

A photograph of two men playing basketball on an outdoor court during sunset. The man on the left is wearing a white t-shirt and is in the air, reaching for the ball. The man on the right is wearing a green t-shirt and is also in the air, looking up at the ball. The background shows a basketball court with a wooden floor and a chain-link fence. The sun is low in the sky, creating a warm, golden glow.

GEISINGER HEALTH PLAN

2024

Geisinger Marketplace Plans

Geisinger

List of covered drugs

General Formulary Information

This formulary is applicable to the prescription coverage provided with all Marketplace plans offered by Geisinger Health Plan and Geisinger Choice.

We encourage you to contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit in which you are enrolled. Also, please refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary was designed to be a useful tool for prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be found by using the index at the back.

Please note that you can also view the formulary online at www.geisinger.org/health-plan.

Pharmacy Customer Service Team Contact Information

Telephone: (800) 988-4861 or (570)-271-5673; TDD/TTY 711

Fax: 570-300-2122

Mailing address:

Geisinger Health Plan Pharmacy Department

Internal Mail Code 24-10

100 North Academy Avenue

Danville, PA 17822

Tiers

The Marketplace formulary assigns each prescription medication to one of 6 different tiers, each representing a set copay or coinsurance amount. The copay or coinsurance amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under your plan. The definitions of the copay or coinsurance levels are listed below:

- Tier 1 (\$0) – These medications have no copayment/coinsurance.
- Tier 2 (Generic Preferred) – Includes select generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 3 (Generic Non-Preferred) – Includes most generic medications. Prior authorization is usually not necessary for medications in this tier.
- Tier 4 (Brand Preferred) – Includes certain formulary brand name medications with no generic equivalent. Prior authorization may be necessary for medications in this tier.
- Tier 5 (Brand Non-Preferred) – Includes certain formulary brand name medications, brand name medications with a generic equivalent (unless higher cost-sharing applies), and specialty medications. Non-formulary brand name medications, if approved, will apply tier 5 cost sharing. Prior authorization may be necessary for medications in this tier.
- Tier 6 (Specialty) – Includes high-cost medications, often used to treat rare conditions, and may require special handling or training for use. A maximum of a 34-day supply may be dispensed for medications in this tier unless a shorter duration is specified in the formulary or in your specific benefit documents.

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 immediate generic availability or 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.
- Most brand name medications with a generic equivalent require prior authorization. Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exception process. Non-formulary medications requiring prior authorization will be available at the Tier 5 copayment/coinsurance 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 and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 4.
- Most non-prescription (over-the-counter) medications are not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care 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 3 copay level if the primary ingredient is generic or the Tier 5 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.
- 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 10-day supply if required for an adult or more than a 5-day supply for a member under 18 years of age.

Specialty Vendor Medication Program

- Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Customer Service Team for additional information on the program and a complete list of the medications included. Note that a maximum of a 34-day supply may be dispensed for specialty vendor medications unless a shorter duration is specified in the formulary or in your specific benefit documents.

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. Other day supply limits may apply.
- 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 require the use of a specialty pharmacy 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 quarterly 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.com.
- **Restrictions in medication availability may result from use of a formulary**

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits are dependent upon the coverage selected by you or your employer. Please be aware that if you choose to obtain a non-formulary medication, you may be required to pay the full price of that medication. For information about your specific prescription medication benefits, please contact the Pharmacy Customer Service Team.

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 approved for coverage.
- A maximum of a 34-day supply may be dispensed for medications in Tier 6 and medications provided by a specialty vendor unless a shorter duration is specified in the formulary or in your specific benefit documents.

Step Therapy

For details regarding step therapy requirements please contact the Pharmacy Customer Service Team at (800) 988-4861 or (570) 271-5673.

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 copay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication, or you 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 48 hours of receiving all necessary information. If an exception is approved, you will be charged at the Tier 4 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.

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational, or unproven therapies
- Used for weight loss and weight management
- Used for cosmetic purposes
- Used for sexual dysfunction

Other exclusions may apply and are subject to change, so you should contact the Pharmacy Customer Service Team when you are unsure whether a medication is covered.

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
 - For the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50-59 years who have a 10 percent or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years and are willing to take low-dose aspirin daily for at least 10 years.
 - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives – For females
- Bowel Preparations for Colonoscopy – Brands with no generic and generic products
 - In preparation of a screening colonoscopy for members 45-75 years of age.
- Breast Cancer Prevention – Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
 - For females who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic Acid Supplements – Generic folic acid 0.4 mg and 0.8 mg tablets
 - All females who are planning or capable of pregnancy.
- Fluoride Supplements – Fluoride drops and chewable tablets
 - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient 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 – Brands with no generic and generic products
 - Two, 90-day treatment courses per benefit year.
- Statin Preventive Medication – generic products
 - For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations – Preventive vaccines are covered for \$0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.

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.

Formulary development

When deciding whether or not a medication should be included in the formulary, the Health Plan's 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.

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. This means that no generic can be manufactured during that time. 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 plan is based on coverage of generic medications. 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 800-988-4861

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 200

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (Geisinger Health Plan) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity and sex stereotypes). Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Geisinger Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - » Qualified sign language interpreters
 - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - » Qualified interpreters
 - » Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, call Geisinger Health Plan at 800-447-4000 or TTY: 711.

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, sex, gender identity or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 N. Academy Ave., Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
ghpcivilrights@thehealthplan.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the civil rights grievance coordinator is 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 Ave. SW, Room 509F
HHH Building, Washington, DC 20201
Phone: 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 a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

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

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

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

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

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

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

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો ભિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

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

ប្រជុំ: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, អ្នកនឹងទទួលបានសេវាជំនួយភាសាដោយឥតគិតថ្លៃ។ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

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

LEGEND

1 \$0 Copay

2 Generic Preferred

3 Generic Non-Preferred

4 Brand Preferred

5 Brand Non-Preferred

6 Specialty

QL Quantity Limit

Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. This could include a: per fill, daily, monthly, or yearly limitation.

PA Prior Authorization

Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

PA-NSO Prior Authorization - New Starts Only

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

ST Step Therapy

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

AL Age Limit

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

PN Note

This drug has unique restrictions.

PN Note

This drug has unique PA restrictions

PN Note

This drug has unique PA restrictions

SP Specialty Drug

Specialty Vendor Medication Program

PN Note

This drug has unique restrictions

LA Limited Access

Drugs that are only available at certain pharmacies

PN Note

This drug has unique restrictions

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	12
AMINOGLYCOSIDES	13
ANALGESICS - ANTI-INFLAMMATORY	13
ANALGESICS - NONNARCOTIC	18
ANALGESICS - OPIOID	20
ANDROGENS-ANABOLIC	23
ANORECTAL AND RELATED PRODUCTS	23
ANTHELMINTICS	24
ANTI-INFECTIVE AGENTS - MISC.	24
ANTIANGINAL AGENTS	26
ANTIANKXIETY AGENTS	27
ANTIARRHYTHMICS	27
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	28
ANTICOAGULANTS	31
ANTICONVULSANTS	32
ANTIDEPRESSANTS	35
ANTIDIABETICS	38
ANTIDIARRHEAL/PROBIOTIC AGENTS	43
ANTIDOTES AND SPECIFIC ANTAGONISTS	43
ANTIEMETICS	44
ANTIFUNGALS	45
ANTIHISTAMINES	46
ANTIHYPERTENSIVES	46
ANTIHYPERTENSIVES	49
ANTIMALARIALS	51
ANTIMYASTHENIC/CHOLINERGIC AGENTS	51
ANTIMYCOBACTERIAL AGENTS	51
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	52
ANTIPARKINSON AND RELATED THERAPY AGENTS	69
ANTIPSYCHOTICS/ANTIMANIC AGENTS	70
ANTIVIRALS	73
BETA BLOCKERS	78
CALCIUM CHANNEL BLOCKERS	79
CARDIOTONICS	80
CARDIOVASCULAR AGENTS - MISC.	80
CEPHALOSPORINS	82
CONTRACEPTIVES	83
CORTICOSTEROIDS	91
COUGH/COLD/ALLERGY	92
DERMATOLOGICALS	94
DIAGNOSTIC PRODUCTS	103
DIGESTIVE AIDS	104
DIURETICS	104
ENDOCRINE AND METABOLIC AGENTS - MISC.	105
ESTROGENS	110
FLUOROQUINOLONES	112

GASTROINTESTINAL AGENTS - MISC.	112
GENITOURINARY AGENTS - MISCELLANEOUS	115
GOUT AGENTS	116
HEMATOLOGICAL AGENTS - MISC.	116
HEMATOPOIETIC AGENTS	119
HEMOSTATICS	121
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	121
LAXATIVES	122
MACROLIDES	123
MEDICAL DEVICES AND SUPPLIES	123
MIGRAINE PRODUCTS	151
MINERALS ELECTROLYTES	152
MISCELLANEOUS THERAPEUTIC CLASSES	153
MOUTH/THROAT/DENTAL AGENTS	156
MULTIVITAMINS	157
MUSCULOSKELETAL THERAPY AGENTS	162
NASAL AGENTS - SYSTEMIC AND TOPICAL	164
NEUROMUSCULAR AGENTS	164
NUTRIENTS	165
OPHTHALMIC AGENTS	166
OTIC AGENTS	170
OXYTOCICS	171
PASSIVE IMMUNIZING AND TREATMENT AGENTS	171
PENICILLINS	172
PROGESTINS	173
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	173
RESPIRATORY AGENTS - MISC.	179
SULFONAMIDES	179
TETRACYCLINES	180
THYROID AGENTS	180
TOXOIDS	181
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	181
URINARY ANTISPASMODICS	183
VACCINES	183
VAGINAL AND RELATED PRODUCTS	186
VASOPRESSORS	187
VITAMINS	187

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	3	
<i>amphetamine-dextroamphetamine</i>	3	
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab)</i>	3	
<i>dextroamphetamine sulfate er</i>	3	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	3	PA, QL (1 ea per 1 day(s))
<i>methamphetamine hcl</i>	3	
VYVANSE (10 MG CAP, 10 MG CHEW TAB, 20 MG CAP, 20 MG CHEW TAB, 30 MG CAP, 30 MG CHEW TAB, 40 MG CAP, 40 MG CHEW TAB, 50 MG CAP, 50 MG CHEW TAB, 60 MG CAP, 60 MG CHEW TAB, 70 MG CAP)	5	PA, QL (1 ea per 1 days)
ANALEPTICS		
<i>caffeine citrate</i>	3	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	3	
<i>guanfacine hcl er</i>	3	
QELBREE 100 MG CAP ER 24H	5	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	5	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	5	PA, QL (3 ea per 1 days)
STIMULANTS - MISC.		
<i>armodafinil</i>	3	PA
<i>dexmethylphenidate hcl</i>	3	
<i>dexmethylphenidate hcl er</i>	3	
<i>methylphenidate</i>	3	PA
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i>	3	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	3	
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)	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er (cd)</i>	3	
<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>	3	
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	3	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	3	
<i>modafinil</i>	3	PA
QUILLIVANT XR	5	PA

AMINOGLYCOSIDES (CONTINUED)

AMINOGLYCOSIDES

<i>neomycin sulfate</i>	3	
<i>paromomycin sulfate</i>	3	
TOBI PODHALER	6	PA, QL (224 ea per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/4ml nebu soln</i>	3	PA, QL (224 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY), PN (56 DAYS SUPPLY PER FILL)
TOBRAMYCIN 300 MG/5ML NEBU SOLN	3	PA, QL (280 ml per 56 days), SP
<i>tobramycin 300 mg/5ml nebu soln</i>	3	PA, QL (280 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)

ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-FKJP (2 PEN)	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ADALIMUMAB-FKJP (2 SYRINGE) 20 MG/0.4ML PREF SY KT	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ADALIMUMAB-FKJP (2 SYRINGE) 40 MG/0.8ML PREF SY KT	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 20 MG/0.2ML SOLN PRSYR	6	QL (0.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 40 MG/0.4ML SOLN A-INJ	6	QL (0.8 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 40 MG/0.4ML SOLN PRSYR	6	QL (0.8 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 80 MG/0.8ML SOLN A-INJ	6	QL (2.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HADLIMA 40 MG/0.4ML SOLN PRSYR	6	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.8ML SOLN PRSYR	6	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	6	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	6	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HUMIRA (10 MG/0.1ML PREF SY KT, 40 MG/0.4ML PREF SY KT)	6	QL (2 ea per 28 days), PA-NSO, 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)	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	6	QL (3 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	6	QL (8 ea per 30 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA 20 MG/0.2ML PREF SY KT	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	6	QL (3 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED<40KG CROHNS STARTER	6	QL (2 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED>=40KG CROHNS START	6	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED>=40KG UC STARTER	6	QL (3 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PS/UV/ADOL HS STARTER	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PSORIASIS/UEIT STARTER	6	QL (3 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SIMPONI 100 MG/ML SOLN A-INJ	6	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 100 MG/ML SOLN PRSYR	6	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN A-INJ	6	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN PRSYR	6	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
YUSIMRY	6	QL (1.6 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	6	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	6	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAY SUPPLY PER FILL)
RINVOQ LQ	6	QL (360 ml per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ (5 MG TAB, 10 MG TAB)	6	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	6	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	6	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GOLD COMPOUNDS		
RIDAURA	4	
INTERLEUKIN-1 BLOCKERS		
ARCALYST	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	6	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)	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA 162 MG/0.9ML SOLN PRSYR	6	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN	6	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TOFIDENCE	6	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)	6	QL (3.6 ml per 28 day(s)), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib</i>	3	
<i>diclofenac potassium 25 mg cap</i>	3	PA
<i>diclofenac potassium 50 mg tab</i>	3	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	3	
<i>diclofenac sodium er</i>	3	
<i>diclofenac-misoprostol</i>	3	
<i>ec-naproxen</i>	3	
<i>etodolac</i>	3	
<i>etodolac er</i>	3	
FENOPROFEN CALCIUM (200 MG CAP, 600 MG TAB)	3	
<i>flurbiprofen 100 mg tab</i>	3	
<i>ibu</i>	2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	2	
<i>ibuprofen 100 mg/5ml suspension</i>	3	
INDOCIN 25 MG/5ML SUSPENSION	4	
<i>indocin 50 mg suppos</i>	5	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap, 50 mg suppos)</i>	3	
<i>indomethacin er</i>	3	
<i>ketorolac tromethamine 10 mg tab</i>	3	QL (20 ea per fill)
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	3	PA

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
MECLOFENAMATE SODIUM	3	
<i>mefenamic acid</i>	3	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	2	
<i>nabumetone</i>	3	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	3	
<i>naproxen dr</i>	3	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	3	
<i>naproxen sodium er</i>	3	PA
<i>naproxen-esomeprazole mg</i>	3	PA
<i>oxaprozin 600 mg tab</i>	3	
<i>piroxicam</i>	3	
SPRIX	3	PA
<i>sulindac</i>	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	6	QL (55 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	6	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	3	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	6	QL (8 ea per 28 days), PA-NSO, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	6	QL (8 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
<i>bac</i>	3	
<i>bupap</i>	3	
<i>butalbital-acetaminophen (50-300 mg cap, 50-300 mg tab, 50-325 mg tab)</i>	3	
<i>butalbital-apap-caffeine</i>	3	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	3	
<i>esgic 50-325-40 mg cap</i>	3	
TENCON	3	
<i>zebutal</i>	3	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
SALICYLATES		
<i>adult aspirin regimen</i>	1	
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	1	
<i>aspirin 81</i>	1	
<i>aspirin adult low dose</i>	1	
<i>aspirin adult low strength</i>	1	
<i>aspirin childrens</i>	1	
<i>aspirin ec adult low dose</i>	1	
<i>aspirin ec low dose</i>	1	
<i>aspirin ec low strength</i>	1	
<i>aspirin low dose</i>	1	
<i>aspirin regimen</i>	1	
<i>bayer aspirin ec low dose</i>	1	
<i>bayer low dose</i>	1	
<i>childrens aspirin</i>	1	
<i>childrens aspirin low strength</i>	1	
<i>cvs aspirin adult low dose</i>	1	
<i>cvs aspirin adult low strength</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>cvs aspirin ec 81 mg tab dr</i>	1	
<i>cvs aspirin low dose</i>	1	
<i>cvs aspirin low strength</i>	1	
<i>diflunisal</i>	3	
<i>ecotrin low strength</i>	1	
<i>eq aspirin adult low dose</i>	1	
<i>eq aspirin low dose</i>	1	
<i>eql aspirin low dose</i>	1	
<i>ft aspirin 81 mg chew tab</i>	1	
<i>ft aspirin low dose</i>	1	
<i>gnp adult aspirin low strength</i>	1	
<i>gnp aspirin 81 mg tab dr</i>	1	
<i>gnp aspirin low dose</i>	1	
<i>goodsense aspirin 81 mg chew tab</i>	1	
<i>goodsense aspirin adult low st</i>	1	
<i>goodsense aspirin low dose</i>	1	
<i>h-e-b aspirin</i>	1	
<i>hm aspirin 81 mg chew tab</i>	1	
<i>hm aspirin ec low dose</i>	1	
<i>kls aspirin low dose</i>	1	
<i>kp aspirin</i>	1	
<i>miniprin low dose</i>	1	
<i>mm aspirin</i>	1	
<i>px aspirin 81 mg chew tab</i>	1	
<i>px enteric aspirin 81 mg tab dr</i>	1	
<i>qc aspirin low dose</i>	1	
<i>qc childrens aspirin</i>	1	
<i>ra aspirin adult low dose</i>	1	
<i>ra aspirin adult low strength</i>	1	
<i>ra aspirin childrens</i>	1	
<i>ra aspirin ec 81 mg tab dr</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>ra aspirin ec adult low st</i>	1	
<i>salsalate</i>	3	
<i>sb aspirin 81 mg tab dr</i>	1	
<i>sb aspirin adult low strength</i>	1	
<i>sb childrens aspirin</i>	1	
<i>sb low dose asa ec</i>	1	
<i>sm aspirin adult low strength</i>	1	
<i>sm aspirin ec low strength</i>	1	
<i>sm aspirin low dose</i>	1	
<i>sm childrens aspirin</i>	1	
<i>st joseph aspirin</i>	1	
<i>st joseph low dose</i>	1	
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	3	
<i>fentanyl</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	3	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
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)	6	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
<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>	6	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
FENTORA	6	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>hydrocodone bitartrate er (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h)</i>	3	PA
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	3	
<i>hydromorphone hcl er</i>	3	PA
KADIAN 200 MG CAP ER 24H	5	PA
LAZANDA (100 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION)	5	PA

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>levorphanol tartrate</i>	3	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	3	
<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>	3	PA
<i>methadone hcl intensol</i>	3	PA
<i>methadose 40 mg tab sol</i>	3	PA
<i>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)</i>	3	
MORPHINE SULFATE (CONCENTRATE) (100 MG/5ML SOLUTION)	3	
<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, 40 mg cap er 24h, 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>	3	PA
MORPHINE SULFATE ER BEADS	3	PA
NUCYNTA	5	PA
NUCYNTA ER	5	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>	3	
OXYCODONE HCL ER	3	PA
OXYCONTIN	5	PA
<i>oxymorphone hcl</i>	3	
OXYMORPHONE HCL ER	3	PA
SUBSYS	6	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	3	
<i>tramadol hcl (er biphasic)</i>	3	PA
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	3	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>	3	
APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB	3	
<i>ascomp-codeine</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-apap-caff-cod</i>	3	
<i>butalbital-asa-caff-codeine</i>	3	
<i>dvorah</i>	3	
<i>endocet</i>	3	
<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, 10-325 mg/15ml solution)</i>	3	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	3	
NALOCET	3	
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-300 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab)</i>	3	
<i>tramadol-acetaminophen</i>	3	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	6	QL (1.28 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	6	QL (1.92 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	6	QL (2.56 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	6	QL (0.64 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 128 MG/0.36ML SOLN PRSYR	6	QL (0.36 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 64 MG/0.18ML SOLN PRSYR	6	QL (0.18 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 96 MG/0.27ML SOLN PRSYR	6	QL (0.27 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
<i>buprenorphine</i>	3	PA, QL (0.143 ea per 1 days)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	3	PN (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl-naloxone hcl</i>	3	PN (34 DAYS SUPPLY PER FILL)
<i>butorphanol tartrate 10 mg/ml solution</i>	3	
<i>pentazocine-naloxone hcl</i>	3	
SUBLOCADE	6	SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC (CONTINUED)		
ANABOLIC STEROIDS		
OXANDROLONE	3	
ANDROGENS		
AVEED	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>danazol</i>	3	
<i>depo-testosterone</i>	3	
FORTESTA	3	
JATENZO (158 MG CAP, 198 MG CAP)	5	PA, QL (4 ea per 1 days)
JATENZO 237 MG CAP	5	PA, QL (2 ea per 1 days)
KYZATREX (150 MG CAP, 200 MG CAP)	5	PA, QL (4 ea per 1 days)
KYZATREX 100 MG CAP	5	PA, QL (2 ea per 1 days)
METHITEST	5	PA
<i>methyltestosterone</i>	3	PA
<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>	3	
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	3	
TESTOSTERONE ENANTHATE	3	
TLANDO	5	PA, QL (2 ea per 1 days)
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>hydrocortisone 100 mg/60ml enema</i>	3	
RECTAL COMBINATIONS		
<i>hydrocort-pramoxine (perianal)</i>	3	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	3	
<i>lidocaine-hydrocort (perianal)</i>	3	
LIDOCAINE-HYDROCORTISONE ACE (2-2 % KIT, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	3	
<i>lidocort</i>	3	
RECTAL STEROIDS		
<i>anucort-hc</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>anusoal-hc 25 mg suppos</i>	3	
<i>hemmorex-hc</i>	3	
<i>hydrocortisone (perianal)</i>	3	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc</i>	3	
<i>proctozone-hc</i>	3	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	3	PA
RECTIV	5	PA
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole</i>	3	QL (4 tablet(s) per fill(s))
EMVERM	4	PA
<i>ivermectin 3 mg tab</i>	3	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS)
<i>praziquantel</i>	3	PA
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	5	PA, QL (12 ea per 3 days), PN (3 DAYS SUPPLY PER FILL)
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab)</i>	3	
<i>pentamidine isethionate</i>	3	
<i>tinidazole</i>	3	
<i>trimethoprim</i>	3	
XIFAXAN	5	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
HYOPHEN	3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)</i>	3	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	2	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>sulfatrim pediatric</i>	3	
<i>urelle</i>	3	
<i>uretron d/s</i>	4	
URIBEL 81.6 MG TAB	3	
URIMAR-T 120 MG TAB	3	
<i>uro-458</i>	3	
<i>uro-mp</i>	3	
<i>ustell</i>	3	
<i>vilamit mb</i>	3	
<i>vilevev mb</i>	3	
XACDURO	6	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	4	
<i>atovaquone</i>	3	
NITAZOXANIDE	3	
CYCLIC LIPOPEPTIDES		
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	3	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	3	PN (34 DAYS SUPPLY PER FILL)
GLYCOPEPTIDES		
DALVANCE	6	PA, PN (34 DAYS SUPPLY PER FILL)
FIRVANQ	4	
KIMYRSA	6	PA, QL (1 ea per fill)
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 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>	3	
<i>vancomycin hcl 10 gm recon soln</i>	3	PA
VANCOMYCIN HCL IN NACL 1.5-0.9 GM/500ML-% SOLUTION	3	PA
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	3	
LINCOSAMIDES		
<i>clindamycin hcl</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl</i>	3	
MONOBACTAMS		
CAYSTON	6	PA, LA, QL (84 ea per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY), PN (56 DAYS SUPPLY PER FILL)
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	3	PA
<i>linezolid 600 mg tab</i>	3	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)
SIVEXTRO 200 MG TAB	6	PA, QL (6 ea per 6 day(s)), PN (6 DAYS SUPPLY IN 365 DAYS)
PLEUROMUTILINS		
XENLETA 600 MG TAB	6	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	3	PA
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate</i>	3	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	3	
<i>nitrofurantoin macrocrystal</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	3	PA
NITRATES		
<i>isosorbide dinitrate</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	4	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
NITRO-TIME	3	
<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>	3	
ANTIANXIETY AGENTS (CONTINUED)		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl (5 mg tab, 10 mg tab)</i>	2	
<i>buspirone hcl (7.5 mg tab, 15 mg tab, 30 mg tab)</i>	3	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	3	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	3	
<i>meprobamate</i>	3	
BENZODIAZEPINES		
<i>alprazolam</i>	3	
<i>alprazolam er</i>	3	
ALPRAZOLAM INTENSOL	4	
<i>alprazolam xr</i>	3	
<i>chlordiazepoxide hcl</i>	3	
<i>clorazepate dipotassium</i>	3	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	3	
<i>diazepam intensol</i>	3	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	3	
<i>lorazepam intensol</i>	3	
<i>oxazepam</i>	3	
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	3	
NORPACE CR 100 MG CAP ER 12H	4	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	4	QL (5 ea per 1 days)
<i>quinidine gluconate er</i>	3	
<i>quinidine sulfate</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	3	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	3	
<i>propafenone hcl</i>	3	
<i>propafenone hcl er</i>	3	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	3	
<i>dofetilide</i>	3	
MULTAQ	4	
<i>pacerone</i>	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FASENRA 10 MG/0.5ML SOLN PRSYR	6	PA, QL (0.5 ml per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA 30 MG/ML SOLN PRSYR	6	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN	6	PA, QL (1 ml 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)	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 100 MG RECON SOLN	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY), PN (28 DAYS SUPPLY PER FILL)
NUCALA 40 MG/0.4ML SOLN PRSYR	6	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE	6	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	6	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
XOLAIR 150 MG RECON SOLN	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN A-INJ	6	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN A-INJ	6	PA, QL (5 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	6	PA, QL (5 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	4	
INCRUSE ELLIPTA	4	
<i>ipratropium bromide 0.02 % solution</i>	3	
SPIRIVA HANDIHALER	4	
SPIRIVA RESPIMAT	4	
TUDORZA PRESSAIR	5	ST
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	3	
<i>zafirlukast</i>	3	
<i>zileuton er</i>	3	PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	3	PA
STEROID INHALANTS		
ARNUITY ELLIPTA	4	
ASMANEX (120 METERED DOSES)	5	ST
ASMANEX (14 METERED DOSES)	5	ST
ASMANEX (30 METERED DOSES)	5	ST
ASMANEX (60 METERED DOSES)	5	ST
ASMANEX (7 METERED DOSES)	5	ST
ASMANEX HFA	5	ST
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	3	
FLOVENT DISKUS	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA	4	
FLUTICASONE PROPIONATE DISKUS	4	
FLUTICASONE PROPIONATE HFA	4	
PULMICORT FLEXHALER	4	
QVAR REDHALER	5	
SYMPATHOMIMETICS		
ADVAIR HFA	4	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	3	
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	2	
<i>albuterol sulfate hfa</i>	3	
ANORO ELLIPTA	4	
<i>arformoterol tartrate</i>	3	PA
BREO ELLIPTA	4	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	4	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol</i>	3	QL (1.02 gm per 1 day(s))
<i>budesonide-formoterol fumarate 80-4.5 mcg/act aerosol</i>	3	QL (1.02 gm per 1 days)
COMBIVENT RESPIMAT	4	
DULERA	4	
<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>	3	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	3	QL (1 ea per 30 days)
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	3	QL (1 ea per 30 day(s))
<i>formoterol fumarate</i>	3	PA
<i>ipratropium-albuterol</i>	3	
<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>	3	
LEVALBUTEROL TARTRATE	3	
SEREVENT DISKUS	4	
STIOLTO RESPIMAT	4	
STRIVERDI RESPIMAT	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	3	
TRELEGY ELLIPTA	4	QL (2 ea per 1 days)
VENTOLIN HFA	3	
<i>wixela inhub</i>	3	QL (2 ea per 1 days)
XANTHINES		
<i>elixophyllin</i>	3	
THEO-24	5	
<i>theophylline</i>	3	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	3	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	3	
<i>warfarin sodium</i>	2	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	4	QL (2 ea per 1 days)
ELIQUIS 5 MG TAB	4	QL (4 ea per 1 days)
ELIQUIS DVT/PE STARTER PACK	4	QL (74 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
XARELTO (10 MG TAB, 20 MG TAB)	4	QL (1 ea per 1 days)
XARELTO (2.5 MG TAB, 15 MG TAB)	4	QL (2 ea per 1 days)
XARELTO 1 MG/ML RECON SUSP	4	QL (20 ml per 1 days)
XARELTO STARTER PACK	4	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr)</i>	3	QL (60 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)</i>	3	QL (48 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	3	QL (18 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>enoxaparin sodium 300 mg/3ml solution</i>	3	PN (30 DAYS SUPPLY PER FILL)
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	3	QL (24 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	3	QL (36 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	6	QL (22.4 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	6	QL (14 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	6	QL (11.2 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	6	QL (16.8 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
FRAGMIN (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL)
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)	3	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution, 5000 unit/ml solution)</i>	3	

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)	5	PA, QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	5	PA, QL (24 ml per 1 days)

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	3	
<i>clonazepam</i>	3	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	3	
LIBERVANT	4	QL (10 ea per 30 day(s)), AL (2 to 5 yrs old)
NAYZILAM	4	QL (10 ea per 30 days), AL (12 to 999 yrs old), PN (30 DAYS SUPPLY PER FILL)
SYMPAZAN	5	PA, QL (2 ea per 1 days)
VALTOCO 10 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 15 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 20 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)
ANTICONVULSANTS - MISC.		
APTiom (200 MG TAB, 400 MG TAB)	5	PA, QL (1 ea per 1 days)
APTiom (600 MG TAB, 800 MG TAB)	5	PA, QL (2 ea per 1 days)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg/10ml suspension)</i>	3	
<i>carbamazepine 200 mg tab</i>	2	
<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>	3	
CARBATROL	5	
DIACOMIT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EPIDIOLEX	5	PA, SP
<i>epitol</i>	3	
EPRONTIA	5	PA, QL (16 ml per 1 days)
FINTEPLA	6	PA, LA, QL (360 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<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>	3	
KEPPRA (100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB)	5	
KEPPRA XR	5	
<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>	3	PA
<i>lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	3	PA
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	3	
<i>lamotrigine er</i>	3	
<i>lamotrigine starter kit-blue</i>	3	
<i>lamotrigine starter kit-green</i>	3	
<i>lamotrigine starter kit-orange</i>	3	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	3	
<i>levetiracetam er</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	3	
<i>oxcarbazepine er</i>	3	PA
OXTELLAR XR	5	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>	3	
<i>primidone (50 mg tab, 250 mg tab)</i>	3	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	3	PA
<i>subvenite</i>	3	
<i>subvenite starter kit-blue</i>	3	
<i>subvenite starter kit-green</i>	3	
<i>subvenite starter kit-orange</i>	3	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	5	
TEGRETOL-XR (200 MG TAB ER 12H, 400 MG TAB ER 12H)	5	
<i>topiramate</i>	3	
<i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	3	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	5	
<i>zonisamide</i>	3	
ZTALMY	6	PA, LA, QL (1100 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	3	
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)	5	PA, QL (28 ea per 28 day(s)), PN (28 DAYS SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	5	PA, QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	5	PA, QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	5	PA, QL (1 ea per 1 days)
XCOPRI 200 MG TAB	5	PA, QL (2 ea per 1 days)
XCOPRI 25 MG TAB	5	PA, QL (1 ea per 1 day(s))
GABA MODULATORS		
<i>tiagabine hcl</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin</i>	3	PA, SP
<i>vigadrone 500 mg packet</i>	3	PA, LA, SP
<i>vigadrone 500 mg tab</i>	3	PA, SP
<i>vigpoder</i>	3	PA, SP
HYDANTOINS		
DILANTIN (100 MG CAP, 125 MG/5ML SUSPENSION)	5	
DILANTIN 30 MG CAP	4	
DILANTIN INFATABS	5	
DILANTIN-125	5	
PEGANONE	5	
<i>phenytek</i>	4	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	3	
<i>phenytoin infatabs</i>	3	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	3	
SUCCINIMIDES		
CELONTIN	5	
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	3	
<i>methsuximide</i>	3	
VALPROIC ACID		
DEPAKOTE	5	
DEPAKOTE ER	5	
DEPAKOTE SPRINKLES	5	
<i>divalproex sodium</i>	3	
<i>divalproex sodium er</i>	3	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	3	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	3	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	5	PA, QL (2 ea per 1 days)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS - MISC.		
APLENZIN	5	PA
<i>bupropion hcl</i>	3	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr)</i>	3	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	3	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	3	PA, QL (1 ea per 1 day(s))
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZURZUVAE (20 MG CAP, 25 MG CAP)	6	PA, QL (28 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
ZURZUVAE 30 MG CAP	6	PA, QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	5	PA
MARPLAN	5	PA
PHENELZINE SULFATE	3	
<i>tranylcypromine sulfate</i>	3	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SPRAVATO (84 MG DOSE)	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	2	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	3	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap)</i>	2	
FLUOXETINE HCL (20 MG/5ML SOLUTION, 60 MG TAB, 90 MG CAP DR)	3	
<i>fluvoxamine maleate</i>	3	
<i>fluvoxamine maleate er</i>	3	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl 10 mg/5ml suspension</i>	3	
<i>paroxetine hcl er</i>	3	
PEXEVA	5	PA
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>sertraline hcl 20 mg/ml conc</i>	3	
SEROTONIN MODULATORS		
NEFAZODONE HCL	3	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>trazodone hcl 300 mg tab</i>	3	
<i>vilazodone hcl</i>	3	PA, QL (1 ea per 1 days)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	3	QL (1 ea per 1 days)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	3	
FETZIMA	5	PA
FETZIMA TITRATION	5	PA
<i>venlafaxine hcl</i>	3	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>	3	
<i>venlafaxine hcl er (37.5 mg tab er 24h, 75 mg tab er 24h, 150 mg tab er 24h, 225 mg tab er 24h)</i>	5	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	3	
<i>clomipramine hcl</i>	3	
<i>desipramine hcl</i>	3	
<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>	3	
<i>imipramine hcl</i>	3	
<i>imipramine pamoate</i>	3	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	3	
<i>protriptyline hcl</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate</i>	3	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	3	
MIGLITOL	3	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl</i>	3	
<i>glyburide-metformin</i>	3	
GLYXAMBI	4	QL (1 ea per 1 days)
JENTADUETO	4	QL (2 ea per 1 days)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	4	QL (2 ea per 1 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	4	QL (1 ea per 1 days)
KOMBIGLYZE XR (5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	5	PA, QL (1 ea per 1 days)
KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H	5	PA, QL (2 ea per 1 days)
<i>pioglitazone hcl-glimepiride</i>	3	
<i>pioglitazone hcl-metformin hcl</i>	3	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	3	PA, QL (1 ea per 1 day(s))
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	3	PA, QL (2 ea per 1 day(s))
SYNJARDY	4	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	4	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	4	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	4	QL (1 ea per 1 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	4	QL (2 ea per 1 days)
XIGDUO XR	4	QL (1 ea per 1 days)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
XULTOPHY	4	ST, QL (0.5 ml per 1 days)
ANTIDIABETIC-ANTIBODIES		
TZIELD	6	PA, LA, SP, PN (14 DAYS SUPPLY PER FILL)
BIGUANIDES		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	2	
<i>metformin hcl 500 mg/5ml solution</i>	3	PA
<i>metformin hcl er</i>	3	
DIABETIC OTHER		
BAQSIMI ONE PACK	4	QL (2 ea per fill)
BAQSIMI TWO PACK	4	QL (2 ea per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	4	
CVS SOFT GLUCOSE	4	
DEX4	4	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	4	
DEX4 NATURALS	4	
DEX4 POUCH PACK	4	
DEX4 QUICK DISSOLVE GLUCOSE	4	
<i>diazoxide</i>	3	
GLUCAGEN HYPOKIT	4	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG KIT	4	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	4	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCO TO GO	4	
GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	4	
GLUCOSE INSTANT ENERGY	4	
GNP GLUCOSE	4	
GNP QUICK DISSOLVE GLUCOSE	4	
GOODSENSE GLUCOSE	4	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	4	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	4	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	4	QL (0.4 ml per fill)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	4	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
HY-VEE GLUCOSE	4	
KORLYM	6	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
KROGER GLUCOSE	4	
LEADER GLUCOSE	4	
LEADER QUICK DISSOLVE GLUCOSE	4	
LONGS GLUCOSE	4	
MEIJER GLUCOSE	4	
<i>mifepristone 300 mg tab</i>	6	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PREFERRED PLUS GLUCOSE	4	
PX GLUCOSE	4	
RA GLUCOSE	4	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	4	
SM GLUCOSE	4	
SMART SENSE GLUCOSE	4	
TGT GLUCOSE	4	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	4	
TRUEPLUS GLUCOSE ON THE GO	4	
UP & UP GLUCOSE	4	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	4	
WALGREENS GLUCOSE	4	
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	5	ST, QL (1.2 ml per fill)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	5	ST, QL (1.2 ml per fill)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ONGLYZA	5	PA, QL (1 ea per 1 days)
<i>saxagliptin hcl 2.5 mg tab</i>	3	PA, QL (1 ea per 1 day(s))
<i>saxagliptin hcl 5 mg tab</i>	3	PA, QL (1 ea per 1 day(s))
TRADJENTA	4	QL (1 ea per 1 days)
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	5	PA
INCRETIN MIMETIC AGENTS		
MOUNJARO (5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	4	PA, QL (2 ml per 28 day(s))
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	4	PA, QL (0.06 ml per 1 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	4	PA, QL (0.11 ml per 1 days)
OZEMPIC (1 MG/DOSE)	4	PA, QL (0.11 ml per 1 days)
OZEMPIC (2 MG/DOSE)	4	PA, QL (0.11 ml per 1 days)
RYBELSUS (7 MG TAB, 14 MG TAB)	4	PA, QL (1 ea per 1 days)
RYBELSUS 3 MG TAB	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY	4	PA, QL (0.072 ml per 1 day(s))
VICTOZA	4	PA, QL (0.3 ml per 1 day(s))
INSULIN		
ADMELOG	5	PA
ADMELOG SOLOSTAR	5	PA
APIDRA	5	PA
APIDRA SOLOSTAR	5	PA
FIASP	5	PA
FIASP FLEXTOUCH	5	PA
FIASP PENFILL	5	PA
HUMALOG 100 UNIT/ML SOLUTION	5	PA

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HUMALOG TEMPO PEN	5	PA
INSULIN ASP PROT & ASP FLEXPEN	3	
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	
INSULIN ASPART PROT & ASPART	3	
INSULIN DEGLUDEC	4	
INSULIN DEGLUDEC FLEXTOUCH	4	
INSULIN GLARGINE MAX SOLOSTAR	4	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	4	
LANTUS	4	
LANTUS SOLOSTAR	4	
LEVEMIR	4	
LEVEMIR FLEXPEN	4	
LEVEMIR FLEXTOUCH	4	
NOVOLIN 70/30	4	
NOVOLIN 70/30 FLEXPEN	4	
NOVOLIN 70/30 FLEXPEN RELION	4	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	4	
NOVOLIN N FLEXPEN	4	
NOVOLIN N FLEXPEN RELION	4	
NOVOLIN N RELION	4	
NOVOLIN R	4	
NOVOLIN R FLEXPEN	4	
NOVOLIN R FLEXPEN RELION	4	
NOVOLIN R RELION	4	
NOVOLOG	4	
NOVOLOG 70/30 FLEXPEN RELION	4	
NOVOLOG FLEXPEN	4	
NOVOLOG FLEXPEN RELION	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30	4	
NOVOLOG MIX 70/30 FLEXPEN	4	
NOVOLOG MIX 70/30 RELION	4	
NOVOLOG PENFILL	4	
NOVOLOG RELION	4	
TOUJEO MAX SOLOSTAR	4	
TOUJEO SOLOSTAR	4	
TRESIBA	4	
TRESIBA FLEXTOUCH	4	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	3	
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	3	
<i>repaglinide</i>	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA	4	QL (1 ea per 1 days)
JARDIANCE	4	QL (1 ea per 1 days)
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	2	
<i>glipizide (5 mg tab, 10 mg tab)</i>	2	
<i>glipizide er</i>	3	
<i>glipizide xl</i>	3	
<i>glyburide</i>	2	
GLYBURIDE MICRONIZED	2	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	3	
<i>loperamide hcl 2 mg cap</i>	3	
<i>opium</i>	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
CHEMET	5	PA

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox</i>	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferasirox granules</i>	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferiprone 500 mg tab</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRAXBIND	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPIOID ANTAGONISTS		
KLOXXADO	4	
<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr)</i>	3	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	4	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	
<i>naltrexone hcl</i>	3	
OPVEE	4	
REXTOVY	4	
VIVITROL	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZIMHI	4	
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	3	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	3	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab, 24 mg tab)</i>	3	
SANCUSO	5	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	3	
<i>scopolamine</i>	3	
<i>trimethobenzamide hcl</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	5	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
BONJESTA	4	QL (168 ea per 14 days)
<i>doxylamine-pyridoxine</i>	3	QL (4 ea per 1 days)
<i>dronabinol</i>	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant</i>	3	
CINVANTI	5	PA, SP
EMEND 125 MG/5ML RECON SUSP	5	
VARUBI (180 MG DOSE)	5	QL (2 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
ANTIFUNGALS (CONTINUED)		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
REZZAYO	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIFUNGALS		
<i>flucytosine</i>	6	PN (34 DAYS SUPPLY PER FILL)
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
<i>nystatin 500000 unit tab</i>	3	
<i>terbinafine hcl 250 mg tab</i>	3	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	6	PA, PN (34 DAYS SUPPLY PER FILL)
<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>	3	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	3	PA
<i>ketokonazole 200 mg tab</i>	3	
NOXAFIL 300 MG PACKET	6	PA, QL (30 ea per 30 day(s)), PN (MAX 30 DAYS SUPPLY PER FILL)
<i>posaconazole 100 mg tab dr</i>	6	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
<i>posaconazole 40 mg/ml suspension</i>	6	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VIVJOA	5	PA, QL (18 ea per 84 days), PN (84 DAYS SUPPLY PER FILL)
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
ANTIHIISTAMINES (CONTINUED)		
ANTIHIISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION, 6 MG TAB)	3	
CLEMASTINE FUMARATE 2.68 MG TAB	3	
<i>di-phen</i>	3	
<i>diphen 12.5 mg/5ml elixir</i>	3	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	3	
ANTIHIISTAMINES - NON-SEDATING		
DESLOMATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	3	
ANTIHIISTAMINES - 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>	3	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	3	
ANTIHIISTAMINES - PIPERIDINES		
<i>cycloheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	3	
ANTIHYPERLIPIDEMICS (CONTINUED)		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	4	PA, QL (1 ea per 1 days)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	3	PA
NEXLIZET	4	PA, QL (1 ea per 1 days)
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl 0.5 gm cap</i>	3	PA, QL (8 ea per 1 days)
<i>icosapent ethyl 1 gm cap</i>	3	PA, QL (4 ea per 1 days)
<i>omega-3-acid ethyl esters</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VASCEPA 0.5 GM CAP	5	PA, QL (8 ea per 1 days)
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	3	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	3	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	3	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	3	
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>	3	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	3	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	3	
<i>gemfibrozil</i>	3	
HMG COA REDUCTASE INHIBITORS		
ALTOPREV (20 MG TAB ER 24H, 60 MG TAB ER 24H)	5	PA, PN (\$0 copay for members age 40-75)
ALTOPREV 40 MG TAB ER 24H	5	PA, PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	3	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	3	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 20 mg cap</i>	3	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 40 mg cap</i>	3	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium er</i>	3	PA, QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
LIVALO 1 MG TAB	5	PA, QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
LIVALO 2 MG TAB	5	PA, QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
LIVALO 4 MG TAB	5	PA, QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 10 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin 20 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	2	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 20 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 80 mg tab</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	3	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium 5 mg tab</i>	3	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 20 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	2	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	5	PA, QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
ZYPITAMAG 1 MG TAB	5	PA, QL (1 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	3	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID (20 MG CAP, 30 MG CAP)	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
JUXTAPID (5 MG CAP, 10 MG CAP)	6	PA, LA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	3	
NIACOR	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRALUENT	4	PA, QL (0.072 ml per 1 days)
REPATHA	4	PA, QL (0.072 ml per 1 days)
REPATHA PUSHTRONEX SYSTEM	4	PA, QL (0.125 ml per 1 days)
REPATHA SURECLICK	4	PA, QL (0.072 ml per 1 days)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITORS		
<i>benazepril hcl</i>	2	
<i>captopril</i>	2	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>fosinopril sodium</i>	3	
<i>lisinopril</i>	2	
<i>moexipril hcl</i>	3	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	3	
<i>quinapril hcl</i>	3	
<i>ramipril</i>	3	
<i>trandolapril</i>	3	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl</i>	3	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	3	
EDARBI	5	PA, QL (1 ea per 1 days)
<i>irbesartan</i>	3	
<i>losartan potassium</i>	3	
<i>olmesartan medoxomil</i>	3	
<i>telmisartan</i>	3	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	3	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl</i>	2	
<i>doxazosin mesylate</i>	2	
<i>guanfacine hcl</i>	2	
METHYLDOPA	3	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	2	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	3	
<i>amlodipine besylate-valsartan</i>	3	PA
<i>amlodipine-olmesartan</i>	3	PA
<i>amlodipine-valsartan-hctz</i>	3	PA
<i>atenolol-chlorthalidone</i>	3	
<i>benazepril-hydrochlorothiazide</i>	3	
<i>bisoprolol-hydrochlorothiazide</i>	3	
<i>candesartan cilexetil-hctz</i>	3	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	3	
EDARBYCLOR	5	PA, QL (1 ea per 1 days)
<i>enalapril-hydrochlorothiazide</i>	3	
<i>fosinopril sodium-hctz</i>	3	
<i>irbesartan-hydrochlorothiazide</i>	3	
<i>lisinopril-hydrochlorothiazide</i>	3	
<i>losartan potassium-hctz</i>	3	
<i>metoprolol-hydrochlorothiazide</i>	3	
<i>olmesartan medoxomil-hctz</i>	3	
<i>olmesartan-amlodipine-hctz</i>	3	PA
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-25 mg tab)</i>	3	
<i>telmisartan-hctz</i>	3	
TRANDOLAPRIL-VERAPAMIL HCL ER	3	
<i>valsartan-hydrochlorothiazide</i>	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	3	PA

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	3	
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil</i>	3	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	3	
COARTEM	5	PA, QL (24 ea per fill)
ANTIMALARIALS		
ARTESUNATE	6	SP, PN (34 DAYS SUPPLY PER FILL)
<i>chloroquine phosphate</i>	3	
<i>hydroxychloroquine sulfate 200 mg tab</i>	3	
KRINTAFEL	5	QL (2 ea per 1 day(s)), PN (1 DAYS SUPPLY IN 180 DAYS)
<i>mefloquine hcl</i>	3	
<i>primaquine phosphate</i>	5	QL (14 ea per 14 day(s)), PN (14 DAYS SUPPLY IN 180 DAYS)
<i>pyrimethamine</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>quinine sulfate</i>	3	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	6	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	3	
<i>pyridostigmine bromide er</i>	3	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine</i>	3	
<i>ethambutol hcl</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	3	
PRETOMANID	4	PA, QL (1 ea per 1 days)
PRIFTIN	5	PA
<i>pyrazinamide</i>	3	
<i>rifabutin</i>	3	
<i>rifampin (150 mg cap, 300 mg cap)</i>	3	
TRECTOR	5	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
BELRAPZO	6	SP, PN (34 DAYS SUPPLY PER FILL)
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	6	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	6	SP, PN (34 DAYS SUPPLY PER FILL)
BENDEKA	6	SP, PN (34 DAYS SUPPLY PER FILL)
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	1	SP
GLEOSTINE	1	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	1	SP
MELPHALAN	1	
MYLERAN	1	SP
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION, 200 MG/40ML SOLUTION)	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>temozolomide</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa 100 mg recon soln</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIVIMUSTA	6	SP, PN (34 DAYS SUPPLY PER FILL)
YONDELIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEPZELCA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIMETABOLITES		
<i>capecitabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>clofarabine</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>decitabine</i>	6	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN	6	SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine</i>	1	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION, 1000 MG/40ML SOLUTION)	3	
<i>methotrexate sodium (pf)</i>	3	
<i>nelarabine</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONUREG	1	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEMFEXY	6	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE	6	SP, PN (34 DAYS SUPPLY PER FILL)
TABLOID	1	PA, SP
TREXALL	5	PA
XATMEP	1	PA, SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYRAMZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FRUZAQLA 1 MG CAP	1	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
FRUZAQLA 5 MG CAP	1	PA, QL (21 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
INLYTA 1 MG TAB	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (14 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
MVASI	6	SP, PN (34 DAYS SUPPLY PER FILL)
ZALTRAP	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN	6	SP, PN (34 DAYS SUPPLY PER FILL)
HERZUMA	6	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	6	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	6	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT	6	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	6	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	6	SP, PN (34 DAYS SUPPLY PER FILL)
TUKYSA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARZERRA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPO NSA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLENREP	6	PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
COLUMVI 10 MG/10ML SOLUTION	6	PA, QL (30 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
COLUMVI 2.5 MG/2.5ML SOLUTION	6	PA, QL (30 ml per 21 day(s)), SP, PN (MAX 21 DAYS SUPPLY PER FILL)
DANYELZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
DARZALEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELREXFIO	6	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
EMPLICITI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
GAZYVA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMDELLTRA	6	PA, SP, PN (28 DAY SUPPLY PER FILL)
IMFINZI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMJUDO 25 MG/1.25ML SOLUTION	6	PA, QL (375 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
IMJUDO 300 MG/15ML SOLUTION	6	PA, QL (15 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
JEMPERLI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KADCYLA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEYTRUDA	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LIBTAYO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LOQTORZI	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
LUMOXITI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUNSUMIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONJUVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MYLOTARG	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVAANT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SARCLISA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TALVEY	6	PA, SP, PN (34 DAY SUPPLY PER FILL)
TECENTRIQ	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECVAYLI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEVIMBRA	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TIVDAK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
UNITUXIN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
YERVOY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEVALIN Y-90	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNYZ	6	PA, QL (20 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 100 MG TAB	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 50 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA STARTING PACK	1	QL (42 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
PROVENGE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX	6	SP, PN (34 DAYS SUPPLY PER FILL)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>erlotinib hcl 25 mg tab</i>	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EXKIVITY	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>gefitinib</i>	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
IRESSA	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LAZCLUZE 240 MG TAB	1	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
LAZCLUZE 80 MG TAB	1	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
PORTRAZZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAGRISSO	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VECTIBIX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
DAURISMO 25 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERIVEDGE	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ODOMZO	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>abiraterone acetate 500 mg tab</i>	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 100-500 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 50-500 MG TAB	5	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>anastrozole</i>	1	PN (\$0 copay for women)
<i>bicalutamide</i>	1	QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
CAMCEVI	6	SP, PN (168 DAYS SUPPLY PER FILL)
ELIGARD 22.5 MG KIT	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	6	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ELIGARD 45 MG KIT	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT	1	SP
ERLEADA 240 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EULEXIN	1	SP
<i>exemestane</i>	1	PN (\$0 copay for women)
FIRMAGON	5	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	5	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FLUTAMIDE	1	
<i>flutamide</i>	1	
FULVESTRANT	6	SP, PN (34 DAYS SUPPLY PER FILL)
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>letrozole</i>	1	PN (\$0 copay for women)
<i>leuprolide acetate</i>	3	
LUPRON DEPOT (1-MONTH)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH)	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH)	6	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH)	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN	1	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	1	
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	3	
<i>nilutamide</i>	1	SP
NUBEQA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ORGOVYX	1	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 345 MG TAB	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 86 MG TAB	1	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>tamoxifen citrate 10 mg tab</i>	1	PN (\$0 copay for women)
<i>tamoxifen citrate 20 mg tab</i>	1	PN (\$0 copay for women)
<i>toremifene citrate</i>	1	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI (40 MG CAP, 40 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
YONSA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLADEX 10.8 MG IMPLANT	6	SP, PN (84 DAYS SUPPLY PER FILL)
ZOLADEX 3.6 MG IMPLANT	6	SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	1	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	1	QL (21 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	1	QL (24 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	1	QL (32 per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO	6	PA, LA, QL (17 ea per lifetime), SP
<i>mitomycin 20 mg recon soln</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mitomycin 40 mg recon soln</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mitomycin 5 mg recon soln</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin 20 mg recon soln</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin 40 mg recon soln</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin 5 mg recon soln</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
HERCEPTIN HYLECTA	6	SP, PN (34 DAYS SUPPLY PER FILL)
INQOVI	1	QL (5 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (200 MG DOSE)	1	QL (49 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE)	1	QL (70 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE)	1	QL (91 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	1	QL (100 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	1	QL (80 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
OPDUALAG	6	PA, QL (40 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PHESGO	6	SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN HYCELA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYXEOS	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	1	QL (240 ea per 30 days), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALIQOPA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO 40 MG CAP	1	QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BALVERSA 3 MG TAB	1	LA, QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 4 MG TAB	1	LA, QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 5 MG TAB	1	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BELEODAQ	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG CAP	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA 100 MG TAB	1	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 300 MG TAB	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COMETRIQ (100 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (140 MG DAILY DOSE)	1	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (60 MG DAILY DOSE)	1	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COPIKTRA	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	1	QL (90 ea per 30 days), PA-NSO, 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>	1	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>dasatinib 20 mg tab</i>	1	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
FOTIVDA	1	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
FYARRO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAVRETO	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 100 MG TAB	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 400 MG TAB	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 30 MG TAB)	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICLUSIG (15 MG TAB, 45 MG TAB)	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IDHIFA	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 560 MG TAB	1	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	1	QL (216 ml per 36 days), PA-NSO, SP, PN (36 DAYS SUPPLY PER FILL)
INREBIC	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 50 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	1	QL (42 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	1	QL (63 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	1	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KOSELUGO 25 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KYPROLIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>lapatinib ditosylate</i>	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 100 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 25 MG TAB	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	1	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS 320 MG TAB	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LYTGOBI (12 MG DAILY DOSE)	1	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (16 MG DAILY DOSE)	1	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (20 MG DAILY DOSE)	1	QL (140 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MEKINIST 0.05 MG/ML RECON SOLN	1	PA, QL (1200 ml per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
MEKINIST 0.5 MG TAB	1	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 2 MG TAB	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NERLYNX	1	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
NEXAVAR	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	1	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	1	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OJEMDA 100 MG TAB	1	PA, LA, QL (24 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJEMDA 25 MG/ML RECON SUSP	1	PA, LA, QL (96 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJJAARA	1	PA, LA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pazopanib hcl</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PEMAZYRE	1	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PIQRAY (200 MG DAILY DOSE)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (250 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PIQRAY (300 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	1	LA, QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (40 MG CAP, 40 MG TAB)	1	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	1	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
REZLIDHIA	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	1	PA, QL (336 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	1	QL (224 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SCEMBLIX (20 MG TAB, 40 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SCEMBLIX 100 MG TAB	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sorafenib tosylate</i>	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	1	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 20 MG TAB	1	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	1	QL (84 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>sunitinib malate</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR (50 MG CAP, 75 MG CAP)	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR 10 MG TAB SOL	1	PA, QL (900 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TASIGNA (150 MG CAP, 200 MG CAP)	1	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 50 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAZVERIK	1	LA, QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>temsirolimus</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEPMETKO	1	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TIBSOVO	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>torpenz</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	1	QL (64 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB, 200 MG TAB)	1	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (100MG DAILY DOSE)	1	QL (21 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (125MG DAILY DOSE)	1	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (50MG DAILY DOSE)	1	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (75MG DAILY DOSE)	1	QL (63 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TURALIO 125 MG CAP	1	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TURALIO 200 MG CAP	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA	1	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO (50 MG TAB, 150 MG TAB, 200 MG TAB)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO 100 MG TAB	1	QL (56 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI 100 MG CAP	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	1	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VONJO	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 10 MG TAB	1	LA, QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 40 MG TAB	1	LA, QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VOTRIENT	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (200 MG CAP, 250 MG CAP)	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI 150 MG CAP SPRINK	1	QL (180 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	1	PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZEJULA 100 MG CAP	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	1	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	1	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYMES		
ASPARLAS	6	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	6	LA, SP, PN (34 DAYS SUPPLY PER FILL)
RYLAZE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
AZEDRA THERAPEUTIC	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUTATHERA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PLUVICTO	6	PA, SP, PN (42 DAYS SUPPLY PER FILL)
XOFIGO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTICS MISC.		
ACTIMMUNE	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
BESREMI	6	LA, QL (112 ea per 14 days), PA-NSO, SP, PN (14 DAYS SUPPLY PER FILL)
<i>bexarotene 75 mg cap</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>hydroxyurea</i>	1	
INTRON A (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL)
MATULANE	1	LA, SP, PN (34 DAYS SUPPLY PER FILL)
SYNRIBO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>tretinoin 10 mg cap</i>	1	SP
TRISENOX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY ADJUNCTS		
ELITEK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	6	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
KEPIVANCE 6.25 MG RECON SOLN	6	PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IWILFIN	1	LA, QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	3	
MESNEX 400 MG TAB	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEDMARK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VORAXAZE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MITOTIC INHIBITORS		
ABRAXANE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>eribulin mesylate</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ETOPOSIDE 50 MG CAP	1	SP
HALAVEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IXEMPRA KIT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JEVTANA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MARQIBO	6	PA, PN (34 DAYS SUPPLY PER FILL)
PACLITAXEL PROTEIN-BOUND PART	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>paclitaxel protein-bound part</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONCOLYTIC VIRAL AGENTS		
IMLYGIC	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	1	SP, PN (34 DAYS SUPPLY PER FILL)
ONIVYDE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TRODELVY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa</i>	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	3	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone</i>	3	
ONGENTYS	5	ST, QL (1 ea per 1 days)
<i>tolcapone</i>	3	ST
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	3	
<i>apomorphine hcl</i>	3	ST, SP, PN (34 DAYS SUPPLY PER FILL)
<i>bromocriptine mesylate</i>	3	
<i>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)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa er</i>	3	
<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>	3	
INBRIJA	6	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	6	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
KYNMOBI TITRATION KIT	6	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>pramipexole dihydrochloride</i>	3	
<i>pramipexole dihydrochloride er</i>	3	PA
<i>ropinirole hcl</i>	3	
<i>ropinirole hcl er</i>	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	3	
<i>selegiline hcl</i>	3	
ZELAPAR	5	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium</i>	3	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	3	
<i>lithium carbonate er</i>	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	5	PA, QL (1 ea per 1 days)
EQUETRO	5	PA
<i>lurasidone hcl</i>	3	PA
NUPLAZID	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR	5	PA, QL (1 ea per 1 days)
<i>ziprasidone hcl</i>	3	
BENZISOXAZOLES		
FANAPT	5	PA

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	5	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	6	PA, QL (3.5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	6	PA, QL (5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	6	PA, QL (0.75 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	6	PA, QL (1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	6	PA, QL (1.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	6	PA, QL (0.25 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	6	PA, QL (0.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	6	PA, QL (0.88 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	6	PA, QL (1.32 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	6	PA, QL (1.75 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	6	PA, QL (2.63 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>paliperidone er</i>	3	PA
PERSERIS	6	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA	6	PA, QL (2 ea per 28 day(s)), 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>	3	
<i>risperidone microspheres er</i>	6	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO	6	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 100 MG/0.28ML SUSP PRSYR	6	PA, QL (0.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
UZEDY 125 MG/0.35ML SUSP PRSYR	6	PA, QL (0.35 ml per 28 day(s)), SP, PN (Max 28 days per fill)
UZEDY 150 MG/0.42ML SUSP PRSYR	6	PA, QL (0.42 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 200 MG/0.56ML SUSP PRSYR	6	PA, QL (0.56 ml per 58 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 250 MG/0.7ML SUSP PRSYR	6	PA, QL (0.7 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 50 MG/0.14ML SUSP PRSYR	6	PA, QL (0.14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 75 MG/0.21ML SUSP PRSYR	6	PA, QL (0.21 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BUTYROPHENONES		
<i>haloperidol</i>	3	
<i>haloperidol decanoate</i>	3	
<i>haloperidol lactate</i>	3	
DIBENZAPINES		
<i>asenapine maleate</i>	3	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>	3	
<i>loxapine succinate</i>	3	
<i>olanzapine</i>	3	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	3	
<i>quetiapine fumarate er</i>	3	
SECUADO	5	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV	6	PA, QL (2 ea 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>	3	
<i>compro</i>	3	
<i>fluphenazine decanoate</i>	3	
<i>fluphenazine hcl (2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl 1 mg tab</i>	2	
<i>perphenazine</i>	3	
<i>prochlorperazine</i>	3	
<i>prochlorperazine maleate</i>	3	
<i>thioridazine hcl</i>	3	
<i>trifluoperazine hcl</i>	3	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	6	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	6	PA, QL (3.2 ml per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY MAINTENA	6	PA, QL (1 ea 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>	3	
ARISTADA 1064 MG/3.9ML PRSYR	6	PA, QL (3.9 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	6	PA, QL (1.6 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	6	PA, QL (2.4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	6	PA, QL (3.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO	6	PA, QL (2.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
THIOXANTHENES		
<i>thiothixene</i>	3	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
<i>abacavir sulfite 20 mg/ml solution</i>	3	QL (30 ml per 1 days)
<i>abacavir sulfite 300 mg tab</i>	3	QL (2 ea per 1 days)
<i>abacavir sulfite-lamivudine</i>	3	QL (1 ea per 1 days)
<i>abacavir-lamivudine-zidovudine</i>	3	QL (2 ea per 1 days)
APRETUDE	1	QL (3 ml per fill(s))

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
APTIVUS 250 MG CAP	4	QL (4 ea per 1 days)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	3	QL (2 ea per 1 days)
<i>atazanavir sulfate 300 mg cap</i>	3	QL (1 ea per 1 days)
BIKTARVY	4	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	4	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	4	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	4	QL (1 ea per 1 day(s))
COMPLERA	4	QL (1 ea per 1 days)
<i>darunavir 600 mg tab</i>	3	QL (2 ea per 1 day(s))
<i>darunavir 800 mg tab</i>	3	QL (1 ea per 1 day(s))
DELSTRIGO	4	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	4	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	4	QL (1 ea per 1 days)
DOVATO	4	QL (1 ea per 1 days)
EDURANT	4	QL (2 ea per 1 days)
EFAVIRENZ 200 MG CAP	3	QL (2 ea per 1 days)
EFAVIRENZ 50 MG CAP	3	QL (3 ea per 1 days)
<i>efavirenz 600 mg tab</i>	3	QL (1 ea per 1 days)
<i>efavirenz-emtricitab-tenofo df</i>	3	QL (1 ea per 1 days)
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (1 ea per 1 days)
<i>emtricitabine</i>	3	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	3	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	3	QL (1 ea per 1 days), PN (\$0 Copay for pre-exposure prophylaxis)
EMTRIVA 10 MG/ML SOLUTION	4	QL (24 ml per 1 days)
<i>etravirine</i>	3	QL (2 ea per 1 days)
EVOTAZ	4	QL (1 ea per 1 days)
<i>fosamprenavir calcium</i>	3	QL (4 ea per 1 days)
FUZEON	4	QL (2 ea per 1 days), SP
GENVOYA	4	QL (1 ea per 1 days)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
INTELENCE 25 MG TAB	4	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	4	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	4	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	4	QL (4 ea per 1 days)
ISENTRESS HD	4	QL (2 ea per 1 days)
JULUCA	4	QL (1 ea per 1 days)
<i>lamivudine 10 mg/ml solution</i>	3	QL (30 ml per 1 days)
<i>lamivudine 150 mg tab</i>	3	QL (2 ea per 1 days)
<i>lamivudine 300 mg tab</i>	3	QL (1 ea per 1 days)
<i>lamivudine-zidovudine</i>	3	QL (2 ea per 1 days)
LEXIVA 50 MG/ML SUSPENSION	4	QL (56 ml per 1 days)
<i>lopinavir-ritonavir 100-25 mg tab</i>	3	QL (8 ea per 1 days)
<i>lopinavir-ritonavir 200-50 mg tab</i>	3	QL (4 ea per 1 days)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	3	QL (14 ml per 1 days)
<i>maraviroc 150 mg tab</i>	3	QL (2 ea per 1 days)
<i>maraviroc 300 mg tab</i>	3	QL (4 ea per 1 days)
<i>nevirapine 200 mg tab</i>	3	QL (2 ea per 1 days)
NEVIRAPINE 50 MG/5ML SUSPENSION	3	QL (40 ml per 1 days)
NEVIRAPINE ER 100 MG TAB ER 24H	3	QL (3 ea per 1 days)
<i>nevirapine er 400 mg tab er 24h</i>	3	QL (1 ea per 1 days)
NORVIR 100 MG PACKET	4	QL (24 ea per fill)
NORVIR 80 MG/ML SOLUTION	4	QL (16 ml per 1 days)
ODEFSEY	4	QL (1 ea per 1 days)
PIFELTRO	4	QL (2 ea per 1 days)
PREZCOBIX	4	QL (1 ea per 1 days)
PREZISTA (75 MG TAB, 600 MG TAB)	4	QL (2 ea per 1 days)
PREZISTA 100 MG/ML SUSPENSION	4	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	4	QL (6 ea per 1 days)
REYATAZ 50 MG PACKET	4	QL (6 ea per 1 days)
<i>ritonavir</i>	3	QL (12 ea per 1 days)
RUKOBIA	4	QL (2 ea per 1 days)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY 20 MG/ML SOLUTION	4	QL (60 ml per 1 days)
SELZENTRY 25 MG TAB	4	QL (8 ea per 1 days)
SELZENTRY 75 MG TAB	4	QL (2 ea per 1 days)
STAVUDINE	3	QL (2 ea per 1 days)
STRIBILD	4	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	4	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	6	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	4	QL (5 ea per 8 day(s)), PN (8 DAYS SUPPLY IN 180 DAYS)
SYMTUZA	4	QL (1 ea per 1 days)
<i>tenofovir disoproxil fumarate</i>	3	QL (1 ea per 1 days)
TIVICAY (25 MG TAB, 50 MG TAB)	4	QL (2 ea per 1 days)
TIVICAY 10 MG TAB	4	QL (8 ea per 1 days)
TIVICAY PD	4	QL (12 ea per 1 days)
TRIUMEQ	4	QL (1 ea per 1 days)
TRIUMEQ PD	4	QL (6 ea per 1 days)
TRIZIVIR	4	QL (2 ea per 1 days)
TYBOST	4	QL (1 ea per 1 days)
VIRACEPT 250 MG TAB	4	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	4	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	4	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	4	QL (8 gm per 1 days)
VOCABRIA	4	QL (1 ea per 1 days), PN (\$0 Copay for pre-exposure prophylaxis)
<i>zidovudine 100 mg cap</i>	3	QL (6 ea per 1 days)
<i>zidovudine 300 mg tab</i>	3	QL (120 ea per 30 days)
<i>zidovudine 50 mg/5ml syrup</i>	3	QL (6 ml per 1 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	1	QL (20 ea per fill(s))
PAXLOVID (300/100)	5	QL (30 ea per fill(s))
CMV AGENTS		
LIVTENCITY	6	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS (240 MG TAB, 480 MG TAB)	6	PA, QL (1 ea per 1 days)
<i>valganciclovir hcl 450 mg tab</i>	3	PN (34 DAYS SUPPLY PER FILL)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	6	PN (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	6	SP, PN (34 DAYS SUPPLY PER FILL)
BARACLUDE 0.05 MG/ML SOLUTION	4	SP
<i>entecavir</i>	3	
EPIVIR HBV 5 MG/ML SOLUTION	4	QL (20 ml per 1 days)
<i>lamivudine 100 mg tab</i>	3	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	6	PA, QL (84 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	6	PA, QL (168 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	6	QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	6	QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	3	SP
<i>ribavirin 200 mg cap</i>	3	
<i>ribavirin 200 mg tab</i>	3	
VEMLIDY	4	QL (1 ea per 1 days)
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	3	
<i>famciclovir</i>	3	
<i>valacyclovir hcl</i>	3	
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 45 mg cap</i>	3	QL (48 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL (540 ml per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate 75 mg cap</i>	3	QL (42 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RELENZA DISKHALER	4	QL (60 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	3	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	5	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	5	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	5	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	5	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
MISC. ANTIVIRALS		
LAGEVRIO	5	QL (40 ea per fill(s))
TPOXX 200 MG CAP	1	QL (9 ea per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	1	QL (80 ml per 14 days), PN (14 DAYS SUPPLY IN 365 DAYS)
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin 6 gm recon soln</i>	3	SP
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	2	
<i>carvedilol phosphate er</i>	3	PA
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	3	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	3	
<i>atenolol</i>	2	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	3	
<i>bisoprolol fumarate</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate er</i>	3	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	2	
<i>nebivolol hcl</i>	3	ST
BETA BLOCKERS NON-SELECTIVE		
INDERAL XL	4	
INNOPRAN XL	4	
<i>nadolol</i>	3	
<i>pindolol</i>	3	
<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>	3	
<i>propranolol hcl er</i>	3	
<i>sorine</i>	3	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	3	
<i>sotalol hcl (af)</i>	3	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	3	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	2	
<i>cartia xt</i>	3	
<i>dilt-xr</i>	3	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2	
<i>diltiazem hcl er</i>	3	
<i>diltiazem hcl er beads</i>	3	
<i>diltiazem hcl er coated beads</i>	3	
<i>felodipine er</i>	3	
<i>isradipine</i>	3	
<i>matzim la</i>	3	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	3	
<i>nifedipine</i>	3	
<i>nifedipine er</i>	3	
<i>nifedipine er osmotic release</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine</i>	3	
NYMALIZE 6 MG/ML SOLUTION	5	PA, SP
<i>taztia xt</i>	3	
<i>tiadylt er</i>	3	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	3	
<i>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)</i>	3	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2	
DIGOXIN 0.05 MG/ML SOLUTION	4	
LANOXIN (125 MCG TAB, 250 MCG TAB)	4	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine-atorvastatin</i>	3	
ENTRESTO 24-26 MG TAB	4	QL (6 ea per 1 days)
ENTRESTO 49-51 MG TAB	4	QL (3 ea per 1 days)
ENTRESTO 97-103 MG TAB	4	QL (2 ea per 1 days)
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO	5	PA, QL (1 ea per 1 day(s))
IMPOTENCE AGENTS		
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	3	PA, QL (1 ea per 1 day(s))
PERIPHERAL VASODILATORS		
<i>isoxsuprine hcl (10 mg tab, 20 mg tab)</i>	3	
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>treprostinil</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TYVASO	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT	6	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	6	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	6	PA, QL (224 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	6	PA, QL (196 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	6	PA, QL (252 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO REFILL	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan</i>	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
OPSUMIT	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LIQREV	5	PA, PN (MAX 34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 10 mg/ml recon susp</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 20 mg tab</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tadalafil (pah)</i>	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
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)	6	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	6	PA, QL (60 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI 200 & 800 MCG TAB THPK	6	PA, QL (200 ea per 180 days), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	6	PA, QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	6	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	5	PA, QL (2 ea per 1 day(s))
CORLANOR 5 MG/5ML SOLUTION	5	PA, QL (20 ml per 1 days)
<i>ivabradine hcl</i>	3	PA, QL (2 ea per 1 day(s))
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VYNDAQEL	6	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	5	PA, QL (1 ea per 1 days)
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ	6	PA, PN (34 DAYS SUPPLY PER FILL)
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	3	
<i>cephalexin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	3	
<i>cephalexin (250 mg cap, 500 mg cap)</i>	2	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	3	
CEFACLOR ER	3	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	3	
<i>cefuroxime axetil</i>	3	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	3	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	3	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP)	4	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	6	PA, PN (34 DAYS SUPPLY PER FILL)
CONTRACEPTIVES (CONTINUED)		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethia lo</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA	1	
<i>balziva</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>bekyree</i>	1	
BEYAZ	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>caziant</i>	1	
<i>charlotte 24 fe</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>delyla</i>	1	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	1	
<i>dolishale</i>	1	
<i>drospiren-eth estrad-levomefol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ESTROSTEP FE	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	
FEMLYV	1	
<i>femynor</i>	1	
<i>finzala</i>	1	
<i>gemmily</i>	1	
GENERESS FE	1	
<i>gianvi</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>levonorgest-eth est & eth est</i>	1	
<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>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad</i>	1	
<i>levora 0.15/30 (28)</i>	1	
<i>lillow</i>	1	
LO LOESTRIN FE	1	
<i>lo-zumandimine</i>	1	
<i>loestrin 1.5/30 (21)</i>	1	
<i>loestrin 1/20 (21)</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
LOSEASONIQUE	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
MINASTRIN 24 FE	1	
MIRCETTE	1	
<i>mono-linyah</i>	1	
NATAZIA	1	
<i>necon 0.5/35 (28)</i>	1	
NEXTSTELLIS	1	
<i>nikki</i>	1	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	1	
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	1	
<i>norethindron-ethinyl estrad-fe</i>	1	
<i>norethindrone acet-ethinyl est</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
QUARTETTE	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
SAFYRAL	1	
SEASONIQUE	1	
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
TAYTULLA	1	
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora (28)</i>	1	
<i>turqoz</i>	1	
TYBLUME	1	
<i>tydemy</i>	1	
VELIVET	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
YASMIN 28	1	
YAZ	1	
<i>zarah</i>	1	
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	
<i>zumandimine</i>	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	1	
TWIRLA	1	
<i>xulane</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>zafemy</i>	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>haloette</i>	1	
NUVARING	1	
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER	1	SP
EMERGENCY CONTRACEPTIVES		
<i>aftera</i>	1	
<i>afterpill</i>	1	
<i>curae</i>	1	
<i>econtra ez</i>	1	
<i>econtra one-step</i>	1	
ELLA	1	
<i>her style</i>	1	
<i>levonorgestrel</i>	1	
<i>my choice</i>	1	
<i>my way</i>	1	
<i>new day</i>	1	
<i>opcicon one-step</i>	1	
<i>option 2</i>	1	
PLAN B ONE-STEP	1	
<i>react</i>	1	
<i>take action</i>	1	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
DEPO-SUBQ PROVERA 104	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
MIRENA (52 MG)	1	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
OPILL	1	
ORTHO MICRONOR	1	
<i>sharobel</i>	1	
SLYND	1	
<i>tulana</i>	1	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE (1 MG CAP SPRINK, 2 MG CAP SPRINK, 5 MG CAP SPRINK)	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ALKINDI SPRINKLE 0.5 MG CAP SPRINK	6	PA, LA, QL (34 days per fill(s)), SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide 3 mg cp dr part</i>	3	
CORTISONE ACETATE	3	
<i>decadron (4 mg tab, 6 mg tab)</i>	3	
<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>	3	
DEXAMETHASONE INTENSOL	5	PA
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	3	
<i>hydrocortisone sod suc (pf)</i>	3	PN (34 DAYS SUPPLY PER FILL)
<i>methylprednisolone</i>	3	
<i>methylprednisolone sodium succ</i>	3	
<i>millipred</i>	5	PA
<i>prednisolone 15 mg/5ml solution</i>	3	
<i>prednisolone 5 mg tab</i>	3	PA
PREDNISOLONE SODIUM PHOSPHATE (10 MG TAB DISP, 15 MG TAB DISP, 30 MG TAB DISP)	3	PA
<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>	3	
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)	3	
PREDNISONE INTENSOL	5	PA
RAYOS	5	PA
SOLU-CORTEF (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	4	PN (34 DAYS SUPPLY PER FILL)
SOLU-CORTEF 100 MG RECON SOLN	4	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF)	4	PN (34 DAYS SUPPLY PER FILL)
TARPEYO	6	PA, LA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	3	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	3	
<i>hydromet</i>	3	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	3	
CODITUSSIN AC	3	
<i>g tussin ac</i>	3	
<i>guaiaatussin ac</i>	3	
<i>guaifenesin ac</i>	3	
<i>guaifenesin-codeine</i>	3	
<i>hydrocod poli-chlorphe poli er</i>	3	
<i>maxi-tuss ac</i>	3	
NINJACOF-XG	3	
<i>promethazine vc</i>	3	
PROMETHAZINE VC/CODEINE	3	
<i>promethazine-codeine</i>	3	
<i>promethazine-dm</i>	3	
<i>promethazine-phenyleph-codeine</i>	3	
<i>promethazine-phenylephrine</i>	3	
<i>pseudoeph-bromphen-dm</i>	3	
<i>virtussin a/c</i>	3	
<i>virtussin ac w/alc</i>	3	
EXPECTORANTS		
<i>potassium iodide (expectorant)</i>	3	
SSKI	3	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	5	
<i>nebusal 3 % nebu soln</i>	3	
<i>pulmosal</i>	3	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	3	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
<i>accutane</i>	6	PN (30 DAYS SUPPLY PER FILL)
<i>acne medication 10 10 % gel</i>	3	
<i>adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)</i>	3	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	3	
<i>amnestem</i>	6	PN (30 DAYS SUPPLY PER FILL)
ARAZLO	5	PA
<i>avar cleanser</i>	3	
<i>avar-e emollient</i>	3	
<i>avar-e green</i>	3	
<i>avita</i>	3	AL (Up to 30 yrs old)
AZELEX	5	PA
BENZEPRO 5.3 % FOAM	3	
BENZOYL PEROXIDE 9.8 % FOAM	3	
<i>benzoyl peroxide-erythromycin</i>	3	
<i>claravis</i>	6	PN (30 DAYS SUPPLY PER FILL)
<i>clindacin etz 1 % swab</i>	3	
<i>clindacin-p</i>	3	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	3	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	3	PA
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	3	
<i>clindamycin-tretinoin</i>	3	PA
ERY	3	
<i>erythromycin (2 % gel, 2 % solution)</i>	3	
FABIOR	5	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	6	PN (30 DAYS SUPPLY PER FILL)
<i>isotretinoin (25 mg cap, 35 mg cap)</i>	6	PA, PN (30 DAYS SUPPLY PER FILL)
<i>myorisan</i>	6	PN (30 DAYS SUPPLY PER FILL)
<i>neuac 1.2-5 % gel</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>sss 10-5 (10-5 % cream, 10-5 % foam)</i>	3	
<i>sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % kit, 9-4.5 % liquid)</i>	3	
<i>sulfacetamide sodium (acne)</i>	3	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % cream, 9.8-4.8 % liquid, 9.8-4.8 % lotion, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % liquid, 10-5 % lotion, 10-5 % suspension)</i>	3	
SULFACETAMIDE-SULFUR IN UREA	3	
<i>sulfacleanse 8/4</i>	3	
TAZAROTENE 0.1 % FOAM	3	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	3	AL (Up to 30 yrs old)
<i>zenatane</i>	6	PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	5	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	3	PA, QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 1 % gel</i>	3	QL (10 gm per 1 days)
<i>diclofenac sodium 1.5 % solution</i>	3	PA
ANTIBIOTICS - TOPICAL		
ALTABAX	5	PA
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	3	
<i>mupirocin</i>	3	
<i>mupirocin calcium</i>	3	
XEPI	5	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	3	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	3	
<i>clotrimazole (1 % cream, 1 % solution)</i>	3	
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	3	
<i>econazole nitrate</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ERTACZO	5	PA
EXELDERM (1 % CREAM, 1 % SOLUTION)	5	PA
<i>ketokonazole (2 % cream, 2 % foam, 2 % shampoo)</i>	3	
<i>ketodan (2 % foam, 2 % kit)</i>	3	
<i>klayesta</i>	3	
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	3	
<i>nyamyc</i>	3	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	3	
<i>nystatin-triamcinolone</i>	3	
<i>nystop</i>	3	
<i>oxiconazole nitrate</i>	3	PA
OXISTAT 1 % LOTION	5	PA
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	5	PA
XOLEGEL	5	PA, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	3	
KLISYRI (250 MG)	5	PA, QL (5 ea per fill)
KLISYRI (350 MG)	5	PA, QL (5 ea per fill)
PANRETIN	5	PA, SP
VALCHLOR	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl 5 % cream</i>	3	PA
ANTIPSORIATICS		
<i>acitretin</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	3	
<i>calcitrene</i>	3	
CALCITRIOL 3 MCG/GM OINTMENT	3	
COSENTYX (300 MG DOSE)	6	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	6	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX SENSOREADY (300 MG)	6	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	6	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	6	PA, QL (2 ml per 28 day(s)), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
DRITHO-CREME HP	4	
METHOXSALEN RAPID	3	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	6	QL (1 ea per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	6	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN	6	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO 450 MG/7.5ML SOLUTION	6	PA, LA, QL (15 ml per fill), SP
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	6	QL (0.5 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 90 MG/ML SOLN PRSYR	6	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	3	
TAZORAC 0.05 % GEL	5	
TREMFYA (200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	6	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA 100 MG/ML SOLN A-INJ	6	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 100 MG/ML SOLN PRSYR	6	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 200 MG/20ML SOLUTION	6	QL (20 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ZORYVE 0.3 % CREAM	6	PA, QL (60 gm per 30 days), PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide</i>	3	
<i>sodium sulfacetamide 10 % shampoo</i>	3	
<i>sodium sulfacetamide wash</i>	3	
SODIUM SULFACETAMIDE-BAKUCHIOL	3	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	3	
<i>sulfacetamide sodium (cleans)</i>	3	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	3	PA, QL (5 gm per fill)
<i>acyclovir 5 % ointment</i>	3	QL (15 gm per fill)
<i>penciclovir</i>	3	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	5	PA
BURN PRODUCTS		
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
SULFAMYLON 85 MG/GM CREAM	5	PA
CAUTERIZING AGENTS		
SILVER NITRATE (0.5 % SOLUTION, 10 % SOLUTION, 25 % SOLUTION, 50 % SOLUTION)	3	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	3	
<i>ala-cort</i>	3	
<i>alclometasone dipropionate</i>	3	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	3	
APEXICON E	5	PA
<i>baser 0.05 % lotion</i>	3	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	3	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	3	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betameth diprop</i>	3	PA
CAPEX	5	PA
<i>clobetasol prop emollient base</i>	3	
<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>	3	
<i>clobetasol propionate 0.05 % liquid</i>	3	PA
<i>clobetasol propionate e</i>	3	
<i>clobetasol propionate emulsion</i>	3	
CLOBETAVIX	3	
<i>clodan 0.05 % shampoo</i>	3	
CORDRAN 4 MCG/SQCM TAPE	5	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	3	
DESONIDE 0.05 % GEL	3	PA
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	3	
<i>desrx</i>	3	PA
<i>diflorasone diacetate 0.05 % ointment</i>	3	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	3	
<i>fluocinonide emulsified base</i>	3	
FLUOVIX	3	
FLUOVIX PLUS	3	
<i>flurandrenolide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	3	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	3	
<i>halcinonide</i>	3	PA
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	3	
<i>hydrocortisone (1 % cream, 1 % ointment, 2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	3	
<i>hydrocortisone butyr lipo base</i>	3	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	3	
<i>hydrocortisone butyrate 0.1 % lotion</i>	3	PA
<i>hydrocortisone valerate</i>	3	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	3	
<i>nolix (0.05 % cream, 0.05 % lotion)</i>	3	
PANDEL	5	PA
PREDNICARBATE	3	
TEXACORT	5	PA
<i>tovet 0.05 % foam</i>	3	
<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>	3	
<i>triamcinolone in absorbbase</i>	3	
<i>trianex</i>	3	
<i>triderm</i>	3	
<i>tritocin</i>	3	
VERDESO	5	PA
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ADBRY 300 MG/2ML SOLN A-INJ	6	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	6	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN A-INJ	6	PA, QL (2.28 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN PRSYR	6	PA, QL (2.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN A-INJ	6	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT 300 MG/2ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
OPZELURA	5	PA, QL (240 gm per 28 days)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea (35 % foam, 39 % cream, 40 % cream, 40 % lotion, 45 % cream, 47 % cream)</i>	3	
UREA HYDRATING	3	
<i>urea nail</i>	3	
<i>uredeb</i>	3	
<i>uremez-40</i>	3	
<i>xurea</i>	3	
ENZYMES - TOPICAL		
SANTYL	4	PA
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY	6	PA, QL (3 ea per 84 day(s)), SP, PN (84 DAYS SUPPLY PER FILL)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 3.75 % cream</i>	3	PA
<i>imiquimod 5 % cream</i>	3	
<i>imiquimod pump</i>	3	PA
ZYCLARA PUMP 2.5 % CREAM	5	PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR	6	PA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pimecrolimus</i>	3	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	3	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN	6	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
CONDYLOX	4	
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	3	
<i>salicylic acid (6 % cream, 6 % foam, 6 % gel, 6 % lotion, 6 % shampoo, 26 % solution, 27.5 % liquid)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>salicylic acid wart remover</i>	3	
<i>salicylic acid-cleanser</i>	3	
SALIMEZ	3	
SALYCIM	3	
YCANTH	6	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
LOCAL ANESTHETICS - TOPICAL		
<i>glydo</i>	3	
<i>lidocaine 5 % ointment</i>	3	
<i>lidocaine 5 % patch</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidocaine hcl 4 % solution</i>	3	
LIDOCAINE HCL URETHRAL/MUCOSAL (2 % GEL, 2 % PRSYR)	3	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	3	
<i>lidocan</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidopac</i>	3	
<i>moxicaine</i>	3	
<i>premium lidocaine</i>	3	
QUTENZA	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (2 PATCH)	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH)	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SYNERA	5	PA
<i>tridacaine ii</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tridacaine iii</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
MISC. TOPICAL		
<i>alcohol wipes</i>	4	
<i>cvs isopropyl alcohol wipes</i>	4	
DRYSOL	3	
<i>isopropyl alcohol 70 % misc</i>	4	
<i>isopropyl alcohol wipes</i>	4	
<i>medpura alcohol pads</i>	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
QBREXZA	4	PA, QL (1 ea per 1 days)
<i>qc alcohol</i>	4	
<i>ra isopropyl alcohol wipes</i>	4	
XERAC AC	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	5	PA
PROTECTIVES AGAINST UV RADIATION		
SCENESSE	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROSACEA AGENTS		
<i>azelaic acid</i>	3	
<i>brimonidine tartrate 0.33 % gel</i>	3	PA, QL (30 gm per fill)
FINACEA 15 % FOAM	5	PA
<i>ivermectin 1 % cream</i>	3	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	3	
NORITATE	5	PA
<i>rosadan (0.75 % cream, 0.75 % cream kit, 0.75 % gel)</i>	3	
SCABICIDES PEDICULICIDES		
IVERMECTIN 0.5 % LOTION	3	PA
LINDANE	3	
<i>malathion</i>	3	
<i>permethrin</i>	3	
SPINOSAD	3	
WOUND CARE PRODUCTS		
VYJUVEK	6	PA, LA, QL (10 ml per 8 days), SP, PN (28 DAYS SUPPLY PER FILL)
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC DRUGS		
MACRILEN	6	PN (34 DAYS SUPPLY PER FILL)
THYROGEN	6	SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC TESTS		
CHEMSTRIP K	4	QL (100 ea per fill)
CHEMSTRIP UGK	4	QL (100 ea per fill)
CVS KETONE CARE	4	QL (100 ea per fill)
KETO-DIASTIX	4	QL (100 ea per fill)
KETONE TEST	4	QL (100 ea per fill)
KETOSTIX	4	QL (100 ea per fill)
ONETOUCH ULTRA	4	QL (200 strips per 30 days)
ONETOUCH ULTRA BLUE TEST	4	QL (200 strips per 30 days)
ONETOUCH ULTRA TEST	4	QL (200 strips per 30 days)
ONETOUCH VERIO STRIP	4	QL (200 strips per 30 days)
RELION KETONE TEST	4	QL (100 ea per fill)
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	4	
PANCREAZE	5	PA
PERTZYE	5	PA
SUCRAID	6	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE	5	PA
ZENPEP	5	PA
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	3	
<i>methazolamide</i>	3	
DIURETIC COMBINATIONS		
ALDACTAZIDE 50-50 MG TAB	5	
AMILORIDE-HYDROCHLOROTHIAZIDE	3	
<i>spironolactone-hctz</i>	3	
<i>triamterene-hctz</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>ethacrynic acid</i>	3	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	3	
<i>toremide</i>	3	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	3	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	3	
<i>triamterene</i>	3	PA
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	3	
DIURIL	4	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
<i>metolazone</i>	3	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	2	
<i>alendronate sodium (5 mg tab, 10 mg tab, 70 mg/75ml solution)</i>	3	
BINOSTO	5	PA
<i>calcitonin (salmon) 200 unit/act solution</i>	3	
EVENITY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FOSAMAX PLUS D	4	
<i>ibandronate sodium 150 mg tab</i>	3	QL (1 ea per 30 days)
PROLIA	6	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>	3	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	6	PA, QL (2.48 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TYMLOS	6	PA, QL (1.56 ml per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC)	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>zoledronic acid 5 mg/100ml solution</i>	3	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>clomiphene citrate</i>	3	
FOLLISTIM AQ	6	PA, PN (34 DAYS SUPPLY PER FILL)
GONAL-F	6	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF	6	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF REDIJECT	6	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	6	PN (34 DAYS SUPPLY PER FILL)
NOVAREL	6	PA, PN (34 DAYS SUPPLY PER FILL)
OVIDREL	6	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	6	PN (34 DAYS SUPPLY PER FILL)
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate</i>	3	PN (34 DAYS SUPPLY PER FILL)
CETROTIDE	6	PN (34 DAYS SUPPLY PER FILL)
GANIRELIX ACETATE	4	
ORILISSA 150 MG TAB	6	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
ORILISSA 200 MG TAB	6	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GROWTH HORMONES		
GENOTROPIN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
NGENLA	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPPO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 10	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 20	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 5	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZENPREP	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SEROSTIM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	6	PA, SP, PN (34 DAY SUPPLY PER FILL)
ZOMACTON	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (FOR ZOMA-JET 10)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZORBTIVE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HORMONE RECEPTOR MODULATORS		
OSPHENA	5	PA, QL (1 ea per 1 day(s))
<i>raloxifene hcl</i>	1	PN (\$0 copay for women)
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH)	6	PA, QL (1 ea per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	6	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SYNAREL	4	SP
TRIPTODUR	6	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>betaine</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRINEURA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	3	
<i>carglumic acid</i>	5	PA, LA, SP
<i>cinacalcet hcl</i>	3	
CRYSVITA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	3	
ELAPRASE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO 20 MG/10ML SOLUTION	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO 5 MG/2.5ML SOLUTION	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
FABRAZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GALAFOLD	6	PA, LA, QL (14 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>javygtor (100 mg tab, 500 mg packet)</i>	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>javygtor 100 mg packet</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KANUMA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LAMZEDE	6	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	3	
<i>levocarnitine sf</i>	3	
LUMIZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MEPSEVII	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NAGLAZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NEXVIAZYME	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NITYR	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NULIBRY	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	6	PA, QL (14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PALYNZIQ 20 MG/ML SOLN PRSYR	6	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	3	
PARSABIV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
REVCovi	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride 100 mg packet</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sodium phenylbutyrate 500 mg tab</i>	3	PA, SP
STRENSIQ	6	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
VIMIZIM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 20 MG RECON SOLN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 4 MG RECON SOLN	6	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
XPHOZAH	6	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
NATRIURETIC PEPTIDES		
VOXZOGO	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	3	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 1.5 mg/ml solution)</i>	3	
<i>desmopressin acetate spray</i>	3	
TERLIVAZ	6	PA, SP, PN (14 DAYS SUPPLY PER FILL)
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	3	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	3	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>lanreotide acetate</i>	6	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate (20 mg kit, 30 mg kit)</i>	6	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>	3	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT (20 MG KIT, 30 MG KIT)	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SANDOSTATIN LAR DEPOT 10 MG KIT	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR	6	PA, LA, QL (60 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SIGNIFOR LAR	6	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	6	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)	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	3	PA, SP
TOLVAPTAN 15 MG TAB	3	PA
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	3	
ANGELIQ	5	
COMBIPATCH	4	
<i>covaryx</i>	5	
<i>covaryx hs</i>	3	
DUAVEE	5	PA
<i>eemt</i>	5	
<i>eemt hs</i>	3	
<i>est estrogens-methyltest 0.625-1.25 mg tab</i>	3	
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	5	
<i>est estrogens-methyltest ds</i>	5	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>est estrogens-methyltest hs</i>	3	
<i>estradiol-norethindrone acet</i>	3	
<i>estratest f.s.</i>	5	
<i>estratest h.s.</i>	3	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>lopreeza</i>	3	
<i>mimvey</i>	3	
MYFEMBREE	6	PA, QL (28 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
<i>norethindrone-eth estradiol</i>	3	
ORIAHNN	6	PA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
PREMPHASE	4	
PREMPRO	4	
ESTROGENS		
DELESTROGEN 10 MG/ML OIL	5	
<i>dotti</i>	3	
ELESTRIN	5	
<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, 0.075 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/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg/gm gel, 1.25 mg/1.25gm gel)</i>	3	
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>estradiol 0.75 mg/1.25 gm (0.06%) gel</i>	3	PA
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	3	
ESTROGEL	5	PA
EVAMIST	5	PA
<i>lyllana</i>	2	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	5	PA
MENOSTAR	5	PA
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES (CONTINUED)		
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	6	PA, QL (28 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	4	
<i>ciprofloxacin</i>	3	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	3	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	3	
<i>moxifloxacin hcl 400 mg tab</i>	3	
OFLOXACIN (300 MG TAB, 400 MG TAB)	3	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM	6	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	3	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	3	QL (2 ea per 1 days)
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	3	
METOCLOPRAMIDE HCL 5 MG TAB DISP	3	PA
HEPATOTROPICS		
REZDIFFRA	6	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY (PELLETS) 200 MCG CAP SPRINK	6	PA, LA, QL (36 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	6	PA, LA, QL (12 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
BYLVAY 1200 MCG CAP	6	PA, LA, QL (6 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY 400 MCG CAP	6	PA, LA, QL (18 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
INFLAMMATORY BOWEL AGENTS		
AVSOLA	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>balsalazide disodium</i>	3	
CIMZIA	6	QL (1 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
CIMZIA (2 SYRINGE)	6	QL (1 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA-STARTER	6	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM	4	
ENTYVIO 108 MG/0.68ML SOLN A-INJ	6	PA, QL (1.36 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ENTYVIO 300 MG RECON SOLN	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
INFLECTRA	6	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>	3	
<i>mesalamine er 0.375 gm cap er 24h</i>	3	PA
<i>mesalamine er 500 mg cap er</i>	3	
<i>mesalamine-cleanser</i>	3	
OMVOH 100 MG/ML SOLN A-INJ	6	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH 300 MG/15ML SOLUTION	6	PA, QL (45 ml per 56 day(s)), SP, PN (56 DAYS SUPPLY PER FILL)
PENTASA 250 MG CAP ER	4	
REMICADE	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLEXIS	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 180 MG/1.2ML SOLN CART	6	QL (1.2 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI 360 MG/2.4ML SOLN CART	6	QL (2.4 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	6	PA, SP, PN (56 DAYS SUPPLY PER FILL)
<i>sulfasalazine</i>	3	
INTESTINAL ACIDIFIERS		
<i>enulose</i>	3	
<i>generlac</i>	3	
<i>lactulose encephalopathy</i>	3	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl</i>	3	
LINZESS	4	QL (1 ea per 1 days)
LIVE FECAL MICROBIOTA		
REBYOTA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VOWST	6	PA, QL (12 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	4	QL (1 ea per 1 days)
RELISTOR 12 MG/0.6ML SOLUTION	5	PA, QL (18 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
RELISTOR 8 MG/0.4ML SOLUTION	5	PA, QL (6 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PHOSPHATE BINDER AGENTS		
AURYXIA	6	PA, QL (408 ea per 34 days), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate (phos binder)</i>	3	
<i>calcium acetate 667 mg tab</i>	3	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	4	
<i>lanthanum carbonate</i>	3	
PHOSLYRA	5	PA
<i>sevelamer carbonate</i>	3	
<i>sevelamer hcl</i>	3	PA

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VELPHORO	6	PA, PN (34 DAYS SUPPLY PER FILL)
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX	6	PA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	6	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
CYTRA K CRYSTALS	3	
CYTRA-3	3	
<i>cytra-k</i>	3	
ORACIT	4	
ORAL CITRATE	4	
<i>pot & sod cit-cit ac</i>	3	
<i>potassium citrate er</i>	3	
<i>potassium citrate-citric acid</i>	3	
<i>sod citrate-citric acid</i>	3	
<i>tricitrates</i>	3	
CYSTINOSIS AGENTS		
CYSTAGON	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCYSBI	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
HYPEROXALURIA AGENTS		
OXLUMO	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI 200 MG TAB	6	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
FILSPARI 400 MG TAB	6	PA, QL (30 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	5	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL	5	PA
<i>dutasteride</i>	3	
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	3	PA
<i>tamsulosin hcl</i>	3	
URINARY STONE AGENTS		
LITHOSTAT	4	
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	3	
GOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	2	
<i>colchicine 0.6 mg tab</i>	3	
<i>febuxostat</i>	3	PA, QL (1 ea per 1 days)
KRYSTEXXA	6	PA, LA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
URICOSURICS		
<i>probenecid</i>	3	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIHEMOPHILIC PRODUCTS		
ADVATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AFSTYLA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALTUVIIIIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELOCTATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMGENIX	6	PA, LA, QL (1 ea per lifetime), SP

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HEMLIBRA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMOFIL M	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATE-P	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KCENTRA	6	SP, PN (34 DAYS SUPPLY PER FILL)
KOATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOATE-DVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NOVOEIGHT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OBIZUR	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RECOMBINATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
WILATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	6	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sajazir</i>	6	PA, LA, QL (9 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
COMPLEMENT INHIBITORS		
BERINERT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
CINRYZE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPAVELI	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ENJAYMO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FABHALTA	6	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HAEGARDA 2000 UNIT RECON SOLN	6	PA, SP, PN (8 WEIGHT BASED DOSES / FILL; 28 DAYS SUPPLY PER FILL)
HAEGARDA 3000 UNIT RECON SOLN	6	PA, SP, PN (8 WEIGHT BASED DOSES / 28 DAYS; 28 DAYS SUPPLY PER FILL)
RUCONEST	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOLIRIS	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VEOPOZ	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE	6	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	3	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ORLADEYO	6	PA, LA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	6	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	6	PA, QL (2 ml per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	3	SP
<i>aspirin-dipyridamole er</i>	3	
BRILINTA	5	
CABLIVI	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>cilostazol</i>	3	
<i>clopidogrel bisulfate</i>	3	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	3	
<i>prasugrel hcl</i>	3	
ZONTIVITY	5	PA
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PYRUKYND TAPER PACK	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CEREZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELELYSO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>miglustat</i>	6	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VPRIV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>yargesa</i>	6	PA, LA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DROXIA	5	PA
ENDARI	6	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>l-glutamine 5 gm packet</i>	6	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
SIKLOS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FOLIC ACID/FOLATES		
<i>cvs folic acid</i>	1	
<i>folate</i>	1	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	1	
<i>folic acid 1 mg tab</i>	3	
<i>ft folic acid</i>	1	
<i>gnp folic acid</i>	1	
<i>hm folic acid</i>	1	
<i>kp folic acid 800 mcg tab</i>	1	
<i>px folic acid</i>	1	
<i>qc folic acid</i>	1	
<i>ra folic acid</i>	1	
<i>sm folic acid</i>	1	
<i>true folic acid 400 mcg tab</i>	1	
<i>yl folic acid</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DOPTELET	6	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FULPHILA	6	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	6	PA, QL (0.043 ml per 1 day(s)), SP, PN (MAX 14 DAYS SUPPLY PER FILL)
LEUKINE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
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)	6	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
MIRCERA 120 MCG/0.3ML SOLN PRSYR	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
MULPLETA	6	PA, QL (7 ea per fill), SP
NEULASTA	6	PA, QL (56 ea per 28 days), SP
NEULASTA ONPRO	6	PA, QL (28 ea per 28 days), SP
NEUPOGEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	6	PA, QL (0.043 ml per 1 days), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCRIT 40000 UNIT/ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
REBLOZYL	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT 40000 UNIT/ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROLVEDON	6	PA, QL (0.043 ml per 1 day(s)), SP, PN (MAX 14 DAYS SUPPLY PER FILL)
STIMUFEND	6	PA, QL (0.043 ml per 1 day(s)), SP, PN (MAX 14 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
UDENYCA	6	PA, QL (0.043 ml per 1 days), SP
UDENYCA ONBODY	6	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	6	PA, QL (0.043 ml per 1 days), SP
IRON		
<i>bprotected pedia iron</i>	3	
<i>fe-vite iron</i>	3	
<i>ferrous sulfate (75 (15 fe) mg/ml solution, 220 (44 fe) mg/5ml solution, 300 mg/6.8ml solution)</i>	3	
<i>ferumoxytol</i>	6	LA, SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER	6	SP, PN (34 DAYS SUPPLY PER FILL)
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	3	
<i>iron infant & toddler</i>	3	
<i>iron infant/toddler</i>	3	
<i>iron supplement</i>	3	
<i>iron supplement childrens</i>	3	
<i>one vite ferrous sulfate</i>	3	
<i>pc pediatric iron drops</i>	3	
STEM CELL MOBILIZERS		
APHEXDA	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
MOZOBIL	6	SP, PN (30 DAYS SUPPLY PER FILL)
XOLREMDI	6	PA, LA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	3	
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>	3	
SEZABY	6	PN (5 DAYS SUPPLY PER FILL)
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
NON-BARBITURATE HYPNOTICS		
EDLUAR	5	PA
<i>estazolam</i>	3	
<i>eszopiclone</i>	3	
<i>midazolam hcl 2 mg/ml syrup</i>	3	
QUAZEPAM	3	
<i>temazepam</i>	3	
<i>triazolam</i>	3	
<i>zaleplon</i>	3	
<i>zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab)</i>	3	PA
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	3	
<i>zolpidem tartrate er</i>	3	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon</i>	3	ST
LAXATIVES (CONTINUED)		
LAXATIVE COMBINATIONS		
CLENPIQ	5	PN (\$0 copay for members age 45-75 years)
GAVILYTE-C	3	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-g</i>	3	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	3	PN (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	3	PN (\$0 copay for members age 45-75 years)
<i>peg 3350-kcl-na bicarb-nacl</i>	3	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	3	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes/ascorbat</i>	3	PN (\$0 copay for members age 45-75 years)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	3	PN (\$0 copay for members age 45-75 years)
PLENVU	5	PN (\$0 copay for members age 45-75 years)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>trilyte</i>	3	PN (\$0 copay for members age 45-75 years)
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	3	
KRISTALOSE	4	PA
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>	3	
SALINE LAXATIVES		
OSMOPREP	5	PA, PN (\$0 copay for members age 45-75 years)
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>	3	
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	3	
<i>clarithromycin er</i>	3	
ERYTHROMYCINS		
E.E.S. 400	3	
<i>ery-tab</i>	3	
ERYTHROCIN STEARATE	3	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	3	
<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>	3	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	3	
FIDAXOMICIN		
DIFICID 200 MG TAB	5	PA, QL (20 ea per fill)
DIFICID 40 MG/ML RECON SUSP	5	PA, QL (150 ml per fill)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
CAYA	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE CONDOM	1	
FEMCAP	1	
OMNIFLEX DIAPHRAGM	1	
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH	4	
ACCU-CHEK FASTCLIX LANCET	4	
ACCU-CHEK FASTCLIX LANCETS	4	
ACCU-CHEK SAFE-T PRO LANCETS	4	
ACCU-CHEK SOFTCLIX LANCET DEV	4	
ACCU-CHEK SOFTCLIX LANCETS	4	
ACTI-LANCE 28G	4	
ACTI-LANCE LITE LANCETS 28G	4	
ACTI-LANCE SPECIAL LANCETS 17G	4	
ACTI-LANCE UNIVERSAL 23G	4	
ADJUSTABLE LANCING DEVICE	4	
ADVANCED MOBILE LANCET	4	
ADVOCATE LANCETS	4	
ADVOCATE LANCETS 30G	4	
ADVOCATE LANCING DEVICE	4	
ADVOCATE RAPID-SAFE LANCING	4	
ADVOCATE SAFETY LANCETS	4	
ADVOCATE SAFETY LANCETS 26G	4	
AGAMATRIX ULTRA-THIN LANCETS	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
AIMSCO TWIST LANCETS 32G	4	
AIMSCO TWIST LANCETS 33G	4	
ALTERNATE SITE LANCING DEVICE	4	
AQUA LANCE ADJUSTABLE LANCING	4	
AQUALANCE LANCETS 30G	4	
ASSURE COMFORT LANCETS 28G	4	
ASSURE HAEMOLANCE PLUS HIGH	4	
ASSURE HAEMOLANCE PLUS LOW	4	
ASSURE HAEMOLANCE PLUS MICRO	4	
ASSURE HAEMOLANCE PLUS NORMAL	4	
ASSURE HAEMOLANCE PLUS PED	4	
ASSURE LANCE LANCETS	4	
ASSURE LANCE LANCETS 21G	4	
ASSURE LANCE PLUS SAFETY 25G	4	
ASSURE LANCE PLUS SAFETY 30G	4	
ASSURE LANCE SAFETY LANCET 28G	4	
ASSURE LANCETS	4	
AURORA LANCET SUPER THIN 30G	4	
AURORA LANCET THIN 23G	4	
AUTO-LANCET	4	
AUTO-LANCET MINI	4	
AUTOLET LANCING DEVICE	4	
AUTOLET LITE CLINISAFE	4	
AUTOLET MINI	4	
AUTOLET PLATFORMS	4	
AUTOLET PLUS	4	
BD LANCET ULTRAFINE 30G	4	
BD LANCET ULTRAFINE 33G	4	
BD MICROTAINER LANCETS	4	
BULLSEYE MINI SAFETY LANCETS	4	
BULLSEYE SAFETY LANCETS	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CARDIOCOM LANCING DEVICE	4	
CAREONE ADVANCED LANCING DEV	4	
CAREONE LANCET SUPER THIN 30G	4	
CAREONE LANCET THIN 23G	4	
CARESENS LANCETS	4	
CARESENS LANCETS 30G	4	
CARETOUCH LANCING/EJECTOR	4	
CARETOUCH SAFETY LANCETS	4	
CARETOUCH SAFETY LANCETS 26G	4	
CARETOUCH TWIST LANCETS 28G	4	
CARETOUCH TWIST LANCETS 30G	4	
CARETOUCH TWIST LANCETS 33G	4	
CARETOUCH TWIST MC LANCETS 30G	4	
CHOSEN LANCETS 30G	4	
CHOSEN LANCING DEVICE	4	
CHOSEN SAFETY LANCETS 28G	4	
CLEANLET LANCETS 28G	4	
CLEVER CHEK LANCETS	4	
CLEVER CHOICE COMFORT EZ MISC	4	
CLEVER CHOICE LANCETS 21G	4	
CLEVER CHOICE LANCETS 23G	4	
CLEVER CHOICE LANCETS 28G	4	
COAGUCHEK LANCETS	4	
COMFORT ASSURED LANCETS 28G	4	
COMFORT ASSURED LANCETS 33G	4	
COMFORT LANCETS	4	
COMFORT TOUCH LANCETS 31G	4	
COMFORT TOUCH PLUS LANCETS 28G	4	
COMFORT TOUCH PLUS LANCETS 30G	4	
COMFORT TOUCH TWIST LANCET 30G	4	
CVS LANCETS 21G	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS MICRO THIN 33G	4	
CVS LANCETS ORIGINAL	4	
CVS LANCETS THIN 26G	4	
CVS LANCETS ULTRA THIN 30G	4	
CVS LANCETS ULTRA-THIN 30G	4	
CVS LANCING DEVICE	4	
CVS ULTRA THIN LANCETS	4	
DEXCOM G6 RECEIVER	4	QL (1 ea per 730 days)
DEXCOM G6 SENSOR	4	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	4	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 RECEIVER	4	QL (1 ea per 730 days)
DEXCOM G7 SENSOR	4	QL (0.1 ea per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30	4	
DIATHRIVE LANCETS	4	
DIATHRIVE LANCING DEVICE	4	
DROPLET GENTEEL LANCING DEVICE	4	
DROPLET LANCETS ULTRA THIN 30G	4	
DROPLET LANCING DEVICE	4	
DROPLET PERSONAL LANCETS 30G	4	
DRUG MART LANCETS THIN 26G	4	
DRUG MART LANCING DEVICE	4	
DRUG MART ON-THE-GO LANCET 30G	4	
DRUG MART UNILET LANCETS 28G	4	
DRUG MART UNILET LANCETS 30G	4	
DRUG MART UNILET LANCETS 33G	4	
E-Z JECT LANCET MICRO-THIN 33G	4	
E-Z JECT LANCET SUPER THIN 30G	4	
E-Z JECT LANCETS	4	
E-Z JECT LANCETS 21G	4	
E-Z JECT LANCETS THIN 26G	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT LANCETS	4	
EASY COMFORT LANCETS TWIST TOP	4	
EASY MINI EJECT LANCING DEVICE	4	
EASY MINI LANCING DEVICE	4	
EASY TOUCH LANCETS 21G	4	
EASY TOUCH LANCETS 23G	4	
EASY TOUCH LANCETS 26G	4	
EASY TOUCH LANCETS 28G	4	
EASY TOUCH LANCETS 28G/TWIST	4	
EASY TOUCH LANCETS 30G	4	
EASY TOUCH LANCETS 30G/TWIST	4	
EASY TOUCH LANCETS 32G	4	
EASY TOUCH LANCETS 32G/TWIST	4	
EASY TOUCH LANCETS 33G/TWIST	4	
EASY TOUCH LANCING DEVICE	4	
EASY TOUCH SAFETY LANCETS 21G	4	
EASY TOUCH SAFETY LANCETS 23G	4	
EASY TOUCH SAFETY LANCETS 26G	4	
EASY TOUCH SAFETY LANCETS 28G	4	
EASY TWIST & CAP LANCETS	4	
EMBRACE LANCETS ULTRA THIN 30G	4	
EMBRACE LANCING DEVICE/EJECTOR	4	
EMBRACE PRESSURE ACTIVATED 21G	4	
EMBRACE PRESSURE ACTIVATED 28G	4	
EQL COLOR LANCETS 21G	4	
EQL COLOR LANCETS MICRO 33G	4	
EQL SUPER THIN LANCETS 30G	4	
EQL THIN LANCETS 26G	4	
EZ-LETS LANCETS 21G	4	
EZ-LETS LANCETS 26G	4	
EZ-LETS LANCETS 28G	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
EZ-LETS LANCETS 30G	4	
FIFTY50 SAFETY SEAL LANCETS	4	
FIFTY50 UNILET LANCETS 33G	4	
FINE 30	4	
FINGERSTIX LANCETS	4	
FORA LANCETS	4	
FORA LANCING DEVICE	4	
FREDS PHARMACY AUTOLET LANCING	4	
FREDS PHARMACY UNILET LANC 28G	4	
FREDS PHARMACY UNILET LANC 30G	4	
FREESTYLE LANCETS	4	
FREESTYLE LIBRE 14 DAY READER	4	QL (1 ea per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 PLUS SENSOR	4	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	4	QL (1 ea per 730 days)
FREESTYLE LIBRE 2 SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 PLUS SENSOR	4	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 3 READER	4	QL (1 ea per 730 day(s))
FREESTYLE LIBRE 3 SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	4	QL (1 ea per 730 days)
FREESTYLE LIBRE SENSOR SYSTEM	4	QL (0.072 ea per 1 day(s))
FREESTYLE UNISTICK II LANCETS	4	
GENTEEL BUTTERFLY TOUCH LANCET	4	
GENTEEL LANCING KIT (BLUE)	4	
GENTEEL PLUS LANCING (BLACK)	4	
GENTEEL PLUS LANCING (PURPLE)	4	
GENTEEL PLUS LANCING (WHITE)	4	
GENTEEL PLUS LANCING DEV(BLUE)	4	
GENTEEL PLUS LANCING DEV(PINK)	4	
GENTLE-LET GP LANCETS	4	
GENTLE-LET LANCETS	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE LANCETS 28G	4	
GLOBAL INJECT EASE LANCETS 30G	4	
GLOBAL LANCING DEVICE	4	
GLUCOCOM LANCETS 28G	4	
GLUCOCOM LANCETS 30G	4	
GLUCOCOM LANCETS 33G	4	
GNP LANCETS 21G	4	
GNP LANCETS THIN	4	
GNP LANCETS THIN 26G	4	
GNP LANCING SYSTEM DEVICE	4	
GNP STERILE LANCETS 28G	4	
GNP STERILE LANCETS 30G	4	
GNP STERILE LANCETS 33G	4	
GOJJI LANCING DEVICE/CLEAR CAP	4	
GOJJI STERILE LANCETS	4	
GOODSENSE COLOR LANCETS 33G	4	
GOODSENSE LANCETS 26G UNIV	4	
GOODSENSE LANCETS 30G	4	
GOODSENSE LANCETS 30G UNIV	4	
GOODSENSE LANCETS 33G	4	
GOODSENSE LANCETS 33G UNIV	4	
GOODSENSE LANCING DEVICE	4	
H-E-B INCONTROL ADV LANCING	4	
H-E-B INCONTROL LANCETS 28G	4	
H-E-B INCONTROL LANCETS 30G	4	
H-E-B INCONTROL LANCETS 33G	4	
HAEMOLANCE	4	
HAEMOLANCE LOW FLOW LANCETS	4	
HAEMOLANCE PLUS	4	
HAEMOLANCE PLUS HIGH FLOW	4	
HAEMOLANCE PLUS LOW FLOW	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE PLUS MAX FLOW	4	
HAEMOLANCE PLUS PEDIATRIC FLOW	4	
HEALTH CARE LANCING DEVICE	4	
HEALTHY ACCENTS LANCING DEVICE	4	
HEALTHY ACCENTS UNILET LANCETS	4	
HY-VEE LANCETS	4	
HY-VEE THIN LANCETS	4	
HYPOLANCE AST LANCING	4	
IHEALTH LANCING DEVICE	4	
IN TOUCH LANCING DEVICE	4	
IN TOUCH STERILE LANCETS 30G	4	
KINNEY LANCETS	4	
KINNEY THIN LANCETS	4	
KROGER AUTOLET LANCING DEVICE	4	
KROGER HEALTHPRO LANCET 26G	4	
KROGER LANCETS	4	
KROGER LANCETS 21G	4	
KROGER LANCETS MICRO THIN 33G	4	
KROGER LANCETS SUPER THIN	4	
KROGER LANCETS THIN	4	
KROGER LANCETS THIN 26G	4	
KROGER LANCETS ULTRATHIN 30G	4	
KROGER LANCING DEVICE	4	
LANCET DEVICE	4	
LANCET DEVICE WITH EJECTOR	4	
LANCET TRANSPORTER CASE	4	
LANCETS	4	
LANCETS 28G	4	
LANCETS 30G	4	
LANCETS 33G	4	
LANCETS MICRO THIN 33G	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
LANCETS SUPER THIN	4	
LANCETS SUPER THIN 28G	4	
LANCETS THIN	4	
LANCETS ULTRA FINE	4	
LANCETS ULTRA THIN	4	
LANCETS ULTRA THIN 30G	4	
LANCING DEVICE	4	
LANZO	4	
LEADER ADVANCED LANCING DEVICE	4	
LIBERTY MEDICAL LANCETS	4	
LIBERTY MINI LANCING DEVICE	4	
LIFESCAN UNISTIK 2	4	
LIFESCAN UNISTIK II LANCETS	4	
LITE TOUCH LANCETS	4	
LITE TOUCH LANCING PEN	4	
LITETOUCH LANCETS	4	
LIVE BETTER ADV LANCING DEVICE	4	
LIVE BETTER LANCET SUPER THIN	4	
LIVE BETTER LANCET ULTRA THIN	4	
LONGS LANCETS STANDARD	4	
LONGS LANCETS THIN	4	
LONGS LANCETS ULTRA THIN	4	
MEDICHOICE SAFETY LANCET	4	
MEDICHOICE SAFETY LANCET EXTRA	4	
MEDICHOICE SAFETY LANCET NORM	4	
MEDISENSE THIN LANCETS	4	
MEDLANCE EXTRA 21G	4	
MEDLANCE LITE 25G	4	
MEDLANCE PLUS EXTRA 21G	4	
MEDLANCE PLUS LANCETS	4	
MEDLANCE PLUS LITE 25G	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLUS SPECIAL 0.8MM	4	
MEDLANCE PLUS SUPERLITE 30G	4	
MEDLANCE PLUS UNIVERSAL 21G	4	
MEDLANCE UNIVERSAL 21G	4	
MEIJER LANCETS	4	
MEIJER LANCETS THIN	4	
MEIJER LANCETS UNIVERSAL 21G	4	
MEIJER LANCETS UNIVERSAL 30G	4	
MEIJER LANCETS UNIVERSAL 33G	4	
MEIJER SUPER THIN LANCETS	4	
MICROLET LANCETS	4	
MICROLET NEXT LANCING DEVICE	4	
MINI LANCING DEVICE	4	
MM LANCING DEVICE	4	
MM TWIST LANCETS	4	
MONOLET LANCETS	4	
MONOLET OPD LANCETS	4	
MONOLETTOR SAFETY LANCETS	4	
MPD SAFETY LANCET 21G	4	
MPD SAFETY LANCET 23G	4	
MPD SAFETY LANCET 28G	4	
MPD SAFETY LANCET 30G	4	
MULTI-LANCET DEVICE	4	
MULTI-LANCET DEVICE 2	4	
MYGLUCOHEALTH LANCETS 30G	4	
NOVA SAFETY LANCETS 23G	4	
NOVA SAFETY LANCETS 28G	4	
NOVA SUREFLEX LANCETS	4	
NOVA SUREFLEX LANCING DEVICE	4	
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	
OMNIPOD 5 G6 INTRO (GEN 5)	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 PODS (GEN 5)	4	
OMNIPOD 5 G7 INTRO (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	
OMNIPOD 5 LIBRE2 PLUS G6	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	
OMNIPOD 5 PACK	4	
OMNIPOD CLASSIC PDM (GEN 3)	4	
OMNIPOD DASH INTRO (GEN 4)	4	
OMNIPOD DASH PDM (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
ONETOUCH CLUB LANCETS FINE PT	4	
ONETOUCH DELICA LANCETS 30G	4	
ONETOUCH DELICA LANCETS 33G	4	
ONETOUCH DELICA LANCING DEV	4	
ONETOUCH DELICA PLUS LANCET30G	4	
ONETOUCH DELICA PLUS LANCET33G	4	
ONETOUCH DELICA PLUS LANCING	4	
ONETOUCH DELICA SAFETY LANCING	4	
ONETOUCH FINEPOINT LANCETS	4	
ONETOUCH SURESOFT LANCING DEV	4	
ONETOUCH ULTRA 2	1	QL (1 meter per 2 years)
ONETOUCH ULTRA MINI	1	QL (1 meter per 2 years)
ONETOUCH ULTRASOFT 2 LANCETS	4	
ONETOUCH ULTRASOFT LANCETS	4	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	1	QL (1 meter per 2 years)
ONETOUCH VERIO REFLECT	1	QL (1 meter per 2 years)
ONETOUCH VERIO W/DEVICE KIT	1	QL (1 meter per 2 years)
PC LANCETS SUPER THIN 30G	4	
PERFECT LANCETS 28G	4	
PERFECT LANCETS 30G	4	
PERFECT POINT SAFETY LANCETS	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE LANCETS	4	
PHARMACY COUNTER LANCETS	4	
PIP LANCETS 28G	4	
PIP LANCETS 30G	4	
PRECISION THINS GP LANCETS	4	
PREFERRED PLUS LANCETS COLORED	4	
PREFERRED PLUS LANCETS THIN	4	
PRESSURE ACTIVAT SAFETY LANCET	4	
PRO COMFORT LANCETS 30G	4	
PRO COMFORT LANCETS 31G	4	
PRO COMFORT SAFETY LANCETS 30G	4	
PRODIGY LANCETS 28G	4	
PRODIGY LANCING DEVICE	4	
PRODIGY SAFETY LANCETS 26G	4	
PRODIGY TWIST TOP LANCETS 28G	4	
PSS SELECT GP LANCETS	4	
PSS SELECT SAFETY LANCETS	4	
PURE COMFORT LANCETS 30G	4	
PUSH BUTTON SAFETY LANCETS	4	
PUSH BUTTON SAFETY LANCETS 28G	4	
PX ADVANCED LANCING DEVICE	4	
PX LANCET AUTO INJECTOR	4	
PX LANCETS MICROTHIN 33G	4	
PX LANCETS ULTRA THIN	4	
PX LANCETS ULTRA THIN 28G	4	
QC ADVANCED LANCING DEVICE	4	
QC LANCETS SUPER THIN 30G	4	
QC LANCETS ULTRA THIN	4	
QC UNILET LANCETS 28G	4	
QC UNILET LANCETS MICRO THIN	4	
RA E-ZJECT LANCETS 28G	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
RA E-ZJECT LANCETS THIN 26G	4	
RA E-ZJECT LANCETS THIN 28G	4	
RA E-ZJECT LANCETS ULTRA THIN	4	
READYLANCE SAFETY LANCETS	4	
REALITY LANCETS	4	
REALITY TRIGGER LANCETS	4	
RELION LANCET DEVICES 30G	4	
RELION LANCETS	4	
RELION LANCETS MICRO-THIN 33G	4	
RELION LANCETS THIN 26G	4	
RELION LANCETS ULTRA-THIN 30G	4	
RELION LANCING DEVICE	4	
RELION ULTRA THIN LANCETS 30G	4	
RELION ULTRA THIN PLUS LANCETS	4	
REXALL LANCETS ULTRA THIN 30G	4	
RIGHTEST GD500 LANCING DEVICE	4	
RIGHTEST GL300 LANCETS	4	
SAFE-T-LANCE	4	
SAFE-T-LANCE PLUS	4	
SAFETY LANCET 21G/PRESSURE ACT	4	
SAFETY LANCET 23G/PRESSURE ACT	4	
SAFETY LANCET 28G/PRESSURE ACT	4	
SAFETY LANCET 30G/PRESSURE ACT	4	
SAFETY LANCETS	4	
SAFETY LANCETS 21G	4	
SAFETY LANCETS 23G	4	
SAFETY LANCETS 28G	4	
SAFETY LET LANCETS	4	
SAFETY SEAL LANCETS	4	
SAPS HEALTH PLUS LANCETS	4	
SAPS HEALTH TWIST TOP LANCETS	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SAPS TWIST TOP LANCETS	4	
SAPSCARE TWIST TOP LANCETS	4	
SB LANCETS THIN	4	
SB LANCETS ULTRA THIN	4	
SELECT-LITE DEVICE/LANCETS	4	
SELECT-LITE LANCING DEVICE	4	
SHOPKO AUTOLET LANCING DEVICE	4	
SHOPKO ON-THE-GO LANCETS 30G	4	
SHOPKO UNILET LANCETS 28G	4	
SHOPKO UNILET LANCETS 30G	4	
SIDE BUTTON SAFETY LANCET	4	
SIMPLE DIAGNOSTICS LANCING DEV	4	
SINGLE-LET	4	
SM LANCETS 33G	4	
SM TRUEDRAW LANCING DEVICE	4	
SMART DIABETES VANTAGE LANCING	4	
SMART SENSE COLOR LANCETS 33G	4	
SMART SENSE STANDARD LANCETS	4	
SMART SENSE SUPER THIN LANCETS	4	
SMART SENSE THIN LANCETS 26G	4	
SMARTEST LANCETS 28G	4	
SOLUS V2 LANCETS 28G	4	
SOLUS V2 LANCING DEVICE	4	
SOLUS V2 TWIST LANCETS 30G	4	
STERILANCE PA	4	
STERILANCE TL	4	
SUPER THIN LANCETS	4	
SURE COMFORT LANCETS 18G	4	
SURE COMFORT LANCETS 21G	4	
SURE COMFORT LANCETS 23G	4	
SURE COMFORT LANCETS 28G	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT LANCETS 30G	4	
SURE COMFORT LANCING PEN	4	
SURE-LANCE FLAT LANCETS	4	
SURE-LANCE LANCETS 26G	4	
SURE-LANCE THIN LANCETS 28G	4	
SURE-LANCE ULTRA THIN LANCETS	4	
SURE-PEN	4	
SURE-TOUCH LANCETS UNIVERSAL	4	
SURELITE LANCETS	4	
TECHLITE AST LANCETS	4	
TECHLITE LANCETS	4	
TECHLITE LANCETS 26G	4	
TECHLITE LANCETS 30G	4	
TGT LANCET MICRO THIN 33G	4	
TGT LANCET THIN 26G	4	
TGT LANCET ULTRA THIN 30G	4	
TGT LANCING DEVICE	4	
THINLETS GP LANCETS	4	
TODAYS HEALTH LANCING DEVICE	4	
TODAYS HEALTH THIN LANCETS 28G	4	
TODAYS HEALTH THIN LANCETS 30G	4	
TOPCARE LANCETS MICRO-THIN 33G	4	
TRAVEL LANCETS	4	
TRAVEL LANCETS ADVANCED 28G	4	
TRUE COMFORT SAFETY LANCETS	4	
TRUE COMFORT TWIST TOP LANCETS	4	
TRUEDRAW LANCING DEVICE	4	
TRUEPLUS LANCETS 26G	4	
TRUEPLUS LANCETS 28G	4	
TRUEPLUS LANCETS 30G	4	
TRUEPLUS LANCETS 33G	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS SAFETY LANCETS 28G	4	
TWIST TOP LANCETS 30G	4	
ULTI-LANCE AUTOMATIC	4	
ULTILET CLASSIC LANCETS	4	
ULTILET LANCETS	4	
ULTILET SAFETY LANCETS	4	
ULTILET SAFETY LANCETS 23G	4	
ULTRA THIN LANCETS 31G	4	
ULTRA-CARE LANCETS 30G	4	
ULTRA-THIN II AUTO LANCET	4	
ULTRA-THIN II LANCETS	4	
ULTRALANCE	4	
UNILET COMFORTOUCH LANCET	4	
UNILET EXCELITE	4	
UNILET EXCELITE II	4	
UNILET G.P. LANCET	4	
UNILET G.P. SUPERLITE LANCET	4	
UNILET GP 28 ULTRA THIN	4	
UNILET LANCET	4	
UNILET MICRO-THIN 33G	4	
UNILET SUPER-THIN 30G	4	
UNILET SUPERLITE LANCET	4	
UNILET ULTRA-THIN 28G	4	
UNISTIK 1	4	
UNISTIK 2	4	
UNISTIK 2 COMFORT	4	
UNISTIK 2 EXTRA	4	
UNISTIK 2 NEONATAL	4	
UNISTIK 2 NORMAL	4	
UNISTIK 2 SUPER	4	
UNISTIK 3	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 3 COMFORT	4	
UNISTIK 3 EXTRA	4	
UNISTIK 3 GENTLE	4	
UNISTIK 3 NEONATAL	4	
UNISTIK 3 NORMAL	4	
UNISTIK CZT COMFORT	4	
UNISTIK CZT NORMAL	4	
UNISTIK NORMAL	4	
UNISTIK PRO SAFETY LANCET	4	
UNISTIK SAFETY LANCETS 28G	4	
UNISTIK SAFETY LANCETS 30G	4	
UNISTIK TOUCH SAFETY LANC 21G	4	
UNISTIK TOUCH SAFETY LANC 23G	4	
UNISTIK TOUCH SAFETY LANC 28G	4	
UNISTIK TOUCH SAFETY LANC 30G	4	
UNIVERSAL 1 LANCETS THIN 26G	4	
UNIVERSAL 1 LANCETS THIN 33G	4	
UNIVERSAL 1 LANCETS ULTRA THIN	4	
V-GO 20	4	QL (1 ea per 1 days)
V-GO 30	4	QL (1 ea per 1 days)
V-GO 40	4	QL (1 ea per 1 days)
VALUE PLUS LANCET STANDARD 21G	4	
VALUE PLUS LANCETS SUPER THIN	4	
VALUE PLUS LANCETS THIN 26G	4	
VALUE PLUS LANCING DEVICE	4	
VALUMARK LANCET SUPER THIN 30G	4	
VALUMARK LANCET ULTRA THIN 28G	4	
VERIFINE SAFE LANCET MINI 21G	4	
VERIFINE SAFE LANCET MINI 23G	4	
VERIFINE SAFE LANCET MINI 28G	4	
VERIFINE SAFE LANCET MINI 30G	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VERIFINE UNIVERSAL LANCETS 28G	4	
VERIFINE UNIVERSAL LANCETS 30G	4	
VERIFINE UNIVERSAL LANCETS 33G	4	
VIDA MIA AUTOLET LANCING DEV	4	
VIDA MIA UNILET LANCETS 28G	4	
VIDA MIA UNILET LANCETS 30G	4	
VIVAGUARD LANCETS	4	
VIVAGUARD LANCETS 30G	4	
VIVAGUARD LANCING DEVICE	4	
VIVAGUARD SAFETY LANCETS 28G	4	
WALGREENS ADV TRAVEL LANCETS	4	
WALGREENS LANCETS	4	
WALGREENS LANCETS MICRO THIN	4	
WALGREENS LANCETS SUPER THIN	4	
WALGREENS THIN LANCETS	4	
WALGREENS ULTRA THIN LANCETS	4	
ZEVRX TWIST TOP LANCETS 30G	4	
MISC. DEVICES		
ADVOCATE ALCOHOL PREP PADS	4	
ALCOH-GLOVE CONTOURED WIPE	4	
ALCOH-WIPE	4	
ALCOHOL PADS	4	
ALCOHOL PREP	4	
ALCOHOL PREP PADS	4	
ALCOHOL PREPS	4	
ALCOHOL SWABS	4	
ALCOHOL SWABSTICK	4	
APLICARE ALCOHOL SWABSTICK	4	
AUM ALCOHOL PREP PADS	4	
BD SWAB SINGLE USE REGULAR	4	
BD SWABS SINGLE USE BUTTERFLY	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH ALCOHOL PREP	4	
COMFORT TOUCH ALCOHOL PREP	4	
CURITY ALCOHOL PREPS	4	
CVS ALCOHOL PREP PADS	4	
CVS PREP	4	
DROPSAFE ALCOHOL PREP	4	
EASY COMFORT ALCOHOL PADS	4	
EASY TOUCH ALCOHOL PREP MEDIUM	4	
EQL ALCOHOL SWABS	4	
ESSENTRA WIPES 9X9"	4	
FIFTY50 ALCOHOL PREP	4	
GLOBAL ALCOHOL PREP EASE	4	
GNP ALCOHOL SWABS	4	
H-E-B INCONTROL ALCOHOL	4	
HM STERILE ALCOHOL PREP	4	
MEIJER ALCOHOL SWABS	4	
PHARMACIST CHOICE ALCOHOL	4	
PRO COMFORT ALCOHOL	4	
PURE COMFORT ALCOHOL PREP	4	
QC ALCOHOL SWABS	4	
RA ALCOHOL SWABS	4	
REALITY SWABS	4	
RELION ALCOHOL SWABS	4	
SAPS CARE ALCOHOL PREP	4	
SAPS HEALTH ALCOHOL PREP	4	
SAPS HEALTH CARE ALCOHOL PREP	4	
SB ALCOHOL PREP	4	
SM ALCOHOL PREP (70 % PAD, PAD)	4	
SURE COMFORT ALCOHOL PREP	4	
SURE-PREP ALCOHOL PREP	4	
TRUE COMFORT ALCOHOL PREP PADS	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO ALCOHOL PREP	4	
ULTICARE ALCOHOL SWABS	4	
ULTILET ALCOHOL SWABS	4	
ULTRA-CARE ALCOHOL PREP PADS	4	
WEBCOL ALCOHOL PREP LARGE	4	
WEBCOL ALCOHOL PREP MEDIUM	4	
ZEVXR STERILE ALCOHOL PREP PAD	4	
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO OCULAR IMPLANT	6	PA, QL (2 ea per lifetime), SP
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS	4	
1ST TIER UNIFINE PENTIPS PLUS	4	
ABOUTTIME PEN NEEDLE	4	
ADVOCATE INSULIN PEN NEEDLE	4	
ADVOCATE INSULIN PEN NEEDLES	4	
ADVOCATE INSULIN SYRINGE	4	
AQ INSULIN SYRINGE	4	
AQINJECT PEN NEEDLE	4	
ASSURE ID DUO PRO PEN NEEDLES	4	
ASSURE ID INSULIN SAFETY SYR	4	
ASSURE ID PRO PEN NEEDLES	4	
ASSURE ID SAFETY PEN NEEDLES	4	
AUM INSULIN SAFETY PEN NEEDLE	4	
AUM MINI INSULIN PEN NEEDLE	4	
AUM PEN NEEDLE	4	
AUM READYGARD DUO PEN NEEDLE	4	
AUM SAFETY PEN NEEDLE	4	
AURORA PEN NEEDLES	4	
AURORA UNIFINE PENTIPS	4	
BD AUTOSHIELD	4	
BD AUTOSHIELD DUO	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYR ULTRAFINE II	4	
BD INSULIN SYRINGE	4	
BD INSULIN SYRINGE HALF-UNIT	4	
BD INSULIN SYRINGE MICROFINE	4	
BD INSULIN SYRINGE U-500	4	
BD INSULIN SYRINGE U/F	4	
BD INSULIN SYRINGE U/F 1/2UNIT	4	
BD INSULIN SYRINGE ULTRAFINE	4	
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	4	
BD PEN NEEDLE MICRO U/F	4	
BD PEN NEEDLE MINI U/F	4	
BD PEN NEEDLE NANO 2ND GEN	4	
BD PEN NEEDLE NANO U/F	4	
BD PEN NEEDLE ORIGINAL U/F	4	
BD PEN NEEDLE SHORT U/F	4	
BD SAFETY-LOK INSULIN SYRINGE	4	
BD SAFETYGLIDE INSULIN SYRINGE	4	
BD VEO INSULIN SYR U/F 1/2UNIT	4	
BD VEO INSULIN SYRINGE U/F	4	
CAREFINE PEN NEEDLES	4	
CAREONE INSULIN SYRINGE	4	
CAREONE UNIFINE PENTIPS	4	
CAREONE UNIFINE PENTIPS PLUS	4	
CARETOUCH INSULIN SYRINGE	4	
CARETOUCH PEN NEEDLES	4	
CEQR SIMPLICITY 2U	4	QL (10 ea per 30 days), AL (21 to 999 yrs old)
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	4	
CLICKFINE PEN NEEDLES	4	
COMFORT ASSIST INSULIN SYRINGE	4	
COMFORT EZ INSULIN SYRINGE	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ MICRO PEN NEEDLES	4	
COMFORT EZ PEN NEEDLES	4	
COMFORT EZ PRO PEN NEEDLES	4	
COMFORT EZ SHORT PEN NEEDLES	4	
COMFORT TOUCH INSULIN PEN NEED	4	
DIATHRIVE PEN NEEDLE	4	
DROPLET INSULIN SYRINGE	4	
DROPLET MICRON	4	
DROPLET PEN NEEDLES	4	
DROPSAFE SAFETY PEN NEEDLES	4	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 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)	4	
DRUG MART UNIFINE PENTIPS	4	
DRUG MART UNIFINE PENTIPS PLUS	4	
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 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)	4	
EASY COMFORT PEN NEEDLES	4	
EASY GLIDE PEN NEEDLES	4	
EASY TOUCH FLIPLOCK INSULIN SY	4	
EASY TOUCH INSULIN SAFETY SYR	4	
EASY TOUCH INSULIN SYRINGE	4	
EASY TOUCH PEN NEEDLES	4	
EASY TOUCH SAFETY PEN NEEDLES	4	
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)	4	
EMBRACE PEN NEEDLES	4	
EQL INSULIN SYRINGE	4	
EXEL COMFORT POINT INSULIN SYR	4	
EXEL COMFORT POINT PEN NEEDLE	4	
FIFTY50 PEN NEEDLES	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
FIFTY50 SUPERIOR COMFORT SYR	4	
FREDS PHARMACY UNIFINE PENTIP+	4	
FREDS PHARMACY UNIFINE PENTIPS	4	
FREESTYLE PRECISION INS SYR	4	
GLOBAL EASE INJECT PEN NEEDLES	4	
GLOBAL EASY GLIDE INSULIN SYR	4	
GLOBAL EASY GLIDE PEN NEEDLES	4	
GLOBAL INJECT EASE INSULIN SYR	4	
GLOBAL INSULIN SYRINGES	4	
GLUCOPRO INSULIN SYRINGE	4	
GNP CLICKFINE PEN NEEDLES	4	
GNP INSULIN SYRINGE	4	
GNP INSULIN SYRINGES	4	
GNP INSULIN SYRINGES 28GX1/2"	4	
GNP INSULIN SYRINGES 29GX1/2"	4	
GNP INSULIN SYRINGES 30GX5/16"	4	
GNP INSULIN SYRINGES 31GX5/16"	4	
GNP ULTICARE PEN NEEDLES	4	
GNP ULTIGUARD SAFEPACK NEEDLE	4	
GNP ULTRA COM INSULIN SYRINGE	4	
GOODSENSE CLICKFINE PEN NEEDLE	4	
GOODSENSE PEN NEEDLE PENFINE	4	
H-E-B INCONTROL PEN NEEDLES	4	
H-E-B INCONTROL UNIFINE PENTIP	4	
HEALTHWISE INSULIN SYR/NEEDLE	4	
HEALTHWISE MICRON PEN NEEDLES	4	
HEALTHWISE MINI PEN NEEDLES	4	
HEALTHWISE PEN NEEDLES	4	
HEALTHWISE SHORT PEN NEEDLES	4	
HEALTHWISE UNIFINE PENTIPS	4	
HEALTHY ACCENTS UNIFINE PENTIP	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HM ULTICARE INSULIN SYRINGE	4	
HM ULTICARE MINI PEN NEEDLES	4	
HM ULTICARE SHORT PEN NEEDLES	4	
INCONTROL ULTICARE PEN NEEDLES	4	
INSULIN SYRINGE	4	
INSULIN SYRINGE-NEEDLE U-100	4	
INSULIN SYRINGE/NEEDLE	4	
INSUPEN PEN NEEDLES	4	
INSUPEN SENSITIVE	4	
INSUPEN ULTRAFIN	4	
KINRAY INSULIN SYRINGE	4	
KMART VALU INSULIN SYRINGE 29G	4	
KMART VALU INSULIN SYRINGE 30G	4	
KROGER INSULIN SYRINGE	4	
KROGER PEN NEEDLES	4	
LEADER INSULIN SYRINGE	4	
LEADER UNIFINE PENTIPS	4	
LEADER UNIFINE PENTIPS PLUS	4	
LITETOUCH INSULIN SYRINGE	4	
LITETOUCH PEN NEEDLES	4	
LONGS INSULIN SYRINGE	4	
MAGELLAN INSULIN SAFETY SYR	4	
MARATHON MEDICAL PENTIPS	4	
MAXI-COMFORT INSULIN SYRINGE	4	
MAXI-COMFORT SAFETY PEN NEEDLE	4	
MAXICOMFORT II PEN NEEDLE	4	
MAXICOMFORT SYR 27G X 1/2"	4	
MEDIC INSULIN SYRINGE	4	
MEDICINE SHOPPE PEN NEEDLES	4	
MEIJER PEN NEEDLES	4	
MICRODOT PEN NEEDLE	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
MM INSULIN SYRINGE/NEEDLE	4	
MM PEN NEEDLES	4	
MONOJECT INSULIN SYRINGE	4	
MONOJECT ULTRA COMFORT SYRINGE	4	
MS INSULIN SYRINGE	4	
NOVOFINE AUTOCOVER PEN NEEDLE	4	
NOVOFINE PEN NEEDLE	4	
NOVOFINE PLUS PEN NEEDLE	4	
NOVOTWIST PEN NEEDLE	4	
PC UNIFINE PENTIPS	4	
PEN NEEDLE/5-BEVEL TIP	4	
PEN NEEDLES	4	
PEN NEEDLES 3/16"	4	
PEN NEEDLES 5/16"	4	
PENTIPS	4	
PENTIPS GENERIC PEN NEEDLES	4	
PIP PEN NEEDLES 31G X 5MM	4	
PIP PEN NEEDLES 32G X 4MM	4	
PRECISION SURE-DOSE SYRINGE	4	
PRECISION SUREDOSE PLUS SYR	4	
PREFERRED PLUS INSULIN SYRINGE	4	
PREFERRED PLUS UNIFINE PENTIPS	4	
PREVENT DROPSAFE PEN NEEDLES	4	
PREVENT SAFETY PEN NEEDLES	4	
PRO COMFORT INSULIN SYRINGE	4	
PRO COMFORT PEN NEEDLES	4	
PRODIGY INSULIN SYRINGE	4	
PURE COMFORT PEN NEEDLE	4	
PURE COMFORT SAFETY PEN NEEDLE	4	
PX EXTRA SHORT PEN NEEDLES	4	
PX INSULIN SYRINGE	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PX MINI PEN NEEDLES	4	
PX PEN NEEDLE	4	
PX SHORTLENGTH PEN NEEDLES	4	
QC PEN NEEDLES	4	
QC UNIFINE PENTIPS	4	
RA INSULIN SYRINGE	4	
RA PEN NEEDLES	4	
RAYA SURE PEN NEEDLE	4	
REALITY INSULIN SYRINGE	4	
RELION INSULIN SYRINGE	4	
RELION MINI PEN NEEDLES	4	
RELION PEN NEEDLES	4	
RELION SHORT PEN NEEDLES	4	
SAFETY INSULIN SYRINGES	4	
SAFETY PEN NEEDLES	4	
SB INSULIN SYRINGE	4	
SECURESAFE INSULIN SYRINGE	4	
SECURESAFE SAFETY PEN NEEDLES	4	
SHOPKO UNIFINE PENTIPS	4	
SHOPKO UNIFINE PENTIPS PLUS	4	
SURE COMFORT INSULIN SYRINGE	4	
SURE COMFORT PEN NEEDLES	4	
SURE-FINE PEN NEEDLES	4	
SURE-JECT INSULIN SYRINGE	4	
TECHLITE INSULIN SYRINGE	4	
TECHLITE PEN NEEDLES	4	
TECHLITE PLUS PEN NEEDLES	4	
TODAYS HEALTH MINI PEN NEEDLES	4	
TODAYS HEALTH PEN NEEDLES	4	
TODAYS HEALTH SHORT PEN NEEDLE	4	
TOPCARE CLICKFINE PEN NEEDLES	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INS SYR	4	
TRUE COMFORT INSULIN SYRINGE	4	
TRUE COMFORT PEN NEEDLES	4	
TRUE COMFORT PRO INSULIN SYR	4	
TRUE COMFORT PRO PEN NEEDLES	4	
TRUEPLUS 5-BEVEL PEN NEEDLES	4	
TRUEPLUS INSULIN SYRINGE	4	
TRUEPLUS PEN NEEDLES	4	
ULTICARE INSULIN SAFETY SYR	4	
ULTICARE INSULIN SYR 1/2 UNIT	4	
ULTICARE INSULIN SYRINGE	4	
ULTICARE MICRO PEN NEEDLES	4	
ULTICARE MINI PEN NEEDLES	4	
ULTICARE PEN NEEDLES	4	
ULTICARE SHORT PEN NEEDLES	4	
ULTIGUARD SAFEPAK PEN NEEDLE	4	
ULTIGUARD SAFEPAK SYR/NEEDLE	4	
ULTILET INSULIN SYRINGE	4	
ULTILET INSULIN SYRINGE SHORT	4	
ULTILET PEN NEEDLE	4	
ULTRA COMFORT INSULIN SYRINGE	4	
ULTRA FLO INSULIN PEN NEEDLES	4	
ULTRA FLO INSULIN SYR 1/2 UNIT	4	
ULTRA FLO INSULIN SYRINGE	4	
ULTRA THIN PEN NEEDLES	4	
ULTRA-THIN II INS SYR SHORT	4	
ULTRA-THIN II INSULIN SYRINGE	4	
ULTRA-THIN II MINI PEN NEEDLE	4	
ULTRA-THIN II PEN NEEDLE SHORT	4	
ULTRA-THIN II PEN NEEDLES	4	
ULTRACARE INSULIN SYRINGE	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES	4	
UNIFINE PEN NEEDLES	4	
UNIFINE PENTIPS	4	
UNIFINE PENTIPS PLUS	4	
UNIFINE PROTECT PEN NEEDLE	4	
UNIFINE SAFECONTROL PEN NEEDLE	4	
UNIFINE ULTRA PEN NEEDLE	4	
VALUE HEALTH INSULIN SYRINGE	4	
VALUMARK PEN NEEDLES	4	
VANISHPOINT INSULIN SYRINGE	4	
VERIFINE INSULIN PEN NEEDLE	4	
VERIFINE INSULIN SYRINGE	4	
VERIFINE PLUS PEN NEEDLE	4	
VIDA MIA UNIFINE PENTIPS	4	
VP INSULIN SYRINGE	4	
WEGMANS UNIFINE PENTIPS PLUS	4	
ZEVRX INSULIN SYRINGE	4	
ZEVRX PEN NEEDLES	4	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK LARGE	4	
OPTICHAMBER DIAMOND MISC	4	
OPTICHAMBER DIAMOND-LG MASK	4	
OPTICHAMBER DIAMOND-MD MASK	4	
OPTICHAMBER DIAMOND-SM MASK	4	
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	4	PA, QL (1 ml per 28 days)
AJOVY	6	PA, QL (1.5 ml per 28 days), PN (MIN 30 DAY SUPPLY; MAX 90 DAY SUPPLY)
EMGALITY	4	PA, QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	4	PA, QL (3 ml per 28 days)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
NURTEC	4	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	4	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	4	PA, QL (30 ea per 30 days)
UBRELVY	4	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	3	
MIGERGOT	3	
<i>sumatriptan-naproxen sodium</i>	3	PA, QL (16 ea per 28 days)
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate</i>	3	
SEROTONIN AGONISTS		
<i>almotriptan malate</i>	3	PA, QL (16 ea per 28 days)
<i>eletriptan hydrobromide</i>	3	PA, QL (16 ea per 28 days)
<i>frovatriptan succinate</i>	3	PA, QL (16 ea per 28 days)
<i>naratriptan hcl</i>	3	QL (16 ea per 28 days)
<i>rizatriptan benzoate</i>	3	QL (16 ea per 28 days)
<i>sumatriptan</i>	3	QL (16 ea per 28 days)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	3	QL (16 ea per 28 day(s))
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	3	QL (8 ml per 28 days)
<i>sumatriptan succinate refill</i>	3	QL (8 ml per 28 days)
ZOLMITRIPTAN (2.5 MG SOLUTION, 5 MG SOLUTION)	3	PA, QL (16 ea per 28 days)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	3	QL (16 ea per 28 days)
<i>zomig (2.5 mg tab, 5 mg tab)</i>	3	QL (16 ea per 28 days)
ZOMIG 2.5 MG SOLUTION	3	PA, QL (16 ea per 28 days)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	3	
FLUORABON	3	PN (\$0 Copay for 6 months through 16 years of age)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>fluritab</i>	3	
FLURA-DROPS	3	
<i>nafrinse</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
NAFRINSE DROPS	3	
SODIUM FLUORIDE (0.5 MG/ML SOLUTION, 1.1 (0.5 F) MG/ML SOLUTION)	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
PHOSPHATE		
K-PHOS	4	
<i>phospha 250 neutral</i>	3	
<i>phospho-trin 250 neutral</i>	3	
<i>phospho-trin k500</i>	4	
<i>phosphorous</i>	3	
<i>virt-phos 250 neutral</i>	3	
<i>wes-phos 250 neutral</i>	3	
POTASSIUM		
<i>effer-k 25 meq effer tab</i>	3	
<i>k-prime</i>	3	
<i>klor-con (8 tab er, 20 packet)</i>	3	
<i>klor-con 10</i>	3	
<i>klor-con m10</i>	3	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	3	
<i>klor-con sprinkle</i>	3	
<i>klor-con/ef</i>	3	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	3	
<i>potassium chloride crys er</i>	3	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	3	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine 250 mg cap</i>	3	PA, SP

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine 250 mg tab</i>	3	SP
<i>trientine hcl 250 mg cap</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENZYMES		
XIAFLEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMMUNOMODULATORS		
JOENJA	6	PA, LA, QL (12 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID 2.5 MG CAP	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID 20 MG CAP	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REZUROCK	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
THALOMID	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART HYTRULO	6	PA, QL (22.4 ml per 50 days), SP, PN (50 DAYS SUPPLY PER FILL)
IMMUNOSUPPRESSIVE AGENTS		
<i>azasan</i>	3	PA
<i>azathioprine (75 mg tab, 100 mg tab)</i>	3	PA
<i>azathioprine 50 mg tab</i>	3	
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	3	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	3	
ENSPRYNG	6	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ENVARUSUS XR	5	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)</i>	3	PA, QL (28 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus 1 mg tab</i>	3	PA
GAMIFANT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	3	
LUPKYNIS	6	PA, LA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	3	
<i>mycophenolate sodium</i>	3	
<i>mycophenolic acid</i>	3	
NULOJIX	6	PA, PN (34 DAYS SUPPLY PER FILL)
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	5	
SANDIMMUNE 100 MG/ML SOLUTION	5	PA
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	3	
<i>sirolimus 1 mg/ml solution</i>	3	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	3	
UPLIZNA	6	PA, QL (30 ml per 180 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYMPHATIC AGENTS		
SYLVANT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	6	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG PACKET	6	PA, QL (28 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG TAB THPK	6	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	3	
LOKELMA 10 GM PACKET	5	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	5	PA, QL (1 ea per 1 days)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	3	
<i>sps (sodium polystyrene sulf) (15 gm/60ml suspension, 30 gm/120ml suspension)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	5	PA, QL (1 ea per 1 days)
PROGERIA TREATMENT AGENTS		
ZOKINVY	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BENLYSTA 200 MG/ML SOLN A-INJ	6	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SAPHNELO	6	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UREMIC PRURITUS AGENTS		
KORSUVA	6	PA, PN (34 DAYS SUPPLY PER FILL)
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
FIRST-MOUTHWASH BLM	5	
LIDOCAINE HCL 4 % SOLUTION	3	
<i>lidocaine viscous hcl</i>	3	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	3	
<i>nystatin 100000 unit/ml suspension</i>	3	
ORAVIG	5	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	3	
<i>paroex</i>	3	
<i>periogard</i>	3	
DENTAL PRODUCTS		
<i>cavarest</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>denta 5000 plus</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
DENTA 5000 PLUS SENSITIVE	3	PN (\$0 Copay for 6 months through 16 years of age)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>dentagel</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
FLUORIDEX SENSITIVITY RELIEF	3	PN (\$0 Copay for 6 months through 16 years of age)
FLUORIMAX 5000 SENSITIVE	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>fraiche 5000 dental</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>just right 5000 1.1 % gel</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 5000 plus</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
SOD FLUORIDE-POTASSIUM NITRATE	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.2 % solution, 1.1 % cream, 1.1 % gel)</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 ENAMEL	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 plus</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE	3	PN (\$0 Copay for 6 months through 16 years of age)
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	3	
<i>oralone</i>	3	
<i>triamcinolone acetonide 0.1 % paste</i>	3	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	3	PA
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	3	
MULTIVITAMINS (CONTINUED)		
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>multi-vitamin/fluoride/iron</i>	3	
<i>multivitamin/fluoride/iron</i>	3	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	3	
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE	3	
MULTIVITAMIN + FLUORIDE	3	
<i>multivitamin select/fluoride</i>	3	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	3	
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	3	
TRI-VI-FLOR	3	
TRI-VI-FLORO	3	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	3	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	3	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
PRENATAL VITAMINS		
ATABEX EC	3	
ATABEX OB	3	
AZESCO	3	
C-NATE DHA	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL B-CALM	3	
CITRANATAL BLOOM	3	
CITRANATAL BLOOM DHA	3	
CITRANATAL DHA	3	
CITRANATAL HARMONY	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL RX	3	
COMPLETE NATAL DHA	3	
COMPLETENATE	3	
CONCEPT DHA	3	
CONCEPT OB	3	
DUET DHA 400	3	
DUET DHA BALANCED	3	
ELITE-OB	3	
ENBRACE HR	3	
FOLIVANE-OB	3	
INATAL GT	3	
KOSHER PRENATAL PLUS IRON	3	
M-NATAL PLUS	3	
MULTI-MAC	3	
NATACHEW	3	
NEEVO DHA	3	
NEONATAL COMPLETE 27-1 MG TAB	3	
NEONATAL PLUS	3	
NESTABS	3	
NESTABS DHA	3	
NESTABS ONE	3	
NIVA-PLUS	3	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OBSTETRIX EC (WITH DOCUSATE)	3	
OBSTETRIX ONE (WITH DOCUSATE)	3	
ONE VITE WOMENS PLUS	3	
PNV TABS 29-1	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PNV-DHA	3	
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PREMESISRX	3	
PRENA 1 TRUE	3	
PRENA1	3	
PRENA1 PEARL	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS	3	
PRENATABS FA	3	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS	3	
PRENATAL PLUS IRON	3	
PRENATAL PLUS VITAMIN/MINERAL	3	
PRENATAL VITAMIN PLUS LOW IRON	3	
PRENATAL-U	3	
PRENATE	3	
PRENATE AM	3	
PRENATE DHA	3	
PRENATE ELITE	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATRIX	3	
PRENATRYL	3	
PREPLUS	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PRETAB	3	
PRIMACARE	3	
PROVIDA OB	3	
RELNATE DHA	3	
SE-NATAL 19	3	
SELECT-OB	3	
SELECT-OB+DHA	3	
TARON-C DHA	3	
TARON-PREX	3	
THRIVITE RX	3	
TRI-TABS DHA	3	
TRICARE	3	
TRICARE PRENATAL DHA ONE	3	
TRINATAL RX 1	3	
TRINATE	3	
TRISTART DHA	3	
TRIVEEN-DUO DHA	3	
VINATE DHA RF	3	
VINATE II	3	
VINATE ONE	3	
VIRT-C DHA	3	
VIRT-NATE DHA	3	
VIRT-PN DHA	3	
VIRT-PN PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-NANO	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
VITATRUE	3	
VIVA DHA	3	
VOL-PLUS	3	
VOL-TAB RX	3	
VP-PNV-DHA	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
WESNATAL DHA COMPLETE	3	
WESNATE DHA	3	
WESTAB PLUS	3	
WESTGEL DHA	3	
ZALVIT	3	
ZATEAN-PN DHA	3	
ZATEAN-PN PLUS	3	
ZIPHEX	3	

MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)

CENTRAL MUSCLE RELAXANTS

<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	3	
BACLOFEN 5 MG/5ML SOLUTION	3	PA, QL (16 ml per 1 day(s))
<i>carisoprodol</i>	3	
<i>chlorzoxazone (250 mg tab, 375 mg tab, 500 mg tab)</i>	3	
<i>chlorzoxazone 750 mg tab</i>	3	PA
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	2	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	3	
<i>cyclobenzaprine hcl er</i>	3	PA
<i>lorzone</i>	5	PA
<i>metaxalone</i>	3	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate er</i>	3	
<i>tizanidine hcl</i>	3	
<i>vanadom</i>	3	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	3	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1.5 MG CAP, 10 MG CAP)	6	PA, LA, QL (2 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 1 MG CAP	6	PA, LA, QL (4 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 2.5 MG CAP	6	PA, LA, QL (3 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 5 MG CAP	6	PA, LA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL-ASPIRIN-CODEINE	3	
VISCOSUPPLEMENTS		
DUROLANE	6	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
EUFLEXXA	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GEL-ONE	6	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GENVISC 850	6	PA, QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLN PRSYR	6	PA, QL (20 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYMOVIS	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
MONOVISC	6	PA, QL (8 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
ORTHOVISC	6	PA, QL (16 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SODIUM HYALURONATE	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SUPARTZ FX	6	QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNOJOYNT	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC ONE	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRILURON	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRIVISC	6	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
VISCO-3	6	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENT COMBINATIONS		
<i>azelastine-fluticasone</i>	3	
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	3	
<i>olopatadine hcl 0.6 % solution</i>	3	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	3	
NASAL STEROIDS		
BECONASE AQ	5	PA
<i>flunisolide</i>	3	
<i>fluticasone propionate 50 mcg/act suspension</i>	3	
<i>mometasone furoate 50 mcg/act suspension</i>	3	
OMNARIS	5	PA
QNASL	5	PA
QNASL CHILDRENS	5	PA
ZETONNA	5	PA
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
<i>edaravone 30 mg/100ml solution</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
EXSERVAN	6	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
QALSODY	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
RADICAVA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	6	PA, QL (70 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	6	PA, QL (70 ml per 28 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
RELYVRIO	6	PA, QL (12 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>riluzole</i>	3	PN (34 DAYS SUPPLY PER FILL)
TEGLUTIK	6	PA, LA, QL (600 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TIGLUTIK	6	PA, LA, QL (600 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS	6	PA, LA, QL (90 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
EXONDYS 51	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VILTEPSO	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VYONDYS 53	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPORE	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI	6	PA, LA, QL (6.67 ml per 1 days), SP
SPINRAZA	6	PA, LA, SP, PN (MIN 120 DAY SUPPLY; MAX 120 DAY SUPPLY)
NUTRIENTS (CONTINUED)		
LIPIDS		
DOJOLVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PROTEINS		
<i>levocarnitine 250 mg cap</i>	3	
LEVOCARNITINE L-TARTRATE 250 MG CAP	3	
OPHTHALMIC AGENTS (CONTINUED)		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT	5	PA
BETA-BLOCKERS - OPTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	3	
BETIMOL (0.25 % SOLUTION, 0.5 % SOLUTION)	5	PA
BETOPTIC-S	4	
<i>brimonidine tartrate-timolol</i>	3	PA
CARTEOLOL HCL	3	
DORZOLAMIDE HCL-TIMOLOL MAL	3	
LEVOBUNOLOL HCL	3	
<i>timolol hemihydrate</i>	3	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>	3	
<i>timolol maleate (once-daily)</i>	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	3	
<i>cyclopentolate hcl</i>	3	
ISOPTO ATROPINE	3	
<i>tropicamide</i>	3	
MIOTICS		
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	3	
VUITY	5	PA, QL (2.5 ml per 25 day(s))
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	6	PA, QL (0.1 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
BEOVU 6 MG/0.05ML SOLUTION	6	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
BYOOVIZ	6	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
CIMERLI	6	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	6	PA, QL (0.1 ml per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	6	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)	6	PA, QL (0.1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	6	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT 1ST FILL)	6	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL)	6	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
VABYSMO 6 MG/0.05ML SOLN PRSYR	6	PA, QL (0.1 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
VABYSMO 6 MG/0.05ML SOLUTION	6	PA, QL (0.1 ml per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P 0.1 % SOLUTION	4	
<i>apraclonidine hcl</i>	3	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	3	
IOPIDINE	5	PA
SIMBRINZA	5	PA
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	3	
AZASITE	5	
BACITRACIN 500 UNIT/GM OINTMENT	3	
<i>bacitracin-polymyxin b</i>	3	
BESIVANCE	5	PA
CILOXAN 0.3 % OINTMENT	4	
<i>ciprofloxacin hcl 0.3 % solution</i>	3	
<i>erythromycin 5 mg/gm ointment</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
GENTAK	3	
<i>gentamicin sulfate 0.3 % solution</i>	3	
<i>levofloxacin 0.5 % solution</i>	3	
MOXIFLOXACIN HCL (2X DAY)	3	
<i>moxifloxacin hcl 0.5 % solution</i>	3	
NATACYN	4	
<i>neo-polycin</i>	3	
<i>neomycin-bacitracin zn-polymyx</i>	3	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	
<i>ofloxacin 0.3 % solution</i>	3	
<i>polycin</i>	3	
<i>polymyxin b-trimethoprim</i>	3	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	3	
<i>tobramycin 0.3 % solution</i>	3	
TOBREX 0.3 % OINTMENT	5	PA
TRIFLURIDINE	3	
XDEMY	6	PA, QL (10 ml per 42 days), SP, PN (42 DAYS SUPPLY PER FILL)
ZIRGAN	5	PA
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY	6	PA, QL (0.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SYFOVRE	6	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	3	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	5	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	6	PA, LA, QL (56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	6	SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC STEROIDS		
ALREX	5	PA
<i>bacitra-neomycin-polymyxin-hc</i>	3	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	5	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	3	
<i>difluprednate</i>	3	PA
FLAREX	4	
<i>fluorometholone</i>	3	
FML FORTE	4	
ILUVIEN	6	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
LOTEMAX 0.5 % OINTMENT	5	PA
<i>loteprednol etabonate (0.2 % suspension, 0.5 % gel)</i>	3	PA
MAXIDEX	4	
<i>neo-polycin hc</i>	3	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	3	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	3	
PRED MILD	5	PA
PRED-G	4	
<i>prednisolone acetate</i>	3	
PREDNISOLONE ACETATE P-F	3	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	
SULFACETAMIDE-PREDNISOLONE	3	
TOBRADEX 0.3-0.1 % OINTMENT	4	
<i>tobramycin-dexamethasone</i>	3	
XIPERE	6	LA, SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMICS - MISC.		
ALOCRIIL	5	PA
ALOMIDE	5	PA
<i>azelastine hcl 0.05 % solution</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>balanced salt</i>	3	
<i>bepotastine besilate</i>	3	PA
<i>brinzolamide</i>	3	
<i>bromfenac sodium (once-daily)</i>	3	
CROMOLYN SODIUM 4 % SOLUTION	3	
CYSTARAN	5	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 0.1 % solution</i>	3	
DORZOLAMIDE HCL	3	
<i>epinastine hcl</i>	3	
FLURBIPROFEN SODIUM	3	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	3	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	3	ST
DURYSTA	6	PA, QL (2 ea per lifetime), SP
LATANOPROST	3	
LUMIGAN	5	ST
<i>tafluprost (pf)</i>	3	PA
<i>travoprost (bak free)</i>	3	
VYZULTA	5	ST
XELPROS	4	ST
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	3	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl 0.2 % solution</i>	3	
OTIC COMBINATIONS		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	3	
CORTISPORIN-TC	5	PA

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc</i>	3	
OTIC STEROIDS		
<i>flac</i>	3	
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>hydrocortisone-acetic acid</i>	3	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
<i>methylergonovine maleate 0.2 mg tab</i>	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
ALYGLO (5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION)	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ALYGLO 10 GM/100ML SOLUTION	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ASCENIV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYTOGAM	6	SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	6	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA 10 GM/50ML SOLN PRSYR	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYPERRHO S/D 1500 UNIT SOLN PRSYR	4	SP
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML 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)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM 2.5 GM/50ML SOLUTION	5	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM 25 GM/500ML SOLUTION	6	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RHOGAM ULTRA-FILTERED PLUS	4	SP, PN (34 DAYS SUPPLY PER FILL)
RHOPHYLAC	4	SP, PN (34 DAYS SUPPLY PER FILL)
WINRHO SDF	6	SP, PN (34 DAYS SUPPLY PER FILL)
XEMBIFY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONOCLONAL ANTIBODIES		
SYNAGIS	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZINPLAVA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg tab, 875 mg tab)</i>	3	
<i>amoxicillin (250 mg cap, 500 mg cap)</i>	2	
<i>ampicillin</i>	3	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	2	
PENICILLIN COMBINATIONS		
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)	3	
AMOXICILLIN-POT CLAVULANATE ER	3	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	5	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS (CONTINUED)		
PROGESTINS		
<i>gallifrey</i>	3	
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	6	PA, PN (34 DAYS SUPPLY PER FILL)
LILETTA (52 MG)	1	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
NEXPLANON	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
<i>norethindrone acetate</i>	3	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	3	
<i>disulfiram</i>	3	
<i>lofexidine hcl</i>	6	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
LUCEMYRA	6	PA, QL (112 ea per 7 days), PN (7 DAYS SUPPLY PER FILL)
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	6	PA, QL (270 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
LUMRYZ STARTER PACK	6	PA, QL (28 ea per 180 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
SODIUM OXYBATE	6	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYREM	6	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	6	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ANTIDEMENTIA AGENTS		
<i>donepezil hcl</i>	3	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide er</i>	3	
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	3	
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	3	PA
<i>memantine hcl er</i>	3	PA
<i>rivastigmine</i>	3	PA
<i>rivastigmine tartrate</i>	3	
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	3	
<i>olanzapine-fluoxetine hcl</i>	3	
PERPHENAZINE-AMITRIPTYLINE	3	
FIBROMYALGIA AGENTS		
SAVELLA	4	
SAVELLA TITRATION PACK	4	
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine 12.5 mg tab</i>	3	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>tetrabenazine 25 mg tab</i>	3	PA, QL (136 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	6	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
AVONEX PREFILLED	6	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BAFIERTAM	6	ST, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
BETASERON	6	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIUMVI	6	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
<i>dalfampridine er</i>	3	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 120 mg cap dr</i>	6	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 240 mg cap dr</i>	6	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate starter pack</i>	6	QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
EXTAVIA	6	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>fingolimod hcl</i>	3	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GILENYA 0.25 MG CAP	6	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	6	QL (30 days supply per fill(s)), SP, PN (34 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	6	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	6	QL (0.4 ml per 28 days), SP
LEMTRADA	6	PA, QL (6 ml per 365 day(s)), SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
MAVENCLAD (10 TABS)	6	PA, LA, QL (10 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (4 TABS)	6	PA, LA, QL (4 ea per 27 days), SP, PN (27 DAYS SUPPLY PER FILL)
MAVENCLAD (5 TABS)	6	PA, LA, QL (5 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (6 TABS)	6	PA, LA, QL (6 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (7 TABS)	6	PA, LA, QL (7 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (8 TABS)	6	PA, LA, QL (8 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (9 TABS)	6	PA, LA, QL (9 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT (1 MG TAB, 2 MG TAB)	6	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	6	QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 0.25 MG TAB THPK	6	QL (7 ea per 4 day(s)), SP, PN (4 DAY SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	6	QL (12 ea per 5 day(s)), SP, PN (5 DAY SUPPLY IN 180 DAYS)
OCREVUS	6	PA, QL (20 ml per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	6	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	6	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	6	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	6	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PONVORY	6	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PONVORY STARTER PACK	6	QL (14 ea per 14 day(s)), SP, PN (14 DAY SUPPLY IN 180 DAYS)
REBIF	6	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE	6	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	6	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	6	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>teriflunomide 14 mg tab</i>	3	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>teriflunomide 7 mg tab</i>	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VUMERITY	6	ST, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA	6	PA, QL (30 ea per 30 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	6	PA, QL (7 ea per 7 day(s)), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	6	PA, QL (37 ea per 37 day(s)), PN (PA REQUIRED FOR ULCERATIVE COLITIS), PN (37 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	6	PA, QL (28 ea per 28 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (28 DAYS SUPPLY PER FILL)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily)</i>	3	PA

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
GRALISE (300 (9) & 600(24) MG MISC, 300 MG TAB, 600 MG TAB)	5	PA
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	3	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	5	PA, QL (2 ea per 1 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	3	
PIMOZIDE	3	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT	5	PA
SMOKING DETERRENTS		
APO-VARENICLINE	1	QL (2 ea per 1 days)
CHANTIX	1	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	1	QL (2 ea per 1 days)
CHANTIX STARTING MONTH PAK	1	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
<i>cvs nicotine</i>	1	
<i>cvs nicotine polacrilex</i>	1	
<i>eq nicotine</i>	1	
<i>eq nicotine polacrilex</i>	1	
<i>eq nicotine step 3</i>	1	
<i>eq nicotine polacrilex</i>	1	
<i>ft nicotine</i>	1	
<i>ft nicotine mini</i>	1	
<i>gnp nicotine</i>	1	
<i>gnp nicotine mini</i>	1	
<i>gnp nicotine polacrilex</i>	1	
<i>goodsense nicotine</i>	1	
<i>habitrol</i>	1	
<i>hm nicotine</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>hm nicotine polacrilex</i>	1	
<i>kls quit2</i>	1	
<i>kls quit4</i>	1	
NICODERM CQ	5	
NICORETTE	5	
NICORETTE MINI	5	
NICORETTE STARTER KIT	5	
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR, 21-14-7 MG/24HR KIT)	1	
<i>nicotine mini</i>	1	
<i>nicotine polacrilex</i>	1	
<i>nicotine polacrilex mini</i>	1	
<i>nicotine step 1</i>	1	
<i>nicotine step 2</i>	1	
<i>nicotine step 3</i>	1	
NICOTROL	1	
NICOTROL NS	1	
<i>px stop smoking aid</i>	1	
<i>qc nicotine transdermal system</i>	1	
<i>ra mini nicotine</i>	1	
<i>ra nicotine</i>	1	
<i>ra nicotine gum</i>	1	
<i>ra nicotine polacrilex</i>	1	
<i>sm nicotine</i>	1	
<i>sm nicotine polacrilex</i>	1	
<i>thrive</i>	1	
<i>varenicline tartrate</i>	1	QL (2 ea per 1 days)
<i>varenicline tartrate (starter)</i>	1	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
<i>varenicline tartrate(continue)</i>	1	QL (2 ea per 1 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA	6	PA, QL (0.5 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ONPATTRO	6	PA, SP, PN (21 DAY SUPPLY PER FILL)
TEGSEDI	6	PA, LA, QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GLASSIA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA 1000 MG RECON SOLN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KALYDECO 13.4 MG PACKET	6	PA, LA, QL (60 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
KALYDECO 150 MG TAB	6	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	6	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMOZYME	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
SYMDEKO	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	6	PA, LA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	6	PA, LA, QL (56 ea per 28 day(s)), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	6	PA, QL (270 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
OFEV	6	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pirfenidone (267 mg tab, 801 mg tab)</i>	6	PA, QL (270 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pirfenidone 267 mg cap</i>	3	PA, QL (270 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
<i>sulfadiazine</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES (CONTINUED)		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TAB	6	PA, QL (30 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
TETRACYCLINES		
<i>avidoxy</i>	3	
<i>coremino</i>	3	
<i>demeclocycline hcl</i>	3	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	3	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	3	
<i>lymepak</i>	3	
<i>minocycline hcl</i>	3	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	3	
<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>	3	PA
<i>monodoxine nl 100 mg cap</i>	3	
<i>morgidox 100 mg cap</i>	3	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	3	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole</i>	3	
<i>propylthiouracil</i>	3	
THYROID HORMONES		
ARMOUR THYROID	5	
<i>euthyrox</i>	3	
<i>levo-t</i>	4	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 112 mcg tab, 137 mcg tab, 175 mcg tab, 300 mcg tab)</i>	2	
<i>levothyroxine sodium (88 mcg tab, 100 mcg tab, 125 mcg tab, 150 mcg tab, 200 mcg tab)</i>	3	
<i>levoxyl</i>	4	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	3	
NP THYROID	3	
SYNTHROID	4	
THYROID 90 MG TAB	3	
<i>unithroid</i>	4	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL	1	
BOOSTRIX	1	
DAPTACEL	1	
DIPHThERIA-TETANUS TOXOIDS DT	1	
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	AL (Up to 4 yrs old)
QUADRACEL	1	
TDVAX	1	
TENIVAC	1	
TETANUS-DIPHThERIA TOXOIDS TD	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
BELLADONNA ALKALOIDS-OPiUM	3	
<i>chlordiazepoxide-clidinium</i>	3	
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	2	
<i>dicyclomine hcl 10 mg/5ml solution</i>	3	
<i>glycopyrrolate (1 mg tab, 1 mg/5ml solution, 1.5 mg tab, 2 mg tab)</i>	3	
<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>	3	
<i>hyoscyamine sulfate er</i>	3	
<i>hyosyne</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide</i>	3	
<i>nulev</i>	3	
<i>oscimin 0.125 mg tab</i>	3	
<i>pb-hyoscy-atropine-scopolamine (16.2 mg tab, 16.2 mg/5ml elixir)</i>	3	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	3	
<i>phenohydro (16.2 mg tab, 16.2 mg/5ml elixir)</i>	3	
H-2 ANTAGONISTS		
<i>cimetidine</i>	3	
CIMETIDINE HCL (300 MG/5ML SOLUTION)	3	
<i>famotidine (20 mg tab, 40 mg tab)</i>	2	
<i>famotidine 40 mg/5ml recon susp</i>	3	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP)	3	
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	3	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	3	ST, QL (1 ea per 1 day(s))
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	3	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	3	
<i>lansoprazole</i>	3	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	5	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	3	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	3	
<i>pantoprazole sodium 40 mg packet</i>	3	PA
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	3	PA
<i>rabeprazole sodium 20 mg tab dr</i>	3	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	3	
ULCER THERAPY COMBINATIONS		
<i>omeprazole-sodium bicarbonate</i>	3	ST

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	3	ST
<i>fesoterodine fumarate er</i>	3	ST
GELNIQUE	5	PA
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	3	
<i>oxybutynin chloride er</i>	3	
OXYTROL	5	ST
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	ST
<i>trospium chloride</i>	3	
<i>trospium chloride er</i>	3	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	4	QL (1 ea per 1 day(s))
MYRBETRIQ 8 MG/ML SRER	4	QL (10 ml per 1 days), AL (3 to 18 yrs old)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	3	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	3	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB	1	
BEXSERO	1	
CAPVAXIVE	1	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
HIBERIX	1	
MENACTRA	1	
MENVEO (RECON SOLN, SOLUTION)	1	
PEDVAX HIB	1	
PENBRAYA	1	QL (2 ea per lifetime)

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PNEUMOVAX 23	1	
PREVNAR 13	1	
PREVNAR 20	1	QL (0.5 ml per lifetime)
TRUMENBA	1	
VAXNEUVANCE	1	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	4	QL (4 ea per fill)
VIRAL VACCINES		
ABRYVO	1	AL (60 to 999 yrs old)
ACAM2000	1	
AFLURIA	1	
AFLURIA PRESERVATIVE FREE	1	
AFLURIA QUADRIVALENT	1	
AREXVY	1	QL (1 ea per lifetime), AL (60 to 999 yrs old), PN (Covered for members 60 years of age and older without prior authorization. Covered for members 50-59 years with prior authorization.)
AUDENZ	1	
COMIRNATY	1	
ENGRIX-B	1	
FLUAD	1	
FLUAD QUADRIVALENT	1	
FLUARIX	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX	1	
FLUCELVAX QUADRIVALENT	1	
FLULAVAL	1	
FLULAVAL QUADRIVALENT	1	
FLUMIST	1	
FLUMIST QUADRIVALENT	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
FLUZONE	1	
FLUZONE HIGH-DOSE	1	
FLUZONE HIGH-DOSE QUADRIVALENT	1	
FLUZONE QUADRIVALENT	1	
GARDASIL 9	1	AL (Up to 45 yrs old)
HAVRIX 1440 EL U/ML SUSPENSION	1	AL (19 to 99 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	1	AL (Up to 18 yrs old)
HEPLISAV-B	1	
IPOL	1	
JANSSEN COVID-19 VACCINE	1	
JYNNEOS	1	AL (18 to 999 yrs old)
M-M-R II	1	
MODERNA COVID-19 BIVAL 6M-5Y	1	
MODERNA COVID-19 BIVAL BOOSTER	1	
MODERNA COVID-19 BIVALENT	1	
MODERNA COVID-19 VAC (BOOSTER)	1	
MODERNA COVID-19 VAC 6M-11Y	1	
MODERNA COVID-19 VACCINE	1	
MRESVIA	1	QL (0.5 ml per lifetime), AL (60 to 999 yrs old)
NOVAVAX COVID-19 VACCINE	1	
PFIZER COVID-19 BIVAL 6MO-4YR	1	
PFIZER COVID-19 VAC BIVAL 5-11	1	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	1	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	
PFIZER-BIONT COVID-19 VAC-TRIS	1	
PFIZER-BIONTECH COVID-19 VACC	1	
PREHEVBRIO	1	
PRIORIX	1	
PROQUAD	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB	1	
SHINGRIX	1	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX	1	
SPIKEVAX COVID-19 VACCINE	1	
TWINRIX	1	AL (18 to 99 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	1	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	1	AL (19 to 99 yrs old)
VARIVAX	1	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
SPERMICIDES		
OPTIONS GYNOL II CONTRACEPTIVE	1	
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 12.5 % FOAM, 28 % FILM)	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	4	
<i>clindamycin phosphate 2 % cream</i>	3	
CLINDESSE	4	
GYNAZOLE-1	5	PA
MICONAZOLE 3	3	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	3	
VANDAZOLE	5	PA
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI	1	
VAGINAL ESTROGENS		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	3	
ESTRING	4	
FEMRING	5	PA
PREMARIN 0.625 MG/GM CREAM	4	
<i>yuvafem</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VAGINAL PROGESTINS		
CRINONE	5	PA
ENDOMETRIN	4	
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	4	QL (2 ea per fill), AL (Up to 3 yrs old)
<i>epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	3	QL (2 ea per fill)
<i>midodrine hcl</i>	3	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>d3-50</i>	3	
<i>decara (1.25 mg (50000 ut) cap, 625 mcg (25000 ut) cap)</i>	5	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	3	
<i>optimal d3</i>	3	
<i>phytonadione 5 mg tab</i>	3	
<i>true vitamin d3 1.25 mg (50000 ut) cap</i>	3	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	3	
<i>vitamin d3 1.25 mg (50000 ut) cap</i>	3	
<i>weekly-d</i>	3	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Appendix

1

1ST TIER UNIFINE PENTIPS	143
1ST TIER UNIFINE PENTIPS PLUS	143
1ST TIER UNILET COMFORTOUCH	124

A

abacavir sulfate	73
abacavir sulfate-lamivudine	73
abacavir-lamivudine-zidovudine	73
ABILIFY ASIMTUFI	73
ABILIFY MAINTENA	73
abiraterone acetate	57
ABOUTTIME PEN NEEDLE	143
ABRAXANE	68
ABRYSVO	184
ACAM2000	184
acamprosate calcium	173
acarbose	38
ACCU-CHEK FASTCLIX LANCET	124
ACCU-CHEK FASTCLIX LANCETS	124
ACCU-CHEK SAFE-T PRO LANCETS	124
ACCU-CHEK SOFTCLIX LANCET DEV	124
ACCU-CHEK SOFTCLIX LANCETS	124
accutane	94
acebutolol hcl	78
acetaminophen-codeine	21
acetazolamide	104
acetazolamide er	104
acetic acid	170
acetylcysteine	93
acitretin	96
acne medication 10	94
ACTEMRA	15,16
ACTEMRA ACTPEN	16
ACTHIB	183
ACTI-LANCE 28G	124
ACTI-LANCE LITE LANCETS 28G	124
ACTI-LANCE SPECIAL LANCETS 17G	124
ACTI-LANCE UNIVERSAL 23G	124
ACTIMMUNE	68

acyclovir	77,98
ADACEL	181
ADAKVEO	119
ADALIMUMAB-FKJP (2 PEN)	13
ADALIMUMAB-FKJP (2 SYRINGE)	13
adapalene	94
adapalene-benzoyl peroxide	94
ADBRY	100
ADCETRIS	54
adefovir dipivoxil	77
ADEMPAS	82
ADJUSTABLE LANCING DEVICE	124
ADMELOG	41
ADMELOG SOLOSTAR	41
adult aspirin regimen	18
ADULT MASK LARGE	151
ADVAIR HFA	30
ADVANCED MOBILE LANCET	124
ADVATE	116
ADVOCATE ALCOHOL PREP PADS	141
ADVOCATE INSULIN PEN NEEDLE	143
ADVOCATE INSULIN PEN NEEDLES	143
ADVOCATE INSULIN SYRINGE	143
ADVOCATE LANCETS	124
ADVOCATE LANCETS 30G	124
ADVOCATE LANCING DEVICE	124
ADVOCATE RAPID-SAFE LANCING	124
ADVOCATE SAFETY LANCETS	124
ADVOCATE SAFETY LANCETS 26G	124
ADZYNMA	118
AEMCOLO	24
afirmelle	83
AFLURIA	184
AFLURIA PRESERVATIVE FREE	184
AFLURIA QUADRIVALENT	184
AFSTYLA	116
aftera	90
afterpill	90
AGAMATRIX ULTRA-THIN LANCETS	124
AIMOVIG	151
AIMSCO TWIST LANCETS 32G	125

AIMSCO TWIST LANCETS 33G	125	ALTABAX	95
AJOVY	151	altavera	83
ak-poly-bac	167	ALTERNATE SITE LANCING DEVICE	125
AKEEGA	57	ALTOPREV	47
AKYNZEO	45	ALTUVIIIIO	116
ALA SCALP	98	ALUNBRIG	61
ala-cort	98	alyacen 1/35	83
albendazole	24	alyacen 7/7/7	83
albuterol sulfate	30	ALYGLO	171
albuterol sulfate hfa	30	alyq	81
alclometasone dipropionate	98	amabelz	110
ALCOH-GLOVE CONTOURED WIPE	141	amantadine hcl	69
ALCOH-WIPE	141	ambrisentan	81
ALCOHOL PADS	141	AMCINONIDE	98
ALCOHOL PREP	141	amethia	83
ALCOHOL PREP PADS	141	amethia lo	83
ALCOHOL PREPS	141	amethyst	83
ALCOHOL SWABS	141	amiloride hcl	105
ALCOHOL SWABSTICK	141	AMILORIDE-HYDROCHLOROTHIAZIDE	104
alcohol wipes	102	amiodarone hcl	28
ALDACTAZIDE	104	amitriptyline hcl	37
ALDURAZYME	108	AMJEVITA	13
ALECENSA	61	amlodipine besy-benazepril hcl	50
alendronate sodium	105	amlodipine besylate	79
alfuzosin hcl er	115	amlodipine besylate-valsartan	50
ALINIA	25	amlodipine-atorvastatin	80
ALIQOPA	61	amlodipine-olmesartan	50
aliskiren fumarate	50	amlodipine-valsartan-hctz	50
ALKINDI SPRINKLE	91	amnesteem	94
allopurinol	116	AMONDYS 45	165
almotriptan malate	152	amoxapine	37
ALOCRIIL	169	amoxicillin	172
ALOMIDE	169	AMOXICILLIN-POT CLAVULANATE	172
alosetron hcl	114	AMOXICILLIN-POT CLAVULANATE ER	172
ALPHAGAN P	167	amphetamine-dextroamphet er	12
ALPHANATE	116	amphetamine-dextroamphetamine	12
alprazolam	27	ampicillin	172
alprazolam er	27	AMVUTTRA	178
ALPRAZOLAM INTENSOL	27	anagrelide hcl	118
alprazolam xr	27	anastrozole	57
ALREX	169	ANDEXXA	44

ANGELIQ	110	asenapine maleate	72
ANNOVERA	90	ashlyna	83
ANORO ELLIPTA	30	ASMANEX (120 METERED DOSES)	29
anucort-hc	23	ASMANEX (14 METERED DOSES)	29
anusol-hc	24	ASMANEX (30 METERED DOSES)	29
APAP-CAFF-DIHYDROCODEINE	21	ASMANEX (60 METERED DOSES)	29
APEXICON E	98	ASMANEX (7 METERED DOSES)	29
APHEXDA	121	ASMANEX HFA	29
APIDRA	41	ASPARLAS	67
APIDRA SOLOSTAR	41	aspirin	18
APLENZIN	36	aspirin 81	18
APLICARE ALCOHOL SWABSTICK	141	aspirin adult low dose	18
APO-VARENICLINE	177	aspirin adult low strength	18
apomorphine hcl	69	aspirin childrens	18
apraclonidine hcl	167	aspirin ec adult low dose	18
aprepitant	45	aspirin ec low dose	18
APRETUDE	73	aspirin ec low strength	18
apri	83	aspirin low dose	18
APTIOM	33	aspirin regimen	18
APTIVUS	74	aspirin-dipyridamole er	118
AQ INSULIN SYRINGE	143	ASSURE COMFORT LANCETS 28G	125
AQINJECT PEN NEEDLE	143	ASSURE HAEMOLANCE PLUS HIGH	125
AQUA LANCE ADJUSTABLE LANCING	125	ASSURE HAEMOLANCE PLUS LOW	125
AQUALANCE LANCETS 30G	125	ASSURE HAEMOLANCE PLUS MICRO	125
ARALAST NP	179	ASSURE HAEMOLANCE PLUS NORMAL	125
aranelle	83	ASSURE HAEMOLANCE PLUS PED	125
ARANESP (ALBUMIN FREE)	120	ASSURE ID DUO PRO PEN NEEDLES	143
ARAZLO	94	ASSURE ID INSULIN SAFETY SYR	143
ARCALYST	15	ASSURE ID PRO PEN NEEDLES	143
AREXVY	184	ASSURE ID SAFETY PEN NEEDLES	143
arformoterol tartrate	30	ASSURE LANCE LANCETS	125
aripiprazole	73	ASSURE LANCE LANCETS 21G	125
ARISTADA	73	ASSURE LANCE PLUS SAFETY 25G	125
ARISTADA INITIO	73	ASSURE LANCE PLUS SAFETY 30G	125
armodafinil	12	ASSURE LANCE SAFETY LANCET 28G	125
ARMOUR THYROID	180	ASSURE LANCETS	125
ARNUITY ELLIPTA	29	ATABEX EC	158
ARTESUNATE	51	ATABEX OB	158
ARZERRA	54	atazanavir sulfate	74
ASCENIV	171	atenolol	78
ascomp-codeine	21	atenolol-chlorthalidone	50

atomoxetine hcl	12	aviane	83
atorvastatin calcium	47	avidoxy	180
atovaquone	25	avita	94
atovaquone-proguanil hcl	51	AVONEX PEN	174
atropine sulfate	166	AVONEX PREFILLED	174
ATROVENT HFA	29	AVSOLA	113
aubra	83	AVYCAZ	82
aubra eq	83	ayuna	83
AUDENZ	184	AYVAKIT	59
AUGMENTIN	172	azasan	154
AUGTYRO	61	AZASITE	167
AUM ALCOHOL PREP PADS	141	azathioprine	154
AUM INSULIN SAFETY PEN NEEDLE	143	AZEDRA DOSIMETRIC	67
AUM MINI INSULIN PEN NEEDLE	143	AZEDRA THERAPEUTIC	68
AUM PEN NEEDLE	143	azelaic acid	103
AUM READYGARD DUO PEN NEEDLE	143	azelastine hcl	164,169
AUM SAFETY PEN NEEDLE	143	azelastine-fluticasone	164
AURORA LANCET SUPER THIN 30G	125	AZELEX	94
AURORA LANCET THIN 23G	125	AZESCO	158
AURORA PEN NEEDLES	143	azithromycin	123
AURORA UNIFINE PENTIPS	143	azurette	83
aurovela 1.5/30	83		
aurovela 1/20	83	B	
aurovela 24 fe	83	bac	18
aurovela fe 1.5/30	83	bacitra-neomycin-polymyxin-hc	169
aurovela fe 1/20	83	BACITRACIN	167
AURYXIA	114	bacitracin-polymyxin b	167
AUTO-LANCET	125	baclofen	162
AUTO-LANCET MINI	125	BACLOFEN	162
AUTOLET LANCING DEVICE	125	BAFIERTAM	174
AUTOLET LITE CLINISAFE	125	balanced salt	170
AUTOLET MINI	125	BALCOLTRA	83
AUTOLET PLATFORMS	125	balsalazide disodium	113
AUTOLET PLUS	125	BALVERSA	61
AUVELITY	35	balziva	83
AUVI-Q	187	BAQSIMI ONE PACK	39
avar cleanser	94	BAQSIMI TWO PACK	39
avar-e emollient	94	BARACLUDE	77
avar-e green	94	BAVENCIO	54
AVASTIN	53	BAXDELA	112
AVEED	23	bayer aspirin ec low dose	18

bayer low dose	18	benzoyl peroxide-erythromycin	94
BD AUTOSHIELD	143	benztropine mesylate	69
BD AUTOSHIELD DUO	143	BEOVU	166
BD INSULIN SYR ULTRAFINE II	144	bepotastine besilate	170
BD INSULIN SYRINGE	144	BERINERT	117
BD INSULIN SYRINGE HALF-UNIT	144	beser	98
BD INSULIN SYRINGE MICROFINE	144	BESIVANCE	167
BD INSULIN SYRINGE U-500	144	BESPONSA	54
BD INSULIN SYRINGE U/F	144	BESREMI	68
BD INSULIN SYRINGE U/F 1/2UNIT	144	betaine	108
BD INSULIN SYRINGE ULTRAFINE	144	betamethasone dipropionate	98
BD LANCET ULTRAFINE 30G	125	betamethasone dipropionate aug	98
BD LANCET ULTRAFINE 33G	125	betamethasone valerate	98
BD LUER-LOK SYRINGE	144	BETASERON	174
BD MICROTAINER LANCETS	125	betaxolol hcl	78
BD PEN NEEDLE MICRO U/F	144	BETAXOLOL HCL	166
BD PEN NEEDLE MINI U/F	144	bethanechol chloride	183
BD PEN NEEDLE NANO 2ND GEN	144	BETIMOL	166
BD PEN NEEDLE NANO U/F	144	BETOPTIC-S	166
BD PEN NEEDLE ORIGINAL U/F	144	bexarotene	68,96
BD PEN NEEDLE SHORT U/F	144	BEXSERO	183
BD SAFETY-LOK INSULIN SYRINGE	144	BEYAZ	84
BD SAFETYGLIDE INSULIN SYRINGE	144	bicalutamide	57
BD SWAB SINGLE USE REGULAR	141	BIKTARVY	74
BD SWABS SINGLE USE BUTTERFLY	141	bimatoprost	170
BD VEO INSULIN SYR U/F 1/2UNIT	144	BINOSTO	105
BD VEO INSULIN SYRINGE U/F	144	bisoprolol fumarate	78
BECONASE AQ	164	bisoprolol-hydrochlorothiazide	50
bekyree	84	BIVIGAM	171
BELEODAQ	61	BLENREP	54
BELLADONNA ALKALOIDS-OPIMUM	181	BLEPHAMIDE	169
BELRAPZO	52	BLEPHAMIDE S.O.P.	169
benazepril hcl	49	BLINCYTO	54
benazepril-hydrochlorothiazide	50	blisovi 24 fe	84
bendamustine hcl	52	blisovi fe 1.5/30	84
BENDAMUSTINE HCL	52	blisovi fe 1/20	84
BENDEKA	52	BONJESTA	45
BENLYSTA	156	BOOSTRIX	181
BENZEPRO	94	BORTEZOMIB	61
benzonatate	92	bosentan	81
BENZOYL PEROXIDE	94	BOSULIF	61

BOTOX	165
bprotected pedia iron	121
BRAFTOVI	61
BREO ELLIPTA	30
BREZTRI AEROSPHERE	30
briellyn	84
BRILINTA	118
brimonidine tartrate	103,167
brimonidine tartrate-timolol	166
BRINEURA	108
brinzolamide	170
BRIUMVI	174
BRIXADI	22
BRIXADI (WEEKLY)	22
bromfed dm	93
bromfenac sodium (once-daily)	170
bromocriptine mesylate	69
BRUKINSA	61
budesonide	29,92
budesonide-formoterol fumarate	30
BULLSEYE MINI SAFETY LANCETS	125
BULLSEYE SAFETY LANCETS	125
bumetanide	105
bupap	18
buprenorphine	22
buprenorphine hcl	22
buprenorphine hcl-naloxone hcl	22
bupropion hcl	36
bupropion hcl er (smoking det)	36
bupropion hcl er (sr)	36
bupropion hcl er (xl)	36
BUPROPION HCL ER (XL)	36
buspirone hcl	27
butalbital-acetaminophen	18
butalbital-apap-caff-cod	22
butalbital-apap-caffeine	18
butalbital-asa-caff-codeine	22
butalbital-aspirin-caffeine	18
butorphanol tartrate	22
BYLVAY	113
BYLVAY (PELLETS)	112

BYOOVIZ	167
-------------------	-----

C

C-NATE DHA	158
CABENUVA	74
cabergoline	109
CABLIVI	118
CABOMETYX	61
caffeine citrate	12
CALCIPOTRIENE	96
calcipotriene-betameth diprop	99
calcitonin (salmon)	105
calcitrene	96
CALCITRIOL	96
calcitriol	108
calcium acetate	114
calcium acetate (phos binder)	114
CALQUENCE	61
CAMCEVI	57
camila	91
camrese	84
camrese lo	84
CAMZYOS	80
candesartan cilexetil	49
candesartan cilexetil-hctz	50
CANTHARIDIN	101
capecitabine	52
CAPEX	99
CAPLYTA	70
CAPRELSA	62
captopril	49
CAPTOPRIL-HYDROCHLOROTHIAZIDE	50
CAPVAXIVE	183
carbamazepine	33
carbamazepine er	33
CARBATROL	33
carbidopa	69
carbidopa-levodopa	69
carbidopa-levodopa er	70
carbidopa-levodopa-entacapone	70
CARBINOXAMINE MALEATE	46

CARDIOCOM LANCING DEVICE	126	CELONTIN	35
CARDURA XL	116	cephalexin	82
CAREFINE PEN NEEDLES	144	CEQUR SIMPLICITY 2U	144
CAREONE ADVANCED LANCING DEV	126	CEREZYME	119
CAREONE INSULIN SYRINGE	144	cetrorelix acetate	106
CAREONE LANCET SUPER THIN 30G	126	CETROTIDE	106
CAREONE LANCET THIN 23G	126	cevimeline hcl	157
CAREONE UNIFINE PENTIPS	144	CHANTIX	177
CAREONE UNIFINE PENTIPS PLUS	144	CHANTIX CONTINUING MONTH PAK	177
CARESENS LANCETS	126	CHANTIX STARTING MONTH PAK	177
CARESENS LANCETS 30G	126	charlotte 24 fe	84
CARETOUCH ALCOHOL PREP	142	chateal	84
CARETOUCH INSULIN SYRINGE	144	chateal eq	84
CARETOUCH LANCING/EJECTOR	126	CHEMET	43
CARETOUCH PEN NEEDLES	144	CHEMSTRIP K	104
CARETOUCH SAFETY LANCETS	126	CHEMSTRIP UGK	104
CARETOUCH SAFETY LANCETS 26G	126	childrens aspirin	18
CARETOUCH TWIST LANCETS 28G	126	childrens aspirin low strength	18
CARETOUCH TWIST LANCETS 30G	126	chlordiazepoxide hcl	27
CARETOUCH TWIST LANCETS 33G	126	CHLORDIAZEPOXIDE-AMITRIPTYLINE	174
CARETOUCH TWIST MC LANCETS 30G	126	chlordiazepoxide-clidinium	181
carglumic acid	108	chlorhexidine gluconate	156
carisoprodol	162	chloroquine phosphate	51
CARISOPRODOL-ASPIRIN-CODEINE	163	chlorpromazine hcl	72
CARTEOLOL HCL	166	chlorthalidone	105
cartia xt	79	chlorzoxazone	162
carvedilol	78	CHOLBAM	112
carvedilol phosphate er	78	cholestyramine	47
cavarest	156	cholestyramine light	47
CAYA	123	CHORIONIC GONADOTROPIN	106
CAYSTON	26	CHOSEN LANCETS 30G	126
caziant	84	CHOSEN LANCING DEVICE	126
CEFACLOR	82	CHOSEN SAFETY LANCETS 28G	126
CEFACLOR ER	82	CIBINQO	100
cefadroxil	82	ciclopirox	95
cefdinir	82	ciclopirox olamine	95
cefixime	83	cilostazol	118
cefpodoxime proxetil	83	CILOXAN	167
cefprozil	82	CIMDUO	74
cefuroxime axetil	82	CIMERLI	167
celecoxib	16	cimetidine	182

CIMETIDINE HCL	182	clindamycin-tretinoin	94
CIMZIA	113	CLINDESSE	186
CIMZIA (2 SYRINGE)	113	clobazam	32
CIMZIA-STARTER	113	clobetasol prop emollient base	99
cinacalcet hcl	108	clobetasol propionate	99
CINQAIR	28	clobetasol propionate e	99
CINRYZE	117	clobetasol propionate emulsion	99
CINVANTI	45	CLOBETAVIX	99
CIPRO	112	clodan	99
CIPRO HC	170	clofarabine	52
ciprofloxacin	112	clomiphene citrate	106
ciprofloxacin hcl	112,167,170	clomipramine hcl	37
ciprofloxacin-dexamethasone	170	clonazepam	32
citalopram hydrobromide	36	clonidine	49
CITRANATAL 90 DHA	158	clonidine hcl	50
CITRANATAL ASSURE	158	clopidogrel bisulfate	118
CITRANATAL B-CALM	158	clorazepate dipotassium	27
CITRANATAL BLOOM	158	clotrimazole	95,156
CITRANATAL BLOOM DHA	158	CLOTRIMAZOLE-BETAMETHASONE	95
CITRANATAL DHA	158	clozapine	72
CITRANATAL HARMONY	158	COAGUCHEK LANCETS	126
CITRANATAL RX	159	COARTEM	51
claravis	94	codeine sulfate	20
CLARITHROMYCIN	123	CODITUSSIN AC	93
clarithromycin er	123	colchicine	116
CLEANLET LANCETS 28G	126	colchicine-probenecid	116
CLEMASTINE FUMARATE	46	colesevelam hcl	47
CLENPIQ	122	colestipol hcl	47
CLEOCIN	186	COLUMVI	54
CLEVER CHEK LANCETS	126	COMBIPATCH	110
CLEVER CHOICE COMFORT EZ	126,144	COMBIVENT RESPIMAT	30
CLEVER CHOICE LANCETS 21G	126	COMETRIQ (100 MG DAILY DOSE)	62
CLEVER CHOICE LANCETS 23G	126	COMETRIQ (140 MG DAILY DOSE)	62
CLEVER CHOICE LANCETS 28G	126	COMETRIQ (60 MG DAILY DOSE)	62
CLICKFINE PEN NEEDLES	144	COMFORT ASSIST INSULIN SYRINGE	144
clindacin etz	94	COMFORT ASSURED LANCETS 28G	126
clindacin-p	94	COMFORT ASSURED LANCETS 33G	126
clindamycin hcl	25	COMFORT EZ INSULIN SYRINGE	144
clindamycin palmitate hcl	26	COMFORT EZ MICRO PEN NEEDLES	145
clindamycin phos-benzoyl perox	94	COMFORT EZ PEN NEEDLES	145
clindamycin phosphate	94,186	COMFORT EZ PRO PEN NEEDLES	145

COMFORT EZ SHORT PEN NEEDLES	145	CUTAQUIG	171
COMFORT LANCETS	126	CUVITRU	171
COMFORT TOUCH ALCOHOL PREP	142	CVS ALCOHOL PREP PADS	142
COMFORT TOUCH INSULIN PEN NEED	145	cvs aspirin adult low dose	18
COMFORT TOUCH LANCETS 31G	126	cvs aspirin adult low strength	18
COMFORT TOUCH PLUS LANCETS 28G	126	cvs aspirin ec	19
COMFORT TOUCH PLUS LANCETS 30G	126	cvs aspirin low dose	19
COMFORT TOUCH TWIST LANCET 30G	126	cvs aspirin low strength	19
COMIRNATY	184	cvs folic acid	119
COMPLERA	74	CVS GLUCOSE	39
COMPLETE NATAL DHA	159	cvs isopropyl alcohol wipes	102
COMPLETENATE	159	CVS KETONE CARE	104
compro	72	CVS LANCETS 21G	126
CONCEPT DHA	159	CVS LANCETS MICRO THIN 33G	127
CONCEPT OB	159	CVS LANCETS ORIGINAL	127
CONDYLOX	101	CVS LANCETS THIN 26G	127
constulose	123	CVS LANCETS ULTRA THIN 30G	127
COPIKTRA	62	CVS LANCETS ULTRA-THIN 30G	127
CORDRAN	99	CVS LANCING DEVICE	127
coremino	180	cvs nicotine	177
CORLANOR	82	cvs nicotine polacrilex	177
CORTISONE ACETATE	92	CVS PREP	142
CORTISPORIN-TC	170	CVS SOFT GLUCOSE	39
COSELA	68	CVS ULTRA THIN LANCETS	127
COSENTYX	97	cyclafem 1/35	84
COSENTYX (300 MG DOSE)	96	cyclafem 7/7/7	84
COSENTYX SENSOREADY (300 MG)	97	cyclobenzaprine hcl	162
COSENTYX SENSOREADY PEN	97	cyclobenzaprine hcl er	162
COSENTYX UNOREADY	97	cyclopentolate hcl	166
COTELLIC	62	CYCLOPHOSPHAMIDE	52
covaryx	110	cycloserine	51
covaryx hs	110	CYCLOSET	41
CREON	104	cyclosporine	154,168
CRESEMBA	45	cyclosporine modified	154
CRINONE	187	cyproheptadine hcl	46
cromolyn sodium	28,112	CYRAMZA	53
CROMOLYN SODIUM	170	cyred	84
cryselle-28	84	cyred eq	84
CRYSVITA	108	CYSTAGON	115
curae	90	CYSTARAN	170
CURITY ALCOHOL PREPS	142	CYTOGAM	171

CYTRA K CRYSTALS	115
CYTRA-3	115
cytra-k	115

D

d3-50	187	DEPO-PROVERA	90
dalfampridine er	174	DEPO-SUBQ PROVERA 104	90
DALVANCE	25	depo-testosterone	23
danazol	23	DESCOVY	74
dantrolene sodium	163	desipramine hcl	37
DANYELZA	54	DESLORATADINE	46
dapsone	25	desmopressin ace spray refrig	109
DAPTACEL	181	desmopressin acetate	109
daptomycin	25	desmopressin acetate spray	109
darifenacin hydrobromide er	183	desogestrel-ethinyl estradiol	84
darunavir	74	desonide	99
DARZALEX	55	DESONIDE	99
DARZALEX FASPRO	60	desoximetasone	99
dasatinib	62	desrx	99
dasetta 1/35	84	desvenlafaxine succinate er	37
dasetta 7/7/7	84	DEX4	39
DAURISMO	57	DEX4 GLUCOSE	39
DAXXIFY	101	DEX4 NATURALS	39
daysee	84	DEX4 POUCH PACK	39
deblitane	91	DEX4 QUICK DISSOLVE GLUCOSE	39
decadron	92	dexamethasone	92
decara	187	DEXAMETHASONE INTENSOL	92
decitabine	52	DEXAMETHASONE SODIUM PHOSPHATE	169
deferasirox	44	DEXCOM G6 RECEIVER	127
deferasirox granules	44	DEXCOM G6 SENSOR	127
deferiprone	44	DEXCOM G6 TRANSMITTER	127
DELESTROGEN	111	DEXCOM G7 RECEIVER	127
DELSTRIGO	74	DEXCOM G7 SENSOR	127
delyla	84	dexlansoprazole	182
demeclocycline hcl	180	dexmethylphenidate hcl	12
denta 5000 plus	156	dexmethylphenidate hcl er	12
DENTA 5000 PLUS SENSITIVE	156	dextroamphetamine sulfate	12
dentagel	157	dextroamphetamine sulfate er	12
DEPAKOTE	35	di-phen	46
DEPAKOTE ER	35	DIACOMIT	33
DEPAKOTE SPRINKLES	35	DIATHRIVE LANCET ULTRA THIN 30	127
		DIATHRIVE LANCETS	127
		DIATHRIVE LANCING DEVICE	127
		DIATHRIVE PEN NEEDLE	145
		diazepam	27
		DIAZEPAM	32

diazepam intensol	27	dolishale	84
diazoxide	39	donepezil hcl	173
DICLOFENAC EPOLAMINE	95	DOPTelet	120
diclofenac potassium	16	DORZOLAMIDE HCL	170
diclofenac sodium	16,95,170	DORZOLAMIDE HCL-TIMOLOL MAL	166
diclofenac sodium er	16	dotti	111
diclofenac-misoprostol	16	DOVATO	74
dicloxacillin sodium	172	doxazosin mesylate	50
dicyclomine hcl	181	doxepin hcl	37,96,121
DIFICID	123	doxercalciferol	108
diflorasone diacetate	99	doxycycline hyclate	180
diflunisal	19	doxycycline monohydrate	180
difluprednate	169	doxylamine-pyridoxine	45
digitek	80	DRITHO-CREME HP	97
digox	80	dronabinol	45
digoxin	80	DROPLET GENTEEL LANCING DEVICE	127
DIGOXIN	80	DROPLET INSULIN SYRINGE	145
dihydroergotamine mesylate	152	DROPLET LANCETS ULTRA THIN 30G	127
DILANTIN	35	DROPLET LANCING DEVICE	127
DILANTIN INFATABS	35	DROPLET MICRON	145
DILANTIN-125	35	DROPLET PEN NEEDLES	145
dilt-xr	79	DROPLET PERSONAL LANCETS 30G	127
diltiazem hcl	79	DROPSAFE ALCOHOL PREP	142
diltiazem hcl er	79	DROPSAFE SAFETY PEN NEEDLES	145
diltiazem hcl er beads	79	DROPSAFE SAFETY SYRINGE/NEEDLE	145
diltiazem hcl er coated beads	79	drospiren-eth estrad-levomefol	84
dimethyl fumarate	174	drospirenone-ethinyl estradiol	84
dimethyl fumarate starter pack	175	DROXIA	119
DIPENTUM	113	DRUG MART LANCETS THIN 26G	127
diphen	46	DRUG MART LANCING DEVICE	127
DIPHENHYDRAMINE HCL	46	DRUG MART ON-THE-GO LANCET 30G	127
diphenoxylate-atropine	43	DRUG MART UNIFINE PENTIPS	145
DIPHThERIA-TETANUS TOXoids DT	181	DRUG MART UNIFINE PENTIPS PLUS	145
dipyridamole	118	DRUG MART UNILET LANCETS 28G	127
disopyramide phosphate	27	DRUG MART UNILET LANCETS 30G	127
disulfiram	173	DRUG MART UNILET LANCETS 33G	127
DIURIL	105	DRYSOL	102
divalproex sodium	35	DUAVEE	110
divalproex sodium er	35	DUET DHA 400	159
dofetilide	28	DUET DHA BALANCED	159
DOJOLVI	165	DULERA	30

duloxetine hcl	37
DUPIXENT	100,101
DUROLANE	163
DURYSTA	170
dutasteride	116
dutasteride-tamsulosin hcl	116
dvorah	22
DYSPORT	165

E

E-Z JECT LANCET MICRO-THIN 33G	127	EASY TOUCH SAFETY LANCETS 23G	128
E-Z JECT LANCET SUPER THIN 30G	127	EASY TOUCH SAFETY LANCETS 26G	128
E-Z JECT LANCETS	127	EASY TOUCH SAFETY LANCETS 28G	128
E-Z JECT LANCETS 21G	127	EASY TOUCH SAFETY PEN NEEDLES	145
E-Z JECT LANCETS THIN 26G	127	EASY TOUCH SHEATHLOCK SYRINGE	145
E.E.S. 400	123	EASY TWIST & CAP LANCETS	128
EASY COMFORT ALCOHOL PADS	142	ec-naproxen	16
EASY COMFORT INSULIN SYRINGE	145	econazole nitrate	95
EASY COMFORT LANCETS	128	econtra ez	90
EASY COMFORT LANCETS TWIST TOP	128	econtra one-step	90
EASY COMFORT PEN NEEDLES	145	ecotrin low strength	19
EASY GLIDE PEN NEEDLES	145	edaravone	164
EASY MINI EJECT LANCING DEVICE	128	EDARBI	49
EASY MINI LANCING DEVICE	128	EDARBYCLOR	50
EASY TOUCH ALCOHOL PREP MEDIUM	142	EDLUAR	122
EASY TOUCH FLIPLOCK INSULIN SY	145	EDURANT	74
EASY TOUCH INSULIN SAFETY SYR	145	eemt	110
EASY TOUCH INSULIN SYRINGE	145	eemt hs	110
EASY TOUCH LANCETS 21G	128	EFAVIRENZ	74
EASY TOUCH LANCETS 23G	128	efavirenz	74
EASY TOUCH LANCETS 26G	128	efavirenz-emtricitab-tenofo df	74
EASY TOUCH LANCETS 28G	128	efavirenz-lamivudine-tenofovir	74
EASY TOUCH LANCETS 28G/TWIST	128	effer-k	153
EASY TOUCH LANCETS 30G	128	ELAHERE	55
EASY TOUCH LANCETS 30G/TWIST	128	ELAPRASE	108
EASY TOUCH LANCETS 32G	128	ELELYSO	119
EASY TOUCH LANCETS 32G/TWIST	128	ELESTRIN	111
EASY TOUCH LANCETS 33G/TWIST	128	eletriptan hydrobromide	152
EASY TOUCH LANCING DEVICE	128	ELFABRIO	108
EASY TOUCH PEN NEEDLES	145	ELIGARD	57,58
EASY TOUCH SAFETY LANCETS 21G	128	elinest	84
		ELIQUIS	31
		ELIQUIS DVT/PE STARTER PACK	31
		ELITE-OB	159
		ELITEK	68
		elixophyllin	31
		ELLA	90
		ELMIRON	115
		ELOCTATE	116
		ELREXFIO	55
		eluryng	90

EMBRACE LANCETS ULTRA THIN 30G	128	EPIDIOLEX	33
EMBRACE LANCING DEVICE/EJECTOR	128	epinastine hcl	170
EMBRACE PEN NEEDLES	145	epinephrine	187
EMBRACE PRESSURE ACTIVATED 21G	128	epitol	33
EMBRACE PRESSURE ACTIVATED 28G	128	EPIVIR HBV	77
EMCYT	58	EPKINLY	55
EMEND	45	eplerenone	51
EMGALITY	151	EPOGEN	120
EMGALITY (300 MG DOSE)	151	epoprostenol sodium	80
emoquette	84	EPRONTIA	33
EMPAVELI	117	eq aspirin adult low dose	19
EMPLICITI	55	eq aspirin low dose	19
EMSAM	36	eq nicotine	177
emtricitabine	74	eq nicotine polacrilex	177
emtricitabine-tenofovir df	74	eq nicotine step 3	177
EMTRIVA	74	EQL ALCOHOL SWABS	142
EMVERM	24	eqI aspirin low dose	19
emzahh	91	EQL COLOR LANCETS 21G	128
enalapril maleate	49	EQL COLOR LANCETS MICRO 33G	128
enalapril-hydrochlorothiazide	50	EQL INSULIN SYRINGE	145
ENBRACE HR	159	eqI nicotine polacrilex	177
ENBREL	17	EQL SUPER THIN LANCETS 30G	128
ENBREL MINI	17	EQL THIN LANCETS 26G	128
ENBREL SURECLICK	17	EQUETRO	70
ENDARI	119	ERBITUX	56
endocet	22	ergocalciferol	187
ENDOMETRIN	187	ERGOLOID MESYLATES	177
ENGERIX-B	184	ERGOTAMINE-CAFFEINE	152
ENHERTU	55	eribulin mesylate	69
enilloring	90	ERIVEDGE	57
ENJAYMO	117	ERLEADA	58
enoxaparin sodium	31,32	erlotinib hcl	56
enpresse-28	84	errin	91
enskyce	84	ERTACZO	96
ENSPRYNG	154	ERY	94
entacapone	69	ery-tab	123
entecavir	77	ERYTHROCIN STEARATE	123
ENTRESTO	80	erythromycin	94,123,167
ENTYVIO	113	erythromycin base	123
enulose	114	erythromycin ethylsuccinate	123
ENVARUSUS XR	154	ESBRIET	179

escitalopram oxalate	36
esgic	18
esomeprazole magnesium	182
ESPEROCT	116
ESSENTRA WIPES 9X9"	142
est estrogens-methyltest	110
est estrogens-methyltest ds	110
est estrogens-methyltest hs	111
estarylla	84
estazolam	122
estradiol	111,186
estradiol valerate	111
estradiol-norethindrone acet	111
estratest f.s.	111
estratest h.s.	111
ESTRING	186
ESTROGEL	111
ESTROSTEP FE	85
eszopiclone	122
ethacrynic acid	105
ethambutol hcl	51
ethosuximide	35
ethynodiol diac-eth estradiol	85
etodolac	16
etodolac er	16
etonogestrel-ethinyl estradiol	90
ETOPOSIDE	69
etravirine	74
EUCRISA	103
EUFLEXXA	163
EULEXIN	58
euthyrox	180
EVAMIST	111
EVENITY	105
everolimus	62,154,155
EVKEEZA	46
EVOTAZ	74
EVRYSDI	165
EXEL COMFORT POINT INSULIN SYR	145
EXEL COMFORT POINT PEN NEEDLE	145
EXELDERM	96

exemestane	58
EXKIVITY	56
EXONDYS 51	165
EXSERVAN	165
EXTAVIA	175
EYLEA	167
EYLEA HD	167
EZ-LETS LANCETS 21G	128
EZ-LETS LANCETS 26G	128
EZ-LETS LANCETS 28G	128
EZ-LETS LANCETS 30G	129
ezetimibe	48
ezetimibe-simvastatin	46

F

FABHALTA	117
FABIOR	94
FABRAZYME	108
falmina	85
famciclovir	77
famotidine	182
FANAPT	70
FANAPT TITRATION PACK	71
FARXIGA	43
FASENRA	28
FASENRA PEN	28
fayosim	85
FC2 FEMALE CONDOM	124
fe-vite iron	121
febuxostat	116
felbamate	34
felodipine er	79
FEMCAP	124
FEMLYV	85
FEMRING	186
femynor	85
fenofibrate	47
fenofibrate micronized	47
fenofibric acid	47
FENOPROFEN CALCIUM	16
FENSOLVI (6 MONTH)	107

fentanyl	20	FLUAD QUADRIVALENT	184
FENTANYL CITRATE	20	FLUARIX	184
fentanyl citrate	20	FLUARIX QUADRIVALENT	184
FENTORA	20	FLUBLOK	184
FERRIPROX	44	FLUBLOK QUADRIVALENT	184
ferrous sulfate	121	FLUCELVAX	184
ferumoxytol	121	FLUCELVAX QUADRIVALENT	184
fesoterodine fumarate er	183	fluconazole	45
FETROJA	83	flucytosine	45
FETZIMA	37	fludrocortisone acetate	92
FETZIMA TITRATION	37	FLULAVAL	184
FIASP	41	FLULAVAL QUADRIVALENT	184
FIASP FLEXTOUCH	41	FLUMIST	184
FIASP PENFILL	41	FLUMIST QUADRIVALENT	184
FIFTY50 ALCOHOL PREP	142	flunisolide	164
FIFTY50 PEN NEEDLES	145	fluocinolone acetonide	99,171
FIFTY50 SAFETY SEAL LANCETS	129	fluocinolone acetonide body	99
FIFTY50 SUPERIOR COMFORT SYR	146	fluocinolone acetonide scalp	99
FIFTY50 UNILET LANCETS 33G	129	fluocinonide	99
FILSPARI	115	fluocinonide emulsified base	99
FINACEA	103	FLUORABON	152
finasteride	116	FLUORIDEX SENSITIVITY RELIEF	157
FINE 30	129	FLUORIMAX 5000 SENSITIVE	157
FINGERSTIX LANCETS	129	fluoritab	153
fin golimod hcl	175	fluorometholone	169
FINTEPLA	33	FLUOROURACIL	96
finzala	85	FLUOVIX	99
FIRDAPSE	51	FLUOVIX PLUS	99
FIRMAGON	58	fluoxetine hcl	36
FIRMAGON (240 MG DOSE)	58	FLUOXETINE HCL	36
FIRST-MOUTHWASH BLM	156	FLUOXETINE HCL (PMDD)	177
FIRVANQ	25	fluphenazine decanoate	72
flac	171	fluphenazine hcl	72,73
FLAREX	169	FLURA-DROPS	153
flavoxate hcl	183	flurandrenolide	99
FLEBOGAMMA DIF	171	flurbiprofen	16
flecainide acetate	28	FLURBIPROFEN SODIUM	170
FLORIVA	152,158	FLUTAMIDE	58
FLOVENT DISKUS	29	flutamide	58
FLOVENT HFA	30	FLUTICASONE PROPIONATE	99
FLUAD	184	fluticasone propionate	164

FLUTICASONE PROPIONATE DISKUS	30	FREESTYLE LIBRE 2 READER	129
FLUTICASONE PROPIONATE HFA	30	FREESTYLE LIBRE 2 SENSOR	129
fluticasone-salmeterol	30	FREESTYLE LIBRE 3 PLUS SENSOR	129
FLUTICASONE-SALMETEROL	30	FREESTYLE LIBRE 3 READER	129
fluvastatin sodium	47	FREESTYLE LIBRE 3 SENSOR	129
fluvastatin sodium er	47	FREESTYLE LIBRE READER	129
fluvoxamine maleate	36	FREESTYLE LIBRE SENSOR SYSTEM	129
fluvoxamine maleate er	36	FREESTYLE PRECISION INS SYR	146
FLUZONE	185	FREESTYLE UNISTICK II LANCETS	129
FLUZONE HIGH-DOSE	185	frovatriptan succinate	152
FLUZONE HIGH-DOSE QUADRIVALENT	185	FRUZAQLA	53
FLUZONE QUADRIVALENT	185	ft aspirin	19
FML FORTE	169	ft aspirin low dose	19
folate	119	ft folic acid	119
folic acid	119	ft nicotine	177
FOLIVANE-OB	159	ft nicotine mini	177
FOLLISTIM AQ	106	FULPHILA	120
FOLOTYN	52	FULVESTRANT	58
fondaparinux sodium	32	furosemide	105
FORA LANCETS	129	FUROSEMIDE	105
FORA LANCING DEVICE	129	FUZEON	74
formoterol fumarate	30	FYARRO	62
FORTESTA	23	fyavolv	111
FOSAMAX PLUS D	105	FYCOMPA	32
fosamprenavir calcium	74	FYLNETRA	120
fosfomycin tromethamine	26		
fosinopril sodium	49	G	
fosinopril sodium-hctz	50	g tussin ac	93
FOSRENOL	114	gabapentin	33
FOTIVDA	62	gabapentin (once-daily)	176
FRAGMIN	32	GALAFOLD	108
fraiche 5000 dental	157	galantamine hydrobromide	173
FREDS PHARMACY AUTOLET LANCING	129	galantamine hydrobromide er	174
FREDS PHARMACY UNIFINE PENTIP+	146	gallifrey	173
FREDS PHARMACY UNIFINE PENTIPS	146	GAMASTAN	171
FREDS PHARMACY UNILET LANC 28G	129	GAMIFANT	155
FREDS PHARMACY UNILET LANC 30G	129	GAMMAGARD	171
FREESTYLE LANCETS	129	GAMMAGARD S/D LESS IGA	171
FREESTYLE LIBRE 14 DAY READER	129	GAMMAKED	171
FREESTYLE LIBRE 14 DAY SENSOR	129	GAMMAPLEX	171
FREESTYLE LIBRE 2 PLUS SENSOR	129	GAMUNEX-C	171

GANIRELIX ACETATE	106	glipizide	43
GARDASIL 9	185	glipizide er	43
GATTEX	115	glipizide xl	43
GAVILYTE-C	122	glipizide-metformin hcl	38
gavilyte-g	122	GLOBAL ALCOHOL PREP EASE	142
gavilyte-n with flavor pack	122	GLOBAL EASE INJECT PEN NEEDLES	146
GAVRETO	62	GLOBAL EASY GLIDE INSULIN SYR	146
GAZYVA	55	GLOBAL EASY GLIDE PEN NEEDLES	146
gefitinib	56	GLOBAL INJECT EASE INSULIN SYR	146
GEL-ONE	163	GLOBAL INJECT EASE LANCETS 28G	130
GELNIQUE	183	GLOBAL INJECT EASE LANCETS 30G	130
GELSYN-3	163	GLOBAL INSULIN SYRINGES	146
gemfibrozil	47	GLOBAL LANCING DEVICE	130
gemmily	85	GLUCAGEN HYPOKIT	39
GENERESS FE	85	GLUCAGON EMERGENCY	39
generlac	114	GLUCO TO GO	39
engraf	155	GLUCOCOM LANCETS 28G	130
GENOTROPIN	106	GLUCOCOM LANCETS 30G	130
GENOTROPIN MINIQUICK	106	GLUCOCOM LANCETS 33G	130
GENTAK	168	GLUCOPRO INSULIN SYRINGE	146
gentamicin sulfate	95,168	GLUCOSE	39
GENTEEL BUTTERFLY TOUCH LANCET	129	GLUCOSE INSTANT ENERGY	39
GENTEEL LANCING KIT (BLUE)	129	glyburide	43
GENTEEL PLUS LANCING (BLACK)	129	GLYBURIDE MICRONIZED	43
GENTEEL PLUS LANCING (PURPLE)	129	glyburide-metformin	38
GENTEEL PLUS LANCING (WHITE)	129	glycopyrrolate	181
GENTEEL PLUS LANCING DEV(BLUE)	129	glydo	102
GENTEEL PLUS LANCING DEV(PINK)	129	GLYXAMBI	38
GENTLE-LET GP LANCETS	129	gnp adult aspirin low strength	19
GENTLE-LET LANCETS	129	GNP ALCOHOL SWABS	142
GENVISC 850	163	gnp aspirin	19
GENVOYA	74	gnp aspirin low dose	19
gianvi	85	GNP CLICKFINE PEN NEEDLES	146
GILENYA	175	gnp folic acid	119
GILOTRIF	56	GNP GLUCOSE	39
GIVLAARI	116	GNP INSULIN SYRINGE	146
GLASSIA	179	GNP INSULIN SYRINGES	146
glatiramer acetate	175	GNP INSULIN SYRINGES 28GX1/2"	146
GLEEVEC	62	GNP INSULIN SYRINGES 29GX1/2"	146
GLEOSTINE	52	GNP INSULIN SYRINGES 30GX5/16"	146
glimepiride	43	GNP INSULIN SYRINGES 31GX5/16"	146

GNP LANCETS 21G	130
GNP LANCETS THIN	130
GNP LANCETS THIN 26G	130
GNP LANCING SYSTEM DEVICE	130
gnp nicotine	177
gnp nicotine mini	177
gnp nicotine polacrilex	177
GNP QUICK DISSOLVE GLUCOSE	39
GNP STERILE LANCETS 28G	130
GNP STERILE LANCETS 30G	130
GNP STERILE LANCETS 33G	130
GNP ULTICARE PEN NEEDLES	146
GNP ULTIGUARD SAFEPAK NEEDLE	146
GNP ULTRA COM INSULIN SYRINGE	146
GOJJI LANCING DEVICE/CLEAR CAP	130
GOJJI STERILE LANCETS	130
GONAL-F	106
GONAL-F RFF	106
GONAL-F RFF REDIRECT	106
goodsense aspirin	19
goodsense aspirin adult low st	19
goodsense aspirin low dose	19
GOODSENSE CLICKFINE PEN NEEDLE	146
GOODSENSE COLOR LANCETS 33G	130
GOODSENSE GLUCOSE	39
GOODSENSE LANCETS 26G UNIV	130
GOODSENSE LANCETS 30G	130
GOODSENSE LANCETS 30G UNIV	130
GOODSENSE LANCETS 33G	130
GOODSENSE LANCETS 33G UNIV	130
GOODSENSE LANCING DEVICE	130
goodsense nicotine	177
GOODSENSE PEN NEEDLE PENFINE	146
GRALISE	177
granisetron hcl	44
griseofulvin microsize	45
griseofulvin ultramicrosize	45
guaifenesin ac	93
guaifenesin ac	93
guaifenesin-codeine	93
guanfacine hcl	50

guanfacine hcl er	12
GVOKE HYPOPEN 1-PACK	39,40
GVOKE HYPOPEN 2-PACK	40
GVOKE KIT	40
GVOKE PFS	40
GYNAZOLE-1	186

H

h-e-b aspirin	19
H-E-B INCONTROL ADV LANCING	130
H-E-B INCONTROL ALCOHOL	142
H-E-B INCONTROL LANCETS 28G	130
H-E-B INCONTROL LANCETS 30G	130
H-E-B INCONTROL LANCETS 33G	130
H-E-B INCONTROL PEN NEEDLES	146
H-E-B INCONTROL UNIFINE PENTIP	146
habitrol	177
HADLIMA	14
HADLIMA PUSHTOUCH	14
HAEGARDA	117
HAEMOLANCE	130
HAEMOLANCE LOW FLOW LANCETS	130
HAEMOLANCE PLUS	130
HAEMOLANCE PLUS HIGH FLOW	130
HAEMOLANCE PLUS LOW FLOW	130
HAEMOLANCE PLUS MAX FLOW	131
HAEMOLANCE PLUS PEDIATRIC FLOW	131
hailey 1.5/30	85
hailey 24 fe	85
hailey fe 1.5/30	85
hailey fe 1/20	85
HALAVEN	69
halcinonide	99
halobetasol propionate	99
haloette	90
haloperidol	72
haloperidol decanoate	72
haloperidol lactate	72
HAVRIX	185
HEALTH CARE LANCING DEVICE	131
HEALTHWISE INSULIN SYR/NEEDLE	146

HEALTHWISE MICRON PEN NEEDLES	146	HUMIRA-PED>/=40KG CROHNS START	14
HEALTHWISE MINI PEN NEEDLES	146	HUMIRA-PED>/=40KG UC STARTER	14
HEALTHWISE PEN NEEDLES	146	HUMIRA-PS/UV/ADOL HS STARTER	14
HEALTHWISE SHORT PEN NEEDLES	146	HUMIRA-PSORIASIS/UVEIT STARTER	14
HEALTHWISE UNIFINE PENTIPS	146	HY-VEE GLUCOSE	40
HEALTHY ACCENTS LANCING DEVICE	131	HY-VEE LANCETS	131
HEALTHY ACCENTS UNIFINE PENTIP	146	HY-VEE THIN LANCETS	131
HEALTHY ACCENTS UNILET LANCETS	131	HYALGAN	163
heather	91	HYCAMTIN	69
HEMGENIX	116	hydralazine hcl	51
HEMLIBRA	117	hydrochlorothiazide	105
hemmorex-hc	24	hydrocod poli-chlorphe poli er	93
HEMOFIL M	117	hydrocodone bit-homatrop mbr	93
HEPARIN SODIUM (PORCINE)	32	hydrocodone bitartrate er	20
heparin sodium (porcine) pf	32	hydrocodone-acetaminophen	22
HEPLISAV-B	185	HYDROCODONE-IBUPROFEN	22
her style	90	hydrocort-pramoxine (perianal)	23
HERCEPTIN	54	hydrocortisone	23,92,99
HERCEPTIN HYLECTA	60	hydrocortisone (perianal)	24
HERZUMA	54	HYDROCORTISONE ACE-PRAMOXINE	23,100
HIBERIX	183	hydrocortisone acetate	24
HIZENTRA	171	hydrocortisone butyr lipo base	100
hm aspirin	19	HYDROCORTISONE BUTYRATE	100
hm aspirin ec low dose	19	hydrocortisone butyrate	100
hm folic acid	119	hydrocortisone sod suc (pf)	92
hm nicotine	177	hydrocortisone valerate	100
hm nicotine polacrilex	178	hydrocortisone-acetic acid	171
HM STERILE ALCOHOL PREP	142	hydromet	93
HM ULTICARE INSULIN SYRINGE	147	hydromorphone hcl	20
HM ULTICARE MINI PEN NEEDLES	147	hydromorphone hcl er	20
HM ULTICARE SHORT PEN NEEDLES	147	hydroxychloroquine sulfate	51
HORIZANT	177	HYDROXYPROGESTERONE CAPROATE	58
HUMALOG	41	hydroxyprogesterone caproate	173
HUMALOG TEMPO PEN	42	hydroxyurea	68
HUMATE-P	117	hydroxyzine hcl	27
HUMATROPE	106	HYDROXYZINE PAMOATE	27
HUMIRA	14	HYFTOR	101
HUMIRA (2 PEN)	14	HYMOVIS	163
HUMIRA (2 SYRINGE)	14	HYOPHEN	24
HUMIRA-CD/UC/HS STARTER	14	hyoscyamine sulfate	181
HUMIRA-PED<40KG CROHNS STARTER	14	hyoscyamine sulfate er	181

hyosyne	181
HYPERRHO S/D	171
HYPERSAL	93
HYPOLANCE AST LANCING	131
HYQVIA	172

I

ibandronate sodium	105	indomethacin	16
IBRANCE	62	indomethacin er	16
ibu	16	INFANRIX	181
ibuprofen	16	INFLECTRA	113
icatibant acetate	117	INJECTAFER	121
iclevia	85	INLYTA	53
ICLUSIG	62	INNOPRAN XL	79
icosapent ethyl	46	INQOVI	60
IDHIFA	62	INREBIC	63
IHEALTH LANCING DEVICE	131	INSULIN ASP PROT & ASP FLEXPEN	42
ILARIS	15	INSULIN ASPART	42
ILUVIEN	169	INSULIN ASPART FLEXPEN	42
imatinib mesylate	62,63	INSULIN ASPART PENFILL	42
IMBRUVICA	63	INSULIN ASPART PROT & ASPART	42
IMDELLTRA	55	INSULIN DEGLUDEC	42
IMFINZI	55	INSULIN DEGLUDEC FLEXTOUCH	42
imipramine hcl	37	INSULIN GLARGINE MAX SOLOSTAR	42
imipramine pamoate	37	INSULIN GLARGINE SOLOSTAR	42
imiquimod	101	INSULIN SYRINGE	147
imiquimod pump	101	INSULIN SYRINGE-NEEDLE U-100	147
IMJUDO	55	INSULIN SYRINGE/NEEDLE	147
IMLYGIC	69	INSUPEN PEN NEEDLES	147
IN TOUCH LANCING DEVICE	131	INSUPEN SENSITIVE	147
IN TOUCH STERILE LANCETS 30G	131	INSUPEN ULTRAFIN	147
INATAL GT	159	INTELENCE	75
INBRIJA	70	INTRON A	68
incassia	91	introvale	85
INCONTROL ULTICARE PEN NEEDLES	147	INVEGA HAFYERA	71
INCRELEX	107	INVEGA SUSTENNA	71
INCRUSE ELLIPTA	29	INVEGA TRINZA	71
indapamide	105	IOPIDINE	167
INDERAL XL	79	IPOL	185
INDOCIN	16	ipratropium bromide	29,164
indocin	16	ipratropium-albuterol	30
		irbesartan	49
		irbesartan-hydrochlorothiazide	50
		IRESSA	57
		iron (ferrous sulfate)	121
		iron infant & toddler	121
		iron infant/toddler	121
		iron supplement	121

iron supplement childrens	121
ISENTRESS	75
ISENTRESS HD	75
isibloom	85
isoniazid	52
isopropyl alcohol	102
isopropyl alcohol wipes	102
ISOPTO ATROPINE	166
isosorbide dinitrate	26
isosorbide mononitrate	26
isosorbide mononitrate er	26
isotretinoin	94
isoxsuprine hcl	80
isradipine	79
itraconazole	45
ivabradine hcl	82
ivermectin	24,103
IVERMECTIN	103
IWILFIN	68
IXEMPRA KIT	69
IZERVAY	168

J

jaimiess	85
JAKAFI	63
JANSSEN COVID-19 VACCINE	185
jantoven	31
JARDIANCE	43
jasmiel	85
JATENZO	23
javygtor	108
JAYPIRCA	63
JELMYTO	60
JEMPERLI	55
jencycla	91
JENTADUETO	38
JENTADUETO XR	38
JEVTANA	69
jinteli	111
JIVI	117
JOENJA	154

jolessa	85
joyeaux	85
juleber	85
JULUCA	75
junel 1.5/30	85
junel 1/20	85
junel fe 1.5/30	85
junel fe 1/20	85
junel fe 24	85
just right 5000	157
JUXTAPID	48
JYNARQUE	110
JYNNEOS	185

K

K-PHOS	153
k-prime	153
KADCYLA	55
KADIAN	20
kaitlib fe	85
KALBITOR	118
kalliga	85
KALYDECO	179
KANJINTI	54
KANUMA	108
kariva	85
KCENTRA	117
kelnor 1/35	85
kelnor 1/50	86
KEPIVANCE	68
KEPPRA	33
KEPPRA XR	33
KESIMPTA	175
KETO-DIASTIX	104
ketoconazole	45,96
ketodan	96
KETONE TEST	104
ketorolac tromethamine	16,170
KETOROLAC TROMETHAMINE	16
KETOSTIX	104
KEYTRUDA	55

KHAPZORY	68
KIMMTRAK	55
KIMYRSA	25
KINNEY LANCETS	131
KINNEY THIN LANCETS	131
KINRAY INSULIN SYRINGE	147
KINRIX	181
kionex	155
KISQALI (200 MG DOSE)	63
KISQALI (400 MG DOSE)	63
KISQALI (600 MG DOSE)	63
KISQALI FEMARA (200 MG DOSE)	60
KISQALI FEMARA (400 MG DOSE)	60
KISQALI FEMARA (600 MG DOSE)	60
klayesta	96
KLISYRI (250 MG)	96
KLISYRI (350 MG)	96
klor-con	153
klor-con 10	153
klor-con m10	153
klor-con m15	153
klor-con m20	153
klor-con sprinkle	153
klor-con/ef	153
KLOXXADO	44
kls aspirin low dose	19
kls quit2	178
kls quit4	178
KMART VALU INSULIN SYRINGE 29G	147
KMART VALU INSULIN SYRINGE 30G	147
KOATE	117
KOATE-DVI	117
KOGENATE FS	117
KOMBIGLYZE XR	38
KORLYM	40
KORSUVA	156
KOSELUGO	63
KOSHER PRENATAL PLUS IRON	159
kourzeq	157
kp aspirin	19
kp folic acid	119

KRAZATI	63
KRINTAFEL	51
KRISTALOSE	123
KROGER AUTOLET LANCING DEVICE	131
KROGER GLUCOSE	40
KROGER HEALTHPRO LANCET 26G	131
KROGER INSULIN SYRINGE	147
KROGER LANCETS	131
KROGER LANCETS 21G	131
KROGER LANCETS MICRO THIN 33G	131
KROGER LANCETS SUPER THIN	131
KROGER LANCETS THIN	131
KROGER LANCETS THIN 26G	131
KROGER LANCETS ULTRATHIN 30G	131
KROGER LANCING DEVICE	131
KROGER PEN NEEDLES	147
KRYSTEXXA	116
kurvelo	86
KYLEENA	91
KYNMOBI	70
KYNMOBI TITRATION KIT	70
KYPROLIS	63
KYZATREX	23

L

l-glutamine	119
labetalol hcl	78
lacosamide	33
LACRISERT	166
lactulose	123
lactulose encephalopathy	114
LAGEVRIO	78
lamivudine	75,77
lamivudine-zidovudine	75
lamotrigine	33
lamotrigine er	33
lamotrigine starter kit-blue	33
lamotrigine starter kit-green	33
lamotrigine starter kit-orange	33
LAMZEDE	108
LANCET DEVICE	131

LANCET DEVICE WITH EJECTOR	131	LEMTRADA	175
LANCET TRANSPORTER CASE	131	lenalidomide	154
LANCETS	131	LENVIMA (10 MG DAILY DOSE)	53
LANCETS 28G	131	LENVIMA (12 MG DAILY DOSE)	53
LANCETS 30G	131	LENVIMA (14 MG DAILY DOSE)	53
LANCETS 33G	131	LENVIMA (18 MG DAILY DOSE)	54
LANCETS MICRO THIN 33G	131	LENVIMA (20 MG DAILY DOSE)	54
LANCETS SUPER THIN	132	LENVIMA (24 MG DAILY DOSE)	54
LANCETS SUPER THIN 28G	132	LENVIMA (4 MG DAILY DOSE)	54
LANCETS THIN	132	LENVIMA (8 MG DAILY DOSE)	54
LANCETS ULTRA FINE	132	LEQVIO	49
LANCETS ULTRA THIN	132	lessina	86
LANCETS ULTRA THIN 30G	132	letrozole	58
LANCING DEVICE	132	leucovorin calcium	68
LANOXIN	80	LEUKERAN	52
LANREOTIDE ACETATE	109	LEUKINE	120
lanreotide acetate	109	leuprolide acetate	58
lansoprazole	182	levabuterol hcl	30
lanthanum carbonate	114	LEVALBUTEROL TARTRATE	30
LANTUS	42	LEVEMIR	42
LANTUS SOLOSTAR	42	LEVEMIR FLEXPEN	42
LANZO	132	LEVEMIR FLEXTOUCH	42
lapatinib ditosylate	63	levetiracetam	33
larin 1.5/30	86	levetiracetam er	33
larin 1/20	86	levo-t	180
larin 24 fe	86	LEVOBUNOLOL HCL	166
larin fe 1.5/30	86	levocarnitine	108,166
larin fe 1/20	86	LEVOCARNITINE L-TARTRATE	166
larissia	86	levocarnitine sf	108
LATANOPROST	170	levofloxacin	112,168
layolis fe	86	levonest	86
LAZANDA	20	levonorg-eth estrad triphasic	86
LAZCLUZE	57	levonorgest-eth est & eth est	86
LEADER ADVANCED LANCING DEVICE	132	levonorgest-eth estrad 91-day	86
LEADER GLUCOSE	40	levonorgest-eth estradiol-iron	86
LEADER INSULIN SYRINGE	147	levonorgestrel	90
LEADER QUICK DISSOLVE GLUCOSE	40	levonorgestrel-ethinyl estrad	86
LEADER UNIFINE PENTIPS	147	levora 0.15/30 (28)	86
LEADER UNIFINE PENTIPS PLUS	147	levorphanol tartrate	21
leena	86	levothyroxine sodium	180
leflunomide	17	levoxyl	180

LEXIVA	75	LIVTENCITY	76
LIBERTY MEDICAL LANCETS	132	LO LOESTRIN FE	86
LIBERTY MINI LANCING DEVICE	132	lo-zumandimine	86
LIBERVANT	32	LODOCO	80
LIBTAYO	55	loestrin 1.5/30 (21)	86
lidocaine	102	loestrin 1/20 (21)	86
lidocaine hcl	102	loestrin fe 1.5/30	86
LIDOCAINE HCL	156	loestrin fe 1/20	86
LIDOCAINE HCL URETHRAL/MUCOSAL	102	lofexidine hcl	173
lidocaine viscous hcl	156	lojaimiess	86
lidocaine-hydrocort (perianal)	23	LOKELMA	155
LIDOCAINE-HYDROCORTISONE ACE	23	LONGS GLUCOSE	40
lidocaine-prilocaine	102	LONGS INSULIN SYRINGE	147
lidocan	102	LONGS LANCETS STANDARD	132
lidocort	23	LONGS LANCETS THIN	132
lidopac	102	LONGS LANCETS ULTRA THIN	132
LIFESCAN UNISTIK 2	132	LONSURF	60
LIFESCAN UNISTIK II LANCETS	132	loperamide hcl	43
LILETTA (52 MG)	173	lopinavir-ritonavir	75
lillow	86	lopreeza	111
LINDANE	103	LOQTORZI	55
linezolid	26	lorazepam	27
LINZESS	114	lorazepam intensol	27
liothyronine sodium	181	LORBRENA	63
LIQREV	81	loryna	86
lisdexamphetamine dimesylate	12	lorzone	162
lisinopril	49	losartan potassium	49
lisinopril-hydrochlorothiazide	50	losartan potassium-hctz	50
LITE TOUCH LANCETS	132	LOSEASONIQUE	86
LITE TOUCH LANCING PEN	132	LOTEMAX	169
LITETOUCH INSULIN SYRINGE	147	loteprednol etabonate	169
LITETOUCH LANCETS	132	lovastatin	47,48
LITETOUCH PEN NEEDLES	147	low-ogestrel	86
lithium	70	loxapine succinate	72
lithium carbonate	70	lubiprostone	112
lithium carbonate er	70	LUCEMYRA	173
LITHOSTAT	116	LUCENTIS	167
LIVALO	47	LUMAKRAS	63,64
LIVE BETTER ADV LANCING DEVICE	132	LUMIGAN	170
LIVE BETTER LANCET SUPER THIN	132	LUMIZYME	108
LIVE BETTER LANCET ULTRA THIN	132	LUMOXITI	55

LUMRYZ	173
LUMRYZ STARTER PACK	173
LUNSUMIO	55
LUPKYNIS	155
LUPRON DEPOT (1-MONTH)	58
LUPRON DEPOT (3-MONTH)	58
LUPRON DEPOT (4-MONTH)	58
LUPRON DEPOT (6-MONTH)	58
LUPRON DEPOT-PED (1-MONTH)	107
LUPRON DEPOT-PED (3-MONTH)	107
LUPRON DEPOT-PED (6-MONTH)	107
lurasidone hcl	70
LUTATHERA	68
lutea	86
lyleq	91
lyllana	111
lymepak	180
LYNPARZA	64
LYSODREN	58
LYTGOBI (12 MG DAILY DOSE)	64
LYTGOBI (16 MG DAILY DOSE)	64
LYTGOBI (20 MG DAILY DOSE)	64
lyza	91

M

M-M-R II	185
M-NATAL PLUS	159
MACRILEN	103
MAGELLAN INSULIN SAFETY SYR	147
malathion	103
MARATHON MEDICAL PENTIPS	147
maraviroc	75
MARGENZA	54
marlissa	87
MARPLAN	36
MARQIBO	69
MATULANE	68
matzim la	79
MAVENCLAD (10 TABS)	175
MAVENCLAD (4 TABS)	175
MAVENCLAD (5 TABS)	175
MAVENCLAD (6 TABS)	175
MAVENCLAD (7 TABS)	175
MAVENCLAD (8 TABS)	175
MAVENCLAD (9 TABS)	175
MAVYRET	77
MAXI-COMFORT INSULIN SYRINGE	147
MAXI-COMFORT SAFETY PEN NEEDLE	147
maxi-tuss ac	93
MAXICOMFORT II PEN NEEDLE	147
MAXICOMFORT SYR 27G X 1/2"	147
MAXIDEX	169
MAYZENT	175
MAYZENT STARTER PACK	175
meclizine hcl	44
MECLOFENAMATE SODIUM	17
MEDIC INSULIN SYRINGE	147
MEDICHOICE SAFETY LANCET	132
MEDICHOICE SAFETY LANCET EXTRA	132
MEDICHOICE SAFETY LANCET NORM	132
MEDICINE SHOPPE PEN NEEDLES	147
MEDISENSE THIN LANCETS	132
MEDLANCE EXTRA 21G	132
MEDLANCE LITE 25G	132
MEDLANCE PLUS EXTRA 21G	132
MEDLANCE PLUS LANCETS	132
MEDLANCE PLUS LITE 25G	132
MEDLANCE PLUS SPECIAL 0.8MM	133
MEDLANCE PLUS SUPERLITE 30G	133
MEDLANCE PLUS UNIVERSAL 21G	133
MEDLANCE UNIVERSAL 21G	133
medpura alcohol pads	102
medroxyprogesterone acetate	91,173
mefenamic acid	17
mefloquine hcl	51
megestrol acetate	58
MEIJER ALCOHOL SWABS	142
MEIJER GLUCOSE	40
MEIJER LANCETS	133
MEIJER LANCETS THIN	133
MEIJER LANCETS UNIVERSAL 21G	133
MEIJER LANCETS UNIVERSAL 30G	133

MEIJER LANCETS UNIVERSAL 33G	133	methsuximide	35
MEIJER PEN NEEDLES	147	METHYLDOPA	50
MEIJER SUPER THIN LANCETS	133	methylergonovine maleate	171
MEKINIST	64	methylphenidate	12
MEKTOVI	64	methylphenidate hcl	12
melodetta 24 fe	87	METHYLPHENIDATE HCL ER	12
meloxicam	17	methylphenidate hcl er (cd)	13
MELPHALAN	52	methylphenidate hcl er (la)	13
memantine hcl	174	methylphenidate hcl er (osm)	13
memantine hcl er	174	methylprednisolone	92
MENACTRA	183	methylprednisolone sodium succ	92
MENEST	111	methyltestosterone	23
MENOPUR	106	metoclopramide hcl	112
MENOSTAR	111	METOCLOPRAMIDE HCL	112
MENVEO	183	metolazone	105
MEPERIDINE HCL	21	metoprolol succinate er	79
meprobamate	27	metoprolol tartrate	79
MEPSEVII	108	metoprolol-hydrochlorothiazide	50
mercaptopurine	53	metronidazole	24,103
merzee	87	mexiletine hcl	28
mesalamine	113	mibelas 24 fe	87
mesalamine er	113	MICONAZOLE 3	186
mesalamine-cleanser	113	MICRODOT PEN NEEDLE	147
MESNEX	68	microgestin 1.5/30	87
metaxalone	162	microgestin 1/20	87
metformin hcl	39	microgestin 24 fe	87
metformin hcl er	39	microgestin fe 1.5/30	87
methadone hcl	21	microgestin fe 1/20	87
methadone hcl intensol	21	MICROLET LANCETS	133
methadose	21	MICROLET NEXT LANCING DEVICE	133
methamphetamine hcl	12	midazolam hcl	122
methazolamide	104	midodrine hcl	187
methenamine hippurate	26	mifepristone	40,109
methenamine mandelate	26	MIGERGOT	152
methimazole	180	MIGLITOL	38
METHITEST	23	miglustat	119
methocarbamol	162	mili	87
METHOTREXATE SODIUM	53	millipred	92
methotrexate sodium (pf)	53	mimvey	111
METHOXSALEN RAPID	97	MINASTRIN 24 FE	87
methscopolamine bromide	182	MINI LANCING DEVICE	133

miniprin low dose	19	MOVANTIK	114
minitran	26	moxicaine	102
minocycline hcl	180	moxifloxacin hcl	112,168
minocycline hcl er	180	MOXIFLOXACIN HCL (2X DAY)	168
minoxidil	51	MOZOBIL	121
MIRCERA	120	MPD SAFETY LANCET 21G	133
MIRCETTE	87	MPD SAFETY LANCET 23G	133
MIRENA (52 MG)	91	MPD SAFETY LANCET 28G	133
mirtazapine	35	MPD SAFETY LANCET 30G	133
misoprostol	182	MRESVIA	185
mitomycin	60	MS INSULIN SYRINGE	148
mm aspirin	19	MULPLETA	120
MM INSULIN SYRINGE/NEEDLE	148	MULTAQ	28
MM LANCING DEVICE	133	MULTI-LANCET DEVICE	133
MM PEN NEEDLES	148	MULTI-LANCET DEVICE 2	133
MM TWIST LANCETS	133	MULTI-MAC	159
modafinil	13	multi-vit/iron/fluoride	157
MODERNA COVID-19 BIVAL 6M-5Y	185	MULTI-VITAMIN/FLUORIDE	158
MODERNA COVID-19 BIVAL BOOSTER	185	multi-vitamin/fluoride/iron	158
MODERNA COVID-19 BIVALENT	185	MULTIVITAMIN + FLUORIDE	158
MODERNA COVID-19 VAC (BOOSTER)	185	multivitamin select/fluoride	158
MODERNA COVID-19 VAC 6M-11Y	185	MULTIVITAMIN/FLUORIDE	158
MODERNA COVID-19 VACCINE	185	multivitamin/fluoride/iron	158
moexipril hcl	49	mupirocin	95
mometasone furoate	100,164	mupirocin calcium	95
mondoxylene nl	180	mutamycin	60
MONJUVI	55	MVASI	54
mono-linyah	87	my choice	90
MONOJECT INSULIN SYRINGE	148	my way	90
MONOJECT ULTRA COMFORT SYRINGE	148	mycophenolate mofetil	155
MONOLET LANCETS	133	mycophenolate sodium	155
MONOLET OPD LANCETS	133	mycophenolic acid	155
MONOLETTOR SAFETY LANCETS	133	MYFEMBREE	111
MONOVISC	163	MYGLUCOHEALTH LANCETS 30G	133
montelukast sodium	29	MYLERAN	52
morgidox	180	MYLOTARG	55
morphine sulfate	21	MYOBLOC	165
MORPHINE SULFATE (CONCENTRATE)	21	myorisan	94
morphine sulfate er	21	MYRBETRIQ	183
MORPHINE SULFATE ER BEADS	21		
MOUNJARO	41		

N

na sulfate-k sulfate-mg sulf	122	NESTABS	159
nabumetone	17	NESTABS DHA	159
nadolol	79	NESTABS ONE	159
nafrinse	153	neuac	94
NAFRINSE DROPS	153	NEULASTA	120
NAFTIFINE HCL	96	NEULASTA ONPRO	120
NAGLAZYME	108	NEUPOGEN	120
NALOCET	22	nevirapine	75
naloxone hcl	44	NEVIRAPINE	75
NALOXONE HCL	44	NEVIRAPINE ER	75
naltrexone hcl	44	nevirapine er	75
naproxen	17	new day	90
naproxen dr	17	NEXAVAR	64
naproxen sodium	17	NEXIUM	182
naproxen sodium er	17	NEXLETOL	46
naproxen-esomeprazole mg	17	NEXLIZET	46
naratriptan hcl	152	NEXPLANON	173
NATACHEW	159	NEXTSTELLIS	87
NATACYN	168	NEXVIAZYME	108
NATAZIA	87	NGENLA	107
nateglinide	43	niacin er (antihyperlipidemic)	48
NAYZILAM	32	NIACOR	48
nebivolol hcl	79	nicardipine hcl	79
nebusal	93	NICODERM CQ	178
necon 0.5/35 (28)	87	NICORETTE	178
NEEVO DHA	159	NICORETTE MINI	178
NEFAZODONE HCL	37	NICORETTE STARTER KIT	178
nelarabine	53	NICOTINE	178
neo-polycin	168	nicotine mini	178
neo-polycin hc	169	nicotine polacrilex	178
neomycin sulfate	13	nicotine polacrilex mini	178
neomycin-bacitracin zn-polymyx	168	nicotine step 1	178
neomycin-polymyxin-dexameth	169	nicotine step 2	178
NEOMYCIN-POLYMYXIN-GRAMICIDIN	168	nicotine step 3	178
NEOMYCIN-POLYMYXIN-HC	169	NICOTROL	178
neomycin-polymyxin-hc	171	NICOTROL NS	178
NEONATAL COMPLETE	159	nifedipine	79
NEONATAL PLUS	159	nifedipine er	79
NERLYNX	64	nifedipine er osmotic release	79
		nikki	87
		nilutamide	58

nimodipine	80	NOVA SUREFLEX LANCING DEVICE	133
NINJACOF-XG	93	NOVAREL	106
NINLARO	64	NOVAVAX COVID-19 VACCINE	185
NITAZOXANIDE	25	NOVOEIGHT	117
NITRO-BID	26	NOVOFINE AUTOCOVER PEN NEEDLE	148
NITRO-DUR	26	NOVOFINE PEN NEEDLE	148
NITRO-TIME	27	NOVOFINE PLUS PEN NEEDLE	148
nitrofurantoin	26	NOVOLIN 70/30	42
nitrofurantoin macrocrystal	26	NOVOLIN 70/30 FLEXPEN	42
nitrofurantoin monohyd macro	26	NOVOLIN 70/30 FLEXPEN RELION	42
nitroglycerin	24,27	NOVOLIN 70/30 RELION	42
NITYR	108	NOVOLIN N	42
NIVA-PLUS	159	NOVOLIN N FLEXPEN	42
NIVESTYM	120	NOVOLIN N FLEXPEN RELION	42
NIZATIDINE	182	NOVOLIN N RELION	42
nolix	100	NOVOLIN R	42
nora-be	91	NOVOLIN R FLEXPEN	42
NORDITROPIN FLEXPEN	107	NOVOLIN R FLEXPEN RELION	42
norelgestromin-eth estradiol	89	NOVOLIN R RELION	42
norethin ace-eth estrad-fe	87	NOVOLOG	42
norethin-eth estradiol-fe	87	NOVOLOG 70/30 FLEXPEN RELION	42
norethindron-ethinyl estrad-fe	87	NOVOLOG FLEXPEN	42
norethindrone	91	NOVOLOG FLEXPEN RELION	42
norethindrone acet-ethinyl est	87	NOVOLOG MIX 70/30	43
norethindrone acetate	173	NOVOLOG MIX 70/30 FLEXPEN	43
norethindrone-eth estradiol	111	NOVOLOG MIX 70/30 RELION	43
norgestim-eth estrad triphasic	87	NOVOLOG PENFILL	43
norgestimate-eth estradiol	87	NOVOLOG RELION	43
NORITATE	103	NOVOTWIST PEN NEEDLE	148
norlyda	91	NOXAFIL	45
norlyroc	91	NP THYROID	181
NORPACE CR	27	NPLATE	120
nortrel 0.5/35 (28)	87	NUBEQA	58
nortrel 1/35 (21)	87	NUCALA	28
nortrel 1/35 (28)	87	NUCYNTA	21
nortrel 7/7/7	87	NUCYNTA ER	21
nortriptyline hcl	37	NUEDEXTA	177
NORVIR	75	nulev	182
NOVA SAFETY LANCETS 23G	133	NULIBRY	108
NOVA SAFETY LANCETS 28G	133	NULOJIX	155
NOVA SUREFLEX LANCETS	133	NUPLAZID	70

NURTEC	152
NUTROPIN AQ NUSPIN 10	107
NUTROPIN AQ NUSPIN 20	107
NUTROPIN AQ NUSPIN 5	107
NUVARING	90
NUZYRA	180
nyamyc	96
nylia 1/35	87
nylia 7/7/7	87
NYMALIZE	80
nymyo	87
nystatin	45,96,156
nystatin-triamcinolone	96
nystop	96
NYVEPRIA	120

O

OB COMPLETE	159	olmesartan medoxomil-hctz	50
OB COMPLETE ONE	159	olmesartan-amlodipine-hctz	50
OB COMPLETE PETITE	159	olopatadine hcl	164,170
OB COMPLETE PREMIER	159	omega-3-acid ethyl esters	46
OB COMPLETE/DHA	159	omeprazole	182
OBIZUR	117	omeprazole-sodium bicarbonate	182
OBSTETRIX EC (WITH DOCUSATE)	159	OMNARIS	164
OBSTETRIX ONE (WITH DOCUSATE)	159	OMNIFLEX DIAPHRAGM	124
ocella	88	OMNIPOD 5 DEXG7G6 PODS GEN 5	133
OCREVUS	175	OMNIPOD 5 G6 INTRO (GEN 5)	133
OCTAGAM	171,172	OMNIPOD 5 G6 PODS (GEN 5)	134
octreotide acetate	110	OMNIPOD 5 G7 INTRO (GEN 5)	134
ODEFSEY	75	OMNIPOD 5 G7 PODS (GEN 5)	134
ODOMZO	57	OMNIPOD 5 LIBRE2 PLUS G6	134
OFEV	179	OMNIPOD 5 LIBRE2 PLUS G6 PODS	134
OFLOXACIN	112	OMNIPOD 5 PACK	134
ofloxacin	168	OMNIPOD CLASSIC PDM (GEN 3)	134
OGIVRI	54	OMNIPOD DASH INTRO (GEN 4)	134
OGSIVEO	64	OMNIPOD DASH PDM (GEN 4)	134
OJEMDA	64	OMNIPOD DASH PODS (GEN 4)	134
OJJAARA	64	OMNITROPE	107
olanzapine	72	OMVOH	113
olanzapine-fluoxetine hcl	174	ONCASPAR	67
olmesartan medoxomil	49	ondansetron	44
		ondansetron hcl	44
		one vite ferrous sulfate	121
		ONE VITE WOMENS PLUS	159
		ONETOUCH CLUB LANCETS FINE PT	134
		ONETOUCH DELICA LANCETS 30G	134
		ONETOUCH DELICA LANCETS 33G	134
		ONETOUCH DELICA LANCING DEV	134
		ONETOUCH DELICA PLUS LANCET30G	134
		ONETOUCH DELICA PLUS LANCET33G	134
		ONETOUCH DELICA PLUS LANCING	134
		ONETOUCH DELICA SAFETY LANCING	134
		ONETOUCH FINEPOINT LANCETS	134
		ONETOUCH SURESOFT LANCING DEV	134
		ONETOUCH ULTRA	104
		ONETOUCH ULTRA 2	134
		ONETOUCH ULTRA BLUE TEST	104
		ONETOUCH ULTRA MINI	134

ONETOUCH ULTRA TEST	104
ONETOUCH ULTRASOFT 2 LANCETS	134
ONETOUCH ULTRASOFT LANCETS	134
ONETOUCH VERIO	104,134
ONETOUCH VERIO FLEX SYSTEM	134
ONETOUCH VERIO REFLECT	134
ONGENTYS	69
ONGLYZA	41
ONIVYDE	69
ONPATTRO	179
ONTRUZANT	54
ONUREG	53
opcicon one-step	90
OPDIVO	55
OPDUALAG	61
OPILL	91
opium	43
OPSUMIT	81
OPTICHAMBER DIAMOND	151
OPTICHAMBER DIAMOND-LG MASK	151
OPTICHAMBER DIAMOND-MD MASK	151
OPTICHAMBER DIAMOND-SM MASK	151
optimal d3	187
option 2	90
OPTIONS GYNOL II CONTRACEPTIVE	186
OPVEE	44
OPZELURA	101
ORACIT	115
ORAL CITRATE	115
oralone	157
ORAVIG	156
ORGOVYX	59
ORIAHNN	111
ORILISSA	106
ORKAMBI	179
ORLADEYO	118
orphenadrine citrate er	163
ORSERDU	59
orsythia	88
ORTHO MICRONOR	91
ORTHOVISC	163

oscimin	182
oseltamivir phosphate	77,78
OSMOPREP	123
OSPHENA	107
OTEZLA	17
OVIDREL	106
OXALIPLATIN	52
OXANDROLONE	23
oxaprozin	17
oxazepam	27
oxcarbazepine	34
oxcarbazepine er	34
OXERVATE	168
oxiconazole nitrate	96
OXISTAT	96
OXLUMO	115
OXTELLAR XR	34
oxybutynin chloride	183
oxybutynin chloride er	183
oxycodone hcl	21
OXYCODONE HCL ER	21
oxycodone-acetaminophen	22
OXYCONTIN	21
oxymorphone hcl	21
OXYMORPHONE HCL ER	21
OXYTROL	183
OZEMPIC (0.25 OR 0.5 MG/DOSE)	41
OZEMPIC (1 MG/DOSE)	41
OZEMPIC (2 MG/DOSE)	41

P

pacerone	28
PACLITAXEL PROTEIN-BOUND PART	69
paclitaxel protein-bound part	69
PADCEV	55
paliperidone er	71
PALYNZIQ	108,109
PANCREAZE	104
PANDEL	100
PANRETIN	96
pantoprazole sodium	182

PANZYGA	172	PENTIPS	148
PARAGARD INTRAUTERINE COPPER	90	PENTIPS GENERIC PEN NEEDLES	148
paricalcitol	109	pentoxifylline er	118
paroex	156	PERFECT LANCETS 28G	134
paromomycin sulfate	13	PERFECT LANCETS 30G	134
paroxetine hcl	36,37	PERFECT POINT SAFETY LANCETS	134
paroxetine hcl er	37	PERINDOPRIL ERBUMINE	49
PARSABIV	109	periogard	156
PAXLOVID (150/100)	76	PERJETA	54
PAXLOVID (300/100)	76	permethrin	103
pazopanib hcl	64	perphenazine	73
pb-hyoscy-atropine-scopolamine	182	PERPHENAZINE-AMITRIPTYLINE	174
PC LANCETS SUPER THIN 30G	134	PERSERIS	71
pc pediatric iron drops	121	PERTZYE	104
PC UNIFINE PENTIPS	148	PEXEVA	37
PEDIARIX	181	PFIZER COVID-19 BIVAL 6MO-4YR	185
PEDMARK	68	PFIZER COVID-19 VAC BIVAL 5-11	185
PEDVAX HIB	183	PFIZER COVID-19 VAC-TRIS 5-11Y	185
peg 3350-kcl-na bicarb-nacl	122	PFIZER COVID-19 VAC-TRIS 6M-4Y	185
peg-3350/electrolytes	122	PFIZER-BIONT COVID-19 VAC-TRIS	185
peg-3350/electrolytes/ascorbat	122	PFIZER-BIONTECH COVID-19 VACC	185
peg-kcl-nacl-nasulf-na asc-c	122	PHARMACIST CHOICE ALCOHOL	142
PEGANONE	35	PHARMACIST CHOICE LANCETS	135
PEGASYS	77	PHARMACY COUNTER LANCETS	135
PEMAZYRE	64	PHENELZINE SULFATE	36
PEMETREXED	53	phenobarbital	121
PEMETREXED DISODIUM	53	phenobarbital-belladonna alk	182
PEMETREXED DITROMETHAMINE	53	phenohydro	182
PEMFEXY	53	phenoxybenzamine hcl	49
PEN NEEDLE/5-BEVEL TIP	148	phenytek	35
PEN NEEDLES	148	phenytoin	35
PEN NEEDLES 3/16"	148	phenytoin infatabs	35
PEN NEEDLES 5/16"	148	phenytoin sodium extended	35
PENBRAYA	183	PHESGO	61
penciclovir	98	PHEXXI	186
penicillamine	153,154	philith	88
PENICILLIN V POTASSIUM	172	PHOSLYRA	114
PENTACEL	181	phospha 250 neutral	153
pentamidine isethionate	24	phospho-trin 250 neutral	153
PENTASA	113	phospho-trin k500	153
pentazocine-naloxone hcl	22	PHOSPHOLINE IODIDE	166

phosphorous	153	PONVORY STARTER PACK	176
phytonadione	187	portia-28	88
PIFELTRO	75	PORTRAZZA	57
pilocarpine hcl	157,166	posaconazole	45
pimecrolimus	101	pot & sod cit-cit ac	115
PIMOZIDE	177	potassium chloride	153
pimtrea	88	potassium chloride crys er	153
pindolol	79	potassium chloride er	153
pioglitazone hcl	43	potassium citrate er	115
pioglitazone hcl-glimepiride	38	potassium citrate-citric acid	115
pioglitazone hcl-metformin hcl	38	potassium iodide (expectorant)	93
PIP LANCETS 28G	135	POTELIGEO	55
PIP LANCETS 30G	135	PRALATREXATE	53
PIP PEN NEEDLES 31G X 5MM	148	PRALUENT	49
PIP PEN NEEDLES 32G X 4MM	148	pramipexole dihydrochloride	70
PIQRAY (200 MG DAILY DOSE)	64	pramipexole dihydrochloride er	70
PIQRAY (250 MG DAILY DOSE)	64	prasugrel hcl	118
PIQRAY (300 MG DAILY DOSE)	65	pravastatin sodium	48
pirfenidone	179	PRAXBIND	44
pirmella 1/35	88	praziquantel	24
pirmella 7/7/7	88	prazosin hcl	50
piroxicam	17	PRECISION SURE-DOSE SYRINGE	148
PLAN B ONE-STEP	90	PRECISION SUREDOSE PLUS SYR	148
PLEGRIDY	176	PRECISION THINS GP LANCETS	135
PLEGRIDY STARTER PACK	176	PRED MILD	169
PLENVU	122	PRED-G	169
PLUVICTO	68	PREDNICARBATE	100
PNEUMOVAX 23	184	prednisolone	92
PNV TABS 29-1	159	prednisolone acetate	169
PNV-DHA	160	PREDNISOLONE ACETATE P-F	169
PNV-DHA+DOCUSATE	160	PREDNISOLONE SODIUM PHOSPHATE	92,169
PNV-OMEGA	160	prednisolone sodium phosphate	92
PNV-SELECT	160	PREDNISONE	92
podofilox	101	PREDNISONE INTENSOL	92
POLIVY	55	PREFERRED PLUS GLUCOSE	40
POLY-VI-FLOR	158	PREFERRED PLUS INSULIN SYRINGE	148
POLY-VI-FLOR/IRON	158	PREFERRED PLUS LANCETS COLORED	135
polycin	168	PREFERRED PLUS LANCETS THIN	135
polymyxin b-trimethoprim	168	PREFERRED PLUS UNIFINE PENTIPS	148
POMALYST	59	pregabalin	34
PONVORY	176	PREGNYL	106

PREHEVBRIO	185	PREZCOBIX	75
PREMARIN	111,186	PREZISTA	75
PREMESISRX	160	PRIALT	18
premium lidocaine	102	PRIFTIN	52
PREMPHASE	111	PRIMACARE	161
PREMPRO	111	primaquine phosphate	51
PRENA 1 TRUE	160	primidone	34
PRENA1	160	PRIORIX	185
PRENA1 PEARL	160	PRIVIGEN	172
PRENAISSANCE	160	PRO COMFORT ALCOHOL	142
PRENAISSANCE PLUS	160	PRO COMFORT INSULIN SYRINGE	148
PRENATABS FA	160	PRO COMFORT LANCETS 30G	135
PRENATAL	160	PRO COMFORT LANCETS 31G	135
PRENATAL 19	160	PRO COMFORT PEN NEEDLES	148
PRENATAL PLUS	160	PRO COMFORT SAFETY LANCETS 30G	135
PRENATAL PLUS IRON	160	probenecid	116
PRENATAL PLUS VITAMIN/MINERAL	160	prochlorperazine	73
PRENATAL VITAMIN PLUS LOW IRON	160	prochlorperazine maleate	73
PRENATAL-U	160	PROCRIPT	120
PRENATE	160	procto-med hc	24
PRENATE AM	160	procto-pak	24
PRENATE DHA	160	proctosol hc	24
PRENATE ELITE	160	proctozone-hc	24
PRENATE ENHANCE	160	PROCYSBI	115
PRENATE ESSENTIAL	160	PRODIGY INSULIN SYRINGE	148
PRENATE MINI	160	PRODIGY LANCETS 28G	135
PRENATE PIXIE	160	PRODIGY LANCING DEVICE	135
PRENATE RESTORE	160	PRODIGY SAFETY LANCETS 26G	135
PRENATRIX	160	PRODIGY TWIST TOP LANCETS 28G	135
PRENATRYL	160	progesterone	173
PREPLUS	160	PROGRAF	155
PRESSURE ACTIVAT SAFETY LANCET	135	PROLASTIN-C	179
PRETAB	161	PROLIA	105
PRETOMANID	52	PROMACTA	120
prevalite	47	promethazine hcl	46
PREVENT DROPSAFE PEN NEEDLES	148	promethazine vc	93
PREVENT SAFETY PEN NEEDLES	148	PROMETHAZINE VC/CODEINE	93
previfem	88	promethazine-codeine	93
PREVNAR 13	184	promethazine-dm	93
PREVNAR 20	184	promethazine-phenyleph-codeine	93
PREVYMIS	77	promethazine-phenylephrine	93

PROMETHEGAN	46
propafenone hcl	28
propafenone hcl er	28
propranolol hcl	79
propranolol hcl er	79
propylthiouracil	180
PROQUAD	185
protriptyline hcl	37
PROVENGE	56
PROVIDA OB	161
pseudoeph-bromphen-dm	93
PSS SELECT GP LANCETS	135
PSS SELECT SAFETY LANCETS	135
PULMICORT FLEXHALER	30
pulmosal	93
PULMOZYME	179
PURE COMFORT ALCOHOL PREP	142
PURE COMFORT LANCETS 30G	135
PURE COMFORT PEN NEEDLE	148
PURE COMFORT SAFETY PEN NEEDLE	148
PUSH BUTTON SAFETY LANCETS	135
PUSH BUTTON SAFETY LANCETS 28G	135
PX ADVANCED LANCING DEVICE	135
px aspirin	19
px enteric aspirin	19
PX EXTRA SHORT PEN NEEDLES	148
px folic acid	119
PX GLUCOSE	40
PX INSULIN SYRINGE	148
PX LANCET AUTO INJECTOR	135
PX LANCETS MICROTHIN 33G	135
PX LANCETS ULTRA THIN	135
PX LANCETS ULTRA THIN 28G	135
PX MINI PEN NEEDLES	149
PX PEN NEEDLE	149
PX SHORTLENGTH PEN NEEDLES	149
px stop smoking aid	178
pyrazinamide	52
pyridostigmine bromide	51
pyridostigmine bromide er	51
pyrimethamine	51

PYRUKYND	118
PYRUKYND TAPER PACK	118

Q

QALSODY	165
QBREXZA	103
QC ADVANCED LANCING DEVICE	135
qc alcohol	103
QC ALCOHOL SWABS	142
qc aspirin low dose	19
qc childrens aspirin	19
qc folic acid	119
QC LANCETS SUPER THIN 30G	135
QC LANCETS ULTRA THIN	135
qc nicotine transdermal system	178
QC PEN NEEDLES	149
QC UNIFINE PENTIPS	149
QC UNILET LANCETS 28G	135
QC UNILET LANCETS MICRO THIN	135
QELBREE	12
QINLOCK	65
QNASL	164
QNASL CHILDRENS	164
QUADRACEL	181
QUARTETTE	88
QUAZEPAM	122
quetiapine fumarate	72
quetiapine fumarate er	72
QUILLIVANT XR	13
quinapril hcl	49
quinapril-hydrochlorothiazide	50
quinidine gluconate er	27
quinidine sulfate	27
quinine sulfate	51
QULIPTA	152
QUTENZA	102
QUTENZA (2 PATCH)	102
QUTENZA (4 PATCH)	102
QVAR REDHALER	30

R

RA ALCOHOL SWABS	142	REBIF REBIDOSE TITRATION PACK	176
ra aspirin adult low dose	19	REBIF TITRATION PACK	176
ra aspirin adult low strength	19	REBLOZYL	120
ra aspirin childrens	19	REBYOTA	114
ra aspirin ec	19	reclipsen	88
ra aspirin ec adult low st	20	RECOMBINATE	117
RA E-ZJECT LANCETS 28G	135	RECOMBIVAX HB	186
RA E-ZJECT LANCETS THIN 26G	136	RECTIV	24
RA E-ZJECT LANCETS THIN 28G	136	RELENZA DISKHALER	78
RA E-ZJECT LANCETS ULTRA THIN	136	RELEUKO	120
ra folic acid	119	RELION ALCOHOL SWABS	142
RA GLUCOSE	40	RELION GLUCOSE	40
RA INSULIN SYRINGE	149	RELION INSULIN SYRINGE	149
ra isopropyl alcohol wipes	103	RELION KETONE TEST	104
ra mini nicotine	178	RELION LANCET DEVICES 30G	136
ra nicotine	178	RELION LANCETS	136
ra nicotine gum	178	RELION LANCETS MICRO-THIN 33G	136
ra nicotine polacrilex	178	RELION LANCETS THIN 26G	136
RA PEN NEEDLES	149	RELION LANCETS ULTRA-THIN 30G	136
RABEPRAZOLE SODIUM	182	RELION LANCING DEVICE	136
rabeprazole sodium	182	RELION MINI PEN NEEDLES	149
RADICAVA	165	RELION PEN NEEDLES	149
RADICAVA ORS	165	RELION SHORT PEN NEEDLES	149
RADICAVA ORS STARTER KIT	165	RELION ULTRA THIN LANCETS 30G	136
raloxifene hcl	107	RELION ULTRA THIN PLUS LANCETS	136
ramelteon	122	RELISTOR	114
ramipril	49	RELNATE DHA	161
ranolazine er	26	RELYVRIO	165
rasagiline mesylate	70	REMICADE	113
RAYA SURE PEN NEEDLE	149	RENFLEXIS	113
RAYOS	92	repaglinide	43
react	90	REPATHA	49
READYLANCE SAFETY LANCETS	136	REPATHA PUSHTRONEX SYSTEM	49
REALITY INSULIN SYRINGE	149	REPATHA SURECLICK	49
REALITY LANCETS	136	RETACRIT	120
REALITY SWABS	142	RETEVMO	65
REALITY TRIGGER LANCETS	136	REVCovi	109
REBIF	176	REVLIMID	154
REBIF REBIDOSE	176	REXALL LANCETS ULTRA THIN 30G	136
		REXTOVY	44
		REYATAZ	75

REZDIFFRA	112
REZLIDHIA	65
REZUROCK	154
REZZAYO	45
RHOGAM ULTRA-FILTERED PLUS	172
RHOPHYLAC	172
RIABNI	55
RIBAVIRIN	77
ribavirin	77,78
RIDAURA	15
rifabutin	52
rifampin	52
RIGHTEST GD500 LANCING DEVICE	136
RIGHTEST GL300 LANCETS	136
riluzole	165
RIMANTADINE HCL	78
RINVOQ	15
RINVOQ LQ	15
risedronate sodium	105
RISPERDAL CONSTA	71
risperidone	71
risperidone microspheres er	71
ritonavir	75
RITUXAN	55
RITUXAN HYCELA	61
rivastigmine	174
rivastigmine tartrate	174
rivelsa	88
rizatriptan benzoate	152
roflumilast	29
ROLVEDON	120
ROMIDEPSIN	65
ropinirole hcl	70
ropinirole hcl er	70
rosadan	103
rosuvastatin calcium	48
ROZLYTREK	65
RUBRACA	65
RUCONEST	117
rufinamide	34
RUKOBIA	75

RUXIENCE	55
RYBELSUS	41
RYBREVANT	55
RYDAPT	65
RYKINDO	71
RYLAZE	67
RYPLAZIM	118

S

SAFE-T-LANCE	136
SAFE-T-LANCE PLUS	136
SAFETY INSULIN SYRINGES	149
SAFETY LANCET 21G/PRESSURE ACT	136
SAFETY LANCET 23G/PRESSURE ACT	136
SAFETY LANCET 28G/PRESSURE ACT	136
SAFETY LANCET 30G/PRESSURE ACT	136
SAFETY LANCETS	136
SAFETY LANCETS 21G	136
SAFETY LANCETS 23G	136
SAFETY LANCETS 28G	136
SAFETY LET LANCETS	136
SAFETY PEN NEEDLES	149
SAFETY SEAL LANCETS	136
SAFYRAL	88
SAIZEN	107
SAIZENPREP	107
sajazir	117
salicylic acid	101
salicylic acid wart remover	102
salicylic acid-cleanser	102
SALIMEZ	102
salsalate	20
SALYCIM	102
SANCUSO	44
SANDIMMUNE	155
SANDOSTATIN LAR DEPOT	110
SANTYL	101
SAPHNELO	156
sapropterin dihydrochloride	109
SAPS CARE ALCOHOL PREP	142
SAPS HEALTH ALCOHOL PREP	142

SAPS HEALTH CARE ALCOHOL PREP	142	sf 5000 plus	157
SAPS HEALTH PLUS LANCETS	136	sharobel	91
SAPS HEALTH TWIST TOP LANCETS	136	SHINGRIX	186
SAPS TWIST TOP LANCETS	137	SHOPKO AUTOLET LANCING DEVICE	137
SAPSCARE TWIST TOP LANCETS	137	SHOPKO ON-THE-GO LANCETS 30G	137
SARCLISA	56	SHOPKO UNIFINE PENTIPS	149
SAVELLA	174	SHOPKO UNIFINE PENTIPS PLUS	149
SAVELLA TITRATION PACK	174	SHOPKO UNILET LANCETS 28G	137
saxagliptin hcl	41	SHOPKO UNILET LANCETS 30G	137
saxagliptin-metformin er	38	SIDE BUTTON SAFETY LANCET	137
SB ALCOHOL PREP	142	SIGNIFOR	110
sb aspirin	20	SIGNIFOR LAR	110
sb aspirin adult low strength	20	SIKLOS	119
sb childrens aspirin	20	sildenafil citrate	81
SB INSULIN SYRINGE	149	silodosin	116
SB LANCETS THIN	137	SILVER NITRATE	98
SB LANCETS ULTRA THIN	137	silver sulfadiazine	98
sb low dose asa ec	20	SIMBRINZA	167
SCEMBLIX	65	simliya	88
SCENESSE	103	simpesse	88
scopolamine	44	SIMPLE DIAGNOSTICS LANCING DEV	137
SE-NATAL 19	161	SIMPONI	15
SEASONIQUE	88	SIMPONI ARIA	15
SECUADO	72	simvastatin	48
SECURESAFE INSULIN SYRINGE	149	SINGLE-LET	137
SECURESAFE SAFETY PEN NEEDLES	149	sirolimus	155
SELECT-LITE DEVICE/LANCETS	137	SIVEXTRO	26
SELECT-LITE LANCING DEVICE	137	SKYCLARYS	165
SELECT-OB	161	SKYLA	91
SELECT-OB+DHA	161	SKYRIZI	97,113,114
selegiline hcl	70	SKYRIZI (150 MG DOSE)	97
selenium sulfide	98	SKYRIZI PEN	97
SELZENTRY	76	SKYTROFA	107
SEREVENT DISKUS	30	SLYND	91
SEROSTIM	107	SM ALCOHOL PREP	142
sertraline hcl	37	sm aspirin adult low strength	20
setlakin	88	sm aspirin ec low strength	20
sevelamer carbonate	114	sm aspirin low dose	20
sevelamer hcl	114	sm childrens aspirin	20
SEZABY	121	sm folic acid	119
sf	157	SM GLUCOSE	40

SM LANCETS 33G	137	sotalol hcl (af)	79
sm nicotine	178	SPEVIGO	97
sm nicotine polacrilex	178	SPIKEVAX	186
SM TRUEDRAW LANCING DEVICE	137	SPIKEVAX COVID-19 VACCINE	186
SMART DIABETES VANTAGE LANCING	137	SPINOSAD	103
SMART SENSE COLOR LANCETS 33G	137	SPINRAZA	165
SMART SENSE GLUCOSE	40	SPIRIVA HANDIHALER	29
SMART SENSE STANDARD LANCETS	137	SPIRIVA RESPIMAT	29
SMART SENSE SUPER THIN LANCETS	137	spironolactone	105
SMART SENSE THIN LANCETS 26G	137	spironolactone-hctz	104
SMARTEST LANCETS 28G	137	SPRAVATO (56 MG DOSE)	36
sod citrate-citric acid	115	SPRAVATO (84 MG DOSE)	36
SOD FLUORIDE-POTASSIUM NITRATE	157	sprintec 28	88
sodium chloride	93	SPRIX	17
SODIUM FLUORIDE	153	SPRYCEL	65
sodium fluoride	153,157	sps (sodium polystyrene sulf)	155
SODIUM FLUORIDE 5000 ENAMEL	157	sronyx	88
sodium fluoride 5000 plus	157	ssd	98
sodium fluoride 5000 ppm	157	SSKI	93
SODIUM FLUORIDE 5000 SENSITIVE	157	sss 10-5	95
SODIUM HYALURONATE	163	st joseph aspirin	20
SODIUM OXYBATE	173	st joseph low dose	20
sodium phenylbutyrate	109	STAVUDINE	76
sodium polystyrene sulfonate	155	STELARA	97,114
sodium sulfacetamide	98	STERILANCE PA	137
sodium sulfacetamide wash	98	STERILANCE TL	137
SODIUM SULFACETAMIDE-BAKUCHIOL	98	STIMUFEND	120
SOGROYA	107	STIOLTO RESPIMAT	30
SOHONOS	163	STIVARGA	65
solifenacin succinate	183	STRENSIQ	109
SOLIRIS	117	STRIBILD	76
SOLU-CORTEF	92	STRIVERDI RESPIMAT	30
SOLU-MEDROL (PF)	92	SUBLOCADE	22
SOLUS V2 LANCETS 28G	137	SUBSYS	21
SOLUS V2 LANCING DEVICE	137	subvenite	34
SOLUS V2 TWIST LANCETS 30G	137	subvenite starter kit-blue	34
SOMATULINE DEPOT	110	subvenite starter kit-green	34
SOMAVERT	106	subvenite starter kit-orange	34
sorafenib tosylate	65	SUCRAID	104
sorine	79	sucralfate	182
sotalol hcl	79	SULCONAZOLE NITRATE	96

sulfacetamide sod-sulfur wash	95	SURE-TOUCH LANCETS UNIVERSAL	138
sulfacetamide sodium	98,168	SURELITE LANCETS	138
sulfacetamide sodium (acne)	95	SUSTOL	44
sulfacetamide sodium (cleans)	98	SUSVIMO (IMPLANT 1ST FILL)	167
sulfacetamide sodium-sulfur	95	SUSVIMO (IMPLANT REFILL)	167
SULFACETAMIDE-PREDNISOLONE	169	SUSVIMO OCULAR IMPLANT	143
SULFACETAMIDE-SULFUR IN UREA	95	syeda	88
sulfacleanse 8/4	95	SYFOVRE	168
sulfadiazine	179	SYLVANT	155
sulfamethoxazole-trimethoprim	24	SYMDEKO	179
SULFAMYLON	98	SYMLINPEN 120	38
sulfasalazine	114	SYMLINPEN 60	38
sulfatrim pediatric	25	SYMPAZAN	32
sulindac	17	SYMTUZA	76
sumatriptan	152	SYNAGIS	172
sumatriptan succinate	152	SYNAREL	108
sumatriptan succinate refill	152	SYNERA	102
sumatriptan-naproxen sodium	152	SYNJARDY	38
sunitinib malate	65	SYNJARDY XR	38
SUNLENCA	76	SYNOJOYNT	164
SUPARTZ FX	164	SYNRIBO	68
SUPER THIN LANCETS	137	SYNTHROID	181
SUPPRELIN LA	107	SYNVISC	164
SUPRAX	83	SYNVISC ONE	164
SURE COMFORT ALCOHOL PREP	142		
SURE COMFORT INSULIN SYRINGE	149	T	
SURE COMFORT LANCETS 18G	137	TABLOID	53
SURE COMFORT LANCETS 21G	137	TABRECTA	65
SURE COMFORT LANCETS 23G	137	tacrolimus	101,155
SURE COMFORT LANCETS 28G	137	tadalafil	80
SURE COMFORT LANCETS 30G	138	tadalafil (pah)	81
SURE COMFORT LANCING PEN	138	TAFINLAR	66
SURE COMFORT PEN NEEDLES	149	tafluprost (pf)	170
SURE-FINE PEN NEEDLES	149	TAGRISSO	57
SURE-JECT INSULIN SYRINGE	149	take action	90
SURE-LANCE FLAT LANCETS	138	TAKHZYRO	118
SURE-LANCE LANCETS 26G	138	TALVEY	56
SURE-LANCE THIN LANCETS 28G	138	TALZENNA	66
SURE-LANCE ULTRA THIN LANCETS	138	tamoxifen citrate	59
SURE-PEN	138	tamsulosin hcl	116
SURE-PREP ALCOHOL PREP	142	tarina 24 fe	88

tarina fe 1/20	88	terconazole	186
tarina fe 1/20 eq	88	teriflunomide	176
TARON-C DHA	161	TERIPARATIDE (RECOMBINANT)	105
TARON-PREX	161	TERLIVAZ	109
TARPEYO	92	testosterone	23
TASIGNA	66	TESTOSTERONE CYPIONATE	23
TAVALISSE	118	TESTOSTERONE ENANTHATE	23
taysofy	88	TETANUS-DIPHTHERIA TOXOIDS TD	181
TAYTULLA	88	tetrabenazine	174
TAZAROTENE	95	tetracycline hcl	180
tazarotene	97	TEVIMBRA	56
TAZORAC	97	TEXACORT	100
taztia xt	80	TEZSPIRE	28
TAZVERIK	66	TGT GLUCOSE	40
TDVAX	181	TGT LANCET MICRO THIN 33G	138
TECENTRIQ	56	TGT LANCET THIN 26G	138
TECHLITE AST LANCETS	138	TGT LANCET ULTRA THIN 30G	138
TECHLITE INSULIN SYRINGE	149	TGT LANCING DEVICE	138
TECHLITE LANCETS	138	THALOMID	154
TECHLITE LANCETS 26G	138	THEO-24	31
TECHLITE LANCETS 30G	138	theophylline	31
TECHLITE PEN NEEDLES	149	theophylline er	31
TECHLITE PLUS PEN NEEDLES	149	THINLETS GP LANCETS	138
TECVAYLI	56	thioridazine hcl	73
TEGLUTIK	165	thiotepa	52
TEGRETOL	34	thiothixene	73
TEGRETOL-XR	34	thrive	178
TEGSEDI	179	THRIVITE RX	161
telmisartan	49	THYROGEN	103
telmisartan-hctz	50	THYROID	181
temazepam	122	tiadylt er	80
temozolomide	52	tiagabine hcl	34
temsirolimus	66	TIBSOVO	66
TENCON	18	TIGLUTIK	165
TENIVAC	181	tilia fe	88
tenofovir disoproxil fumarate	76	timolol hemihydrate	166
TEPEZZA	107	timolol maleate	79,166
TEPMETKO	66	timolol maleate (once-daily)	166
terazosin hcl	50	tinidazole	24
terbinafine hcl	45	TIVDAK	56
terbutaline sulfate	31	TIVICAY	76

TIVICAY PD	76	tranexamic acid	121
tizanidine hcl	163	tranylcypromine sulfate	36
TLANDO	23	TRAVEL LANCETS	138
TOBI PODHALER	13	TRAVEL LANCETS ADVANCED 28G	138
TOBRADEX	169	travoprost (bak free)	170
tobramycin	13,168	TRAZIMERA	54
TOBRAMYCIN	13	trazodone hcl	37
tobramycin-dexamethasone	169	TRECTOR	52
TOBREX	168	TRELEGY ELLIPTA	31
TODAY SPONGE	186	TRELSTAR MIXJECT	59
TODAYS HEALTH LANCING DEVICE	138	TREMFYA	97
TODAYS HEALTH MINI PEN NEEDLES	149	treprostinil	81
TODAYS HEALTH PEN NEEDLES	149	TRESIBA	43
TODAYS HEALTH SHORT PEN NEEDLE	149	TRESIBA FLEXTOUCH	43
TODAYS HEALTH THIN LANCETS 28G	138	tretinoin	68,95
TODAYS HEALTH THIN LANCETS 30G	138	TREXALL	53
TOFIDENCE	16	tri femynor	88
tolcapone	69	tri-estarylla	88
tolterodine tartrate	183	tri-legest fe	88
tolterodine tartrate er	183	tri-linyah	88
tolvaptan	110	tri-lo-estarylla	88
TOLVAPTAN	110	tri-lo-marzia	88
TOPCARE CLICKFINE PEN NEEDLES	149	tri-lo-mili	89
TOPCARE LANCETS MICRO-THIN 33G	138	tri-lo-sprintec	89
TOPCARE ULTRA COMFORT INS SYR	150	tri-mili	89
topiramate	34	tri-nymyo	89
topiramate er	34	tri-previfem	89
toremifene citrate	59	tri-sprintec	89
torpenz	66	TRI-TABS DHA	161
torsemide	105	TRI-VI-FLOR	158
TOUJEO MAX SOLOSTAR	43	TRI-VI-FLORO	158
TOUJEO SOLOSTAR	43	TRI-VITE/FLUORIDE	158
tovet	100	tri-vylibra	89
TPOXX	78	tri-vylibra lo	89
TRADJENTA	41	triamcinolone acetonide	100,157
tramadol hcl	21	triamcinolone in absorbbase	100
tramadol hcl (er biphasic)	21	triamterene	105
tramadol hcl er	21	triamterene-hctz	104
tramadol-acetaminophen	22	trianex	100
trandolapril	49	triazolam	122
TRANDOLAPRIL-VERAPAMIL HCL ER	50	TRICARE	161

TRICARE PRENATAL DHA ONE	161	true folic acid	119
tricitrates	115	true vitamin d3	187
tridacaine ii	102	TRUEDRAW LANCING DEVICE	138
tridacaine iii	102	TRUEPLUS 5-BEVEL PEN NEEDLES	150
triderm	100	TRUEPLUS GLUCOSE	40
trientine hcl	154	TRUEPLUS GLUCOSE ON THE GO	40
trifluoperazine hcl	73	TRUEPLUS INSULIN SYRINGE	150
TRIFLURIDINE	168	TRUEPLUS LANCETS 26G	138
trihexyphenidyl hcl	69	TRUEPLUS LANCETS 28G	138
TRIJARDY XR	38	TRUEPLUS LANCETS 30G	138
TRIKAFTA	179	TRUEPLUS LANCETS 33G	138
TRILEPTAL	34	TRUEPLUS PEN NEEDLES	150
TRILURON	164	TRUEPLUS SAFETY LANCETS 28G	139
trilyte	123	TRULICITY	41
trimethobenzamide hcl	44	TRUMENBA	184
trimethoprim	24	TRUQAP	66
trimipramine maleate	38	TRUSELTIQ (100MG DAILY DOSE)	66
TRINATAL RX 1	161	TRUSELTIQ (125MG DAILY DOSE)	66
TRINATE	161	TRUSELTIQ (50MG DAILY DOSE)	66
TRIPTODUR	108	TRUSELTIQ (75MG DAILY DOSE)	66
TRISENOX	68	TUDORZA PRESSAIR	29
TRISTART DHA	161	TUKYSA	54
tritocin	100	tulana	91
TRIUMEQ	76	TURALIO	66
TRIUMEQ PD	76	turqoz	89
TRIVEEN-DUO DHA	161	TWINRIX	186
TRIVISC	164	TWIRLA	89
trivora (28)	89	TWIST TOP LANCETS 30G	139
TRIZIVIR	76	TYBLUME	89
TRODELVY	69	TYBOST	76
tropicamide	166	tydemy	89
tropium chloride	183	TYENNE	16
tropium chloride er	183	TYMLOS	106
TRUE COMFORT ALCOHOL PREP PADS	142	TYSABRI	176
TRUE COMFORT INSULIN SYRINGE	150	TYVASO	81
TRUE COMFORT PEN NEEDLES	150	TYVASO DPI INSTITUTIONAL KIT	81
TRUE COMFORT PRO ALCOHOL PREP	143	TYVASO DPI MAINTENANCE KIT	81
TRUE COMFORT PRO INSULIN SYR	150	TYVASO DPI TITRATION KIT	81
TRUE COMFORT PRO PEN NEEDLES	150	TYVASO REFILL	81
TRUE COMFORT SAFETY LANCETS	138	TYVASO STARTER	81
TRUE COMFORT TWIST TOP LANCETS	138	TZIELD	39

U

UBRELVY	152	ULTRACARE PEN NEEDLES	151
UDENYCA	121	ULTRALANCE	139
UDENYCA ONBODY	121	UNIFINE PEN NEEDLES	151
ULTI-LANCE AUTOMATIC	139	UNIFINE PENTIPS	151
ULTICARE ALCOHOL SWABS	143	UNIFINE PENTIPS PLUS	151
ULTICARE INSULIN SAFETY SYR	150	UNIFINE PROTECT PEN NEEDLE	151
ULTICARE INSULIN SYR 1/2 UNIT	150	UNIFINE SAFECONTROL PEN NEEDLE	151
ULTICARE INSULIN SYRINGE	150	UNIFINE ULTRA PEN NEEDLE	151
ULTICARE MICRO PEN NEEDLES	150	UNILET COMFORTOUCH LANCET	139
ULTICARE MINI PEN NEEDLES	150	UNILET EXCELITE	139
ULTICARE PEN NEEDLES	150	UNILET EXCELITE II	139
ULTICARE SHORT PEN NEEDLES	150	UNILET G.P. LANCET	139
ULTIGUARD SAFEPACK PEN NEEDLE	150	UNILET G.P. SUPERLITE LANCET	139
ULTIGUARD SAFEPACK SYR/NEEDLE	150	UNILET GP 28 ULTRA THIN	139
ULTILET ALCOHOL SWABS	143	UNILET LANCET	139
ULTILET CLASSIC LANCETS	139	UNILET MICRO-THIN 33G	139
ULTILET INSULIN SYRINGE	150	UNILET SUPER-THIN 30G	139
ULTILET INSULIN SYRINGE SHORT	150	UNILET SUPERLITE LANCET	139
ULTILET LANCETS	139	UNILET ULTRA-THIN 28G	139
ULTILET PEN NEEDLE	150	UNISTIK 1	139
ULTILET SAFETY LANCETS	139	UNISTIK 2	139
ULTILET SAFETY LANCETS 23G	139	UNISTIK 2 COMFORT	139
ULTOMIRIS	117	UNISTIK 2 EXTRA	139
ULTRA COMFORT INSULIN SYRINGE	150	UNISTIK 2 NEONATAL	139
ULTRA FLO INSULIN PEN NEEDLES	150	UNISTIK 2 NORMAL	139
ULTRA FLO INSULIN SYR 1/2 UNIT	150	UNISTIK 2 SUPER	139
ULTRA FLO INSULIN SYRINGE	150	UNISTIK 3	139
ULTRA THIN LANCETS 31G	139	UNISTIK 3 COMFORT	140
ULTRA THIN PEN NEEDLES	150	UNISTIK 3 EXTRA	140
ULTRA-CARE ALCOHOL PREP PADS	143	UNISTIK 3 GENTLE	140
ULTRA-CARE LANCETS 30G	139	UNISTIK 3 NEONATAL	140
ULTRA-THIN II AUTO LANCET	139	UNISTIK 3 NORMAL	140
ULTRA-THIN II INS SYR SHORT	150	UNISTIK CZT COMFORT	140
ULTRA-THIN II INSULIN SYRINGE	150	UNISTIK CZT NORMAL	140
ULTRA-THIN II LANCETS	139	UNISTIK NORMAL	140
ULTRA-THIN II MINI PEN NEEDLE	150	UNISTIK PRO SAFETY LANCET	140
ULTRA-THIN II PEN NEEDLE SHORT	150	UNISTIK SAFETY LANCETS 28G	140
ULTRA-THIN II PEN NEEDLES	150	UNISTIK SAFETY LANCETS 30G	140
ULTRACARE INSULIN SYRINGE	150	UNISTIK TOUCH SAFETY LANC 21G	140
		UNISTIK TOUCH SAFETY LANC 23G	140
		UNISTIK TOUCH SAFETY LANC 28G	140

UNISTIK TOUCH SAFETY LANC 30G	140
unithroid	181
UNITUXIN	56
UNIVERSAL 1 LANCETS THIN 26G	140
UNIVERSAL 1 LANCETS THIN 33G	140
UNIVERSAL 1 LANCETS ULTRA THIN	140
UP & UP GLUCOSE	40
UPLIZNA	155
UPTRAVI	81,82
urea	101
UREA HYDRATING	101
urea nail	101
uredeb	101
urelle	25
uremez-40	101
uretron d/s	25
URIBEL	25
URIMAR-T	25
uro-458	25
uro-mp	25
ursodiol	112
ustell	25
UZEDY	71,72

V

V-GO 20	140
V-GO 30	140
V-GO 40	140
VABYSMO	167
valacyclovir hcl	77
VALCHLOR	96
valganciclovir hcl	77
valproic acid	35
valsartan	49
valsartan-hydrochlorothiazide	50
VALTOCO 10 MG DOSE	32
VALTOCO 15 MG DOSE	32
VALTOCO 20 MG DOSE	32
VALTOCO 5 MG DOSE	33
VALUE HEALTH INSULIN SYRINGE	151
VALUE PLUS GLUCOSE	40

VALUE PLUS LANCET STANDARD 21G	140
VALUE PLUS LANCETS SUPER THIN	140
VALUE PLUS LANCETS THIN 26G	140
VALUE PLUS LANCING DEVICE	140
VALUMARK LANCET SUPER THIN 30G	140
VALUMARK LANCET ULTRA THIN 28G	140
VALUMARK PEN NEEDLES	151
vanadom	163
vancomycin hcl	25
VANCOMYCIN HCL IN NACL	25
VANDAZOLE	186
VANFLYTA	66
VANISHPOINT INSULIN SYRINGE	151
VAQTA	186
varenicline tartrate	178
varenicline tartrate (starter)	178
varenicline tartrate(continue)	178
VARIVAX	186
VARUBI (180 MG DOSE)	45
VASCEPA	47
VAXNEUVANCE	184
VCF VAGINAL CONTRACEPTIVE	186
VECTIBIX	57
VELIVET	89
VELPHORO	115
VELTASSA	156
VEMLIDY	77
VENCLEXTA	56
VENCLEXTA STARTING PACK	56
venlafaxine hcl	37
venlafaxine hcl er	37
VENTAVIS	81
VENTOLIN HFA	31
VEOPOZ	118
verapamil hcl	80
verapamil hcl er	80
VERDESO	100
VEREGEN	95
VERIFINE INSULIN PEN NEEDLE	151
VERIFINE INSULIN SYRINGE	151
VERIFINE PLUS PEN NEEDLE	151

VERIFINE SAFE LANCET MINI 21G	140	VITAFOL GUMMIES	161
VERIFINE SAFE LANCET MINI 23G	140	VITAFOL ULTRA	161
VERIFINE SAFE LANCET MINI 28G	140	VITAFOL-NANO	161
VERIFINE SAFE LANCET MINI 30G	140	VITAFOL-OB	161
VERIFINE UNIVERSAL LANCETS 28G	141	VITAFOL-OB+DHA	161
VERIFINE UNIVERSAL LANCETS 30G	141	VITAFOL-ONE	161
VERIFINE UNIVERSAL LANCETS 33G	141	VITAMEDMD ONE RX/QUATREFOLIC	161
VERQUVO	82	VITAMEDMD REDICHEW RX	162
VERZENIO	66	vitamin d (ergocalciferol)	187
vestura	89	vitamin d3	187
VICTOZA	41	VITAMINS ACD-FLUORIDE	158
VIDA MIA AUTOLET LANCING DEV	141	VITAPEARL	162
VIDA MIA UNIFINE PENTIPS	151	VITATHELY WITH GINGER	162
VIDA MIA UNILET LANCETS 28G	141	VITATRUE	162
VIDA MIA UNILET LANCETS 30G	141	VITRAKVI	67
vienva	89	VIVA DHA	162
vigabatrin	35	VIVAGUARD LANCETS	141
vigadrone	35	VIVAGUARD LANCETS 30G	141
vigpoder	35	VIVAGUARD LANCING DEVICE	141
VIJOICE	155	VIVAGUARD SAFETY LANCETS 28G	141
vilamit mb	25	VIVIMUSTA	52
vilazodone hcl	37	VIVITROL	44
vilevev mb	25	VIVJOA	46
VILTEPSO	165	VIVOTIF	184
VIMIZIM	109	VIZIMPRO	57
VINATE DHA RF	161	VOCABRIA	76
VINATE II	161	VOL-PLUS	162
VINATE ONE	161	VOL-TAB RX	162
VIOKACE	104	volnea	89
viorele	89	VONJO	67
VIRACEPT	76	VORANIGO	67
VIREAD	76	VORAXAZE	68
VIRT-C DHA	161	voriconazole	46
VIRT-NATE DHA	161	VOTRIENT	67
virt-phos 250 neutral	153	VOWST	114
VIRT-PN DHA	161	VOXZOGO	109
VIRT-PN PLUS	161	VP INSULIN SYRINGE	151
virtussin a/c	93	VP-PNV-DHA	162
virtussin ac w/alc	93	VPRIV	119
VISCO-3	164	VRAYLAR	70
VISUDYNE	168	VUITY	166

VUMERITY	176
vyfemla	89
VYJUVEK	103
vylibra	89
VYNDAMAX	82
VYNDAQEL	82
VYONDYS 53	165
VYVANSE	12
VYVGART	154
VYVGART HYTRULO	154
VYXEOS	61
VYZULTA	170

W

WALGREENS ADV TRAVEL LANCETS	141
WALGREENS GLUCOSE	40
WALGREENS LANCETS	141
WALGREENS LANCETS MICRO THIN	141
WALGREENS LANCETS SUPER THIN	141
WALGREENS THIN LANCETS	141
WALGREENS ULTRA THIN LANCETS	141
warfarin sodium	31
WEBCOL ALCOHOL PREP LARGE	143
WEBCOL ALCOHOL PREP MEDIUM	143
weekly-d	187
WEGMANS UNIFINE PENTIPS PLUS	151
WELIREG	59
wera	89
wes-phos 250 neutral	153
WESCAP-C DHA	162
WESCAP-PN DHA	162
WESNATAL DHA COMPLETE	162
WESNATE DHA	162
WESTAB PLUS	162
WESTGEL DHA	162
WIDE-SEAL DIAPHRAGM 60	124
WIDE-SEAL DIAPHRAGM 65	124
WIDE-SEAL DIAPHRAGM 70	124
WIDE-SEAL DIAPHRAGM 75	124
WIDE-SEAL DIAPHRAGM 80	124
WIDE-SEAL DIAPHRAGM 85	124

WIDE-SEAL DIAPHRAGM 90	124
WIDE-SEAL DIAPHRAGM 95	124
WILATE	117
WINRHO SDF	172
wixela inhub	31
wymzya fe	89

X

XACDURO	25
XALKORI	67
XARELTO	31
XARELTO STARTER PACK	31
XATMEP	53
XCOPRI	34
XCOPRI (250 MG DAILY DOSE)	34
XCOPRI (350 MG DAILY DOSE)	34
XDEMVY	168
XELJANZ	15
XELJANZ XR	15
XELPROS	170
XEMBIFY	172
XENLETA	26
XENPOZYME	109
XEOMIN	165
XEPI	95
XERAC AC	103
XERESE	98
XERMELO	115
XGEVA	106
XIAFLEX	154
XIFAXAN	24
XIGDUO XR	38
XIIDRA	168
XIPERE	169
XOFIGO	68
XOFLUZA (40 MG DOSE)	78
XOFLUZA (80 MG DOSE)	78
XOLAIR	28,29
XOLEGEL	96
XOLREMDI	121
XOSPATA	67

XPHOZAH	109
XPOVIO (100 MG ONCE WEEKLY)	59
XPOVIO (40 MG ONCE WEEKLY)	59
XPOVIO (40 MG TWICE WEEKLY)	60
XPOVIO (60 MG ONCE WEEKLY)	60
XPOVIO (60 MG TWICE WEEKLY)	60
XPOVIO (80 MG ONCE WEEKLY)	60
XPOVIO (80 MG TWICE WEEKLY)	60
XTANDI	59
xulane	89
XULTOPHY	39
xurea	101
XYNTHA	117
XYNTHA SOLOFUSE	117
XYREM	173
XYWAV	173

Y

yargesa	119
YASMIN 28	89
YAZ	89
YCANTH	102
YERVOY	56
yl folic acid	119
YONDELIS	52
YONSA	59
YUSIMRY	15
yuvafem	186

Z

zafemy	90
zafirlukast	29
zaleplon	122
ZALTRAP	54
ZALVIT	162
zarah	89
ZATEAN-PN DHA	162
ZATEAN-PN PLUS	162
zebutal	18
ZEGALOGUE	40,41
ZEJULA	67

ZELAPAR	70
ZELBORAF	67
ZEMAIRA	179
zenatane	95
ZENPEP	104
ZEPOSIA	176
ZEPOSIA 7-DAY STARTER PACK	176
ZEPOSIA STARTER KIT	176
ZEPZELCA	52
ZETONNA	164
ZEVALIN Y-90	56
ZEV RX INSULIN SYRINGE	151
ZEV RX PEN NEEDLES	151
ZEV RX STERILE ALCOHOL PREP PAD	143
ZEV RX TWIST TOP LANCETS 30G	141
zidovudine	76
ZIEXTENZO	121
zileuton er	29
ZIMHI	44
ZINPLAVA	172
ZIPHEX	162
ziprasidone hcl	70
ZIRGAN	168
ZOKINVY	156
ZOLADEX	59
ZOLEDRONIC ACID	106
zoledronic acid	106
ZOLINZA	67
ZOLMITRIPTAN	152
zolmitriptan	152
zolpidem tartrate	122
zolpidem tartrate er	122
ZOMACTON	107
ZOMACTON (FOR ZOMA-JET 10)	107
zomig	152
ZOMIG	152
zonisamide	34
ZONTIVITY	118
ZORBTIVE	107
ZORYVE	97
zovia 1/35 (28)	89

zovia 1/35e (28)	89
ZTALMY	34
ZULRESSO	36
zumandimine	89
ZURZUVAE	36
ZYCLARA PUMP	101
ZYDELIG	67
ZYKADIA	67
ZYNLONTA	56
ZYNYZ	56
ZYPITAMAG	48
ZYPREXA RELPREVV	72