

Geisinger 4th Tier

Geisinger
HEALTH PLAN

2026

List of covered drugs

General formulary information

This formulary is applicable to the 4 Tier Prescription Medication Benefit plans offered by Geisinger Health Plan for Fede4ral Employee Health Benefits (FEHB) members.

Contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit you have. Also refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary is a useful tool for prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category. You can find individual medications by using the index at the back.

You can also view the formulary online at geisinger.org/health-plan.

Pharmacy Customer Service Team contact information

Phone: 800-988-4861 or 570-271-5673; TDD/TTY 711

Fax: 570-300-2122

Mailing address:
Geisinger Health Plan Pharmacy Department
Mail Code 24-10
100 N. Academy Ave.
Danville, PA 17822

Tiers

The 4 Tier benefit assigns each prescription medication to one of four different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under the 4 Tier benefit. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2 – Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.
- Tier 3 – Includes certain formulary brand name medications and brand name medications with a generic equivalent (unless higher cost-sharing applies). Non-formulary brand name medications, if approved, will apply tier 3 cost sharing. Prior authorization may be necessary for medications in this tier.
- Tier 4 – 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

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 to remember when using this formulary and your prescription benefit:

- All prescriptions must be filled at a participating pharmacy. You may only use a non-participating pharmacy if a participating pharmacy is not available. You must pay cash at non-participating pharmacies and submit the necessary documentation to the Pharmacy Customer Service Team for reimbursement to be considered.
- Except for those medications designated as specialty in the formulary, you may use any participating pharmacy. Geisinger Health Plan will not transfer your prescription without your permission.
- You'll pay the applicable copay, coinsurance or deductible when you receive the prescription. This cost will not exceed the cost of the prescription without insurance.
- 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 can request through our Pharmacy Customer Service Team.
- If you need 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 copay/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 healthcare reform legislation.
- If certain conditions are met, some medications may be covered with no copay/coinsurance due to healthcare reform legislation. Contact the Pharmacy Customer Service Team for more information.
- Many compounded prescriptions require prior authorization review, which your provider can request through our Pharmacy Customer Service Team. If an exception is approved, you'll 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 (if required for a member under 18 years old).
- Members are eligible to receive up to 8 COVID-19 over-the-counter tests per 30 days.

Specialty Vendor Medication Program

- Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Contact the Pharmacy Customer Service Team for more 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 in the table of contents. You can find an alphabetical index of all medications 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 a specialty pharmacy vendor.
- This formulary is accurate as of November 1, 2026, and is subject to change. You can find any additions or deletions to the formulary throughout the year in the 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 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 depend on the coverage selected by you or your employer. 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, contact the Pharmacy Customer Service Team.

Quantity limits

- Quantity limits are listed in the Requirements/Limits column.
- 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 about step therapy requirements, 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 on 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.

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. We’ll review your request and any 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’ll be charged at the Tier 3 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 cosmetic purposes

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

Healthcare 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 who have a 10% 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 for a screening colonoscopy for members ages 45–75.
- 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 mg/25 mg tablet, emtricitabine/tenofovir 200 mg/300 mg tablet, Vocabria 30 mg tablet, and Yeztugo 463.5 mg/135 mL injection
- 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 ages 40–75 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.

For details about how these medications may be covered under your specific plan, 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, Geisinger 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, 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 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. The U.S. Food and Drug Administration also 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 Geisinger 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 Pharmacy and Therapeutics Committee discusses the feedback before 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: Geisinger Health Plan prescription benefits are generically based. We'll substitute a generic 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. Geisinger 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 Geisinger 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 Geisinger 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 N. Academy Ave.
      Danville, PA 17822
- For certain medications, 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 Geisinger 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 Geisinger Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Geisinger Health Plan Pharmacy Department regarding the request.

Formulary addition requests: We welcome requests for changes or additions, comments and suggestions for the formulary. You can make a written request to the Geisinger 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.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-447-4000 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-447-4000 (TTY: 711) o hable con su proveedor.

注意：如果您說[中文]，我們可以爲您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-447-4000（TTY：711）或與您的提供者討論。

אכטונג: אויב איר רעדט אידיש, זענען דא אומזיסטע שפראך הילף סערוויסעס וואס קענען צוגעשטעלט ווערן פאר אייך. נויטיגע צוגאבליכע הילף און סערוויסעס כדי צו צושטעלן אינפארמאציע אין א צוגענגליכע פארמאטן ווערן אויך צוגעשטעלט פרי פון אפצאל. רופט 1-800-447-4000 (TTY: 711) אדער רעדט צו אייער פראַוויידער.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-447-4000 (TTY: 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (1-800-447-4000) (TTY: 711) أو تحدث إلى مقدم الخدمة

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-447-4000 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-447-4000 (Người khuyết tật: 1-711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-447-4000 (TTY: 711) ou parlez à votre fournisseur.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-447-4000 (tty: 711) o parla con il tuo fornitore.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-447-4000 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-447-4000 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-447-4000 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-800-447-4000 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
AKIYESI: Ti o ba sọ Yorùbá, awọn iṣẹ iranlọwọ ede ọfẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn iṣẹ lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-800-447-4000 (TTY: 711) tabi sọrọ si olupese rẹ.
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-447-4000 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

LEGEND

TIER	NAME	
0	ACA Preventative	
1	Generics	
2	Preferred Brands	
3	Non-Preferred Brands	
4	Specialty	

SYMBOL	NAME	DESCRIPTION
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 PA restrictions; This drug has unique restrictions.
SP	Specialty Drug	Specialty Vendor Medication Program
LA	Limited Access	Drugs that are only available at certain pharmacies

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS 16
AMINOGLYCOSIDES 18
ANALGESICS - ANTI-INFLAMMATORY 18
ANALGESICS - NONNARCOTIC 21
ANALGESICS - OPIOID 23
ANDROGENS-ANABOLIC 26
ANORECTAL AND RELATED PRODUCTS 26
ANTHELMINTICS 27
ANTI-INFECTIVE AGENTS - MISC. 27
ANTIANGINAL AGENTS 28
ANTIANXIETY AGENTS 29
ANTIARRHYTHMICS 30
ANTIASTHMATIC AND BRONCHODILATOR AGENTS 30
ANTICOAGULANTS 33
ANTICONVULSANTS 34
ANTIDEPRESSANTS 38
ANTIDIABETICS 40
ANTIDIARRHEAL/PROBIOTIC AGENTS 45
ANTIDOTES AND SPECIFIC ANTAGONISTS 46
ANTIEMETICS 46
ANTIFUNGALS 47
ANTIHISTAMINES 48
ANTIHYPERLIPIDEMICS 48
ANTIHYPERTENSIVES 50
ANTIMALARIALS 53
ANTIMYASTHENIC/CHOLINERGIC AGENTS 53
ANTIMYCOBACTERIAL AGENTS 53
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES 54
ANTIPARKINSON AND RELATED THERAPY AGENTS 69
ANTIPSYCHOTICS/ANTIMANIC AGENTS 70
ANTIVIRALS 74
BETA BLOCKERS 78
CALCIUM CHANNEL BLOCKERS 79
CARDIOTONICS 80
CARDIOVASCULAR AGENTS - MISC. 80
CEPHALOSPORINS 83
CONTRACEPTIVES 84
CORTICOSTEROIDS 92
COUGH/COLD/ALLERGY 93
DERMATOLOGICALS 94
DIAGNOSTIC PRODUCTS 102
DIGESTIVE AIDS 102
DIURETICS 103
ENDOCRINE AND METABOLIC AGENTS - MISC. 104
ESTROGENS 107
FLUOROQUINOLONES 109

GASTROINTESTINAL AGENTS - MISC. . . . 109
GENITOURINARY AGENTS - MISCELLANEOUS . . . 112
GOUT AGENTS . . . 113
HEMATOLOGICAL AGENTS - MISC. . . . 113
HEMATOPOIETIC AGENTS . . . 115
HEMOSTATICS . . . 117
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS . . . 117
LAXATIVES . . . 118
MACROLIDES . . . 119
MEDICAL DEVICES AND SUPPLIES . . . 119
MIGRAINE PRODUCTS . . . 153
MINERALS ELECTROLYTES . . . 154
MISCELLANEOUS THERAPEUTIC CLASSES . . . 155
MOUTH/THROAT/DENTAL AGENTS . . . 157
MULTIVITAMINS . . . 159
MUSCULOSKELETAL THERAPY AGENTS . . . 162
NASAL AGENTS - SYSTEMIC AND TOPICAL . . . 164
NEUROMUSCULAR AGENTS . . . 164
NUTRIENTS . . . 165
OPHTHALMIC AGENTS . . . 165
OTIC AGENTS . . . 169
OXYTOCICS . . . 169
PASSIVE IMMUNIZING AND TREATMENT AGENTS . . . 170
PENICILLINS . . . 171
PROGESTINS . . . 172
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. . . . 172
RESPIRATORY AGENTS - MISC. . . . 177
SULFONAMIDES . . . 178
TETRACYCLINES . . . 178
THYROID AGENTS . . . 178
TOXOIDS . . . 179
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS . . . 179
UNCATEGORIZED . . . 181
URINARY ANTISPASMODICS . . . 185
VACCINES . . . 186
VAGINAL AND RELATED PRODUCTS . . . 188
VASOPRESSORS . . . 189
VITAMINS . . . 189

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphet er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)	1	
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	1	
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	1	
dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)	1	
lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	1	PA, QL (1 ea per 1 day(s))
ANALEPTICS		
caffeine citrate	1	
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine hcl	1	
diethylpropion hcl	1	
DIETHYLPROPION HCL ER	1	
lomaira	1	
phendimetrazine tartrate	1	
PHENDIMETRAZINE TARTRATE ER	1	
phentermine hcl (8 mg tab, 15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab)	1	
phentermine-topiramate er (3.75-23 mg cap er 24h, 7.5-46 mg cap er 24h, 11.25-69 mg cap er 24h, 15-92 mg cap er 24h)	1	QL (1 ea per 1 day(s)), PA-NSO
phentermine-topiramate erxdnu (3.75-23 mg cap er 24h, 7.5-46 mg cap er 24h, 11.25-69 mg cap er 24h, 15-92 mg cap er 24h)	1	QL (1 ea per 1 day(s)), PA-NSO
PLENITY	3	
PLENITY WELCOME KIT	3	
QSYMIA (3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H)	3	QL (1 ea per 1 day(s)), PA-NSO
ANTI-OBESITY AGENTS		
CONTRAVE	3	QL (4 ea per 1 day(s)), PA-NSO

Drug Name	Drug Tier	Requirements/Limits
IMCIVREE	3	LA, QL (0.3 ml per 1 day(s)), SP
liraglutide -weight management	3	PA, QL (0.5 ml per 1 day(s))
ORLISTAT	3	QL (3 ea per 1 day(s)), PA-NSO
SAXENDA	3	PA, QL (0.5 ml per 1 day(s))
WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ)	3	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY IN 180 DAYS AT MO/RETAIL; QLC REFILL TOLERANCE 100%)
WEGOVY (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	3	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS AT MO/RETAIL; QLC REFILL TOLERANCE 100%)
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	3	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL AT MO/RETAIL)
WEGOVY 25 MG TAB	3	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL AT MO/RETAIL)
WEGOVY HD	3	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL AT MO/RETAIL)
XENICAL	3	QL (3 ea per 1 day(s)), PA-NSO
ZEPBOUND (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)	3	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL AT MO/RETAIL)
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	3	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY IN 180 DAYS AT MO/RETAIL; QLC REFILL TOLERANCE 100%)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)	1	
clonidine hcl er	1	
guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	1	
QELBREE 100 MG CAP ER 24H	3	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	3	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	3	PA, QL (3 ea per 1 days)
STIMULANTS - MISC.		
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	1	PA
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)	1	
methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)	1	PA
methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)	1	
methylphenidate hcl er (10 mg tab er, 18 mg tab er, 18 mg tab er 24h, 20 mg tab er, 27 mg tab er, 27 mg tab er 24h, 36 mg tab er, 36 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h)	1	
methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)	1	
methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)	1	
methylphenidate hcl er (la) 60 mg cap er 24h	1	PA
methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)	1	
METHYLPHENIDATE HCL ER(DIFFUS) (27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER)	1	
modafinil (100 mg tab, 200 mg tab)	1	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin sulfate	1	
tobramycin 300 mg/4ml nebu soln	1	PA, QL (224 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
tobramycin 300 mg/5ml nebu soln	1	PA, QL (280 ml per 56 days), SP
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	4	QL (0.8 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 10 MG/0.2ML SOLN PRSYR	4	QL (0.4 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 20 MG/0.2ML SOLN PRSYR	4	QL (0.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 80 MG/0.8ML SOLN A-INJ	4	QL (2.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SIMPONI (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	4	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, 50 MG/0.5ML SOLN PRSYR)	4	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA	4	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	4	QL (28 ea per 28 days), PA-NSO, SP, PN (84 DAYS SUPPLY IN 180 DAYS)
RINVOQ LQ	4	QL (360 ml per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
tofacitinib citrate (5 mg tab, 10 mg tab)	4	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
tofacitinib citrate 1 mg/ml solution	4	QL (300 ml per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)	4	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ (5 MG TAB, 10 MG TAB)	4	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	4	QL (300 ml per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	4	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
TOFIDENCE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	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)	4	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)	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
cataflam	1	

Drug Name	Drug Tier	Requirements/Limits
celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)	1	
diclofenac potassium 50 mg tab	1	
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	1	
diclofenac sodium er	1	
diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)	1	
ec-naproxen (375 mg tab dr, 500 mg tab dr)	1	
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	1	
etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)	1	
FENOPROFEN CALCIUM 400 MG CAP	1	
flurbiprofen (100 mg tab)	1	
ibu (400 mg tab, 600 mg tab, 800 mg tab)	1	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)	1	
indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)	1	
indomethacin er	1	
ketorolac tromethamine 10 mg tab	1	QL (20 ea per fill)
LURBIPR	1	
LURBIRO	1	
meloxicam (7.5 mg tab, 15 mg tab)	1	
nabumetone (500 mg tab, 750 mg tab)	1	
NALFON 400 MG CAP	1	
naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)	1	
naproxen dr	1	
naproxen sodium (275 mg tab, 550 mg tab)	1	
oxaprozin	1	
piroxicam (10 mg cap, 20 mg cap)	1	
relafen 500 mg tab	1	
sulindac (150 mg tab, 200 mg tab)	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	4	QL (55 ea per 180 day(s)), PA-NSO, SP, PN (28 DAY SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA 20 MG TAB	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	4	PA, QL (55 ea per 180 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
OTEZLA/OTEZLA XR INITIATION PK	4	PA, QL (41 ea per 180 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide (10 mg tab, 20 mg tab)	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	4	QL (8 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac (butalbital-acetamin-caff)	1	
butalbital-acetaminophen 50-325 mg tab	1	
butalbital-apap-caffeine 50-325-40 mg tab	1	
butalbital-aspirin-caffeine	1	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT (100 MCG/ML SOLUTION, 500 MCG/20ML SOLUTION, 500 MCG/5ML SOLUTION)	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
SALICYLATES		
adult aspirin regimen	0	

Drug Name	Drug Tier	Requirements/Limits
aspirin (81 mg chew tab, 81 mg tab dr)	0	
aspirin 81 (81 mg chew tab, 81 mg tab dr)	0	
aspirin adult low dose	0	
aspirin adult low strength	0	
aspirin childrens	0	
aspirin ec adult low dose	0	
aspirin ec low dose	0	
aspirin ec low strength	0	
aspirin low dose (81 mg chew tab, 81 mg tab dr)	0	
aspirin regimen	0	
bayer aspirin ec low dose	0	
bayer low dose (81 mg chew tab, 81 mg tab dr)	0	
childrens aspirin	0	
cvs aspirin adult low dose	0	
cvs aspirin adult low strength	0	
cvs aspirin ec 81 mg tab dr	0	
cvs aspirin low dose	0	
cvs aspirin low strength	0	
diflunisal	1	
ecotrin low strength	0	
eq aspirin adult low dose	0	
eq aspirin low dose (81 mg chew tab, 81 mg tab dr)	0	
eql aspirin low dose (81 mg chew tab, 81 mg tab dr)	0	
ft aspirin 81 mg chew tab	0	
ft aspirin adult low dose	0	
ft aspirin low dose	0	
gnp adult aspirin low strength	0	
gnp aspirin 81 mg tab dr	0	
gnp aspirin low dose	0	
goodsense aspirin 81 mg chew tab	0	
goodsense aspirin low dose	0	

Drug Name	Drug Tier	Requirements/Limits
h-e-b aspirin	0	
hm aspirin 81 mg chew tab	0	
hm aspirin ec low dose	0	
kls aspirin low dose	0	
kp aspirin	0	
mm aspirin	0	
px aspirin 81 mg chew tab	0	
px enteric aspirin 81 mg tab dr	0	
qc aspirin low dose (81 mg chew tab, 81 mg tab dr)	0	
qc childrens aspirin	0	
ra aspirin adult low dose	0	
ra aspirin adult low strength	0	
ra aspirin childrens	0	
ra aspirin ec 81 mg tab dr	0	
ra aspirin ec adult low st	0	
SALSALATE (500 MG TAB, 750 MG TAB)	1	
sb childrens aspirin	0	
sb low dose asa ec	0	
sm aspirin adult low strength (81 mg chew tab, 81 mg tab dr)	0	
sm aspirin ec low strength	0	
sm aspirin low dose (81 mg chew tab, 81 mg tab dr)	0	
sm childrens aspirin	0	
st joseph aspirin	0	
st joseph low dose (81 mg chew tab, 81 mg tab dr)	0	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate (15 mg tab, 60 mg tab)	1	
DISKETS	1	PA
fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	1	PA, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
FENTANYL CITRATE (400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)	1	
levorphanol tartrate 2 mg tab	1	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	
METHADONE HCL (5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 10 MG/5ML SOLUTION, 10 MG/ML CONC, 40 MG TAB SOL)	1	PA
methadone hcl intensol	1	PA
methadose	1	PA
morphine sulfate (10 mg/5ml solution, 15 mg tab, 20 mg/5ml solution, 30 mg tab)	1	
morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)	1	
morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)	1	PA
NUCYNTA (50 MG TAB, 75 MG TAB, 100 MG TAB)	3	PA
NUCYNTA ER (50 MG TAB ER 12H, 100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H, 250 MG TAB ER 12H)	3	PA
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)	1	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	1	PA
OXYCONTIN (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER)	1	PA
OXYCONTIN (15 MG TB12 DETER, 30 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)	3	PA
oxymorphone hcl (5 mg tab, 10 mg tab)	1	
SUBSYS (1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID)	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
tapentadol hcl (50 mg tab, 75 mg tab, 100 mg tab)	1	PA
tramadol hcl (50 mg tab, 100 mg tab)	1	
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	1	PA
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)	1	PA
xyvona 2 mg tab	1	

Drug Name	Drug Tier	Requirements/Limits
OPIOID COMBINATIONS		
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)	1	
ascomp-codeine	1	
butalbital-apap-caff-cod 50-325-40-30 mg cap	1	
butalbital-asa-caff-codeine	1	
endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	1	
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)	1	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 10-200 MG TAB)	1	
NALOCET	1	
oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-325 mg tab)	1	
tramadol-acetaminophen	1	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	4	QL (1.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	4	QL (1.92 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	4	QL (2.56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	4	QL (0.64 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIXADI 128 MG/0.36ML SOLN PRSYR	4	QL (0.36 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIXADI 64 MG/0.18ML SOLN PRSYR	4	QL (0.18 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIXADI 96 MG/0.27ML SOLN PRSYR	4	QL (0.27 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)	1	PA, QL (0.143 ea per 1 days)
buprenorphine hcl (2 mg sl tab, 8 mg sl tab)	1	PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)	1	PN (34 DAYS SUPPLY PER FILL)
butorphanol tartrate	1	
PENTAZOCINE-NALOXONE HCL	1	
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	3	QL (0.5 ml per 28 day(s)), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	3	QL (3 ml per 28 day(s)), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANDROGENS-ANABOLIC		
ANDROGENS		
AVEED	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
danazol (50 mg cap, 100 mg cap, 200 mg cap)	1	
depo-testosterone (100 mg/ml solution, 200 mg/ml solution)	1	
testosterone (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)	1	
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)	1	
TESTOSTERONE ENANTHATE	1	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
hydrocortisone 100 mg/60ml enema	1	
RECTAL COMBINATIONS		
lidocaine-hydrocort (perianal)	1	
LIDOCAINE-HYDROCORTISONE ACE (1-3 % KIT, 2.8-0.55 % GEL, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
LIDOCORT	1	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
ANUCORT-HC	1	
ANUSOL-HC 25 MG SUPPOS	1	

Drug Name	Drug Tier	Requirements/Limits
HEMMOREX-HC 25 MG SUPPOS	1	
hydrocortisone (perianal)	1	
hydrocortisone acetate 25 mg suppos	1	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole	1	QL (4 ea per fill(s))
EMVERM	3	PA, QL (6 ea per fill(s))
ivermectin 3 mg tab	1	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole (250 mg tab, 500 mg tab)	1	
pentamidine isethionate	1	
tinidazole (250 mg tab, 500 mg tab)	1	
trimethoprim	1	
XIFAXAN 550 MG TAB	4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	1	
sulfatrim pediatric	1	
XACDURO	4	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	2	
atovaquone	1	
nitazoxanide	1	

Drug Name	Drug Tier	Requirements/Limits
CYCLIC LIPOPEPTIDES		
daptomycin (350 mg recon soln, 500 mg recon soln)	1	PN (34 DAYS SUPPLY PER FILL)
GLYCOPEPTIDES		
KIMYRSA	4	PA, QL (1 ea per fill)
vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)	1	
LEPROSTATICS		
dapsone (25 mg tab, 100 mg tab)	1	
LINCOSAMIDES		
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	1	
clindamycin palmitate hcl	1	
OXAZOLIDINONES		
linezolid 100 mg/5ml recon susp	1	PA
linezolid 600 mg tab	1	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)
SIVEXTRO 200 MG TAB	4	PA, QL (6 ea per 6 day(s)), PN (6 DAYS SUPPLY IN 365 DAYS)
PLEUROMUTILINS		
XENLETA 600 MG TAB	4	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)
URINARY ANTI-INFECTIVES		
methenamine hippurate	1	
METHENAMINE MANDELATE (0.5 GM TAB, 1 GM TAB)	1	
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	1	
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	1	
nitrofurantoin monohyd macro	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)	1	PA

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	1	
isosorbide mononitrate 10 mg tab	1	
isosorbide mononitrate 20 mg tab	1	
isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)	1	
nitro-bid	1	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	1	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)	1	
nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/spray solution, 0.6 mg sl tab, 2 % ointment)	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	1	
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)	1	
HYDROXYZINE PAMOATE	2	
hydroxyzine pamoate (25 mg cap, 50 mg cap)	1	
meprobamate (200 mg tab, 400 mg tab)	1	
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)	1	
alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	1	
alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	1	
chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)	1	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)	1	
diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)	1	
diazepam intensol	1	

Drug Name	Drug Tier	Requirements/Limits
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)	1	
lorazepam intensol	1	
oxazepam (10 mg cap, 15 mg cap, 30 mg cap)	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate (100 mg cap, 150 mg cap)	1	
NORPACE CR 100 MG CAP ER 12H	2	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	2	QL (5 ea per 1 days)
quinidine gluconate er	1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	1	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	1	
propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	1	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	1	
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 10 MG/0.5ML SOLN PRSYR	4	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	4	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN	4	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE (210 MG/1.91ML SOLN A-INJ, 210 MG/1.91ML SOLN PRSYR)	4	PA, QL (1.91 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	4	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG RECON SOLN	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	PA, QL (5 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	PA, QL (5 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	
INCRUSE ELLIPTA	2	
ipratropium bromide 0.02 % solution	1	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	2	
LEUKOTRIENE MODULATORS		
montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)	1	
montelukast sodium 4 mg packet	1	
zafirlukast (10 mg tab, 20 mg tab)	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast 250 mcg tab	1	PA
roflumilast 500 mcg tab	1	QL (1 ea per 1 day(s))
STEROID INHALANTS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	2	

Drug Name	Drug Tier	Requirements/Limits
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	1	
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	
FLUTICASONE PROPIONATE HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	2	
PULMICORT FLEXHALER	2	
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	2	
SYMPATHOMIMETICS		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	
AIRDUO RESPICLICK 55/14	2	QL (1 ea per 30 day(s))
albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)	1	
albuterol sulfate hfa	1	
ANORO ELLIPTA	2	
arformoterol tartrate	1	PA
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	2	QL (2 ea per 1 day(s))
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	2	QL (2 ea per 1 days)
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL (2 ea per 1 days)
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL	2	QL (10.7 gm per 28 day(s))
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL (10.7 gm per 28 days)
budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	1	QL (1.02 gm per 1 day(s))
COMBIVENT RESPIMAT	2	
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	2	
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	1	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	2	QL (1 ea per 30 day(s))
formoterol fumarate	1	PA

Drug Name	Drug Tier	Requirements/Limits
ipratropium-albuterol	1	
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)	1	
LEVALBUTEROL TARTRATE	1	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
terbutaline sulfate (2.5 mg tab, 5 mg tab)	1	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	2	QL (2 ea per 1 days)
wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	1	QL (2 ea per 1 days)
XANTHINES		
elixophyllin	1	
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	3	
theophylline (80 mg/15ml elixir, 80 mg/15ml solution)	1	
THEOPHYLLINE ER (100 MG TAB ER 12H, 200 MG TAB ER 12H, 300 MG TAB ER 12H, 400 MG TAB ER 24H, 450 MG TAB ER 12H, 600 MG TAB ER 24H)	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	1	
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	2	QL (2 ea per 1 days)
ELIQUIS 5 MG TAB	2	QL (4 ea per 1 days)
ELIQUIS DVT/PE STARTER PACK	2	QL (74 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
rivaroxaban 1 mg/ml recon susp	1	QL (20 ml per 1 days)
rivaroxaban 2.5 mg tab	1	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 ea per 1 days)
XARELTO 15 MG TAB	2	QL (2 ea per 1 days)
XARELTO STARTER PACK	2	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)	1	
enoxaparin sodium 300 mg/3ml solution	1	PN (30 DAYS SUPPLY PER FILL)
fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)	1	PN (34 DAYS SUPPLY PER FILL)
heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)	1	
heparin sodium (porcine) +rfid	1	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLUTION)	1	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	1	QL (2 ea per 1 day(s))
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	PA, QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	4	PA, QL (24 ml per 1 days)
perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	1	PA, QL (1 ea per 1 day(s))
perampanel 0.5 mg/ml suspension	1	PA, QL (24 ml per 1 day(s))
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (10 mg tab, 20 mg tab)	1	
clobazam 2.5 mg/ml suspension	1	
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)	1	

Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACUDIAL (10 MG GEL, 20 MG GEL)	2	
diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)	1	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	2	QL (10 ea per 30 day(s)), AL (2 to 5 yrs old)
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	3	PA, QL (2 ea per 1 days)
VALTOCO 10 MG DOSE	2	QL (10 ea per 30 days)
VALTOCO 15 MG DOSE	2	QL (10 ea per 30 days)
VALTOCO 20 MG DOSE	2	QL (10 ea per 30 days)
VALTOCO 5 MG DOSE	2	QL (10 ea per 30 days)
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	2	PA, QL (1 ea per 1 day(s))
APTIOM (600 MG TAB, 800 MG TAB)	2	PA, QL (2 ea per 1 day(s))
carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg/10ml suspension)	1	
carbamazepine 200 mg tab	1	
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)	1	
CARBATROL (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	3	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EPIDIOLEX	3	PA, SP
epitol	1	
EPRONTIA	3	PA, QL (16 ml per 1 day(s))
eslicarbazepine acetate (200 mg tab, 400 mg tab)	1	PA, QL (1 ea per 1 day(s))
eslicarbazepine acetate (600 mg tab, 800 mg tab)	1	PA, QL (2 ea per 1 day(s))
FINTEPLA	4	PA, LA, QL (360 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)	1	
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)	1	PA
lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)	1	QL (2 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	
lamotrigine (5 mg chew tab, 25 mg chew tab)	1	
lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)	1	
lamotrigine odt (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)	1	QL (2 ea per 1 day(s))
lamotrigine starter kit-blue	1	
levetiracetam (100 mg/ml solution, 500 mg/5ml solution)	1	
levetiracetam (250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)	1	
levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)	1	
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	1	
oxcarbazepine 300 mg/5ml suspension	1	
oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h, 600 mg tab er 24h)	1	PA
OXTELLAR XR (150 MG TAB ER 24H, 300 MG TAB ER 24H, 600 MG TAB ER 24H)	3	PA
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)	1	
primidone (50 mg tab, 250 mg tab)	1	
relgaabi (300 mg cap, 400 mg cap)	1	
roweepra (500 mg tab, 750 mg tab, 1000 mg tab)	1	
roweepra xr (500 mg tab er 24h, 750 mg tab er 24h)	1	
rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)	1	PA
subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	
subvenite starter kit-blue	1	
TEGRETOL 100 MG/5ML SUSPENSION	3	
TEGRETOL 200 MG TAB	3	
TEGRETOL-XR (100 MG TAB ER 12H, 200 MG TAB ER 12H, 400 MG TAB ER 12H)	3	
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	
topiramate 25 mg/ml solution	1	PA, QL (16 ml per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
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)	1	PA
topiramate er 200 mg cap er 24h	1	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 600 MG TAB)	3	
TRILEPTAL 300 MG/5ML SUSPENSION	3	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H)	3	PA
TROKENDI XR 200 MG CAP ER 24H	3	PA
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	1	
ZTALMY	4	PA, LA, QL (1100 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARBAMATES		
felbamate (400 mg tab, 600 mg tab)	1	
felbamate 600 mg/5ml suspension	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	4	PA, QL (28 ea per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE)	4	PA, QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	4	PA, QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	4	PA, QL (1 ea per 1 days)
XCOPRI 200 MG TAB	4	PA, QL (2 ea per 1 days)
XCOPRI 25 MG TAB	4	PA, QL (1 ea per 1 day(s))
GABA MODULATORS		
TIAGABINE HCL (2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB)	1	
vigabatrin (500 mg packet, 500 mg tab)	1	PA, SP
vigadrone 500 mg packet	1	PA, LA, SP
vigadrone 500 mg tab	1	PA, LA, SP
vigpoder	1	PA, SP
HYDANTOINS		
DILANTIN 100 MG CAP	3	
DILANTIN 125 MG/5ML SUSPENSION	3	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN 30 MG CAP	2	
DILANTIN INFATABS	2	
DILANTIN-125	3	
phenytek (200 mg cap, 300 mg cap)	2	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	1	
phenytoin infatabs	1	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	1	
SUCCINIMIDES		
ethosuximide 250 mg cap	1	
ethosuximide 250 mg/5ml solution	1	
VALPROIC ACID		
DEPAKOTE (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR)	3	
DEPAKOTE ER (250 MG TAB ER 24H, 500 MG TAB ER 24H)	3	
DEPAKOTE SPRINKLES	3	
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	1	
divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)	1	
valproic acid (250 mg/5ml solution, 500 mg/10ml solution)	1	
valproic acid 250 mg cap	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER	3	PA, QL (2 ea per 1 days)
ANTIDEPRESSANTS - MISC.		
bupropion hcl (75 mg tab, 100 mg tab)	1	
bupropion hcl er (smoking det)	0	

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)	1	
BUPROPION HCL ER (XL)	1	PA, QL (1 ea per 1 day(s))
bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)	1	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE (20 MG CAP, 25 MG CAP)	4	PA, QL (28 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
ZURZUVAE 30 MG CAP	4	PA, QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE	1	
tranylcypromine sulfate	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SPRAVATO (84 MG DOSE)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)	1	
escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)	1	
fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap)	1	
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	1	
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	
paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)	1	
sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	1	
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	3	PA
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	1	PA, QL (1 ea per 1 days)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)	1	QL (1 ea per 1 days)
duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)	1	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	3	PA
FETZIMA TITRATION	3	PA
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	1	
venlafaxine hcl er (37.5 mg cap er 24h, 37.5 mg tab er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h, 225 mg tab er 24h)	1	
TRICYCLIC AGENTS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1	
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	1	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	1	
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1	
DOXEPIN HCL (10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP)	1	
doxepin hcl 10 mg/ml conc	1	
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	1	
nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	1	
nortriptyline hcl 10 mg/5ml solution	1	
protriptyline hcl (5 mg tab, 10 mg tab)	1	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
MIGLITOL (50 MG TAB, 100 MG TAB)	2	
MIGLITOL 25 MG TAB	2	
ANTIDIABETIC COMBINATIONS		
dapagliflozin base-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h, 10-1000 mg tab er 24h, 10-500 mg tab er 24h)	1	QL (1 ea per 1 day(s))
glipizide-metformin hcl (2.5-250 mg tab, 5-500 mg tab)	1	
glipizide-metformin hcl 2.5-500 mg tab	1	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	2	QL (1 ea per 1 days)
JENTADUETO (2.5-500 MG TAB, 2.5-850 MG TAB)	2	QL (2 ea per 1 day(s))
JENTADUETO 2.5-1000 MG TAB	2	QL (2 ea per 1 day(s))
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (2 ea per 1 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (1 ea per 1 days)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	2	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	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)	2	QL (2 ea per 1 days)
XULTOPHY	2	ST, QL (0.5 ml per 1 days)
BIGUANIDES		
metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)	1	
metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	2	QL (2 ea per fill)
BAQSIMI TWO PACK	2	QL (2 ea per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	

Drug Name	Drug Tier	Requirements/Limits
cvs soft glucose	2	
DEX4	2	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	2	
DEX4 NATURALS	2	
DEX4 POUCH PACK	2	
DEX4 QUICK DISSOLVE GLUCOSE	2	
ft glucose	2	
GLUCAGEN HYPOKIT	2	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY (1 MG/ML RECON SOLN)	2	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
gluco to go	2	
glucose (4 gm chew tab, 4-6 gm-mg chew tab)	2	
GLUCOSE INSTANT ENERGY (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
GNP GLUCOSE	2	
GNP QUICK DISSOLVE GLUCOSE	2	
GOODSENSE GLUCOSE	2	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	2	QL (0.4 ml per fill)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
hy-vee glucose	2	
KROGER GLUCOSE	2	
LEADER GLUCOSE	2	
LEADER QUICK DISSOLVE GLUCOSE	2	
LONGS GLUCOSE	2	
MEIJER GLUCOSE	2	

Drug Name	Drug Tier	Requirements/Limits
mifepristone 300 mg tab	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PREFERRED PLUS GLUCOSE	2	
PX GLUCOSE	2	
RA GLUCOSE (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
RELION GLUCOSE (4-6 GM-MG CHEW TAB)	2	
SM GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
SMART SENSE GLUCOSE	2	
TGT GLUCOSE	2	
trueplus glucose (4 gm chew tab)	2	
TRUEPLUS GLUCOSE ON THE GO	2	
UP & UP GLUCOSE	2	
VALUE PLUS GLUCOSE	2	
WALGREENS GLUCOSE	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA	2	QL (1 ea per 1 days)
INCRETIN MIMETIC AGENTS		
liraglutide	1	PA, QL (0.3 ml per 1 day(s))
MOUNJARO (5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL AT MO/RETAIL)
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY IN 180 DAYS AT MO/RETAIL; QLC REFILL TOLERANCE 100%)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL AT MO/RETAIL)
OZEMPIC (1 MG/DOSE)	2	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL AT MO/RETAIL)
OZEMPIC (2 MG/DOSE)	2	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL AT MO/RETAIL)
OZEMPIC (4 MG TAB, 9 MG TAB)	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL AT MO/RETAIL)
OZEMPIC 1.5 MG TAB	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS AT MO/RETAIL)

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL AT MO/RETAIL)
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS AT MO/RETAIL; QLC REFILL TOLERANCE 100%)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL AT MO/RETAIL)
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN	1	
INSULIN ASPART	2	
INSULIN ASPART FLEXPEN	2	
INSULIN ASPART PENFILL	2	
INSULIN ASPART PROT & ASPART	1	
INSULIN GLARGINE MAX SOLOSTAR	2	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE-YFGN (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TRESIBA	2	
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	1	
MEGLITINIDE ANALOGUES		
nateglinide (60 mg tab, 120 mg tab)	1	
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin (5 mg tab, 10 mg tab)	1	QL (1 ea per 1 day(s))
JARDIANCE (10 MG TAB, 25 MG TAB)	2	QL (1 ea per 1 days)
SULFONYLUREAS		
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	1	
glipizide (5 mg tab, 10 mg tab)	1	
glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	
glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h)	1	
glipizide xl 10 mg tab er 24h	1	
glyburide (2.5 mg tab, 5 mg tab)	1	
glyburide 1.25 mg tab	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	3	PA
ANTIPERISTALTIC AGENTS		
diphenoxylate-atropine	1	

Drug Name	Drug Tier	Requirements/Limits
loperamide hcl 2 mg cap	1	
OPIUM	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox (90 mg packet, 90 mg tab, 125 mg tab sol, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
deferiprone 500 mg tab	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
OPIOID ANTAGONISTS		
ft naloxone hcl	0	
gnp naloxone hcl	0	
naloxone hcl (0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)	1	
naloxone hcl 4 mg/0.1ml liquid	0	
naltrexone hcl	1	
narcan	0	
REXTOVY	2	
VIVITROL	1	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl 1 mg tab	1	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
ondansetron (4 mg tab disp, 8 mg tab disp)	1	
ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)	1	
SANCUSO	3	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl (12.5 mg tab, 25 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
scopolamine	1	
TRANSDERM SCOP	2	
TRANSDERM-SCOP	2	
trimethobenzamide hcl 300 mg cap	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	3	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
doxylamine-pyridoxine	1	QL (4 ea per 1 days)
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)	1	
CINVANTI	3	PA, SP
EMEND 125 MG/5ML RECON SUSP	3	
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine (250 mg cap, 500 mg cap)	1	PN (34 DAYS SUPPLY PER FILL)
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	1	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	1	
nystatin 500000 unit tab	1	
terbinafine hcl 250 mg tab	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	4	PA, PN (34 DAYS SUPPLY PER FILL)
fluconazole (40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	
itraconazole (10 mg/ml solution, 100 mg cap)	1	PA
ketoconazole 200 mg tab	1	
posaconazole 100 mg tab dr	4	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
posaconazole 40 mg/ml suspension	4	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
voriconazole (50 mg tab, 200 mg tab)	1	PA, PN (34 DAYS SUPPLY PER FILL)
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
CORPHENA	1	
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate 6 mg tab	1	
DIPHENHYDRAMINE HCL	1	
ryvent	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)	1	
promethegan (12.5 mg suppos, 25 mg suppos)	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	PA, QL (1 ea per 1 days)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	1	PA
NEXLIZET	2	PA, QL (1 ea per 1 days)
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl 0.5 gm cap	1	QL (8 ea per 1 days)
icosapent ethyl 1 gm cap	1	QL (4 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
omega-3-acid ethyl esters	1	
BILE ACID SEQUESTRANTS		
cholestyramine (4 gm packet, 4 gm/dose powder)	1	
cholestyramine light (4 gm packet, 4 gm/dose powder)	1	
colesevelam hcl (3.75 gm packet, 625 mg tab)	1	
colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)	1	
prevalite (4 gm packet, 4 gm/dose powder)	1	
FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 145 mg tab, 160 mg tab, 200 mg cap)	1	
fenofibrate (67 mg cap, 134 mg cap)	1	
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	1	PA
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	1	
fenofibric acid (45 mg cap dr, 135 mg cap dr)	1	
gemfibrozil	1	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
atorvastatin calcium 10 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
lovastatin 10 mg tab	1	QL (4 ea per 1 days), PN ($0 copay for members age 40-75 years)
lovastatin 20 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
lovastatin 40 mg tab	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 10 mg tab	1	QL (8 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 20 mg tab	1	QL (4 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 40 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 80 mg tab	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
rosuvastatin calcium 5 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin (40 mg tab, 80 mg tab)	1	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin 10 mg tab	1	QL (4 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin 20 mg tab	1	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin 5 mg tab	1	QL (8 ea per 1 days), PN ($0 copay for members age 40-75 years)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	3	PA, QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	1	
NICOTINIC ACID DERIVATIVES		
niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	2	PA, QL (0.072 ml per 1 days)
REPATHA	2	PA, QL (0.072 ml per 1 days)
REPATHA SURECLICK	2	PA, QL (0.072 ml per 1 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
moexipril hcl (7.5 mg tab, 15 mg tab)	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 8 MG TAB)	2	
perindopril erbumine 4 mg tab	1	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	1	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	1	
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl	1	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	1	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	1	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	1	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	1	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	1	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	1	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	1	
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	1	
guanfacine hcl (1 mg tab, 2 mg tab)	1	
METHYLDOPA (250 MG TAB)	1	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	1	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)	1	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	1	PA
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	1	PA

Drug Name	Drug Tier	Requirements/Limits
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	1	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	1	
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-25 MG TAB)	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB	1	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	1	
fosinopril sodium-hctz 10-12.5 mg tab	1	
fosinopril sodium-hctz 20-12.5 mg tab	1	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	1	
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	1	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	1	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab)	1	
metoprolol-hydrochlorothiazide 100-50 mg tab	1	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	1	
olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)	1	PA
QUINAPRIL-HYDROCHLOROTHIAZIDE (20-12.5 MG TAB, 20-25 MG TAB)	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	1	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	1	
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate (150 mg tab, 300 mg tab)	1	PA

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone (25 mg tab, 50 mg tab)	1	
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
minoxidil (2.5 mg tab, 10 mg tab)	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	1	
ANTIMALARIALS		
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	1	
hydroxychloroquine sulfate 200 mg tab	1	
mefloquine hcl	1	
primaquine phosphate	3	QL (14 ea per 14 day(s)), PN (14 DAYS SUPPLY PER FILL)
pyrimethamine	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
quinine sulfate	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PYRIDOSTIGMINE BROMIDE (60 MG TAB, 60 MG/5ML SOLUTION)	1	
pyridostigmine bromide er	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
ethambutol hcl (100 mg tab, 400 mg tab)	1	
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	1	
PRETOMANID	3	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
pyrazinamide	1	
rifabutin	1	
rifampin (150 mg cap, 300 mg cap)	1	
SIRTURO (20 MG TAB, 100 MG TAB)	4	PA, LA, SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide (25 mg cap, 50 mg cap)	1	SP
GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP)	2	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	2	SP
lomustine (10 mg cap, 40 mg cap, 100 mg cap)	2	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
MYLERAN	2	SP
temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)	1	SP, PN (34 DAYS SUPPLY PER FILL)
thiotepa (15 mg recon soln, 100 mg recon soln)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
YONDELIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEPZELCA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIMETABOLITES		
capecitabine (150 mg tab, 500 mg tab)	1	SP, PN (34 DAYS SUPPLY PER FILL)
clofarabine	4	SP, PN (34 DAYS SUPPLY PER FILL)
decitabine	4	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	4	SP, PN (34 DAYS SUPPLY PER FILL)
mercaptopurine 50 mg tab	1	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	1	
methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)	1	
ONUREG (200 MG TAB, 300 MG TAB)	3	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	4	PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
pralatrexate (20 mg/ml solution, 40 mg/2ml solution)	4	SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FRUZAQLA 1 MG CAP	3	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
FRUZAQLA 5 MG CAP	3	PA, QL (21 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
INLYTA 1 MG TAB	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (14 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (18 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	4	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	4	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN)	4	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PERJETA	4	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	4	SP, PN (34 DAYS SUPPLY PER FILL)
TUKYSA (50 MG TAB, 150 MG TAB)	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPONSA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DANYELZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
GAZYVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN)	4	PA, SP, PN (28 DAY SUPPLY PER FILL)
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMJUDO 25 MG/1.25ML SOLUTION	4	PA, QL (375 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
IMJUDO 300 MG/15ML SOLUTION	4	PA, QL (15 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
JEMPERLI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEYTRUDA	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LIBTAYO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUNSUMIO VELO (5 MG/0.5ML SOLUTION, 45 MG/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONJUVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
MYLOTARG	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 120 MG/12ML SOLUTION, 240 MG/24ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY (30 MG RECON SOLN, 140 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEVIMBRA (100 MG/10ML SOLUTION, 150 MG/15ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TIVDAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYLOY 100 MG RECON SOLN	4	PA, SP, PN (UP TO 21 DAYS SUPPLY PER FILL)
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNYZ	4	PA, QL (20 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	3	QL (56 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VENCLEXTA 100 MG TAB	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 50 MG TAB	3	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VENCLEXTA STARTING PACK	3	QL (42 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	4	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
erlotinib hcl (100 mg tab, 150 mg tab)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
erlotinib hcl 25 mg tab	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
gefitinib	2	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LAZCLUZE (80 MG TAB, 240 MG TAB)	3	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
TAGRISSO (40 MG TAB, 80 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
DAURISMO 25 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERIVEDGE	3	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ODOMZO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250 mg tab	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
abirtega	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
anastrozole	0	
bicalutamide	1	QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
CAMCEVI	4	SP, PN (168 DAYS SUPPLY PER FILL)
ELIGARD 22.5 MG KIT	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ELIGARD 30 MG KIT	4	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ERLEADA 240 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EULEXIN	1	SP
exemestane	0	
FIRMAGON	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
fulvestrant	4	SP, PN (34 DAYS SUPPLY PER FILL)
letrozole	0	
leuprolide acetate	1	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH)	4	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH)	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
megestrol acetate (20 mg tab, 40 mg tab)	1	
megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	1	
NILUTAMIDE	1	SP
NUBEQA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORGOVYX	3	PA, QL (64 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 345 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ORSERDU 86 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
tamoxifen citrate (10 mg tab, 20 mg tab)	0	
toremifene citrate	1	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI 40 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 40 MG TAB	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLADEX 10.8 MG IMPLANT	4	SP, PN (84 DAYS SUPPLY PER FILL)
ZOLADEX 3.6 MG IMPLANT	4	SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	4	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	3	QL (21 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	3	QL (21 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AYVAKIT (25 MG TAB, 50 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY)	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG TWICE WEEKLY)	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG ONCE WEEKLY)	3	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	3	QL (24 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	3	QL (32 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO	4	PA, LA, QL (17 ea per lifetime), SP
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
HERCEPTIN HYLECTA	4	SP, PN (34 DAYS SUPPLY PER FILL)
INQOVI	3	QL (5 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	3	QL (100 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	3	QL (80 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG	4	PA, QL (40 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	4	SP, PN (34 DAYS SUPPLY PER FILL)
TECENTRIQ HYBREZA	4	PA, QL (15 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
VYXEOS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	3	QL (240 ea per 30 days), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO 40 MG CAP	4	PA, QL (240 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
BALVERSA 3 MG TAB	3	LA, QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 4 MG TAB	3	LA, QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 5 MG TAB	3	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
bosutinib (400 mg tab, 500 mg tab)	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
bosutinib 100 mg tab	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA 80 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 100 MG TAB	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 300 MG TAB	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COMETRIQ (100 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (140 MG DAILY DOSE)	3	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (60 MG DAILY DOSE)	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COPIKTRA (15 MG CAP, 25 MG CAP)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	3	QL (90 ea per 30 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
dasatinib 20 mg tab	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
everolimus (2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
everolimus 2 mg tab sol	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	3	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GAVRETO	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	3	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)	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICLUSIG (15 MG TAB, 45 MG TAB)	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IDHIFA (50 MG TAB, 100 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
imatinib mesylate 100 mg tab	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
imatinib mesylate 400 mg tab	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 420 MG TAB)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	3	QL (216 ml per 36 days), PA-NSO, SP, PN (36 DAYS SUPPLY PER FILL)
INREBIC	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ITOVEBI 3 MG TAB	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ITOVEBI 9 MG TAB	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 100 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 50 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	3	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
KISQALI (400 MG DOSE)	3	QL (42 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	3	QL (63 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KOSELUGO 25 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
lapatinib ditosylate	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 25 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 320 MG TAB	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA (100 MG TAB, 150 MG TAB)	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LYTGOBI (12 MG DAILY DOSE)	4	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (16 MG DAILY DOSE)	4	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (20 MG DAILY DOSE)	4	QL (140 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MEKINIST 0.05 MG/ML RECON SOLN	3	PA, QL (1200 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 0.5 MG TAB	3	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 2 MG TAB	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NERLYNX	3	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
nilotinib hcl 150 mg cap	1	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
nilotinib hcl 200 mg cap	1	QL (112 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
nilotinib hcl 50 mg cap	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	3	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OJEMDA 100 MG TAB	3	PA, LA, QL (24 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJEMDA 25 MG/ML RECON SUSP	3	PA, LA, QL (96 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
pazopanib hcl	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	3	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PHYRAGO (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	3	LA, QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PHYRAGO 20 MG TAB	3	LA, QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PIQRAY (200 MG DAILY DOSE)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (250 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (300 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 40 MG TAB	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
REZLIDHIA	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROMIDEPSIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK 200 MG CAP	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	3	PA, QL (336 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	3	QL (224 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
RYTELO (47 MG RECON SOLN, 188 MG RECON SOLN)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SCEMBLIX (20 MG TAB, 40 MG TAB)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SCEMBLIX 100 MG TAB	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
sorafenib tosylate	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	3	QL (84 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA (150 MG TAB, 200 MG TAB)	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR (50 MG CAP, 75 MG CAP)	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR 10 MG TAB SOL	3	PA, QL (900 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
TALZENNA (0.1 MG CAP, 0.35 MG CAP)	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAZVERIK	3	LA, QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TEPMETKO	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TIBSOVO	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	1	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	3	QL (64 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TRUQAP 200 MG TAB	3	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TURALIO 125 MG CAP	3	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	3	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VITRAKVI 100 MG CAP	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	3	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VONJO	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 10 MG TAB	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 40 MG TAB	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (200 MG CAP, 250 MG CAP)	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI 150 MG CAP SPRINK	3	QL (180 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	3	PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG (100 MG TAB, 150 MG TAB)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC ENZYMES		
ASPARLAS	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
RYLAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
XOFIGO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
BESREMI	4	QL (2 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
bexarotene 75 mg cap	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
hydroxyurea	1	
MATULANE	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
tretinoin 10 mg cap	1	SP
CHEMOTHERAPY ADJUNCTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	4	LA, QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY 175 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	1	
mesna 400 mg tab	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEDMARK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VORAXAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MITOTIC INHIBITORS		
AVOPEF (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPY PER FILL)
eribulin mesylate	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
etoposide 50 mg cap	1	SP

Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	3	SP, PN (34 DAYS SUPPLY PER FILL)
ONIVYDE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TRODELVY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone	1	
ONGENTYS (25 MG CAP, 50 MG CAP)	3	ST, QL (1 ea per 1 days)
tolcapone	1	ST
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)	1	
apomorphine hcl	1	ST, SP, PN (34 DAYS SUPPLY PER FILL)
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	1	
carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)	2	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	1	
carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)	1	
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)	1	
INBRIJA	4	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)	1	
pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)	1	PA
ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	1	
selegiline hcl (5 mg cap, 5 mg tab)	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium	1	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	1	
lithium carbonate er (300 mg tab er, 450 mg tab er)	1	
LITHOBID	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	4	PA, QL (1 ea per 1 days)
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)	1	PA
NUPLAZID (10 MG TAB, 34 MG CAP)	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR (0.5 MG CAP, 0.75 MG CAP)	3	PA, QL (1 ea per 1 day(s))
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	3	PA, QL (1 ea per 1 days)
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	1	
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	PA
FANAPT TITRATION PACK A	4	PA
FANAPT TITRATION PACK B	4	PA
FANAPT TITRATION PACK C	4	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	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	4	PA, QL (5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	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	4	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	4	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	4	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	4	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	4	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	4	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	4	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	4	PA, QL (2.63 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 6 mg tab er 24h, 9 mg tab er 24h)	1	PA
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	4	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
risperidone (0.25 mg tab, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)	1	
risperidone (0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	1	
risperidone microspheres er (12.5 mg, 25 mg, 37.5 mg, 50 mg)	4	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO (25 MG, 37.5 MG, 50 MG)	4	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 100 MG/0.28ML SUSP PRSYR	4	PA, QL (0.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 125 MG/0.35ML SUSP PRSYR	4	PA, QL (0.35 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 150 MG/0.42ML SUSP PRSYR	4	PA, QL (0.42 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 200 MG/0.56ML SUSP PRSYR	4	PA, QL (0.56 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
UZEDY 250 MG/0.7ML SUSP PRSYR	4	PA, QL (0.7 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 50 MG/0.14ML SUSP PRSYR	4	PA, QL (0.14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 75 MG/0.21ML SUSP PRSYR	4	PA, QL (0.21 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BUTYROPHENONES		
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	
haloperidol decanoate 100 mg/ml solution	1	
haloperidol decanoate 50 mg/ml solution	1	
haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)	1	
DIBENZAPINES		
asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)	1	PA
clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)	1	
clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	1	
olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)	1	
olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)	1	
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	1	
quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)	1	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	3	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	4	PA, QL (2 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MUSCARINIC AGENTS		
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	4	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
COBENFY STARTER PACK	4	PA, QL (56 ea per 28 days), PN (28 DAY SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
PHENOTHIAZINES		
chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	
compro	1	
fluphenazine decanoate	1	
fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)	1	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC)	1	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	1	
prochlorperazine	1	
prochlorperazine maleate (5 mg tab, 10 mg tab)	1	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	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	4	PA, QL (3.2 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	4	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	1	
aripiprazole 1 mg/ml solution	1	
ARISTADA 1064 MG/3.9ML PRSYR	4	PA, QL (3.9 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	4	PA, QL (1.6 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	4	PA, QL (2.4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	4	PA, QL (3.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO	4	PA, QL (2.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
THIOXANTHENES		
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate 20 mg/ml solution	1	QL (30 ml per 1 days)
abacavir sulfate 300 mg tab	1	QL (2 ea per 1 days)
abacavir sulfate-lamivudine	1	QL (1 ea per 1 days)
APRETUDE	0	QL (3 ml per fill), PN (HIV PREP: Drug covered at $0 unless member has a hx of HIV Treatment drug in last 120 days. REF: HIV Supplemental List)
APTIVUS	2	QL (4 ea per 1 days)
atazanavir sulfate (150 mg cap, 200 mg cap)	1	QL (2 ea per 1 days)
atazanavir sulfate 300 mg cap	1	QL (1 ea per 1 days)
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	2	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	2	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	2	QL (1 ea per 1 day(s))
darunavir 600 mg tab	1	QL (2 ea per 1 day(s))
darunavir 800 mg tab	1	QL (1 ea per 1 day(s))
DELSTRIGO	2	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	2	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	2	QL (1 ea per 1 days), PN ($0 copay for pre-exposure prophylaxis)
DOVATO	2	QL (1 ea per 1 days)
EDURANT	2	QL (2 ea per 1 day(s))
efavirenz	1	QL (1 ea per 1 days)
efavirenz-emtricitab-tenofo df	1	QL (1 ea per 1 days)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	1	QL (1 ea per 1 day(s))
efavirenz-lamivudine-tenofovir	1	QL (1 ea per 1 days)
emtricitab-rilpivir-tenofov df	1	QL (1 ea per 1 day(s))
emtricitabine	1	QL (1 ea per 1 days)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)	1	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir df 200-300 mg tab	1	QL (1 ea per 1 days), PN ($0 copay for pre-exposure prophylaxis)
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 ml per 1 days)
etravirine (100 mg tab, 200 mg tab)	1	QL (2 ea per 1 days)
EVOTAZ	2	QL (1 ea per 1 days)
fosamprenavir calcium	1	QL (4 ea per 1 days)
FUZEON	2	QL (2 ea per 1 days), SP
GENVOYA	2	QL (1 ea per 1 days)
INTELENCE 25 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	2	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS HD	2	QL (2 ea per 1 days)
JULUCA	2	QL (1 ea per 1 days)
KALETRA 400-100 MG/5ML SOLUTION	2	QL (14 ml per 1 day(s))
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	1	QL (30 ml per 1 days)
lamivudine 150 mg tab	1	QL (2 ea per 1 days)
lamivudine 300 mg tab	1	QL (1 ea per 1 days)
lamivudine-zidovudine	1	QL (2 ea per 1 days)
lopinavir-ritonavir 100-25 mg tab	1	QL (8 ea per 1 days)
lopinavir-ritonavir 200-50 mg tab	1	QL (4 ea per 1 days)
maraviroc 150 mg tab	1	QL (2 ea per 1 days)
maraviroc 300 mg tab	1	QL (4 ea per 1 days)
nevirapine	1	QL (2 ea per 1 days)
NEVIRAPINE	1	QL (40 ml per 1 days)
NEVIRAPINE ER	1	QL (3 ea per 1 days)
nevirapine er	1	QL (1 ea per 1 days)
NORVIR 100 MG PACKET	2	QL (12 ea per 1 days)
ODEFSEY	2	QL (1 ea per 1 days)
PIFELTRO	2	QL (2 ea per 1 days)
PREZCOBIX 675-150 MG TAB	2	QL (1 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX 800-150 MG TAB	2	QL (1 ea per 1 days)
PREZISTA 100 MG/ML SUSPENSION	2	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	2	QL (6 ea per 1 days)
PREZISTA 75 MG TAB	2	QL (2 ea per 1 days)
REYATAZ 50 MG PACKET	2	QL (6 ea per 1 days)
rilpivirine hcl	1	QL (2 ea per 1 day(s))
ritonavir	1	QL (12 ea per 1 day(s))
RUKOBIA	2	QL (2 ea per 1 days)
SELZENTRY 20 MG/ML SOLUTION	2	QL (60 ml per 1 days)
STRIBILD	2	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	2	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	4	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 ea per 8 day(s)), PN (8 DAYS SUPPLY IN 180 DAYS)
SYMTUZA	2	QL (1 ea per 1 days)
tenofovir disoproxil fumarate	1	QL (1 ea per 1 days)
TIVICAY 50 MG TAB	2	QL (2 ea per 1 days)
TIVICAY PD	2	QL (12 ea per 1 days)
TRIUMEQ	2	QL (1 ea per 1 days)
TRIUMEQ PD	2	QL (6 ea per 1 days)
TYBOST	2	QL (1 ea per 1 days)
VIRACEPT 250 MG TAB	2	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	2	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	2	QL (8 gm per 1 days)
VOCABRIA	2	QL (1 ea per 1 days), PN ($0 copay for pre-exposure prophylaxis)
YEZTUGO 463.5 MG/1.5ML SOLUTION	0	QL (3 ml per 180 day(s)), PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
zidovudine 100 mg cap	1	QL (6 ea per 1 days)
zidovudine 300 mg tab	1	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
zidovudine 50 mg/5ml syrup	1	QL (6 ml per 1 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	2	QL (20 ea per fill(s))
PAXLOVID (300/100 & 150/100)	3	QL (11 ea per fill(s))
PAXLOVID (300/100)	2	QL (30 ea per fill(s))
CMV AGENTS		
LIVTENCITY	4	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PREVYMIS (240 MG TAB, 480 MG TAB)	4	PA, QL (1 ea per 1 days)
valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)	4	PN (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
adefovir dipivoxil	4	SP, PN (34 DAYS SUPPLY PER FILL)
entecavir (0.5 mg tab, 1 mg tab)	1	
lamivudine 100 mg tab	1	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	4	PA, QL (84 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	4	PA, QL (168 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	4	QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	4	QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	2	SP
VEMLIDY	2	QL (1 ea per 1 days)
HERPES AGENTS		
acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)	1	
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	1	
valacyclovir hcl (1 gm tab, 500 mg tab)	1	
INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	1	QL (84 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate 45 mg cap	1	QL (48 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
oseltamivir phosphate 6 mg/ml recon susp	1	QL (540 ml per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
oseltamivir phosphate 75 mg cap	1	QL (42 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	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	3	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	3	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	3	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	3	QL (40 ea per fill(s))
TPOXX 200 MG CAP	0	QL (126 ea per 14 day(s)), PN (14 DAYS SUPPLY PER 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	0	QL (1120 ea per 14 day(s)), PN (14 DAYS SUPPLY PER 365 DAYS)
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin (6 gm recon soln)	2	SP
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	1	
carvedilol phosphate er (10 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)	1	PA
carvedilol phosphate er 20 mg cap er 24h	1	PA
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl (200 mg cap, 400 mg cap)	1	

Drug Name	Drug Tier	Requirements/Limits
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	1	
betaxolol hcl (10 mg tab, 20 mg tab)	1	
bisoprolol fumarate (5 mg tab, 10 mg tab)	1	
metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)	1	
metoprolol tartrate (37.5 mg tab, 75 mg tab)	1	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	ST
BETA BLOCKERS NON-SELECTIVE		
INNOPRAN XL (80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	1	
pindolol (5 mg tab, 10 mg tab)	1	
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)	1	
propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)	1	
sorine (80 mg tab, 120 mg tab, 160 mg tab)	1	
sorine 240 mg tab	1	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	1	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	1	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	1	
timolol maleate (5 mg tab, 20 mg tab)	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	1	
dilt-xr (120 mg cap er 24h, 240 mg cap er 24h)	1	
dilt-xr 180 mg cap er 24h	1	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	1	
diltiazem hcl er (120 mg cap er 24h, 240 mg cap er 24h)	1	
diltiazem hcl er 180 mg cap er 24h	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)	1	
diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	1	
felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	
isradipine (2.5 mg cap, 5 mg cap)	1	
nicardipine hcl (20 mg cap, 30 mg cap)	1	
nifedipine (10 mg cap, 20 mg cap)	1	
nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	1	
nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	1	
nimodipine	1	
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	1	
tiadylt er (120 mg cap er 24h, 420 mg cap er 24h)	1	
tiadylt er (180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	1	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1	
verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg tab er)	1	
verapamil hcl er 240 mg cap er 24h	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digitek (125 mcg tab, 250 mcg tab)	1	
digox	1	
digoxin (0.05 mg/ml solution)	1	
digoxin (125 mcg tab, 250 mcg tab)	1	
LANOXIN (125 MCG TAB, 250 MCG TAB)	3	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
sacubitril-valsartan 24-26 mg tab	1	QL (6 ea per 1 day(s))
sacubitril-valsartan 49-51 mg tab	1	QL (3 ea per 1 day(s))
sacubitril-valsartan 97-103 mg tab	1	QL (2 ea per 1 day(s))
IMPOTENCE AGENTS		
avanafil (50 mg tab, 100 mg tab, 200 mg tab)	1	QL (8 ea per 30 day(s))
CAVERJECT (20 MCG RECON SOLN, 40 MCG RECON SOLN)	3	QL (8 ea per 30 day(s))
CAVERJECT IMPULSE(2 CARTRIDGE) (10 MCG CART KIT, 20 MCG CART KIT)	3	QL (8 ea per 30 day(s))
CIALIS (10 MG TAB, 20 MG TAB)	3	QL (8 ea per 30 day(s))
CIALIS 5 MG TAB	3	QL (1 ea per 1 day(s))
EDEX (2 CARTRIDGE) (10 MCG CART KIT, 20 MCG CART KIT, 40 MCG CART KIT)	3	QL (8 ea per 30 day(s))
EDEX (6 CARTRIDGE) (10 MCG CART KIT, 20 MCG CART KIT, 40 MCG CART KIT)	3	QL (8 ea per 30 day(s))
sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)	1	QL (8 ea per 30 day(s))
STENDRA (50 MG TAB, 100 MG TAB, 200 MG TAB)	3	QL (8 ea per 30 day(s))
tadalafil (10 mg tab, 20 mg tab)	1	QL (8 ea per 30 day(s))
tadalafil (2.5 mg tab, 5 mg tab)	1	PA, QL (1 ea per 1 day(s))
tadalafil (pah)	1	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
TRI-MIX	3	QL (8 ea per 30 day(s))
vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)	1	QL (8 ea per 30 day(s))
VIAGRA (25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL (8 ea per 30 day(s))
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TYVASO	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (112 X 32MCG & 112 X64MCG POWDER, 112 X 48MCG & 112 X80MCG POWDER)	4	PA, QL (224 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X64MCG POWDER	4	QL (224 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	PA, QL (252 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO REFILL	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan (5 mg tab, 10 mg tab)	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
bosentan (62.5 mg tab, 125 mg tab)	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
bosentan 32 mg tab sol	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
macitentan	4	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OPSUMIT	4	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
TRACLEER 32 MG TAB SOL	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq	1	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
sildenafil citrate 10 mg/ml recon susp	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
sildenafil citrate 20 mg tab	4	PA, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (100 MCG TAB, 1800 MCG RECON SOLN)	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 150 MCG TAB	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 200 & 800 MCG TAB THPK	4	PA, QL (200 ea per 180 days), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	4	PA, QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	4	PA, QL (90 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)	4	PA, QL (90 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
SINUS NODE INHIBITORS		
CORLANOR 5 MG/5ML SOLUTION	3	PA, QL (20 ml per 1 days)
ivabradine hcl (5 mg tab, 7.5 mg tab)	1	PA, QL (2 ea per 1 day(s))
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VYNDAQEL	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)	1	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 500 MG CAP	1	
CEFACLOR ER	1	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	1	
cefuroxime axetil (250 mg tab, 500 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	1	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	4	PA, PN (34 DAYS SUPPLY PER FILL)
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	0	
altavera	0	
alyacen 1/35	0	
alyacen 7/7/7	0	
amethia	0	
amethyst	0	
apri	0	
ARANELLE	0	
ashlyna	0	
aubra	0	
aubra eq	0	
aurovela 1.5/30	0	
aurovela 1/20	0	
aurovela 24 fe	0	
aurovela fe 1.5/30	0	
aurovela fe 1/20	0	
aviane	0	
ayuna	0	
azurette	0	
BALCOLTRA	0	
balziva	0	
BEYAZ	0	
blisovi 24 fe	0	

Drug Name	Drug Tier	Requirements/Limits
blisovi fe 1.5/30	0	
blisovi fe 1/20	0	
briellyn	0	
camrese	0	
camrese lo	0	
charlotte 24 fe	0	
chateal	0	
chateal eq	0	
cryselle	0	
cryselle-28	0	
cyred	0	
cyred eq	0	
dasetta 1/35	0	
dasetta 7/7/7	0	
daysee	0	
delyla	0	
desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)	0	
dolishale	0	
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	0	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	0	
elinest	0	
enpresse-28	0	
enskyce	0	
estarylla	0	
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	0	
falmina	0	
fayosim	0	
feirza 1.5/30	0	
feirza 1/20	0	
FEMLYV	0	

Drug Name	Drug Tier	Requirements/Limits
femynor	0	
finzala	0	
galbriela	0	
gemmily	0	
hailey 1.5/30	0	
hailey 24 fe	0	
hailey fe 1.5/30	0	
hailey fe 1/20	0	
iclevia	0	
introvale	0	
isibloom	0	
jaimiess	0	
jasmiel	0	
jolessa	0	
joyeaux	0	
juleber	0	
junel 1.5/30	0	
junel 1/20	0	
junel fe 1.5/30	0	
junel fe 1/20	0	
junel fe 24	0	
kaitlib fe	0	
kalliga	0	
kariva	0	
kelnor 1/35	0	
kelnor 1/50	0	
kurvelo	0	
larin 1.5/30	0	
larin 1/20	0	
larin 24 fe	0	
larin fe 1.5/30	0	

Drug Name	Drug Tier	Requirements/Limits
larin fe 1/20	0	
larissia	0	
layolis fe	0	
leena	0	
lessina	0	
levonest	0	
levonorg-eth estrad triphasic	0	
levonorgest-eth est & eth est	0	
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)	0	
levonorgest-eth estradiol-iron	0	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)	0	
levora 0.15/30 (28)	0	
lillow	0	
LO LOESTRIN FE	0	
lo-zumandimine	0	
loestrin 1.5/30 (21)	0	
loestrin 1/20 (21)	0	
loestrin fe 1.5/30	0	
loestrin fe 1/20	0	
lojaimiess	0	
loryna	0	
low-ogestrel	0	
luizza 1.5/30	0	
luizza 1/20	0	
lutera	0	
marlissa	0	
merzee	0	
mibelas 24 fe	0	
microgestin 1.5/30	0	
microgestin 1/20	0	

Drug Name	Drug Tier	Requirements/Limits
microgestin 24 fe	0	
microgestin fe 1.5/30	0	
microgestin fe 1/20	0	
mili	0	
minzoya	0	
mono-linyah	0	
NATAZIA	0	
necon 0.5/35 (28)	0	
NEXTSTELLIS	0	
nikki	0	
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)	0	
norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)	0	
norethindron-ethinyl estrad-fe	0	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	0	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	0	
norgestimate-eth estradiol	0	
nortrel 0.5/35 (28)	0	
nortrel 1/35 (21)	0	
nortrel 1/35 (28)	0	
nortrel 7/7/7	0	
nylia 1/35	0	
nylia 7/7/7	0	
nymyo	0	
ocella	0	
philith	0	
pimtrea	0	
pirmella 1/35	0	
pirmella 7/7/7	0	
portia-28	0	

Drug Name	Drug Tier	Requirements/Limits
reclipsen	0	
rivelsa	0	
rosyrah	0	
SAFYRAL	0	
setlakin	0	
simliya	0	
simpesse	0	
sprintec 28	0	
sronyx	0	
syeda	0	
tarina 24 fe	0	
tarina fe 1/20	0	
tarina fe 1/20 eq	0	
taysofy	0	
TAYTULLA	0	
tilia fe	0	
tri femynor	0	
tri-estarylla	0	
tri-legest fe	0	
tri-linyah	0	
tri-lo-estarylla	0	
tri-lo-marzia	0	
tri-lo-mili	0	
tri-lo-sprintec	0	
tri-mili	0	
tri-nymyo	0	
tri-sprintec	0	
tri-vylibra	0	
tri-vylibra lo	0	
trivora (28)	0	
turqoz	0	

Drug Name	Drug Tier	Requirements/Limits
TYBLUME	0	
valtya 1/35	0	
VALTYA 1/50	0	
VELIVET	0	
vestura	0	
vienva	0	
viorele	0	
volnea	0	
vyfemla	0	
vylibra	0	
wera	0	
wymzya fe	0	
xarah fe	0	
xelria fe	0	
YASMIN 28	0	
YAZ	0	
zarah	0	
zovia 1/35 (28)	0	
zumandimine	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO	0	
norelgestromin-eth estradiol	0	
TWIRLA	0	
xulane	0	
zafemy	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	0	
eluryng	0	
enilloring	0	
etonogestrel-ethinyl estradiol	0	

Drug Name	Drug Tier	Requirements/Limits
haloette	0	
NUVARING	0	
COPPER CONTRACEPTIVES - IUD		
MIUDELLA	0	PN (MAX 3650 DAYS SUPPLY)
PARAGARD INTRAUTERINE COPPER	0	PN (MAX 3650 DAYS SUPPLY)
EMERGENCY CONTRACEPTIVES		
aftera	0	
afterpill	0	
curae	0	
econtra ez	0	
econtra one-step	0	
ELLA	0	
her style	0	
levonorgestrel	0	
my choice	0	
my way	0	
new day	0	
opcicon one-step	0	
option 2	0	
plan b one-step	0	
react	0	
shewise	0	
take action	0	
your choice	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION)	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
DEPO-SUBQ PROVERA 104	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	0	PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
MIRENA (52 MG)	0	PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	0	PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - ORAL		
camila	0	
deblitane	0	
emzahh	0	
errin	0	
heather	0	
incassia	0	
jencycla	0	
lyleq	0	
lyza	0	
meleya	0	
nora-be	0	
norethindrone	0	
norlyda	0	
norlyroc	0	
OPILL	0	
orquidea	0	
sharobel	0	
SLYND	0	
tulana	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide 3 mg cp dr part	1	
dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	1	
hydrocortisone sod suc (pf)	1	PN (34 DAYS SUPPLY PER FILL)
methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)	1	
methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)	1	
prednisolone 15 mg/5ml solution	1	
prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)	1	
prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)	1	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL)
MINERALOCORTICOIDS		
fludrocortisone acetate	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate (100 mg cap, 200 mg cap)	1	
hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)	1	
hydromet	1	
COUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm	1	
g tussin ac	1	
guaiatussin ac	1	
guaifenesin ac	1	
guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)	1	
HYDROCOD POLI-CHLORPHE POLI ER	1	
maxi-tuss ac	1	

Drug Name	Drug Tier	Requirements/Limits
promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)	1	
promethazine-dm	1	
PROMETHAZINE-PHENYLEPHRINE	1	
pseudoeph-bromphen-dm	1	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	3	
NEBUSAL 3 % NEBU SOLN	1	
NEBUSAL 6 % NEBU SOLN	3	
PULMOSAL	1	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	1	
MUCOLYTICS		
acetylcysteine (10 % solution, 20 % solution)	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)
adapalene (0.1 % gel, 0.3 % gel)	1	
adapalene-benzoyl peroxide 0.1-2.5 % gel	1	
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)
AVAR-E EMOLLIENT	1	
avar-e green	1	
avita (0.025 % cream, 0.025 % gel)	1	AL (Up to 30 yrs old)
BENZOYL PEROXIDE 9.8 % FOAM	1	
benzoyl peroxide-erythromycin	1	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)
clindacin etz	1	
clindacin-p	1	
clindamycin phos (once-daily)	1	
clindamycin phos (twice-daily)	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)	1	
clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)	1	
enzoclear	1	
ERYTHROMYCIN 2 % GEL	2	
erythromycin 2 % solution	1	
FABIOR	3	PA
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)
myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)
neuac	1	
SSS 10-5 10-5 % CREAM	1	
SULFACETAMIDE SOD-SULFUR WASH (9-4 % LIQUID, 9-4.5 % LIQUID)	1	
sulfacetamide sodium (acne)	1	
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 % LOTION, 10-5 % SUSPENSION)	1	
SULFACETAMIDE-SULFUR IN UREA	1	
SULFACLEANSE 8/4	1	
TAZAROTENE	1	PA
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)	1	AL (Up to 30 yrs old)
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4	PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium 1 % gel	1	QL (10 gm per 1 days)
diclofenac sodium 1.5 % solution	1	PA
ANTIBIOTICS - TOPICAL		
ALTABAX	3	PA
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	1	

Drug Name	Drug Tier	Requirements/Limits
mupirocin	1	
mupirocin calcium	1	
XEPI	3	PA
ANTIFUNGALS - TOPICAL		
ciclopirox (0.77 % gel, 1 % shampoo)	1	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	1	
clotrimazole (1 % cream, 1 % solution)	1	
clotrimazole-betamethasone (1-0.05 % cream)	1	
econazole nitrate	1	
ketoconazole (2 % cream, 2 % shampoo)	1	
KETODAN	1	
klayesta	1	
NAFTIFINE HCL (2 % CREAM)	1	
nyamyc	1	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)	1	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	1	
nystop	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1 % gel	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
fluorouracil (5 % cream, 5 % solution)	1	
FLUOROURACIL 2 % SOLUTION	2	
KLISYRI (250 MG)	3	PA, QL (5 ea per fill)
KLISYRI (350 MG)	3	PA, QL (5 ea per fill)
TOLAK	2	
VALCHLOR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPSORIATICS		
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
calcitrene	1	
COSENTYX (300 MG DOSE)	4	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX 125 MG/5ML SOLUTION	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX SENSOREADY (300 MG)	4	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	4	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
METHOXSALEN RAPID	1	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	4	QL (1 ea per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	4	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN	4	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO 150 MG/ML SOLN PRSYR	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
SPEVIGO 300 MG/2ML SOLN PRSYR	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)	1	
TREMFYA 100 MG/ML SOLN PRSYR	4	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 200 MG/20ML SOLUTION	4	QL (20 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA 200 MG/2ML SOLN PRSYR	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA ONE-PRESS	4	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA PEN 100 MG/ML SOLN A-INJ	4	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA PEN 200 MG/2ML SOLN A-INJ	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA-CD/UC INDUCTION	4	QL (4 ml per 28 day(s)), PA-NSO, SP, PN (84 DAYS SUPPLY IN 180 DAYS)
trilitas	1	
ANTISEBORRHEIC PRODUCTS		
selenium sulfide 2.5 % lotion	1	
sodium sulfacetamide wash	1	
SULFACETAMIDE SODIUM (CLEANS)	1	
sulfacetamide sodium 10 % liquid	1	
ANTIVIRALS - TOPICAL		
acyclovir 5 % ointment	1	
penciclovir	1	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	3	PA
BURN PRODUCTS		
silver sulfadiazine	1	
ssd	1	
CAUTERIZING AGENTS		
SILVER NITRATE	1	
CORTICOSTEROIDS - TOPICAL		
ala-cort	1	
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	1	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
BETAMETHASONE VALERATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.12 % FOAM)	1	
clobetasol prop emollient base	1	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)	1	

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate emulsion	1	
clodan	1	
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
desoximetasone (0.05 % cream, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)	1	
fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)	1	
fluocinolone acetonide body	1	
fluocinolone acetonide scalp	1	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	1	
fluocinonide emulsified base	1	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	1	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	1	
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment)	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
hydrocortisone valerate (0.2 % cream, 0.2 % ointment)	1	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	1	
PRAMOSONE 1-2.5 % CREAM	1	
PREDNICARBATE	1	
triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)	1	
triamcinolone in absorbase	1	
trianex	1	
triderm	1	
tritocin	1	
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ADBRY 300 MG/2ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN A-INJ	4	PA, QL (2.28 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN PRSYR	4	PA, QL (2.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN A-INJ	4	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EBGLYSS 250 MG/2ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ENZYMES - TOPICAL		
SANTYL	2	PA
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY	4	PA, QL (3 ea per 84 day(s)), SP, PN (84 DAYS SUPPLY PER FILL)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod 5 % cream	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR	4	PA, LA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
pimecrolimus	1	PA
tacrolimus (0.03 % ointment, 0.1 % ointment)	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN	4	PA, QL (2 ea per 21 days), PN (21 DAYS SUPPLY PER FILL)
podofilox (0.5 % gel, 0.5 % solution)	1	
SALIMEZ	1	
SALYCIM	1	
YCANTH	4	PA, QL (2 ea per 21 days), PN (21 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS - TOPICAL		
anodyne lpt	1	
glydo	1	
lidocaine 5 % patch	4	PA, PN (34 DAYS SUPPLY PER FILL)
LIDOCAINE HCL (3 % CREAM, 4 % SOLUTION)	1	
lidocaine hcl urethral/mucosal (2 % gel)	1	
lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)	1	
lidocan	4	PA, PN (34 DAYS SUPPLY PER FILL)
LIDOPIN 3 % CREAM	1	
QUTENZA	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (2 PATCH)	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH)	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
relador pak	1	
relador pak plus	1	
tridacaine ii	4	PA, PN (34 DAYS SUPPLY PER FILL)
tridacaine iii	4	PA, PN (34 DAYS SUPPLY PER FILL)
MISC. TOPICAL		
alcohol wipes	2	
cvs isopropyl alcohol wipes	2	
DRYSOL	1	
isopropyl alcohol 70 % misc	2	
isopropyl alcohol wipes	2	
medpura alcohol pads	2	
QBREXZA	2	PA, QL (1 ea per 1 days)
qc alcohol	2	
ra isopropyl alcohol wipes	2	
XERAC AC	1	
ROSACEA AGENTS		
azelaic acid	1	

Drug Name	Drug Tier	Requirements/Limits
BRIMONIDINE TARTRATE	1	PA, QL (30 gm per fill(s))
FINACEA 15 % FOAM	3	PA
ivermectin 1 % cream	1	
metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)	1	
rosadan (0.75 % cream, 0.75 % cream kit, 0.75 % gel)	1	
SCABICIDES PEDICULICIDES		
malathion	1	
NATROBA	2	PA
permethrin	1	
SPINOSAD	2	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN	4	SP, PN (34 DAYS SUPPLY PER FILL)
DIAGNOSTIC TESTS		
CHEMSTRIP K	3	QL (100 ea per fill)
CHEMSTRIP UGK	3	QL (100 ea per fill)
CVS KETONE CARE	3	QL (100 ea per fill)
KETO-DIASTIX	3	QL (100 ea per fill)
KETONE TEST	3	QL (100 ea per fill)
KETOSTIX	3	QL (100 ea per fill)
ONETOUCH ULTRA	2	QL (200 ea per 30 day(s))
ONETOUCH ULTRA BLUE TEST	2	QL (200 ea per 30 day(s))
ONETOUCH ULTRA TEST	2	QL (200 ea per 30 day(s))
ONETOUCH VERIO STRIP	2	QL (200 ea per 30 day(s))
RELION KETONE TEST	3	QL (100 ea per fill)
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	2	

Drug Name	Drug Tier	Requirements/Limits
SUCRAID	4	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE (10440-39150 TAB, 20880-78300 TAB)	3	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	3	PA
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	1	
acetazolamide er	1	
methazolamide (25 mg tab, 50 mg tab)	1	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
spironolactone-hctz	1	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1	
LOOP DIURETICS		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
furosemide (10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)	1	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl	1	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone (25 mg tab, 50 mg tab)	1	
DIURIL	2	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	1	
indapamide 1.25 mg tab	1	
indapamide 2.5 mg tab	1	

Drug Name	Drug Tier	Requirements/Limits
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	1	
alendronate sodium 70 mg/75ml solution	1	
BINOSTO	3	PA
calcitonin (salmon) 200 unit/act solution	1	
ibandronate sodium 150 mg tab	1	QL (1 ea per 30 days)
risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)	1	
TERIPARATIDE	4	PA, QL (2.24 ml per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS	4	PA, QL (1.56 ml per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/5ML CONC)	1	SP, PN (34 DAYS SUPPLY PER FILL)
zoledronic acid 5 mg/100ml solution	1	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN	2	PA
clomid	2	
clomiphene citrate	2	
FOLLISTIM AQ (300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION)	2	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	4	PN (34 DAYS SUPPLY PER FILL)
milophene	2	
NOVAREL	3	
OVIDREL	3	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	3	
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate	1	PN (34 DAYS SUPPLY PER FILL)
ganirelix acetate	2	

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GROWTH HORMONES		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NGENLA (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 10	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 20	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 5	4	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)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZEN 8.8 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZENPREP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE, 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HORMONE RECEPTOR MODULATORS		
raloxifene hcl	0	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH)	4	PA, QL (1 ea per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	4	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
TRIPTODUR	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)	1	
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	1	
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	1	
ELAPRASE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
javygtor (100 mg tab, 500 mg packet)	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
javygtor 100 mg packet	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
levocarnitine (1 gm/10ml solution, 330 mg tab)	1	
levocarnitine sf	1	
LUMIZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	1	
PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
sapropterin dihydrochloride (100 mg tab, 500 mg packet)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
sapropterin dihydrochloride 100 mg packet	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
XPHOZAH (20 MG TAB, 30 MG TAB)	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
zelvysia 100 mg packet	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
zelvysia 500 mg packet	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
POSTERIOR PITUITARY HORMONES		
desmopressin ace spray refrig	1	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	1	
desmopressin acetate spray	1	
TERLIVAZ	4	PA, SP, PN (14 DAYS SUPPLY PER FILL)
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone 200 mg tab	1	
PROLACTIN INHIBITORS		
cabergoline	1	
SOMATOSTATIC AGENTS		
lanreotide acetate	4	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
octreotide acetate (20 mg kit, 30 mg kit)	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
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)	4	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT 10 MG KIT	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	4	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan (15 mg tab, 30 mg tab)	1	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
tolvaptan (hyponatremia) (15 mg tab, 30 mg tab)	1	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ESTROGENS		
ESTROGEN COMBINATIONS		
abigale	1	

Drug Name	Drug Tier	Requirements/Limits
abigale lo	1	
amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)	1	
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	2	
COVARYX	1	
COVARYX HS	1	
EEMT	1	
EEMT HS	1	
EST ESTROGENS-METHYLTEST	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	1	
estratest f.s.	1	
ESTRATEST H.S.	1	
fyavolv (0.5-2.5 tab, 1-5 tab)	1	
jinteli	1	
mimvey	1	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	1	
PREMPHASE	2	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	2	
ESTROGENS		
dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	1	QL (8 ea per 28 day(s))
ELESTRIN	3	
estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	1	QL (8 ea per 28 day(s))
estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)	1	
estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	1	

Drug Name	Drug Tier	Requirements/Limits
lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	1	QL (8 ea per 28 day(s))
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	1	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	1	
moxifloxacin hcl 400 mg tab	1	
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM (50 MG CAP, 250 MG CAP)	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
GALLSTONE SOLUBILIZING AGENTS		
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone (8 mcg cap, 24 mcg cap)	1	QL (2 ea per 1 days)
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	1	
HEPATOTROPICS		
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	4	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
INFLAMMATORY BOWEL AGENTS		
AVSOLA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
balsalazide disodium	1	
CIMZIA	4	QL (1 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
CIMZIA (1 SYRINGE)	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA (2 SYRINGE)	4	QL (1 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA-STARTER	4	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM	3	PA, QL (4 ea per 1 day(s))
ENTYVIO	4	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ENTYVIO PEN	4	PA, QL (1.36 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
MESALAMINE (1.2 GM TAB DR, 4 GM ENEMA, 400 MG CAP DR, 1000 MG SUPPOS)	1	
mesalamine er (0.375 gm cap er 24h, 500 mg cap er)	1	
mesalamine-cleanser	1	
OMVOH (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ	4	QL (3 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN PRSYR	4	QL (3 ml per 28 day(s)), PA-NSO, SP
OMVOH 100 MG/ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH 300 MG/15ML SOLUTION	4	PA, QL (45 ml per 56 day(s)), SP, PN (56 DAYS SUPPLY PER FILL)
SKYRIZI 180 MG/1.2ML SOLN CART	4	QL (1.2 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 360 MG/2.4ML SOLN CART	4	QL (2.4 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	4	PA, SP, PN (56 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
sulfasalazine (500 mg tab, 500 mg tab dr)	1	
ZYMFENTRA (1 PEN)	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ZYMFENTRA (2 PEN)	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ZYMFENTRA (2 SYRINGE)	4	QL (2 ea per 28 day(s)), PA-NSO, SP
INTESTINAL ACIDIFIERS		
enulose	1	
generlac	1	
lactulose encephalopathy	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	1	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	2	QL (1 ea per 1 days)
LIVE FECAL MICROBIOTA		
REBYOTA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK (12.5 MG TAB, 25 MG TAB)	2	QL (1 ea per 1 days)
PHOSPHATE BINDER AGENTS		
AURYXIA	4	PA, QL (408 ea per 34 day(s)), PN (34 DAYS SUPPLY PER FILL)
calcium acetate	1	
calcium acetate (phos binder) (667 mg cap, 667 mg tab)	1	
calphron	1	
ferric citrate	4	PA, QL (408 ea per 34 day(s)), PN (34 DAYS SUPPLY PER FILL)
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)	1	
sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)	1	
sevelamer hcl (400 mg tab, 800 mg tab)	1	PA
VELPHORO	4	PA, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX	4	PA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	4	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3	1	
CYTRA-K	1	
pot & sod cit-cit ac	1	
potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)	1	
POTASSIUM CITRATE-CITRIC ACID	1	
TRICITRATES	1	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	SP, PN (34 DAYS SUPPLY PER FILL)
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI 200 MG TAB	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
FILSPARI 400 MG TAB	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	1	
dutasteride	1	
dutasteride-tamsulosin hcl	1	PA
finasteride 5 mg tab	1	

Drug Name	Drug Tier	Requirements/Limits
silodosin (4 mg cap, 8 mg cap)	1	PA
tamsulosin hcl	1	
URINARY STONE AGENTS		
LITHOSTAT	2	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid	1	
GOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	1	
colchicine 0.6 mg tab	1	
febuxostat (40 mg tab, 80 mg tab)	1	PA, QL (1 ea per 1 days)
KRYSTEXXA 8 MG/ML SOLUTION	4	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
URICOSURICS		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN)	4	PA, SP
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate	4	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
sajazir	4	PA, LA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
COMPLEMENT INHIBITORS		
BERINERT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CINRYZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FABHALTA	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
PIASKY	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
RUCONEST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA (500 KIT, 1500 KIT)	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATORHEOLOGIC AGENTS		
pentoxifylline er	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	4	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	4	PA, QL (2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl (0.5 mg cap, 1 mg cap)	1	PN (34 DAYS SUPPLY PER FILL)
aspirin-dipyridamole er	1	
CABLIVI	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
cilostazol (50 mg tab, 100 mg tab)	1	
clopidogrel bisulfate 300 mg tab	1	
clopidogrel bisulfate 75 mg tab	1	
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	1	
prasugrel hcl (5 mg tab, 10 mg tab)	1	
ticagrelor (60 mg tab, 90 mg tab)	1	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
miglustat	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
yargesa	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine 5 gm packet	4	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
FOLIC ACID/FOLATES		
cvs folic acid	0	
folate	0	
folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)	0	
folic acid 1 mg tab	1	
ft folic acid (400 mcg tab, 800 mcg tab)	0	
gnp folic acid	0	
hm folic acid	0	
kp folic acid 800 mcg tab	0	
px folic acid	0	
qc folic acid	0	
ra folic acid (400 mcg tab, 800 mcg tab)	0	
sm folic acid	0	
true folic acid 400 mcg tab	0	
yl folic acid	0	
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg packet, 25 mg tab, 50 mg tab, 75 mg tab)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FULPHILA	4	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
LEUKINE	4	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)	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
MIRCERA 120 MCG/0.3ML SOLN PRSYR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEULASTA 6 MG/0.6ML SOLN PRSYR	4	PA, QL (0.043 ml per 1 days), SP
NEULASTA ONPRO	4	PA, QL (0.043 ml per 1 day(s)), SP
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	4	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, 40000 UNIT/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA (12.5 MG PACKET, 12.5 MG TAB, 25 MG PACKET, 25 MG TAB, 50 MG TAB, 75 MG TAB)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	4	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, 40000 UNIT/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROLVEDON	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
STIMUFEND	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
UDENYCA 6 MG/0.6ML SOLN A-INJ	4	PA, QL (0.043 ml per 1 day), SP
UDENYCA 6 MG/0.6ML SOLN PRSYR	4	PA, QL (0.043 ml per 1 days), SP

Drug Name	Drug Tier	Requirements/Limits
UDENYCA ONBODY	4	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	4	PA, QL (0.043 ml per 1 days), SP
IRON		
ferric carboxymaltose (100 mg/2ml solution, 750 mg/15ml solution, 1000 mg/20ml solution)	4	SP, PN (34 DAYS SUPPLY PER FILL)
ferumoxytol	4	SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER (100 MG/2ML SOLUTION, 750 MG/15ML SOLUTION, 1000 MG/20ML SOLUTION)	4	SP, PN (34 DAYS SUPPLY PER FILL)
STEM CELL MOBILIZERS		
plerixafor	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XOLREMDI	4	PA, LA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid 650 mg tab	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)	1	
PHENOBARBITAL (20 MG/5ML ELIXIR, 30 MG/7.5ML ELIXIR, 60 MG/15ML ELIXIR)	1	
SEZABY	4	PN (5 DAYS SUPPLY PER FILL)
NON-BARBITURATE HYPNOTICS		
estazolam (1 mg tab, 2 mg tab)	1	
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	1	
midazolam hcl 2 mg/ml syrup	1	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
QUAZEPAM	1	
temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)	1	

Drug Name	Drug Tier	Requirements/Limits
triazolam (0.125 mg tab, 0.25 mg tab)	1	
zaleplon (5 mg cap, 10 mg cap)	1	
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	PA
zolpidem tartrate (5 mg tab, 10 mg tab)	1	
zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon	1	ST
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	PN ($0 copay for members age 45-75 years)
GAVILYTE-C	1	PN ($0 copay for members age 45-75 years)
gavilyte-g	1	PN ($0 copay for members age 45-75 years)
gavilyte-n with flavor pack	1	PN ($0 copay for members age 45-75 years)
na sulfate-k sulfate-mg sulf	1	PN ($0 copay for members age 45-75 years)
peg 3350-kcl-na bicarb-nacl	1	PN ($0 copay for members age 45-75 years)
peg-3350/electrolytes	1	PN ($0 copay for members age 45-75 years)
peg-3350/electrolytes/ascorbat	1	PN ($0 copay for members age 45-75 years)
peg-kcl-nacl-nasulf-na asc-c	1	PN ($0 copay for members age 45-75 years)
SUTAB	2	QL (24 ea per fill(s)), AL (18 to 999 yrs old), PN ($0 copay for members age 45-75 years)
LAXATIVES - MISCELLANEOUS		
constulose	1	
kristalose (10 gm packet, 20 gm packet)	2	PA
lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)	1	

Drug Name	Drug Tier	Requirements/Limits
lactulose 20 gm packet	2	PA
MACROLIDES		
AZITHROMYCIN		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	1	
CLARITHROMYCIN		
clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	1	
ERYTHROMYCINS		
ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	1	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	1	
erythromycin base (250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)	1	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)	1	
FIDAXOMICIN		
DIFICID 40 MG/ML RECON SUSP	3	PA, QL (150 ml per fill)
fidaxomicin	1	PA, QL (20 ea per fill(s))
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA	0	
FC2 FEMALE CONDOM	0	
FEMCAP (22 DEVICE, 26 DEVICE, 30 DEVICE)	0	
OMNIFLEX DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 60	0	
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DIAPHRAGM 90	0	
WIDE-SEAL DIAPHRAGM 95	0	
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH	2	
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADJUSTABLE LANCING DEVICE	2	
ADVANCED MOBILE LANCET	2	
ADVANTAGE SAFETY LANCETS 28G	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 26G	2	
ADVOCATE SAFETY LANCETS 28G	2	
AGAMATRIX ULTRA-THIN LANCETS	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
AQUALANCE LANCETS 30G	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE LANCE LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE	2	
AUTOLET LITE LANCING DEVICE	2	
AUTOLET LITE STARTER PACK	2	
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
BD MICROTAINER LANCETS	2	
CARDIOCOM LANCING DEVICE	2	
CAREONE ADVANCED LANCING DEV	2	
CAREONE LANCET SUPER THIN 30G	2	
CAREONE LANCET THIN 23G	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	
CHOSEN LANCETS 30G	2	

Drug Name	Drug Tier	Requirements/Limits
CHOSEN LANCING DEVICE	2	
CHOSEN SAFETY LANCETS 28G	2	
CLEANLET LANCETS 28G	2	
CLEVER CHEK LANCETS	2	
CLEVER CHOICE COMFORT EZ MISC	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
COAGUCHEK LANCETS	2	
COMFORT ASSURED LANCETS 28G	2	
COMFORT ASSURED LANCETS 33G	2	
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML MISC	2	
COMFORT LANCETS	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 28G	2	
COMFORT TOUCH PLUS LANCETS 30G	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	
CVS ULTRA THIN LANCETS	2	
DEXCOM G6 RECEIVER	2	QL (1 ea per 365 day(s))
DEXCOM G6 SENSOR	2	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	2	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 15 DAY SENSOR	2	QL (0.067 ea per 1 day(s))
DEXCOM G7 RECEIVER	2	QL (1 ea per 365 day(s))

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G7 SENSOR	2	QL (0.1 ea per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	
DROPLET MEDLANCE LANCET 30G	2	
DROPLET PERSONAL LANCETS 30G	2	
DROPSAFE ACTI-LANCE 23G	2	
DROPSAFE ACTI-LANCE LANCET 17G	2	
DROPSAFE ACTI-LANCE LANCET 23G	2	
DROPSAFE ACTI-LANCE LANCET 28G	2	
DROPSAFE ERGOLANCE LANCET 21G	2	
DROPSAFE ERGOLANCE LANCET 25G	2	
DROPSAFE ERGOLANCE LANCET 30G	2	
DROPSAFE HAEMOLANCE LANCET 1.5	2	
DROPSAFE HAEMOLANCE LANCET 18G	2	
DROPSAFE HAEMOLANCE LANCET 21G	2	
DROPSAFE HAEMOLANCE LANCET 25G	2	
DROPSAFE HAEMOLANCE LANCET 28G	2	
DROPSAFE MEDISAFE LANCET 23G	2	
DROPSAFE MEDISAFE LANCET 29G	2	
DROPSAFE MEDLANCE LANCET 0.8MM	2	
DROPSAFE MEDLANCE LANCET 21G	2	
DROPSAFE MEDLANCE LANCET 25G	2	
DROPSAFE MEDLANCE LANCET 30G	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART LANCING DEVICE	2	

Drug Name	Drug Tier	Requirements/Limits
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCET SUPER THIN 30G	2	
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	
E-Z JECT LANCETS THIN 26G	2	
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML MISC	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	
EASY MINI EJECT LANCING DEVICE	2	
EASY MINI LANCING DEVICE	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	

Drug Name	Drug Tier	Requirements/Limits
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G	2	
EZ-LETS LANCETS 28G	2	
EZ-LETS LANCETS 30G	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINE 30	2	
FINGERSTIX LANCETS	2	
FONDCIRCLE LANCING DEVICE	2	
FONDCIRCLE SINGLE USE LANCETS	2	
FORA LANCETS	2	
FORA LANCING DEVICE	2	
FREDS PHARMACY AUTOLET LANCING	2	
FREDS PHARMACY UNILET LANC 28G	2	
FREDS PHARMACY UNILET LANC 30G	2	
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY READER	2	QL (1 ea per 365 day(s))
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	2	QL (1 ea per 365 day(s))
FREESTYLE LIBRE 2 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 3 READER	2	QL (1 ea per 365 day(s))
FREESTYLE LIBRE 3 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	2	QL (1 ea per 365 day(s))

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE UNISTICK II LANCETS	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL CONTACT TIPS (BLUE)	2	
GENTEEL CONTACT TIPS (CLEAR)	2	
GENTEEL CONTACT TIPS (GREEN)	2	
GENTEEL CONTACT TIPS (ORANGE)	2	
GENTEEL CONTACT TIPS (RAINBOW)	2	
GENTEEL CONTACT TIPS (VIOLET)	2	
GENTEEL CONTACT TIPS (YELLOW)	2	
GENTEEL LANCING KIT (BLUE)	2	
GENTEEL NOZZLES	2	
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL LANCING DEVICE	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GNP LANCETS 21G	2	
GNP LANCETS THIN 26G	2	
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	
GNP STERILE LANCETS 30G	2	
GNP STERILE LANCETS 33G	2	

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

Drug Name	Drug Tier	Requirements/Limits
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO LANCET 26G	2	
KROGER LANCETS	2	
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN 33G	2	
KROGER LANCETS SUPER THIN	2	
KROGER LANCETS THIN	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER LANCING DEVICE	2	
LANCET DEVICE	2	
LANCET DEVICE WITH EJECTOR	2	
LANCET TRANSPORTER CASE	2	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS 30G	2	
LANCETS 33G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
LANCING DEVICE	2	
LANZO	2	
LEADER ADVANCED LANCING DEVICE	2	
LIBERTY MEDICAL LANCETS	2	
LIBERTY MINI LANCING DEVICE	2	
LITE TOUCH LANCETS	2	
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
LIVE BETTER ADV LANCING DEVICE	2	
LIVE BETTER LANCET SUPER THIN	2	
LIVE BETTER LANCET ULTRA THIN	2	
LONGS LANCETS STANDARD	2	
LONGS LANCETS THIN	2	
LONGS LANCETS ULTRA THIN	2	
MEDICHOICE SAFETY LANCET	2	
MEDICHOICE SAFETY LANCET EXTRA	2	
MEDICHOICE SAFETY LANCET NORM	2	
MEDLANCE EXTRA 21G	2	
MEDLANCE LITE 25G	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEDLANCE UNIVERSAL 21G	2	
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER SUPER THIN LANCETS	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	
MOBI CONNECT LANCING DEVICE	2	

Drug Name	Drug Tier	Requirements/Limits
MOBI CONNECT TWIST LANCETS	2	
MOBILE LANCETS 30G	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2	2	
MYGLUCOHEALTH LANCETS 30G	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE INTRO	2	
OMNIPOD 5 LIBRE PODS	2	
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA 2	0	QL (1 ea per 2 year(s))
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	2	
ONETOUCH VERIO FLEX SYSTEM DEVICE	0	QL (1 ea per 2 year(s))
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	0	QL (1 ea per 2 year(s))
ONETOUCH VERIO REFLECT	0	QL (1 ea per 2 year(s))
PC LANCETS SUPER THIN 30G	2	
PERFECT LANCETS 28G	2	
PERFECT LANCETS 30G	2	
PERFECT POINT SAFETY LANCETS	2	
PHARMACIST CHOICE LANCETS	2	
PHARMACY COUNTER LANCETS	2	
PIP LANCETS 28G	2	
PIP LANCETS 30G	2	
PRECISION THINS GP LANCETS	2	
PREFERRED PLUS LANCETS COLORED	2	
PREFERRED PLUS LANCETS THIN	2	
PRO COMFORT LANCETS 30G	2	
PRO COMFORT LANCETS 31G	2	
PRO COMFORT SAFETY LANCETS 30G	2	
PRODIGY LANCETS 28G	2	
PRODIGY LANCING DEVICE	2	
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PSS SELECT GP LANCETS	2	
PSS SELECT PLATFORMS	2	
PSS SELECT SAFETY LANCETS	2	
PURE COMFORT LANCETS 30G	2	
PURE COMFORT SAFETY LANCET 30G	2	

Drug Name	Drug Tier	Requirements/Limits
PX ADVANCED LANCING DEVICE	2	
PX LANCET AUTO INJECTOR	2	
PX LANCETS MICROTHIN 33G	2	
PX LANCETS ULTRA THIN	2	
PX LANCETS ULTRA THIN 28G	2	
QC ADVANCED LANCING DEVICE	2	
QC LANCETS SUPER THIN 30G	2	
QC LANCETS ULTRA THIN	2	
QC UNILET LANCETS 28G	2	
QC UNILET LANCETS MICRO THIN	2	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
READYLANCE SAFETY LANCETS	2	
REALITY LANCETS	2	
REALITY TRIGGER LANCETS	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION LANCING DEVICE (KIT, MISC)	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST ALTERNATE SITE ADAPT	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	
SAFE-T-LANCE	2	
SAFE-T-LANCE PLUS	2	

Drug Name	Drug Tier	Requirements/Limits
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	
SAFETY LANCETS 28G	2	
SAPS HEALTH PLUS LANCETS	2	
SAPS HEALTH TWIST TOP LANCETS	2	
SAPS TWIST TOP LANCETS	2	
SAPSCARE TWIST TOP LANCETS	2	
SB LANCETS THIN	2	
SB LANCETS ULTRA THIN	2	
SELECT-LITE DEVICE/LANCETS	2	
SELECT-LITE LANCING DEVICE	2	
SENSILANCE SAFETY LANCETS 21G	2	
SENSILANCE SAFETY LANCETS 26G	2	
SENSILANCE SAFETY LANCETS 28G	2	
SHOPKO AUTOLET LANCING DEVICE	2	
SHOPKO ON-THE-GO LANCETS 30G	2	
SHOPKO UNILET LANCETS 28G	2	
SHOPKO UNILET LANCETS 30G	2	
SIMPLE DIAGNOSTICS LANCING DEV	2	
SINGLE-LET	2	
SM LANCETS 33G	2	
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	
SMART SENSE STANDARD LANCETS	2	
SMART SENSE SUPER THIN LANCETS	2	
SMART SENSE THIN LANCETS 26G	2	
SMARTEST LANCETS 28G	2	
SOLUS V2 LANCETS 28G	2	

Drug Name	Drug Tier	Requirements/Limits
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	
STERILANCE TL	2	
SUPER THIN LANCETS	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURELITE LANCETS	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
TGT LANCING DEVICE	2	
THINLETS GP LANCETS	2	
TODAYS HEALTH LANCING DEVICE	2	
TODAYS HEALTH THIN LANCETS 28G	2	
TODAYS HEALTH THIN LANCETS 30G	2	
TOPCARE LANCETS MICRO-THIN 33G	2	
TRAVEL LANCETS	2	
TRAVEL LANCETS ADVANCED 28G	2	
TRUE COMFORT SAFETY LANCETS	2	
TRUE COMFORT TWIST TOP LANCETS	2	
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	

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

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
V-GO 20	2	QL (1 ea per 1 days)
V-GO 30	2	QL (1 ea per 1 days)
V-GO 40	2	QL (1 ea per 1 days)
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	
VERIFINE INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE SAFE LANCET MINI 21G	2	

Drug Name	Drug Tier	Requirements/Limits
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	
VERIFINE UNIVERSAL LANCETS 33G	2	
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNILET LANCETS 28G	2	
VIDA MIA UNILET LANCETS 30G	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	2	
VIVAGUARD SAFETY LANCETS 28G	2	
WALGREENS ADV TRAVEL LANCETS	2	
WALGREENS LANCETS	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
ZEVRX TWIST TOP LANCETS 30G	2	
MISC. DEVICES		
ADVOCATE ALCOHOL PREP PADS	2	
ALCOH-GLOVE CONTOURED WIPE	2	
ALCOH-WIPE	2	
ALCOHOL PADS	2	
ALCOHOL PREP (70 % PAD, PAD)	2	
ALCOHOL PREP PADS	2	
ALCOHOL PREPS	2	
ALCOHOL SWABS (70 % PAD, PAD)	2	
ALCOHOL SWABSTICK	2	
AUM ALCOHOL PREP PADS	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
AUM PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AURORA PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
AURORA UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM MISC	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYR ULTRAFINE II (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
BD INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT	2	
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE U/F	2	
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
BD PEN	2	
BD PEN MINI	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO 2ND GEN	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYR ULTRAFINE (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CAREONE UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 33G X 4 MM MISC)	2	
CEQUR SIMPLICITY 2U	2	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)	2	
CLEVER CHOICE COMFORT EZ PLUS	2	
CLICKFINE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
COMFORT ASSIST INSULIN SYRINGE	2	
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC, 33G X 8 MISC)	2	
COMFORT EZ PRO PEN NEEDLES (30G X 8 MISC, 31G X 4 MISC, 31G X 5 MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
DIATHRIVE PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
DROPLET MICRON	2	
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	
DROPSAFE AUTOPROTECT DUO (X 4 MISC, X 5 MISC, X 8 MISC)	2	
DROPSAFE SAFETY PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 MISC)	2	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
DRUG MART UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
DRUG MART UNIFINE PENTIPS PLUS	2	
EASY COMFORT INSULIN SYRINGE (29G X 5/16" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/2" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	
EASY COMFORT PEN NEEDLES (29G X 4MM MISC, 29G X 5MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	2	
EASY GLIDE PEN NEEDLES	2	
EASY TOUCH FLIPLOCK INSULIN SY (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	2	
EASY TOUCH SAFETY PEN NEEDLES (29G X 5MM MISC, 29G X 8MM MISC, 30G X 8 MM MISC)	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EMBECTA AUTOSHIELD DUO	2	
EMBECTA INS SYR U/F 1/2 UNIT (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC)	2	
EMBECTA INSULIN SYR ULTRAFINE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC)	2	
EMBECTA INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE U/F	2	
EMBECTA PEN NEEDLE ULTRAFINE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)	2	
EMBRACE PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	

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

Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGES 28GX1/2"	2	
GNP INSULIN SYRINGES 29GX1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
GNP INSULIN SYRINGES 30GX5/16"	2	
GNP INSULIN SYRINGES 31GX5/16"	2	
GNP PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTICARE PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTRA COM INSULIN SYRINGE	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	
GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
H-E-B INCONTROL PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE MINI PEN NEEDLES	2	
HEALTHWISE PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
HEALTHWISE UNIFINE PENTIPS	2	
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
HM ULTICARE MINI PEN NEEDLES	2	
HM ULTICARE SHORT PEN NEEDLES	2	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE/NEEDLE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
INSUPEN SENSITIVE (X 6 MISC, X 8 MISC)	2	
INSUPEN ULTRAFIN (30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC)	2	
INSUPEN32G EXTR3ME	2	
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	2	
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	2	
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KROGER PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
LONGS INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MAXI-COMFORT SAFETY PEN NEEDLE (X 5MM MISC, X 8MM MISC)	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
MEDIC INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
MEDICINE SHOPPE PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MEIJER PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
MICRODOT PEN NEEDLE (31G X 6 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	2	
PC UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
PEN NEEDLE/5-BEVEL TIP (31G X 8 MISC, 32G X 4 MISC)	2	
PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
PEN NEEDLES 5/16"	2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
PENTIPS GENERIC PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
PIP PEN NEEDLES 31G X 5MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
PRECISION SURE-DOSE SYRINGE	2	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
PREFERRED PLUS UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PRO COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
PRO COMFORT PEN NEEDLES (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	
PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	
PX MINI PEN NEEDLES	2	
PX PEN NEEDLE (29G X 12MM MISC, 31G X 8 MM MISC)	2	
PX SHORTLENGTH PEN NEEDLES	2	
QC PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
QC UNIFINE PENTIPS	2	
QUICK TOUCH INSULIN PEN NEEDLE (29G X 12.7MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC, 33G X 8 MM MISC)	2	
RA INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
RA PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
RAYA SURE PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
REALITY INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	2	
RELION INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
RELION SHORT PEN NEEDLES	2	
SAFETY PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
SB INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
SECURESAFE SAFETY PEN NEEDLES (30G X 8 MISC, 31G X 5 MISC)	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
UNIFINE ULTRA PEN NEEDLE 34G X 3.5 MM MISC	2	
VALUE HEALTH INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
VERIFINE PLUS PEN NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VERISAFE SAFETY INSULIN SYR	2	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
VP INSULIN SYRINGE	2	
WEGMANS UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
ZEVRX PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
RESPIRATORY THERAPY SUPPLIES		
OPTICHAMBER DIAMOND MISC	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	2	PA, QL (1 ml per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	2	PA, QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	2	PA, QL (3 ml per 28 days)
NURTEC	2	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	2	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	2	PA, QL (30 ea per 30 days)
UBRELVY (50 MG TAB, 100 MG TAB)	2	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
MIGRAINE PRODUCTS		
dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)	1	
SEROTONIN AGONISTS		
eletriptan hydrobromide (20 mg tab, 40 mg tab)	1	PA, QL (16 ea per 28 days)
frovatriptan succinate	1	PA, QL (16 ea per 28 days)
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART	1	QL (8 ml per 28 day(s))
naratriptan hcl (1 mg tab, 2.5 mg tab)	1	QL (16 ea per 28 days)
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	1	QL (16 ea per 28 days)
sumatriptan (5 mg/act solution, 20 mg/act solution)	1	QL (16 ea per 28 days)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	1	QL (16 ea per 28 days)
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	1	QL (8 ml per 28 days)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	1	QL (8 ml per 28 days)
ZEMBRACE SYMTOUCH	3	PA, QL (8 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	1	QL (16 ea per 28 days)
zolmitriptan 5 mg solution	1	PA, QL (16 ea per 28 days)
zomig (2.5 mg tab, 5 mg tab)	1	QL (16 ea per 28 days)
MINERALS ELECTROLYTES		
FLUORIDE		
nafrinse	1	PN ($0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
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)	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	PN ($0 Copay for 6 months through 16 years of age)
PHOSPHATE		
PHOSPHO-TRIN K500	2	
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	1	
k-prime	1	
K-TAB 10 MEQ TAB ER	1	
KLOR-CON (8 MEQ TAB ER, 20 MEQ PACKET)	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	1	
potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)	1	
POTASSIUM CHLORIDE ER (8 CAP ER, 8 TAB ER, 10 CAP ER, 10 TAB ER, 20 TAB ER)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine (250 mg cap, 250 mg tab)	1	PN (34 DAYS SUPPLY PER FILL)
trientine hcl	1	SP
ENZYMES		
XIAFLEX	4	SP, PN (34 DAYS SUPPLY PER FILL)
IMMUNOMODULATORS		
JOENJA 70 MG TAB	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
THALOMID (50 MG CAP, 100 MG CAP)	4	SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	4	PA, QL (22.4 ml per 50 days), SP, PN (50 DAYS SUPPLY PER FILL)
IMMUNOSUPPRESSIVE AGENTS		
azathioprine 50 mg tab	1	
cyclosporine (25 mg cap, 100 mg cap)	1	
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	1	
ENSPRYNG	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	3	
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)	4	PA
everolimus 1 mg tab	1	PA
gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)	1	
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	1	
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	1	
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	3	
SANDIMMUNE (25 MG CAP, 100 MG CAP)	3	
sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
sirolimus 1 mg/ml solution	1	PA
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	1	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG PACKET	4	PA, QL (28 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VIJOICE 50 MG TAB THPK	4	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
POTASSIUM REMOVING AGENTS		
kionex	1	
LOKELMA 10 GM PACKET	3	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	3	PA, QL (1 ea per 1 days)
sodium polystyrene sulfonate (15 gm/60ml suspension, powder)	1	
sps (sodium polystyrene sulf)	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILLL)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BENLYSTA 200 MG/ML SOLN A-INJ	4	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UREMIC PRURITUS AGENTS		
KORSUVA	4	PA, PN (34 DAYS SUPPLY PER FILL)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	
lidocaine viscous hcl	1	
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	1	
nystatin 100000 unit/ml suspension	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	1	
periogard	1	

Drug Name	Drug Tier	Requirements/Limits
DENTAL PRODUCTS		
DENTA 5000 PLUS	1	PN ($0 Copay for 6 months through 16 years of age)
DENTA 5000 PLUS SENSITIVE	1	PN ($0 Copay for 6 months through 16 years of age)
dentagel	1	PN ($0 Copay for 6 months through 16 years of age)
FLUORIDEX SENSITIVITY RELIEF	1	PN ($0 Copay for 6 months through 16 years of age)
FLUORIMAX 5000 SENSITIVE	1	PN ($0 Copay for 6 months through 16 years of age)
FRAICHE 5000 DENTAL	1	PN ($0 Copay for 6 months through 16 years of age)
just right 5000	1	PN ($0 Copay for 6 months through 16 years of age)
SF	1	PN ($0 Copay for 6 months through 16 years of age)
SF 5000 PLUS	1	PN ($0 Copay for 6 months through 16 years of age)
SOD FLUORIDE-POTASSIUM NITRATE	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (1.1 % CREAM, 1.1 % GEL)	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 ENAMEL	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PLUS	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PPM (1.1 % GEL)	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PPM 1.1 % PASTE	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE	1	PN ($0 Copay for 6 months through 16 years of age)
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq	1	
oralone	1	
triamcinolone acetonide 0.1 % paste	1	
THROAT PRODUCTS - MISC.		
pilocarpine hcl (5 mg tab, 7.5 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
multi-vit/iron/fluoride	1	
MULTI-VITAMIN/FLUORIDE/IRON	1	
multivitamin/fluoride/iron	1	
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	1	
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION	1	
MULTIVITAMIN + FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN W/FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	
PRENATAL VITAMINS		
ATABEX EC	1	
ATABEX OB	1	
AZENTRA	1	
AZESCO	1	
C-NATE DHA	1	
CITRANATAL B-CALM	1	
CITRANATAL BLOOM	1	
COMPLETE NATAL DHA	1	
CONCEPT DHA	1	
CONCEPT OB	1	
DUET DHA 400	1	
ELITE-OB	1	
EMBRIVA	1	

Drug Name	Drug Tier	Requirements/Limits
ENBRACE HR	1	
FOLIVANE-OB	1	
GESTYRA	1	
KOSHER PRENATAL PLUS IRON	1	
M-NATAL PLUS	1	
MULTI-MAC	1	
NATACHEW	1	
NEEVO DHA	1	
NEONATAL COMPLETE 27-1 MG TAB	1	
NEONATAL PLUS	1	
NESTABS	1	
NESTABS DHA	1	
NESTABS ONE	1	
NIVA-PLUS	1	
OB COMPLETE	1	
OB COMPLETE ONE	1	
OB COMPLETE PETITE	1	
OB COMPLETE PREMIER	1	
OB COMPLETE/DHA	1	
OBSTETRIX EC (WITH DOCUSATE)	1	
ONE VITE WOMENS PLUS	1	
PNV 27-CA/FE/FA	1	
PNV-DHA	1	
PNV-OMEGA	1	
PNV-SELECT	1	
PREGEN DHA	1	
PREMESISRX	1	
PRENA1	1	
PRENA1 PEARL	1	
PRENATAL 19 (29-1 MG TAB, TAB)	1	
PRENATAL 27-1 MG TAB	1	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL PLUS	1	
PRENATAL PLUS VITAMIN/MINERAL	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL-U	1	
PRENATE	1	
PRENATE AM	1	
PRENATE DHA	1	
PRENATE ELITE	1	
PRENATE ENHANCE	1	
PRENATE ESSENTIAL	1	
PRENATE MINI	1	
PRENATE PIXIE	1	
PRENATE RESTORE	1	
PRENATRIX	1	
PRENATRYL	1	
PRIMACARE	1	
PROVIDA OB	1	
RELNATE DHA	1	
SE-NATAL 19 29-1 MG TAB	1	
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	1	
SELECT-OB+DHA	1	
TARON-C DHA	1	
TRICARE	1	
TRINATAL RX 1	1	
TRINATE	1	
TRISTART DHA	1	
VINATE DHA RF	1	
VINATE II	1	
VINATE ONE	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	

Drug Name	Drug Tier	Requirements/Limits
VITAFOL GUMMIES	1	
VITAFOL ULTRA	1	
VITAFOL-NANO	1	
VITAFOL-OB	1	
VITAFOL-OB+DHA	1	
VITAFOL-ONE	1	
VITAMEDMD ONE RX/QUATREFOLIC	1	
VITAMEDMD REDICHEW RX	1	
VITAPEARL	1	
VITATHELY WITH GINGER	1	
VIVA DHA	1	
WESCAP-C DHA	1	
WESCAP-PN DHA	1	
WESNATAL DHA COMPLETE	1	
WESNATE DHA	1	
WESTAB PLUS	1	
WESTGEL DHA	1	
ZALVIT	1	
ZATEAN-PN DHA	1	
ZIPHEX	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	1	
carisoprodol (250 mg tab, 350 mg tab)	1	
cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)	1	
fexmid	1	
metaxalone (400 mg tab, 800 mg tab)	1	
methocarbamol (500 mg tab, 750 mg tab)	1	
orphenadrine citrate er	1	
tizanidine hcl (2 mg tab, 4 mg tab)	1	

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

Drug Name	Drug Tier	Requirements/Limits
SYNVISC	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC ONE	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRILURON	4	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRIVISC	4	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
VISCO-3	4	QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine-fluticasone	1	
NASAL ANTIALLERGY		
azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)	1	
olopatadine hcl 0.6 % solution	1	
NASAL ANTICHOLINERGICS		
ipratropium bromide (0.03 % solution, 0.06 % solution)	1	
NASAL STEROIDS		
flunisolide	1	
fluticasone propionate 50 mcg/act suspension	1	
mometasone furoate 50 mcg/act suspension	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
edaravone	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	4	PA, QL (50 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	4	PA, QL (70 ml per 28 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
riluzole	1	PN (34 DAYS SUPPLY PER FILL)
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS	4	PA, LA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX (100 RECON SOLN, 200 RECON SOLN)	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPORT (300 RECON SOLN, 500 RECON SOLN)	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION)	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN)	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	4	PA, LA, QL (6.67 ml per 1 days), SP
NUTRIENTS		
LIPIDS		
DOJOLVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL	1	
BETOPTIC-S	2	
CARTEOLOL HCL	1	
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	1	
dorzolamide hcl-timolol mal pf	1	
LEVOBUNOLOL HCL	1	
timolol hemihydrate	1	PA
timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)	1	
timolol maleate (once-daily)	1	
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN 10 % SOLUTION	1	
atropine sulfate 1 % solution	1	
cyclopentolate hcl 1 % solution	1	
phenylephrine hcl 10 % solution	1	

Drug Name	Drug Tier	Requirements/Limits
tropicamide (0.5 % solution, 1 % solution)	1	
MIOTICS		
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	4	PA, QL (0.1 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
CIMERLI (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	4	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	4	PA, QL (0.1 ml per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	4	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)	4	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	4	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
PAVBLU (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	4	PA, QL (0.1 ml per 25 day(s)), SP, PN (25 DAYS SUPPLY PER FILL)
SUSVIMO (IMPLANT 1ST FILL)	4	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL)	4	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	4	PA, QL (0.1 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
VABYSMO 6 MG/0.05ML SOLUTION	4	PA, QL (0.1 ml per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL	2	
brimonidine tartrate (0.1 % solution, 0.2 % solution)	1	
SIMBRINZA	3	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac	1	
AZASITE	3	
BACITRACIN 500 UNIT/GM OINTMENT	1	

Drug Name	Drug Tier	Requirements/Limits
BACITRACIN-POLYMYXIN B	1	
BESIVANCE	3	
CILOXAN	2	
ciprofloxacin hcl 0.3 % solution	1	
erythromycin 5 mg/gm ointment	1	
gentamicin sulfate 0.3 % solution	1	
levofloxacin 0.5 % solution	1	
MOXIFLOXACIN HCL (2X DAY)	1	
moxifloxacin hcl 0.5 % solution	1	
NATACYN	2	
neo-polycin	1	
neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
ofloxacin 0.3 % solution	1	
polycin	1	
polymyxin b-trimethoprim	1	
SULFACETAMIDE SODIUM (10 % OINTMENT, 10 % SOLUTION)	1	
tobramycin 0.3 % solution	1	
TRIFLURIDINE	2	
XDEMVY	4	PA, QL (10 ml per 42 days), PN (42 DAYS SUPPLY PER FILL)
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY	4	PA, QL (0.2 ml per 21 day(s)), SP, PN (MIN 21 DAYS SUPPLY; MAX 28 DAYS SUPPLY)
SYFOVRE	4	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (pf)	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	PA, LA, QL (56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	4	SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMIC STEROIDS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
fluorometholone	1	
FML FORTE	2	
ILUVIEN	4	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
MAXIDEX	2	
neo-polycin hc	1	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	1	
NEOMYCIN-POLYMYXIN-HC	1	
prednisolone acetate	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
tobramycin-dexamethasone	1	
XIPERE	4	SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMICS - MISC.		
azelastine hcl 0.05 % solution	1	
brinzolamide	1	
bromfenac sodium (once-daily)	1	
CROMOLYN SODIUM	1	
diclofenac sodium 0.1 % solution	1	
dorzolamide hcl	1	
epinastine hcl	1	
FLURBIPROFEN SODIUM	1	

Drug Name	Drug Tier	Requirements/Limits
KETOROLAC TROMETHAMINE (0.4 % SOLUTION, 0.5 % SOLUTION)	1	
olopatadine hcl (0.1 % solution, 0.2 % solution)	1	
PROSTAGLANDINS - OPHTHALMIC		
BIMATOPROST	3	ST
bimatoprost (0.01 % solution, 0.03 % solution)	1	ST
DURYSTA	4	PA, QL (2 ea per lifetime), SP
latanoprost	1	
LUMIGAN	3	ST
tafluprost (pf)	1	PA
travoprost (bak free)	1	
VYZULTA	3	ST
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl 0.2 % solution	1	
OTIC COMBINATIONS		
CIPRO HC 0.2-1 % SUSPENSION	2	
ciprofloxacin-dexamethasone	1	
ciprofloxacin-hydrocortisone	2	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	1	
OTIC STEROIDS		
flac	1	
fluocinolone acetonide 0.01 % oil	1	
OXYTOCICS		
OXYTOCICS		
methergine	1	

Drug Name	Drug Tier	Requirements/Limits
methylergonovine maleate 0.2 mg tab	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
ALYGLO (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ASCENIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYTOGAM	4	SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	4	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	4	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 SOLN PRSYR, 10 GM/50ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

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

Drug Name	Drug Tier	Requirements/Limits
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium (250 mg cap, 500 mg cap)	1	
PROGESTINS		
PROGESTINS		
gallifrey	1	
LILETTA (52 MG)	0	PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
NEXPLANON	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
norethindrone acetate	1	
progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram (250 mg tab, 500 mg tab)	1	
lofexidine hcl	4	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
ANTI-CATAPLECTIC AGENTS		
LUMRYZ (4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET)	4	PA, QL (270 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
LUMRYZ STARTER PACK	4	PA, QL (28 ea per 180 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
SODIUM OXYBATE	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
sodium oxybate	4	PA, LA, QL (540 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
XYREM	4	PA, LA, QL (540 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ANTIDEMENTIA AGENTS		
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	1	
galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)	1	
memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)	1	
memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)	1	PA
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	1	
FIBROMYALGIA AGENTS		
milnacipran hcl (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	PA, QL (2 ea per 1 day(s))
milnacipran hcl 12.5 & 25 & 50 mg misc	1	PA, QL (55 ea per 28 day(s))
SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB)	3	PA, QL (2 ea per 1 day(s))
SAVELLA TITRATION PACK	3	PA, QL (55 ea per 28 day(s))
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI	3	QL (1 ea per 1 day(s))
VYLEESI	3	
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine 12.5 mg tab	1	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
tetrabenazine 25 mg tab	1	PA, QL (136 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	4	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
AVONEX PREFILLED	4	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BETASERON	4	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
dalfampridine er	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
dimethyl fumarate 120 mg cap dr	1	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate 240 mg cap dr	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
dimethyl fumarate starter pack	4	QL (60 ea per 30 day(s)), SP
fingolimod hcl	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
glatiramer acetate 20 mg/ml soln prsyr	4	QL (30 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
glatiramer acetate 40 mg/ml soln prsyr	4	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
glatopa 20 mg/ml soln prsyr	4	QL (30 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
glatopa 40 mg/ml soln prsyr	4	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	4	QL (0.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT (1 MG TAB, 2 MG TAB)	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	4	QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	QL (12 ea per 5 day(s)), SP, PN (5 DAYS SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	4	QL (7 ea per 4 day(s)), SP, PN (4 DAYS SUPPLY IN 180 DAYS)
OCREVUS ZUNOVO	4	PA, QL (23 ml per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	4	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	4	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	4	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	4	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF 44 MCG/0.5ML SOLN PRSYR	4	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	4	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	4	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK	4	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
teriflunomide 14 mg tab	1	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
teriflunomide 7 mg tab	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA	2	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	2	PA, QL (7 ea per 7 day(s)), SP, PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA	4	PA, LA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ERGOLOID MESYLATES	1	
MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	4	PA, LA, QL (90 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
pimozide (1 mg tab, 2 mg tab)	1	
SMOKING DETERRENTS		
APO-VARENICLINE (0.5 MG TAB, 1 MG TAB)	0	QL (2 ea per 1 days)
CHANTIX (0.5 MG TAB, 1 MG TAB)	0	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	0	QL (2 ea per 1 days)
cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
eq nicotine step 3	0	
eql nicotine polacrilex (2 mg lozenge, 4 mg lozenge)	0	

Drug Name	Drug Tier	Requirements/Limits
ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
ft nicotine mini (2 mg lozenge, 4 mg lozenge)	0	
gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
gnp nicotine mini (2 mg lozenge, 4 mg lozenge)	0	
gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
goodsense nicotine policrilex	0	
habitrol	0	
hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
kls quit2 (2 mg gum, 2 mg lozenge)	0	
kls quit4 (4 mg gum, 4 mg lozenge)	0	
nicoderm cq (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	3	
nicorette (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	3	
nicorette mini (2 mg lozenge, 4 mg lozenge)	3	
nicorette starter kit (2 mg gum, 4 mg gum)	3	
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR)	0	
nicotine mini (2 mg lozenge, 4 mg lozenge)	0	
nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
nicotine polacrilex mini	0	
nicotine step 1	0	
nicotine step 2	0	
nicotine step 3	0	
NICOTROL NS	0	
px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	

Drug Name	Drug Tier	Requirements/Limits
qc nicotine transdermal system (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
ra mini nicotine (2 mg lozenge, 4 mg lozenge)	0	
ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
ra nicotine gum (2 mg gum, 4 mg gum)	0	
ra nicotine polacrilex (2 mg lozenge, 4 mg lozenge)	0	
sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	0	
sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	0	
thrive	0	
varenicline tartrate (0.5 mg tab, 1 mg tab)	0	QL (2 ea per 1 days)
varenicline tartrate (starter)	0	QL (53 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
varenicline tartrate(continue)	0	QL (2 ea per 1 days)
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KALYDECO 13.4 MG PACKET	4	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KALYDECO 150 MG TAB	4	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	4	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)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMOZYME	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	4	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)	4	PA, LA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY FIBROSIS AGENTS		
pirfenidone (267 mg cap, 267 mg tab)	1	PA, QL (270 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine	1	
TETRACYCLINES		
TETRACYCLINES		
avidoxy	1	
demeclocycline hcl (150 mg tab, 300 mg tab)	1	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	1	
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)	1	
lymepak	1	
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	1	
mondoxyne nl	1	
tetracycline hcl (250 mg cap, 500 mg cap)	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	1	
propylthiouracil	1	
THYROID HORMONES		
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	3	
euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1	
levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1	
levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	1	
liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)	1	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	1	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	3	
unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	0	
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	0	
DAPTACEL	0	
INFANRIX	0	
KINRIX	0	
PEDIARIX	0	
PENTACEL	0	AL (Up to 4 yrs old)
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	0	
TENIVAC	0	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
CHLORDIAZEPOXIDE-CLIDINIUM	1	

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)	1	
ed-spaz	1	
glycopyrrolate (1 mg tab, 2 mg tab)	1	
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)	1	
hyoscyamine sulfate er	1	
HYOSCYAMINE SULFATE SL	1	
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	1	
LEVSIN/SL	1	
methscopolamine bromide (2.5 mg tab, 5 mg tab)	1	
NULEV	1	
OSCIMIN 0.125 MG SL TAB	1	
phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)	1	
H-2 ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	1	
famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)	1	
MISC. ANTI-ULCER		
sucralfate (1 gm tab, 1 gm/10ml suspension)	1	
PROTON PUMP INHIBITORS		
dexlansoprazole (30 mg cap dr, 60 mg cap dr)	1	ST, QL (1 ea per 1 day(s))
esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)	1	PA
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	1	
lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)	1	
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	1	
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	1	
rabeprazole sodium	1	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol (100 mcg tab, 200 mcg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
omeprazole-sodium bicarbonate (20-1100 mg cap, 20-1680 mg packet, 40-1100 mg cap, 40-1680 mg packet)	1	ST
UNCATEGORIZED		
UNCLASSIFIED		
ALYFTREK 10-50-125 MG TAB	4	PA, LA, QL (56 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ALYFTREK 4-20-50 MG TAB	4	PA, LA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ATTRUBY	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
AVERI	0	
AVLAYAH	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
AVMAPKI FAKZYNJA CO-PACK	3	PA, LA, QL (66 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
AVTOZMA (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	4	PA, QL (3.6 ml per 28 day(s)), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
AVTOZMA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
BESREMI PEN	4	QL (1 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BOMYNTRA (120 MG/1.7ML SOLN PRSYR, 120 MG/1.7ML SOLUTION)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRUKINSA 160 MG TAB	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BYSANTI (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
BYSANTI TITRATION PACK A	4	PA, QL (8 ea per 4 day(s)), PN (4 DAYS SUPPLY PER FILL)
BYSANTI TITRATION PACK B	4	PA, QL (12 ea per 4 day(s)), PN (4 DAYS SUPPLY PER FILL)
BYSANTI TITRATION PACK C	4	PA, QL (8 ea per 3 day(s)), PN (3 DAYS SUPPLY PER FILL)
CARDAMYST	4	PA, QL (2 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
CONEXXENCE	4	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
CRENESSITY (25 MG CAP, 50 MG CAP)	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
CRENESSITY 100 MG CAP	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
CRENESSITY 50 MG/ML SOLUTION	4	PA, LA, QL (120 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
DANZITEN (71 MG TAB, 95 MG TAB)	3	QL (112 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
DATROWAY	4	PA, QL (6 ea per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
DOPTELET SPRINKLE	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
EBGLYSS 250 MG/2ML SOLN PRSYR	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
EKTERLY	4	PA, QL (4 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ELIQUIS (1.5 MG PACK)	2	QL (3 ea per 1 day(s))
ELIQUIS (2 MG PACK)	2	QL (4 ea per 1 day(s))
ELIQUIS 0.15 MG CAP SPRINK	2	QL (74 ea per 30 day(s))
ELIQUIS 0.5 MG TAB SOL	2	QL (592 ea per 30 day(s))
EMRELIS (20 MG RECON SOLN, 100 MG RECON SOLN)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ENSACOVE (25 MG CAP, 100 MG CAP)	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EXDENSUR	4	PA, QL (1 ml per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H)	3	PA, QL (1 ea per 1 day(s))
EXXUA (54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	3	PA, QL (1 ea per 1 day(s))
EXXUA TITRATION PACK	3	PA, QL (1 ea per 1 day(s))
FOUNDAYO (0.8 MG TAB, 2.5 MG TAB)	3	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS AT MO/RETAIL; QLC REFILL TOLERANCE 100%)
FOUNDAYO (5.5 MG TAB, 9 MG TAB, 14.5 MG TAB, 17.2 MG TAB)	3	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS AT MO/RETAIL)
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	3	PA, QL (168 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
GOMEKLI 2 MG CAP	3	PA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
HERCESSI (150 MG RECON SOLN, 420 MG RECON SOLN)	4	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
HERNEXEOS	3	QL (3 ea per 1 day(s)), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY)
HYRNUO	3	PA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
IBTROZI	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICOTYDE	4	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IDVYNSO	2	QL (1 ea per 1 day(s))
IMKELDI	4	PA, QL (280 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
INLURIYO	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	4	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
JOBEVNE (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JUBBONTI	4	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
KEYTRUDA QLEX 395-4800 MG -UNT/2.4ML SOLUTION	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KEYTRUDA QLEX 790-9600 MG -UNT/4.8ML SOLUTION	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIRSTY 100 UNIT/ML SOLN PEN	2	
KIRSTY 100 UNIT/ML SOLUTION	2	
KOMZIFTI	3	PA, QL (90 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
LIFYORLI (125 MG DOSE)	3	QL (18 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LIFYORLI (150 MG DOSE)	3	QL (27 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LOARGYS	4	PA, LA, SP, PN (34 DAYS SUPPY PER FILL)
MERILOG	2	
MERILOG SOLOSTAR	2	
MFLUSIVA	0	
MODEYSO	3	LA, QL (20 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MYQORZO (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	4	PA, LA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
NEULASTA 4 MG/0.4ML SOLUTION	4	PA, QL (0.029 ml per 1 day(s)), SP
OMLYCLO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	4	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMLYCLO 75 MG/0.5ML SOLN PRSYR	4	PA, QL (5 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OPDIVO QVANTIG 300-5000 MG -UT/2.5ML SOLUTION	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
OPDIVO QVANTIG 600-10000 MG-UT/5ML SOLUTION	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
OSENVELT	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OTEZLA XR	4	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
PENMENVY	0	QL (1 ml per 999 day(s)), AL (10 to 25 yrs old)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	4	PA, QL (4 ea per 1 day(s))
REDEMPLO	4	PA, LA, QL (0.5 ml per 90 day(s)), SP, PN (90 DAYS SUPPLY PER FILL)
REVUFORJ (110 MG TAB, 160 MG TAB)	3	PA, LA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	3	LA, QL (8 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
RYBREVANT FASPRO (1600-20000 MG-UT/10ML SOLUTION, 2240-28000 MG-UT/14ML SOLUTION, 2400-30000 MG-UT/15ML SOLUTION, 3520-44000 MG-UT/22ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYZNEUTA	4	PA, QL (0.072 ml per 1 day(s)), SP
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	0	QL (2 ea per lifetime), AL (18 to 99 yrs old)
STOBOCLO	4	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUNLENCA 300 MG TAB	2	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY IN 180 DAYS)
TRYNGOLZA 80 MG/0.8ML SOLN A-INJ	4	PA, QL (0.8 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UNLOXCYT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VEPPANU (100 MG TAB, 200 MG TAB)	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VYKAT XR (25 MG TAB ER 24H, 150 MG TAB ER 24H)	4	PA, LA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPY PER FILL)
VYKAT XR 75 MG TAB ER 24H	4	PA, LA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
WYOST	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
YARTEMLEA	4	PA, QL (8 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	4	QL (0.5 ml per 84 day(s)), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY), PN (105-day lookback at GPI-14 level)
YESINTEK 130 MG/26ML SOLUTION	4	PA-NSO, SP, PN (56 DAYS SUPPLY PER FILL; 105-day lookback at GPI-14 level)
YESINTEK 90 MG/ML SOLN PRSYR	4	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY), PN (105-day lookback at GPI-14 level)
YEZTUGO 300 MG TAB	0	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY PER FILL)
YUVIWEL (1.3 MG RECON SOLN, 2.8 MG RECON SOLN)	4	PA, LA, QL (4 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
YUVIWEL 5.5 MG RECON SOLN	4	PA, LA, QL (8 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ZIIHERA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYCUBO	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)	1	ST
fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)	1	ST
oxybutynin chloride (5 mg tab, 5 mg/5ml solution)	1	
oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)	1	
OXYTROL	3	ST
solifenacin succinate (5 mg tab, 10 mg tab)	1	
tolterodine tartrate (1 mg tab, 2 mg tab)	1	
tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)	1	ST
trospium chloride	1	
trospium chloride er	1	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL (1 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ 8 MG/ML SRER	2	QL (10 ml per 1 day(s)), AL (3 to 18 yrs old)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	0	
BEXSERO	0	
CAPVAXIVE	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
HIBERIX	0	
MENVEO (RECON SOLN, SOLUTION)	0	
PEDVAXHIB	0	
PENBRAYA	0	QL (2 ea per lifetime)
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	0	
PREVNAR 20	0	QL (0.5 ml per lifetime)
TRUMENBA	0	
VAXNEUVANCE	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	3	QL (4 ea per fill), PN (Covered at $0 for FEHB members only per Benefit Grid)
VIRAL VACCINES		
ABRYSVO	0	AL (18 to 999 yrs old), PN (Not covered for members outside of age limit)
ACAM2000	0	
AFLURIA	0	
AFLURIA PRESERVATIVE FREE	0	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
AREXVY	0	QL (1 ea per lifetime), AL (60 to 999 yrs old), PN (Note)

Drug Name	Drug Tier	Requirements/Limits
AUDENZ (0.5 ML PRSYR, EMULSION)	0	QL (1 ml per lifetime), AL (0.5 to 999 yrs old)
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	0	
COMIRNATY 5-11 YEARS	0	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	0	
FLUAD	0	
FLUAD QUADRIVALENT	0	
FLUARIX	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST	0	
FLUMIST QUADRIVALENT	0	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUZONE HIGH-DOSE	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	0	
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	0	
HAVRIX 1440 EL U/ML SUSP PRSYR	0	AL (19 to 99 yrs old)
HAVRIX 720 EL U/0.5ML SUSP PRSYR	0	AL (Up to 18 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
HEPLISAV-B	0	
IPOL	0	
JYNNEOS	0	AL (18 to 999 yrs old)
M-M-R II	0	
MNEXSPIKE	0	

Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	0	
MRESVIA	0	QL (0.5 ml per lifetime), AL (60 to 999 yrs old)
NOVAVAX COVID-19 VACCINE (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	0	
NUVAXOVID COVID-19 VACCINE	0	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	0	
PRIORIX	0	
PROQUAD	0	
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	0	
SHINGRIX 50 MCG/0.5ML RECON SUSP	0	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	0	
SPIKEVAX 6M-11Y	0	
TWINRIX	0	AL (18 to 99 yrs old)
VAQTA 25 UNIT/0.5ML SUSP PRSYR	0	AL (Up to 18 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSP PRSYR	0	AL (19 to 99 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	0	AL (19 to 99 yrs old)
VARIVAX	0	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA	3	QL (1 ea per 1 day(s))
SPERMICIDES		
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	2	
clindamycin phosphate 2 % cream	1	

Drug Name	Drug Tier	Requirements/Limits
terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX	0	
PHEXXI	0	
VAGINAL ESTROGENS		
estradiol (0.01 % cream, 10 mcg tab)	1	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	2	
PREMARIN 0.625 MG/GM CREAM	2	
yuvafem	1	
VAGINAL PROGESTINS		
ENDOMETRIN 100 MG INSERT	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	QL (2 ea per fill), AL (Up to 3 yrs old)
epinephrine 0.15 mg/0.3ml soln a-inj	1	QL (2 ea per fill)
epinephrine 0.3 mg/0.3ml soln a-inj	1	QL (2 ea per fill(s))
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol 1.25 mg (50000 ut) cap	1	
phytonadione 5 mg tab	1	
vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)	1	

Appendix

1

1ST TIER UNIFINE PENTIPS . . . 139
1ST TIER UNIFINE PENTIPS PLUS . . . 139
1ST TIER UNILET COMFORTOUCH . . . 120

A

abacavir sulfate . . . 74
abacavir sulfate-lamivudine . . . 74
abigale . . . 107
abigale lo . . . 108
ABILIFY ASIMTUFII . . . 73
ABILIFY MAINTENA . . . 73
abiraterone acetate . . . 58
abirtega . . . 58
ABOUTTIME PEN NEEDLE . . . 139
ABRYSVO . . . 186
ACAM2000 . . . 186
acarbose . . . 40
ACCU-CHEK FASTCLIX LANCET . . . 120
ACCU-CHEK FASTCLIX LANCETS . . . 120
ACCU-CHEK SAFE-T PRO LANCETS . . . 120
ACCU-CHEK SOFTCLIX LANCET DEV . . . 120
ACCU-CHEK SOFTCLIX LANCETS . . . 120
accutane . . . 94
acebutolol hcl . . . 78
ACETAMINOPHEN-CODEINE . . . 25
acetazolamide . . . 103
acetazolamide er . . . 103
acetic acid . . . 169
acetylcysteine . . . 94
acitretin . . . 96
ACTHIB . . . 186
ACTI-LANCE 28G . . . 120
ACTI-LANCE LITE LANCETS 28G . . . 120
ACTI-LANCE SPECIAL LANCETS 17G . . . 120
ACTI-LANCE UNIVERSAL 23G . . . 120
ACTIMMUNE . . . 68
acyclovir . . . 77,98
ADACEL . . . 179
adapalene . . . 94
adapalene-benzoyl peroxide . . . 94
ADBRY . . . 99
ADCETRIS . . . 56
ADDYI . . . 173
adefovir dipivoxil . . . 77
ADEMPAS . . . 83
ADJUSTABLE LANCING DEVICE . . . 120
adult aspirin regimen . . . 21
ADVAIR HFA . . . 32
ADVANCED MOBILE LANCET . . . 120
ADVANTAGE SAFETY LANCETS 28G . . . 120
ADVOCATE ALCOHOL PREP PADS . . . 137
ADVOCATE INSULIN PEN NEEDLE . . . 139
ADVOCATE INSULIN PEN NEEDLES . . . 139
ADVOCATE INSULIN SYRINGE . . . 139
ADVOCATE LANCETS . . . 120
ADVOCATE LANCETS 30G . . . 120
ADVOCATE LANCING DEVICE . . . 120
ADVOCATE RAPID-SAFE LANCING . . . 120
ADVOCATE SAFETY LANCETS . . . 120
ADVOCATE SAFETY LANCETS 21G . . . 120
ADVOCATE SAFETY LANCETS 23G . . . 120
ADVOCATE SAFETY LANCETS 26G . . . 120
ADVOCATE SAFETY LANCETS 28G . . . 120
ADZYNMA . . . 114
afirmelle . . . 84
AFLURIA . . . 186
AFLURIA PRESERVATIVE FREE . . . 186
AFLURIA QUADRIVALENT . . . 186
aftera . . . 91
afterpill . . . 91
AGAMATRIX ULTRA-THIN LANCETS . . . 120
AIMOVIG . . . 153
AIMSCO TWIST LANCETS 32G . . . 120
AIMSCO TWIST LANCETS 33G . . . 120
AIRDUO RESPICLICK 55/14 . . . 32
ak-poly-bac . . . 166
AKEEGA . . . 58
AKYNZEO . . . 47
ala-cort . . . 98
albendazole . . . 27

albuterol sulfate . . . 32
albuterol sulfate hfa . . . 32
alclometasone dipropionate . . . 98
ALCOH-GLOVE CONTOURED WIPE . . . 137
ALCOH-WIPE . . . 137
ALCOHOL PADS . . . 137
ALCOHOL PREP . . . 137
ALCOHOL PREP PADS . . . 137
ALCOHOL PREPS . . . 137
ALCOHOL SWABS . . . 137
ALCOHOL SWABSTICK . . . 137
alcohol wipes . . . 101
ALDURAZYME . . . 106
ALECENSA . . . 61
alendronate sodium . . . 104
alfuzosin hcl er . . . 112
ALINIA . . . 27
aliskiren fumarate . . . 52
allopurinol . . . 113
alosetron hcl . . . 111
alprazolam . . . 29
alprazolam er . . . 29
alprazolam xr . . . 29
ALTABAX . . . 95
ALTAFRIN . . . 165
altavera . . . 84
ALUNBRIG . . . 61
alyacen 1/35 . . . 84
alyacen 7/7/7 . . . 84
ALYFTREK . . . 181
ALYGLO . . . 170
alyq . . . 82
amabelz . . . 108
amantadine hcl . . . 69
ambrisentan . . . 82
amethia . . . 84
amethyst . . . 84
amiloride hcl . . . 103
AMILORIDE-HYDROCHLOROTHIAZIDE . . . 103
amiodarone hcl . . . 30
amitriptyline hcl . . . 40
AMJEVITA . . . 18
amlodipine besy-benazepril hcl . . . 51
amlodipine besylate . . . 79
amlodipine besylate-valsartan . . . 51
amlodipine-olmesartan . . . 51
amnesteem . . . 94
amoxapine . . . 40
amoxicillin . . . 171
amoxicillin trihydrate . . . 171
amoxicillin-pot clavulanate . . . 171
amphetamine-dextroamphet er . . . 16
amphetamine-dextroamphetamine . . . 16
ampicillin . . . 171
anagrelide hcl . . . 114
anastrozole . . . 58
ANNOVERA . . . 90
anodyne lpt . . . 101
ANORO ELLIPTA . . . 32
ANUCORT-HC . . . 26
ANUSOL-HC . . . 26
APO-VARENICLINE . . . 175
apomorphine hcl . . . 69
APRACLONIDINE HCL . . . 166
aprepitant . . . 47
APRETUDE . . . 74
apri . . . 84
APTIOM . . . 35
APTIVUS . . . 74
AQ INSULIN SYRINGE . . . 139
AQINJECT PEN NEEDLE . . . 139
AQNEURSA . . . 175
AQUALANCE LANCETS 30G . . . 120
ARANELLE . . . 84
ARCALYST . . . 19
AREXVY . . . 186
arformoterol tartrate . . . 32
aripiprazole . . . 73
ARISTADA . . . 73
ARISTADA INITIO . . . 73
armodafinil . . . 17
ARMOUR THYROID . . . 178

ARNUITY ELLIPTA . . . 31
ASCENIV . . . 170
ascomp-codeine . . . 25
asenapine maleate . . . 72
ashlyna . . . 84
ASPARLAS . . . 68
aspirin . . . 22
aspirin 81 . . . 22
aspirin adult low dose . . . 22
aspirin adult low strength . . . 22
aspirin childrens . . . 22
aspirin ec adult low dose . . . 22
aspirin ec low dose . . . 22
aspirin ec low strength . . . 22
aspirin low dose . . . 22
aspirin regimen . . . 22
aspirin-dipyridamole er . . . 114
ASSURE COMFORT LANCETS 28G . . . 120
ASSURE ID DUO PRO PEN NEEDLES . . . 139
ASSURE ID PRO PEN NEEDLES . . . 139
ASSURE ID SAFETY PEN NEEDLES . . . 139
ASSURE LANCE LANCETS . . . 120
ASSURE LANCE LANCETS 21G . . . 121
ASSURE LANCE PLUS SAFETY 25G . . . 121
ASSURE LANCE PLUS SAFETY 30G . . . 121
ASSURE LANCE SAFETY LANCET 28G . . . 121
ATABEX EC . . . 159
ATABEX OB . . . 159
atazanavir sulfate . . . 74
atenolol . . . 79
atenolol-chlorthalidone . . . 52
atomoxetine hcl . . . 17
atorvastatin calcium . . . 49
atovaquone . . . 27
atovaquone-proguanil hcl . . . 53
atropine sulfate . . . 165
ATROVENT HFA . . . 31
ATTRUBY . . . 181
aubra . . . 84
aubra eq . . . 84
AUDENZ . . . 187
AUGTYRO . . . 61
AUM ALCOHOL PREP PADS . . . 137
AUM INSULIN SAFETY PEN NEEDLE . . . 139
AUM MINI INSULIN PEN NEEDLE . . . 139
AUM PEN NEEDLE . . . 140
AUM READYGARD DUO PEN NEEDLE . . . 140
AUM SAFETY PEN NEEDLE . . . 140
AURORA LANCET SUPER THIN 30G . . . 121
AURORA LANCET THIN 23G . . . 121
AURORA PEN NEEDLES . . . 140
AURORA UNIFINE PENTIPS . . . 140
aurovela 1.5/30 . . . 84
aurovela 1/20 . . . 84
aurovela 24 fe . . . 84
aurovela fe 1.5/30 . . . 84
aurovela fe 1/20 . . . 84
AURYXIA . . . 111
AUTO-LANCET . . . 121
AUTO-LANCET MINI . . . 121
AUTOKEEPER SAFETY PEN NEEDLE . . . 140
AUTOLET II CLINISAFE . . . 121
AUTOLET LANCING DEVICE . . . 121
AUTOLET LITE CLINISAFE . . . 121
AUTOLET LITE LANCING DEVICE . . . 121
AUTOLET LITE STARTER PACK . . . 121
AUTOLET MINI . . . 121
AUTOLET PLATFORMS . . . 121
AUTOLET PLUS . . . 121
AUTOPEN . . . 140
AUVELITY . . . 38
AUVI-Q . . . 189
avanafil . . . 81
AVAR-E EMOLLIENT . . . 94
avar-e green . . . 94
AVASTIN . . . 55
AVEED . . . 26
AVERI . . . 181
aviane . . . 84
avidoxy . . . 178
avita . . . 94
AVLAYAH . . . 181

AVMAPKI FAKZYNJA CO-PACK 181
AVONEX PEN 173
AVONEX PREFILLED 173
AVOPEF 68
AVSOLA 109
AVTOZMA 181
ayuna 84
AYVAKIT 60
AZASITE 166
azathioprine 156
azelaic acid 101
azelastine hcl 164,168
azelastine-fluticasone 164
AZENTRA 159
AZESCO 159
azithromycin 119
azurette 84

B

bac (butalbital-acetamin-caff) 21
BACITRA-NEOMYCIN-POLYMYXIN-HC 168
BACITRACIN 166
BACITRACIN-POLYMYXIN B 167
baclofen 162
BALCOLTRA 84
balsalazide disodium 110
BALVERSA 62
balziva 84
BAQSIMI ONE PACK 41
BAQSIMI TWO PACK 41
BAVENCIO 56
bayer aspirin ec low dose 22
bayer low dose 22
BD AUTOSHIELD DUO 140
BD INSULIN SYR ULTRAFINE II 140
BD INSULIN SYRINGE 140
BD INSULIN SYRINGE HALF-UNIT 140
BD INSULIN SYRINGE MICROFINE 140
BD INSULIN SYRINGE U-500 140
BD INSULIN SYRINGE U/F 140
BD INSULIN SYRINGE U/F 1/2UNIT 140
BD INSULIN SYRINGE ULTRAFINE 140
BD MICROTAINER LANCETS 121
BD PEN 140
BD PEN MINI 140
BD PEN NEEDLE MICRO ULTRAFINE 140
BD PEN NEEDLE MINI ULTRAFINE 140
BD PEN NEEDLE NANO 2ND GEN 140
BD PEN NEEDLE NANO ULTRAFINE 140
BD PEN NEEDLE ORIG ULTRAFINE 140
BD PEN NEEDLE SHORT ULTRAFINE 140
BD SAFETYGLIDE INSULIN SYRINGE 140
BD SWAB SINGLE USE REGULAR 138
BD VEO INSULIN SYR U/F 1/2UNIT 141
BD VEO INSULIN SYR ULTRAFINE 141
benazepril hcl 50
benazepril-hydrochlorothiazide 52
BENLYSTA 157
benzonatate 93
BENZOYL PEROXIDE 94
benzoyl peroxide-erythromycin 94
benzphetamine hcl 16
benztropine mesylate 69
BEOVU 166
BERINERT 113
BESIVANCE 167
BESPONSA 56
BESREMI 68
BESREMI PEN 181
betamethasone dipropionate 98
betamethasone dipropionate aug 98
BETAMETHASONE VALERATE 98
BETASERON 173
betaxolol hcl 79
BETAXOLOL HCL 165
bethanechol chloride 186
BETOPTIC-S 165
bexarotene 68,96
BEXSERO 186
BEYAZ 84
bicalutamide 58
BIKTARVY 74

BIMATOPROST . . . 169
bimatoprost . . . 169
BINOSTO . . . 104
bisoprolol fumarate . . . 79
bisoprolol-hydrochlorothiazide . . . 52
BIVIGAM . . . 170
BLINCYTO . . . 56
blisovi 24 fe . . . 84
blisovi fe 1.5/30 . . . 85
blisovi fe 1/20 . . . 85
BOMYNTRA . . . 181
BOOSTRIX . . . 179
bosentan . . . 82
BOSULIF . . . 62
bosutinib . . . 62
BOTOX . . . 165
BRAFTOVI . . . 62
BREO ELLIPTA . . . 32
BREZTRI AEROSPHERE . . . 32
briellyn . . . 85
BRIMONIDINE TARTRATE . . . 102
brimonidine tartrate . . . 166
brinzolamide . . . 168
BRIXADI . . . 25
BRIXADI (WEEKLY) . . . 25
bromfed dm . . . 93
bromfenac sodium (once-daily) . . . 168
bromocriptine mesylate . . . 69
BRUKINSA . . . 62,181
budesonide . . . 32,92
budesonide-formoterol fumarate . . . 32
bumetanide . . . 103
buprenorphine . . . 25
buprenorphine hcl . . . 25
buprenorphine hcl-naloxone hcl . . . 26
bupropion hcl . . . 38
bupropion hcl er (smoking det) . . . 38
bupropion hcl er (sr) . . . 39
BUPROPION HCL ER (XL) . . . 39
bupropion hcl er (xl) . . . 39
buspirone hcl . . . 29
butalbital-acetaminophen . . . 21
butalbital-apap-caff-cod . . . 25
butalbital-apap-caffeine . . . 21
butalbital-asa-caff-codeine . . . 25
butalbital-aspirin-caffeine . . . 21
butorphanol tartrate . . . 26
BYSANTI . . . 181
BYSANTI TITRATION PACK A . . . 181
BYSANTI TITRATION PACK B . . . 181
BYSANTI TITRATION PACK C . . . 181

C

C-NATE DHA . . . 159
CABENUVA . . . 74
cabergoline . . . 107
CABLIVI . . . 114
CABOMETYX . . . 62
caffeine citrate . . . 16
CALCIPOTRIENE . . . 96
calcitonin (salmon) . . . 104
calcitrene . . . 97
calcitriol . . . 106
calcium acetate . . . 111
calcium acetate (phos binder) . . . 111
calphron . . . 111
CALQUENCE . . . 62
CAMCEVI . . . 58
camila . . . 92
camrese . . . 85
camrese lo . . . 85
CAMZYOS . . . 80
candesartan cilexetil . . . 51
candesartan cilexetil-hctz . . . 52
CANTHARIDIN . . . 100
capecitabine . . . 54
CAPLYTA . . . 70
CAPRELSA . . . 62
captopril . . . 50
CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . 52
CAPVAXIVE . . . 186
carbamazepine . . . 35

carbamazepine er 35
CARBATROL 35
carbidopa-levodopa 69
carbidopa-levodopa er 69
carbidopa-levodopa-entacapone 69
carbinoxamine maleate 48
CARDAMYST 181
CARDIOCOM LANCING DEVICE 121
CAREFINE PEN NEEDLES 141
CAREONE ADVANCED LANCING DEV 121
CAREONE INSULIN SYRINGE 141
CAREONE LANCET SUPER THIN 30G 121
CAREONE LANCET THIN 23G 121
CAREONE UNIFINE PENTIPS 141
CAREONE UNIFINE PENTIPS PLUS 141
CARESENS LANCETS 121
CARESENS LANCETS 30G 121
CARETOUCH ALCOHOL PREP 138
CARETOUCH INSULIN SYRINGE 141
CARETOUCH LANCING/EJECTOR 121
CARETOUCH PEN NEEDLES 141
CARETOUCH SAFETY LANCETS 121
CARETOUCH SAFETY LANCETS 26G 121
CARETOUCH TWIST LANCETS 28G 121
CARETOUCH TWIST LANCETS 30G 121
CARETOUCH TWIST LANCETS 33G 121
CARETOUCH TWIST MC LANCETS 30G 121
carisoprodol 162
CARISOPRODOL-ASPIRIN-CODEINE 163
CARTEOLOL HCL 165
cartia xt 79
carvedilol 78
carvedilol phosphate er 78
cataflam 19
CAVERJECT 81
CAVERJECT IMPULSE(2 CARTRIDGE) 81
CAYA 119
CEFACLOR 83
CEFACLOR ER 83
cefadroxil 83
cefdinir 84
cefprozil 83
cefuroxime axetil 83
celecoxib 20
cephalexin 83
CEQUR SIMPLICITY 2U 141
CEREZYME 115
cetrorelix acetate 104
CHANTIX 175
CHANTIX CONTINUING MONTH PAK 175
charlotte 24 fe 85
chateal 85
chateal eq 85
CHEMSTRIP K 102
CHEMSTRIP UGK 102
childrens aspirin 22
chlordiazepoxide hcl 29
CHLORDIAZEPOXIDE-CLIDINIUM 179
chlorhexidine gluconate 157
CHLOROQUINE PHOSPHATE 53
chlorpromazine hcl 73
chlorthalidone 103
CHOLBAM 109
cholestyramine 49
cholestyramine light 49
CHORIONIC GONADOTROPIN 104
CHOSEN LANCETS 30G 121
CHOSEN LANCING DEVICE 122
CHOSEN SAFETY LANCETS 28G 122
CIALIS 81
CIBINQO 100
ciclopirox 96
ciclopirox olamine 96
cilostazol 114
CILOXAN 167
CIMDUO 74
CIMERLI 166
cimetidine 180
CIMZIA 110
CIMZIA (1 SYRINGE) 110
CIMZIA (2 SYRINGE) 110
CIMZIA-STARTER 110

cinacalcet hcl . . . 106
CINRYZE . . . 113
CINVANTI . . . 47
CIPRO . . . 109
CIPRO HC . . . 169
ciprofloxacin hcl . . . 109,167,169
ciprofloxacin-dexamethasone . . . 169
ciprofloxacin-hydrocortisone . . . 169
citalopram hydrobromide . . . 39
CITRANATAL B-CALM . . . 159
CITRANATAL BLOOM . . . 159
claravis . . . 94
clarithromycin . . . 119
CLEANLET LANCETS 28G . . . 122
CLENPIQ . . . 118
CLEOCIN . . . 188
CLEVER CHEK LANCETS . . . 122
CLEVER CHOICE COMFORT EZ . . . 122,141
CLEVER CHOICE COMFORT EZ PLUS . . . 141
CLEVER CHOICE LANCETS 21G . . . 122
CLEVER CHOICE LANCETS 23G . . . 122
CLEVER CHOICE LANCETS 28G . . . 122
CLICKFINE PEN NEEDLES . . . 141
clindacin etz . . . 94
clindacin-p . . . 94
clindamycin hcl . . . 28
clindamycin palmitate hcl . . . 28
clindamycin phos (once-daily) . . . 94
clindamycin phos (twice-daily) . . . 94
clindamycin phos-benzoyl perox . . . 95
clindamycin phosphate . . . 95,188
clobazam . . . 34
clobetasol prop emollient base . . . 98
clobetasol propionate . . . 98
clobetasol propionate emulsion . . . 99
clodan . . . 99
clofarabine . . . 54
clomid . . . 104
clomiphene citrate . . . 104
clomipramine hcl . . . 40
clonazepam . . . 34
clonidine . . . 51
clonidine hcl . . . 51
clonidine hcl er . . . 17
clopidogrel bisulfate . . . 114
clorazepate dipotassium . . . 29
clotrimazole . . . 96,157
clotrimazole-betamethasone . . . 96
clozapine . . . 72
COAGUCHEK LANCETS . . . 122
COBENFY . . . 72
COBENFY STARTER PACK . . . 72
codeine sulfate . . . 23
colchicine . . . 113
colchicine-probenecid . . . 113
colesevelam hcl . . . 49
colestipol hcl . . . 49
COMBIPATCH . . . 108
COMBIVENT RESPIMAT . . . 32
COMETRIQ (100 MG DAILY DOSE) . . . 62
COMETRIQ (140 MG DAILY DOSE) . . . 62
COMETRIQ (60 MG DAILY DOSE) . . . 62
COMFORT ASSIST INSULIN SYRINGE . . . 141
COMFORT ASSURED LANCETS 28G . . . 122
COMFORT ASSURED LANCETS 33G . . . 122
COMFORT EZ INSULIN SYRINGE . . . 122,141
COMFORT EZ MICRO PEN NEEDLES . . . 141
COMFORT EZ PEN NEEDLES . . . 141
COMFORT EZ PRO PEN NEEDLES . . . 141
COMFORT EZ SHORT PEN NEEDLES . . . 142
COMFORT LANCETS . . . 122
COMFORT TOUCH ALCOHOL PREP . . . 138
COMFORT TOUCH INSULIN PEN NEED . . . 142
COMFORT TOUCH LANCETS 31G . . . 122
COMFORT TOUCH PLUS LANCETS 28G . . . 122
COMFORT TOUCH PLUS LANCETS 30G . . . 122
COMFORT TOUCH TWIST LANCET 30G . . . 122
COMIRNATY . . . 187
COMIRNATY 5-11 YEARS . . . 187
COMPLETE NATAL DHA . . . 159
compro . . . 73
CONCEPT DHA . . . 159

CONCEPT OB 159
CONEXXENCE 181
constulose 118
CONTRAVE 16
COPIKTRA 62
CORLANOR 83
CORPHENA 48
COSENTYX 97
COSENTYX (300 MG DOSE) 97
COSENTYX SENSOREADY (300 MG) 97
COSENTYX SENSOREADY PEN 97
COSENTYX UNOREADY 97
COTELLIC 62
COVARYX 108
COVARYX HS 108
CRENESSITY 182
CREON 102
CRESEMBA 47
cromolyn sodium 30,109
CROMOLYN SODIUM 168
cryselle 85
cryselle-28 85
curae 91
CURITY ALCOHOL PREPS 138
CUTAQUIG 170
CUVITRU 170
CVS ALCOHOL PREP PADS 138
cvs aspirin adult low dose 22
cvs aspirin adult low strength 22
cvs aspirin ec 22
cvs aspirin low dose 22
cvs aspirin low strength 22
cvs folic acid 115
CVS GLUCOSE 41
cvs isopropyl alcohol wipes 101
CVS KETONE CARE 102
CVS LANCETS 21G 122
CVS LANCETS MICRO THIN 33G 122
CVS LANCETS ORIGINAL 122
CVS LANCETS THIN 26G 122
CVS LANCETS ULTRA THIN 30G 122
CVS LANCETS ULTRA-THIN 30G 122
CVS LANCING DEVICE 122
cvs nicotine 175
cvs nicotine polacrilex 175
CVS PREP 138
cvs soft glucose 42
CVS ULTRA THIN LANCETS 122
cyclobenzaprine hcl 162
cyclopentolate hcl 165
cyclophosphamide 54
cyclosporine 156
cyclosporine (pf) 167
cyclosporine modified 156
cyproheptadine hcl 48
CYRAMZA 55
cyred 85
cyred eq 85
CYSTAGON 112
CYTOGAM 170
CYTRA-3 112
CYTRA-K 112

D

dabigatran etexilate mesylate 34
dalfampridine er 173
danazol 26
dantrolene sodium 163
DANYELZA 56
DANZITEN 182
dapaglifloz base-metformin er 41
dapagliflozin 45
dapsone 28
DAPTACEL 179
daptomycin 28
darifenacin hydrobromide er 185
darunavir 74
DARZALEX 56
DARZALEX FASPRO 61
dasatinib 62
dasetta 1/35 85
dasetta 7/7/7 85

DATROWAY 182
DAURISMO 58
DAXXIFY 100
daysee 85
deblitane 92
decitabine 54
deferasirox 46
deferasirox granules 46
deferiprone 46
DELSTRIGO 74
delyla 85
demeclocycline hcl 178
DENTA 5000 PLUS 158
DENTA 5000 PLUS SENSITIVE 158
dentagel 158
DEPAKOTE 38
DEPAKOTE ER 38
DEPAKOTE SPRINKLES 38
DEPO-PROVERA 91
DEPO-SUBQ PROVERA 104 91
depo-testosterone 26
DESCOVY 74
desipramine hcl 40
desmopressin ace spray refrig 107
desmopressin acetate 107
desmopressin acetate spray 107
desogestrel-ethinyl estradiol 85
desonide 99
desoximetasone 99
desvenlafaxine succinate er 40
DEX4 42
DEX4 GLUCOSE 42
DEX4 NATURALS 42
DEX4 POUCH PACK 42
DEX4 QUICK DISSOLVE GLUCOSE 42
dexamethasone 92
DEXCOM G6 RECEIVER 122
DEXCOM G6 SENSOR 122
DEXCOM G6 TRANSMITTER 122
DEXCOM G7 15 DAY SENSOR 122
DEXCOM G7 RECEIVER 122
DEXCOM G7 SENSOR 123
dexlansoprazole 180
dexmethylphenidate hcl 17
dexmethylphenidate hcl er 18
dextroamphetamine sulfate 16
dextroamphetamine sulfate er 16
DIACOMIT 35
DIASTAT ACUDIAL 35
DIATHRIVE LANCET ULTRA THIN 30 123
DIATHRIVE LANCETS 123
DIATHRIVE LANCING DEVICE 123
DIATHRIVE PEN NEEDLE 142
diazepam 29,35
diazepam intensol 29
diclofenac potassium 20
diclofenac sodium 20,95,168
diclofenac sodium er 20
diclofenac-misoprostol 20
dicloxacillin sodium 172
dicyclomine hcl 180
diethylpropion hcl 16
DIETHYLPROPION HCL ER 16
DIFICID 119
diflunisal 22
digitek 80
digox 80
digoxin 80
dihydroergotamine mesylate 154
DILANTIN 37,38
DILANTIN INFATABS 38
DILANTIN-125 38
dilt-xr 79
diltiazem hcl 79
diltiazem hcl er 79
diltiazem hcl er beads 80
diltiazem hcl er coated beads 80
dimethyl fumarate 173,174
dimethyl fumarate starter pack 174
DIPENTUM 110
DIPHENHYDRAMINE HCL 48
diphenoxylate-atropine 45

dipyridamole 114
DISKETS 23
disopyramide phosphate 30
disulfiram 172
DIURIL 103
divalproex sodium 38
divalproex sodium er 38
dofetilide 30
DOJOLVI 165
dolishale 85
donepezil hcl 172
DOPTELET 115
DOPTELET SPRINKLE 182
dorzolamide hcl 168
dorzolamide hcl-timolol mal 165
dorzolamide hcl-timolol mal pf 165
dotti 108
DOVATO 74
doxazosin mesylate 51
DOXEPIN HCL 40
doxepin hcl 40
DOXERCALCIFEROL 106
doxycycline hyclate 178
doxycycline monohydrate 178
doxylamine-pyridoxine 47
dronabinol 47
DROPLET GENTEEL LANCING DEVICE 123
DROPLET INSULIN SYRINGE 123,142
DROPLET LANCETS ULTRA THIN 30G 123
DROPLET LANCING DEVICE 123
DROPLET MEDLANCE LANCET 30G 123
DROPLET MICRON 142
DROPLET PEN NEEDLES 142
DROPLET PERSONAL LANCETS 30G 123
DROPSAFE ACTI-LANCE 23G 123
DROPSAFE ACTI-LANCE LANCET 17G 123
DROPSAFE ACTI-LANCE LANCET 23G 123
DROPSAFE ACTI-LANCE LANCET 28G 123
DROPSAFE ALCOHOL PREP 138
DROPSAFE AUTOPROTECT DUO 142
DROPSAFE ERGOLANCE LANCET 21G 123
DROPSAFE ERGOLANCE LANCET 25G 123
DROPSAFE ERGOLANCE LANCET 30G 123
DROPSAFE HAEMOLANCE LANCET 1.5 123
DROPSAFE HAEMOLANCE LANCET 18G 123
DROPSAFE HAEMOLANCE LANCET 21G 123
DROPSAFE HAEMOLANCE LANCET 25G 123
DROPSAFE HAEMOLANCE LANCET 28G 123
DROPSAFE MEDISAFE LANCET 23G 123
DROPSAFE MEDISAFE LANCET 29G 123
DROPSAFE MEDLANCE LANCET 0.8MM 123
DROPSAFE MEDLANCE LANCET 21G 123
DROPSAFE MEDLANCE LANCET 25G 123
DROPSAFE MEDLANCE LANCET 30G 123
DROPSAFE SAFETY PEN NEEDLES 142
DROPSAFE SAFETY SYRINGE/NEEDLE 142
drospiren-eth estrad-levomefol 85
drospirenone-ethinyl estradiol 85
DRUG MART LANCETS THIN 26G 123
DRUG MART LANCING DEVICE 123
DRUG MART ON-THE-GO LANCET 30G 124
DRUG MART UNIFINE PENTIPS 142
DRUG MART UNIFINE PENTIPS PLUS 142
DRUG MART UNILET LANCETS 28G 124
DRUG MART UNILET LANCETS 30G 124
DRUG MART UNILET LANCETS 33G 124
DRYSOL 101
DUET DHA 400 159
DULERA 32
duloxetine hcl 40
DUPIXENT 100
DUROLANE 163
DURYSTA 169
dutasteride 112
dutasteride-tamsulosin hcl 112
DYSPORT 165

E

E-Z JECT LANCET MICRO-THIN 33G 124
E-Z JECT LANCET SUPER THIN 30G 124
E-Z JECT LANCETS 124
E-Z JECT LANCETS 21G 124

E-Z JECT LANCETS THIN 26G 124
EASY COMFORT ALCOHOL PADS 138
EASY COMFORT INSULIN SYRINGE 124,142
EASY COMFORT LANCETS 124
EASY COMFORT LANCETS TWIST TOP 124
EASY COMFORT PEN NEEDLES 142
EASY GLIDE PEN NEEDLES 142
EASY MINI EJECT LANCING DEVICE 124
EASY MINI LANCING DEVICE 124
EASY TOUCH ALCOHOL PREP MEDIUM 138
EASY TOUCH FLIPLOCK INSULIN SY 142
EASY TOUCH INSULIN SAFETY SYR 143
EASY TOUCH INSULIN SYRINGE 143
EASY TOUCH LANCETS 21G 124
EASY TOUCH LANCETS 23G 124
EASY TOUCH LANCETS 26G 124
EASY TOUCH LANCETS 28G 124
EASY TOUCH LANCETS 28G/TWIST 124
EASY TOUCH LANCETS 30G 124
EASY TOUCH LANCETS 30G/TWIST 124
EASY TOUCH LANCETS 32G 124
EASY TOUCH LANCETS 32G/TWIST 124
EASY TOUCH LANCETS 33G/TWIST 124
EASY TOUCH LANCING DEVICE 124
EASY TOUCH PEN NEEDLES 143
EASY TOUCH SAFETY LANCETS 21G 124
EASY TOUCH SAFETY LANCETS 23G 124
EASY TOUCH SAFETY LANCETS 26G 124
EASY TOUCH SAFETY LANCETS 28G 124
EASY TOUCH SAFETY PEN NEEDLES 143
EASY TOUCH SHEATHLOCK SYRINGE 143
EBGLYSS 100,182
ec-naproxen 20
econazole nitrate 96
econtra ez 91
econtra one-step 91
ecotrin low strength 22
ed-spaz 180
edaravone 164
EDEX (2 CARTRIDGE) 81
EDEX (6 CARTRIDGE) 81
EDURANT 74
EEMT 108
EEMT HS 108
efavirenz 74
efavirenz-emtricitab-tenofo df 74
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 74
efavirenz-lamivudine-tenofovir 74
EFFER-K 155
EKTERLY 182
ELAHERE 56
ELAPRASE 106
ELESTRIN 108
eletriptan hydrobromide 154
ELIGARD 58,59
elinest 85
ELIQUIS 33,182
ELIQUIS (1.5 MG PACK) 182
ELIQUIS (2 MG PACK) 182
ELIQUIS DVT/PE STARTER PACK 33
ELITE-OB 159
ELITEK 68
elixophyllin 33
ELLA 91
ELMIRON 112
eltrombopag olamine 115
eluryng 90
EMBECTA AUTOSHIELD DUO 143
EMBECTA INS SYR U/F 1/2 UNIT 143
EMBECTA INSULIN SYR ULTRAFINE 143
EMBECTA INSULIN SYRINGE 143
EMBECTA INSULIN SYRINGE U-100 143
EMBECTA INSULIN SYRINGE U-500 143
EMBECTA INSULIN SYRINGE U/F 143
EMBECTA PEN NEEDLE NANO 143
EMBECTA PEN NEEDLE NANO 2 GEN 143
EMBECTA PEN NEEDLE U/F 143
EMBECTA PEN NEEDLE ULTRAFINE 143
EMBRACE LANCETS ULTRA THIN 30G 124
EMBRACE LANCING DEVICE/EJECTOR 124
EMBRACE PEN NEEDLES 143
EMBRACE PRESSURE ACTIVATED 21G 125

EMBRACE PRESSURE ACTIVATED 28G 125
EMBRIVA 159
EMEND 47
EMGALITY 154
EMGALITY (300 MG DOSE) 154
EMPLICITI 56
EMRELIS 182
emtricitab-rilpivir-tenofov df 74
emtricitabine 74
emtricitabine-tenofovir df 74,75
EMTRIVA 75
EMVERM 27
emzahh 92
enalapril maleate 50
enalapril-hydrochlorothiazide 52
ENBRACE HR 160
ENBREL 21
ENBREL MINI 21
ENBREL SURECLICK 21
endocet 25
ENDOMETRIN 189
ENGERIX-B 187
ENHERTU 56
enilloring 90
enoxaparin sodium 34
enpresse-28 85
ENSACOVE 182
enskyce 85
ENSPRYNG 156
entacapone 69
entecavir 77
ENTYVIO 110
ENTYVIO PEN 110
enulose 111
ENVARSUS XR 156
enzoclear 95
EPIDIOLEX 35
epinastine hcl 168
epinephrine 189
epitol 35
EPKINLY 56
eplerenone 53
EPOGEN 116
epoprostenol sodium 81
EPRONTIA 35
eq aspirin adult low dose 22
eq aspirin low dose 22
eq nicotine 175
eq nicotine polacrilex 175
eq nicotine step 3 175
EQL ALCOHOL SWABS 138
eql aspirin low dose 22
EQL COLOR LANCETS 21G 125
EQL COLOR LANCETS MICRO 33G 125
EQL INSULIN SYRINGE 144
eql nicotine polacrilex 175
EQL SUPER THIN LANCETS 30G 125
EQL THIN LANCETS 26G 125
ERBITUX 57
ergocalciferol 189
ERGOLOID MESYLATES 175
eribulin mesylate 68
ERIVEDGE 58
ERLEADA 59
erlotinib hcl 58
errin 92
ery-tab 119
ERYTHROMYCIN 95
erythromycin 95,119,167
erythromycin base 119
erythromycin ethylsuccinate 119
escitalopram oxalate 39
eslicarbazepine acetate 35
esomeprazole magnesium 180
ESSENTRA WIPES 9X9" 138
EST ESTROGENS-METHYLTEST 108
est estrogens-methyltest ds 108
est estrogens-methyltest hs 108
estarylla 85
estazolam 117
estradiol 108,189
estradiol valerate 108

estradiol-norethindrone acet . . . 108
estratest f.s. . . . 108
ESTRATEST H.S. . . . 108
ESTRING . . . 189
eszopiclone . . . 117
ethambutol hcl . . . 53
ethosuximide . . . 38
ethynodiol diac-eth estradiol . . . 85
etodolac . . . 20
etodolac er . . . 20
etonogestrel-ethinyl estradiol . . . 90
etoposide . . . 68
etravirine . . . 75
EUFLEXXA . . . 163
EULEXIN . . . 59
euthyrox . . . 178
everolimus . . . 63,156
EVKEEZA . . . 48
EVOTAZ . . . 75
EVRYSDI . . . 165
EXDENSUR . . . 182
EXEL COMFORT POINT INSULIN SYR . . . 144
EXEL COMFORT POINT PEN NEEDLE . . . 144
exemestane . . . 59
EXXUA . . . 182
EXXUA TITRATION PACK . . . 182
EYLEA . . . 166
EYLEA HD . . . 166
EZ-LETS LANCETS 21G . . . 125
EZ-LETS LANCETS 26G . . . 125
EZ-LETS LANCETS 28G . . . 125
EZ-LETS LANCETS 30G . . . 125
ezetimibe . . . 50
ezetimibe-simvastatin . . . 48

F

FABHALTA . . . 113
FABIOR . . . 95
falmina . . . 85
famciclovir . . . 77
famotidine . . . 180
FANAPT . . . 70
FANAPT TITRATION PACK A . . . 70
FANAPT TITRATION PACK B . . . 70
FANAPT TITRATION PACK C . . . 70
FASENRA . . . 30
FASENRA PEN . . . 31
fayosim . . . 85
FC2 FEMALE CONDOM . . . 119
febuxostat . . . 113
FEIBA . . . 113
feirza 1.5/30 . . . 85
feirza 1/20 . . . 85
felbamate . . . 37
felodipine er . . . 80
FEMCAP . . . 119
FEMLYV . . . 85
femynor . . . 86
fenofibrate . . . 49
FENOFIBRATE MICRONIZED . . . 49
fenofibrate micronized . . . 49
fenofibric acid . . . 49
FENOPROFEN CALCIUM . . . 20
FENSOLVI (6 MONTH) . . . 105
fentanyl . . . 23
FENTANYL CITRATE . . . 24
ferric carboxymaltose . . . 117
ferric citrate . . . 111
FERRIPROX . . . 46
ferumoxytol . . . 117
fesoterodine fumarate er . . . 185
FETROJA . . . 84
FETZIMA . . . 40
FETZIMA TITRATION . . . 40
fexmid . . . 162
fidaxomicin . . . 119
FIFTY50 ALCOHOL PREP . . . 138
FIFTY50 PEN NEEDLES . . . 144
FIFTY50 SAFETY SEAL LANCETS . . . 125
FIFTY50 SUPERIOR COMFORT SYR . . . 144
FIFTY50 UNILET LANCETS 33G . . . 125
FILSPARI . . . 112

FINACEA . . . 102
finasteride . . . 112
FINE 30 . . . 125
FINGERSTIX LANCETS . . . 125
fingolimod hcl . . . 174
FINTEPLA . . . 35
finzala . . . 86
FIRDAPSE . . . 53
FIRMAGON . . . 59
FIRMAGON (240 MG DOSE) . . . 59
flac . . . 169
flavoxate hcl . . . 186
FLEBOGAMMA DIF . . . 170
flecainide acetate . . . 30
FLUAD . . . 187
FLUAD QUADRIVALENT . . . 187
FLUARIX . . . 187
FLUARIX QUADRIVALENT . . . 187
FLUBLOK . . . 187
FLUBLOK QUADRIVALENT . . . 187
FLUCELVAX . . . 187
FLUCELVAX QUADRIVALENT . . . 187
fluconazole . . . 47
flucytosine . . . 47
fludrocortisone acetate . . . 93
FLULAVAL . . . 187
FLULAVAL QUADRIVALENT . . . 187
FLUMIST . . . 187
FLUMIST QUADRIVALENT . . . 187
flunisolide . . . 164
fluocinolone acetonide . . . 99,169
fluocinolone acetonide body . . . 99
fluocinolone acetonide scalp . . . 99
fluocinonide . . . 99
fluocinonide emulsified base . . . 99
FLUORIDEX SENSITIVITY RELIEF . . . 158
FLUORIMAX 5000 SENSITIVE . . . 158
fluorometholone . . . 168
fluorouracil . . . 96
FLUOROURACIL . . . 96
fluoxetine hcl . . . 39
FLUOXETINE HCL (PMDD) . . . 175
fluphenazine decanoate . . . 73
fluphenazine hcl . . . 73
FLUPHENAZINE HCL . . . 73
flurbiprofen . . . 20
FLURBIPROFEN SODIUM . . . 168
fluticasone propionate . . . 99,164
FLUTICASONE PROPIONATE DISKUS . . . 32
FLUTICASONE PROPIONATE HFA . . . 32
fluticasone-salmeterol . . . 32
FLUTICASONE-SALMETEROL . . . 32
fluvoxamine maleate . . . 39
FLUZONE . . . 187
FLUZONE HIGH-DOSE . . . 187
FLUZONE HIGH-DOSE QUADRIVALENT . . . 187
FLUZONE QUADRIVALENT . . . 187
FML FORTE . . . 168
folate . . . 115
folic acid . . . 115
FOLIVANE-OB . . . 160
FOLLISTIM AQ . . . 104
FOLOTYN . . . 54
fondaparinux sodium . . . 34
FONDCIRCLE LANCING DEVICE . . . 125
FONDCIRCLE SINGLE USE LANCETS . . . 125
FORA LANCETS . . . 125
FORA LANCING DEVICE . . . 125
formoterol fumarate . . . 32
fosamprenavir calcium . . . 75
fosinopril sodium . . . 50
fosinopril sodium-hctz . . . 52
FOSRENOL . . . 111
FOTIVDA . . . 63
FOUNDAYO . . . 182
FRAICHE 5000 DENTAL . . . 158
FREDS PHARMACY AUTOLET LANCING . . . 125
FREDS PHARMACY UNIFINE PENTIP+ . . . 144
FREDS PHARMACY UNIFINE PENTIPS . . . 144
FREDS PHARMACY UNILET LANC 28G . . . 125
FREDS PHARMACY UNILET LANC 30G . . . 125
FREESTYLE LANCETS . . . 125

FREESTYLE LIBRE 14 DAY READER 125
FREESTYLE LIBRE 14 DAY SENSOR 125
FREESTYLE LIBRE 2 PLUS SENSOR 125
FREESTYLE LIBRE 2 READER 125
FREESTYLE LIBRE 2 SENSOR 125
FREESTYLE LIBRE 3 PLUS SENSOR 125
FREESTYLE LIBRE 3 READER 125
FREESTYLE LIBRE 3 SENSOR 125
FREESTYLE LIBRE READER 125
FREESTYLE UNISTICK II LANCETS 126
frovatriptan succinate 154
FRUZAQLA 55
ft aspirin 22
ft aspirin adult low dose 22
ft aspirin low dose 22
ft folic acid 115
ft glucose 42
ft naloxone hcl 46
ft nicotine 176
ft nicotine mini 176
FULPHILA 116
fulvestrant 59
furosemide 103
FUZEON 75
fyavolv 108
FYCOMPA 34
FYLNETRA 116

G

g tussin ac 93
gabapentin 35
galantamine hydrobromide 173
galantamine hydrobromide er 173
galbriela 86
gallifrey 172
GAMASTAN 170
GAMMAGARD 170
GAMMAGARD ERC 170
GAMMAGARD S/D LESS IGA 170
GAMMAKED 170
GAMMAPLEX 170
GAMUNEX-C 170
ganirelix acetate 104
GARDASIL 9 187
GATTEX 112
GAVILYTE-C 118
gavilyte-g 118
gavilyte-n with flavor pack 118
GAVRETO 63
GAZYVA 56
gefitinib 58
GEL-ONE 163
GELSYN-3 163
gemfibrozil 49
gemmily 86
generlac 111
gengraf 156
GENOTROPIN 105
GENOTROPIN MINIQUICK 105
gentamicin sulfate 95,167
GENTEEL BUTTERFLY TOUCH LANCET 126
GENTEEL CONTACT TIPS (BLUE) 126
GENTEEL CONTACT TIPS (CLEAR) 126
GENTEEL CONTACT TIPS (GREEN) 126
GENTEEL CONTACT TIPS (ORANGE) 126
GENTEEL CONTACT TIPS (RAINBOW) 126
GENTEEL CONTACT TIPS (VIOLET) 126
GENTEEL CONTACT TIPS (YELLOW) 126
GENTEEL LANCING KIT (BLUE) 126
GENTEEL NOZZLES 126
GENTEEL PLUS LANCING (BLACK) 126
GENTEEL PLUS LANCING (PURPLE) 126
GENTEEL PLUS LANCING (WHITE) 126
GENTEEL PLUS LANCING DEV(BLUE) 126
GENTEEL PLUS LANCING DEV(PINK) 126
GENTLE-LET GP LANCETS 126
GENTLE-LET LANCETS 126
GENTLE-LET PLATFORMS 126
GENVISC 850 163
GENVOYA 75
GESTYRA 160
GILOTRIF 58

glatiramer acetate . . . 174
glatopa . . . 174
GLEOSTINE . . . 54
glimepiride . . . 45
glipizide . . . 45
glipizide er . . . 45
glipizide xl . . . 45
glipizide-metformin hcl . . . 41
GLOBAL ALCOHOL PREP EASE . . . 138
GLOBAL EASE INJECT PEN NEEDLES . . . 144
GLOBAL EASY GLIDE INSULIN SYR . . . 144
GLOBAL EASY GLIDE PEN NEEDLES . . . 144
GLOBAL INJECT EASE INSULIN SYR . . . 144
GLOBAL INJECT EASE LANCETS 28G . . . 126
GLOBAL INJECT EASE LANCETS 30G . . . 126
GLOBAL INSULIN SYRINGES . . . 144
GLOBAL LANCING DEVICE . . . 126
GLUCAGEN HYPOKIT . . . 42
GLUCAGON EMERGENCY . . . 42
gluco to go . . . 42
GLUCOCOM LANCETS 28G . . . 126
GLUCOCOM LANCETS 30G . . . 126
GLUCOCOM LANCETS 33G . . . 126
GLUCOPRO INSULIN SYRINGE . . . 144
glucose . . . 42
GLUCOSE INSTANT ENERGY . . . 42
glyburide . . . 45
glyburide-metformin . . . 41
glycopyrrolate . . . 180
glydo . . . 101
GLYXAMBI . . . 41
gnp adult aspirin low strength . . . 22
GNP ALCOHOL SWABS . . . 138
gnp aspirin . . . 22
gnp aspirin low dose . . . 22
GNP CLICKFINE PEN NEEDLES . . . 144
gnp folic acid . . . 115
GNP GLUCOSE . . . 42
GNP INSULIN SYRINGE . . . 144
GNP INSULIN SYRINGES . . . 144
GNP INSULIN SYRINGES 28GX1/2" . . . 145
GNP INSULIN SYRINGES 29GX1/2" . . . 145
GNP INSULIN SYRINGES 30GX5/16" . . . 145
GNP INSULIN SYRINGES 31GX5/16" . . . 145
GNP LANCETS 21G . . . 126
GNP LANCETS THIN 26G . . . 126
GNP LANCING SYSTEM DEVICE . . . 126
gnp naloxone hcl . . . 46
gnp nicotine . . . 176
gnp nicotine mini . . . 176
gnp nicotine polacrilex . . . 176
GNP PEN NEEDLES . . . 145
GNP QUICK DISSOLVE GLUCOSE . . . 42
GNP STERILE LANCETS 28G . . . 126
GNP STERILE LANCETS 30G . . . 126
GNP STERILE LANCETS 33G . . . 126
GNP ULTICARE PEN NEEDLES . . . 145
GNP ULTIGUARD SAFEPACK NEEDLE . . . 145
GNP ULTRA COM INSULIN SYRINGE . . . 145
GOJJI LANCING DEVICE/CLEAR CAP . . . 127
GOJJI STERILE LANCETS . . . 127
GOMEKLI . . . 182
GOODSENSE ALCOHOL SWABS . . . 138
goodsense aspirin . . . 22
goodsense aspirin low dose . . . 22
GOODSENSE CLICKFINE PEN NEEDLE . . . 145
GOODSENSE COLOR LANCETS 33G . . . 127
GOODSENSE GLUCOSE . . . 42
GOODSENSE LANCETS 26G UNIV . . . 127
GOODSENSE LANCETS 30G . . . 127
GOODSENSE LANCETS 30G UNIV . . . 127
GOODSENSE LANCETS 33G . . . 127
GOODSENSE LANCETS 33G UNIV . . . 127
GOODSENSE LANCING DEVICE . . . 127
goodsense nicotine . . . 176
goodsense nicotine policrilex . . . 176
GOODSENSE PEN NEEDLE PENFINE . . . 145
granisetron hcl . . . 46
griseofulvin microsize . . . 47
griseofulvin ultramicrosize . . . 47
guaiatussin ac . . . 93
guaifenesin ac . . . 93

guaifenesin-codeine . . . 93
guanfacine hcl . . . 51
guanfacine hcl er . . . 17
GVOKE HYPOPEN 1-PACK . . . 42
GVOKE HYPOPEN 2-PACK . . . 42
GVOKE KIT . . . 42
GVOKE PFS . . . 42
GWYN LO . . . 90

H

h-e-b aspirin . . . 23
H-E-B INCONTROL ADV LANCING . . . 127
H-E-B INCONTROL ALCOHOL . . . 138
H-E-B INCONTROL LANCETS 28G . . . 127
H-E-B INCONTROL LANCETS 30G . . . 127
H-E-B INCONTROL LANCETS 33G . . . 127
H-E-B INCONTROL PEN NEEDLES . . . 145
H-E-B INCONTROL UNIFINE PENTIP . . . 145
habitrol . . . 176
HAEGARDA . . . 114
HAEMOLANCE . . . 127
HAEMOLANCE LOW FLOW LANCETS . . . 127
HAEMOLANCE PLUS . . . 127
HAEMOLANCE PLUS HIGH FLOW . . . 127
HAEMOLANCE PLUS LOW FLOW . . . 127
HAEMOLANCE PLUS MAX FLOW . . . 127
HAEMOLANCE PLUS PEDIATRIC FLOW . . . 127
hailey 1.5/30 . . . 86
hailey 24 fe . . . 86
hailey fe 1.5/30 . . . 86
hailey fe 1/20 . . . 86
halobetasol propionate . . . 99
haloette . . . 91
haloperidol . . . 72
haloperidol decanoate . . . 72
haloperidol lactate . . . 72
HAVRIX . . . 187
HEALTH CARE LANCING DEVICE . . . 127
HEALTHWISE INSULIN SYR/NEEDLE . . . 145
HEALTHWISE MICRON PEN NEEDLES . . . 145
HEALTHWISE MINI PEN NEEDLES . . . 145
HEALTHWISE PEN NEEDLES . . . 145
HEALTHWISE SHORT PEN NEEDLES . . . 145
HEALTHWISE UNIFINE PENTIPS . . . 145
HEALTHY ACCENTS LANCING DEVICE . . . 127
HEALTHY ACCENTS UNIFINE PENTIP . . . 145
HEALTHY ACCENTS UNILET LANCETS . . . 127
heather . . . 92
HEMMOREX-HC . . . 27
heparin sodium (porcine) . . . 34
heparin sodium (porcine) +rfid . . . 34
HEPARIN SODIUM (PORCINE) PF . . . 34
HEPLISAV-B . . . 187
her style . . . 91
HERCEPTIN HYLECTA . . . 61
HERCESSI . . . 182
HERNEXEOS . . . 183
HERZUMA . . . 55
HIBERIX . . . 186
HIZENTRA . . . 170
hm aspirin . . . 23
hm aspirin ec low dose . . . 23
hm folic acid . . . 115
hm nicotine . . . 176
hm nicotine polacrilex . . . 176
HM STERILE ALCOHOL PREP . . . 138
HM ULTICARE INSULIN SYRINGE . . . 145
HM ULTICARE MINI PEN NEEDLES . . . 145
HM ULTICARE SHORT PEN NEEDLES . . . 145
HUMATROPE . . . 105
hy-vee glucose . . . 42
HY-VEE LANCETS . . . 127
HY-VEE THIN LANCETS . . . 127
HYALGAN . . . 163
HYCAMTIN . . . 69
hydralazine hcl . . . 53
hydrochlorothiazide . . . 103
HYDROCOD POLI-CHLORPHE POLI ER . . . 93
hydrocodone bit-homatrop mbr . . . 93
hydrocodone-acetaminophen . . . 25
HYDROCODONE-IBUPROFEN . . . 25
hydrocortisone . . . 26,93,99

hydrocortisone (perianal) 27
HYDROCORTISONE ACE-PRAMOXINE 99
hydrocortisone acetate 27
HYDROCORTISONE BUTYRATE 99
hydrocortisone sod suc (pf) 93
hydrocortisone valerate 99
hydromet 93
hydromorphone hcl 24
hydroxychloroquine sulfate 53
hydroxyurea 68
hydroxyzine hcl 29
HYDROXYZINE PAMOATE 29
hydroxyzine pamoate 29
HYFTOR 100
HYMOVIS 163
hyoscyamine sulfate 180
hyoscyamine sulfate er 180
HYOSCYAMINE SULFATE SL 180
HYOSYNE 180
HYPERSAL 94
HYPOLANCE AST LANCING 127
HYQVIA 171
HYRNUO 183

I

ibandronate sodium 104
IBRANCE 63
IBTROZI 183
ibu 20
ibuprofen 20
icatibant acetate 113
iclevia 86
ICLUSIG 63
icosapent ethyl 48
ICOTYDE 183
IDHIFA 63
IDVYNSO 183
IHEALTH LANCING DEVICE 127
ILUVIEN 168
imatinib mesylate 63
IMBRUVICA 63
IMCIVREE 17
IMDELLTRA 56
IMFINZI 56
imipramine hcl 40
imiquimod 100
IMITREX STATDOSE REFILL 154
IMJUDO 56
IMKELDI 183
IN TOUCH LANCING DEVICE 127
IN TOUCH STERILE LANCETS 30G 127
INBRIJA 69
incassia 92
INCONTROL ULTICARE PEN NEEDLES 145
INCRUSE ELLIPTA 31
indapamide 103
indomethacin 20
indomethacin er 20
INFANRIX 179
INJECTAFER 117
INLURIYO 183
INLYTA 55
INNOPRAN XL 79
INQOVI 61
INREBIC 63
INSULIN ASP PROT & ASP FLEXPEN 44
INSULIN ASPART 44
INSULIN ASPART FLEXPEN 44
INSULIN ASPART PENFILL 44
INSULIN ASPART PROT & ASPART 44
INSULIN GLARGINE MAX SOLOSTAR 44
INSULIN GLARGINE SOLOSTAR 44
INSULIN GLARGINE-YFGN 44
INSULIN SYRINGE 146
INSULIN SYRINGE-NEEDLE U-100 146
INSULIN SYRINGE/NEEDLE 146
INSUPEN PEN NEEDLES 146
INSUPEN SENSITIVE 146
INSUPEN ULTRAFIN 146
INSUPEN32G EXTR3ME 146
INTELENCE 75
INTRAROSA 188

introvale 86
INVEGA HAFYERA 70
INVEGA SUSTENNA 71
INVEGA TRINZA 71
IPOL 187
ipratropium bromide 31,164
ipratropium-albuterol 33
irbesartan 51
irbesartan-hydrochlorothiazide 52
ISENTRESS 75
ISENTRESS HD 75
isibloom 86
isoniazid 53
isopropyl alcohol 101
isopropyl alcohol wipes 101
isosorbide dinitrate 29
isosorbide mononitrate 29
isosorbide mononitrate er 29
isotretinoin 95
isradipine 80
ITOVEBI 63
itraconazole 47
ivabradine hcl 83
ivermectin 27,102
IWILFIN 68
IZERVAY 167

J

jaimiess 86
JAKAFI 63
JAKAFI XR 183
jantoven 33
JARDIANCE 45
jasmiel 86
javygtor 106
JAYPIRCA 63
JELMYTO 61
JEMPERLI 56
jencycla 92
JENTADUETO 41
JENTADUETO XR 41
jinteli 108
JOBEVNE 183
JOENJA 155
jolessa 86
joyeaux 86
JUBBONTI 183
juleber 86
JULUCA 75
junel 1.5/30 86
junel 1/20 86
junel fe 1.5/30 86
junel fe 1/20 86
junel fe 24 86
just right 5000 158
JYNNEOS 187

K

k-prime 155
K-TAB 155
KADCYLA 56
kaitlib fe 86
KALBITOR 114
KALETRA 75
kalliga 86
KALYDECO 177
KANJINTI 55
kariva 86
kelnor 1/35 86
kelnor 1/50 86
KEPIVANCE 68
KESIMPTA 174
KETO-DIASTIX 102
ketoconazole 47,96
KETODAN 96
KETONE TEST 102
ketorolac tromethamine 20
KETOROLAC TROMETHAMINE 169
KETOSTIX 102
KEYTRUDA 56
KEYTRUDA QLEX 183
KHAPZORY 68

KIMMTRAK 56
KIMYRSA 28
KINNEY LANCETS 127
KINNEY THIN LANCETS 127
KINRAY INSULIN SYRINGE 146
KINRIX 179
kionex 157
KIRSTY 183
KISQALI (200 MG DOSE) 63
KISQALI (400 MG DOSE) 64
KISQALI (600 MG DOSE) 64
klayesta 96
KLISYRI (250 MG) 96
KLISYRI (350 MG) 96
KLOR-CON 155
klor-con 10 155
klor-con m10 155
klor-con m15 155
klor-con m20 155
klor-con/ef 155
kls aspirin low dose 23
kls quit2 176
kls quit4 176
KMART VALU INSULIN SYRINGE 29G 146
KMART VALU INSULIN SYRINGE 30G 146
KOMZIFTI 183
KORSUVA 157
KOSELUGO 64
KOSHER PRENATAL PLUS IRON 160
kourzeq 158
kp aspirin 23
kp folic acid 115
KRAZATI 64
kristalose 118
KROGER AUTOLET LANCING DEVICE 128
KROGER GLUCOSE 42
KROGER HEALTHPRO LANCET 26G 128
KROGER INSULIN SYRINGE 146
KROGER LANCETS 128
KROGER LANCETS 21G 128
KROGER LANCETS MICRO THIN 33G 128
KROGER LANCETS SUPER THIN 128
KROGER LANCETS THIN 128
KROGER LANCETS THIN 26G 128
KROGER LANCETS ULTRATHIN 30G 128
KROGER LANCING DEVICE 128
KROGER PEN NEEDLES 146
KRYSTEXXA 113
kurvelo 86
KYLEENA 92

L

l-glutamine 115
labetalol hcl 78
lacosamide 35
lactulose 118,119
lactulose encephalopathy 111
LAGEVRIO 78
lamivudine 75,77
lamivudine-zidovudine 75
lamotrigine 35,36
lamotrigine er 36
lamotrigine odt 36
lamotrigine starter kit-blue 36
LANCET DEVICE 128
LANCET DEVICE WITH EJECTOR 128
LANCET TRANSPORTER CASE 128
LANCETS 128
LANCETS 28G THIN 128
LANCETS 30G 128
LANCETS 33G 128
LANCETS MICRO THIN 33G 128
LANCETS SUPER THIN 128
LANCETS SUPER THIN 28G 128
LANCETS THIN 128
LANCETS ULTRA THIN 128
LANCETS ULTRA THIN 30G 128
LANCING DEVICE 128
LANOXIN 80
lanreotide acetate 107
lansoprazole 180
lanthanum carbonate 111

LANZO 128
lapatinib ditosylate 64
larin 1.5/30 86
larin 1/20 86
larin 24 fe 86
larin fe 1.5/30 86
larin fe 1/20 87
larissia 87
latanoprost 169
layolis fe 87
LAZCLUZE 58
LEADER ADVANCED LANCING DEVICE 128
LEADER GLUCOSE 42
LEADER INSULIN SYRINGE 146
LEADER QUICK DISSOLVE GLUCOSE 42
LEADER UNIFINE PENTIPS 146
LEADER UNIFINE PENTIPS PLUS 146
leena 87
leflunomide 21
lenalidomide 155,156
LENVIMA (10 MG DAILY DOSE) 55
LENVIMA (12 MG DAILY DOSE) 55
LENVIMA (14 MG DAILY DOSE) 55
LENVIMA (18 MG DAILY DOSE) 55
LENVIMA (20 MG DAILY DOSE) 55
LENVIMA (24 MG DAILY DOSE) 55
LENVIMA (4 MG DAILY DOSE) 55
LENVIMA (8 MG DAILY DOSE) 55
LEQVIO 50
lessina 87
letrozole 59
leucovorin calcium 68
LEUKERAN 54
LEUKINE 116
leuprolide acetate 59
levalbuterol hcl 33
LEVALBUTEROL TARTRATE 33
levetiracetam 36
levetiracetam er 36
levo-t 179
LEVOBUNOLOL HCL 165
levocarnitine 106
levocarnitine sf 106
levofloxacin 109,167
levonest 87
levonorg-eth estrad triphasic 87
levonorgest-eth est & eth est 87
levonorgest-eth estrad 91-day 87
levonorgest-eth estradiol-iron 87
levonorgestrel 91
levonorgestrel-ethinyl estrad 87
levora 0.15/30 (28) 87
levorphanol tartrate 24
levothyroxine sodium 179
levoxyl 179
LEVSIN/SL 180
LIBERTY MEDICAL LANCETS 128
LIBERTY MINI LANCING DEVICE 128
LIBERVANT 35
LIBTAYO 56
lidocaine 101
LIDOCAINE HCL 101,157
lidocaine hcl urethral/mucosal 101
lidocaine viscous hcl 157
lidocaine-hydrocort (perianal) 26
LIDOCAINE-HYDROCORTISONE ACE 26
lidocaine-prilocaine 101
lidocan 101
LIDOCORT 26
LIDOPIN 101
LIFYORLI (125 MG DOSE) 183
LIFYORLI (150 MG DOSE) 183
LILETTA (52 MG) 172
lillow 87
linezolid 28
LINZESS 111
liomny 179
liothyronine sodium 179
liraglutide 43
liraglutide -weight management 17
lisdexamfetamine dimesylate 16
lisinopril 50

lisinopril-hydrochlorothiazide 52
LITE TOUCH LANCETS 128
LITE TOUCH LANCING PEN 128
LITETOUCH INSULIN SYRINGE 146
LITETOUCH LANCETS 128
LITETOUCH PEN NEEDLES 147
lithium 70
lithium carbonate 70
lithium carbonate er 70
LITHOBID 70
LITHOSTAT 113
LIVE BETTER ADV LANCING DEVICE 129
LIVE BETTER LANCET SUPER THIN 129
LIVE BETTER LANCET ULTRA THIN 129
LIVTENCITY 77
LO LOESTRIN FE 87
lo-zumandimine 87
LOARGYS 183
loestrin 1.5/30 (21) 87
loestrin 1/20 (21) 87
loestrin fe 1.5/30 87
loestrin fe 1/20 87
lofexidine hcl 172
lojaimiess 87
LOKELMA 157
lomaira 16
lomustine 54
LONGS GLUCOSE 42
LONGS INSULIN SYRINGE 147
LONGS LANCETS STANDARD 129
LONGS LANCETS THIN 129
LONGS LANCETS ULTRA THIN 129
LONSURF 61
loperamide hcl 46
lopinavir-ritonavir 75
lorazepam 30
lorazepam intensol 30
LORBRENA 64
loryna 87
losartan potassium 51
losartan potassium-hctz 52
lovastatin 49
low-ogestrel 87
loxapine succinate 72
lubiprostone 109
LUCENTIS 166
luizza 1.5/30 87
luizza 1/20 87
LUMAKRAS 64
LUMIGAN 169
LUMIZYME 106
LUMRYZ 172
LUMRYZ STARTER PACK 172
LUNSUMIO 56
LUNSUMIO VELO 56
LUPRON DEPOT (1-MONTH) 59
LUPRON DEPOT (3-MONTH) 59
LUPRON DEPOT (4-MONTH) 59
LUPRON DEPOT (6-MONTH) 59
LUPRON DEPOT-PED (1-MONTH) 106
LUPRON DEPOT-PED (3-MONTH) 106
LUPRON DEPOT-PED (6-MONTH) 106
lurasidone hcl 70
LURBIPR 20
LURBIRO 20
lutera 87
lyleq 92
lyllana 109
lymepak 178
LYNPARZA 64
LYSODREN 59
LYTGOBI (12 MG DAILY DOSE) 64
LYTGOBI (16 MG DAILY DOSE) 64
LYTGOBI (20 MG DAILY DOSE) 64
lyza 92

M

M-M-R II 187
M-NATAL PLUS 160
macitentan 82
MAGELLAN INSULIN SAFETY SYR 147
malathion 102

MARATHON MEDICAL PENTIPS 147
maraviroc 75
MARGENZA 55
marlissa 87
MATULANE 68
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 168
MAYZENT 174
MAYZENT STARTER PACK 174
meclizine hcl 46
MEDIC INSULIN SYRINGE 147
MEDICHOICE SAFETY LANCET 129
MEDICHOICE SAFETY LANCET EXTRA 129
MEDICHOICE SAFETY LANCET NORM 129
MEDICINE SHOPPE PEN NEEDLES 147
MEDLANCE EXTRA 21G 129
MEDLANCE LITE 25G 129
MEDLANCE PLUS EXTRA 21G 129
MEDLANCE PLUS LANCETS 129
MEDLANCE PLUS LITE 25G 129
MEDLANCE PLUS SPECIAL 0.8MM 129
MEDLANCE PLUS SUPERLITE 30G 129
MEDLANCE PLUS UNIVERSAL 21G 129
MEDLANCE UNIVERSAL 21G 129
medpura alcohol pads 101
medroxyprogesterone acetate 91,172
mefloquine hcl 53
megestrol acetate 59
MEIJER ALCOHOL SWABS 138
MEIJER GLUCOSE 42
MEIJER LANCETS 129
MEIJER LANCETS THIN 129
MEIJER LANCETS UNIVERSAL 21G 129
MEIJER LANCETS UNIVERSAL 30G 129
MEIJER LANCETS UNIVERSAL 33G 129
MEIJER PEN NEEDLES 147
MEIJER SUPER THIN LANCETS 129
MEKINIST 64
MEKTOVI 64
meleya 92
meloxicam 20
memantine hcl 173
memantine hcl er 173
MENOPUR 104
MENVEO 186
MEPERIDINE HCL 24
meprobamate 29
mercaptopurine 54
MERILOG 183
MERILOG SOLOSTAR 183
merzee 87
MESALAMINE 110
mesalamine er 110
mesalamine-cleanser 110
mesna 68
metaxalone 162
metformin hcl 41
metformin hcl er 41
METHADONE HCL 24
methadone hcl intensol 24
methadose 24
methazolamide 103
methenamine hippurate 28
METHENAMINE MANDELATE 28
methergine 169
methimazole 178
methocarbamol 162
METHOTREXATE SODIUM 54
methotrexate sodium (pf) 54
METHOXSALEN RAPID 97
methscopolamine bromide 180
METHYLDOPA 51
methylergonovine maleate 170
methylphenidate 18
methylphenidate hcl 18
methylphenidate hcl er 18
methylphenidate hcl er (cd) 18

methylphenidate hcl er (la) . . . 18
methylphenidate hcl er (osm) . . . 18
METHYLPHENIDATE HCL ER(DIFFUS) . . . 18
methylprednisolone . . . 93
methylprednisolone sodium succ . . . 93
metoclopramide hcl . . . 109
metolazone . . . 104
metoprolol succinate er . . . 79
metoprolol tartrate . . . 52,79
metoprolol-hydrochlorothiazide . . . 52
metronidazole . . . 27,102
mexiletine hcl . . . 30
MFLUSIVA . . . 183
mibelas 24 fe . . . 87
MICRODOT PEN NEEDLE . . . 147
microgestin 1.5/30 . . . 87
microgestin 1/20 . . . 87
microgestin 24 fe . . . 88
microgestin fe 1.5/30 . . . 88
microgestin fe 1/20 . . . 88
MICROLET LANCETS . . . 129
MICROLET NEXT LANCETS . . . 129
MICROLET NEXT LANCING DEVICE . . . 129
midazolam hcl . . . 117
MIDAZOLAM-SODIUM CHLORIDE (PF) . . . 117
midodrine hcl . . . 189
mifepristone . . . 43,107
MIGLITOL . . . 41
miglustat . . . 115
mili . . . 88
milnacipran hcl . . . 173
milophene . . . 104
mimvey . . . 108
MINI LANCING DEVICE . . . 129
minocycline hcl . . . 178
minoxidil . . . 53
minzoya . . . 88
MIPLYFFA . . . 175
MIRCERA . . . 116
MIRENA (52 MG) . . . 92
mirtazapine . . . 38
misoprostol . . . 180
MIUDELLA . . . 91
mm aspirin . . . 23
MM INSULIN SYRINGE/NEEDLE . . . 147
MM LANCING DEVICE . . . 129
MM PEN NEEDLES . . . 147
MM TWIST LANCETS . . . 129
MNEXSPIKE . . . 187
MOBI CONNECT LANCING DEVICE . . . 129
MOBI CONNECT TWIST LANCETS . . . 130
MOBILE LANCETS 30G . . . 130
modafinil . . . 18
MODERNA COVID-19 VAC 6M-11Y . . . 188
MODEYSO . . . 183
moexipril hcl . . . 51
mometasone furoate . . . 99,164
mondoxyne nl . . . 178
MONJUVI . . . 56
mono-linyah . . . 88
MONOJECT INSULIN SYRINGE . . . 147
MONOJECT ULTRA COMFORT SYRINGE . . . 147
MONOLET LANCETS . . . 130
MONOLET OPD LANCETS . . . 130
MONOLETTOR SAFETY LANCETS . . . 130
MONOVISC . . . 163
montelukast sodium . . . 31
morphine sulfate . . . 24
morphine sulfate (concentrate) . . . 24
morphine sulfate er . . . 24
MOUNJARO . . . 43
MOVANTIK . . . 111
moxifloxacin hcl . . . 109,167
MOXIFLOXACIN HCL (2X DAY) . . . 167
MPD SAFETY LANCET 21G . . . 130
MPD SAFETY LANCET 23G . . . 130
MPD SAFETY LANCET 28G . . . 130
MPD SAFETY LANCET 30G . . . 130
MRESVIA . . . 188
MS INSULIN SYRINGE . . . 147
MULTI-LANCET DEVICE . . . 130
MULTI-LANCET DEVICE 2 . . . 130

MULTI-MAC . . . 160
multi-vit/iron/fluoride . . . 159
MULTI-VITAMIN/FLUORIDE . . . 159
MULTI-VITAMIN/FLUORIDE/IRON . . . 159
MULTIVITAMIN + FLUORIDE . . . 159
MULTIVITAMIN W/FLUORIDE . . . 159
MULTIVITAMIN/FLUORIDE . . . 159
multivitamin/fluoride/iron . . . 159
mupirocin . . . 96
mupirocin calcium . . . 96
MVASI . . . 55
my choice . . . 91
my way . . . 91
mycophenolate mofetil . . . 156
mycophenolate sodium . . . 156
mycophenolic acid . . . 156
MYGLUCOHEALTH LANCETS 30G . . . 130
MYLERAN . . . 54
MYLOTARG . . . 57
MYOBLOC . . . 165
myorisan . . . 95
MYQORZO . . . 183
MYRBETRIQ . . . 185,186
MYTESI . . . 45

N

na sulfate-k sulfate-mg sulf . . . 118
nabumetone . . . 20
nadolol . . . 79
nafrinse . . . 154
NAFTIFINE HCL . . . 96
NALFON . . . 20
NALOCET . . . 25
naloxone hcl . . . 46
naltrexone hcl . . . 46
naproxen . . . 20
naproxen dr . . . 20
naproxen sodium . . . 20
naratriptan hcl . . . 154
narcan . . . 46
NATACHEW . . . 160
NATACYN . . . 167
NATAZIA . . . 88
nateglinide . . . 45
NATROBA . . . 102
nebivolol hcl . . . 79
NEBUSAL . . . 94
necon 0.5/35 (28) . . . 88
NEEVO DHA . . . 160
NEFAZODONE HCL . . . 39
neo-polycin . . . 167
neo-polycin hc . . . 168
neomycin sulfate . . . 18
neomycin-bacitracin zn-polymyx . . . 167
neomycin-polymyxin-dexameth . . . 168
NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . 167
NEOMYCIN-POLYMYXIN-HC . . . 168
neomycin-polymyxin-hc . . . 169
NEONATAL COMPLETE . . . 160
NEONATAL PLUS . . . 160
NEORAL . . . 156
NERLYNX . . . 64
NESTABS . . . 160
NESTABS DHA . . . 160
NESTABS ONE . . . 160
neuac . . . 95
NEULASTA . . . 116,184
NEULASTA ONPRO . . . 116
NEUPOGEN . . . 116
nevirapine . . . 75
NEVIRAPINE . . . 75
NEVIRAPINE ER . . . 75
nevirapine er . . . 75
new day . . . 91
NEXLETOL . . . 48
NEXLIZET . . . 48
NEXPLANON . . . 172
NEXTSTELLIS . . . 88
NGENLA . . . 105
niacin er (antihyperlipidemic) . . . 50
nicardipine hcl . . . 80
nicoderm cq . . . 176

nicorette 176
nicorette mini 176
nicorette starter kit 176
NICOTINE 176
nicotine mini 176
nicotine polacrilex 176
nicotine polacrilex mini 176
nicotine step 1 176
nicotine step 2 176
nicotine step 3 176
NICOTROL NS 176
nifedipine 80
nifedipine er 80
nifedipine er osmotic release 80
nikki 88
nilotinib hcl 64,65
NILUTAMIDE 59
nimodipine 80
NINLARO 65
nitazoxanide 27
nitro-bid 29
NITRO-TIME 29
nitrofurantoin 28
nitrofurantoin macrocrystal 28
nitrofurantoin monohyd macro 28
nitroglycerin 29
NIVA-PLUS 160
NIVESTYM 116
nora-be 92
NORDITROPIN FLEXPRO 105
norelgestromin-eth estradiol 90
norethin ace-eth estrad-fe 88
norethin-eth estradiol-fe 88
norethindron-ethinyl estrad-fe 88
norethindrone 92
norethindrone acet-ethinyl est 88
norethindrone acetate 172
norethindrone-eth estradiol 108
norgestim-eth estrad triphasic 88
norgestimate-eth estradiol 88
norlyda 92
norlyroc 92
NORPACE CR 30
nortrel 0.5/35 (28) 88
nortrel 1/35 (21) 88
nortrel 1/35 (28) 88
nortrel 7/7/7 88
nortriptyline hcl 40
NORVIR 75
NOVA SAFETY LANCETS 23G 130
NOVA SAFETY LANCETS 28G 130
NOVA SUREFLEX LANCETS 130
NOVA SUREFLEX LANCING DEVICE 130
NOVAREL 104
NOVAVAX COVID-19 VACCINE 188
NOVOFINE AUTOCOVER PEN NEEDLE 148
NOVOFINE PEN NEEDLE 148
NOVOFINE PLUS PEN NEEDLE 148
NOVOLIN 70/30 44
NOVOLIN 70/30 FLEXPEN 44
NOVOLIN 70/30 FLEXPEN RELION 44
NOVOLIN 70/30 RELION 44
NOVOLIN N 44
NOVOLIN N FLEXPEN 44
NOVOLIN N FLEXPEN RELION 44
NOVOLIN N RELION 44
NOVOLIN R 44
NOVOLIN R FLEXPEN 44
NOVOLIN R FLEXPEN RELION 44
NOVOLIN R RELION 44
NOVOLOG 44
NOVOLOG 70/30 FLEXPEN RELION 44
NOVOLOG FLEXPEN 44
NOVOLOG FLEXPEN RELION 44
NOVOLOG MIX 70/30 45
NOVOLOG MIX 70/30 FLEXPEN 45
NOVOLOG MIX 70/30 RELION 45
NOVOLOG PENFILL 45
NOVOLOG RELION 45
NOVOPEN ECHO 148
NP THYROID 179
NPLATE 116

NUBEQA 59
NUCALA 31
NUCYNTA 24
NUCYNTA ER 24
NULEV 180
NUPLAZID 70
NURTEC 154
NUTROPIN AQ NUSPIN 10 105
NUTROPIN AQ NUSPIN 20 105
NUTROPIN AQ NUSPIN 5 105
NUVARING 91
NUVAXOVID COVID-19 VACCINE 188
nyamyc 96
nylia 1/35 88
nylia 7/7/7 88
nymyo 88
nystatin 47,96,157
nystatin-triamcinolone 96
nystop 96
NYVEPRIA 116

O

OB COMPLETE 160
OB COMPLETE ONE 160
OB COMPLETE PETITE 160
OB COMPLETE PREMIER 160
OB COMPLETE/DHA 160
OBSTETRIX EC (WITH DOCUSATE) 160
ocella 88
OCREVUS ZUNOVO 174
OCTAGAM 171
octreotide acetate 107
ODEFSEY 75
ODOMZO 58
ofloxacin 167
OGIVRI 55
OGSIVEO 65
OJEMDA 65
OJJAARA 65
olanzapine 72
olmesartan medoxomil 51
olmesartan medoxomil-hctz 52
olmesartan-amlodipine-hctz 52
olopatadine hcl 164,169
omega-3-acid ethyl esters 49
omeprazole 180
omeprazole-sodium bicarbonate 181
OMLYCLO 184
OMNIFLEX DIAPHRAGM 119
OMNIPOD 5 DEXG7G6 INTRO GEN 5 130
OMNIPOD 5 DEXG7G6 PODS GEN 5 130
OMNIPOD 5 G7 INTRO (GEN 5) 130
OMNIPOD 5 G7 PODS (GEN 5) 130
OMNIPOD 5 LIBRE INTRO 130
OMNIPOD 5 LIBRE PODS 130
OMNIPOD CLASSIC PDM (GEN 3) 130
OMNIPOD CLASSIC PODS (GEN 3) 130
OMNIPOD DASH INTRO (GEN 4) 130
OMNIPOD DASH PDM (GEN 4) 130
OMNIPOD DASH PODS (GEN 4) 130
OMNITROPE 105
OMVOH 110
OMVOH (300 MG DOSE) 110
ONCASPAR 68
ondansetron 46
ondansetron hcl 46
ONE VITE WOMENS PLUS 160
ONETOUCH DELICA PLUS LANCET30G 130
ONETOUCH DELICA PLUS LANCET33G 130
ONETOUCH DELICA PLUS LANCING 130
ONETOUCH DELICA SAFETY LANCING 130
ONETOUCH ULTRA 102
ONETOUCH ULTRA 2 131
ONETOUCH ULTRA BLUE TEST 102
ONETOUCH ULTRA CONTROL 131
ONETOUCH ULTRA TEST 102
ONETOUCH ULTRASOFT 2 LANCETS 131
ONETOUCH ULTRASOFT LANCETS 131
ONETOUCH VERIO 102,131
ONETOUCH VERIO FLEX SYSTEM 131
ONETOUCH VERIO REFLECT 131
ONGENTYS 69

ONIVYDE 69
ONTRUZANT 55
ONUREG 54
opcicon one-step 91
OPDIVO 57
OPDIVO QVANTIG 184
OPDUALAG 61
OPILL 92
OPIUM 46
OPSUMIT 82
OPTICHAMBER DIAMOND 153
OPTICHAMBER DIAMOND-LG MASK 153
OPTICHAMBER DIAMOND-MD MASK 153
OPTICHAMBER DIAMOND-SM MASK 153
option 2 91
oralone 158
ORGOVYX 59
ORKAMBI 177
ORLISTAT 17
orphenadrine citrate er 162
orquidea 92
ORSERDU 59,60
ORTHOVISC 163
OSCIMIN 180
oseltamivir phosphate 77,78
OSENVELT 184
OTEZLA 20,21
OTEZLA XR 184
OTEZLA/OTEZLA XR INITIATION PK 21
OVIDREL 104
oxaprozin 20
oxazepam 30
oxcarbazepine 36
oxcarbazepine er 36
OXERVATE 168
OXTELLAR XR 36
oxybutynin chloride 185
oxybutynin chloride er 185
oxycodone hcl 24
OXYCODONE HCL ER 24
oxycodone-acetaminophen 25
OXYCONTIN 24
oxymorphone hcl 24
OXYTROL 185
OZEMPIC 43
OZEMPIC (0.25 OR 0.5 MG/DOSE) 43
OZEMPIC (1 MG/DOSE) 43
OZEMPIC (2 MG/DOSE) 43

P

pacerone 30
PADCEV 57
paliperidone er 71
pantoprazole sodium 180
PANZYGA 171
PARAGARD INTRAUTERINE COPPER 91
paricalcitol 106
paroxetine hcl 39
paroxetine hcl er 39
PARSABIV 106
PAVBLU 166
PAXLOVID (150/100) 77
PAXLOVID (300/100 & 150/100) 77
PAXLOVID (300/100) 77
pazopanib hcl 65
PC LANCETS SUPER THIN 30G 131
PC UNIFINE PENTIPS 148
PEDIARIX 179
PEDMARK 68
PEDVAXHIB 186
peg 3350-kcl-na bicarb-nacl 118
peg-3350/electrolytes 118
peg-3350/electrolytes/ascorbat 118
peg-kcl-nacl-nasulf-na asc-c 118
PEGASYS 77
PEMAZYRE 65
PEMETREXED 54
PEN NEEDLE/5-BEVEL TIP 148
PEN NEEDLES 148
PEN NEEDLES 5/16" 148
PENBRAYA 186
penciclovir 98

penicillamine . . . 155
penicillin v potassium . . . 171
PENMENVY . . . 184
PENTACEL . . . 179
pentamidine isethionate . . . 27
PENTAZOCINE-NALOXONE HCL . . . 26
PENTIPS . . . 148
PENTIPS GENERIC PEN NEEDLES . . . 148
pentoxifylline er . . . 114
perampanel . . . 34
PERFECT LANCETS 28G . . . 131
PERFECT LANCETS 30G . . . 131
PERFECT POINT SAFETY LANCETS . . . 131
PERINDOPRIL ERBUMINE . . . 51
perindopril erbumine . . . 51
periogard . . . 157
PERJETA . . . 56
permethrin . . . 102
perphenazine . . . 73
PERSERIS . . . 71
PFIZER COVID-19 VAC-TRIS 5-11Y . . . 188
PHARMACIST CHOICE ALCOHOL . . . 138
PHARMACIST CHOICE LANCETS . . . 131
PHARMACY COUNTER LANCETS . . . 131
phendimetrazine tartrate . . . 16
PHENDIMETRAZINE TARTRATE ER . . . 16
PHENELZINE SULFATE . . . 39
phenobarbital . . . 117
PHENOBARBITAL . . . 117
phenobarbital-belladonna alk . . . 180
phenoxybenzamine hcl . . . 51
phentermine hcl . . . 16
phentermine-topiramate er . . . 16
phentermine-topiramate erxdnu . . . 16
phenylephrine hcl . . . 165
phenytek . . . 38
phenytoin . . . 38
phenytoin infatabs . . . 38
phenytoin sodium extended . . . 38
PHESGO . . . 61
PHEXX . . . 189
PHEXXI . . . 189
philith . . . 88
PHOSPHO-TRIN K500 . . . 155
PHYRAGO . . . 65
phytonadione . . . 189
PIASKY . . . 114
PIFELTRO . . . 75
pilocarpine hcl . . . 158,166
pimecrolimus . . . 100
pimozide . . . 175
pimtrea . . . 88
pindolol . . . 79
pioglitazone hcl . . . 45
PIP LANCETS 28G . . . 131
PIP LANCETS 30G . . . 131
PIP PEN NEEDLES 31G X 5MM . . . 148
PIP PEN NEEDLES 32G X 4MM . . . 148
PIQRAY (200 MG DAILY DOSE) . . . 65
PIQRAY (250 MG DAILY DOSE) . . . 65
PIQRAY (300 MG DAILY DOSE) . . . 65
pirfenidone . . . 178
pirmella 1/35 . . . 88
pirmella 7/7/7 . . . 88
piroxicam . . . 20
plan b one-step . . . 91
PLEGRIDY . . . 174
PLEGRIDY STARTER PACK . . . 174
PLENITY . . . 16
PLENITY WELCOME KIT . . . 16
plerixafor . . . 117
PNEUMOVAX 23 . . . 186
PNV 27-CA/FE/FA . . . 160
PNV-DHA . . . 160
PNV-OMEGA . . . 160
PNV-SELECT . . . 160
podofilox . . . 100
POLIVY . . . 57
polycin . . . 167
polymyxin b-trimethoprim . . . 167
pomalidomide . . . 60
POMALYST . . . 60

portia-28 88
posaconazole 47
pot & sod cit-cit ac 112
potassium chloride 155
potassium chloride crys er 155
POTASSIUM CHLORIDE ER 155
potassium citrate er 112
POTASSIUM CITRATE-CITRIC ACID 112
POTELIGEO 57
pralatrexate 55
PRALUENT 50
pramipexole dihydrochloride 69
pramipexole dihydrochloride er 69
PRAMOSONE 99
prasugrel hcl 114
pravastatin sodium 49
prazosin hcl 51
PRECISION SURE-DOSE SYRINGE 148
PRECISION THINS GP LANCETS 131
PREDNICARBATE 99
prednisolone 93
prednisolone acetate 168
prednisolone sodium phosphate 93
PREDNISOLONE SODIUM PHOSPHATE 168
prednisone 93
PREFERRED PLUS GLUCOSE 43
PREFERRED PLUS INSULIN SYRINGE 148
PREFERRED PLUS LANCETS COLORED 131
PREFERRED PLUS LANCETS THIN 131
PREFERRED PLUS UNIFINE PENTIPS 148
pregabalin 36
PREGEN DHA 160
PREGNYL 104
PREMARIN 109,189
PREMESISRX 160
PREMPHASE 108
PREMPRO 108
PRENA1 160
PRENA1 PEARL 160
PRENATAL 160
PRENATAL 19 160
PRENATAL PLUS 161
PRENATAL PLUS VITAMIN/MINERAL 161
PRENATAL VITAMIN PLUS LOW IRON 161
PRENATAL-U 161
PRENATE 161
PRENATE AM 161
PRENATE DHA 161
PRENATE ELITE 161
PRENATE ENHANCE 161
PRENATE ESSENTIAL 161
PRENATE MINI 161
PRENATE PIXIE 161
PRENATE RESTORE 161
PRENATRIX 161
PRENATRYL 161
PRETOMANID 53
prevalite 49
PREVENT DROPSAFE PEN NEEDLES 148
PREVENT SAFETY PEN NEEDLES 148
PREVNAR 20 186
PREVYMIS 77,184
PREZCOBIX 75,76
PREZISTA 76
PRIALT 21
PRIMACARE 161
primaquine phosphate 53
primidone 36
PRIORIX 188
PRIVIGEN 171
PRO COMFORT ALCOHOL 138
PRO COMFORT INSULIN SYRINGE 148
PRO COMFORT LANCETS 30G 131
PRO COMFORT LANCETS 31G 131
PRO COMFORT PEN NEEDLES 148
PRO COMFORT SAFETY LANCETS 30G 131
probenecid 113
prochlorperazine 73
prochlorperazine maleate 73
PROCRIT 116
procto-med hc 27
PROCTOFOAM HC 26

proctosol hc . . . 27
proctozone-hc . . . 27
PROCYSBI . . . 112
PRODIGY INSULIN SYRINGE . . . 148
PRODIGY LANCETS 28G . . . 131
PRODIGY LANCING DEVICE . . . 131
PRODIGY SAFETY LANCETS 26G . . . 131
PRODIGY TWIST TOP LANCETS 28G . . . 131
progesterone . . . 172
PROGRAF . . . 156
PROLASTIN-C . . . 177
PROMACTA . . . 116
promethazine hcl . . . 48
promethazine-codeine . . . 94
promethazine-dm . . . 94
PROMETHAZINE-PHENYLEPHRINE . . . 94
promethegan . . . 48
propafenone hcl . . . 30
propafenone hcl er . . . 30
propranolol hcl . . . 79
propranolol hcl er . . . 79
propylthiouracil . . . 178
PROQUAD . . . 188
protriptyline hcl . . . 40
PROVIDA OB . . . 161
pseudoeph-bromphen-dm . . . 94
PSS SELECT GP LANCETS . . . 131
PSS SELECT PLATFORMS . . . 131
PSS SELECT SAFETY LANCETS . . . 131
PULMICORT FLEXHALER . . . 32
PULMOSAL . . . 94
PULMOZYME . . . 177
PURE COMFORT ALCOHOL PREP . . . 138
PURE COMFORT LANCETS 30G . . . 131
PURE COMFORT PEN NEEDLE . . . 148
PURE COMFORT SAFETY LANCET 30G . . . 131
PURE COMFORT SAFETY PEN NEEDLE . . . 149
PX ADVANCED LANCING DEVICE . . . 132
px aspirin . . . 23
px enteric aspirin . . . 23
PX EXTRA SHORT PEN NEEDLES . . . 149
px folic acid . . . 115
PX GLUCOSE . . . 43
PX INSULIN SYRINGE . . . 149
PX LANCET AUTO INJECTOR . . . 132
PX LANCETS MICROTHIN 33G . . . 132
PX LANCETS ULTRA THIN . . . 132
PX LANCETS ULTRA THIN 28G . . . 132
PX MINI PEN NEEDLES . . . 149
PX PEN NEEDLE . . . 149
PX SHORTLENGTH PEN NEEDLES . . . 149
px stop smoking aid . . . 176
pyrazinamide . . . 54
PYRIDOSTIGMINE BROMIDE . . . 53
pyridostigmine bromide er . . . 53
pyrimethamine . . . 53
PYRUKYND . . . 114
PYRUKYND TAPER PACK . . . 115

Q

QBREXZA . . . 101
QC ADVANCED LANCING DEVICE . . . 132
qc alcohol . . . 101
QC ALCOHOL SWABS . . . 138
qc aspirin low dose . . . 23
qc childrens aspirin . . . 23
qc folic acid . . . 115
QC LANCETS SUPER THIN 30G . . . 132
QC LANCETS ULTRA THIN . . . 132
qc nicotine transdermal system . . . 177
QC PEN NEEDLES . . . 149
QC UNIFINE PENTIPS . . . 149
QC UNILET LANCETS 28G . . . 132
QC UNILET LANCETS MICRO THIN . . . 132
QELBREE . . . 17
QINLOCK . . . 65
QSYMIA . . . 16
QUADRACEL . . . 179
QUAZEPAM . . . 117
quetiapine fumarate . . . 72
quetiapine fumarate er . . . 72
QUICK TOUCH INSULIN PEN NEEDLE . . . 149

quinapril hcl . . . 51
QUINAPRIL-HYDROCHLOROTHIAZIDE . . . 52
quinidine gluconate er . . . 30
QUINIDINE SULFATE . . . 30
quinine sulfate . . . 53
QULIPTA . . . 154
QUTENZA . . . 101
QUTENZA (2 PATCH) . . . 101
QUTENZA (4 PATCH) . . . 101
QVAR REDIHALER . . . 32

R

RA ALCOHOL SWABS . . . 138
ra aspirin adult low dose . . . 23
ra aspirin adult low strength . . . 23
ra aspirin childrens . . . 23
ra aspirin ec . . . 23
ra aspirin ec adult low st . . . 23
RA E-ZJECT LANCETS 28G . . . 132
RA E-ZJECT LANCETS THIN 26G . . . 132
RA E-ZJECT LANCETS THIN 28G . . . 132
RA E-ZJECT LANCETS ULTRA THIN . . . 132
ra folic acid . . . 115
RA GLUCOSE . . . 43
RA INSULIN SYRINGE . . . 149
ra isopropyl alcohol wipes . . . 101
ra mini nicotine . . . 177
ra nicotine . . . 177
ra nicotine gum . . . 177
ra nicotine polacrilex . . . 177
RA PEN NEEDLES . . . 149
rabeprazole sodium . . . 180
RADICAVA ORS . . . 164
RADICAVA ORS STARTER KIT . . . 164
raloxifene hcl . . . 105
ramelteon . . . 118
ramipril . . . 51
ranolazine er . . . 28
rasagiline mesylate . . . 70
RAYA SURE PEN NEEDLE . . . 149
react . . . 91
READYLANCE SAFETY LANCETS . . . 132
REALITY INSULIN SYRINGE . . . 149
REALITY LANCETS . . . 132
REALITY SWABS . . . 138
REALITY TRIGGER LANCETS . . . 132
REBIF . . . 174
REBIF REBIDOSE . . . 174
REBIF REBIDOSE TITRATION PACK . . . 174
REBIF TITRATION PACK . . . 175
REBYOTA . . . 111
reclipsen . . . 89
RECOMBIVAX HB . . . 188
REDEMPLO . . . 184
relador pak . . . 101
relador pak plus . . . 101
relafen . . . 20
RELEUKO . . . 116
relgaabi . . . 36
RELION ALCOHOL SWABS . . . 138
RELION GLUCOSE . . . 43
RELION INSULIN SYRINGE . . . 149
RELION KETONE TEST . . . 102
RELION LANCET DEVICES 30G . . . 132
RELION LANCETS . . . 132
RELION LANCETS MICRO-THIN 33G . . . 132
RELION LANCETS THIN 26G . . . 132
RELION LANCETS ULTRA-THIN 30G . . . 132
RELION LANCING DEVICE . . . 132
RELION MINI PEN NEEDLES . . . 149
RELION PEN NEEDLES . . . 149
RELION SHORT PEN NEEDLES . . . 149
RELION ULTRA THIN LANCETS 30G . . . 132
RELION ULTRA THIN PLUS LANCETS . . . 132
RELNATE DHA . . . 161
repaglinide . . . 45
REPATHA . . . 50
REPATHA SURECLICK . . . 50
RETACRIT . . . 116
RETEVMO . . . 65
REVUFORJ . . . 184
REXALL LANCETS ULTRA THIN 30G . . . 132

REXTOVY 46
REYATAZ 76
REZDIFFRA 109
REZLIDHIA 65
RHOGAM ULTRA-FILTERED PLUS 171
RHOPHYLAC 171
RIABNI 57
RIBAVIRIN 77
ribavirin 78
rifabutin 54
rifampin 54
RIGHTEST ALTERNATE SITE ADAPT 132
RIGHTEST GD500 LANCING DEVICE 132
RIGHTEST GL300 LANCETS 132
rilpivirine hcl 76
riluzole 164
RIMANTADINE HCL 78
RINVOQ 19
RINVOQ LQ 19
riociguat 83
risedronate sodium 104
risperidone 71
risperidone microspheres er 71
ritonavir 76
rivaroxaban 33
rivastigmine tartrate 173
rivelsa 89
rizatriptan benzoate 154
roflumilast 31
ROLVEDON 116
ROMIDEPSIN 65
ROMVIMZA 184
ropinirole hcl 69
ropinirole hcl er 70
rosadan 102
rosuvastatin calcium 50
rosyrah 89
roweepra 36
roweepra xr 36
ROZLYTREK 65,66
RUBRACA 66
RUCONEST 114
rufinamide 36
RUKOBIA 76
RUXIENCE 57
RYBELSUS 44
RYBREVANT 57
RYBREVANT FASPRO 184
RYDAPT 66
RYKINDO 71
RYLAZE 68
RYPLAZIM 114
RYTELO 66
ryvent 48
RYZNEUTA 184

S

sacubitril-valsartan 81
SAFE-T-LANCE 132
SAFE-T-LANCE PLUS 132
SAFETY LANCET 30G/PRESSURE ACT 133
SAFETY LANCETS 133
SAFETY LANCETS 21G 133
SAFETY LANCETS 23G 133
SAFETY LANCETS 28G 133
SAFETY PEN NEEDLES 149
SAFYRAL 89
SAIZEN 105
SAIZENPREP 105
sajazir 113
SALIMEZ 100
SALSALATE 23
SALYCIM 100
SANCUSO 46
SANDIMMUNE 156
SANDOSTATIN LAR DEPOT 107
SANTYL 100
sapropterin dihydrochloride 106
SAPS CARE ALCOHOL PREP 138
SAPS HEALTH ALCOHOL PREP 138
SAPS HEALTH CARE ALCOHOL PREP 138
SAPS HEALTH PLUS LANCETS 133

SAPS HEALTH TWIST TOP LANCETS 133
SAPS TWIST TOP LANCETS 133
SAPSCARE TWIST TOP LANCETS 133
SARCLISA 57
SAVELLA 173
SAVELLA TITRATION PACK 173
SAXENDA 17
SB ALCOHOL PREP 138
sb childrens aspirin 23
SB INSULIN SYRINGE 149
SB LANCETS THIN 133
SB LANCETS ULTRA THIN 133
sb low dose asa ec 23
SCEMBLIX 66
scopolamine 47
SE-NATAL 19 161
SECUADO 72
SECURESAFE INSULIN SYRINGE 149
SECURESAFE SAFETY PEN NEEDLES 149
SELECT-LITE DEVICE/LANCETS 133
SELECT-LITE LANCING DEVICE 133
SELECT-OB 161
SELECT-OB+DHA 161
selegiline hcl 70
selenium sulfide 98
SELZENTRY 76
SENSILANCE SAFETY LANCETS 21G 133
SENSILANCE SAFETY LANCETS 26G 133
SENSILANCE SAFETY LANCETS 28G 133
SEREVENT DISKUS 33
SEROSTIM 105
sertraline hcl 39
setlakin 89
sevelamer carbonate 111
sevelamer hcl 111
SEZABY 117
SF 158
SF 5000 PLUS 158
sharobel 92
shewise 91
SHINGRIX 184,188
SHOPKO AUTOLET LANCING DEVICE 133
SHOPKO ON-THE-GO LANCETS 30G 133
SHOPKO UNIFINE PENTIPS 150
SHOPKO UNIFINE PENTIPS PLUS 150
SHOPKO UNILET LANCETS 28G 133
SHOPKO UNILET LANCETS 30G 133
SIGNIFOR LAR 107
sildenafil citrate 81,82
silodosin 113
SILVER NITRATE 98
silver sulfadiazine 98
SIMBRINZA 166
simliya 89
simpesse 89
SIMPLE DIAGNOSTICS LANCING DEV 133
SIMPONI 19
SIMPONI ARIA 19
simvastatin 50
SINGLE-LET 133
sirolimus 156
SIRTURO 54
SIVEXTRO 28
SKYCLARYS 164
SKYLA 92
SKYRIZI 97,110
SKYRIZI (150 MG DOSE) 97
SKYRIZI PEN 97
SKYTROFA 105
SLYND 92
SM ALCOHOL PREP 138
sm aspirin adult low strength 23
sm aspirin ec low strength 23
sm aspirin low dose 23
sm childrens aspirin 23
sm folic acid 115
SM GLUCOSE 43
SM LANCETS 33G 133
sm nicotine 177
sm nicotine polacrilex 177
SM TRUEDRAW LANCING DEVICE 133
SMART DIABETES VANTAGE LANCING 133

SMART SENSE COLOR LANCETS 33G 133
SMART SENSE GLUCOSE 43
SMART SENSE STANDARD LANCETS 133
SMART SENSE SUPER THIN LANCETS 133
SMART SENSE THIN LANCETS 26G 133
SMARTEST LANCETS 28G 133
SOD FLUORIDE-POTASSIUM NITRATE 158
SODIUM CHLORIDE 94
SODIUM FLUORIDE 155,158
SODIUM FLUORIDE 5000 ENAMEL 158
SODIUM FLUORIDE 5000 PLUS 158
SODIUM FLUORIDE 5000 PPM 158
SODIUM FLUORIDE 5000 SENSITIVE 158
SODIUM OXYBATE 172
sodium oxybate 172
sodium polystyrene sulfonate 157
sodium sulfacetamide wash 98
SOGROYA 105
SOHONOS 163
solifenacin succinate 185
SOLU-CORTEF 93
SOLU-MEDROL (PF) 93
SOLUS V2 LANCETS 28G 133
SOLUS V2 LANCING DEVICE 134
SOLUS V2 TWIST LANCETS 30G 134
SOMATULINE DEPOT 107
SOMAVERT 105
sorafenib tosylate 66
sorine 79
sotalol hcl 79
sotalol hcl (af) 79
SPEVIGO 97
SPIKEVAX 188
SPIKEVAX 6M-11Y 188
SPINOSAD 102
SPIRIVA HANDIHALER 31
SPIRIVA RESPIMAT 31
spironolactone 103
spironolactone-hctz 103
SPRAVATO (56 MG DOSE) 39
SPRAVATO (84 MG DOSE) 39
sprintec 28 89
sps (sodium polystyrene sulf) 157
sronyx 89
ssd 98
SSS 10-5 95
st joseph aspirin 23
st joseph low dose 23
STELARA 110
STENDRA 81
STERILANCE TL 134
STIMUFEND 116
STIOLTO RESPIMAT 33
STIVARGA 66
STOBOCLO 184
STRENSIQ 106
STRIBILD 76
STRIVERDI RESPIMAT 33
SUBLOCADE 26
SUBSYS 24
subvenite 36
subvenite starter kit-blue 36
SUCRAID 103
sucralfate 180
SULFACETAMIDE SOD-SULFUR WASH 95
sulfacetamide sodium 98
SULFACETAMIDE SODIUM 167
sulfacetamide sodium (acne) 95
SULFACETAMIDE SODIUM (CLEANS) 98
SULFACETAMIDE SODIUM-SULFUR 95
SULFACETAMIDE-PREDNISOLONE 168
SULFACETAMIDE-SULFUR IN UREA 95
SULFACLEANSE 8/4 95
sulfadiazine 178
sulfamethoxazole-trimethoprim 27
sulfasalazine 111
sulfatrim pediatric 27
sulindac 20
sumatriptan 154
sumatriptan succinate 154
SUMATRIPTAN SUCCINATE REFILL 154
sunitinib malate 66

SUNLENCA 76,184
SUPARTZ FX 163
SUPER THIN LANCETS 134
SUPPRELIN LA 106
SURE COMFORT ALCOHOL PREP 138
SURE COMFORT INSULIN SYRINGE 150
SURE COMFORT LANCETS 18G 134
SURE COMFORT LANCETS 21G 134
SURE COMFORT LANCETS 23G 134
SURE COMFORT LANCETS 28G 134
SURE COMFORT LANCETS 30G 134
SURE COMFORT LANCING PEN 134
SURE COMFORT PEN NEEDLES 150
SURELITE LANCETS 134
SUSTOL 46
SUSVIMO (IMPLANT 1ST FILL) 166
SUSVIMO (IMPLANT REFILL) 166
SUSVIMO OCULAR IMPLANT 139
SUTAB 118
syeda 89
SYFOVRE 167
SYMDEKO 177
SYMPAZAN 35
SYMTUZA 76
SYNJARDY 41
SYNJARDY XR 41
SYNOJOYNT 163
SYNTHROID 179
SYNVISC 164
SYNVISC ONE 164

T

TABRECTA 66
tacrolimus 100,156
tadalafil 81
tadalafil (pah) 81
TAFINLAR 66
tafluprost (pf) 169
TAGRISSO 58
take action 91
TAKHZYRO 114
TALZENNA 66
tamoxifen citrate 60
tamsulosin hcl 113
tapentadol hcl 24
tarina 24 fe 89
tarina fe 1/20 89
tarina fe 1/20 eq 89
TARON-C DHA 161
TAVALISSE 114
taysofy 89
TAYTULLA 89
TAZAROTENE 95
tazarotene 97
taztia xt 80
TAZVERIK 66
TECENTRIQ 57
TECENTRIQ HYBREZA 61
TECHLITE AST LANCETS 134
TECHLITE INSULIN SYRINGE 150
TECHLITE LANCETS 134
TECHLITE LANCETS 26G 134
TECHLITE PEN NEEDLES 150
TECHLITE PLUS PEN NEEDLES 150
TEGRETOL 36
TEGRETOL-XR 36
telmisartan 51
telmisartan-hctz 52
temazepam 117
temozolomide 54
TENIVAC 179
tenofovir disoproxil fumarate 76
TEPMETKO 66
terazosin hcl 51
terbinafine hcl 47
terbutaline sulfate 33
terconazole 189
teriflunomide 175
TERIPARATIDE 104
TERLIVAZ 107
testosterone 26
testosterone cypionate 26

TESTOSTERONE ENANTHATE . . . 26
tetrabenazine . . . 173
tetracycline hcl . . . 178
TEVIMBRA . . . 57
TEZSPIRE . . . 31
TGT GLUCOSE . . . 43
TGT LANCET MICRO THIN 33G . . . 134
TGT LANCET THIN 26G . . . 134
TGT LANCET ULTRA THIN 30G . . . 134
TGT LANCING DEVICE . . . 134
THALOMID . . . 156
THEO-24 . . . 33
theophylline . . . 33
THEOPHYLLINE ER . . . 33
THINLETS GP LANCETS . . . 134
thioridazine hcl . . . 73
thiotepa . . . 54
thiothixene . . . 73
thrive . . . 177
THYROGEN . . . 102
tiadylt er . . . 80
TIAGABINE HCL . . . 37
TIBSOVO . . . 66
ticagrelor . . . 114
tilia fe . . . 89
timolol hemihydrate . . . 165
timolol maleate . . . 79,165
timolol maleate (once-daily) . . . 165
tinidazole . . . 27
TIVDAK . . . 57
TIVICAY . . . 76
TIVICAY PD . . . 76
tizanidine hcl . . . 162
TOBRADEX . . . 168
tobramycin . . . 18,167
tobramycin-dexamethasone . . . 168
TODAYS HEALTH LANCING DEVICE . . . 134
TODAYS HEALTH MINI PEN NEEDLES . . . 150
TODAYS HEALTH PEN NEEDLES . . . 150
TODAYS HEALTH SHORT PEN NEEDLE . . . 150
TODAYS HEALTH THIN LANCETS 28G . . . 134
TODAYS HEALTH THIN LANCETS 30G . . . 134
tofacitinib citrate . . . 19
tofacitinib citrate er . . . 19
TOFIDENCE . . . 19
TOLAK . . . 96
tolcapone . . . 69
tolterodine tartrate . . . 185
tolterodine tartrate er . . . 185
tolvaptan . . . 107
tolvaptan (hyponatremia) . . . 107
TOPCARE CLICKFINE PEN NEEDLES . . . 150
TOPCARE LANCETS MICRO-THIN 33G . . . 134
TOPCARE ULTRA COMFORT INS SYR . . . 150
TOPFINE INSULIN PEN NEEDLE . . . 150
topiramate . . . 36
topiramate er . . . 37
toremifene citrate . . . 60
torpenz . . . 66
torsemide . . . 103
TPOXX . . . 78
TRACLEER . . . 82
TRADJENTA . . . 43
tramadol hcl . . . 24
TRAMADOL HCL (ER BIPHASIC) . . . 24
tramadol hcl er . . . 24
tramadol-acetaminophen . . . 25
trandolapril . . . 51
TRANDOLAPRIL-VERAPAMIL HCL ER . . . 52
tranexamic acid . . . 117
TRANSDERM SCOP . . . 47
TRANSDERM-SCOP . . . 47
tranylcypromine sulfate . . . 39
TRAVEL LANCETS . . . 134
TRAVEL LANCETS ADVANCED 28G . . . 134
travoprost (bak free) . . . 169
TRAZIMERA . . . 56
trazodone hcl . . . 39
TRELEGY ELLIPTA . . . 33
TRELSTAR MIXJECT . . . 60
TREMFYA . . . 97
TREMFYA ONE-PRESS . . . 97

TREMFYA PEN 97,98
TREMFYA-CD/UC INDUCTION 98
treprostinil 81
TRESIBA 45
TRESIBA FLEXTOUCH 45
tretinoin 68,95
tri femynor 89
tri-estarylla 89
tri-legest fe 89
tri-linyah 89
tri-lo-estarylla 89
tri-lo-marzia 89
tri-lo-mili 89
tri-lo-sprintec 89
tri-mili 89
TRI-MIX 81
tri-nymyo 89
tri-sprintec 89
TRI-VITE/FLUORIDE 159
tri-vylibra 89
tri-vylibra lo 89
triamcinolone acetonide 99,158
triamcinolone in absorbase 99
triamterene-hctz 103
trianex 99
triazolam 118
TRICARE 161
TRICITRATES 112
tridacaine ii 101
tridacaine iii 101
triderm 99
trientine hcl 155
trifluoperazine hcl 73
TRIFLURIDINE 167
trihexyphenidyl hcl 69
TRIJARDY XR 41
TRIKAFTA 177,178
TRILEPTAL 37
trilitas 98
TRILURON 164
trimethobenzamide hcl 47
trimethoprim 27
trimipramine maleate 40
TRINATAL RX 1 161
TRINATE 161
TRINTELLIX 40
TRIPTODUR 106
TRISTART DHA 161
tritocin 99
TRIUMEQ 76
TRIUMEQ PD 76
TRIVISC 164
trivora (28) 89
TRODELVY 69
TROKENDI XR 37
tropicamide 166
trospium chloride 185
trospium chloride er 185
TRUE COMFORT ALCOHOL PREP PADS 139
TRUE COMFORT INSULIN SYRINGE 150
TRUE COMFORT PEN NEEDLES 150
TRUE COMFORT PRO ALCOHOL PREP 139
TRUE COMFORT PRO INSULIN SYR 150
TRUE COMFORT PRO PEN NEEDLES 151
TRUE COMFORT SAFETY LANCETS 134
TRUE COMFORT SAFETY PEN NEEDLE 151
TRUE COMFORT TWIST TOP LANCETS 134
true folic acid 115
TRUEDRAW LANCING DEVICE 134
TRUEPLUS 5-BEVEL PEN NEEDLES 151
trueplus glucose 43
TRUEPLUS GLUCOSE ON THE GO 43
TRUEPLUS INSULIN SYRINGE 151
TRUEPLUS LANCETS 26G 134
TRUEPLUS LANCETS 28G 134
TRUEPLUS LANCETS 30G 134
TRUEPLUS LANCETS 33G 135
TRUEPLUS PEN NEEDLES 151
TRUEPLUS SAFETY LANCETS 28G 135
TRULICITY 44
TRUMENBA 186
TRUQAP 66,67

TRYNGOLZA 184
TUKYSA 56
tulana 92
TURALIO 67
turqoz 89
TWINRIX 188
TWIRLA 90
TWIST TOP LANCETS 30G 135
TYBLUME 90
TYBOST 76
TYENNE 19
TYMLOS 104
TYVASO 81
TYVASO DPI INSTITUTIONAL KIT 81,82
TYVASO DPI MAINTENANCE KIT 82
TYVASO DPI TITRATION KIT 82
TYVASO REFILL 82
TYVASO STARTER 82

U

UBRELVY 154
UDENYCA 116
UDENYCA ONBODY 117
ULTI-LANCE AUTOMATIC 135
ULTICARE ALCOHOL SWABS 139
ULTICARE INSULIN SAFETY SYR 151
ULTICARE INSULIN SYR 1/2 UNIT 151
ULTICARE INSULIN SYRINGE 151
ULTICARE MICRO PEN NEEDLES 151
ULTICARE MINI PEN NEEDLES 151
ULTICARE PEN NEEDLES 151
ULTICARE SHORT PEN NEEDLES 151
ULTIGUARD SAFEPACK PEN NEEDLE 151
ULTIGUARD SAFEPACK SYR/NEEDLE 151
ULTILET ALCOHOL SWABS 139
ULTILET CLASSIC LANCETS 135
ULTILET LANCETS 135
ULTILET PEN NEEDLE 151
ULTILET SAFETY LANCETS 135
ULTILET SAFETY LANCETS 23G 135
ULTRA COMFORT INSULIN SYRINGE 151
ULTRA COMFORT PEN NEEDLES 152
ULTRA FLO INSULIN PEN NEEDLES 152
ULTRA FLO INSULIN SYR 1/2 UNIT 152
ULTRA FLO INSULIN SYRINGE 152
ULTRA THIN LANCETS 31G 135
ULTRA THIN PEN NEEDLES 152
ULTRA-CARE ALCOHOL PREP PADS 139
ULTRA-CARE LANCETS 30G 135
ULTRA-CARE SAFETY LANCETS 30G 135
ULTRA-THIN II AUTO LANCET 135
ULTRA-THIN II INS SYR SHORT 152
ULTRA-THIN II INSULIN SYRINGE 152
ULTRA-THIN II LANCETS 135
ULTRA-THIN II MINI PEN NEEDLE 152
ULTRA-THIN II PEN NEEDLE SHORT 152
ULTRA-THIN II PEN NEEDLES 152
ULTRACARE INSULIN SYRINGE 152
ULTRACARE PEN NEEDLES 152
UNIFINE OTC PEN NEEDLES 152
UNIFINE PEN NEEDLES 152
UNIFINE PENTIPS 152
UNIFINE PENTIPS PLUS 152
UNIFINE PROTECT PEN NEEDLE 152
UNIFINE SAFECONTROL PEN NEEDLE 152
UNIFINE ULTRA PEN NEEDLE 153
UNILET COMFORTOUCH LANCET 135
UNILET EXCELITE 135
UNILET EXCELITE II 135
UNILET G.P. LANCET 135
UNILET G.P. SUPERLITE LANCET 135
UNILET GP 28 ULTRA THIN 135
UNILET LANCET 135
UNILET MICRO-THIN 33G 135
UNILET SUPER-THIN 30G 135
UNILET SUPERLITE LANCET 135
UNILET ULTRA-THIN 28G 135
UNISTIK 1 135
UNISTIK 2 135
UNISTIK 2 COMFORT 135
UNISTIK 2 EXTRA 135
UNISTIK 2 NEONATAL 135

UNISTIK 2 NORMAL . . . 135
UNISTIK 2 SUPER . . . 135
UNISTIK 3 . . . 136
UNISTIK 3 COMFORT . . . 136
UNISTIK 3 EXTRA . . . 136
UNISTIK 3 GENTLE . . . 136
UNISTIK 3 NEONATAL . . . 136
UNISTIK 3 NORMAL . . . 136
UNISTIK CZT COMFORT . . . 136
UNISTIK CZT NORMAL . . . 136
UNISTIK NORMAL . . . 136
UNISTIK PRO SAFETY LANCET . . . 136
UNISTIK SAFETY LANCETS 28G . . . 136
UNISTIK SAFETY LANCETS 30G . . . 136
UNISTIK TOUCH SAFETY LANC 21G . . . 136
UNISTIK TOUCH SAFETY LANC 23G . . . 136
UNISTIK TOUCH SAFETY LANC 28G . . . 136
UNISTIK TOUCH SAFETY LANC 30G . . . 136
unithroid . . . 179
UNIVERSAL 1 LANCETS THIN 26G . . . 136
UNIVERSAL 1 LANCETS THIN 33G . . . 136
UNIVERSAL 1 LANCETS ULTRA THIN . . . 136
UNLOXCYT . . . 184
UP & UP GLUCOSE . . . 43
UPTRAVI . . . 82,83
ursodiol . . . 109
UZEDY . . . 71,72

V

V-GO 20 . . . 136
V-GO 30 . . . 136
V-GO 40 . . . 136
VABYSMO . . . 166
valacyclovir hcl . . . 77
VALCHLOR . . . 96
valganciclovir hcl . . . 77
valproic acid . . . 38
valsartan . . . 51
valsartan-hydrochlorothiazide . . . 52
VALTOCO 10 MG DOSE . . . 35
VALTOCO 15 MG DOSE . . . 35
VALTOCO 20 MG DOSE . . . 35
VALTOCO 5 MG DOSE . . . 35
valtya 1/35 . . . 90
VALTYA 1/50 . . . 90
VALUE HEALTH INSULIN SYRINGE . . . 153
VALUE PLUS GLUCOSE . . . 43
VALUE PLUS LANCET STANDARD 21G . . . 136
VALUE PLUS LANCETS SUPER THIN . . . 136
VALUE PLUS LANCETS THIN 26G . . . 136
VALUE PLUS LANCING DEVICE . . . 136
VALUMARK LANCET SUPER THIN 30G . . . 136
VALUMARK LANCET ULTRA THIN 28G . . . 136
VALUMARK PEN NEEDLES . . . 153
vanadom . . . 163
vancomycin hcl . . . 28
VANFLYTA . . . 67
VANISHPOINT INSULIN SYRINGE . . . 153
VAQTA . . . 188
vardenafil hcl . . . 81
varenicline tartrate . . . 177
varenicline tartrate (starter) . . . 177
varenicline tartrate(continue) . . . 177
VARIVAX . . . 188
VAXNEUVANCE . . . 186
VCF VAGINAL CONTRACEPTIVE . . . 188
VECTIBIX . . . 58
VELIVET . . . 90
VELPHORO . . . 111
VEMLIDY . . . 77
VENCLEXTA . . . 57
VENCLEXTA STARTING PACK . . . 57
venlafaxine hcl . . . 40
venlafaxine hcl er . . . 40
VENTAVIS . . . 82
VEPPANU . . . 184
verapamil hcl . . . 80
verapamil hcl er . . . 80
VEREGEN . . . 95
VERIFINE INSULIN PEN NEEDLE . . . 153
VERIFINE INSULIN SYRINGE . . . 136,153
VERIFINE PLUS PEN NEEDLE . . . 153

VERIFINE SAFE LANCET MINI 21G 136
VERIFINE SAFE LANCET MINI 23G 137
VERIFINE SAFE LANCET MINI 28G 137
VERIFINE SAFE LANCET MINI 30G 137
VERIFINE UNIVERSAL LANCETS 28G 137
VERIFINE UNIVERSAL LANCETS 30G 137
VERIFINE UNIVERSAL LANCETS 33G 137
VERISAFE SAFETY INSULIN SYR 153
VERZENIO 67
vestura 90
VIAGRA 81
VIDA MIA AUTOLET LANCING DEV 137
VIDA MIA UNIFINE PENTIPS 153
VIDA MIA UNILET LANCETS 28G 137
VIDA MIA UNILET LANCETS 30G 137
vienva 90
vigabatrin 37
vigadrone 37
vigpoder 37
VIJOICE 156,157
vilazodone hcl 40
VINATE DHA RF 161
VINATE II 161
VINATE ONE 161
VIOKACE 103
viorele 90
VIRACEPT 76
VIREAD 76
VIRT-NATE DHA 161
VIRT-PN DHA 161
VISCO-3 164
VISUDYNE 168
VITAFOL GUMMIES 162
VITAFOL ULTRA 162
VITAFOL-NANO 162
VITAFOL-OB 162
VITAFOL-OB+DHA 162
VITAFOL-ONE 162
VITAMEDMD ONE RX/QUATREFOLIC 162
VITAMEDMD REDICHEW RX 162
vitamin d (ergocalciferol) 189
VITAMINS ACD-FLUORIDE 159
VITAPEARL 162
VITATHELY WITH GINGER 162
VITRAKVI 67
VIVA DHA 162
VIVAGUARD LANCETS 137
VIVAGUARD LANCETS 30G 137
VIVAGUARD LANCING DEVICE 137
VIVAGUARD SAFETY LANCETS 28G 137
VIVITROL 46
VIVOTIF 186
VIZIMPRO 58
VOCABRIA 76
volnea 90
VONJO 67
VORANIGO 67
VORAXAZE 68
voriconazole 48
VOXZOGO 106
VP INSULIN SYRINGE 153
VRAYLAR 70
vyfemla 90
VYKAT XR 184
VYLEESI 173
vylibra 90
VYLOY 57
VYNDAMAX 83
VYNDAQEL 83
VYVGART 156
VYVGART HYTRULO 156
VYXEOS 61
VYZULTA 169

W

WALGREENS ADV TRAVEL LANCETS 137
WALGREENS GLUCOSE 43
WALGREENS LANCETS 137
WALGREENS LANCETS MICRO THIN 137
WALGREENS LANCETS SUPER THIN 137
WALGREENS THIN LANCETS 137
WALGREENS ULTRA THIN LANCETS 137

warfarin sodium . . . 33
WEBCOL ALCOHOL PREP LARGE . . . 139
WEBCOL ALCOHOL PREP MEDIUM . . . 139
WEGMANS UNIFINE PENTIPS PLUS . . . 153
WEGOVY . . . 17
WEGOVY HD . . . 17
WELIREG . . . 60
wera . . . 90
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 . . . 119
WIDE-SEAL DIAPHRAGM 65 . . . 119
WIDE-SEAL DIAPHRAGM 70 . . . 119
WIDE-SEAL DIAPHRAGM 75 . . . 119
WIDE-SEAL DIAPHRAGM 80 . . . 119
WIDE-SEAL DIAPHRAGM 85 . . . 119
WIDE-SEAL DIAPHRAGM 90 . . . 120
WIDE-SEAL DIAPHRAGM 95 . . . 120
WINRHO SDF . . . 171
wixela inhub . . . 33
wymzya fe . . . 90
WYOST . . . 185

X

XACDURO . . . 27
XALKORI . . . 67
xarah fe . . . 90
XARELTO . . . 34
XARELTO STARTER PACK . . . 34
XCOPRI . . . 37
XCOPRI (250 MG DAILY DOSE) . . . 37
XCOPRI (350 MG DAILY DOSE) . . . 37
XDEMVY . . . 167
XELJANZ . . . 19
XELJANZ XR . . . 19
xelria fe . . . 90
XEMBIFY . . . 171
XENICAL . . . 17
XENLETA . . . 28
XEOMIN . . . 165
XEPI . . . 96
XERAC AC . . . 101
XERESE . . . 98
XERMELO . . . 112
XIAFLEX . . . 155
XIFAXAN . . . 27
XIIDRA . . . 167
XIPERE . . . 168
XOFIGO . . . 68
XOFLUZA (40 MG DOSE) . . . 78
XOFLUZA (80 MG DOSE) . . . 78
XOLAIR . . . 31
XOLREMDI . . . 117
XOSPATA . . . 67
XPHOZAH . . . 106
XPOVIO (100 MG ONCE WEEKLY) . . . 60
XPOVIO (40 MG TWICE WEEKLY) . . . 60
XPOVIO (60 MG ONCE WEEKLY) . . . 61
XPOVIO (60 MG TWICE WEEKLY) . . . 61
XPOVIO (80 MG ONCE WEEKLY) . . . 61
XPOVIO (80 MG TWICE WEEKLY) . . . 61
XTANDI . . . 60
xulane . . . 90
XULTOPHY . . . 41
XYREM . . . 172
xyvona . . . 24
XYWAV . . . 172

Y

yargesa . . . 115
YARTEMLEA . . . 185
YASMIN 28 . . . 90
YAZ . . . 90
YCANTH . . . 100
YERVOY . . . 57
YESINTEK . . . 185
YEZTUGO . . . 76,185
yl folic acid . . . 115

YONDELIS 54
your choice 91
yulithira 67
yuvafem 189
YUVIWEL 185

Z

zafemy 90
zafirlukast 31
zaleplon 118
ZALVIT 162
zarah 90
ZATEAN-PN DHA 162
ZEJULA 67
ZELBORAF 67
zelvysia 106
ZEMBRACE SYMTOUCH 154
zenatane 95
ZENPEP 103
ZEPBOUND 17
ZEPOSIA 175
ZEPOSIA 7-DAY STARTER PACK 175
ZEPOSIA STARTER KIT 175
ZEPZELCA 54
ZEVRX INSULIN SYRINGE 153
ZEVRX PEN NEEDLES 153
ZEVRX STERILE ALCOHOL PREP PAD 139
ZEVRX TWIST TOP LANCETS 30G 137
zidovudine 76,77
ZIEXTENZO 117
ZIIHERA 185
ZINPLAVA 171
ZIPHEX 162
ziprasidone hcl 70
ZOKINVY 157
ZOLADEX 60
ZOLEDRONIC ACID 104
zoledronic acid 104
ZOLINZA 67
zolmitriptan 154
ZOLPIDEM TARTRATE 118
zolpidem tartrate 118
zolpidem tartrate er 118
ZOMACTON 105
zomig 154
zonisamide 37
zovia 1/35 (28) 90
ZTALMY 37
zumandimine 90
ZURZUVAE 39
ZYCUBO 185
ZYDELIG 67
ZYKADIA 67
ZYMFENTRA (1 PEN) 111
ZYMFENTRA (2 PEN) 111
ZYMFENTRA (2 SYRINGE) 111
ZYNLONTA 57
ZYNYZ 57
ZYPITAMAG 50
ZYPREXA RELPREVV 72