE-PREP ALCOHOL PREP	134	TAVALISSE	108
SURE-TOUCH LANCETS UNIVERSAL	129	taysofy	83
SURELITE LANCETS	129	TAYTULLA	83

TAZAROTENE	88	TEZSPIRE	25
tazarotene	89	TGT GLUCOSE	36
taztia xt	75	TGT LANCET MICRO THIN 33G	129
TAZVERIK	61	TGT LANCET THIN 26G	129
TDVAX	174	TGT LANCET ULTRA THIN 30G	129
TECENTRIQ	52	TGT LANCING DEVICE	129
TECHLITE AST LANCETS	129	THALOMID	152
TECHLITE INSULIN SYRINGE	145	THEO-24	27
TECHLITE LANCETS	129	theophylline	27
TECHLITE LANCETS 26G	129	theophylline er	27
TECHLITE LANCETS 30G	129	THINLETS GP LANCETS	129
TECHLITE PEN NEEDLES	145	thioridazine hcl	68
TECHLITE PLUS PEN NEEDLES	145	thiotepa	48
TECVAYLI	52	thiothixene	68
TEGLUTIK	160	THRIVITE RX	158
TEGRETOL	30	THYROGEN	94
TEGRETOL-XR	30	tiadylt er	75
TEGSEDI	172	tiagabine hcl	31
TEKURNA HCT	47	TIBSOVO	61
telmisartan	45	TIGLUTIK	160
telmisartan-hctz	47	tilia fe	83
temazepam	112	timolol hemihydrate	161
temozolomide	48	timolol maleate	74,161
temsirolimus	61	timolol maleate (once-daily)	161
TENIVAC	174	tinidazole	21
tenofovir disoproxil fumarate	71	TIVDAK	52
TEPEZZA	98	TIVICAY	71
TEPMETKO	61	TIVICAY PD	71
terazosin hcl	46	tizanidine hcl	159
terbinafine hcl	41	TLANDO	20
terbutaline sulfate	27	TOBI PODHALER	13
terconazole	180	TOBRADEX	164
teriflunomide	170	tobramycin	13,163
TERIPARATIDE (RECOMBINANT)	96	tobramycin-dexamethasone	164
testosterone	20	TODAY SPONGE	179
testosterone cypionate	20	TODAYS HEALTH LANCING DEVICE	129
TESTOSTERONE ENANTHATE	20	TODAYS HEALTH MINI PEN NEEDLES	145
TETANUS-DIPHThERIA TOXOIDS TD	174	TODAYS HEALTH PEN NEEDLES	145
tetrabenazine	169	TODAYS HEALTH SHORT PEN NEEDLE	145
tetracycline hcl	173	TODAYS HEALTH THIN LANCETS 28G	129
TEVIMBRA	52	TODAYS HEALTH THIN LANCETS 30G	129

TOFIDENCE	15	tri-estarylla	83
tolcapone	64	tri-legest fe	83
tolterodine tartrate	176	tri-linyah	83
tolterodine tartrate er	176	tri-lo-estarylla	83
TOLVAPTAN	100	tri-lo-marzia	83
tolvaptan	100	tri-lo-mili	83
TOPCARE CLICKFINE PEN NEEDLES	146	tri-lo-sprintec	83
TOPCARE LANCETS MICRO-THIN 33G	129	tri-mili	83
TOPCARE ULTRA COMFORT INS SYR	146	tri-nymyo	83
topiramate	30	tri-previfem	83
topiramate er	30	tri-sprintec	83
toremifene citrate	55	TRI-VI-FLOR	156
torpenz	62	TRI-VITE/FLUORIDE	156
torse mide	96	tri-vylibra	83
TOUJEO MAX SOLOSTAR	38	tri-vylibra lo	83
TOUJEO SOLOSTAR	38	triamcinolone acetonide	91,155
TPOXX	73	triamcinolone in absorbbase	91
TRACLEER	76	triamterene-hctz	95
TRADJENTA	36	triazolam	113
tramadol hcl	19	TRICARE	158
tramadol hcl (er biphasic)	19	tricitrates	105
tramadol hcl er	19	tridacaine ii	92
tramadol-acetaminophen	20	tridacaine iii	92
trandolapril	45	trientine hcl	152
TRANDOLAPRIL-VERAPAMIL HCL ER	47	trifluoperazine hcl	68
tranexamic acid	112	TRIFLURIDINE	163
TRANSDERM-SCOP	40	trihexyphenidyl hcl	64
tranylcypro mine sulfate	32	TRIJARDY XR	35
TRAVEL LANCETS	129	TRIKAFTA	173
TRAVEL LANCETS ADVANCED 28G	129	TRILEPTAL	30
travoprost (bak free)	165	TRILURON	159
TRAZIMERA	50	trimethobenzamide hcl	40
trazodone hcl	33	trimethoprim	21
TRELEGY ELLIPTA	27	trimipramine maleate	34
TRELSTAR MIXJECT	55	TRINATAL RX 1	158
TREMFYA	90	TRINTELLIX	33
treprostinil	75	TRIPTODUR	98
TRESIBA	38	TRISENOX	63
TRESIBA FLEXTOUCH	38	TRISTART DHA	158
tretinoin	63,88	TRIUMEQ	71
tri femynor	83	TRIUMEQ PD	71

TRIVISC	159	TUDORZA PRESSAIR	25
trivora (28)	83	TUKYSA	50
TRIZIVIR	71	tulana	85
TRODELVY	64	TURALIO	62
TROKENDI XR	30	turqoz	83
tropicamide	162	TWINRIX	179
tropium chloride	176	TWIRLA	84
tropium chloride er	176	TWIST TOP LANCETS 30G	130
TRUE COMFORT ALCOHOL PREP PADS	134	TYBLUME	83
TRUE COMFORT INSULIN SYRINGE	146	TYBOST	71
TRUE COMFORT PEN NEEDLES	146	tydemy	83
TRUE COMFORT PRO ALCOHOL PREP	134	TYENNE	15
TRUE COMFORT PRO INSULIN SYR	146	TYMLOS	96
TRUE COMFORT PRO PEN NEEDLES	146	TYSABRI	170
TRUE COMFORT SAFETY LANCETS	129	TYVASO	76
TRUE COMFORT TWIST TOP LANCETS	129	TYVASO DPI INSTITUTIONAL KIT	76
true daily vite	155	TYVASO DPI MAINTENANCE KIT	76
true ferrous sulfate	112	TYVASO DPI TITRATION KIT	76
true folic acid	110	TYVASO REFILL	76
true vitamin a	180	TYVASO STARTER	76
true vitamin b1	181	TZIELD	35
true vitamin b12	109		
true vitamin b2	181	U	
true vitamin b3	181	UBRELVY	150
true vitamin b6	181	UDENYCA	111
true vitamin c	181	UDENYCA ONBODY	111
true vitamin d3	180	ULTI-LANCE AUTOMATIC	130
TRUEDRAW LANCING DEVICE	129	ULTICARE ALCOHOL SWABS	134
TRUEPLUS 5-BEVEL PEN NEEDLES	146	ULTICARE INSULIN SAFETY SYR	146
TRUEPLUS GLUCOSE	36	ULTICARE INSULIN SYR 1/2 UNIT	146
TRUEPLUS GLUCOSE ON THE GO	36	ULTICARE INSULIN SYRINGE	146
TRUEPLUS INSULIN SYRINGE	146	ULTICARE MICRO PEN NEEDLES	146
TRUEPLUS LANCETS 26G	129	ULTICARE MINI PEN NEEDLES	146
TRUEPLUS LANCETS 28G	129	ULTICARE PEN NEEDLES	146
TRUEPLUS LANCETS 30G	129	ULTICARE SHORT PEN NEEDLES	147
TRUEPLUS LANCETS 33G	130	ULTIGUARD SAFEPACK PEN NEEDLE	147
TRUEPLUS PEN NEEDLES	146	ULTIGUARD SAFEPACK SYR/NEEDLE	147
TRUEPLUS SAFETY LANCETS 28G	130	ULTILET ALCOHOL SWABS	134
TRULICITY	37	ULTILET CLASSIC LANCETS	130
TRUMENBA	177	ULTILET INSULIN SYRINGE	147
TRUQAP	62	ULTILET INSULIN SYRINGE SHORT	147

ULTILET LANCETS	130	UNISTIK 1	130
ULTILET PEN NEEDLE	147	UNISTIK 2	130
ULTILET SAFETY LANCETS	130	UNISTIK 2 COMFORT	130
ULTILET SAFETY LANCETS 23G	130	UNISTIK 2 EXTRA	130
ULTOMIRIS	108	UNISTIK 2 NEONATAL	130
ULTRA COMFORT INSULIN SYRINGE	147	UNISTIK 2 NORMAL	130
ULTRA FLO INSULIN PEN NEEDLES	147	UNISTIK 2 SUPER	130
ULTRA FLO INSULIN SYR 1/2 UNIT	147	UNISTIK 3	131
ULTRA FLO INSULIN SYRINGE	147	UNISTIK 3 COMFORT	131
ULTRA THIN LANCETS 31G	130	UNISTIK 3 EXTRA	131
ULTRA THIN PEN NEEDLES	147	UNISTIK 3 GENTLE	131
ULTRA-CARE ALCOHOL PREP PADS	134	UNISTIK 3 NEONATAL	131
ULTRA-CARE LANCETS 30G	130	UNISTIK 3 NORMAL	131
ULTRA-THIN II AUTO LANCET	130	UNISTIK CZT COMFORT	131
ULTRA-THIN II INS SYR SHORT	147	UNISTIK CZT NORMAL	131
ULTRA-THIN II INSULIN SYRINGE	147	UNISTIK NORMAL	131
ULTRA-THIN II LANCETS	130	UNISTIK PRO SAFETY LANCET	131
ULTRA-THIN II MINI PEN NEEDLE	147	UNISTIK SAFETY LANCETS 28G	131
ULTRA-THIN II PEN NEEDLE SHORT	147	UNISTIK SAFETY LANCETS 30G	131
ULTRA-THIN II PEN NEEDLES	147	UNISTIK TOUCH SAFETY LANC 21G	131
ULTRACARE INSULIN SYRINGE	148	UNISTIK TOUCH SAFETY LANC 23G	131
ULTRACARE PEN NEEDLES	148	UNISTIK TOUCH SAFETY LANC 28G	131
ULTRALANCE	130	UNISTIK TOUCH SAFETY LANC 30G	131
UNI-SOLVE	68	unithroid	174
UNIFINE PEN NEEDLES	148	UNITUXIN	52
UNIFINE PENTIPS	148	UNIVERSAL 1 LANCETS THIN 26G	131
UNIFINE PENTIPS PLUS	148	UNIVERSAL 1 LANCETS THIN 33G	131
UNIFINE PROTECT PEN NEEDLE	148	UNIVERSAL 1 LANCETS ULTRA THIN	131
UNIFINE SAFECONTROL PEN NEEDLE	148	UP & UP GLUCOSE	36
UNIFINE ULTRA PEN NEEDLE	148	UPLIZNA	153
UNILET COMFORTOUCH LANCET	130	UPTRAVI	76
UNILET EXCELITE	130	ursodiol	102
UNILET EXCELITE II	130	UZEDY	67
UNILET G.P. LANCET	130		
UNILET G.P. SUPERLITE LANCET	130	V	
UNILET GP 28 ULTRA THIN	130	V-GO 20	131
UNILET LANCET	130	V-GO 30	131
UNILET MICRO-THIN 33G	130	V-GO 40	131
UNILET SUPER-THIN 30G	130	VABYSMO	162
UNILET SUPERLITE LANCET	130	valacyclovir hcl	72
UNILET ULTRA-THIN 28G	130	VALCHLOR	89

valganciclovir hcl	72	VEREGEN	88
valproic acid	32	VERIFINE INSULIN PEN NEEDLE	148
valsartan	45	VERIFINE INSULIN SYRINGE	148
valsartan-hydrochlorothiazide	47	VERIFINE PLUS PEN NEEDLE	148
VALTOCO 10 MG DOSE	29	VERIFINE SAFE LANCET MINI 21G	131
VALTOCO 15 MG DOSE	29	VERIFINE SAFE LANCET MINI 23G	131
VALTOCO 20 MG DOSE	29	VERIFINE SAFE LANCET MINI 28G	131
VALTOCO 5 MG DOSE	29	VERIFINE SAFE LANCET MINI 30G	132
VALUE HEALTH INSULIN SYRINGE	148	VERIFINE UNIVERSAL LANCETS 28G	132
VALUE PLUS GLUCOSE	36	VERIFINE UNIVERSAL LANCETS 30G	132
VALUE PLUS LANCET STANDARD 21G	131	VERIFINE UNIVERSAL LANCETS 33G	132
VALUE PLUS LANCETS SUPER THIN	131	VERQUVO	77
VALUE PLUS LANCETS THIN 26G	131	VERZENIO	62
VALUE PLUS LANCING DEVICE	131	vestura	83
VALUMARK LANCET SUPER THIN 30G	131	VICTOZA	37
VALUMARK LANCET ULTRA THIN 28G	131	VIDA MIA AUTOLET LANCING DEV	132
VALUMARK PEN NEEDLES	148	VIDA MIA UNIFINE PENTIPS	148
vancomycin hcl	22	VIDA MIA UNILET LANCETS 28G	132
VANFLYTA	62	VIDA MIA UNILET LANCETS 30G	132
VANISHPOINT INSULIN SYRINGE	148	vienva	83
VAQTA	179	vigabatrin	31
varenicline tartrate	172	vigadrone	31
varenicline tartrate (starter)	172	vigpoder	31
varenicline tartrate(continue)	172	VIJOICE	153
VARIVAX	179	vilazodone hcl	33
VAXNEUVANCE	177	VILTEPSO	161
VCF VAGINAL CONTRACEPTIVE	179	VIMIZIM	99
VECTIBIX	53	VINATE ONE	158
VELIVET	83	VIKACE	95
VELPHORO	104	viorele	83
VELTASSA	153	VIRACEPT	71
VEMLIDY	72	VIREAD	71
VENCLEXTA	52	VIRT-C DHA	158
VENCLEXTA STARTING PACK	52	VIRT-NATE DHA	158
venlafaxine hcl	33	VIRT-PN DHA	158
venlafaxine hcl er	33	VIRT-PN PLUS	158
VENTAVIS	76	virtussin a/c	87
VENTOLIN HFA	27	virtussin ac w/alc	87
VEOPOZ	108	VISUDYNE	164
verapamil hcl	75	VITAFOL GUMMIES	158
VERAPAMIL HCL ER	75	VITAFOL ULTRA	158

VITAFOL-NANO	158
VITAFOL-OB	158
VITAFOL-OB+DHA	158
VITAFOL-ONE	158
vitajoy biotin gummies	181
vitamin a	180
vitamin b complex	155
vitamin b complex w/b-12	155
vitamin b-1	181
vitamin b-12	109
vitamin b-6	181
vitamin b1	181
vitamin c	181
vitamin d (ergocalciferol)	180
VITAMINS ACD-FLUORIDE	156
VITRAKVI	62
VIVA DHA	158
VIVAGUARD LANCETS	132
VIVAGUARD LANCETS 30G	132
VIVAGUARD LANCING DEVICE	132
VIVAGUARD SAFETY LANCETS 28G	132
VIVI CAP	132
VIVI CAP1	132
VIVIMUSTA	48
VIVITROL	40
VIVJOA	41
VIVOTIF	177
VIZIMPRO	53
volnea	83
VONJO	62
VORANIGO	62
voriconazole	41
VOTRIENT	62
VOWST	104
VOXZOGO	99
VP INSULIN SYRINGE	148
VP-PNV-DHA	158
VPRIV	109
VRAYLAR	65
VUITY	162
VUMERITY	170

vyfemla	83
VYJUVEK	93
vylibra	84
VYNDAMAX	77
VYNDQAEL	77
VYONDYS 53	161
VYVGART	152
VYVGART HYTRULO	152
VYXEOS	56
VYZULTA	165

W

WALGREENS ADV TRAVEL LANCETS	132
WALGREENS GLUCOSE	36
WALGREENS LANCETS	132
WALGREENS LANCETS MICRO THIN	132
WALGREENS LANCETS SUPER THIN	132
WALGREENS THIN LANCETS	132
WALGREENS ULTRA THIN LANCETS	132
warfarin sodium	27
WEBCOL ALCOHOL PREP LARGE	134
WEBCOL ALCOHOL PREP MEDIUM	134
wee care	112
WEGMANS UNIFINE PENTIPS PLUS	148
WELIREG	55
wera	84
WESCAP-C DHA	158
WESCAP-PN DHA	158
WESNATE DHA	158
WESTGEL DHA	158
WIDE-SEAL DIAPHRAGM 60	114
WIDE-SEAL DIAPHRAGM 65	114
WIDE-SEAL DIAPHRAGM 70	114
WIDE-SEAL DIAPHRAGM 75	114
WIDE-SEAL DIAPHRAGM 80	114
WIDE-SEAL DIAPHRAGM 85	114
WIDE-SEAL DIAPHRAGM 90	114
WIDE-SEAL DIAPHRAGM 95	114
WILATE	107
WINRHO SDF	167
wixela inhub	27

wymzya fe 84

X

XACDURO 22
XALKORI 62
XARELTO 28
XARELTO STARTER PACK 28
XATMEP 49
XCOPRI 31
XCOPRI (250 MG DAILY DOSE) 31
XCOPRI (350 MG DAILY DOSE) 31
XDEMVY 163
XELJANZ 15
XELJANZ XR 15
XELPROS 165
XEMBIFY 167
XENPOZYME 99
XEOMIN 161
XEPI 88
XERAC AC 93
XERESE 90
XERMELO 104
XGEVA 96
XIAFLEX 152
XIFAXAN 21
XIGDUO XR 35
XIIDRA 163
XIPERE 164
XOFIGO 63
XOFLUZA (40 MG DOSE) 73
XOFLUZA (80 MG DOSE) 73
XOLAIR 25
XOLREMDI 112
XOPENEX HFA 27
XOSPATA 62
XPHOZAH 99
XPOVIO (100 MG ONCE WEEKLY) 55
XPOVIO (40 MG ONCE WEEKLY) 55
XPOVIO (40 MG TWICE WEEKLY) 55
XPOVIO (60 MG ONCE WEEKLY) 55
XPOVIO (60 MG TWICE WEEKLY) 56

XPOVIO (80 MG ONCE WEEKLY) 56
XPOVIO (80 MG TWICE WEEKLY) 56
XTANDI 55
xulane 84
XULTOPHY 35
XYNTHA 107
XYNTHA SOLOFUSE 107
XYREM 168
XYWAV 168

Y

yargesa 109
YCANTH 92
YERVOY 52
yl folic acid 110
YONDELIS 48
YONSA 55
YUSIMRY 14
yuvafem 180

Z

zafemy 84
zafirlukast 25
zaleplon 113
ZALTRAP 50
zarah 84
ZATEAN-PN DHA 158
ZATEAN-PN PLUS 158
zebutal 17
ZEGALOGUE 36
ZEJULA 62
ZELBORAF 62
ZEMAIRA 172
ZEMBRACE SYMTOUCH 151
zenatane 88
ZENPEP 95
ZEPOSIA 170
ZEPOSIA 7-DAY STARTER PACK 171
ZEPOSIA STARTER KIT 171
ZEPZELCA 48
ZETONNA 160

ZEVALIN Y-90	52
ZEVX INSULIN SYRINGE	148
ZEVX PEN NEEDLES	149
ZEVX STERILE ALCOHOL PREP PAD	134
ZEVX TWIST TOP LANCETS 30G	132
zidovudine	71
ZIEXTENZO	111
ZIMHI	40
ZINPLAVA	167
ziprasidone hcl	65
ZOKINVY	153
ZOLEDRONIC ACID	96
zoledronic acid	96
ZOLINZA	62
zolmitriptan	151
ZOLPIDEM TARTRATE	113
zolpidem tartrate	113
zolpidem tartrate er	113
ZOMACTON	98
ZOMACTON (FOR ZOMA-JET 10)	98
zomig	151
zonisamide	30
ZORYVE	90
zovia 1/35 (28)	84
zovia 1/35e (28)	84
ZTALMY	30
ZULRESSO	32
zumandimine	84
ZURZUVAE	32
ZYDELIG	62
ZYKADIA	63
ZYNLONTA	52
ZYPITAMAG	44
ZYPREXA RELPREVV	67