

A woman with dark hair tied back is sitting in a meditative lotus position on a wooden floor. She is wearing a light-colored sleeveless top and orange pants. Her hands are resting on her knees with palms facing up. In the background, there is a large window with white curtains, a potted plant on the windowsill, and a small wooden table with various decorative items. A black and white cat is sitting on the floor next to her.

Geisinger 4th Tier

Geisinger
HEALTH PLAN

2025
List of covered drugs

General Formulary Information

This formulary is applicable to the 4 Tier Prescription Medication Benefit plans offered by Geisinger Health Plan, Geisinger Choice PPO and Geisinger Health Options.

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

This formulary represents the 4 Tier Prescription Medication benefit. This formulary was designed to be a useful tool if you have prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be looked up by using the index at the back.

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

Pharmacy Customer Service Team Contact Information

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

Fax: 570-300-2122

Mailing address:

Geisinger Health Plan

Pharmacy Department

Internal Mail Code 24-10

100 North Academy Avenue

Danville, PA 17822

4 Tier Benefit

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

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

Specialty Vendor Medication Program

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Service Team for additional information on the program and a complete list of the medications included. Note that a maximum of a 34-day supply may be dispensed for specialty vendor medications unless a shorter duration is specified in the formulary or in your specific benefit documents. Medications included in the Specialty Vendor Medication Program are designated in the formulary with SP in the Requirements/Limits column.

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

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Except for those medications classified as being narrow therapeutic index, a brand name medication with a generic equivalent requires prior authorization. If approved, it will be covered at the tier 3 copay.
- Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exceptions process. Non-formulary medications will be available at the tier 3 copay level, if approved.
- 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 2.
- Non-prescription (over-the-counter) medications are not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.

- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 1 copay level if the primary ingredient is generic or the Tier 3 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- Medications listed on Tier 0 are covered at \$0 copay.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization for opioid naïve members if more than a 10-day supply is required for an adult or more than a 5-day supply for a member under 18 years of age.

Using this formulary

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

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

Quantity Limits

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

Step Therapy

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

What is a medication formulary?

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based upon the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if two or more medications produce the same clinical results, elements like cost and ease of use are considered. A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective, and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a “covered” medication and you pay your particular co-pay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication or may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. If an exception is approved under the 4 Tier benefit, you will 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 weight loss and weight management
- Used for cosmetic purposes
- Used for sexual dysfunction

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

Health Care Reform

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

- Aspirin Products - Low dose (81 mg) aspirin products
 - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives - For females
- Bowel Preparations for Colonoscopy - Brands with no generic and generic products
 - In preparation of a screening colonoscopy for members 45-75 years of age.
- Breast Cancer Prevention - Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
 - For women 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 women who are planning or capable of pregnancy.
- Fluoride Supplements - Fluoride drops and chewable tablets
 - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV Pre-Exposure Prophylaxis - Apretude 600 mg/3 mL injection, Descovy 200-25 mg tablet, emtricitabine/tenofovir 200-300 mg tablet, and Vocabria 30 mg tablet
- Smoking Cessation Products - Brands with no generic and generic products
 - Two, 90-day treatment courses per benefit year.
- Statin Preventive Medication - generic products
 - For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations - Preventive vaccines are covered for \$0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.

Depending on your specific benefits and in which state you reside, oral chemotherapy agents may have no cost sharing.

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications.

Formulary development

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

What are generics?

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

Your prescription plan is based on coverage of generic medications. Whenever possible, you should use a cost-effective generic medication.

Notes for providers

Formulary review process: Medications selected for inclusion in the formulary are chosen in consideration of effectiveness, safety and overall value. Evaluation for formulary inclusion is based on formalized selection criteria to determine the most optimal benefit to members. These criteria include but are not limited to:

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

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

- A distinct or unique therapeutic feature
- Greater efficacy, proven in clinical trials, over other medications in the same therapeutic category
- An improved dosing schedule, safety profile or cost-effectiveness over existing formulary medications
- If there are comparable therapeutic agents, additional analysis may be considered. These factors include:
 - Member satisfaction
 - Cost analysis
 - Contract terms and conditions
 - Market share analysis
 - Patent life assessment
 - Utilization management
 - Consumer advertising
 - Per member per month costs

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

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

- Online at ghp.promptpa.com
- By faxing a completed prior authorization form to 570-300-2122
- By mailing a completed prior authorization form to:
 - Attention Pharmacy Department 24-10
100 North Academy Avenue
Danville, PA 17822
- Prior authorization for certain medications can be initiated via phone by calling 800-988-4861

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

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

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

Sources:

Academy of Managed Care Pharmacy (AMCP), "Formulary Management," "Formularies," www.amcp.org, November 2001.

Health Insurance Association of America (HIAA), "Guide to Managed Care: Choosing and Using a Health Plan." www.hiaa.org, November 2001.

National Consumers League (NCL), "Consumer Guide to Generic Medications," www.nclnet.org, November 2001.

"From the Pharmacist," www.cvs.com, November 2001.

Discrimination is against the law

Geisinger Health Plan, 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]，我們可以為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 אײך. נויטיגע צוגאבליכע הילף און סערוויסעס כדי צו צושטעלן אינפארמאציע אין א צוגענגליכע פארמאטן ווערן אויך צוגעשטעלט פריי פון אפצאל. רופט 1-800-447-4000 (TTY: 711) אדער רעדט צו אײער פראוויידער.

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 (TTY: 711) (1-800-447-4000) أو تحدث إلى مقدم الخدمة.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste 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 ઓફિસિયલ સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-447-4000 (TTY: 711) પર કોલ 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 so 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: Չանգահարեք 1-800-447-4000 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

LEGEND

0 ACA Preventative

1 Generics

2 Preferred Brands

3 Non-Preferred Brands

4 Specialty

QL Quantity Limit

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

PA Prior Authorization

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

PA-NSO Prior Authorization - New Starts Only

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

ST Step Therapy

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

AL Age Limit

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

PN Note

This drug has unique PA restrictions

PN Note

This drug has unique restrictions.

SP Specialty Drug

Specialty Vendor Medication Program

PN Note

This drug has unique restrictions

LA Limited Access

Drugs that are only available at certain pharmacies

PN Note

This drug has unique restrictions

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	16
AMINOGLYCOSIDES	17
ANALGESICS - ANTI-INFLAMMATORY	17
ANALGESICS - NONNARCOTIC	20
ANALGESICS - OPIOID	22
ANDROGENS-ANABOLIC	24
ANORECTAL AND RELATED PRODUCTS	25
ANTHELMINTICS	25
ANTI-INFECTIVE AGENTS - MISC.	25
ANTIANGINAL AGENTS	27
ANTIANXIETY AGENTS	27
ANTIARRHYTHMICS	28
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	29
ANTICOAGULANTS	31
ANTICONVULSANTS	32
ANTIDEPRESSANTS	36
ANTIDIABETICS	38
ANTIDIARRHEAL/PROBIOTIC AGENTS	42
ANTIDOTES AND SPECIFIC ANTAGONISTS	43
ANTIEMETICS	43
ANTIFUNGALS	44
ANTIHISTAMINES	44
ANTIHYPERTENSIVES	45
ANTIMALARIALS	49
ANTIMYASTHENIC/CHOLINERGIC AGENTS	50
ANTIMYCOBACTERIAL AGENTS	50
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	50
ANTIPARKINSON AND RELATED THERAPY AGENTS	67
ANTIPSYCHOTICS/ANTIMANIC AGENTS	68
ANTIVIRALS	71
BETA BLOCKERS	76
CALCIUM CHANNEL BLOCKERS	77
CARDIOTONICS	78
CARDIOVASCULAR AGENTS - MISC.	78
CEPHALOSPORINS	80
CONTRACEPTIVES	81
CORTICOSTEROIDS	89
COUGH/COLD/ALLERGY	90
DERMATOLOGICALS	91
DIAGNOSTIC PRODUCTS	99
DIGESTIVE AIDS	100
DIURETICS	100
ENDOCRINE AND METABOLIC AGENTS - MISC.	101
ESTROGENS	105
FLUOROQUINOLONES	106

GASTROINTESTINAL AGENTS - MISC.	106
GENITOURINARY AGENTS - MISCELLANEOUS	109
GOUT AGENTS	110
HEMATOLOGICAL AGENTS - MISC.	110
HEMATOPOIETIC AGENTS	113
HEMOSTATICS	115
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	115
LAXATIVES	116
MACROLIDES	117
MEDICAL DEVICES AND SUPPLIES	117
MIGRAINE PRODUCTS	146
MINERALS ELECTROLYTES	147
MISCELLANEOUS THERAPEUTIC CLASSES	148
MOUTH/THROAT/DENTAL AGENTS	150
MULTIVITAMINS	151
MUSCULOSKELETAL THERAPY AGENTS	155
NASAL AGENTS - SYSTEMIC AND TOPICAL	157
NEUROMUSCULAR AGENTS	158
NUTRIENTS	158
OPHTHALMIC AGENTS	159
OTIC AGENTS	163
OXYTOCICS	163
PASSIVE IMMUNIZING AND TREATMENT AGENTS	163
PENICILLINS	165
PROGESTINS	165
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	165
RESPIRATORY AGENTS - MISC.	170
SULFONAMIDES	171
TETRACYCLINES	171
THYROID AGENTS	171
TOXOIDS	172
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	172
UNCATEGORIZED	174
URINARY ANTISPASMODICS	176
VACCINES	177
VAGINAL AND RELATED PRODUCTS	179
VASOPRESSORS	180
VITAMINS	180

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	1	PA, QL (1 ea per 1 day(s))
<i>methamphetamine hcl</i>	1	
ANALEPTICS		
<i>caffeine citrate</i>	1	
ANOREXIANTS NON-AMPHETAMINE		
DIETHYLPROPION HCL ER	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	
<i>clonidine hcl er 0.1 mg tab er 12h</i>	1	
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	1	
QELBREE 100 MG CAP ER 24H	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.		
<i>armodafinil</i>	1	PA
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	
<i>methylphenidate</i>	1	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>methylphenidate hcl er</i>	1	
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>modafinil</i>	1	PA
AMINOGLYCOSIDES (CONTINUED)		
AMINOGLYCOSIDES		
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (224 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/5ml nebu soln</i>	1	PA, QL (280 ml per 56 days), SP
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
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 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)
SIMPONI 100 MG/ML SOLN A-INJ	4	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 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	4	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN PRSYR	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)

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ	4	QL (360 ml 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 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	4	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN	4	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TOFIDENCE	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)		
<i>cataflam</i>	1	
<i>celecoxib</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	1	
<i>ec-naproxen</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium (200 mg cap, 400 mg cap, 600 mg tab)</i>	1	
FENORTHO	1	
<i>flurbiprofen (100 mg tab)</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	1	
<i>indomethacin er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL (20 ea per fill)
LURBIPR	1	
LURBIRO	1	
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
NALFON 400 MG CAP	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>relafen 500 mg tab</i>	1	
<i>sulindac</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	4	QL (55 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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 RECON SOLN	4	QL (8 ea per 28 days), PA-NSO, 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 (CONTINUED)		
ANALGESIC COMBINATIONS		
<i>bac (butalbital-acetamin-caff)</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg tab)</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
SALICYLATES		
<i>adult aspirin regimen</i>	0	
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin 81</i>	0	
<i>aspirin adult low dose</i>	0	
<i>aspirin adult low strength</i>	0	
<i>aspirin childrens</i>	0	
<i>aspirin ec adult low dose</i>	0	
<i>aspirin ec low dose</i>	0	
<i>aspirin ec low strength</i>	0	
<i>aspirin low dose</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin regimen</i>	0	
<i>bayer aspirin ec low dose</i>	0	
<i>bayer low dose</i>	0	
<i>childrens aspirin</i>	0	
<i>cvs aspirin adult low dose</i>	0	
<i>cvs aspirin adult low strength</i>	0	
<i>cvs aspirin ec 81 mg tab dr</i>	0	
<i>cvs aspirin low dose</i>	0	
<i>cvs aspirin low strength</i>	0	
<i>diflunisal</i>	1	
<i>ecotrin low strength</i>	0	
<i>eq aspirin adult low dose</i>	0	
<i>eq aspirin low dose</i>	0	
<i>eqi aspirin low dose</i>	0	
<i>ft aspirin 81 mg chew tab</i>	0	
<i>ft aspirin low dose</i>	0	
<i>gnp adult aspirin low strength</i>	0	
<i>gnp aspirin 81 mg tab dr</i>	0	
<i>gnp aspirin low dose</i>	0	
<i>goodsense aspirin 81 mg chew tab</i>	0	
<i>goodsense aspirin adult low st</i>	0	
<i>goodsense aspirin low dose</i>	0	
<i>h-e-b aspirin</i>	0	
<i>hm aspirin 81 mg chew tab</i>	0	
<i>hm aspirin ec low dose</i>	0	
<i>kls aspirin low dose</i>	0	
<i>kp aspirin</i>	0	
<i>mm aspirin</i>	0	
<i>px aspirin 81 mg chew tab</i>	0	
<i>px enteric aspirin 81 mg tab dr</i>	0	
<i>qc aspirin low dose</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>qc childrens aspirin</i>	0	
<i>ra aspirin adult low dose</i>	0	
<i>ra aspirin adult low strength</i>	0	
<i>ra aspirin childrens</i>	0	
<i>ra aspirin ec 81 mg tab dr</i>	0	
<i>ra aspirin ec adult low st</i>	0	
<i>salsalate</i>	1	
<i>sb childrens aspirin</i>	0	
<i>sb low dose asa ec</i>	0	
<i>sm aspirin adult low strength</i>	0	
<i>sm aspirin ec low strength</i>	0	
<i>sm aspirin low dose</i>	0	
<i>sm childrens aspirin</i>	0	
<i>st joseph aspirin</i>	0	
<i>st joseph low dose</i>	0	
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
<i>codeine sulfate (15 mg tab, 60 mg tab)</i>	1	
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
<i>fentanyl citrate</i>	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	1	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>levorphanol tartrate 2 mg tab</i>	1	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl intensol</i>	1	PA
<i>methadose</i>	1	PA
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)</i>	1	
MORPHINE SULFATE (CONCENTRATE)	1	
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	1	PA
MORPHINE SULFATE ER BEADS	1	PA
NUCYNTA	3	PA
NUCYNTA ER	3	PA
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	1	PA
OXYCONTIN	3	PA
<i>oxymorphone hcl (5 mg tab, 10 mg tab)</i>	1	
SUBSYS	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	
TRAMADOL HCL (ER BIPHASIC)	1	PA
<i>tramadol hcl er (100 mg cap er 24h, 200 mg cap er 24h)</i>	1	PA
OPIOID COMBINATIONS		
ACETAMINOPHEN-CODEINE (300-15 MG TAB, 300-30 MG TAB, 300-60 MG TAB)	1	
<i>ascomp-codeine</i>	1	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	
<i>endocet</i>	1	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)</i>	1	
HYDROCODONE-IBUPROFEN (7.5-200 MG TAB)	1	
NALOCET	1	

Drug Name	Drug Tier	Requirements/Limits
<i>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)</i>	1	
<i>tramadol-acetaminophen</i>	1	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	4	QL (1.28 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	4	QL (1.92 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	4	QL (2.56 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	4	QL (0.64 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 128 MG/0.36ML SOLN PRSYR	4	QL (0.36 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 64 MG/0.18ML SOLN PRSYR	4	QL (0.18 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 96 MG/0.27ML SOLN PRSYR	4	QL (0.27 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
<i>buprenorphine</i>	1	PA, QL (0.143 ea per 1 days)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl-naloxone hcl</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>butorphanol tartrate</i>	1	
<i>pentazocine-naloxone hcl</i>	1	
SUBLOCADE	3	SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANDROGENS-ANABOLIC (CONTINUED)		
ANDROGENS		
AVEED	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	
<i>testosterone cypionate</i>	1	
TESTOSTERONE ENANTHATE	1	

Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
<i>hydrocort-pramoxine (perianal)</i>	1	
<i>lidocaine-hydrocort (perianal)</i>	1	
LIDOCAINE-HYDROCORTISONE ACE (1-3 % KIT, 2.8-0.55 % GEL, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
<i>lidocort</i>	1	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
<i>anucort-hc</i>	1	
<i>anusol-hc</i>	1	
<i>hemmorex-hc 25 mg suppos</i>	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone acetate 25 mg suppos</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
PROCTOCORT 1 % CREAM	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole</i>	1	QL (4 ea per day(s))
EMVERM	3	PA, QL (6 ea per fill(s))
<i>ivermectin 3 mg tab</i>	1	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS)
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	3	PA, QL (12 ea per 3 days), PN (3 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (250 mg tab, 500 mg tab)</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN 550 MG TAB	4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric</i>	1	
URETRON D/S	2	
XACDURO	4	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	2	
<i>atovaquone</i>	1	
<i>nitazoxanide</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin 350 mg recon soln</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>daptomycin 500 mg recon soln</i>	1	PN (34 DAYS SUPPLY PER FILL)
GLYCOPEPTIDES		
KIMYRSA	4	PA, QL (1 ea per fill)
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	1	
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid 600 mg tab</i>	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		
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	PA
NITRATES		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide mononitrate (20 mg tab)</i>	1	
ISOSORBIDE MONONITRATE 10 MG TAB	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	2	
NITRO-TIME	1	
<i>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)</i>	1	
<i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/spray solution, 0.6 mg sl tab)</i>	1	
NITROLINGUAL	1	
ANTIANXIETY AGENTS (CONTINUED)		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
HYDROXYZINE PAMOATE	2	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	1	
<i>meprobamate</i>	1	
BENZODIAZEPINES		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	
ALPRAZOLAM INTENSOL	2	
<i>alprazolam xr</i>	1	
<i>chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	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)
<i>quinidine gluconate er 324 mg tab er</i>	1	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide</i>	1	
<i>pacorone</i>	1	
ASTHMA AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
ASTHMA - MONOCLONAL ANTIBODIES		
CINQAIR	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
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)
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	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	
<i>ipratropium bromide 0.02 % solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)</i>	1	
<i>montelukast sodium 4 mg packet</i>	1	
<i>zafirlukast</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	1	PA
STEROID INHALANTS		
ARNUITY ELLIPTA	2	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLUTICASONE PROPIONATE DISKUS	2	
FLUTICASONE PROPIONATE HFA	2	
PULMICORT FLEXHALER	2	
QVAR REDHALER	2	
SYMPATHOMIMETICS		
ADVAIR HFA	2	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)</i>	1	
<i>albuterol sulfate hfa</i>	1	
ANORO ELLIPTA	2	
<i>arformoterol tartrate</i>	1	PA
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 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	2	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate</i>	1	QL (1.02 gm per 1 day(s))
COMBIVENT RESPIMAT	2	
DULERA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol</i>	1	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	2	QL (1 ea per 30 day(s))
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	2	QL (1 ea per 30 day(s))
<i>formoterol fumarate</i>	1	PA
<i>ipratropium-albuterol</i>	1	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	
LEVALBUTEROL TARTRATE	1	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA	2	QL (2 ea per 1 days)
<i>wixela inhub</i>	1	QL (2 ea per 1 days)
XANTHINES		
<i>elixophyllin</i>	1	
THEO-24	3	
<i>theophylline</i>	1	
<i>theophylline er</i>	1	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	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)
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 ea per 1 days)
XARELTO 1 MG/ML RECON SUSP	2	QL (20 ml per 1 day(s))
XARELTO 15 MG TAB	2	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO 2.5 MG TAB	2	QL (2 ea per 1 day(s))
XARELTO STARTER PACK	2	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) pf</i>	1	
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate</i>	1	QL (2 ea per 1 day(s))
ANTICONSULSANTS (CONTINUED)		
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)
<i>perampanel</i>	1	PA, QL (1 ea per 1 day(s))
ANTICONSULSANTS - BENZODIAZEPINES		
<i>clobazam (10 mg tab, 20 mg tab)</i>	1	
<i>clobazam 2.5 mg/ml suspension</i>	1	
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	1	
DIASTAT ACUDIAL	2	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	1	
LIBERVANT	2	QL (10 ea per 30 day(s)), AL (2 to 5 yrs old)
SYMPAZAN	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)

Drug Name	Drug Tier	Requirements/Limits
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))
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg/10ml suspension)</i>	1	
<i>carbamazepine 200 mg tab</i>	1	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	1	
CARBATROL	3	
DIACOMIT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EPIDIOLEX	3	PA, SP
<i>epitol</i>	1	
EPRONTIA	3	PA, QL (16 ml per 1 day(s))
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	1	PA, QL (1 ea per 1 day(s))
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	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)
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	1	PA
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	1	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>levetiracetam (100 mg/ml solution, 500 mg/5ml solution)</i>	1	
<i>levetiracetam (250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine 300 mg/5ml suspension</i>	1	
<i>oxcarbazepine er</i>	1	PA
OXTELLAR XR	3	PA
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	
<i>primidone</i>	1	
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	1	PA
<i>subvenite</i>	1	
<i>subvenite starter kit-blue</i>	1	
TEGRETOL 100 MG/5ML SUSPENSION	3	
TEGRETOL 200 MG TAB	3	
TEGRETOL-XR	3	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>topiramate 25 mg/ml solution</i>	1	PA, QL (16 ml per 1 day(s))
<i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	1	PA
<i>topiramate er 200 mg cap er 24h</i>	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
<i>zonisamide</i>	1	
ZTALMY	4	PA, LA, QL (1100 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab)</i>	1	
<i>felbamate 600 mg/5ml suspension</i>	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	4	PA, QL (28 ea per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
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		
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	1	
<i>vigabatrin</i>	1	PA, SP
<i>vigadrone 500 mg packet</i>	1	PA, LA, SP
<i>vigadrone 500 mg tab</i>	1	PA, LA, SP
<i>vigpoder</i>	1	PA, SP
HYDANTOINS		
DILANTIN 100 MG CAP	3	
DILANTIN 125 MG/5ML SUSPENSION	3	
DILANTIN 30 MG CAP	2	
DILANTIN INFATABS	2	
DILANTIN-125	3	
<i>phenytek</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
SUCCINIMIDES		
<i>ethosuximide 250 mg cap</i>	1	
<i>ethosuximide 250 mg/5ml solution</i>	1	
VALPROIC ACID		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium er</i>	1	
<i>valproic acid (250 mg/5ml solution, 500 mg/10ml solution)</i>	1	
<i>valproic acid 250 mg cap</i>	1	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	3	PA, QL (2 ea per 1 days)
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	PA, QL (1 ea per 1 days)
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
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	
<i>tranylcypromine sulfate</i>	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)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate</i>	1	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL (25 MG TAB, 100 MG TAB)	2	
MIGLITOL 50 MG TAB	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	QL (1 ea per 1 days)
JENTADUETO	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)
<i>pioglitazone hcl-glimepiride 30-2 mg tab</i>	1	
<i>pioglitazone hcl-glimepiride 30-4 mg tab</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	1	PA, QL (1 ea per 1 day(s))
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	1	PA, QL (2 ea per 1 day(s))
SYNJARDY	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)
ANTIDIABETIC-ANTIBODIES		
TZIELD	4	PA, LA, SP, PN (14 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
BIGUANIDES		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	2	QL (2 ea per fill)
BAQSIMI TWO PACK	2	QL (2 ea per fill)
CVS GLUCOSE	2	
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	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)

Drug Name	Drug Tier	Requirements/Limits
HY-VEE GLUCOSE	2	
KROGER GLUCOSE	2	
LEADER GLUCOSE	2	
LEADER QUICK DISSOLVE GLUCOSE	2	
LONGS GLUCOSE	2	
MEIJER GLUCOSE	2	
<i>mifepristone 300 mg tab</i>	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	2	
RELION GLUCOSE	2	
SM GLUCOSE	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		
<i>saxagliptin hcl</i>	1	PA, QL (1 ea per 1 day(s))
TRADJENTA	2	QL (1 ea per 1 days)
INCRETIN MIMETIC AGENTS		
<i>liraglutide</i>	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))
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (0.11 ml per 1 days)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	PA, QL (0.11 ml per 1 days)
OZEMPIC (2 MG/DOSE)	2	PA, QL (0.11 ml per 1 days)

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (1 ea per 1 days)
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY	2	PA, QL (0.072 ml per 1 day(s))
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN	1	
INSULIN ASPART	1	
INSULIN ASPART FLEXPEN	1	
INSULIN ASPART PENFILL	1	
INSULIN ASPART PROT & ASPART	1	
INSULIN DEGLUDEC	2	
INSULIN DEGLUDEC FLEXTouch 100 UNIT/ML SOLN PEN	2	
INSULIN DEGLUDEC FLEXTouch 200 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE MAX SOLOSTAR	2	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE-YFGN	2	
LANTUS	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	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN	1	
NOVOLOG FLEXPEN RELION	1	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	1	
NOVOLOG RELION	2	
SEMGLEE (YFGN) 100 UNIT/ML SOLN PEN	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE	2	QL (1 ea per 1 days)
SULFONYLUREAS		
<i>glimepiride</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB)	1	
GLYBURIDE MICRONIZED 6 MG TAB	1	
GLYNASE 3 MG TAB	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	3	PA
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl 2 mg cap</i>	1	
<i>opium</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferasirox granules</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferiprone 500 mg tab</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRAXBIND	4	PA, PN (34 DAYS SUPPLY PER FILL)
OPIOID ANTAGONISTS		
<i>naloxone hcl (0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	0	
<i>naltrexone hcl</i>	1	
REXTOVY	2	
VIVITROL	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	1	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
<i>ondansetron</i>	1	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab, 24 mg tab)</i>	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		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1	
<i>scopolamine</i>	1	
TRANSDERM SCOP	2	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIHIISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate 6 mg tab</i>	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
CLEMASZ	1	
CLEMSZA	1	
<i>di-phen</i>	1	
<i>diphen 12.5 mg/5ml elixir</i>	1	
DIPHENHYDRAMINE HCL (12.5 MG/5ML ELIXIR)	1	
<i>ryvent</i>	1	
ANTIHIISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	1	
<i>promethegan</i>	1	
ANTIHIISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTIHYPERLIPIDEMICS (CONTINUED)		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	PA, QL (1 ea per 1 days)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	PA
NEXLIZET	2	PA, QL (1 ea per 1 days)
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl 0.5 gm cap</i>	1	QL (8 ea per 1 days)
<i>icosapent ethyl 1 gm cap</i>	1	QL (4 ea per 1 days)
<i>omega-3-acid ethyl esters</i>	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam hcl</i>	1	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	
<i>fenofibrate 134 mg cap</i>	1	
FENOFIBRATE MICRONIZED	1	PA
<i>fenofibrate micronized</i>	1	
<i>fenofibric acid</i>	1	
<i>gemfibrozil</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 10 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 20 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	1	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 20 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 80 mg tab</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium 5 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin 20 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	1	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
ZYPITAMAG	3	PA, QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRALUENT	2	PA, QL (0.072 ml per 1 days)
REPATHA	2	PA, QL (0.072 ml per 1 days)
REPATHA PUSHTRONEX SYSTEM	2	PA, QL (0.125 ml per 1 days)
REPATHA SURECLICK	2	PA, QL (0.072 ml per 1 days)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE 2 MG TAB	2	
<i>perindopril erbumine 4 mg tab</i>	1	
PERINDOPRIL ERBUMINE 8 MG TAB	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl</i>	1	SP

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	1	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	1	
METHYLDOPA (250 MG TAB, 500 MG TAB)	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	PA
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	PA
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	
<i>enalapril-hydrochlorothiazide 10-25 mg tab</i>	1	
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-50 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	1	PA
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab)</i>	1	
<i>quinapril-hydrochlorothiazide (20-12.5 mg tab, 20-25 mg tab)</i>	1	
TEKTURNA HCT	3	PA
<i>telmisartan-hctz</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER	1	
<i>valsartan-hydrochlorothiazide</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
ANTIMALARIALS		
ARTESUNATE	4	PN (34 DAYS SUPPLY PER FILL)
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	3	QL (14 ea per 14 day(s)), PN (14 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>pyrimethamine</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>quinine sulfate</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PYRIDOSTIGMINE BROMIDE	1	
<i>pyridostigmine bromide er</i>	1	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID	3	PA, QL (1 ea per 1 days)
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO	4	PA, LA, SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
BELRAPZO	4	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>bendamustine hcl</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
BENDEKA	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	SP
GLEOSTINE	2	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	2	SP
MELPHALAN	1	
MYLERAN	2	SP
<i>oxaliplatin (50 mg recon soln, 100 mg recon soln)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>oxaliplatin (50 mg/10ml solution, 100 mg/20ml solution)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa 100 mg recon soln</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa 15 mg recon soln</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIVIMUSTA	4	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		
<i>capecitabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>clofarabine</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>decitabine</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN 20 MG/ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN 40 MG/2ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
JYLAMVO	3	PA
<i>mercaptopurine 50 mg tab</i>	1	
METHOTREXATE SODIUM (2.5 MG TAB)	1	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)</i>	1	
<i>nelarabine</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONUREG	3	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED	4	PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION)	4	PN (34 DAYS SUPPLY PER FILL)
<i>pemetrexed disodium (750 mg recon soln, 1000 mg recon soln)</i>	4	PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM 850 MG/34ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	4	PN (34 DAYS SUPPLY PER FILL)
PEMFEXY	4	PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE 20 MG/ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE 40 MG/2ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
XATMEP	3	PA, PN (MAX 34 DAY SUPPLY)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN 100 MG/4ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
AVASTIN 400 MG/16ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYRAMZA	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	4	SP, PN (34 DAYS SUPPLY PER FILL)
ZALTRAP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HERZUMA	4	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	4	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT	4	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	4	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	4	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TUKYSA	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)
ARZERRA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPONS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLENREP 100 MG RECON SOLN	4	PA, PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
COLUMVI	4	PA, QL (30 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
DANYELZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DARZALEX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELREXFIO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPLICITI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
GAZYVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMDELLTRA	4	PA, SP, PN (28 DAY SUPPLY PER FILL)
IMFINZI	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	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)
LOQTORZI	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
LUNSUMIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
MONJUVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MYLOTARG	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVAANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SARCLISA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TALVEY	4	PA, PN (34 DAYS SUPPLY PER FILL)
TECENTRIQ	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECVAYLI	4	PA, PN (34 DAYS SUPPLY PER FILL)
TEVIMBRA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TIVDAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
UNITUXIN	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	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEVALIN Y-90	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	4	PA, LA, 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 (30 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 (30 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	4	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>erlotinib hcl 25 mg tab</i>	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EXKIVITY	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>gefitinib</i>	2	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LAZCLUZE	3	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
PORTRAZZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAGRISSO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VECTIBIX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO	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 (30 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		
<i>abiraterone acetate 250 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>abirtega</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 100-500 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 50-500 MG TAB	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>anastrozole</i>	0	
<i>bicalutamide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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)
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)
EMCYT	2	SP
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
<i>exemestane</i>	0	
FASLODEX	4	SP, PN (34 DAYS SUPPLY PER FILL)
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)
<i>fulvestrant</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>letrozole</i>	0	
<i>leuprolide acetate</i>	1	
LUPRON DEPOT (1-MONTH)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH)	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)
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	1	
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide</i>	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	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 86 MG TAB	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>tamoxifen citrate 10 mg tab</i>	0	
<i>tamoxifen citrate 20 mg tab</i>	0	
<i>toremifene citrate</i>	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		
POMALYST	3	QL (21 ea per 28 days), 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)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	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
<i>mitomycin (20 mg recon soln, 40 mg recon soln)</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>mitomycin 5 mg recon soln</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin (20 mg recon soln, 40 mg recon soln)</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin 5 mg recon soln</i>	1	PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO	4	PA, QL (15 ml per 1 day(s)), 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)
KISQALI FEMARA (200 MG DOSE)	3	QL (49 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE)	3	QL (70 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE)	3	QL (91 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)

Drug Name	Drug Tier	Requirements/Limits
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	4	SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN HYCELA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYXEOS	4	PA, LA, 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)
ALIQOPA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
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)
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)
BELEODAQ	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>bortezomib (1 mg recon soln, 2.5 mg recon soln)</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BORTEZOMIB (3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	3	QL (90 ea per 30 days), 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	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
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	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)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>dasatinib 20 mg tab</i>	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>everolimus (2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>everolimus 2 mg tab sol</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
FOTIVDA	3	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
FYARRO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAVRETO	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 100 MG TAB	3	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 400 MG TAB	3	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	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)

Drug Name	Drug Tier	Requirements/Limits
IDHIFA	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 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	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)
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)
KYPROLIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>lapatinib ditosylate</i>	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
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	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)
<i>nilotinib hcl 150 mg cap</i>	1	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<i>nilotinib hcl 200 mg cap</i>	1	QL (112 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>nilotinib hcl 50 mg cap</i>	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	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)

Drug Name	Drug Tier	Requirements/Limits
OJJAARA	3	PA, LA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pazopanib hcl</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PEMAZYRE	3	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PHYRAGO 80 MG TAB	3	QL (30 ea per 30 days), 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 (40 MG CAP, 40 MG TAB)	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	3	QL (120 ea per 30 days), 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)
<i>romidepsin</i>	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)
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	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	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)

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (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)
SPRYCEL 20 MG TAB	3	QL (90 ea per 30 day(s)), 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)
<i>sunitinib malate</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA	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 ml per 30 days), 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)
TASIGNA 150 MG CAP	3	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 200 MG CAP	3	QL (112 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 50 MG CAP	3	QL (120 ea per 30 day(s)), 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)
<i>temsirolimus</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEPMETKO	3	LA, 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)
<i>torpenz</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	3	QL (64 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB, 200 MG TAB)	3	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TURALIO 125 MG CAP	3	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA	3	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO	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)
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	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)
ANTINEOPLASTIC ENZYMES		
ASPARLAS	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
RYLAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AZEDRA THERAPEUTIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUTATHERA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PLUVICTO	4	PA, PN (42 DAYS SUPPLY PER FILL)
XOFIGO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
BESREMI	4	LA, QL (2 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>bexarotene 75 mg cap</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>hydroxyurea</i>	1	
MATULANE	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>tretinoin 10 mg cap</i>	1	SP
TRISENOX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY ADJUNCTS		
ELITEK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IWILFIN	4	LA, QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<i>mesna 400 mg tab</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
MESNEX 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		
ABRAXANE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>eribulin mesylate</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ETOPOSIDE	1	SP
HALAVEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IXEMPRA KIT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JEVTANA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MARQIBO	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>paclitaxel protein-bound part</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PACLITAXEL PROTEIN-BOUND PART	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONCOLYTIC VIRAL AGENTS		
IMLYGIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
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 (CONTINUED)		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone</i>	1	
ONGENTYS	3	ST, QL (1 ea per 1 days)
<i>tolcapone</i>	1	ST
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1	
<i>apomorphine hcl</i>	1	ST, SP, PN (34 DAYS SUPPLY PER FILL)
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	2	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	1	
<i>carbidopa-levodopa er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone</i>	1	
INBRIJA	4	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	4	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
KYNMOBI TITRATION KIT	4	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	PA
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	1	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
<i>lithium carbonate</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
LITHOBID	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	4	PA, QL (1 ea per 1 days)
<i>lurasidone hcl</i>	1	PA
NUPLAZID	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR	3	PA, QL (1 ea per 1 days)
<i>ziprasidone hcl</i>	1	
BENZISOXAZOLES		
FANAPT	4	PA
FANAPT TITRATION PACK A	4	PA
FANAPT TITRATION PACK B	4	PA

Drug Name	Drug Tier	Requirements/Limits
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)
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)
<i>paliperidone er</i>	1	PA
PERSERIS	4	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA	4	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>risperidone (0.25 mg tab, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	1	
<i>risperidone (0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	
<i>risperidone microspheres er</i>	4	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO	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)

Drug Name	Drug Tier	Requirements/Limits
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)
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		
<i>haloperidol</i>	1	
<i>haloperidol decanoate 100 mg/ml solution</i>	1	
<i>haloperidol decanoate 50 mg/ml solution</i>	1	
<i>haloperidol lactate</i>	1	
DIBENZAPINES		
<i>asenapine maleate</i>	1	PA
<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	1	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>loxapine succinate</i>	1	
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	1	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	1	
<i>quetiapine fumarate</i>	1	
<i>quetiapine fumarate er</i>	1	
SECUADO	3	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV	4	PA, QL (2 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MUSCARINIC AGENTS		
COBENFY	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		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC)	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	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	4	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>aripiprazole 1 mg/ml solution</i>	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		
<i>thiothixene</i>	1	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (30 ml per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate 300 mg tab</i>	1	QL (2 ea per 1 days)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	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)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1	QL (2 ea per 1 days)
<i>atazanavir sulfate 300 mg cap</i>	1	QL (1 ea per 1 days)
BIKTARVY	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))
COMPLERA	2	QL (1 ea per 1 day(s))
<i>darunavir 600 mg tab</i>	1	QL (2 ea per 1 day(s))
<i>darunavir 800 mg tab</i>	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 days)
<i>efavirenz</i>	1	QL (1 ea per 1 days)
EFAVIRENZ 200 MG CAP	1	QL (2 ea per 1 days)
EFAVIRENZ 50 MG CAP	1	QL (3 ea per 1 days)
<i>efavirenz-emtricitab-tenofo df</i>	1	QL (1 ea per 1 days)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	1	QL (1 ea per 1 day(s))
<i>efavirenz-lamivudine-tenofovir</i>	1	QL (1 ea per 1 days)
<i>emtricitab-rilpivir-tenofov df</i>	1	QL (1 ea per 1 day(s))
<i>emtricitabine</i>	1	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	QL (1 ea per 1 days)
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 ml per 1 days)
<i>etravirine</i>	1	QL (2 ea per 1 days)
EVOTAZ	2	QL (1 ea per 1 days)
<i>fosamprenavir calcium</i>	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))
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	1	QL (30 ml per 1 days)
<i>lamivudine 150 mg tab</i>	1	QL (2 ea per 1 days)
<i>lamivudine 300 mg tab</i>	1	QL (1 ea per 1 days)
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	QL (2 ea per 1 days)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	QL (8 ea per 1 days)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	QL (4 ea per 1 days)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (14 ml per 1 days)
<i>maraviroc 150 mg tab</i>	1	QL (2 ea per 1 days)
<i>maraviroc 300 mg tab</i>	1	QL (4 ea per 1 days)
<i>nevirapine</i>	1	QL (2 ea per 1 days)
NEVIRAPINE	1	QL (40 ml per 1 days)
<i>nevirapine er</i>	1	QL (1 ea per 1 days)
NEVIRAPINE ER	1	QL (3 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)
<i>ritonavir</i>	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 DAY 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)
SYM TUZA	2	QL (1 ea per 1 days)
<i>tenofovir disoproxil fumarate</i>	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)
<i>zidovudine 100 mg cap</i>	1	QL (6 ea per 1 days)
<i>zidovudine 300 mg tab</i>	1	QL (2 ea per 1 days)
<i>zidovudine 50 mg/5ml syrup</i>	1	QL (6 ml per 1 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID	3	QL (11 ea per fill(s))

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (150/100)	2	QL (20 ea per fill(s))
PAXLOVID (300/100)	0	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)
<i>valganciclovir hcl</i>	4	PN (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>entecavir</i>	1	
<i>lamivudine 100 mg tab</i>	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	2	SP
VEMLIDY	2	QL (1 ea per 1 days)
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (84 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 45 mg cap</i>	1	QL (48 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (540 ml per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	1	QL (42 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
RIMANTADINE HCL	1	
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		
<i>ribavirin</i>	2	SP
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>carvedilol phosphate er (10 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i>	1	PA
<i>carvedilol phosphate er 20 mg cap er 24h</i>	1	PA
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>metoprolol tartrate (37.5 mg tab, 75 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hcl</i>	1	ST
BETA BLOCKERS NON-SELECTIVE		
INNOPRAN XL	2	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>timolol maleate (5 mg tab, 10 mg tab)</i>	1	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>cartia xt (120 mg cap er 24h, 300 mg cap er 24h)</i>	1	
<i>cartia xt (180 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>dilt-xr (120 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>dilt-xr 180 mg cap er 24h</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er (120 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>diltiazem hcl er 180 mg cap er 24h</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine</i>	1	
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>taztia xt (300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
<i>tiadylt er (120 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
<i>tiadylt er (180 mg cap er 24h, 420 mg cap er 24h)</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg tab er)</i>	1	
<i>verapamil hcl er 240 mg cap er 24h</i>	1	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
DIGOXIN (0.05 MG/ML SOLUTION)	1	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	1	
LANOXIN (125 MCG TAB, 250 MCG TAB)	3	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO 24-26 MG TAB	2	QL (6 ea per 1 day(s))
ENTRESTO 49-51 MG TAB	2	QL (3 ea per 1 day(s))
ENTRESTO 97-103 MG TAB	2	QL (2 ea per 1 day(s))
<i>sacubitril-valsartan 24-26 mg tab</i>	1	QL (6 ea per 1 day(s))
<i>sacubitril-valsartan 49-51 mg tab</i>	1	QL (3 ea per 1 day(s))
<i>sacubitril-valsartan 97-103 mg tab</i>	1	QL (2 ea per 1 day(s))
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO	4	PA, QL (1 ea per 1 day(s))
IMPOTENCE AGENTS		
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	1	PA, QL (1 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>treprostinil</i>	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)
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 (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 32MCG & 112 X48MCG POWDER	4	PA, QL (224 ea per 28 days), 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 112 X 16MCG & 84 X 32MCG POWDER	4	PA, QL (196 ea per 28 days), 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	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan 32 mg tab sol</i>	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OPSUMIT	4	PA, QL (30 ea per 30 days), 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		
<i>sildenafil citrate 10 mg/ml recon susp</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 20 mg tab</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	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	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	3	PA, QL (2 ea per 1 day(s))
CORLANOR 5 MG/5ML SOLUTION	3	PA, QL (20 ml per 1 days)
<i>ivabradine hcl</i>	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 (CONTINUED)		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	1	
CEFACLOR ER	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	4	PA, PN (34 DAYS SUPPLY PER FILL)
CONTRACEPTIVES (CONTINUED)		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	0	
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethia</i>	0	
<i>amethyst</i>	0	
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30</i>	0	
<i>aurovela 1/20</i>	0	
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30</i>	0	
<i>aurovela fe 1/20</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette</i>	0	
BALCOLTRA	0	
<i>balziva</i>	0	
BEYAZ	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30</i>	0	
<i>blisovi fe 1/20</i>	0	
<i>brielllyn</i>	0	
<i>camrese</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>camrese lo</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal</i>	0	
<i>chateal eq</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>daysee</i>	0	
<i>delyla</i>	0	
<i>desogestrel-ethinyl estradiol</i>	0	
<i>dolishale</i>	0	
<i>drospiren-eth estrad-levomefol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>elinest</i>	0	
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
<i>ethynodiol diac-eth estradiol</i>	0	
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>feirza 1.5/30</i>	0	
<i>feirza 1/20</i>	0	
FEMLYV	0	
<i>femynor</i>	0	
<i>finzala</i>	0	
<i>galbriela</i>	0	

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

Drug Name	Drug Tier	Requirements/Limits
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth estrad triphasic</i>	0	
<i>levonorgest-eth est & eth est</i>	0	
<i>levonorgest-eth estrad 91-day</i>	0	
<i>levonorgest-eth estradiol-iron</i>	0	
<i>levonorgestrel-ethinyl estrad</i>	0	
<i>levora 0.15/30 (28)</i>	0	
<i>lillow</i>	0	
LO LOESTRIN FE	0	
<i>lo-zumandimine</i>	0	
<i>loestrin 1.5/30 (21)</i>	0	
<i>loestrin 1/20 (21)</i>	0	
<i>loestrin fe 1.5/30</i>	0	
<i>loestrin fe 1/20</i>	0	
<i>lojaimiess</i>	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>luizza 1.5/30</i>	0	
<i>luizza 1/20</i>	0	
<i>luteru</i>	0	
<i>marlissa</i>	0	
<i>merzee</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30</i>	0	
<i>microgestin 1/20</i>	0	
<i>microgestin 24 fe</i>	0	
<i>microgestin fe 1.5/30</i>	0	
<i>microgestin fe 1/20</i>	0	
<i>mili</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>minzoya</i>	0	
<i>mono-lynyah</i>	0	
NATAZIA	0	
<i>necon 0.5/35 (28)</i>	0	
NEXTSTELLIS	0	
<i>nikki</i>	0	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	0	
<i>norethin-eth estradiol-fe</i>	0	
<i>norethindron-ethinyl estrad-fe</i>	0	
<i>norethindrone acet-ethinyl est</i>	0	
<i>norgestim-eth estrad triphasic</i>	0	
<i>norgestimate-eth estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	
<i>nortrel 1/35 (28)</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>nylia 7/7/7</i>	0	
<i>nymyo</i>	0	
<i>ocella</i>	0	
<i>orsythia</i>	0	
<i>philith</i>	0	
<i>pimtrea</i>	0	
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
<i>rosyrah</i>	0	

Drug Name	Drug Tier	Requirements/Limits
SAFYRAL	0	
<i>setlakin</i>	0	
<i>simliya</i>	0	
<i>simpesse</i>	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20</i>	0	
<i>tarina fe 1/20 eq</i>	0	
<i>taysofy</i>	0	
TAYTULLA	0	
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	
<i>tri-lynyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-nymyo</i>	0	
<i>tri-previfem</i>	0	
<i>tri-sprintec</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>trivora (28)</i>	0	
<i>turqoz</i>	0	
TYBLUME	0	
<i>tydemy</i>	0	

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

Drug Name	Drug Tier	Requirements/Limits
COPPER CONTRACEPTIVES - IUD		
MIUDELLA INTRAUTERINE COPPER	0	PN (MAX 1095 DAYS SUPPLY)
PARAGARD INTRAUTERINE COPPER	0	PN (MAX 3650 DAYS SUPPLY)
EMERGENCY CONTRACEPTIVES		
<i>aftera</i>	0	
<i>afterpill</i>	0	
<i>curae</i>	0	
<i>econtra ez</i>	0	
<i>econtra one-step</i>	0	
ELLA	0	
<i>her style</i>	0	
<i>levonorgestrel</i>	0	
<i>my choice</i>	0	
<i>my way</i>	0	
<i>new day</i>	0	
<i>opcicon one-step</i>	0	
<i>option 2</i>	0	
PLAN B ONE-STEP	0	
<i>react</i>	0	
<i>take action</i>	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
DEPO-SUBQ PROVERA 104	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
MIRENA (52 MG)	0	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	0	
<i>deblitane</i>	0	
<i>emzahh</i>	0	
<i>errin</i>	0	
<i>heather</i>	0	
<i>incassia</i>	0	
<i>jencycla</i>	0	
<i>lyleq</i>	0	
<i>lyza</i>	0	
<i>meleya</i>	0	
<i>nora-be</i>	0	
<i>norethindrone</i>	0	
<i>norlyda</i>	0	
<i>norlyroc</i>	0	
OPILL	0	
<i>orquidea</i>	0	
<i>sharobel</i>	0	
SLYND	0	
<i>tulana</i>	0	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	1	
<i>decadron</i>	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf)</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	1	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	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)	2	PN (34 DAYS SUPPLY PER FILL)
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	1	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	
<i>hydromet</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	1	
<i>g tussin ac</i>	1	
<i>guaiaatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i>	1	
HYDROCOD POLI-CHLORPHE POLI ER	1	
<i>maxi-tuss ac</i>	1	
NINJACOF-XG	1	
PROMETHAZINE VC	1	
PROMETHAZINE VC/CODEINE	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
PROMETHAZINE-PHENYLEPHRINE	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoeph-bromphen-dm</i>	1	
<i>virtussin a/c</i>	1	
<i>virtussin ac w/alc</i>	1	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	3	
NEBUSAL	3	
<i>nebusal</i>	1	
<i>pulmosal</i>	1	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
<i>accutane</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>adapalene (0.1 % gel, 0.3 % gel)</i>	1	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	
<i>amnestem</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
<i>avita</i>	1	AL (Up to 30 yrs old)
BENZOYL PEROXIDE 9.8 % FOAM	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>clindacin etz</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos (once-daily)</i>	1	
<i>clindamycin phos (twice-daily)</i>	1	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>enzoclear</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCIN (2 % GEL, 2 % SOLUTION)	1	
FABIOR	3	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>myorisan</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>neuac</i>	1	
<i>sss 10-5</i>	1	
<i>sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % liquid)</i>	1	
<i>sulfacetamide sodium (acne)</i>	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	
<i>sulfacleanse 8/4</i>	1	
TAZAROTENE	1	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	AL (Up to 30 yrs old)
<i>zenatane</i>	4	PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	1	PA, QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 1 % gel</i>	1	QL (10 gm per 1 days)
<i>diclofenac sodium 1.5 % solution</i>	1	PA
FLECTOR	1	QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
ANTIBIOTICS - TOPICAL		
ALTABAX	3	PA
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
XEPI	3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole (2 % cream, 2 % shampoo)</i>	1	
KETODAN	1	
<i>klayesta</i>	1	
NAFTIFINE HCL (2 % CREAM)	1	
<i>nyamyc</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>fluorouracil (5 % cream, 5 % solution)</i>	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, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPSORIATICS		
<i>acitretin</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	
<i>calcitrene</i>	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)

Drug Name	Drug Tier	Requirements/Limits
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)
SPEVIGO 450 MG/7.5ML SOLUTION	4	PA, QL (15 ml per fill), SP
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	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)
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)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium sulfacetamide wash</i>	1	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	1	
<i>sulfacetamide sodium (cleans)</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir</i>	1	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	3	PA
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
CAUTERIZING AGENTS		
<i>silver nitrate</i>	1	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	1	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
<i>clodan</i>	1	
CORDRAN 4 MCG/SQCM TAPE	3	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone (0.05 % cream, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	
<i>fluocinonide emulsified base</i>	1	
FLURANDRENOLIDE (0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT)	1	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
PRAMOSONE 1-2.5 % CREAM	1	
PREDNICARBATE	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone in absorbbase</i>	1	
<i>trianex</i>	1	
<i>triderm</i>	1	
<i>tritocin</i>	1	
VERDESO	3	PA
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ADBRY 300 MG/2ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	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		
<i>imiquimod 5 % cream</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR	4	PA, LA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pimecrolimus</i>	1	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN	4	PA, QL (2 ea per 21 days), PN (21 DAYS SUPPLY PER FILL)
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	1	
SALIMEZ	1	
SALYCIM	1	
YCANTH	4	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS - TOPICAL		
<i>anodyne lpt</i>	1	
APRIZIO PAK II	1	
<i>dermacinrx lidocaine</i>	1	
EMPRICAINE-II	1	
<i>glydo</i>	1	
<i>lidocaine 5 % patch</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidocaine hcl (3 % cream, 4 % solution)</i>	1	
<i>lidocaine hcl urethral/mucosal</i>	1	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	1	
<i>lidocan</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidopin</i>	1	
<i>lidopril</i>	1	
<i>lidopril xr</i>	1	
NUVAKAAN-II	1	
<i>prilolid</i>	1	
PRIZOPAK II	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)
<i>relador pak</i>	1	
<i>relador pak plus</i>	1	
<i>tridacaine ii</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tridacaine iii</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
MISC. TOPICAL		
<i>alcohol wipes</i>	2	
<i>cvs isopropyl alcohol wipes</i>	2	
DRYSOL	1	
<i>isopropyl alcohol 70 % misc</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isopropyl alcohol wipes</i>	2	
<i>medpura alcohol pads</i>	2	
QBREXZA	2	PA, QL (1 ea per 1 days)
<i>qc alcohol</i>	2	
<i>ra isopropyl alcohol wipes</i>	2	
XERAC AC	1	
PROTECTIVES AGAINST UV RADIATION		
SCENESSE	4	PA, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROSACEA AGENTS		
<i>azelaic acid</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	PA, QL (30 gm per fill)
FINACEA 15 % FOAM	3	PA
<i>ivermectin 1 % cream</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
ROSADAN (0.75 % CREAM KIT)	1	
SCABICIDES PEDICULIDES		
IVERMECTIN 0.5 % LOTION	1	
LINDANE	1	
<i>malathion</i>	1	
NATROBA	2	PA
<i>permethrin</i>	1	
SPINOSAD	2	PA
WOUND CARE PRODUCTS		
VYJUVEK	4	PA, QL (10 ml per 8 days), PN (28 DAYS SUPPLY PER FILL)
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC DRUGS		
MACRILEN	4	PN (34 DAYS SUPPLY PER FILL)
THYROGEN	4	SP, PN (34 DAYS SUPPLY PER FILL)
DIAGNOSTIC TESTS		
CHEMSTRIP K	3	QL (100 ea per fill)

Drug Name	Drug Tier	Requirements/Limits
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 (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	2	
PERTZYE	3	PA
SUCRAID	4	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE	3	PA
ZENPEP	3	PA
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>toremide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
DIURIL	2	
<i>hydrochlorothiazide (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>hydrochlorothiazide 12.5 mg cap</i>	1	
<i>indapamide</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	1	
BINOSTO	3	PA
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 ea per 30 days)
PROLIA	4	PA, SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	
TERIPARATIDE	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)
XGEVA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/5ML CONC)	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>zoledronic acid 5 mg/100ml solution</i>	1	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN	2	PA
<i>clomid</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clomiphene citrate</i>	2	
FOLLISTIM AQ	2	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	4	PN (34 DAYS SUPPLY PER FILL)
<i>milophene</i>	2	
NOVAREL	3	
OVIDREL	3	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	3	
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>ganirelix acetate</i>	2	
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GROWTH HORMONES		
GENOTROPIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NGENLA	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPPO	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	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)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ZOMACTON	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (FOR ZOMA-JET 10)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl</i>	0	
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
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)
LUPRON DEPOT-PED (1-MONTH)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	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)
BRINEURA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	
<i>cinacalcet hcl</i>	1	
CRYSVITA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	1	
ELAPRASE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
FABRAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>javygtor (100 mg tab, 500 mg packet)</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>javygtor 100 mg packet</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KANUMA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LAMZEDE	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
LUMIZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MEPSEVII	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NAGLAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NEXVIAZYME	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NULIBRY	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
PARSABIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride 100 mg packet</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
STRENSIQ	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
VIMIZIM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 20 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 4 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XPHOZAH	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>zelvysia 100 mg packet</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>zelvysia 500 mg packet</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NATRIURETIC PEPTIDES		
VOXZOGO	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray</i>	1	
TERLIVAZ	4	PA, SP, PN (14 DAYS SUPPLY PER FILL)
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SOMATOSTATIC AGENTS		
<i>lanreotide acetate</i>	4	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
LANREOTIDE ACETATE	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
OCTREOTIDE ACETATE	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>octreotide acetate (20 mg kit, 30 mg kit)</i>	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT (20 MG KIT, 30 MG KIT)	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SANDOSTATIN LAR DEPOT 10 MG KIT	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR LAR	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	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>amabelz</i>	1	
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>est estrogens-methyltest</i>	1	
<i>est estrogens-methyltest ds</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>est estrogens-methyltest hs</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estratest f.s.</i>	1	
<i>estratest h.s.</i>	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	
<i>norethindrone-eth estradiol</i>	1	
PREMPHASE	2	
PREMPRO	2	
ESTROGENS		
<i>dotti</i>	1	QL (8 ea per 28 day(s))
ELESTRIN	3	
<i>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)</i>	1	QL (8 ea per 28 day(s))
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	1	
<i>estradiol valerate</i>	1	
<i>lyllana</i>	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 (CONTINUED)		
FLUOROQUINOLONES		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	QL (2 ea per 1 days)
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
HEPATOTROPICS		
REZDIFFRA	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)
<i>balsalazide disodium</i>	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)
INFLECTRA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
INFLIXIMAB	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
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)
REMICADE	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLEXIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
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)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	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		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl</i>	1	
LINZESS	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	2	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
AURYXIA	4	PA, QL (408 ea per 34 days), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate</i>	1	
<i>calcium acetate (phos binder)</i>	1	
<i>calphron</i>	1	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	PA
VELPHORO	4	PA, PN (34 DAYS SUPPLY PER FILL)
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 (CONTINUED)		
ALKALINIZERS		
CYTRA K CRYSTALS	1	
CYTRA-3	1	
<i>cytra-k</i>	1	
<i>pot & sod cit-cit ac</i>	1	
<i>potassium citrate er</i>	1	
<i>potassium citrate-citric acid</i>	1	
<i>tricitrates</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON	2	LA, 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	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	PA
<i>finasteride 5 mg tab</i>	1	
<i>silodosin</i>	1	PA
<i>tamsulosin hcl</i>	1	
URINARY STONE AGENTS		
LITHOSTAT	2	
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	
GOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	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		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIHEMOPHILIC PRODUCTS		
ADVATE (1500 RECON SOLN, 4000 RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ADVATE (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ADVATE 250 UNIT RECON SOLN	4	SP, PN (34 DAYS SUPPLY PER FILL)
AFSTYLA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ALPHANATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALTUVIIIIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELOCTATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FEIBA	4	PA, SP
HEMGENIX	4	PA, LA, QL (1 ea per lifetime), SP, PN (1 DOSE PER LIFETIME BY GPI-12)
HEMLIBRA (12 MG/0.4ML SOLUTION, 30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMLIBRA 300 MG/2ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
HEMOFIL M	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATE-P	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI 4000 UNIT RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KCENTRA	4	SP, PN (34 DAYS SUPPLY PER FILL)
KOATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOATE-DVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOVALTRY	4	SP, PN (34 DAYS SUPPLY PER FILL)
NOVOEIGHT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OBIZUR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RECOMBINATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
WILATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	4	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sajazir</i>	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)

Drug Name	Drug Tier	Requirements/Limits
CINRYZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPAVELI	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ENJAYMO	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)
HAEGARDA	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)
SOLIRIS	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VEOPOZ	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	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, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	1	PN (MAX 34 DAY SUPPLY)
<i>aspirin-dipyridamole er</i>	1	
BRILINTA	3	
CABLIVI	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 300 mg tab</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole</i>	1	
<i>prasugrel hcl</i>	1	
<i>ticagrelor</i>	1	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PYRUKYND TAPER PACK	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CEREZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELELYSO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>miglustat</i>	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VPRIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>yargesa</i>	4	PA, LA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENDARI	4	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>L-glutamine 5 gm packet</i>	4	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
FOLIC ACID/FOLATES		
<i>cvs folic acid</i>	0	
<i>folate</i>	0	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	0	
<i>folic acid 1 mg tab</i>	1	
<i>ft folic acid</i>	0	
<i>gnp folic acid</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>hm folic acid</i>	0	
<i>kp folic acid 800 mcg tab</i>	0	
<i>px folic acid</i>	0	
<i>qc folic acid</i>	0	
<i>ra folic acid</i>	0	
<i>sm folic acid</i>	0	
<i>true folic acid 400 mcg tab</i>	0	
<i>yl folic acid</i>	0	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DOPTELET	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>eltrombopag olamine 25 mg packet</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN	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	4	PA, QL (0.043 ml per 1 days), SP
NEULASTA ONPRO	4	PA, QL (0.043 ml per 1 day(s)), SP
NEUPOGEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	4	PA, QL (0.043 ml per 1 days), SP
PROCRT (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)
PROCRT 40000 UNIT/ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PROMACTA (12.5 MG PACKET, 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
PROMACTA 25 MG PACKET	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
REBLOZYL	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO	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)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT 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
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		
<i>ferumoxytol</i>	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER (100 MG/2ML SOLUTION, 750 MG/15ML SOLUTION)	4	SP, PN (34 DAYS SUPPLY PER FILL)
STEM CELL MOBILIZERS		
APHEXDA	4	PA, PN (30 DAYS SUPPLY PER FILL)
MOZOBIL	4	SP, PN (30 DAYS SUPPLY PER FILL)
XOLREMDI	4	PA, LA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
<i>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)</i>	1	
<i>phenobarbital (20 mg/5ml elixir, 30 mg/7.5ml elixir, 60 mg/15ml elixir)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SEZABY	4	PN (5 DAYS SUPPLY PER FILL)
NON-BARBITURATE HYPNOTICS		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	4	PA, QL (30 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
QUAZEPAM	1	
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	PA
<i>zolpidem tartrate er</i>	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon</i>	1	ST
LAXATIVES (CONTINUED)		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	3	PN (\$0 copay for members age 45-75 years)
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)
<i>gavilyte-g</i>	1	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	1	PN (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg 3350-kcl-na bicarb-nacl</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes/ascorbat</i>	1	PN (\$0 copay for members age 45-75 years)

Drug Name	Drug Tier	Requirements/Limits
<i>peg-kcl-nacl-nasulf-na asc-c</i>	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		
<i>constulose</i>	1	
<i>kristalose</i>	2	PA
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
<i>lactulose 20 gm packet</i>	1	PA
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
CLARITHROMYCIN		
<i>clarithromycin</i>	1	
ERYTHROMYCINS		
E.E.S. 400	1	
<i>ery-tab</i>	1	
ERYTHROCIN STEARATE	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	3	PA, QL (20 ea per fill(s))
DIFICID 40 MG/ML RECON SUSP	3	PA, QL (150 ml per fill)
<i>fidaxomicin</i>	1	PA, QL (20 ea per fill(s))
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
CAYA	0	
FC2 FEMALE CONDOM	0	

Drug Name	Drug Tier	Requirements/Limits
FEMCAP	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	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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 HAEMOLANCE PLUS HIGH	2	
ASSURE HAEMOLANCE PLUS LOW	2	
ASSURE HAEMOLANCE PLUS MICRO	2	
ASSURE HAEMOLANCE PLUS NORMAL	2	
ASSURE HAEMOLANCE PLUS PED	2	
ASSURE LANCE LANCETS	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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 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	

Drug Name	Drug Tier	Requirements/Limits
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 730 days)
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 730 days)
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 (30G X 1/2" 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 PERSONAL LANCETS 30G	2	
DROPSAFE ACTI-LANCE 23G	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART LANCING DEVICE	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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 730 days)
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 730 days)
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 730 day(s))
FREESTYLE LIBRE 3 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	2	QL (1 ea per 730 days)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
MEDISENSE THIN LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
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 LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE	2	
MM 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	

Drug Name	Drug Tier	Requirements/Limits
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	
OMNIPOD 5 G6 PODS (GEN 5)	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE2 G6 INTRO G5	2	
OMNIPOD 5 LIBRE2 PLUS G6 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	
ONETOUCH SURESOFT LANCING DEV	2	
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	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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	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	
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	

Drug Name	Drug Tier	Requirements/Limits
SELECT-LITE LANCING DEVICE	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	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	
STERILANCE PA	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	
SURE-LANCE FLAT LANCETS	2	
SURE-LANCE LANCETS 26G	2	
SURE-LANCE THIN LANCETS 28G	2	
SURE-LANCE ULTRA THIN LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
SURE-PEN	2	
SURE-TOUCH LANCETS UNIVERSAL	2	
SURELITE LANCETS	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	
TECHLITE LANCETS 30G	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	
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	

Drug Name	Drug Tier	Requirements/Limits
ULTILET SAFETY LANCETS 23G	2	
ULTRA THIN LANCETS 31G	2	
ULTRA-CARE 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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	2	
ALCOHOL PREP PADS	2	
ALCOHOL PREPS	2	
ALCOHOL SWABS	2	
ALCOHOL SWABSTICK	2	
AUM ALCOHOL PREP PADS	2	
BD SWAB SINGLE USE REGULAR	2	
BD SWABS SINGLE USE BUTTERFLY	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	

Drug Name	Drug Tier	Requirements/Limits
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	2	
SAPS CARE ALCOHOL PREP	2	
SAPS HEALTH ALCOHOL PREP	2	
SAPS HEALTH CARE ALCOHOL PREP	2	
SB ALCOHOL PREP	2	
SM ALCOHOL PREP	2	
SURE COMFORT ALCOHOL PREP	2	
SURE-PREP ALCOHOL PREP	2	
TRUE COMFORT ALCOHOL PREP PADS	2	
TRUE COMFORT PRO ALCOHOL PREP	2	
ULTICARE ALCOHOL SWABS	2	
ULTILET ALCOHOL SWABS	2	
ULTRA-CARE ALCOHOL PREP PADS	2	
WEBCOL ALCOHOL PREP LARGE	2	

Drug Name	Drug Tier	Requirements/Limits
WEBCOL ALCOHOL PREP MEDIUM	2	
ZEV RX 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	2	
1ST TIER UNIFINE PENTIPS PLUS	2	
ABOUTTIME PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLES	2	
ADVOCATE INSULIN SYRINGE	2	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID INSULIN SAFETY SYR	2	
ASSURE ID PRO PEN NEEDLES	2	
ASSURE ID SAFETY PEN NEEDLES	2	
AUM INSULIN SAFETY PEN NEEDLE	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AURORA PEN NEEDLES	2	
AURORA UNIFINE PENTIPS	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE MICROFINE	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	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	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYR ULTRAFINE	2	
CAREFINE PEN NEEDLES	2	
CAREONE INSULIN SYRINGE	2	
CAREONE UNIFINE PENTIPS	2	
CAREONE UNIFINE PENTIPS PLUS	2	
CARETOUCH INSULIN SYRINGE	2	
CARETOUCH PEN NEEDLES	2	
CEQR 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	
CLICKFINE PEN NEEDLES	2	
COMFORT ASSIST INSULIN SYRINGE	2	
COMFORT EZ INSULIN SYRINGE	2	
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES	2	
COMFORT EZ PRO PEN NEEDLES	2	

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH INSULIN PEN NEED	2	
DIATHRIVE PEN NEEDLE	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
DROPLET MICRON	2	
DROPLET PEN NEEDLES	2	
DROPSAFE SAFETY PEN NEEDLES	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DRUG MART UNIFINE PENTIPS	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	2	
EASY GLIDE PEN NEEDLES	2	
EASY TOUCH FLIPLOCK INSULIN SY	2	
EASY TOUCH INSULIN SAFETY SYR	2	
EASY TOUCH INSULIN SYRINGE	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	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	2	
EMBECTA INSULIN SYRINGE	2	

Drug Name	Drug Tier	Requirements/Limits
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
EMBECTA INSULIN SYRINGE U/F	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE U/F	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	
EMBRACE PEN NEEDLES	2	
EQL INSULIN SYRINGE	2	
EXEL COMFORT POINT INSULIN SYR	2	
EXEL COMFORT POINT PEN NEEDLE	2	
FIFTY50 PEN NEEDLES	2	
FIFTY50 SUPERIOR COMFORT SYR	2	
FREDS PHARMACY UNIFINE PENTIP+	2	
FREDS PHARMACY UNIFINE PENTIPS	2	
FREESTYLE PRECISION INS SYR	2	
GLOBAL EASE INJECT PEN NEEDLES	2	
GLOBAL EASY GLIDE INSULIN SYR	2	
GLOBAL EASY GLIDE PEN NEEDLES	2	
GLOBAL INJECT EASE INSULIN SYR	2	
GLOBAL INSULIN SYRINGES	2	
GLUCOPRO INSULIN SYRINGE	2	
GNP CLICKFINE PEN NEEDLES	2	
GNP INSULIN SYRINGE	2	
GNP INSULIN SYRINGES	2	
GNP INSULIN SYRINGES 28GX1/2"	2	
GNP INSULIN SYRINGES 29GX1/2"	2	
GNP INSULIN SYRINGES 30GX5/16"	2	
GNP INSULIN SYRINGES 31GX5/16"	2	
GNP PEN NEEDLES	2	
GNP ULTICARE PEN NEEDLES	2	

Drug Name	Drug Tier	Requirements/Limits
GNP ULTIGUARD SAFEPAK NEEDLE	2	
GNP ULTRA COM INSULIN SYRINGE	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	
GOODSENSE PEN NEEDLE PENFINE	2	
H-E-B INCONTROL PEN NEEDLES	2	
H-E-B INCONTROL UNIFINE PENTIP	2	
HEALTHWISE INSULIN SYR/NEEDLE	2	
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE MINI PEN NEEDLES	2	
HEALTHWISE PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES	2	
HEALTHWISE UNIFINE PENTIPS	2	
HEALTHY ACCENTS UNIFINE PENTIP	2	
HM ULTICARE INSULIN SYRINGE	2	
HM ULTICARE MINI PEN NEEDLES	2	
HM ULTICARE SHORT PEN NEEDLES	2	
INCONTROL ULTICARE PEN NEEDLES	2	
INSULIN SYRINGE	2	
INSULIN SYRINGE-NEEDLE U-100	2	
INSULIN SYRINGE/NEEDLE	2	
INSUPEN PEN NEEDLES	2	
INSUPEN SENSITIVE	2	
INSUPEN ULTRAFIN	2	
INSUPEN32G EXTR3ME	2	
KINRAY INSULIN SYRINGE	2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	2	
KMART VALU INSULIN SYRINGE 30G (0.3 ML MISC, 0.5 ML MISC)	2	
KROGER INSULIN SYRINGE	2	
KROGER PEN NEEDLES	2	
LEADER INSULIN SYRINGE	2	

Drug Name	Drug Tier	Requirements/Limits
LEADER UNIFINE PENTIPS	2	
LEADER UNIFINE PENTIPS PLUS	2	
LITETOUCH INSULIN SYRINGE	2	
LITETOUCH PEN NEEDLES	2	
LONGS INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYR	2	
MARATHON MEDICAL PENTIPS	2	
MAXI-COMFORT INSULIN SYRINGE	2	
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	
MEDIC INSULIN SYRINGE	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEIJER PEN NEEDLES	2	
MICRODOT PEN NEEDLE	2	
MM INSULIN SYRINGE/NEEDLE	2	
MM PEN NEEDLES	2	
MONOJECT INSULIN SYRINGE	2	
MONOJECT ULTRA COMFORT SYRINGE	2	
MS INSULIN SYRINGE	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	2	
NOVOTWIST PEN NEEDLE	2	
PC UNIFINE PENTIPS	2	
PEN NEEDLE/5-BEVEL TIP	2	
PEN NEEDLES	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	

Drug Name	Drug Tier	Requirements/Limits
PENTIPS GENERIC PEN NEEDLES	2	
PIP PEN NEEDLES 31G X 5MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
PRECISION SURE-DOSE SYRINGE	2	
PRECISION SUREDOSE PLUS SYR	2	
PREFERRED PLUS INSULIN SYRINGE	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT PEN NEEDLES	2	
PRODIGY INSULIN SYRINGE	2	
PURE COMFORT PEN NEEDLE	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	
PX MINI PEN NEEDLES	2	
PX PEN NEEDLE	2	
PX SHORTLENGTH PEN NEEDLES	2	
QC PEN NEEDLES	2	
QC UNIFINE PENTIPS	2	
QUICK TOUCH INSULIN PEN NEEDLE	2	
RA INSULIN SYRINGE	2	
RA PEN NEEDLES	2	
RAYA SURE PEN NEEDLE	2	
REALITY INSULIN SYRINGE	2	
RELION INSULIN SYRINGE	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES	2	
RELION SHORT PEN NEEDLES	2	
SAFETY INSULIN SYRINGES	2	

Drug Name	Drug Tier	Requirements/Limits
SAFETY PEN NEEDLES	2	
SB INSULIN SYRINGE	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
SHOPKO UNIFINE PENTIPS	2	
SHOPKO UNIFINE PENTIPS PLUS	2	
SURE COMFORT INSULIN SYRINGE	2	
SURE COMFORT PEN NEEDLES	2	
SURE-FINE PEN NEEDLES	2	
SURE-JECT INSULIN SYRINGE	2	
TECHLITE INSULIN SYRINGE	2	
TECHLITE PEN NEEDLES	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	2	
TOPCARE ULTRA COMFORT INS SYR	2	
TRUE COMFORT INSULIN SYRINGE	2	
TRUE COMFORT PEN NEEDLES	2	
TRUE COMFORT PRO INSULIN SYR	2	
TRUE COMFORT PRO PEN NEEDLES	2	
TRUE COMFORT SAFETY PEN NEEDLE	2	
TRUEPLUS 5-BEVEL PEN NEEDLES	2	
TRUEPLUS INSULIN SYRINGE	2	
TRUEPLUS PEN NEEDLES	2	
ULTICARE INSULIN SAFETY SYR	2	
ULTICARE INSULIN SYR 1/2 UNIT	2	
ULTICARE INSULIN SYRINGE	2	
ULTICARE MICRO PEN NEEDLES	2	
ULTICARE MINI PEN NEEDLES	2	

Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES	2	
ULTICARE SHORT PEN NEEDLES	2	
ULTIGUARD SAFEPAK PEN NEEDLE	2	
ULTIGUARD SAFEPAK SYR/NEEDLE	2	
ULTILET PEN NEEDLE	2	
ULTRA COMFORT INSULIN SYRINGE	2	
ULTRA FLO INSULIN PEN NEEDLES	2	
ULTRA FLO INSULIN SYR 1/2 UNIT	2	
ULTRA FLO INSULIN SYRINGE	2	
ULTRA THIN PEN NEEDLES	2	
ULTRA-THIN II INS SYR SHORT	2	
ULTRA-THIN II INSULIN SYRINGE	2	
ULTRA-THIN II MINI PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
ULTRACARE INSULIN SYRINGE	2	
ULTRACARE PEN NEEDLES	2	
UNIFINE OTC PEN NEEDLES	2	
UNIFINE PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE PROTECT PEN NEEDLE	2	
UNIFINE SAFECONTROL PEN NEEDLE	2	
UNIFINE ULTRA PEN NEEDLE	2	
VALUE HEALTH INSULIN SYRINGE	2	
VALUMARK PEN NEEDLES	2	
VANISHPOINT INSULIN SYRINGE	2	
VERIFINE INSULIN PEN NEEDLE	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	2	

Drug Name	Drug Tier	Requirements/Limits
VIDA MIA UNIFINE PENTIPS	2	
VP INSULIN SYRINGE	2	
WEGMANS UNIFINE PENTIPS PLUS	2	
ZEVRX INSULIN SYRINGE	2	
ZEVRX PEN NEEDLES	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 (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	2	PA, QL (1 ml per 28 days)
EMGALITY	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	2	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	1	
MIGERGOT	1	
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	PA, QL (16 ea per 28 days)
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate</i>	1	
SEROTONIN AGONISTS		
<i>almotriptan malate</i>	1	PA, QL (16 ea per 28 days)
<i>eletriptan hydrobromide</i>	1	PA, QL (16 ea per 28 days)
<i>frovatriptan succinate</i>	1	PA, QL (16 ea per 28 days)
<i>naratriptan hcl</i>	1	QL (16 ea per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate</i>	1	QL (16 ea per 28 days)
<i>sumatriptan</i>	1	QL (16 ea per 28 days)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (16 ea per 28 days)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	QL (8 ml per 28 days)
SUMATRIPTAN SUCCINATE REFILL	1	QL (8 ml per 28 days)
ZEMBRACE SYMTOUCH	3	PA, QL (8 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL (16 ea per 28 days)
<i>zolmitriptan 5 mg solution</i>	1	PA, QL (16 ea per 28 days)
<i>zomig</i>	1	QL (16 ea per 28 days)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
<i>nafrinse</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (0.5 MG/ML SOLUTION, 1.1 (0.5 F) MG/ML SOLUTION)	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
PHOSPHATE		
<i>phospho-trin k500</i>	2	
POTASSIUM		
<i>effer-k</i>	1	
<i>k-prime</i>	1	
K-TAB 10 MEQ TAB ER	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine</i>	1	PN (MAX 34 DAY SUPPLY)
<i>trientine hcl</i>	1	SP
ENZYMES		
XIAFLEX	4	SP, PN (34 DAYS SUPPLY PER FILL)
IMMUNOMODULATORS		
JOENJA	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
THALOMID	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		
<i>azathioprine 50 mg tab</i>	1	
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	
<i>cyclosporine modified</i>	1	
ENSPRYNG	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ENVARUSUS XR	3	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)</i>	4	PA
<i>everolimus 1 mg tab</i>	1	PA
GAMIFANT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
NULOJIX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
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, 100 MG/ML SOLUTION)	3	
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>sirolimus 1 mg/ml solution</i>	1	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
UPLIZNA	4	PA, QL (30 ml per 180 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYMPHATIC AGENTS		
SYLVANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
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)
VIJOICE 50 MG TAB THPK	4	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	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)
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (sodium polystyrene sulf)</i>	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
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)

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA 200 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SAPHNELO	4	PA, QL (2 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 (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
FIRST-MOUTHWASH BLM	3	
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
DENTAL PRODUCTS		
<i>denta 5000 plus</i>	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)
<i>dentagel</i>	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)
<i>fraiche 5000 dental</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>just right 5000 1.1 % gel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
SOD FLUORIDE-POTASSIUM NITRATE	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (1.1 % cream, 1.1 % gel)</i>	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)
<i>sodium fluoride 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE	1	PN (\$0 Copay for 6 months through 16 years of age)
STERIODS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
MULTIVITAMINS (CONTINUED)		
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride</i>	1	
MULTI-VITAMIN/FLUORIDE/IRON	1	
<i>multivitamin/fluoride/iron</i>	1	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	1	
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN + FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
<i>multivitamin select/fluoride</i>	1	
MULTIVITAMIN W/FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	1	
TRI-VI-FLOR	1	
TRI-VI-FLORO	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	
AZESCO	1	
C-NATE DHA	1	
CITRANATAL 90 DHA	1	
CITRANATAL ASSURE	1	
CITRANATAL B-CALM	1	
CITRANATAL BLOOM	1	
CITRANATAL BLOOM DHA	1	
CITRANATAL DHA	1	
CITRANATAL HARMONY	1	
CITRANATAL RX	1	
COMPLETE NATAL DHA	1	
COMPLETENATE	1	
CONCEPT DHA	1	
CONCEPT OB	1	
DUET DHA 400	1	
DUET DHA BALANCED	1	
ELITE-OB	1	
EMBRIVA	1	
ENBRACE HR	1	
FOLIVANE-OB	1	
KOSHER PRENATAL PLUS IRON	1	
M-NATAL PLUS	1	

Drug Name	Drug Tier	Requirements/Limits
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	
OBSTETRIX ONE (WITH DOCUSATE)	1	
ONE VITE WOMENS PLUS	1	
PNV 27-CA/FE/FA	1	
PNV-DHA	1	
PNV-DHA+DOCUSATE	1	
PNV-OMEGA	1	
PNV-SELECT	1	
PREGEN DHA	1	
PREMESISRX	1	
PRENA 1 TRUE	1	
PRENA1	1	
PRENA1 PEARL	1	
PRENAISSANCE	1	
PRENAISSANCE PLUS	1	
PRENATAL 19	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	
PREPLUS	1	
PRIMACARE	1	
PROVIDA OB	1	
RELNATE DHA	1	
SE-NATAL 19	1	
SELECT-OB	1	
SELECT-OB+DHA	1	
TARON-C DHA	1	
TARON-PREX	1	
TRICARE	1	
TRINATAL RX 1	1	
TRINATE	1	
TRISTART DHA	1	
VINATE DHA RF	1	
VINATE II	1	
VINATE ONE	1	

Drug Name	Drug Tier	Requirements/Limits
VIRT-C DHA	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	
VIRT-PN PLUS	1	
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	
VITATRUE	1	
VIVA DHA	1	
VP-PNV-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	
ZATEAN-PN PLUS	1	
ZIPHEX	1	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>carisoprodol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl</i>	1	
<i>fexmid</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	1	
<i>vanadom</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1.5 MG CAP, 10 MG CAP)	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	4	PA, QL (20 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYMOVIS	4	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
MONOVISC	4	PA, QL (8 ml per 180 day(s)), SP, PN (180 DAY SUPPLY PER FILL)
ORTHOVISC	4	PA, QL (12 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	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
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	PA, 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	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)

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

OMNARIS

3

PA

QNASL

3

PA

QNASL CHILDRENS

3

PA

ZETONNA

3

PA

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
<i>edaravone</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
QALSODY	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
RADICAVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	4	PA, QL (50 ml per 28 day(s)), SP, PN (180 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)
RELYVRIO	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>riluzole</i>	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)
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
EXONDYS 51	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VILTEPSO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VYONDYS 53	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPORE	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	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
SPINRAZA	4	PA, LA, SP, PN (MIN 120 DAY SUPPLY; MAX 120 DAY SUPPLY)
NUTRIENTS (CONTINUED)		
LIPIDS		
DOJOLVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS (CONTINUED)		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL	1	
BETOPTIC-S	2	
CARTEOLOL HCL	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
LEVOBUNOLOL HCL	1	
<i>timolol hemihydrate</i>	1	PA
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily)</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin 10 % solution</i>	1	
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	1	
<i>cyclopentolate hcl</i>	1	
<i>phenylephrine hcl 10 % solution</i>	1	
<i>tropicamide</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
VUITY	3	PA, QL (5 ml per 25 day(s))
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)
BEOVU 6 MG/0.05ML SOLUTION	4	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL)
CIMERLI	4	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	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)

Drug Name	Drug Tier	Requirements/Limits
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, 0.5 MG/0.05ML SOLUTION)	4	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
PAVBLU	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		
APRACLOPIDINE HCL	2	
<i>brimonidine tartrate (0.1 % solution, 0.2 % solution)</i>	1	
SIMBRINZA	3	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	
AZASITE	3	
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
CILOXAN 0.3 % OINTMENT	2	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
GENTAK	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
<i>levofloxacin 0.5 % solution</i>	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
NATACYN	2	
<i>neo-polycin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE	2	
XDEMVI	4	PA, QL (10 ml per 42 days), SP, PN (42 DAYS SUPPLY PER FILL)
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY	4	PA, QL (0.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SYFOVRE	4	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	3	
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		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
FLAREX	2	
<i>fluorometholone</i>	1	
FML FORTE	2	

Drug Name	Drug Tier	Requirements/Limits
ILUVIEN	4	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
MAXIDEX	2	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC	1	
PRED-G	2	
<i>prednisolone acetate 1 % suspension</i>	1	
PREDNISOLONE ACETATE P-F	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
<i>tobramycin-dexamethasone</i>	1	
XIPERE	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMICS - MISC.		
ALOMIDE	3	PA
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt</i>	1	
<i>brinzolamide</i>	1	
<i>bromfenac sodium (once-daily)</i>	1	
CROMOLYN SODIUM	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	1	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	1	ST
DURYSTA	4	PA, QL (2 ea per lifetime), SP
<i>latanoprost</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN	3	ST
<i>tafluprost (pf)</i>	1	PA
<i>travoprost (bak free)</i>	1	
VYZULTA	3	ST
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl 0.2 % solution</i>	1	
OTIC COMBINATIONS		
CIPRO HC	2	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
OTIC STEROIDS		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
<i>methergine</i>	1	
<i>methylergonovine maleate 0.2 mg tab</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
ALYGLO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ASCENIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG (1 GM/6ML SOLUTION, 2 GM/12ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG (1.65 GM/10ML SOLUTION, 3.3 GM/20ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CYTOGAM	4	SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 20 GM/400ML SOLUTION)	4	PA, 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)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	4	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED	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)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX 20 GM/400ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C	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 SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA 10 GM/50ML SOLN PRSYR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
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	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN 40 GM/400ML 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	4	SP, PN (34 DAYS SUPPLY PER FILL)
XEMBIFY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONOCLONAL ANTIBODIES		
SYNAGIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ZINPLAVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PENICILLINS (CONTINUED)		
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	
<i>ampicillin</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
PROGESTINS (CONTINUED)		
PROGESTINS		
<i>gallifrey</i>	1	
LILETTA (52 MG)	0	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
MAKENA 275 MG/1.1ML SOLN A-INJ	4	PA
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
NEXPLANON	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
<i>norethindrone acetate</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>disulfiram</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lofexidine hcl</i>	4	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
LUCEMYRA	4	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	4	PA, QL (270 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
LUMRYZ STARTER PACK	4	PA, 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)
XYWAV	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ANTIDEMENTIA AGENTS		
<i>donepezil hcl</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	1	
<i>memantine hcl er</i>	1	PA
<i>rivastigmine tartrate</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
PERPHENAZINE-AMITRIPTYLINE	1	
FIBROMYALGIA AGENTS		
SAVELLA	3	PA, QL (2 ea per 1 day(s))
SAVELLA TITRATION PACK	3	PA, QL (55 ea per 28 day(s))
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine 12.5 mg tab</i>	1	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>tetrabenazine 25 mg tab</i>	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)

Drug Name	Drug Tier	Requirements/Limits
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)
BRIUMVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>dalfampridine er</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate starter pack</i>	4	QL (60 ea per 30 day(s)), SP
<i>fingolimod hcl</i>	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	QL (30 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>glatopa 20 mg/ml soln prsyr</i>	4	QL (30 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatopa 40 mg/ml soln prsyr</i>	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)
LEMTRADA	4	PA, QL (6 ml per 365 days), SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
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	4	PA, QL (20 ea per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
OCREVUS ZUNOVO	4	PA, QL (23 ml per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
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)
REBIF TITRATION PACK	4	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>teriflunomide 14 mg tab</i>	1	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>teriflunomide 7 mg tab</i>	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
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 CAP THPK	2	PA, QL (37 ea per 37 day(s)), PN (37 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 (MAX 28 DAYS SUPPLY PER FILL)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	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	4	PA, LA, QL (90 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
PIMOZIDE	1	

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
APO-VARENICLINE	0	QL (2 ea per 1 days)
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	0	
CHANTIX	0	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	0	QL (2 ea per 1 days)
<i>cvs nicotine</i>	0	
<i>cvs nicotine polacrilex</i>	0	
<i>eq nicotine</i>	0	
<i>eq nicotine polacrilex</i>	0	
<i>eq nicotine step 3</i>	0	
<i>eq nicotine polacrilex</i>	0	
<i>ft nicotine</i>	0	
<i>ft nicotine mini</i>	0	
<i>gnp nicotine</i>	0	
<i>gnp nicotine mini</i>	0	
<i>gnp nicotine polacrilex</i>	0	
<i>goodsense nicotine</i>	0	
<i>goodsense nicotine polacrilex</i>	0	
<i>habitrol</i>	0	
<i>hm nicotine</i>	0	
<i>hm nicotine polacrilex</i>	0	
<i>kls quit2</i>	0	
<i>kls quit4</i>	0	
NICODERM CQ	3	
NICORETTE	3	
NICORETTE MINI	3	
NICORETTE STARTER KIT	3	
NICOTINE	0	
<i>nicotine mini</i>	0	
<i>nicotine polacrilex</i>	0	
<i>nicotine polacrilex mini</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine step 1</i>	0	
<i>nicotine step 2</i>	0	
<i>nicotine step 3</i>	0	
NICOTROL	0	
NICOTROL NS	0	
<i>px stop smoking aid</i>	0	
<i>qc nicotine transdermal system</i>	0	
<i>ra mini nicotine</i>	0	
<i>ra nicotine</i>	0	
<i>ra nicotine gum</i>	0	
<i>ra nicotine polacrilex</i>	0	
<i>sm nicotine</i>	0	
<i>sm nicotine polacrilex</i>	0	
<i>thrive</i>	0	
<i>varenicline tartrate</i>	0	QL (2 ea per 1 days)
<i>varenicline tartrate (starter)</i>	0	QL (53 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
<i>varenicline tartrate(continue)</i>	0	QL (2 ea per 1 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA	4	PA, QL (0.5 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ONPATTRO	4	PA, SP, PN (21 DAYS SUPPLY PER FILL)
TEGSEDI	4	PA, LA, QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP 1000 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARALAST NP 500 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GLASSIA 1000 MG/50ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C 1000 MG RECON SOLN	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C 1000 MG/20ML SOLUTION	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA 1000 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
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	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)
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)
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	1	
TETRACYCLINES (CONTINUED)		
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>lymepak</i>	1	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1	
<i>monodoxyne nl 100 mg cap</i>	1	
<i>tetracycline hcl</i>	1	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil</i>	1	
THYROID HORMONES		
ARMOUR THYROID	3	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium</i>	1	
NP THYROID	1	
SYNTHROID	3	
THYROID 90 MG TAB	1	
<i>unithroid</i>	1	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL	0	
BOOSTRIX	0	
DAPTACEL	0	
INFANRIX	0	
KINRIX	0	
PEDIARIX	0	
PENTACEL	0	AL (Up to 4 yrs old)
QUADRACEL	0	
TDVAX	0	
TENIVAC	0	
TETANUS-DIPHTHERIA TOXOIDS TD	0	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate sl</i>	1	
<i>hyosyne</i>	1	
<i>methscopolamine bromide</i>	1	
<i>nulev</i>	1	
<i>oscimin 0.125 mg tab</i>	1	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine</i>	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1	
<i>nizatidine</i>	2	PA, QL (2 ea per 1 day(s))
NIZATIDINE 300 MG CAP	2	PA, QL (1 ea per 1 day(s))
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	1	ST, QL (1 ea per 1 day(s))
<i>esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)</i>	1	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	
<i>lansoprazole</i>	1	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	3	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	
RABEPRAZOLE SODIUM	1	PA
<i>rabeprazole sodium</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
<i>omeprazole-sodium bicarbonate</i>	1	ST
UNCATEGORIZED (CONTINUED)		
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	
AVMAPKI FAKZYNJA CO-PACK	3	PA, LA, QL (66 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
BOMYNTRA	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)
CONEXXENCE	4	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
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	3	QL (112 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
DANZITEN 95 MG TAB	3	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)
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 fill(s)), SP
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))

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS 0.5 MG TAB SOL	2	QL (592 ea per 30 day(s))
EMRELIS	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ENSACOVE	3	LA, QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
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	4	SP, PN (34 DAYS SUPPLY PER FILL)
HERNEXEOS	3	QL (3 ea per 1 day(s)), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY)
IBTROZI	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMKELDI	4	PA, QL (280 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
JUBBONTI	4	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
KIRSTY 100 UNIT/ML SOLN PEN	2	
KIRSTY 100 UNIT/ML SOLUTION	2	
MERILOG	2	
MERILOG SOLOSTAR	2	
MODEYSO	3	LA, QL (20 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OPDIVO QVANTIG	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
OSENVELT	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	4	PA, QL (4 ea per 1 day(s))
REVUFORJ (110 MG TAB, 160 MG TAB)	3	PA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ROMVIMZA	3	LA, QL (8 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
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	4	PA, LA, QL (0.8 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
UNLOXCYT	4	PA, SP, PN (34 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 SUPPLY 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)
WYOST	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
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)
YESINTEK 130 MG/26ML SOLUTION	4	PA-NSO, SP, PN (56 DAYS SUPPLY PER FILL)
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)
ZIIHERA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

URINARY ANTISPASMODICS (CONTINUED)

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide er</i>	1	ST
<i>fesoterodine fumarate er</i>	1	ST
GELNIQUE	3	PA
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	
OXYTROL	3	ST
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	ST
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	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))
MYRBETRIQ 8 MG/ML SRER	2	QL (10 ml per 1 days), AL (3 to 18 yrs old)

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	1	
VACCINES (CONTINUED)		
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	
PEDVAX HIB	0	
PENBRAYA	0	QL (2 ea per lifetime)
PNEUMOVAX 23	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)
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	
AREXVY	0	QL (1 ea per lifetime), AL (60 to 999 yrs old), PN (Note)
AUDENZ	0	QL (1 ml per lifetime), AL (0.5 to 999 yrs old)
COMIRNATY	0	
COMIRNATY 5-11 YEARS	0	
ENGRIX-B	0	
FLUAD	0	

Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT	0	
FLUARIX	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST	0	
FLUMIST QUADRIVALENT	0	
FLUZONE	0	
FLUZONE HIGH-DOSE	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT	0	
GARDASIL 9	0	
HAVRIX 1440 EL U/ML SUSP PRSYR	0	AL (19 to 99 yrs old), PN (Not Covered for members outside of age limit)
HAVRIX 1440 EL U/ML SUSPENSION	0	AL (19 to 99 yrs old)
HAVRIX 720 EL U/0.5ML SUSP PRSYR	0	AL (Up to 18 yrs old), PN (Not Covered for members outside of age limit)
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	
MODERNA COVID-19 VAC (BOOSTER)	0	
MODERNA COVID-19 VAC 6M-11Y	0	
MRESVIA	0	QL (0.5 ml per lifetime), AL (60 to 999 yrs old)
NOVAVAX COVID-19 VACCINE	0	

Drug Name	Drug Tier	Requirements/Limits
NUVAXOVID COVID-19 VACCINE	0	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	0	
PFIZER-BIONT COVID-19 VAC-TRIS	0	
PREHEVBRIO	0	
PRIORIX	0	
PROQUAD	0	
RECOMBIVAX HB	0	
SHINGRIX	0	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX	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), PN (Not Covered for members outside of age limit)
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), PN (Not Covered for members outside of age limit)
VAQTA 50 UNIT/ML SUSPENSION	0	AL (19 to 99 yrs old)
VARIVAX	0	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
SPERMICIDES		
OPTIONS GYNOL II CONTRACEPTIVE	0	
TODAY SPONGE	0	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin phosphate 2 % cream</i>	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX	0	

Drug Name	Drug Tier	Requirements/Limits
PHEXXI	0	
VAGINAL ESTROGENS		
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	1	
ESTRING	2	
PREMARIN 0.625 MG/GM CREAM	2	
<i>yuvafem</i>	1	
VAGINAL PROGESTINS		
ENDOMETRIN	2	
VASOPRESSORS (CONTINUED)		
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)
<i>epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	QL (2 ea per fill)
<i>midodrine hcl</i>	1	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>phytonadione 5 mg tab</i>	1	
<i>vitamin d (ergocalciferol)</i>	1	

Appendix

1

1ST TIER UNIFINE PENTIPS	137
1ST TIER UNIFINE PENTIPS PLUS	137
1ST TIER UNILET COMFORTOUCH	118

A

abacavir sulfate	71,72
abacavir sulfate-lamivudine	72
abigale	105
abigale lo	105
ABILIFY ASIMTUFII	71
ABILIFY MAINTENA	71
abiraterone acetate	55
abirtega	55
ABOUTTIME PEN NEEDLE	137
ABRAXANE	66
ABRYSVO	177
ACAM2000	177
acarbose	38
ACCU-CHEK FASTCLIX LANCET	118
ACCU-CHEK FASTCLIX LANCETS	118
ACCU-CHEK SAFE-T PRO LANCETS	118
ACCU-CHEK SOFTCLIX LANCET DEV	118
ACCU-CHEK SOFTCLIX LANCETS	118
accutane	91
acebutolol hcl	76
ACETAMINOPHEN-CODEINE	23
acetazolamide	100
acetazolamide er	100
acetic acid	163
acetylcysteine	91
acitretin	93
ACTEMRA	18
ACTEMRA ACTPEN	18
ACTHIB	177
ACTI-LANCE 28G	118
ACTI-LANCE LITE LANCETS 28G	118
ACTI-LANCE SPECIAL LANCETS 17G	118
ACTI-LANCE UNIVERSAL 23G	118
ACTIMMUNE	66

acyclovir	75,95
ADACEL	172
ADAKVEO	113
adapalene	91
adapalene-benzoyl peroxide	91
ADBRY	96,97
ADCETRIS	53
adefovir dipivoxil	75
ADEMPAS	80
ADJUSTABLE LANCING DEVICE	118
adult aspirin regimen	20
ADVAIR HFA	30
ADVANCED MOBILE LANCET	118
ADVATE	110
ADVOCATE ALCOHOL PREP PADS	135
ADVOCATE INSULIN PEN NEEDLE	137
ADVOCATE INSULIN PEN NEEDLES	137
ADVOCATE INSULIN SYRINGE	137
ADVOCATE LANCETS	118
ADVOCATE LANCETS 30G	118
ADVOCATE LANCING DEVICE	118
ADVOCATE RAPID-SAFE LANCING	118
ADVOCATE SAFETY LANCETS	118
ADVOCATE SAFETY LANCETS 21G	118
ADVOCATE SAFETY LANCETS 23G	118
ADVOCATE SAFETY LANCETS 26G	118
ADVOCATE SAFETY LANCETS 28G	119
ADZYNMA	112
AEMCOLO	25
afirmelle	81
AFLURIA	177
AFLURIA PRESERVATIVE FREE	177
AFLURIA QUADRIVALENT	177
AFSTYLA	110
aftera	88
afterpill	88
AGAMATRIX ULTRA-THIN LANCETS	119
AIMOVIG	146
AIMSCO TWIST LANCETS 32G	119
AIMSCO TWIST LANCETS 33G	119
ak-poly-bac	160

AKEEGA	55	ALYGLO	163
AKYNZEO	44	amabelz	105
ALA SCALP	95	amantadine hcl	67
ala-cort	95	ambrisentan	79
albendazole	25	AMCINONIDE	95
albuterol sulfate	30	amethia	81
albuterol sulfate hfa	30	amethyst	81
alclometasone dipropionate	95	amiloride hcl	101
ALCOH-GLOVE CONTOURED WIPE	135	AMILORIDE-HYDROCHLOROTHIAZIDE	100
ALCOH-WIPE	135	amiodarone hcl	29
ALCOHOL PADS	135	amitriptyline hcl	37
ALCOHOL PREP	135	AMJEVITA	17
ALCOHOL PREP PADS	135	amlodipine besy-benazepril hcl	48
ALCOHOL PREPS	135	amlodipine besylate	77
ALCOHOL SWABS	135	amlodipine besylate-valsartan	48
ALCOHOL SWABSTICK	135	amlodipine-olmesartan	48
alcohol wipes	98	amnesteem	91
ALDURAZYME	103	AMONDYS 45	158
ALECENSA	59	amoxapine	37
alendronate sodium	101	AMOXICILLIN	165
alfuzosin hcl er	110	amoxicillin-pot clavulanate	165
ALINIA	26	amphetamine-dextroamphet er	16
ALIQOPA	59	amphetamine-dextroamphetamine	16
aliskiren fumarate	49	ampicillin	165
allopurinol	110	AMVUTTRA	170
almotriptan malate	146	anagrelide hcl	112
ALOMIDE	162	anastrozole	55
alosetron hcl	108	ANDEXXA	43
ALPHANATE	111	ANNOVERA	87
alprazolam	28	anodyne lpt	98
alprazolam er	28	ANORO ELLIPTA	30
ALPRAZOLAM INTENSOL	28	anucort-hc	25
alprazolam xr	28	anusol-hc	25
ALTABAX	92	APHEXDA	115
altafrin	159	APO-VARENICLINE	169
altavera	81	apomorphine hcl	67
ALTUVIIIIO	111	APRACLONIDINE HCL	160
ALUNBRIG	59	aprepitant	44
alyacen 1/35	81	APRETUDE	72
alyacen 7/7/7	81	apri	81
ALYFTREK	174	APRIZIO PAK II	98

APTIOM	33	ASSURE HAEMOLANCE PLUS PED	119
APTIVUS	72	ASSURE ID DUO PRO PEN NEEDLES	137
AQ INSULIN SYRINGE	137	ASSURE ID INSULIN SAFETY SYR	137
AQINJECT PEN NEEDLE	137	ASSURE ID PRO PEN NEEDLES	137
AQNEURSA	168	ASSURE ID SAFETY PEN NEEDLES	137
AQUALANCE LANCETS 30G	119	ASSURE LANCE LANCETS	119
ARALAST NP	170	ASSURE LANCE LANCETS 21G	119
aranelle	81	ASSURE LANCE PLUS SAFETY 25G	119
ARANESP (ALBUMIN FREE)	114	ASSURE LANCE PLUS SAFETY 30G	119
ARCALYST	18	ASSURE LANCE SAFETY LANCET 28G	119
AREXVY	177	ATABEX EC	152
arformoterol tartrate	30	ATABEX OB	152
aripiprazole	71	atazanavir sulfate	72
ARISTADA	71	atenolol	76
ARISTADA INITIO	71	atenolol-chlorthalidone	48
armodafinil	16	atomoxetine hcl	16
ARMOUR THYROID	172	atorvastatin calcium	46
ARNUIITY ELLIPTA	30	atovaquone	26
ARTESUNATE	49	atovaquone-proguanil hcl	49
ARZERRA	53	atropine sulfate	159
ASCENIV	163	ATROVENT HFA	29
ascomp-codeine	23	ATTRUBY	174
asenapine maleate	70	aubra	81
ashlyna	81	aubra eq	81
ASPARLAS	65	AUDENZ	177
aspirin	20	AUGTYRO	59
aspirin 81	20	AUM ALCOHOL PREP PADS	135
aspirin adult low dose	20	AUM INSULIN SAFETY PEN NEEDLE	137
aspirin adult low strength	20	AUM MINI INSULIN PEN NEEDLE	137
aspirin childrens	20	AUM PEN NEEDLE	137
aspirin ec adult low dose	20	AUM READYGARD DUO PEN NEEDLE	137
aspirin ec low dose	20	AUM SAFETY PEN NEEDLE	137
aspirin ec low strength	20	AURORA LANCET SUPER THIN 30G	119
aspirin low dose	20	AURORA LANCET THIN 23G	119
aspirin regimen	21	AURORA PEN NEEDLES	137
aspirin-dipyridamole er	112	AURORA UNIFINE PENTIPS	137
ASSURE COMFORT LANCETS 28G	119	aurovela 1.5/30	81
ASSURE HAEMOLANCE PLUS HIGH	119	aurovela 1/20	81
ASSURE HAEMOLANCE PLUS LOW	119	aurovela 24 fe	81
ASSURE HAEMOLANCE PLUS MICRO	119	aurovela fe 1.5/30	81
ASSURE HAEMOLANCE PLUS NORMAL	119	aurovela fe 1/20	81

AURYXIA	109	bacitra-neomycin-polymyxin-hc	161
AUTO-LANCET	119	BACITRACIN	160
AUTO-LANCET MINI	119	bacitracin-polymyxin b	160
AUTOLET II CLINISAFE	119	baclofen	155
AUTOLET LANCING DEVICE	119	balanced salt	162
AUTOLET LITE CLINISAFE	119	BALCOLTRA	81
AUTOLET LITE LANCING DEVICE	119	balsalazide disodium	107
AUTOLET LITE STARTER PACK	119	BALVERSA	59
AUTOLET MINI	119	balziva	81
AUTOLET PLATFORMS	119	BAQSIMI ONE PACK	39
AUTOLET PLUS	119	BAQSIMI TWO PACK	39
AUTOPEN	137	BAVENCIO	53
AUVELITY	36	bayer aspirin ec low dose	21
AUVI-Q	180	bayer low dose	21
avar-e emollient	91	BD AUTOSHIELD DUO	137
avar-e green	91	BD INSULIN SYR ULTRAFINE II	137
AVASTIN	51,52	BD INSULIN SYRINGE	137
AVEED	24	BD INSULIN SYRINGE HALF-UNIT	137
AVERI	174	BD INSULIN SYRINGE MICROFINE	138
aviane	81	BD INSULIN SYRINGE U-500	138
avidoxy	171	BD INSULIN SYRINGE U/F	138
avita	91	BD INSULIN SYRINGE U/F 1/2UNIT	138
AVMAPKI FAKZYNJA CO-PACK	174	BD INSULIN SYRINGE ULTRAFINE	138
AVONEX PEN	166	BD MICROTAINER LANCETS	119
AVONEX PREFILLED	167	BD PEN	138
AVSOLA	107	BD PEN MINI	138
ayuna	81	BD PEN NEEDLE MICRO ULTRAFINE	138
AYVAKIT	57	BD PEN NEEDLE MINI ULTRAFINE	138
AZASITE	160	BD PEN NEEDLE NANO 2ND GEN	138
azathioprine	148	BD PEN NEEDLE NANO ULTRAFINE	138
AZEDRA DOSIMETRIC	66	BD PEN NEEDLE ORIG ULTRAFINE	138
AZEDRA THERAPEUTIC	66	BD PEN NEEDLE SHORT ULTRAFINE	138
azelaic acid	99	BD SAFETYGLIDE INSULIN SYRINGE	138
azelastine hcl	157,162	BD SWAB SINGLE USE REGULAR	135
azelastine-fluticasone	157	BD SWABS SINGLE USE BUTTERFLY	135
AZESCO	152	BD VEO INSULIN SYR U/F 1/2UNIT	138
azithromycin	117	BD VEO INSULIN SYR ULTRAFINE	138
azurette	81	BELEODAQ	59
B		BELRAPZO	50
bac (butalbital-acetamin-caff)	20	benazepril hcl	47
		benazepril-hydrochlorothiazide	48

BENDAMUSTINE HCL	50	BORTEZOMIB	59
bendamustine hcl	50	bosentan	79
BENDEKA	50	BOSULIF	59
BENLYSTA	149,150	BOTOX	158
benzonatate	90	BRAFTOVI	59
BENZOYL PEROXIDE	91	BREO ELLIPTA	30
benzoyl peroxide-erythromycin	91	BREZTRI AEROSPHERE	30
benztropine mesylate	67	briellyn	81
BEOVU	159	BRILINTA	112
BERINERT	111	brimonidine tartrate	99,160
BESIVANCE	160	BRINEURA	103
BESPONSA	53	brinzolamide	162
BESREMI	66	BRIUMVI	167
betamethasone dipropionate	95	BRIXADI	24
betamethasone dipropionate aug	95	BRIXADI (WEEKLY)	24
betamethasone valerate	95	bromfed dm	90
BETASERON	167	bromfenac sodium (once-daily)	162
betaxolol hcl	76	bromocriptine mesylate	67
BETAXOLOL HCL	159	BRUKINSA	59,174
bethanechol chloride	176	budesonide	30,89
BETOPTIC-S	159	budesonide-formoterol fumarate	30
bexarotene	66,93	bumetanide	100
BEXSERO	177	buprenorphine	24
BEYAZ	81	buprenorphine hcl	24
bicalutamide	55	buprenorphine hcl-naloxone hcl	24
BIKTARVY	72	bupropion hcl	36
bimatoprost	162	bupropion hcl er (smoking det)	169
BINOSTO	101	bupropion hcl er (sr)	36
bisoprolol fumarate	76	bupropion hcl er (xl)	36
bisoprolol-hydrochlorothiazide	48	BUPROPION HCL ER (XL)	36
BIVIGAM	163	buspirone hcl	27
BLENREP	53	butalbital-acetaminophen	20
BLEPHAMIDE	161	butalbital-apap-caff-cod	23
BLEPHAMIDE S.O.P.	161	butalbital-apap-caffeine	20
BLINCYTO	53	butalbital-asa-caff-codeine	23
blisovi 24 fe	81	butalbital-aspirin-caffeine	20
blisovi fe 1.5/30	81	butorphanol tartrate	24
blisovi fe 1/20	81		
BOMYNTRA	174	C	
BOOSTRIX	172	C-NATE DHA	152
bortezomib	59	CABENUVA	72

cabergoline	104	CARESENS LANCETS	120
CABLIVI	112	CARESENS LANCETS 30G	120
CABOMETYX	59	CARETOUCH ALCOHOL PREP	135
caffeine citrate	16	CARETOUCH INSULIN SYRINGE	138
CALCIPOTRIENE	93	CARETOUCH LANCING/EJECTOR	120
calcitonin (salmon)	101	CARETOUCH PEN NEEDLES	138
calcitrene	93	CARETOUCH SAFETY LANCETS	120
calcitriol	103	CARETOUCH SAFETY LANCETS 26G	120
calcium acetate	109	CARETOUCH TWIST LANCETS 28G	120
calcium acetate (phos binder)	109	CARETOUCH TWIST LANCETS 30G	120
calphron	109	CARETOUCH TWIST LANCETS 33G	120
CALQUENCE	60	CARETOUCH TWIST MC LANCETS 30G	120
CAMCEVI	56	carisoprodol	155
camila	89	CARISOPRODOL-ASPIRIN-CODEINE	156
camrese	81	CARTEOLOL HCL	159
camrese lo	82	cartia xt	77
CAMZYOS	78	carvedilol	76
candesartan cilexetil	48	carvedilol phosphate er	76
candesartan cilexetil-hctz	48	cataflam	18
CANTHARIDIN	97	CAYA	117
capecitabine	51	CEFACLOR	80
CAPLYTA	68	CEFACLOR ER	80
CAPRELSA	60	cefadroxil	80
captopril	47	cefdinir	80
CAPTOPRIL-HYDROCHLOROTHIAZIDE	48	cefprozil	80
CAPVAXIVE	177	cefuroxime axetil	80
carbamazepine	33	celecoxib	18
carbamazepine er	33	cephalexin	80
CARBATROL	33	CEQUR SIMPLICITY 2U	138
carbidopa-levodopa	67	CEREZYME	113
carbidopa-levodopa er	67	cetrorelix acetate	102
carbidopa-levodopa-entacapone	68	CHANTIX	169
carbinoxamine maleate	45	CHANTIX CONTINUING MONTH PAK	169
CARDIOCOM LANCING DEVICE	119	charlotte 24 fe	82
CAREFINE PEN NEEDLES	138	chateal	82
CAREONE ADVANCED LANCING DEV	119	chateal eq	82
CAREONE INSULIN SYRINGE	138	CHEMSTRIP K	99
CAREONE LANCET SUPER THIN 30G	120	CHEMSTRIP UGK	100
CAREONE LANCET THIN 23G	120	childrens aspirin	21
CAREONE UNIFINE PENTIPS	138	chlordiazepoxide hcl	28
CAREONE UNIFINE PENTIPS PLUS	138	CHLORDIAZEPOXIDE-AMITRIPTYLINE	166

chlordiazepoxide-clidinium	172	claravis	91
chlorhexidine gluconate	150	clarithromycin	117
chloroquine phosphate	49	CLEANLET LANCETS 28G	120
chlorpromazine hcl	71	CLEMASTINE FUMARATE	45
chlorthalidone	101	CLEMASZ	45
CHOLBAM	106	CLEMSZA	45
cholestyramine	45	CLENPIQ	116
cholestyramine light	45	CLEOCIN	179
CHORIONIC GONADOTROPIN	101	CLEVER CHEK LANCETS	120
CHOSEN LANCETS 30G	120	CLEVER CHOICE COMFORT EZ	120,138
CHOSEN LANCING DEVICE	120	CLEVER CHOICE LANCETS 21G	120
CHOSEN SAFETY LANCETS 28G	120	CLEVER CHOICE LANCETS 23G	120
CIBINQO	97	CLEVER CHOICE LANCETS 28G	120
ciclopirox	93	CLICKFINE PEN NEEDLES	138
ciclopirox olamine	93	clindacin etz	91
cilostazol	113	clindacin-p	91
CILOXAN	160	clindamycin hcl	26
CIMDUO	72	clindamycin palmitate hcl	26
CIMERLI	159	clindamycin phos (once-daily)	91
cimetidine	173	clindamycin phos (twice-daily)	91
CIMZIA	107	clindamycin phos-benzoyl perox	91
CIMZIA (1 SYRINGE)	107	clindamycin phosphate	91,179
CIMZIA (2 SYRINGE)	107	clobazam	32
CIMZIA-STARTER	107	clobetasol prop emollient base	95
cinacalcet hcl	103	clobetasol propionate	95
CINQAIR	29	clobetasol propionate e	95
CINRYZE	112	clobetasol propionate emulsion	95
CINVANTI	44	clodan	95
CIPRO	106	clofarabine	51
CIPRO HC	163	clomid	101
ciprofloxacin hcl	106,160,163	clomiphene citrate	102
ciprofloxacin-dexamethasone	163	clomipramine hcl	37
citalopram hydrobromide	36	clonazepam	32
CITRANATAL 90 DHA	152	clonidine	48
CITRANATAL ASSURE	152	clonidine hcl	48
CITRANATAL B-CALM	152	clonidine hcl er	16
CITRANATAL BLOOM	152	clopidogrel bisulfate	113
CITRANATAL BLOOM DHA	152	clorazepate dipotassium	28
CITRANATAL DHA	152	clotrimazole	93,150
CITRANATAL HARMONY	152	clotrimazole-betamethasone	93
CITRANATAL RX	152	clozapine	70

COAGUCHEK LANCETS	120	CORLANOR	80
COBENFY	70	COSELA	66
COBENFY STARTER PACK	70	COSENTYX	93
codeine sulfate	22	COSENTYX (300 MG DOSE)	93
colchicine	110	COSENTYX SENSOREADY (300 MG)	94
colchicine-probenecid	110	COSENTYX SENSOREADY PEN	94
colesevelam hcl	46	COSENTYX UNOREADY	94
colestipol hcl	46	COTELLIC	60
COLUMVI	53	covaryx	105
COMBIPATCH	105	covaryx hs	105
COMBIVENT RESPIMAT	30	CRENESSITY	174
COMETRIQ (100 MG DAILY DOSE)	60	CREON	100
COMETRIQ (140 MG DAILY DOSE)	60	CRESEMBA	44
COMETRIQ (60 MG DAILY DOSE)	60	cromolyn sodium	29,107
COMFORT ASSIST INSULIN SYRINGE	138	CROMOLYN SODIUM	162
COMFORT ASSURED LANCETS 28G	120	cryselle-28	82
COMFORT ASSURED LANCETS 33G	120	CRYSVITA	103
COMFORT EZ INSULIN SYRINGE	138	curae	88
COMFORT EZ MICRO PEN NEEDLES	138	CURITY ALCOHOL PREPS	135
COMFORT EZ PEN NEEDLES	138	CUTAQUIG	163
COMFORT EZ PRO PEN NEEDLES	138	CUVITRU	163
COMFORT EZ SHORT PEN NEEDLES	139	CVS ALCOHOL PREP PADS	135
COMFORT LANCETS	120	cvs aspirin adult low dose	21
COMFORT TOUCH ALCOHOL PREP	135	cvs aspirin adult low strength	21
COMFORT TOUCH INSULIN PEN NEED	139	cvs aspirin ec	21
COMFORT TOUCH LANCETS 31G	120	cvs aspirin low dose	21
COMFORT TOUCH PLUS LANCETS 28G	120	cvs aspirin low strength	21
COMFORT TOUCH PLUS LANCETS 30G	120	cvs folic acid	113
COMFORT TOUCH TWIST LANCET 30G	120	CVS GLUCOSE	39
COMIRNATY	177	cvs isopropyl alcohol wipes	98
COMIRNATY 5-11 YEARS	177	CVS KETONE CARE	100
COMPLERA	72	CVS LANCETS 21G	120
COMPLETE NATAL DHA	152	CVS LANCETS MICRO THIN 33G	120
COMPLETENATE	152	CVS LANCETS ORIGINAL	120
compro	71	CVS LANCETS THIN 26G	121
CONCEPT DHA	152	CVS LANCETS ULTRA THIN 30G	121
CONCEPT OB	152	CVS LANCETS ULTRA-THIN 30G	121
CONEXXENCE	174	CVS LANCING DEVICE	121
constulose	117	cvs nicotine	169
COPIKTRA	60	cvs nicotine polacrilex	169
CORDRAN	95	CVS PREP	135

CVS SOFT GLUCOSE	39
CVS ULTRA THIN LANCETS	121
cyclafem 1/35	82
cyclafem 7/7/7	82
cyclobenzaprine hcl	156
cyclopentolate hcl	159
cyclophosphamide	50
cyclosporine	148,161
cyclosporine modified	148
cyproheptadine hcl	45
CYRAMZA	52
cyred	82
cyred eq	82
CYSTAGON	109
CYTOGAM	164
CYTRA K CRYSTALS	109
CYTRA-3	109
cytra-k	109

D

dabigatran etexilate mesylate	32	decadron	89
dalfampridine er	167	decitabine	51
danazol	24	deferasirox	43
dantrolene sodium	156	deferasirox granules	43
DANYELZA	53	deferiprone	43
DANZITEN	174	DELSTRIGO	72
dapsone	26	delyla	82
DAPTACEL	172	demeclocycline hcl	171
daptomycin	26	denta 5000 plus	150
darifenacin hydrobromide er	176	DENTA 5000 PLUS SENSITIVE	150
darunavir	72	dentagel	150
DARZALEX	53	DEPAKOTE	35
DARZALEX FASPRO	58	DEPAKOTE ER	35
dasatinib	60	DEPAKOTE SPRINKLES	35
dasetta 1/35	82	DEPO-PROVERA	88
dasetta 7/7/7	82	DEPO-SUBQ PROVERA 104	88
DATROWAY	174	depo-testosterone	24
DAURISMO	55	dermacinrx lidocaine	98
DAXXIFY	97	DESCOVY	72
daysee	82	desipramine hcl	37
deblitane	89	desmopressin ace spray refrig	104
		desmopressin acetate	104
		desmopressin acetate spray	104
		desogestrel-ethinyl estradiol	82
		desonide	95
		desoximetasone	96
		desvenlafaxine succinate er	37
		DEX4	39
		DEX4 GLUCOSE	39
		DEX4 NATURALS	39
		DEX4 POUCH PACK	39
		DEX4 QUICK DISSOLVE GLUCOSE	39
		dexamethasone	89
		DEXAMETHASONE SODIUM PHOSPHATE	161
		DEXCHLORPHENIRAMINE MALEATE	44
		DEXCOM G6 RECEIVER	121
		DEXCOM G6 SENSOR	121
		DEXCOM G6 TRANSMITTER	121
		DEXCOM G7 15 DAY SENSOR	121
		DEXCOM G7 RECEIVER	121
		DEXCOM G7 SENSOR	121

dexlansoprazole	173	DIPENTUM	107
dexmethylphenidate hcl	16	diphen	45
dexmethylphenidate hcl er	16	DIPHENHYDRAMINE HCL	45
dextroamphetamine sulfate	16	diphenoxylate-atropine	42
dextroamphetamine sulfate er	16	dipyridamole	113
di-phen	45	disopyramide phosphate	28
DIACOMIT	33	disulfiram	165
DIASTAT ACUDIAL	32	DIURIL	101
DIATHRIVE LANCET ULTRA THIN 30	121	divalproex sodium	35
DIATHRIVE LANCETS	121	divalproex sodium er	36
DIATHRIVE LANCING DEVICE	121	dofetilide	29
DIATHRIVE PEN NEEDLE	139	DOJOLVI	158
diazepam	28	dolishale	82
DIAZEPAM	32	donepezil hcl	166
diazepam intensol	28	DOPTELET	114
DICLOFENAC EPOLAMINE	92	dorzolamide hcl	162
diclofenac potassium	18	dorzolamide hcl-timolol mal	159
diclofenac sodium	18,92,162	dorzolamide hcl-timolol mal pf	159
diclofenac sodium er	18	dotti	106
diclofenac-misoprostol	18	DOVATO	72
dicloxacillin sodium	165	doxazosin mesylate	48
dicyclomine hcl	173	doxepin hcl	37
DIETHYLPROPION HCL ER	16	DOXERCALCIFEROL	103
DIFICID	117	doxycycline hyclate	171
diflorasone diacetate	96	doxycycline monohydrate	171
diflunisal	21	doxylamine-pyridoxine	44
digitek	78	dronabinol	44
digox	78	DROPLET GENTEEL LANCING DEVICE	121
DIGOXIN	78	DROPLET INSULIN SYRINGE	121,139
digoxin	78	DROPLET LANCETS ULTRA THIN 30G	121
dihydroergotamine mesylate	146	DROPLET LANCING DEVICE	121
DILANTIN	35	DROPLET MICRON	139
DILANTIN INFATABS	35	DROPLET PEN NEEDLES	139
DILANTIN-125	35	DROPLET PERSONAL LANCETS 30G	121
dilt-xr	77	DROPSAFE ACTI-LANCE 23G	121
diltiazem hcl	77	DROPSAFE ALCOHOL PREP	135
diltiazem hcl er	77	DROPSAFE SAFETY PEN NEEDLES	139
diltiazem hcl er beads	77	DROPSAFE SAFETY SYRINGE/NEEDLE	139
diltiazem hcl er coated beads	77	drospiren-eth estrad-levomefol	82
dimethyl fumarate	167	drospirenone-ethinyl estradiol	82
dimethyl fumarate starter pack	167	DRUG MART LANCETS THIN 26G	121

DRUG MART LANCING DEVICE	121
DRUG MART ON-THE-GO LANCET 30G	121
DRUG MART UNIFINE PENTIPS	139
DRUG MART UNIFINE PENTIPS PLUS	139
DRUG MART UNILET LANCETS 28G	121
DRUG MART UNILET LANCETS 30G	121
DRUG MART UNILET LANCETS 33G	121
DRYSOL	98
DUET DHA 400	152
DUET DHA BALANCED	152
DULERA	30
duloxetine hcl	37
DUPIXENT	97
DUROLANE	156
DURYSTA	162
dutasteride	110
dutasteride-tamsulosin hcl	110
DYSPORT	158

E

E-Z JECT LANCET MICRO-THIN 33G	121	EASY TOUCH LANCETS 28G	122
E-Z JECT LANCET SUPER THIN 30G	121	EASY TOUCH LANCETS 28G/TWIST	122
E-Z JECT LANCETS	121	EASY TOUCH LANCETS 30G	122
E-Z JECT LANCETS 21G	121	EASY TOUCH LANCETS 30G/TWIST	122
E-Z JECT LANCETS THIN 26G	122	EASY TOUCH LANCETS 32G	122
E.E.S. 400	117	EASY TOUCH LANCETS 32G/TWIST	122
EASY COMFORT ALCOHOL PADS	136	EASY TOUCH LANCETS 33G/TWIST	122
EASY COMFORT INSULIN SYRINGE	122,139	EASY TOUCH LANCING DEVICE	122
EASY COMFORT LANCETS	122	EASY TOUCH PEN NEEDLES	139
EASY COMFORT LANCETS TWIST TOP	122	EASY TOUCH SAFETY LANCETS 21G	122
EASY COMFORT PEN NEEDLES	139	EASY TOUCH SAFETY LANCETS 23G	122
EASY GLIDE PEN NEEDLES	139	EASY TOUCH SAFETY LANCETS 26G	122
EASY MINI EJECT LANCING DEVICE	122	EASY TOUCH SAFETY LANCETS 28G	122
EASY MINI LANCING DEVICE	122	EASY TOUCH SAFETY PEN NEEDLES	139
EASY TOUCH ALCOHOL PREP MEDIUM	136	EASY TOUCH SHEATHLOCK SYRINGE	139
EASY TOUCH FLIPLOCK INSULIN SY	139	EBGLYSS	97,174
EASY TOUCH INSULIN SAFETY SYR	139	ec-naproxen	18
EASY TOUCH INSULIN SYRINGE	139	econazole nitrate	93
EASY TOUCH LANCETS 21G	122	econtra ez	88
EASY TOUCH LANCETS 23G	122	econtra one-step	88
EASY TOUCH LANCETS 26G	122	ecotrin low strength	21
		ed-spaz	173
		edaravone	158
		EDURANT	72
		eemt	105
		eemt hs	105
		efavirenz	72
		EFAVIRENZ	72
		efavirenz-emtricitab-tenofo df	72
		EFAVIRENZ-LAMIVUDINE-TENOFOVIR	72
		efavirenz-lamivudine-tenofovir	72
		effer-k	147
		EKTERLY	174
		ELAHERE	53
		ELAPRASE	103
		ELELYSO	113
		ELESTRIN	106
		eletriptan hydrobromide	146
		ELFABRIO	103
		ELIGARD	56
		elimest	82

ELIQUIS	31,174,175	EMTRIVA	73
ELIQUIS (1.5 MG PACK)	174	EMVERM	25
ELIQUIS (2 MG PACK)	174	emzahh	89
ELIQUIS DVT/PE STARTER PACK	31	enalapril maleate	47
ELITE-OB	152	enalapril-hydrochlorothiazide	48
ELITEK	66	ENBRACE HR	152
elixophyllin	31	ENBREL	20
ELLA	88	ENBREL MINI	20
ELMIRON	110	ENBREL SURECLICK	20
ELOCTATE	111	ENDARI	113
ELREXFIO	53	endocet	23
eltrombopag olamine	114	ENDOMETRIN	180
eluryng	87	ENERGIX-B	177
EMBECTA AUTOSHIELD DUO	139	ENHERTU	53
EMBECTA INS SYR U/F 1/2 UNIT	139	enilloring	87
EMBECTA INSULIN SYRINGE	139	ENJAYMO	112
EMBECTA INSULIN SYRINGE U-100	140	enoxaparin sodium	32
EMBECTA INSULIN SYRINGE U-500	140	enpresse-28	82
EMBECTA INSULIN SYRINGE U/F	140	ENSACOVE	175
EMBECTA PEN NEEDLE NANO	140	enskyce	82
EMBECTA PEN NEEDLE NANO 2 GEN	140	ENSPRYNG	148
EMBECTA PEN NEEDLE U/F	140	entacapone	67
EMBECTA PEN NEEDLE ULTRAFINE	140	entecavir	75
EMBRACE LANCETS ULTRA THIN 30G	122	ENTRESTO	78
EMBRACE LANCING DEVICE/EJECTOR	122	ENTYVIO	107
EMBRACE PEN NEEDLES	140	ENTYVIO PEN	107
EMBRACE PRESSURE ACTIVATED 21G	122	enulose	108
EMBRACE PRESSURE ACTIVATED 28G	122	ENVARSUS XR	148
EMBRIVA	152	enzoclear	91
EMCYT	56	EPIDIOLEX	33
EMEND	44	epinastine hcl	162
EMGALITY	146	epinephrine	180
EMGALITY (300 MG DOSE)	146	epitol	33
emoquette	82	EPKINLY	53
EMPAVELI	112	eplerenone	49
EMPLICITI	53	EPOGEN	114
EMPRICAINE-II	98	epoprostenol sodium	79
EMRELIS	175	EPRONTIA	33
emtricitab-rilpivir-tenofov df	72	eq aspirin adult low dose	21
emtricitabine	72	eq aspirin low dose	21
emtricitabine-tenofovir df	72,73	eq nicotine	169

eq nicotine polacrilex	169
eq nicotine step 3	169
EQL ALCOHOL SWABS	136
eq aspirin low dose	21
EQL COLOR LANCETS 21G	122
EQL COLOR LANCETS MICRO 33G	122
EQL INSULIN SYRINGE	140
eq nicotine polacrilex	169
EQL SUPER THIN LANCETS 30G	122
EQL THIN LANCETS 26G	122
ERBITUX	54
ergocalciferol	180
ERGOLOID MESYLATES	168
ERGOTAMINE-CAFFEINE	146
eribulin mesylate	67
ERIVEDGE	55
ERLEADA	56
erlotinib hcl	55
errin	89
ery-tab	117
ERYTHROCIN STEARATE	117
ERYTHROMYCIN	92
erythromycin	117,160
erythromycin base	117
erythromycin ethylsuccinate	117
escitalopram oxalate	36
eslicarbazepine acetate	33
esomeprazole magnesium	173
ESPEROCT	111
ESSENTRA WIPES 9X9"	136
est estrogens-methyltest	105
est estrogens-methyltest ds	105
est estrogens-methyltest hs	106
estarylla	82
estazolam	116
estradiol	106,180
estradiol valerate	106
estradiol-norethindrone acet	106
estratest f.s.	106
estratest h.s.	106
ESTRING	180

eszopiclone	116
ethambutol hcl	50
ethosuximide	35
ethynodiol diac-eth estradiol	82
etodolac	19
etodolac er	19
etonogestrel-ethinyl estradiol	87
ETOPOSIDE	67
etravirine	73
EUFLEXXA	156
EULEXIN	56
euthyrox	172
everolimus	60,148
EVKEEZA	45
EVOTAZ	73
EVRYSDI	158
EXEL COMFORT POINT INSULIN SYR	140
EXEL COMFORT POINT PEN NEEDLE	140
exemestane	56
EXKIVITY	55
EXONDYS 51	158
EYLEA	159
EYLEA HD	159
EZ-LETS LANCETS 21G	122
EZ-LETS LANCETS 26G	122
EZ-LETS LANCETS 28G	123
EZ-LETS LANCETS 30G	123
ezetimibe	47
ezetimibe-simvastatin	45

F

FABHALTA	112
FABIOR	92
FABRAZYME	103
falmina	82
famciclovir	75
famotidine	173
FANAPT	68
FANAPT TITRATION PACK A	68
FANAPT TITRATION PACK B	68
FANAPT TITRATION PACK C	69

FASENRA	29	FINGERSTIX LANCETS	123
FASENRA PEN	29	fingolimod hcl	167
FASLODEX	56	FINTEPLA	33
fayosim	82	finzala	82
FC2 FEMALE CONDOM	117	FIRDAPSE	50
febuxostat	110	FIRMAGON	56
FEIBA	111	FIRMAGON (240 MG DOSE)	56
feirza 1.5/30	82	FIRST-MOUTHWASH BLM	150
feirza 1/20	82	flac	163
felbamate	34	FLAREX	161
felodipine er	77	flavoxate hcl	177
FEMCAP	118	FLEBOGAMMA DIF	164
FEMLYV	82	flecainide acetate	28
femynor	82	FLECTOR	92
fenofibrate	46	FLUAD	177
FENOFIBRATE MICRONIZED	46	FLUAD QUADRIVALENT	178
fenofibrate micronized	46	FLUARIX	178
fenofibric acid	46	FLUARIX QUADRIVALENT	178
fenoprofen calcium	19	FLUBLOK	178
FENORTHO	19	FLUBLOK QUADRIVALENT	178
FENSOLVI (6 MONTH)	103	FLUCELVAX	178
fentanyl	22	FLUCELVAX QUADRIVALENT	178
fentanyl citrate	22	fluconazole	44
FENTANYL CITRATE	22	flucytosine	44
FERRIPROX	43	fludrocortisone acetate	90
ferumoxytol	115	FLULAVAL	178
fesoterodine fumarate er	176	FLULAVAL QUADRIVALENT	178
FETROJA	81	FLUMIST	178
FETZIMA	37	FLUMIST QUADRIVALENT	178
FETZIMA TITRATION	37	flunisolide	157
fexmid	156	fluocinolone acetonide	96,163
fidaxomicin	117	fluocinolone acetonide body	96
FIFTY50 ALCOHOL PREP	136	fluocinolone acetonide scalp	96
FIFTY50 PEN NEEDLES	140	fluocinonide	96
FIFTY50 SAFETY SEAL LANCETS	123	fluocinonide emulsified base	96
FIFTY50 SUPERIOR COMFORT SYR	140	FLUORIDEX SENSITIVITY RELIEF	150
FIFTY50 UNILET LANCETS 33G	123	FLUORIMAX 5000 SENSITIVE	150
FILSPARI	109	fluorometholone	161
FINACEA	99	fluorouracil	93
finasteride	110	FLUOROURACIL	93
FINE 30	123	fluoxetine hcl	36

FLUOXETINE HCL (PMDD)	168	FREESTYLE LIBRE 2 PLUS SENSOR	123
fluphenazine decanoate	71	FREESTYLE LIBRE 2 READER	123
fluphenazine hcl	71	FREESTYLE LIBRE 2 SENSOR	123
FLUPHENAZINE HCL	71	FREESTYLE LIBRE 3 PLUS SENSOR	123
FLURANDRENOLIDE	96	FREESTYLE LIBRE 3 READER	123
flurbiprofen	19	FREESTYLE LIBRE 3 SENSOR	123
FLURBIPROFEN SODIUM	162	FREESTYLE LIBRE READER	123
fluticasone propionate	96,157	FREESTYLE PRECISION INS SYR	140
FLUTICASONE PROPIONATE DISKUS	30	FREESTYLE UNISTICK II LANCETS	123
FLUTICASONE PROPIONATE HFA	30	frovatriptan succinate	146
fluticasone-salmeterol	31	FRUZAQLA	52
FLUTICASONE-SALMETEROL	31	ft aspirin	21
fluvoxamine maleate	37	ft aspirin low dose	21
FLUZONE	178	ft folic acid	113
FLUZONE HIGH-DOSE	178	FT GLUCOSE	39
FLUZONE HIGH-DOSE QUADRIVALENT	178	ft nicotine	169
FLUZONE QUADRIVALENT	178	ft nicotine mini	169
FML FORTE	161	FULPHILA	114
folate	113	FULVESTRANT	56
folic acid	113	fulvestrant	56
FOLIVANE-OB	152	furosemide	100
FOLLISTIM AQ	102	FUZEON	73
FOLOTYN	51	FYARRO	60
fondaparinux sodium	32	fyavolv	106
FORA LANCETS	123	FYCOMPA	32
FORA LANCING DEVICE	123	FYLNETRA	114
formoterol fumarate	31		
fosamprenavir calcium	73	G	
fosinopril sodium	47	g tussin ac	90
fosinopril sodium-hctz	48	gabapentin	33
FOSRENOL	109	galantamine hydrobromide	166
FOTIVDA	60	galantamine hydrobromide er	166
fraiche 5000 dental	150	galbriela	82
FREDS PHARMACY AUTOLET LANCING	123	gallifrey	165
FREDS PHARMACY UNIFINE PENTIP+	140	GAMASTAN	164
FREDS PHARMACY UNIFINE PENTIPS	140	GAMIFANT	148
FREDS PHARMACY UNILET LANC 28G	123	GAMMAGARD	164
FREDS PHARMACY UNILET LANC 30G	123	GAMMAGARD S/D LESS IGA	164
FREESTYLE LANCETS	123	GAMMAKED	164
FREESTYLE LIBRE 14 DAY READER	123	GAMMAPLEX	164
FREESTYLE LIBRE 14 DAY SENSOR	123	GAMUNEX-C	164

ganirelix acetate	102	GIVLAARI	110
GARDASIL 9	178	GLASSIA	170
GATTEX	109	glatiramer acetate	167
GAVILYTE-C	116	glatopa	167
gavilyte-g	116	GLEEVEC	60
gavilyte-n with flavor pack	116	GLEOSTINE	50
GAVRETO	60	glimepiride	42
GAZYVA	53	glipizide	42
gefitinib	55	glipizide er	42
GEL-ONE	156	glipizide xl	42
GELNIQUE	176	glipizide-metformin hcl	38
GELSYN-3	156	GLOBAL ALCOHOL PREP EASE	136
gemfibrozil	46	GLOBAL EASE INJECT PEN NEEDLES	140
gemmily	83	GLOBAL EASY GLIDE INSULIN SYR	140
generlac	108	GLOBAL EASY GLIDE PEN NEEDLES	140
gengraf	148	GLOBAL INJECT EASE INSULIN SYR	140
GENOTROPIN	102	GLOBAL INJECT EASE LANCETS 28G	124
GENOTROPIN MINIQUICK	102	GLOBAL INJECT EASE LANCETS 30G	124
GENTAK	160	GLOBAL INSULIN SYRINGES	140
gentamicin sulfate	92,160	GLOBAL LANCING DEVICE	124
GENTEEL BUTTERFLY TOUCH LANCET	123	GLUCAGEN HYPOKIT	39
GENTEEL CONTACT TIPS (BLUE)	123	GLUCAGON EMERGENCY	39
GENTEEL CONTACT TIPS (CLEAR)	123	GLUCO TO GO	39
GENTEEL CONTACT TIPS (GREEN)	123	GLUCOCOM LANCETS 28G	124
GENTEEL CONTACT TIPS (ORANGE)	123	GLUCOCOM LANCETS 30G	124
GENTEEL CONTACT TIPS (RAINBOW)	123	GLUCOCOM LANCETS 33G	124
GENTEEL CONTACT TIPS (VIOLET)	123	GLUCOPRO INSULIN SYRINGE	140
GENTEEL CONTACT TIPS (YELLOW)	123	GLUCOSE	39
GENTEEL LANCING KIT (BLUE)	123	GLUCOSE INSTANT ENERGY	39
GENTEEL NOZZLES	124	glyburide	42
GENTEEL PLUS LANCING (BLACK)	124	GLYBURIDE MICRONIZED	42
GENTEEL PLUS LANCING (PURPLE)	124	glyburide-metformin	38
GENTEEL PLUS LANCING (WHITE)	124	glycopyrrolate	173
GENTEEL PLUS LANCING DEV(BLUE)	124	glydo	98
GENTEEL PLUS LANCING DEV(PINK)	124	GLYNASE	42
GENTLE-LET GP LANCETS	124	GLYXAMBI	38
GENTLE-LET LANCETS	124	gnp adult aspirin low strength	21
GENTLE-LET PLATFORMS	124	GNP ALCOHOL SWABS	136
GENVISC 850	156	gnp aspirin	21
GENVOYA	73	gnp aspirin low dose	21
GILOTRIF	55	GNP CLICKFINE PEN NEEDLES	140

gnp folic acid	113
GNP GLUCOSE	39
GNP INSULIN SYRINGE	140
GNP INSULIN SYRINGES	140
GNP INSULIN SYRINGES 28GX1/2"	140
GNP INSULIN SYRINGES 29GX1/2"	140
GNP INSULIN SYRINGES 30GX5/16"	140
GNP INSULIN SYRINGES 31GX5/16"	140
GNP LANCETS 21G	124
GNP LANCETS THIN 26G	124
GNP LANCING SYSTEM DEVICE	124
gnp nicotine	169
gnp nicotine mini	169
gnp nicotine polacrilex	169
GNP PEN NEEDLES	140
GNP QUICK DISSOLVE GLUCOSE	39
GNP STERILE LANCETS 28G	124
GNP STERILE LANCETS 30G	124
GNP STERILE LANCETS 33G	124
GNP ULTICARE PEN NEEDLES	140
GNP ULTIGUARD SAFEPAK NEEDLE	141
GNP ULTRA COM INSULIN SYRINGE	141
GOJJI LANCING DEVICE/CLEAR CAP	124
GOJJI STERILE LANCETS	124
GOMEKLI	175
GOODSENSE ALCOHOL SWABS	136
goodsense aspirin	21
goodsense aspirin adult low st	21
goodsense aspirin low dose	21
GOODSENSE CLICKFINE PEN NEEDLE	141
GOODSENSE COLOR LANCETS 33G	124
GOODSENSE GLUCOSE	39
GOODSENSE LANCETS 26G UNIV	124
GOODSENSE LANCETS 30G	124
GOODSENSE LANCETS 30G UNIV	124
GOODSENSE LANCETS 33G	124
GOODSENSE LANCETS 33G UNIV	124
GOODSENSE LANCING DEVICE	124
goodsense nicotine	169
goodsense nicotine policrilex	169
GOODSENSE PEN NEEDLE PENFINE	141

granisetron hcl	43
griseofulvin microsize	44
griseofulvin ultramicrosize	44
guaiaatussin ac	90
guaifenesin ac	90
guaifenesin-codeine	90
guanfacine hcl	48
guanfacine hcl er	16
GVOKE HYPOPEN 1-PACK	39
GVOKE HYPOPEN 2-PACK	39
GVOKE KIT	39
GVOKE PFS	39

H

h-e-b aspirin	21
H-E-B INCONTROL ADV LANCING	124
H-E-B INCONTROL ALCOHOL	136
H-E-B INCONTROL LANCETS 28G	125
H-E-B INCONTROL LANCETS 30G	125
H-E-B INCONTROL LANCETS 33G	125
H-E-B INCONTROL PEN NEEDLES	141
H-E-B INCONTROL UNIFINE PENTIP	141
habitrol	169
HAEGARDA	112
HAEMOLANCE	125
HAEMOLANCE LOW FLOW LANCETS	125
HAEMOLANCE PLUS	125
HAEMOLANCE PLUS HIGH FLOW	125
HAEMOLANCE PLUS LOW FLOW	125
HAEMOLANCE PLUS MAX FLOW	125
HAEMOLANCE PLUS PEDIATRIC FLOW	125
hailey 1.5/30	83
hailey 24 fe	83
hailey fe 1.5/30	83
hailey fe 1/20	83
HALAVEN	67
halobetasol propionate	96
haloette	87
haloperidol	70
haloperidol decanoate	70
haloperidol lactate	70

iclevia	83	INSULIN GLARGINE MAX SOLOSTAR	41
ICLUSIG	60	INSULIN GLARGINE SOLOSTAR	41
icosapent ethyl	45	INSULIN GLARGINE-YFGN	41
IDHIFA	61	INSULIN SYRINGE	141
IHEALTH LANCING DEVICE	125	INSULIN SYRINGE-NEEDLE U-100	141
ILARIS	18	INSULIN SYRINGE/NEEDLE	141
ILUVIEN	162	INSUPEN PEN NEEDLES	141
imatinib mesylate	61	INSUPEN SENSITIVE	141
IMBRUVICA	61	INSUPEN ULTRAFIN	141
IMDELLTRA	53	INSUPEN32G EXTR3ME	141
IMFINZI	53	INTELENCE	73
imipramine hcl	37	introvale	83
imipramine pamoate	37	INVEGA HAFYERA	69
imiquimod	97	INVEGA SUSTENNA	69
IMJUDO	53	INVEGA TRINZA	69
IMKELDI	175	IPOL	178
IMLYGIC	67	ipratropium bromide	29,157
IN TOUCH LANCING DEVICE	125	ipratropium-albuterol	31
IN TOUCH STERILE LANCETS 30G	125	irbesartan	48
INBRIJA	68	irbesartan-hydrochlorothiazide	48
incassia	89	ISENTRESS	73
INCONTROL ULTICARE PEN NEEDLES	141	ISENTRESS HD	73
INCRUSE ELLIPTA	29	isibloom	83
indapamide	101	isoniazid	50
indomethacin	19	isopropyl alcohol	98
indomethacin er	19	isopropyl alcohol wipes	99
INFANRIX	172	isosorbide dinitrate	27
INFLECTRA	107	isosorbide mononitrate	27
INFLIXIMAB	107	ISOSORBIDE MONONITRATE	27
INJECTAFER	115	isosorbide mononitrate er	27
INLYTA	52	isotretinoin	92
INNOPRAN XL	77	isradipine	77
INQOVI	58	ITOVEBI	61
INREBIC	61	itraconazole	44
INSULIN ASP PROT & ASP FLEXPEN	41	ivabradine hcl	80
INSULIN ASPART	41	ivermectin	25,99
INSULIN ASPART FLEXPEN	41	IVERMECTIN	99
INSULIN ASPART PENFILL	41	IWILFIN	66
INSULIN ASPART PROT & ASPART	41	IXEMPRA KIT	67
INSULIN DEGLUDEC	41	IZERVAY	161
INSULIN DEGLUDEC FLEXTOUCH	41		

J

jaimiess	83
JAKAFI	61
jantoven	31
JARDIANCE	42
jasmiel	83
javygtor	103
JAYPIRCA	61
JELMYTO	58
JEMPERLI	53
jencycla	89
JENTADUETO	38
JENTADUETO XR	38
JEVTANA	67
jinteli	106
JIVI	111
JOENJA	148
jolessa	83
joyeaux	83
JUBBONTI	175
juleber	83
JULUCA	73
junel 1.5/30	83
junel 1/20	83
junel fe 1.5/30	83
junel fe 1/20	83
junel fe 24	83
just right 5000	150
JYLAMVO	51
JYNNEOS	178

K

k-prime	147
K-TAB	147
KADCYLA	53
kaitlib fe	83
KALBITOR	112
KALETRA	73
kalliga	83
KALYDECO	171

KANJINTI	52
KANUMA	103
kariva	83
KCENTRA	111
kelnor 1/35	83
kelnor 1/50	83
KEPIVANCE	66
KESIMPTA	167
KETO-DIASTIX	100
ketoconazole	44,93
KETODAN	93
KETONE TEST	100
ketorolac tromethamine	19,162
KETOSTIX	100
KEYTRUDA	53
KHAPZORY	66
KIMMTRAK	53
KIMYRSA	26
KINNEY LANCETS	125
KINNEY THIN LANCETS	125
KINRAY INSULIN SYRINGE	141
KINRIX	172
kionex	149
KIRSTY	175
KISQALI (200 MG DOSE)	61
KISQALI (400 MG DOSE)	61
KISQALI (600 MG DOSE)	61
KISQALI FEMARA (200 MG DOSE)	58
KISQALI FEMARA (400 MG DOSE)	58
KISQALI FEMARA (600 MG DOSE)	58
klayesta	93
KLISYRI (250 MG)	93
KLISYRI (350 MG)	93
klor-con	147
klor-con 10	147
klor-con m10	147
klor-con m15	147
klor-con m20	147
klor-con/ef	147
klis aspirin low dose	21
klis quit2	169

kls quit4	169
KMART VALU INSULIN SYRINGE 29G	141
KMART VALU INSULIN SYRINGE 30G	141
KOATE	111
KOATE-DVI	111
KOGENATE FS	111
KORSUVA	150
KOSELUGO	61
KOSHER PRENATAL PLUS IRON	152
kourzeq	151
KOVALTRY	111
kp aspirin	21
kp folic acid	114
KRAZATI	61
kristalose	117
KROGER AUTOLET LANCING DEVICE	125
KROGER GLUCOSE	40
KROGER HEALTHPRO LANCET 26G	125
KROGER INSULIN SYRINGE	141
KROGER LANCETS	125
KROGER LANCETS 21G	125
KROGER LANCETS MICRO THIN 33G	125
KROGER LANCETS SUPER THIN	125
KROGER LANCETS THIN	125
KROGER LANCETS THIN 26G	125
KROGER LANCETS ULTRATHIN 30G	125
KROGER LANCING DEVICE	125
KROGER PEN NEEDLES	141
KRYSTEXXA	110
kurvelo	83
KYLEENA	88
KYNMOBI	68
KYNMOBI TITRATION KIT	68
KYPROLIS	61

L

l-glutamine	113
labetalol hcl	76
lacosamide	33
lactulose	117
lactulose encephalopathy	108

LAGEVRIO	76
lamivudine	73,75
lamivudine-zidovudine	73
lamotrigine	33
lamotrigine er	33
lamotrigine starter kit-blue	33
LAMZEDE	103
LANCET DEVICE	126
LANCET DEVICE WITH EJECTOR	126
LANCET TRANSPORTER CASE	126
LANCETS	126
LANCETS 28G THIN	126
LANCETS 30G	126
LANCETS 33G	126
LANCETS MICRO THIN 33G	126
LANCETS SUPER THIN	126
LANCETS SUPER THIN 28G	126
LANCETS THIN	126
LANCETS ULTRA THIN	126
LANCETS ULTRA THIN 30G	126
LANCING DEVICE	126
LANOXIN	78
lanreotide acetate	105
LANREOTIDE ACETATE	105
lansoprazole	173
lanthanum carbonate	109
LANTUS	41
LANZO	126
lapatinib ditosylate	61
larin 1.5/30	83
larin 1/20	83
larin 24 fe	83
larin fe 1.5/30	83
larin fe 1/20	83
larissia	83
latanoprost	162
layolis fe	83
LAZCLUZE	55
LEADER ADVANCED LANCING DEVICE	126
LEADER GLUCOSE	40
LEADER INSULIN SYRINGE	141

LEADER QUICK DISSOLVE GLUCOSE	40	levoxyl	172
LEADER UNIFINE PENTIPS	142	LIBERTY MEDICAL LANCETS	126
LEADER UNIFINE PENTIPS PLUS	142	LIBERTY MINI LANCING DEVICE	126
leena	84	LIBERVANT	32
leflunomide	19	LIBTAYO	53
LEMTRADA	167	lidocaine	98
lenalidomide	148	lidocaine hcl	98
LENVIMA (10 MG DAILY DOSE)	52	LIDOCAINE HCL	150
LENVIMA (12 MG DAILY DOSE)	52	lidocaine hcl urethral/mucosal	98
LENVIMA (14 MG DAILY DOSE)	52	lidocaine viscous hcl	150
LENVIMA (18 MG DAILY DOSE)	52	lidocaine-hydrocort (perianal)	25
LENVIMA (20 MG DAILY DOSE)	52	LIDOCAINE-HYDROCORTISONE ACE	25
LENVIMA (24 MG DAILY DOSE)	52	lidocaine-prilocaine	98
LENVIMA (4 MG DAILY DOSE)	52	lidocan	98
LENVIMA (8 MG DAILY DOSE)	52	lidocort	25
LEQVIO	47	lidopin	98
lessina	84	lidopril	98
letrozole	56	lidopril xr	98
leucovorin calcium	66	LILETTA (52 MG)	165
LEUKERAN	50	lillow	84
LEUKINE	114	LINDANE	99
leuprolide acetate	56	linezolid	26,27
levalbuterol hcl	31	LINZESS	108
LEVALBUTEROL TARTRATE	31	liomny	172
levetiracetam	33	liothyronine sodium	172
levetiracetam er	33	liraglutide	40
levo-t	172	lisdexamphetamine dimesylate	16
LEVOBUNOLOL HCL	159	lisinopril	47
levocarnitine	104	lisinopril-hydrochlorothiazide	49
levocarnitine sf	104	LITE TOUCH LANCETS	126
levofloxacin	106,160	LITE TOUCH LANCING PEN	126
levonest	84	LITETOUCH INSULIN SYRINGE	142
levonorg-eth estrad triphasic	84	LITETOUCH LANCETS	126
levonorgest-eth est & eth est	84	LITETOUCH PEN NEEDLES	142
levonorgest-eth estrad 91-day	84	lithium	68
levonorgest-eth estradiol-iron	84	lithium carbonate	68
levonorgestrel	88	lithium carbonate er	68
levonorgestrel-ethinyl estrad	84	LITHOBID	68
levora 0.15/30 (28)	84	LITHOSTAT	110
levorphanol tartrate	22	LIVE BETTER ADV LANCING DEVICE	126
levothyroxine sodium	172	LIVE BETTER LANCET SUPER THIN	126

LIVE BETTER LANCET ULTRA THIN	126
LIVTENCITY	75
LO LOESTRIN FE	84
lo-zumandimine	84
LODOCO	78
loestrin 1.5/30 (21)	84
loestrin 1/20 (21)	84
loestrin fe 1.5/30	84
loestrin fe 1/20	84
lofexidine hcl	166
lojaimiess	84
LOKELMA	149
LONGS GLUCOSE	40
LONGS INSULIN SYRINGE	142
LONGS LANCETS STANDARD	126
LONGS LANCETS THIN	126
LONGS LANCETS ULTRA THIN	126
LONSURF	58,59
loperamide hcl	43
lopinavir-ritonavir	73
LOQTORZI	53
lorazepam	28
lorazepam intensol	28
LORBRENA	62
loryna	84
losartan potassium	48
losartan potassium-hctz	49
lovastatin	46
low-ogestrel	84
loxapine succinate	70
lubiprostone	107
LUCEMYRA	166
LUCENTIS	160
luizza 1.5/30	84
luizza 1/20	84
LUMAKRAS	62
LUMIGAN	163
LUMIZYME	104
LUMRYZ	166
LUMRYZ STARTER PACK	166
LUNSUMIO	53

LUPRON DEPOT (1-MONTH)	56
LUPRON DEPOT (3-MONTH)	56
LUPRON DEPOT (4-MONTH)	56
LUPRON DEPOT (6-MONTH)	56
LUPRON DEPOT-PED (1-MONTH)	103
LUPRON DEPOT-PED (3-MONTH)	103
LUPRON DEPOT-PED (6-MONTH)	103
lurasidone hcl	68
LURBIPR	19
LURBIRO	19
LUTATHERA	66
luter	84
lyleq	89
lyllana	106
lymepak	171
LYNPARZA	62
LYSODREN	56
LYTGOBI (12 MG DAILY DOSE)	62
LYTGOBI (16 MG DAILY DOSE)	62
LYTGOBI (20 MG DAILY DOSE)	62
lyza	89

M

M-M-R II	178
M-NATAL PLUS	152
MACRILEN	99
MAGELLAN INSULIN SAFETY SYR	142
MAKENA	165
malathion	99
MARATHON MEDICAL PENTIPS	142
maraviroc	73
MARGENZA	52
marlissa	84
MARQIBO	67
MATULANE	66
MAVYRET	75
MAXI-COMFORT INSULIN SYRINGE	142
MAXI-COMFORT SAFETY PEN NEEDLE	142
maxi-tuss ac	90
MAXICOMFORT II PEN NEEDLE	142
MAXICOMFORT SYR 27G X 1/2"	142

MAXIDEX	162	MENOPUR	102
MAYZENT	167	MENVEO	177
MAYZENT STARTER PACK	167	MEPERIDINE HCL	22
meclizine hcl	43	meprobamate	28
MECLOFENAMATE SODIUM	19	MEPSEVII	104
MEDIC INSULIN SYRINGE	142	mercaptopurine	51
MEDICHOICE SAFETY LANCET	126	MERILOG	175
MEDICHOICE SAFETY LANCET EXTRA	126	MERILOG SOLOSTAR	175
MEDICHOICE SAFETY LANCET NORM	126	merzee	84
MEDICINE SHOPPE PEN NEEDLES	142	mesalamine	107
MEDISENSE THIN LANCETS	126	mesalamine er	108
MEDLANCE EXTRA 21G	127	mesalamine-cleanser	108
MEDLANCE LITE 25G	127	mesna	66
MEDLANCE PLUS EXTRA 21G	127	MESNEX	66
MEDLANCE PLUS LANCETS	127	metaxalone	156
MEDLANCE PLUS LITE 25G	127	metformin hcl	39
MEDLANCE PLUS SPECIAL 0.8MM	127	metformin hcl er	39
MEDLANCE PLUS SUPERLITE 30G	127	methadone hcl	22
MEDLANCE PLUS UNIVERSAL 21G	127	methadone hcl intensol	23
MEDLANCE UNIVERSAL 21G	127	methadose	23
medpura alcohol pads	99	methamphetamine hcl	16
medroxyprogesterone acetate	88,165	methazolamide	100
mefenamic acid	19	methenamine hippurate	27
mefloquine hcl	49	methenamine mandelate	27
megestrol acetate	56	methergine	163
MEIJER ALCOHOL SWABS	136	methimazole	171
MEIJER GLUCOSE	40	methocarbamol	156
MEIJER LANCETS	127	METHOTREXATE SODIUM	51
MEIJER LANCETS THIN	127	methotrexate sodium (pf)	51
MEIJER LANCETS UNIVERSAL 21G	127	METHOXSALEN RAPID	94
MEIJER LANCETS UNIVERSAL 30G	127	methscopolamine bromide	173
MEIJER LANCETS UNIVERSAL 33G	127	METHYLDOPA	48
MEIJER PEN NEEDLES	142	methylergonovine maleate	163
MEIJER SUPER THIN LANCETS	127	methylphenidate	16
MEKINIST	62	methylphenidate hcl	16
MEKTOVI	62	methylphenidate hcl er	16
meleya	89	methylphenidate hcl er (cd)	16
meloxicam	19	methylphenidate hcl er (la)	16,17
MELPHALAN	50	methylphenidate hcl er (osm)	17
memantine hcl	166	methylprednisolone	89
memantine hcl er	166	methylprednisolone sodium succ	89

metoclopramide hcl	107	MM TWIST LANCETS	127
metolazone	101	MNEXSPIKE	178
metoprolol succinate er	76	MOBILE LANCETS 30G	127
metoprolol tartrate	76	modafinil	17
metoprolol-hydrochlorothiazide	49	MODERNA COVID-19 VAC (BOOSTER)	178
metronidazole	26,99	MODERNA COVID-19 VAC 6M-11Y	178
mexiletine hcl	28	MODEYSO	175
mibelas 24 fe	84	moexipril hcl	47
MICRODOT PEN NEEDLE	142	mometasone furoate	96,157
microgestin 1.5/30	84	mondoxyne nl	171
microgestin 1/20	84	MONJUVI	54
microgestin 24 fe	84	mono-lynyah	85
microgestin fe 1.5/30	84	MONOJECT INSULIN SYRINGE	142
microgestin fe 1/20	84	MONOJECT ULTRA COMFORT SYRINGE	142
MICROLET LANCETS	127	MONOLET LANCETS	127
MICROLET NEXT LANCING DEVICE	127	MONOLET OPD LANCETS	127
midazolam hcl	116	MONOLETTOR SAFETY LANCETS	127
MIDAZOLAM-SODIUM CHLORIDE (PF)	116	MONOVISC	157
midodrine hcl	180	montelukast sodium	30
mifepristone	40,104	morphine sulfate	23
MIGERGOT	146	MORPHINE SULFATE (CONCENTRATE)	23
MIGLITOL	38	morphine sulfate er	23
miglustat	113	MORPHINE SULFATE ER BEADS	23
mili	84	MOUNJARO	40
milophene	102	MOVANTIK	108
mimvey	106	moxifloxacin hcl	106,160
MINI LANCING DEVICE	127	MOXIFLOXACIN HCL (2X DAY)	160
minocycline hcl	171	MOZOBIL	115
minoxidil	49	MPD SAFETY LANCET 21G	127
minzoya	85	MPD SAFETY LANCET 23G	127
MIPLYFFA	168	MPD SAFETY LANCET 28G	127
MIRCERA	114	MPD SAFETY LANCET 30G	127
MIRENA (52 MG)	88	MRESVIA	178
mirtazapine	36	MS INSULIN SYRINGE	142
misoprostol	173	MULTI-LANCET DEVICE	127
mitomycin	58	MULTI-LANCET DEVICE 2	127
MIUDELLA INTRAUTERINE COPPER	88	MULTI-MAC	153
mm aspirin	21	multi-vit/iron/fluoride	151
MM INSULIN SYRINGE/NEEDLE	142	MULTI-VITAMIN/FLUORIDE	151
MM LANCING DEVICE	127	MULTI-VITAMIN/FLUORIDE/IRON	151
MM PEN NEEDLES	142	MULTIVITAMIN + FLUORIDE	151

multivitamin select/fluoride	151
MULTIVITAMIN W/FLUORIDE	151
MULTIVITAMIN/FLUORIDE	151
multivitamin/fluoride/iron	151
mupirocin	92
mupirocin calcium	92
mutamycin	58
MVASI	52
my choice	88
my way	88
mycophenolate mofetil	148
mycophenolate sodium	149
mycophenolic acid	149
MYGLUCOHEALTH LANCETS 30G	127
MYLERAN	50
MYLOTARG	54
MYOBLOC	158
myorisan	92
MYRBETRIQ	176
MYTESI	42

N

na sulfate-k sulfate-mg sulf	116
nabumetone	19
nadolol	77
nafrinse	147
NAFTIFINE HCL	93
NAGLAZYME	104
NALFON	19
NALOCET	23
naloxone hcl	43
naltrexone hcl	43
naproxen	19
naproxen dr	19
naproxen sodium	19
naratriptan hcl	146
NATACHEW	153
NATACYN	160
NATAZIA	85
nateglinide	42
NATROBA	99

nebivolol hcl	77
NEBUSAL	91
nebusal	91
necon 0.5/35 (28)	85
NEEVO DHA	153
NEFAZODONE HCL	37
nelarabine	51
neo-polycin	160
neo-polycin hc	162
neomycin sulfate	17
neomycin-bacitracin zn-polymyx	161
neomycin-polymyxin-dexameth	162
NEOMYCIN-POLYMYXIN-GRAMICIDIN	161
NEOMYCIN-POLYMYXIN-HC	162
neomycin-polymyxin-hc	163
NEONATAL COMPLETE	153
NEONATAL PLUS	153
NEORAL	149
NERLYNX	62
NESTABS	153
NESTABS DHA	153
NESTABS ONE	153
neuac	92
NEULASTA	114
NEULASTA ONPRO	114
NEUPOGEN	114
nevirapine	73
NEVIRAPINE	73
nevirapine er	73
NEVIRAPINE ER	73
new day	88
NEXIUM	173
NEXLETOL	45
NEXLIZET	45
NEXPLANON	165
NEXTSTELLIS	85
NEXVIAZYME	104
NGENLA	102
niacin er (antihyperlipidemic)	47
nicardipine hcl	77
NICODERM CQ	169

NICORETTE	169	norethindrone acetate	165
NICORETTE MINI	169	norethindrone-eth estradiol	106
NICORETTE STARTER KIT	169	norgestim-eth estrad triphasic	85
NICOTINE	169	norgestimate-eth estradiol	85
nicotine mini	169	norlyda	89
nicotine polacrilex	169	norlyroc	89
nicotine polacrilex mini	169	NORPACE CR	28
nicotine step 1	170	nortrel 0.5/35 (28)	85
nicotine step 2	170	nortrel 1/35 (21)	85
nicotine step 3	170	nortrel 1/35 (28)	85
NICOTROL	170	nortrel 7/7/7	85
NICOTROL NS	170	nortriptyline hcl	37
nifedipine	77	NORVIR	73
nifedipine er	77	NOVA SAFETY LANCETS 23G	128
nifedipine er osmotic release	77	NOVA SAFETY LANCETS 28G	128
nikki	85	NOVA SUREFLEX LANCETS	128
nilotinib hcl	62	NOVA SUREFLEX LANCING DEVICE	128
nilutamide	57	NOVAREL	102
nimodipine	78	NOVAVAX COVID-19 VACCINE	178
NINJACOF-XG	90	NOVOEIGHT	111
NINLARO	62	NOVOFINE AUTOCOVER PEN NEEDLE	142
nitazoxanide	26	NOVOFINE PEN NEEDLE	142
NITRO-BID	27	NOVOFINE PLUS PEN NEEDLE	142
NITRO-TIME	27	NOVOLIN 70/30	41
nitrofurantoin	27	NOVOLIN 70/30 FLEXPEN	41
nitrofurantoin macrocrystal	27	NOVOLIN 70/30 FLEXPEN RELION	41
nitrofurantoin monohyd macro	27	NOVOLIN 70/30 RELION	41
nitroglycerin	27	NOVOLIN N	41
NITROLINGUAL	27	NOVOLIN N FLEXPEN	41
NIVA-PLUS	153	NOVOLIN N FLEXPEN RELION	41
NIVESTYM	114	NOVOLIN N RELION	41
nizatidine	173	NOVOLIN R	41
NIZATIDINE	173	NOVOLIN R FLEXPEN	41
nora-be	89	NOVOLIN R FLEXPEN RELION	41
NORDITROPIN FLEXPEN	102	NOVOLIN R RELION	41
norelgestromin-eth estradiol	87	NOVOLOG	41
norethin ace-eth estrad-fe	85	NOVOLOG 70/30 FLEXPEN RELION	41
norethin-eth estradiol-fe	85	NOVOLOG FLEXPEN	42
norethindron-ethinyl estrad-fe	85	NOVOLOG FLEXPEN RELION	42
norethindrone	89	NOVOLOG MIX 70/30	42
norethindrone acet-ethinyl est	85	NOVOLOG MIX 70/30 FLEXPEN	42

NOVOLOG MIX 70/30 RELION	42	OCREVUS	167
NOVOLOG PENFILL	42	OCREVUS ZUNOVO	167
NOVOLOG RELION	42	OCTAGAM	164
NOVOPEN ECHO	142	OCTREOTIDE ACETATE	105
NOVOTWIST PEN NEEDLE	142	octreotide acetate	105
NP THYROID	172	ODEFSEY	73
NPLATE	114	ODOMZO	55
NUBEQA	57	OFLOXACIN	106
NUCALA	29	ofloxacin	161
NUCYNTA	23	OGIVRI	52
NUCYNTA ER	23	OGSIVEO	62
nulev	173	OJEMDA	62
NULIBRY	104	OJJAARA	63
NULOJIX	149	olanzapine	70
NUPLAZID	68	olmesartan medoxomil	48
NURTEC	146	olmesartan medoxomil-hctz	49
NUTROPIN AQ NUSPIN 10	102	olmesartan-amlodipine-hctz	49
NUTROPIN AQ NUSPIN 20	102	olopatadine hcl	157,162
NUTROPIN AQ NUSPIN 5	102	omega-3-acid ethyl esters	45
NUVAKAAN-II	98	omeprazole	173
NUVARING	87	omeprazole-sodium bicarbonate	174
NUVAXOVID COVID-19 VACCINE	179	OMNARIS	157
nyamyc	93	OMNIFLEX DIAPHRAGM	118
nylia 1/35	85	OMNIPOD 5 DEXG7G6 PODS GEN 5	128
nylia 7/7/7	85	OMNIPOD 5 G6 INTRO (GEN 5)	128
nymyo	85	OMNIPOD 5 G6 PODS (GEN 5)	128
nystatin	44,93,150	OMNIPOD 5 G7 INTRO (GEN 5)	128
nystatin-triamcinolone	93	OMNIPOD 5 G7 PODS (GEN 5)	128
nystop	93	OMNIPOD 5 LIBRE2 G6 INTRO G5	128
NYVEPRIA	114	OMNIPOD 5 LIBRE2 PLUS G6 PODS	128
O		OMNIPOD CLASSIC PDM (GEN 3)	128
OB COMPLETE	153	OMNIPOD CLASSIC PODS (GEN 3)	128
OB COMPLETE ONE	153	OMNIPOD DASH INTRO (GEN 4)	128
OB COMPLETE PETITE	153	OMNIPOD DASH PDM (GEN 4)	128
OB COMPLETE PREMIER	153	OMNIPOD DASH PODS (GEN 4)	128
OB COMPLETE/DHA	153	OMNITROPE	102
OBIZUR	111	OMVOH	108
OBSTETRIX EC (WITH DOCUSATE)	153	ONCASPAR	65
OBSTETRIX ONE (WITH DOCUSATE)	153	ondansetron	43
ocella	85	ondansetron hcl	43
		ONE VITE WOMENS PLUS	153

ONETOUCH DELICA PLUS LANCET30G	128
ONETOUCH DELICA PLUS LANCET33G	128
ONETOUCH DELICA PLUS LANCING	128
ONETOUCH DELICA SAFETY LANCING	128
ONETOUCH SURESOFT LANCING DEV	128
ONETOUCH ULTRA	100
ONETOUCH ULTRA 2	128
ONETOUCH ULTRA BLUE TEST	100
ONETOUCH ULTRA CONTROL	128
ONETOUCH ULTRA TEST	100
ONETOUCH ULTRASOFT 2 LANCETS	128
ONETOUCH ULTRASOFT LANCETS	128
ONETOUCH VERIO	100,128
ONETOUCH VERIO FLEX SYSTEM	128
ONETOUCH VERIO REFLECT	128
ONGENTYS	67
ONIVYDE	67
ONPATTRO	170
ONTRUZANT	52
ONUREG	51
opcicon one-step	88
OPDIVO	54
OPDIVO QVANTIG	175
OPDUALAG	59
OPILL	89
opium	43
OPSUMIT	79
OPTICHAMBER DIAMOND	146
OPTICHAMBER DIAMOND-LG MASK	146
OPTICHAMBER DIAMOND-MD MASK	146
OPTICHAMBER DIAMOND-SM MASK	146
option 2	88
OPTIONS GYNOL II CONTRACEPTIVE	179
oralone	151
ORGOVYX	57
ORKAMBI	171
orphenadrine citrate er	156
orquidea	89
ORSERDU	57
orsythia	85
ORTHOVISC	157

oscimin	173
oseltamivir phosphate	75
OSENVELT	175
OTEZLA	19
OVIDREL	102
oxaliplatin	50
oxaprozin	19
oxazepam	28
oxcarbazepine	33,34
oxcarbazepine er	34
OXERVATE	161
OXTELLAR XR	34
oxybutynin chloride	176
oxybutynin chloride er	176
oxycodone hcl	23
OXYCODONE HCL ER	23
oxycodone-acetaminophen	24
OXYCONTIN	23
oxymorphone hcl	23
OXYTROL	176
OZEMPIC (0.25 OR 0.5 MG/DOSE)	40
OZEMPIC (1 MG/DOSE)	40
OZEMPIC (2 MG/DOSE)	40

P

pacerone	29
paclitaxel protein-bound part	67
PACLITAXEL PROTEIN-BOUND PART	67
PADCEV	54
paliperidone er	69
pantoprazole sodium	173
PANZYGA	164
PARAGARD INTRAUTERINE COPPER	88
paricalcitol	104
paromomycin sulfate	17
PAROXETINE HCL	37
paroxetine hcl er	37
PARSABIV	104
PAVBLU	160
PAXLOVID	74
PAXLOVID (150/100)	75

PAXLOVID (300/100)	75	PERPHENAZINE-AMITRIPTYLINE	166
pazopanib hcl	63	PERSERIS	69
PC LANCETS SUPER THIN 30G	128	PERTZYE	100
PC UNIFINE PENTIPS	142	PFIZER COVID-19 VAC-TRIS 5-11Y	179
PEDIARIX	172	PFIZER COVID-19 VAC-TRIS 6M-4Y	179
PEDMARK	66	PFIZER-BIONT COVID-19 VAC-TRIS	179
PEDVAX HIB	177	PHARMACIST CHOICE ALCOHOL	136
peg 3350-kcl-na bicarb-nacl	116	PHARMACIST CHOICE LANCETS	129
peg-3350/electrolytes	116	PHARMACY COUNTER LANCETS	129
peg-3350/electrolytes/ascorbat	116	PHENELZINE SULFATE	36
peg-kcl-nacl-nasulf-na asc-c	117	phenobarbital	115
PEGASYS	75	phenobarbital-belladonna alk	173
PEMAZYRE	63	phenoxybenzamine hcl	47
PEMETREXED	51	phenylephrine hcl	159
PEMETREXED DISODIUM	51	phenytek	35
pemetrexed disodium	51	phenytoin	35
PEMETREXED DITROMETHAMINE	51	phenytoin infatabs	35
PEMFEXY	51	phenytoin sodium extended	35
PEN NEEDLE/5-BEVEL TIP	142	PHESGO	59
PEN NEEDLES	142	PHEXX	179
PEN NEEDLES 5/16"	142	PHEXXI	180
PENBRAYA	177	philith	85
penciclovir	95	phospho-trin k500	147
penicillamine	148	PHOSPHOLINE IODIDE	159
penicillin v potassium	165	PHYRAGO	63
PENTACEL	172	phytonadione	180
pentamidine isethionate	26	PIASKY	112
pentazocine-naloxone hcl	24	PIFELTRO	73
PENTIPS	142	pilocarpine hcl	151,159
PENTIPS GENERIC PEN NEEDLES	143	pimecrolimus	97
pentoxifylline er	112	PIMOZIDE	168
perampanel	32	pimtrea	85
PERFECT LANCETS 28G	128	pindolol	77
PERFECT LANCETS 30G	128	pioglitazone hcl	42
PERFECT POINT SAFETY LANCETS	129	pioglitazone hcl-glimepiride	38
PERINDOPRIL ERBUMINE	47	pioglitazone hcl-metformin hcl	38
perindopril erbumine	47	PIP LANCETS 28G	129
periogard	150	PIP LANCETS 30G	129
PERJETA	52	PIP PEN NEEDLES 31G X 5MM	143
permethrin	99	PIP PEN NEEDLES 32G X 4MM	143
perphenazine	71	PIQRAY (200 MG DAILY DOSE)	63

PIQRAY (250 MG DAILY DOSE)	63	PRECISION SURE-DOSE SYRINGE	143
PIQRAY (300 MG DAILY DOSE)	63	PRECISION SUREDOSE PLUS SYR	143
pirmella 1/35	85	PRECISION THINS GP LANCETS	129
pirmella 7/7/7	85	PRED-G	162
piroxicam	19	PREDNICARBATE	96
PLAN B ONE-STEP	88	prednisolone	90
PLEGRIDY	168	prednisolone acetate	162
PLEGRIDY STARTER PACK	168	PREDNISOLONE ACETATE P-F	162
PLUVICTO	66	prednisolone sodium phosphate	90
PNEUMOVAX 23	177	PREDNISOLONE SODIUM PHOSPHATE	162
PNV 27-CA/FE/FA	153	prednisone	90
PNV-DHA	153	PREFERRED PLUS GLUCOSE	40
PNV-DHA+DOCUSATE	153	PREFERRED PLUS INSULIN SYRINGE	143
PNV-OMEGA	153	PREFERRED PLUS LANCETS COLORED	129
PNV-SELECT	153	PREFERRED PLUS LANCETS THIN	129
podofilox	97	PREFERRED PLUS UNIFINE PENTIPS	143
POLIVY	54	pregabalin	34
POLY-VI-FLOR	152	PREGEN DHA	153
POLY-VI-FLOR/IRON	151	PREGNYL	102
polycin	161	PREHEVBRIO	179
polymyxin b-trimethoprim	161	PREMARIN	106,180
POMALYST	57	PREMESISRX	153
portia-28	85	PREMPHASE	106
PORTRAZZA	55	PREMPRO	106
posaconazole	44	PRENA 1 TRUE	153
pot & sod cit-cit ac	109	PRENA1	153
potassium chloride	147	PRENA1 PEARL	153
potassium chloride crys er	148	PRENAISSANCE	153
potassium chloride er	148	PRENAISSANCE PLUS	153
potassium citrate er	109	PRENATAL	153
potassium citrate-citric acid	109	PRENATAL 19	153
POTELIGEO	54	PRENATAL PLUS	154
PRALATREXATE	51	PRENATAL PLUS VITAMIN/MINERAL	154
PRALUENT	47	PRENATAL VITAMIN PLUS LOW IRON	154
pramipexole dihydrochloride	68	PRENATAL-U	154
pramipexole dihydrochloride er	68	PRENATE	154
PRAMOSONE	96	PRENATE AM	154
prasugrel hcl	113	PRENATE DHA	154
pravastatin sodium	46	PRENATE ELITE	154
PRAXBIND	43	PRENATE ENHANCE	154
prazosin hcl	48	PRENATE ESSENTIAL	154

PRENATE MINI	154	PRODIGY LANCETS 28G	129
PRENATE PIXIE	154	PRODIGY LANCING DEVICE	129
PRENATE RESTORE	154	PRODIGY SAFETY LANCETS 26G	129
PRENATRIX	154	PRODIGY TWIST TOP LANCETS 28G	129
PRENATRYL	154	progesterone	165
PREPLUS	154	PROGRAF	149
PRETOMANID	50	PROLASTIN-C	170
prevalite	46	PROLIA	101
PREVENT DROPSAFE PEN NEEDLES	143	PROMACTA	115
PREVENT SAFETY PEN NEEDLES	143	promethazine hcl	45
previfem	85	PROMETHAZINE VC	90
PREVNAR 20	177	PROMETHAZINE VC/CODEINE	90
PREVYMIS	75,175	promethazine-codeine	90
PREZCOBIX	73,74	promethazine-dm	90
PREZISTA	74	promethazine-phenyleph-codeine	90
PRIALT	20	PROMETHAZINE-PHENYLEPHRINE	90
prilolid	98	promethegan	45
PRIMACARE	154	propafenone hcl	28
primaquine phosphate	49	propafenone hcl er	28
primidone	34	propranolol hcl	77
PRIORIX	179	propranolol hcl er	77
PRIVIGEN	164	propylthiouracil	172
PRIZOPAK II	98	PROQUAD	179
PRO COMFORT ALCOHOL	136	protriptyline hcl	37
PRO COMFORT INSULIN SYRINGE	143	PROVIDA OB	154
PRO COMFORT LANCETS 30G	129	pseudoeph-bromphen-dm	91
PRO COMFORT LANCETS 31G	129	PSS SELECT GP LANCETS	129
PRO COMFORT PEN NEEDLES	143	PSS SELECT PLATFORMS	129
PRO COMFORT SAFETY LANCETS 30G	129	PSS SELECT SAFETY LANCETS	129
probenecid	110	PULMICORT FLEXHALER	30
prochlorperazine	71	pulmosal	91
prochlorperazine maleate	71	PULMOZYME	171
PROCRIIT	114	PURE COMFORT ALCOHOL PREP	136
procto-med hc	25	PURE COMFORT LANCETS 30G	129
procto-pak	25	PURE COMFORT PEN NEEDLE	143
PROCTOCORT	25	PURE COMFORT SAFETY PEN NEEDLE	143
PROCTOFOAM HC	25	PX ADVANCED LANCING DEVICE	129
proctosol hc	25	px aspirin	21
proctozone-hc	25	px enteric aspirin	21
PROCYSBI	109	PX EXTRA SHORT PEN NEEDLES	143
PRODIGY INSULIN SYRINGE	143	px folic acid	114

PX GLUCOSE	40
PX INSULIN SYRINGE	143
PX LANCET AUTO INJECTOR	129
PX LANCETS MICROTHIN 33G	129
PX LANCETS ULTRA THIN	129
PX LANCETS ULTRA THIN 28G	129
PX MINI PEN NEEDLES	143
PX PEN NEEDLE	143
PX SHORTLENGTH PEN NEEDLES	143
px stop smoking aid	170
pyrazinamide	50
PYRIDOSTIGMINE BROMIDE	50
pyridostigmine bromide er	50
primethamine	50
PYRUKYND	113
PYRUKYND TAPER PACK	113

Q

QALSODY	158
QBREXZA	99
QC ADVANCED LANCING DEVICE	129
qc alcohol	99
QC ALCOHOL SWABS	136
qc aspirin low dose	21
qc childrens aspirin	22
qc folic acid	114
QC LANCETS SUPER THIN 30G	129
QC LANCETS ULTRA THIN	129
qc nicotine transdermal system	170
QC PEN NEEDLES	143
QC UNIFINE PENTIPS	143
QC UNILET LANCETS 28G	129
QC UNILET LANCETS MICRO THIN	129
QELBREE	16
QINLOCK	63
QNASL	157
QNASL CHILDRENS	157
QUADRACEL	172
QUAZEPAM	116
quetiapine fumarate	70
quetiapine fumarate er	70

QUICK TOUCH INSULIN PEN NEEDLE	143
quinapril hcl	47
quinapril-hydrochlorothiazide	49
quinidine gluconate er	28
QUINIDINE SULFATE	28
quinine sulfate	50
QULIPTA	146
QUTENZA	98
QUTENZA (2 PATCH)	98
QUTENZA (4 PATCH)	98
QVAR REDIHALER	30

R

RA ALCOHOL SWABS	136
ra aspirin adult low dose	22
ra aspirin adult low strength	22
ra aspirin childrens	22
ra aspirin ec	22
ra aspirin ec adult low st	22
RA E-ZJECT LANCETS 28G	129
RA E-ZJECT LANCETS THIN 26G	129
RA E-ZJECT LANCETS THIN 28G	130
RA E-ZJECT LANCETS ULTRA THIN	130
ra folic acid	114
RA GLUCOSE	40
RA INSULIN SYRINGE	143
ra isopropyl alcohol wipes	99
ra mini nicotine	170
ra nicotine	170
ra nicotine gum	170
ra nicotine polacrilex	170
RA PEN NEEDLES	143
RABEPRAZOLE SODIUM	173
rabeprazole sodium	173
RADICAVA	158
RADICAVA ORS	158
RADICAVA ORS STARTER KIT	158
raloxifene hcl	103
ramelteon	116
ramipril	47
ranolazine er	27

rasagiline mesylate	68	REPATHA	47
RAYA SURE PEN NEEDLE	143	REPATHA PUSHTRONEX SYSTEM	47
react	88	REPATHA SURECLICK	47
READYLANCER SAFETY LANCETS	130	RETACRIT	115
REALITY INSULIN SYRINGE	143	RETEVMO	63
REALITY LANCETS	130	REVUFORJ	175
REALITY SWABS	136	REXALL LANCETS ULTRA THIN 30G	130
REALITY TRIGGER LANCETS	130	REXTOVY	43
REBIF	168	REYATAZ	74
REBIF REBIDOSE	168	REZDIFFRA	107
REBIF REBIDOSE TITRATION PACK	168	REZLIDHIA	63
REBIF TITRATION PACK	168	RHOGAM ULTRA-FILTERED PLUS	164
REBLOZYL	115	RHOPHYLAC	164
REBYOTA	108	RIABNI	54
reclipsen	85	RIBAVIRIN	75
RECOMBINATE	111	ribavirin	76
RECOMBIVAX HB	179	rifabutin	50
relador pak	98	rifampin	50
relador pak plus	98	RIGHTEST ALTERNATE SITE ADAPT	130
relafen	19	RIGHTEST GD500 LANCING DEVICE	130
RELEUKO	115	RIGHTEST GL300 LANCETS	130
RELION ALCOHOL SWABS	136	riluzole	158
RELION GLUCOSE	40	RIMANTADINE HCL	76
RELION INSULIN SYRINGE	143	RINVOQ	17
RELION KETONE TEST	100	RINVOQ LQ	18
RELION LANCET DEVICES 30G	130	risedronate sodium	101
RELION LANCETS	130	RISPERDAL CONSTA	69
RELION LANCETS MICRO-THIN 33G	130	risperidone	69
RELION LANCETS THIN 26G	130	risperidone microspheres er	69
RELION LANCETS ULTRA-THIN 30G	130	ritonavir	74
RELION LANCING DEVICE	130	RITUXAN	54
RELION MINI PEN NEEDLES	143	RITUXAN HYCELA	59
RELION PEN NEEDLES	143	rivastigmine tartrate	166
RELION SHORT PEN NEEDLES	143	rivelsa	85
RELION ULTRA THIN LANCETS 30G	130	rizatriptan benzoate	147
RELION ULTRA THIN PLUS LANCETS	130	roflumilast	30
RELNATE DHA	154	ROLVEDON	115
RELYVRIO	158	ROMIDEPSIN	63
REMICADE	108	romidepsin	63
RENFLEXIS	108	ROMVIMZA	175
repaglinide	42	ropinirole hcl	68

ropinirole hcl er	68
ROSADAN	99
rosuvastatin calcium	46
rosyrah	85
roweepra	34
roweepra xr	34
ROZLYTREK	63
RUBRACA	63
RUCONEST	112
rufinamide	34
RUKOBIA	74
RUXIENCE	54
RYBELSUS	41
RYBREVANT	54
RYDAPT	63
RYKINDO	69
RYLAZE	66
RYPLAZIM	112
RYTELO	63
ryvent	45

S

sacubitril-valsartan	78
SAFE-T-LANCE	130
SAFE-T-LANCE PLUS	130
SAFETY INSULIN SYRINGES	143
SAFETY LANCET 30G/PRESSURE ACT	130
SAFETY LANCETS	130
SAFETY LANCETS 21G	130
SAFETY LANCETS 23G	130
SAFETY LANCETS 28G	130
SAFETY PEN NEEDLES	144
SAFYRAL	86
SAIZEN	102
SAIZENPREP	102
sajazir	111
SALIMEZ	97
salsalate	22
SALYCIM	97
SANCUSO	43
SANDIMMUNE	149

SANDOSTATIN LAR DEPOT	105
SANTYL	97
SAPHNELO	150
sapropterin dihydrochloride	104
SAPS CARE ALCOHOL PREP	136
SAPS HEALTH ALCOHOL PREP	136
SAPS HEALTH CARE ALCOHOL PREP	136
SAPS HEALTH PLUS LANCETS	130
SAPS HEALTH TWIST TOP LANCETS	130
SAPS TWIST TOP LANCETS	130
SAPSCARE TWIST TOP LANCETS	130
SARCLISA	54
SAVELLA	166
SAVELLA TITRATION PACK	166
saxagliptin hcl	40
saxagliptin-metformin er	38
SB ALCOHOL PREP	136
sb childrens aspirin	22
SB INSULIN SYRINGE	144
SB LANCETS THIN	130
SB LANCETS ULTRA THIN	130
sb low dose asa ec	22
SCEMBLIX	63
SCENESSE	99
scopolamine	43
SE-NATAL 19	154
SECUADO	70
SECURESAFE INSULIN SYRINGE	144
SECURESAFE SAFETY PEN NEEDLES	144
SELECT-LITE DEVICE/LANCETS	130
SELECT-LITE LANCING DEVICE	131
SELECT-OB	154
SELECT-OB+DHA	154
selegiline hcl	68
selenium sulfide	94
SELZENTRY	74
SEMGLEE (YFGN)	42
SEREVENT DISKUS	31
SEROSTIM	102
sertraline hcl	37
setlakin	86

sevelamer carbonate	109	sm folic acid	114
sevelamer hcl	109	SM GLUCOSE	40
SEZABY	116	SM LANCETS 33G	131
sf	150	sm nicotine	170
sf 5000 plus	150	sm nicotine polacrilex	170
sharobel	89	SM TRUEDRAW LANCING DEVICE	131
SHINGRIX	179	SMART DIABETES VANTAGE LANCING	131
SHOPKO AUTOLET LANCING DEVICE	131	SMART SENSE COLOR LANCETS 33G	131
SHOPKO ON-THE-GO LANCETS 30G	131	SMART SENSE GLUCOSE	40
SHOPKO UNIFINE PENTIPS	144	SMART SENSE STANDARD LANCETS	131
SHOPKO UNIFINE PENTIPS PLUS	144	SMART SENSE SUPER THIN LANCETS	131
SHOPKO UNILET LANCETS 28G	131	SMART SENSE THIN LANCETS 26G	131
SHOPKO UNILET LANCETS 30G	131	SMARTEST LANCETS 28G	131
SIGNIFOR LAR	105	SOD FLUORIDE-POTASSIUM NITRATE	151
sildenafil citrate	79	sodium chloride	91
silodosin	110	SODIUM FLUORIDE	147
silver nitrate	95	sodium fluoride	147,151
silver sulfadiazine	95	SODIUM FLUORIDE 5000 ENAMEL	151
SIMBRINZA	160	sodium fluoride 5000 plus	151
simliya	86	sodium fluoride 5000 ppm	151
simpesse	86	SODIUM FLUORIDE 5000 SENSITIVE	151
SIMPLE DIAGNOSTICS LANCING DEV	131	SODIUM OXYBATE	166
SIMPONI	17	sodium polystyrene sulfonate	149
SIMPONI ARIA	17	sodium sulfacetamide wash	95
simvastatin	46,47	SOGROYA	102
SINGLE-LET	131	SOHONOS	156
sirolimus	149	solifenacin succinate	176
SIRTURO	50	SOLIRIS	112
SIVEXTRO	27	SOLU-CORTEF	90
SKYCLARYS	158	SOLU-MEDROL (PF)	90
SKYLA	88	SOLUS V2 LANCETS 28G	131
SKYRIZI	94,108	SOLUS V2 LANCING DEVICE	131
SKYRIZI (150 MG DOSE)	94	SOLUS V2 TWIST LANCETS 30G	131
SKYRIZI PEN	94	SOMATULINE DEPOT	105
SKYTROFA	102	SOMAVERT	102
SLYND	89	sorafenib tosylate	64
SM ALCOHOL PREP	136	sorine	77
sm aspirin adult low strength	22	sotalol hcl	77
sm aspirin ec low strength	22	sotalol hcl (af)	77
sm aspirin low dose	22	SPEVIGO	94
sm childrens aspirin	22	SPIKEVAX	179

SPIKEVAX 6M-11Y	179	sulfadiazine	171
SPINOSAD	99	sulfamethoxazole-trimethoprim	26
SPINRAZA	158	sulfasalazine	108
SPIRIVA HANDIHALER	30	sulfatrim pediatric	26
SPIRIVA RESPIMAT	30	sulindac	19
spironolactone	101	sumatriptan	147
spironolactone-hctz	100	sumatriptan succinate	147
SPRAVATO (56 MG DOSE)	36	SUMATRIPTAN SUCCINATE REFILL	147
SPRAVATO (84 MG DOSE)	36	sumatriptan-naproxen sodium	146
sprintec 28	86	sunitinib malate	64
SPRYCEL	64	SUNLENCA	74,175
sps (sodium polystyrene sulf)	149	SUPARTZ FX	157
sronyx	86	SUPER THIN LANCETS	131
ssd	95	SUPPRELIN LA	103
sss 10-5	92	SURE COMFORT ALCOHOL PREP	136
st joseph aspirin	22	SURE COMFORT INSULIN SYRINGE	144
st joseph low dose	22	SURE COMFORT LANCETS 18G	131
STELARA	108	SURE COMFORT LANCETS 21G	131
STERILANCE PA	131	SURE COMFORT LANCETS 23G	131
STERILANCE TL	131	SURE COMFORT LANCETS 28G	131
STIMUFEND	115	SURE COMFORT LANCETS 30G	131
STIOLTO RESPIMAT	31	SURE COMFORT LANCING PEN	131
STIVARGA	64	SURE COMFORT PEN NEEDLES	144
STOBOCLO	175	SURE-FINE PEN NEEDLES	144
STRENSIQ	104	SURE-JECT INSULIN SYRINGE	144
STRIBILD	74	SURE-LANCE FLAT LANCETS	131
STRIVERDI RESPIMAT	31	SURE-LANCE LANCETS 26G	131
SUBLOCADE	24	SURE-LANCE THIN LANCETS 28G	131
SUBSYS	23	SURE-LANCE ULTRA THIN LANCETS	131
subvenite	34	SURE-PEN	132
subvenite starter kit-blue	34	SURE-PREP ALCOHOL PREP	136
SUCRAID	100	SURE-TOUCH LANCETS UNIVERSAL	132
sucrafate	173	SURELITE LANCETS	132
sulfacetamide sod-sulfur wash	92	SUSTOL	43
sulfacetamide sodium	95,161	SUSVIMO (IMPLANT 1ST FILL)	160
sulfacetamide sodium (acne)	92	SUSVIMO (IMPLANT REFILL)	160
sulfacetamide sodium (cleans)	95	SUSVIMO OCULAR IMPLANT	137
SULFACETAMIDE SODIUM-SULFUR	92	SUTAB	117
SULFACETAMIDE-PREDNISOLONE	162	syeda	86
SULFACETAMIDE-SULFUR IN UREA	92	SYFOVRE	161
sulfacleanse 8/4	92	SYLVANT	149

SYMDEKO	171
SYMLINPEN 120	38
SYMLINPEN 60	38
SYMPAZAN	32
SYMTUZA	74
SYNAGIS	164
SYNJARDY	38
SYNJARDY XR	38
SYNOJOYNT	157
SYNTHROID	172
SYNVISC	157
SYNVISC ONE	157

T

TABRECTA	64
tacrolimus	97,149
tadalafil	78
TAFINLAR	64
tafluprost (pf)	163
TAGRISSO	55
take action	88
TAKHZYRO	112
TALVEY	54
TALZENNA	64
tamoxifen citrate	57
tamsulosin hcl	110
tarina 24 fe	86
tarina fe 1/20	86
tarina fe 1/20 eq	86
TARON-C DHA	154
TARON-PREX	154
TASIGNA	64
TAVALLISSE	112
taysofy	86
TAYTULLA	86
TAZAROTENE	92
tazarotene	94
taztia xt	78
TAZVERIK	64
TDVAX	172
TECENTRIQ	54

TECHLITE AST LANCETS	132
TECHLITE INSULIN SYRINGE	144
TECHLITE LANCETS	132
TECHLITE LANCETS 26G	132
TECHLITE LANCETS 30G	132
TECHLITE PEN NEEDLES	144
TECHLITE PLUS PEN NEEDLES	144
TECVAYLI	54
TEGRETOL	34
TEGRETOL-XR	34
TEGSEDI	170
TEKTURNA HCT	49
telmisartan	48
telmisartan-hctz	49
temazepam	116
temozolomide	51
temsirolimus	64
TENIVAC	172
tenofovir disoproxil fumarate	74
TEPEZZA	103
TEPMETKO	64
terazosin hcl	48
terbinafine hcl	44
terbutaline sulfate	31
terconazole	179
teriflunomide	168
TERIPARATIDE	101
TERLIVAZ	104
testosterone	24
testosterone cypionate	24
TESTOSTERONE ENANTHATE	24
TETANUS-DIPHTHERIA TOXOIDS TD	172
tetrabenazine	166
tetracycline hcl	171
TEVIMBRA	54
TEZSPIRE	29
TGT GLUCOSE	40
TGT LANCET MICRO THIN 33G	132
TGT LANCET THIN 26G	132
TGT LANCET ULTRA THIN 30G	132
TGT LANCING DEVICE	132

THALOMID	148	TOPCARE LANCETS MICRO-THIN 33G	132
THEO-24	31	TOPCARE ULTRA COMFORT INS SYR	144
theophylline	31	topiramate	34
theophylline er	31	topiramate er	34
THINLETS GP LANCETS	132	toremifene citrate	57
thioridazine hcl	71	torpenz	64
thiotepa	51	torsemide	100
thiothixene	71	TPOXX	76
thrive	170	TRACLEER	79
THYROGEN	99	TRADJENTA	40
THYROID	172	tramadol hcl	23
tiadylt er	78	TRAMADOL HCL (ER BIPHASIC)	23
tiagabine hcl	35	tramadol hcl er	23
TIBSOVO	64	tramadol-acetaminophen	24
ticagrelor	113	trandolapril	47
tilia fe	86	TRANDOLAPRIL-VERAPAMIL HCL ER	49
timolol hemihydrate	159	tranexamic acid	115
timolol maleate	77,159	TRANSDERM SCOP	43
timolol maleate (once-daily)	159	TRANSDERM-SCOP	44
tinidazole	26	tranylcypromine sulfate	36
TIVDAK	54	TRAVEL LANCETS	132
TIVICAY	74	TRAVEL LANCETS ADVANCED 28G	132
TIVICAY PD	74	travoprost (bak free)	163
tizanidine hcl	156	TRAZIMERA	52
TOBRADEX	162	trazodone hcl	37
tobramycin	17,161	TRELEGY ELLIPTA	31
tobramycin-dexamethasone	162	TRELSTAR MIXJECT	57
TODAY SPONGE	179	TREMFYA	94
TODAYS HEALTH LANCING DEVICE	132	TREMFYA ONE-PRESS	94
TODAYS HEALTH MINI PEN NEEDLES	144	TREMFYA PEN	94
TODAYS HEALTH PEN NEEDLES	144	TREMFYA-CD/UC INDUCTION	94
TODAYS HEALTH SHORT PEN NEEDLE	144	treprostinil	79
TODAYS HEALTH THIN LANCETS 28G	132	TRESIBA	42
TODAYS HEALTH THIN LANCETS 30G	132	TRESIBA FLEXTOUCH	42
TOFIDENCE	18	tretinoin	66,92
TOLAK	93	tri femynor	86
tolcapone	67	tri-estarylla	86
tolterodine tartrate	176	tri-legest fe	86
tolterodine tartrate er	176	tri-linyah	86
tolvaptan	105	tri-lo-estarylla	86
TOPCARE CLICKFINE PEN NEEDLES	144	tri-lo-marzia	86

tri-lo-mili	86	TRIVISC	157
tri-lo-sprintec	86	trivora (28)	86
tri-mili	86	TRODELVY	67
tri-nymyo	86	TROKENDI XR	34
tri-previfem	86	tropicamide	159
tri-sprintec	86	tropium chloride	176
TRI-VI-FLOR	152	tropium chloride er	176
TRI-VI-FLORO	152	TRUE COMFORT ALCOHOL PREP PADS	136
TRI-VITE/FLUORIDE	152	TRUE COMFORT INSULIN SYRINGE	144
tri-vylibra	86	TRUE COMFORT PEN NEEDLES	144
tri-vylibra lo	86	TRUE COMFORT PRO ALCOHOL PREP	136
triamcinolone acetonide	96,151	TRUE COMFORT PRO INSULIN SYR	144
triamcinolone in absorbase	96	TRUE COMFORT PRO PEN NEEDLES	144
triamterene-hctz	100	TRUE COMFORT SAFETY LANCETS	132
trianex	96	TRUE COMFORT SAFETY PEN NEEDLE	144
triazolam	116	TRUE COMFORT TWIST TOP LANCETS	132
TRICARE	154	true folic acid	114
tricitrates	109	TRUEDRAW LANCING DEVICE	132
tridacaine ii	98	TRUEPLUS 5-BEVEL PEN NEEDLES	144
tridacaine iii	98	TRUEPLUS GLUCOSE	40
triderm	96	TRUEPLUS GLUCOSE ON THE GO	40
trientine hcl	148	TRUEPLUS INSULIN SYRINGE	144
trifluoperazine hcl	71	TRUEPLUS LANCETS 26G	132
TRIFLURIDINE	161	TRUEPLUS LANCETS 28G	132
trihexyphenidyl hcl	67	TRUEPLUS LANCETS 30G	132
TRIJARDY XR	38	TRUEPLUS LANCETS 33G	132
TRIKAFTA	171	TRUEPLUS PEN NEEDLES	144
TRILEPTAL	34	TRUEPLUS SAFETY LANCETS 28G	132
TRILURON	157	TRULICITY	41
trimethobenzamide hcl	44	TRUMENBA	177
trimethoprim	26	TRUQAP	64
trimipramine maleate	38	TRYNGOLZA	175
TRINATAL RX 1	154	TUKYSA	53
TRINATE	154	tulana	89
TRINTELLIX	37	TURALIO	65
TRIPTODUR	103	turqoz	86
TRISENOX	66	TWINRIX	179
TRISTART DHA	154	TWIRLA	87
tritocin	96	TWIST TOP LANCETS 30G	132
TRIUMEQ	74	TYBLUME	86
TRIUMEQ PD	74	TYBOST	74

tydemy	86
TYENNE	18
TYMLOS	101
TYSABRI	168
TYVASO	79
TYVASO DPI INSTITUTIONAL KIT	79
TYVASO DPI MAINTENANCE KIT	79
TYVASO DPI TITRATION KIT	79
TYVASO REFILL	79
TYVASO STARTER	79
TZIELD	38

U

UBRELVY	146	ULTRA-CARE LANCETS 30G	133
UDENYCA	115	ULTRA-THIN II AUTO LANCET	133
UDENYCA ONBODY	115	ULTRA-THIN II INS SYR SHORT	145
ULTI-LANCE AUTOMATIC	132	ULTRA-THIN II INSULIN SYRINGE	145
ULTICARE ALCOHOL SWABS	136	ULTRA-THIN II LANCETS	133
ULTICARE INSULIN SAFETY SYR	144	ULTRA-THIN II MINI PEN NEEDLE	145
ULTICARE INSULIN SYR 1/2 UNIT	144	ULTRA-THIN II PEN NEEDLE SHORT	145
ULTICARE INSULIN SYRINGE	144	ULTRA-THIN II PEN NEEDLES	145
ULTICARE MICRO PEN NEEDLES	144	ULTRACARE INSULIN SYRINGE	145
ULTICARE MINI PEN NEEDLES	144	ULTRACARE PEN NEEDLES	145
ULTICARE PEN NEEDLES	145	UNIFINE OTC PEN NEEDLES	145
ULTICARE SHORT PEN NEEDLES	145	UNIFINE PEN NEEDLES	145
ULTIGUARD SAFEPACK PEN NEEDLE	145	UNIFINE PENTIPS	145
ULTIGUARD SAFEPACK SYR/NEEDLE	145	UNIFINE PENTIPS PLUS	145
ULTILET ALCOHOL SWABS	136	UNIFINE PROTECT PEN NEEDLE	145
ULTILET CLASSIC LANCETS	132	UNIFINE SAFECONTROL PEN NEEDLE	145
ULTILET LANCETS	132	UNIFINE ULTRA PEN NEEDLE	145
ULTILET PEN NEEDLE	145	UNILET COMFORTOUCH LANCET	133
ULTILET SAFETY LANCETS	132	UNILET EXCELITE	133
ULTILET SAFETY LANCETS 23G	133	UNILET EXCELITE II	133
ULTOMIRIS	112	UNILET G.P. LANCET	133
ULTRA COMFORT INSULIN SYRINGE	145	UNILET G.P. SUPERLITE LANCET	133
ULTRA FLO INSULIN PEN NEEDLES	145	UNILET GP 28 ULTRA THIN	133
ULTRA FLO INSULIN SYR 1/2 UNIT	145	UNILET LANCET	133
ULTRA FLO INSULIN SYRINGE	145	UNILET MICRO-THIN 33G	133
ULTRA THIN LANCETS 31G	133	UNILET SUPER-THIN 30G	133
ULTRA THIN PEN NEEDLES	145	UNILET SUPERLITE LANCET	133
ULTRA-CARE ALCOHOL PREP PADS	136	UNILET ULTRA-THIN 28G	133
		UNISTIK 1	133
		UNISTIK 2	133
		UNISTIK 2 COMFORT	133
		UNISTIK 2 EXTRA	133
		UNISTIK 2 NEONATAL	133
		UNISTIK 2 NORMAL	133
		UNISTIK 2 SUPER	133
		UNISTIK 3	133
		UNISTIK 3 COMFORT	133
		UNISTIK 3 EXTRA	133
		UNISTIK 3 GENTLE	133
		UNISTIK 3 NEONATAL	133
		UNISTIK 3 NORMAL	133

UNISTIK CZT COMFORT	133
UNISTIK CZT NORMAL	133
UNISTIK NORMAL	134
UNISTIK PRO SAFETY LANCET	134
UNISTIK SAFETY LANCETS 28G	134
UNISTIK SAFETY LANCETS 30G	134
UNISTIK TOUCH SAFETY LANC 21G	134
UNISTIK TOUCH SAFETY LANC 23G	134
UNISTIK TOUCH SAFETY LANC 28G	134
UNISTIK TOUCH SAFETY LANC 30G	134
unithroid	172
UNITUXIN	54
UNIVERSAL 1 LANCETS THIN 26G	134
UNIVERSAL 1 LANCETS THIN 33G	134
UNIVERSAL 1 LANCETS ULTRA THIN	134
UNLOXYCT	176
UP & UP GLUCOSE	40
UPLIZNA	149
UPTRAVI	80
URETRON D/S	26
ursodiol	107
UZEDY	69,70

V

V-GO 20	134
V-GO 30	134
V-GO 40	134
VABYSMO	160
valacyclovir hcl	75
VALCHLOR	93
valganciclovir hcl	75
valproic acid	36
valsartan	48
valsartan-hydrochlorothiazide	49
VALTOCO 10 MG DOSE	32
VALTOCO 15 MG DOSE	32
VALTOCO 20 MG DOSE	32
VALTOCO 5 MG DOSE	33
valtya 1/35	87
valtya 1/50	87
VALUE HEALTH INSULIN SYRINGE	145

VALUE PLUS GLUCOSE	40
VALUE PLUS LANCET STANDARD 21G	134
VALUE PLUS LANCETS SUPER THIN	134
VALUE PLUS LANCETS THIN 26G	134
VALUE PLUS LANCING DEVICE	134
VALUMARK LANCET SUPER THIN 30G	134
VALUMARK LANCET ULTRA THIN 28G	134
VALUMARK PEN NEEDLES	145
vanadom	156
vancomycin hcl	26
VANFLYTA	65
VANISHPOINT INSULIN SYRINGE	145
VAQTA	179
varenicline tartrate	170
varenicline tartrate (starter)	170
varenicline tartrate(continue)	170
VARIVAX	179
VAXNEUVANCE	177
VCF VAGINAL CONTRACEPTIVE	179
VECTIBIX	55
VELIVET	87
VELPHORO	109
VEMLIDY	75
VENCLEXTA	54
VENCLEXTA STARTING PACK	54
venlafaxine hcl	37
venlafaxine hcl er	37
VENTAVIS	79
VEOPOZ	112
verapamil hcl	78
verapamil hcl er	78
VERDESO	96
VEREGEN	92
VERIFINE INSULIN PEN NEEDLE	145
VERIFINE INSULIN SYRINGE	134,145
VERIFINE PLUS PEN NEEDLE	145
VERIFINE SAFE LANCET MINI 21G	134
VERIFINE SAFE LANCET MINI 23G	134
VERIFINE SAFE LANCET MINI 28G	134
VERIFINE SAFE LANCET MINI 30G	134
VERIFINE UNIVERSAL LANCETS 28G	134

VERIFINE UNIVERSAL LANCETS 30G	134	VITAPEARL	155
VERIFINE UNIVERSAL LANCETS 33G	134	VITATHELY WITH GINGER	155
VERZENIO	65	VITATRUE	155
vestura	87	VITRAKVI	65
VIDA MIA AUTOLET LANCING DEV	134	VIVA DHA	155
VIDA MIA UNIFINE PENTIPS	146	VIVAGUARD LANCETS	135
VIDA MIA UNILET LANCETS 28G	134	VIVAGUARD LANCETS 30G	135
VIDA MIA UNILET LANCETS 30G	135	VIVAGUARD LANCING DEVICE	135
vienva	87	VIVAGUARD SAFETY LANCETS 28G	135
vigabatrín	35	VIVIMUSTA	51
vigadrone	35	VIVITROL	43
vigpoder	35	VIVOTIF	177
VIJOICE	149	VIZIMPRO	55
vilazodone hcl	37	VOCABRIA	74
VILTEPSO	158	volnea	87
VIMIZIM	104	VONJO	65
VINATE DHA RF	154	VORANIGO	65
VINATE II	154	VORAXAZE	66
VINATE ONE	154	voriconazole	44
VIOKACE	100	VOXZOGO	104
viorele	87	VP INSULIN SYRINGE	146
VIRACEPT	74	VP-PNV-DHA	155
VIREAD	74	VPRIV	113
VIRT-C DHA	155	VRAYLAR	68
VIRT-NATE DHA	155	VUITY	159
VIRT-PN DHA	155	vyfemla	87
VIRT-PN PLUS	155	VYJUVEK	99
virtussin a/c	91	VYKAT XR	176
virtussin ac w/alc	91	vylibra	87
VISCO-3	157	VYLOY	54
VISUDYNE	161	VYNDAMAX	80
VITAFOL GUMMIES	155	VYNDAAQEL	80
VITAFOL ULTRA	155	VYONDYS 53	158
VITAFOL-NANO	155	VYVGART	148
VITAFOL-OB	155	VYVGART HYTRULO	148
VITAFOL-OB+DHA	155	VYXEOS	59
VITAFOL-ONE	155	VYZULTA	163
VITAMEDMD ONE RX/QUATREFOLIC	155		
VITAMEDMD REDICHEW RX	155	W	
vitamin d (ergocalciferol)	180	WALGREENS ADV TRAVEL LANCETS	135
VITAMINS ACD-FLUORIDE	152	WALGREENS GLUCOSE	40

WALGREENS LANCETS	135
WALGREENS LANCETS MICRO THIN	135
WALGREENS LANCETS SUPER THIN	135
WALGREENS THIN LANCETS	135
WALGREENS ULTRA THIN LANCETS	135
warfarin sodium	31
WEBCOL ALCOHOL PREP LARGE	136
WEBCOL ALCOHOL PREP MEDIUM	137
WEGMANS UNIFINE PENTIPS PLUS	146
WELIREG	57
wera	87
WESCAP-C DHA	155
WESCAP-PN DHA	155
WESNATAL DHA COMPLETE	155
WESNATE DHA	155
WESTAB PLUS	155
WESTGEL DHA	155
WIDE-SEAL DIAPHRAGM 60	118
WIDE-SEAL DIAPHRAGM 65	118
WIDE-SEAL DIAPHRAGM 70	118
WIDE-SEAL DIAPHRAGM 75	118
WIDE-SEAL DIAPHRAGM 80	118
WIDE-SEAL DIAPHRAGM 85	118
WIDE-SEAL DIAPHRAGM 90	118
WIDE-SEAL DIAPHRAGM 95	118
WILATE	111
WINRHO SDF	164
wixela inhub	31
wymzya fe	87
WYOST	176

X

XACDURO	26
XALKORI	65
xarah fe	87
XARELTO	31,32
XARELTO STARTER PACK	32
XATMEP	51
XCOPRI	34,35
XCOPRI (250 MG DAILY DOSE)	35
XCOPRI (350 MG DAILY DOSE)	35

XDEMVI	161
XELJANZ	18
XELJANZ XR	18
xelria fe	87
XEMBIFY	164
XENLETA	27
XENPOZYME	104
XEOMIN	158
XEPI	92
XERAC AC	99
XERESE	95
XERMELO	109
XGEVA	101
XIAFLEX	148
XIFAXAN	26
XIIDRA	161
XIPERE	162
XOFIGO	66
XOFLUZA (40 MG DOSE)	76
XOFLUZA (80 MG DOSE)	76
XOLAIR	29
XOLREMDI	115
XOSPATA	65
XPHOZAH	104
XPOVIO (100 MG ONCE WEEKLY)	58
XPOVIO (40 MG ONCE WEEKLY)	58
XPOVIO (40 MG TWICE WEEKLY)	58
XPOVIO (60 MG ONCE WEEKLY)	58
XPOVIO (60 MG TWICE WEEKLY)	58
XPOVIO (80 MG ONCE WEEKLY)	58
XPOVIO (80 MG TWICE WEEKLY)	58
XTANDI	57
xulane	87
XULTOPHY	38
XYNTHA	111
XYNTHA SOLOFUSE	111
XYWAV	166

Y

yargesa	113
YASMIN 28	87

YAZ	87
YCANTH	97
YERVOY	54
YESINTEK	176
yl folic acid	114
YONDELIS	51
yuvafem	180

Z

zafemy	87
zafirlukast	30
zaleplon	116
ZALTRAP	52
ZALVIT	155
zarah	87
ZATEAN-PN DHA	155
ZATEAN-PN PLUS	155
ZEJULA	65
ZELBORAF	65
zelvysia	104
ZEMAIRA	170
ZEMBRACE SYMTOUCH	147
zenatane	92
ZENPEP	100
ZEPOSIA	168
ZEPOSIA 7-DAY STARTER PACK	168
ZEPOSIA STARTER KIT	168
ZEPZELCA	51
ZETONNA	157
ZEVALIN Y-90	54
ZEVRX INSULIN SYRINGE	146
ZEVRX PEN NEEDLES	146
ZEVRX STERILE ALCOHOL PREP PAD	137
ZEVRX TWIST TOP LANCETS 30G	135
zidovudine	74
ZIEXTENZO	115
ZIIHERA	176
ZINPLAVA	165
ZIPHEX	155
ziprasidone hcl	68
ZOKINVY	149

ZOLADEX	57
ZOLEDRONIC ACID	101
zoledronic acid	101
ZOLINZA	65
zolmitriptan	147
zolpidem tartrate	116
ZOLPIDEM TARTRATE	116
zolpidem tartrate er	116
ZOMACTON	103
ZOMACTON (FOR ZOMA-JET 10)	103
zomig	147
zonisamide	34
zovia 1/35 (28)	87
zovia 1/35e (28)	87
ZTALMY	34
ZULRESSO	36
zumandimine	87
ZURZUVAE	36
ZYDELIG	65
ZYKADIA	65
ZYMFENTRA (1 PEN)	108
ZYMFENTRA (2 PEN)	108
ZYMFENTRA (2 SYRINGE)	108
ZYNLONTA	54
ZYNYZ	54
ZYPITAMAG	47
ZYPREXA RELPREVV	70