

Geisinger Marketplace Plans

Geisinger
HEALTH PLAN

2026

List of covered drugs

General formulary information

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

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

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

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

Pharmacy Customer Service Team contact information

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

Fax: 570-300-2122

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

Tiers

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

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

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

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

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

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

- All prescriptions must be filled at a participating pharmacy. You may only use a non-participating pharmacy if a participating pharmacy is not available. You must pay cash at non-participating pharmacies and submit the necessary documentation to the Pharmacy Customer Service Team for reimbursement to be considered.
- Except for those medications designated as specialty in the formulary, you may use any participating pharmacy. Geisinger Health Plan will not transfer your prescription without your permission.
- You'll pay the applicable copay, coinsurance or deductible when you receive the prescription. This cost will not exceed the cost of the prescription without insurance.
- Most brand-name medications with a generic equivalent require prior authorization. Some medications on the formulary require prior authorization or step therapy, which your provider can request through our Pharmacy Customer Service Team.
- If you need medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exception process. Non-formulary medications requiring prior authorization will be available at the Tier 5 copay/coinsurance level.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 4.
- Most non-prescription (over-the-counter) medications are not covered unless required by healthcare reform legislation.
- If certain conditions are met, some medications may be covered with no copay/coinsurance due to healthcare reform legislation. Contact the Pharmacy Customer Service Team for more information.
- Many compounded prescriptions require prior authorization review, which your provider can request through our Pharmacy Customer Service Team. If an exception is approved, you'll be charged at the Tier 3 copay level (if the primary ingredient is generic) or the Tier 5 copay level (if the primary ingredient is brand). If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short-acting opioid prescriptions will require prior authorization if more than a 10-day supply (if required for an adult) or more than a 5-day supply (if required for a member under 18 years old).

Specialty Vendor Medication Program

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

Using this formulary

- Medications are listed by therapeutic class in the table of contents. You can find an alphabetical index of all medications at the back of the formulary.
- The medication tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits. Other day supply limits may apply.
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column require a specialty pharmacy vendor.
- This formulary is accurate as of November 1, 2026, and is subject to change. You can find any additions or deletions to the formulary throughout the year in the quarterly publications “Member Update” (for members) and “Healthcare Provider Update” (for providers). The most up-to-date source for formulary information is the online formulary search available at geisinger.org/health-plan.com.
- **Restrictions in medication availability may result from use of a formulary.**

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

Quantity limits

- Quantity limits are listed in the Requirements/Limits column.
- Non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied if approved for coverage.

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

Step therapy

For details about step therapy requirements, contact the Pharmacy Customer Service Team at 800-988-4861 or 570-271-5673.

What is a medication formulary?

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based on the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if 2 or more medications produce the same clinical results, elements like cost and ease of use are considered.

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

In some situations, you may not respond well to a given formulary medication, or you may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. We’ll review your request and any pertinent medical records, treatment and laboratory data. We respond to such requests within 48 hours of receiving all necessary information. If an exception is approved, you’ll be charged at the Tier 5 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 contact the Pharmacy Customer Service Team when you are unsure whether a medication is covered.

Healthcare reform

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

- Aspirin products – Low-dose (81 mg) aspirin products
    - For the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50–59 who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years and are willing to take low-dose aspirin daily for at least 10 years.
    - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives – For females
- Bowel preparations for colonoscopy – Brands with no generic and generic products
    - In preparation for a screening colonoscopy for members ages 45–75.
- Breast cancer prevention – Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
    - For females who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic acid supplements – Generic folic acid 0.4 mg and 0.8 mg tablets
    - All females who are planning or capable of pregnancy.
- Fluoride supplements – Fluoride drops and chewable tablets
    - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV pre-exposure prophylaxis – Apretude 600 mg/3 mL injection, Descovy 200 mg/25 mg tablet, emtricitabine/tenofovir 200 mg/300 mg tablet, Vocabria 30 mg tablet, and Yeztugo 463.5 mg/135 mL injection
- Smoking cessation products – Brands with no generic and generic products
    - Two 90-day treatment courses per benefit year.
- Statin preventive medication – generic products
    - For adults ages 40–75 who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations – Preventive vaccines are covered for $0 cost-sharing based on appropriate age and Food and Drug Administration (FDA)-approved uses.

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

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

Formulary development

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

What are generics?

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

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

Notes for providers

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

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

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

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

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

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

- Online at ghp.promptpa.com
- By faxing a completed prior authorization form to 570-300-2122
- By mailing a completed prior authorization form to:
    - Attention Pharmacy Department 24-10
      100 N. Academy Ave.
      Danville, PA 17822
- For certain medications, by calling 800-988-4861

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

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

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

Sources:

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

Health Insurance Association of America (HIAA), "Guide to Managed Care: Choosing and Using a Health Plan." www.hiaa.org., November 200

Discrimination is against the law

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

Geisinger Health Plan:

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

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

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

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

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the civil rights grievance coordinator is available to help you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LEGEND

TIER	NAME	
1	$0 Copay	
2	Generic Preferred	
3	Generic Non-Preferred	
4	Brand Preferred	
5	Brand Non-Preferred	
6	Specialty	

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. This could include a: per fill, daily, monthly, or yearly limitation.
PA	Prior Authorization	Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
PA-NSO	Prior Authorization - New Starts Only	If this drug is new to you, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
ST	Step Therapy	In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
AL	Age Limit	Our plan limits certain medications to members who meet minimum or maximum age requirements.
PN	Note	This drug has unique PA restrictions; This drug has unique restrictions.
SP	Specialty Drug	Specialty Vendor Medication Program
LA	Limited Access	Drugs that are only available at certain pharmacies

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS 16
AMINOGLYCOSIDES 17
ANALGESICS - ANTI-INFLAMMATORY 17
ANALGESICS - NONNARCOTIC 20
ANALGESICS - OPIOID 22
ANDROGENS-ANABOLIC 25
ANORECTAL AND RELATED PRODUCTS 25
ANTHELMINTICS 26
ANTI-INFECTIVE AGENTS - MISC. 26
ANTIANGINAL AGENTS 28
ANTIANXIETY AGENTS 28
ANTIARRHYTHMICS 29
ANTIASTHMATIC AND BRONCHODILATOR AGENTS 30
ANTICOAGULANTS 33
ANTICONVULSANTS 34
ANTIDEPRESSANTS 38
ANTIDIABETICS 40
ANTIDIARRHEAL/PROBIOTIC AGENTS 45
ANTIDOTES AND SPECIFIC ANTAGONISTS 45
ANTIEMETICS 46
ANTIFUNGALS 47
ANTIHISTAMINES 47
ANTIHYPERLIPIDEMICS 48
ANTIHYPERTENSIVES 50
ANTIMALARIALS 52
ANTIMYASTHENIC/CHOLINERGIC AGENTS 53
ANTIMYCOBACTERIAL AGENTS 53
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES 53
ANTIPARKINSON AND RELATED THERAPY AGENTS 69
ANTIPSYCHOTICS/ANTIMANIC AGENTS 70
ANTIVIRALS 74
BETA BLOCKERS 79
CALCIUM CHANNEL BLOCKERS 80
CARDIOTONICS 80
CARDIOVASCULAR AGENTS - MISC. 81
CEPHALOSPORINS 83
CONTRACEPTIVES 83
CORTICOSTEROIDS 92
COUGH/COLD/ALLERGY 93
DERMATOLOGICALS 94
DIAGNOSTIC PRODUCTS 103
DIGESTIVE AIDS 103
DIURETICS 104
ENDOCRINE AND METABOLIC AGENTS - MISC. 105
ESTROGENS 109
FLUOROQUINOLONES 110

GASTROINTESTINAL AGENTS - MISC. . . . 110
GENITOURINARY AGENTS - MISCELLANEOUS . . . 113
GOUT AGENTS . . . 114
HEMATOLOGICAL AGENTS - MISC. . . . 114
HEMATOPOIETIC AGENTS . . . 116
HEMOSTATICS . . . 118
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS . . . 118
LAXATIVES . . . 119
MACROLIDES . . . 120
MEDICAL DEVICES AND SUPPLIES . . . 121
MIGRAINE PRODUCTS . . . 154
MINERALS ELECTROLYTES . . . 155
MISCELLANEOUS THERAPEUTIC CLASSES . . . 156
MOUTH/THROAT/DENTAL AGENTS . . . 158
MULTIVITAMINS . . . 159
MUSCULOSKELETAL THERAPY AGENTS . . . 163
NASAL AGENTS - SYSTEMIC AND TOPICAL . . . 165
NEUROMUSCULAR AGENTS . . . 165
NUTRIENTS . . . 166
OPHTHALMIC AGENTS . . . 166
OTIC AGENTS . . . 170
OXYTOCICS . . . 171
PASSIVE IMMUNIZING AND TREATMENT AGENTS . . . 171
PENICILLINS . . . 173
PROGESTINS . . . 173
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. . . . 173
RESPIRATORY AGENTS - MISC. . . . 179
SULFONAMIDES . . . 179
TETRACYCLINES . . . 179
THYROID AGENTS . . . 180
TOXOIDS . . . 181
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS . . . 181
UNCATEGORIZED . . . 183
URINARY ANTISPASMODICS . . . 187
VACCINES . . . 188
VAGINAL AND RELATED PRODUCTS . . . 190
VASOPRESSORS . . . 191
VITAMINS . . . 191

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphet er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)	3	
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	3	
dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)	3	
lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	3	PA, QL (1 ea per 1 day(s)), PN (PA REQUIRED FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD))
methamphetamine hcl	3	
ANALEPTICS		
caffeine citrate	3	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)	3	
clonidine hcl er	3	
guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	3	
QELBREE 100 MG CAP ER 24H	5	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	5	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	5	PA, QL (3 ea per 1 days)
STIMULANTS - MISC.		
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	3	PA
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	3	
dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)	3	
methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)	3	PA

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)	3	
methylphenidate hcl er (10 mg tab er, 18 mg tab er, 18 mg tab er 24h, 20 mg tab er, 27 mg tab er, 27 mg tab er 24h, 36 mg tab er, 36 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h)	3	
methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)	3	
methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)	3	
methylphenidate hcl er (la) 60 mg cap er 24h	3	PA
methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)	3	
METHYLPHENIDATE HCL ER(DIFFUS) (27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER)	3	
modafinil (100 mg tab, 200 mg tab)	3	PA
QUILLIVANT XR	5	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin sulfate	3	
tobramycin 300 mg/4ml nebu soln	3	PA, QL (224 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
tobramycin 300 mg/5ml nebu soln	3	PA, QL (280 ml per 56 days), PN (56 DAYS SUPPLY PER FILL), SP
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	6	QL (0.8 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
AMJEVITA 10 MG/0.2ML SOLN PRSYR	6	QL (0.4 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
AMJEVITA 20 MG/0.2ML SOLN PRSYR	6	QL (0.4 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
AMJEVITA 80 MG/0.8ML SOLN A-INJ	6	QL (2.4 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
SIMPONI (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	6	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR)	6	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	6	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
RINVOQ 45 MG TAB ER 24H	6	QL (28 ea per 28 days), PA-NSO, PN (84 DAYS SUPPLY IN 180 DAYS), SP
RINVOQ LQ	6	QL (360 ml per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
tofacitinib citrate (5 mg tab, 10 mg tab)	6	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
tofacitinib citrate 1 mg/ml solution	6	QL (300 ml per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)	6	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XELJANZ (5 MG TAB, 10 MG TAB)	6	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XELJANZ 1 MG/ML SOLUTION	6	QL (300 ml per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	6	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
INTERLEUKIN-1 BLOCKERS		
ARCALYST	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
INTERLEUKIN-6 RECEPTOR INHIBITORS		
TOFIDENCE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	6	QL (3.6 ml per 28 day(s)), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
cataflam	3	
celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)	3	

Drug Name	Drug Tier	Requirements/Limits
diclofenac potassium 50 mg tab	3	
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	3	
diclofenac sodium er	3	
diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)	3	
ec-naproxen (375 mg tab dr, 500 mg tab dr)	3	
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	3	
etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)	3	
flurbiprofen (100 mg tab)	3	
ibu (400 mg tab, 600 mg tab, 800 mg tab)	2	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)	3	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	2	
indocin	5	
indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap, 50 mg suppos)	3	
indomethacin er	3	
ketorolac tromethamine 10 mg tab	3	QL (20 ea per fill)
LURBIPR	3	
LURBIRO	3	
meloxicam (7.5 mg tab, 15 mg tab)	2	
nabumetone (500 mg tab, 750 mg tab)	3	
naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)	3	
naproxen dr	3	
naproxen sodium (275 mg tab, 550 mg tab)	3	
oxaprozin	3	
piroxicam (10 mg cap, 20 mg cap)	3	
relafen 500 mg tab	3	
SPRIX	3	PA
sulindac (150 mg tab, 200 mg tab)	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	6	QL (55 ea per 180 day(s)), PA-NSO, PN (28 DAY SUPPLY IN 180 DAYS), SP

Drug Name	Drug Tier	Requirements/Limits
OTEZLA 20 MG TAB	6	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
OTEZLA 30 MG TAB	6	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	6	PA, QL (55 ea per 180 day(s)), PN (28 DAY SUPPLY IN 180 DAYS), SP
OTEZLA/OTEZLA XR INITIATION PK	6	PA, QL (41 ea per 180 day(s)), PN (28 DAY SUPPLY IN 180 DAYS), SP
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide (10 mg tab, 20 mg tab)	3	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	6	QL (8 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac (butalbital-acetamin-caff)	3	
butalbital-acetaminophen 50-325 mg tab	3	
butalbital-apap-caffeine 50-325-40 mg tab	3	
butalbital-aspirin-caffeine	3	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT (100 MCG/ML SOLUTION, 500 MCG/20ML SOLUTION, 500 MCG/5ML SOLUTION)	6	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
SALICYLATES		
adult aspirin regimen	1	

Drug Name	Drug Tier	Requirements/Limits
aspirin (81 mg chew tab, 81 mg tab dr)	1	
aspirin 81 (81 mg chew tab, 81 mg tab dr)	1	
aspirin adult low dose	1	
aspirin adult low strength	1	
aspirin childrens	1	
aspirin ec adult low dose	1	
aspirin ec low dose	1	
aspirin ec low strength	1	
aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	
aspirin regimen	1	
bayer aspirin ec low dose	1	
bayer low dose (81 mg chew tab, 81 mg tab dr)	1	
childrens aspirin	1	
cvs aspirin adult low dose	1	
cvs aspirin adult low strength	1	
cvs aspirin ec 81 mg tab dr	1	
cvs aspirin low dose	1	
cvs aspirin low strength	1	
diflunisal	3	
ecotrin low strength	1	
eq aspirin adult low dose	1	
eq aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	
eql aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	
ft aspirin 81 mg chew tab	1	
ft aspirin adult low dose	1	
ft aspirin low dose	1	
gnp adult aspirin low strength	1	
gnp aspirin 81 mg tab dr	1	
gnp aspirin low dose	1	
goodsense aspirin 81 mg chew tab	1	
goodsense aspirin low dose	1	

Drug Name	Drug Tier	Requirements/Limits
h-e-b aspirin	1	
hm aspirin 81 mg chew tab	1	
hm aspirin ec low dose	1	
kls aspirin low dose	1	
kp aspirin	1	
mm aspirin	1	
px aspirin 81 mg chew tab	1	
px enteric aspirin 81 mg tab dr	1	
qc aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	
qc childrens aspirin	1	
ra aspirin adult low dose	1	
ra aspirin adult low strength	1	
ra aspirin childrens	1	
ra aspirin ec 81 mg tab dr	1	
ra aspirin ec adult low st	1	
SALSALATE (500 MG TAB, 750 MG TAB)	3	
sb childrens aspirin	1	
sb low dose asa ec	1	
sm aspirin adult low strength (81 mg chew tab, 81 mg tab dr)	1	
sm aspirin ec low strength	1	
sm aspirin low dose (81 mg chew tab, 81 mg tab dr)	1	
sm childrens aspirin	1	
st joseph aspirin	1	
st joseph low dose (81 mg chew tab, 81 mg tab dr)	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate (15 mg tab, 60 mg tab)	3	
DISKETS	3	PA
fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	3	PA, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
FENTANYL CITRATE (400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	3	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)	3	
levorphanol tartrate (2 mg tab, 3 mg tab)	3	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	3	
METHADONE HCL (5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 10 MG/5ML SOLUTION, 10 MG/ML CONC, 40 MG TAB SOL)	3	PA
methadone hcl intensol	3	PA
methadose	3	PA
morphine sulfate (10 mg/5ml solution, 15 mg tab, 20 mg/5ml solution, 30 mg tab)	3	
morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)	3	
morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)	3	PA
NUCYNTA (50 MG TAB, 75 MG TAB, 100 MG TAB)	5	PA
NUCYNTA ER (50 MG TAB ER 12H, 100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H, 250 MG TAB ER 12H)	5	PA
oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)	3	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	3	PA
OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)	5	PA
oxymorphone hcl (5 mg tab, 10 mg tab)	3	
OXYMORPHONE HCL ER (5 MG TAB ER 12H, 7.5 MG TAB ER 12H, 10 MG TAB ER 12H, 15 MG TAB ER 12H, 20 MG TAB ER 12H, 30 MG TAB ER 12H, 40 MG TAB ER 12H)	3	PA
SUBSYS (1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID)	6	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
tapentadol hcl (50 mg tab, 75 mg tab, 100 mg tab)	1	PA
tramadol hcl (50 mg tab, 100 mg tab)	3	
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	3	PA
tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)	3	PA

Drug Name	Drug Tier	Requirements/Limits
xyvona (2 mg tab, 3 mg tab)	3	
OPIOID COMBINATIONS		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	4	
acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)	3	
ascomp-codeine	3	
butalbital-apap-caff-cod 50-325-40-30 mg cap	3	
butalbital-asa-caff-codeine	3	
endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3	
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)	3	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 10-200 MG TAB)	3	
NALOCET	3	
oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-300 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab)	3	
SEGLENTIS	5	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
tramadol-acetaminophen	3	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	6	QL (1.28 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	6	QL (1.92 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	6	QL (2.56 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	6	QL (0.64 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI 128 MG/0.36ML SOLN PRSYR	6	QL (0.36 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI 64 MG/0.18ML SOLN PRSYR	6	QL (0.18 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRIXADI 96 MG/0.27ML SOLN PRSYR	6	QL (0.27 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)	3	PA, QL (0.143 ea per 1 days)
buprenorphine hcl (2 mg sl tab, 8 mg sl tab)	2	PN (34 DAYS SUPPLY PER FILL)
buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)	2	PN (34 DAYS SUPPLY PER FILL)
butorphanol tartrate	3	
PENTAZOCINE-NALOXONE HCL	3	
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	6	QL (0.5 ml per 28 day(s)), PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	6	QL (3 ml per 28 day(s)), PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANDROGENS-ANABOLIC		
ANDROGENS		
AVEED	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
danazol (50 mg cap, 100 mg cap, 200 mg cap)	3	
depo-testosterone (100 mg/ml solution, 200 mg/ml solution)	3	
KYZATREX 200 MG CAP	6	PA, QL (4 ea per 1 day(s))
methyltestosterone	3	PA
testosterone (12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)	3	
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)	3	
TESTOSTERONE ENANTHATE	3	
UNDECATREX	6	QL (4 ea per 1 day(s))
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
hydrocortisone 100 mg/60ml enema	3	
RECTAL COMBINATIONS		
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	3	

Drug Name	Drug Tier	Requirements/Limits
lidocaine-hydrocort (perianal)	3	
LIDOCAINE-HYDROCORTISONE ACE (1-3 % KIT, 2-2 % KIT, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	3	
LIDOCORT	3	
RECTAL STEROIDS		
ANUCORT-HC	3	
ANUSOL-HC 25 MG SUPPOS	3	
HEMMOREX-HC 25 MG SUPPOS	3	
hydrocortisone (perianal)	3	
hydrocortisone acetate 25 mg suppos	3	
procto-med hc	3	
proctosol hc	3	
proctozone-hc	3	
VASODILATING AGENTS		
nitroglycerin 0.4 % ointment	3	PA
ANTHELMINTICS		
ANTHELMINTICS		
albendazole	3	QL (4 ea per fill(s))
EMVERM	5	PA, QL (6 ea per fill)
ivermectin 3 mg tab	3	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS)
praziquantel	3	PA
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole (250 mg tab, 500 mg tab)	3	
pentamidine isethionate	3	
tinidazole (250 mg tab, 500 mg tab)	3	
trimethoprim	3	
XIFAXAN 550 MG TAB	6	PA

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)	3	
sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)	2	
sulfatrim pediatric	3	
XACDURO	6	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	4	
atovaquone	3	
nitazoxanide	3	
CYCLIC LIPOPEPTIDES		
daptomycin 350 mg recon soln	3	
daptomycin 500 mg recon soln	3	PN (34 DAYS SUPPLY PER FILL)
GLYCOPEPTIDES		
KIMYRSA	6	PA, QL (1 ea per fill)
vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 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)	3	
vancomycin hcl 10 gm recon soln	3	PA
LEPROSTATICS		
dapsone (25 mg tab, 100 mg tab)	3	
LINCOSAMIDES		
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	3	
clindamycin palmitate hcl	3	
OXAZOLIDINONES		
linezolid 100 mg/5ml recon susp	3	PA
linezolid 600 mg tab	3	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO 200 MG TAB	6	PA, QL (6 ea per 6 day(s)), PN (6 DAYS SUPPLY IN 365 DAYS)
PLEUROMUTILINS		
XENLETA 600 MG TAB	6	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	3	PA
methenamine hippurate	3	
METHENAMINE MANDELATE (0.5 GM TAB, 1 GM TAB)	3	
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	3	
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	3	
nitrofurantoin monohyd macro	3	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)	3	PA
NITRATES		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	3	
isosorbide mononitrate (10 mg tab, 20 mg tab)	2	
isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)	2	
nitro-bid	3	
NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	3	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr, 2 % ointment)	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl (5 mg tab, 10 mg tab)	2	

Drug Name	Drug Tier	Requirements/Limits
buspirone hcl (7.5 mg tab, 15 mg tab, 30 mg tab)	3	
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)	3	
HYDROXYZINE PAMOATE	4	
hydroxyzine pamoate (25 mg cap, 50 mg cap)	3	
meprobamate (200 mg tab, 400 mg tab)	3	
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)	3	
alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	3	
alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	3	
chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)	3	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)	3	
diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)	3	
diazepam intensol	3	
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)	3	
lorazepam intensol	3	
oxazepam (10 mg cap, 15 mg cap, 30 mg cap)	3	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate (100 mg cap, 150 mg cap)	3	
NORPACE CR 100 MG CAP ER 12H	4	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	4	QL (5 ea per 1 days)
quinidine gluconate er	3	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	3	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	3	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	3	
propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)	3	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	3	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	3	
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	3	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 10 MG/0.5ML SOLN PRSYR	6	PA, QL (0.5 ml per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA 30 MG/ML SOLN PRSYR	6	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN	6	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	6	PA, QL (1 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
TEZSPIRE (210 MG/1.91ML SOLN A-INJ, 210 MG/1.91ML SOLN PRSYR)	6	PA, QL (1.91 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	6	PA, QL (4 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
XOLAIR 150 MG RECON SOLN	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
XOLAIR 150 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
XOLAIR 75 MG/0.5ML SOLN A-INJ	6	PA, QL (5 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
XOLAIR 75 MG/0.5ML SOLN PRSYR	6	PA, QL (5 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	4	

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA	4	
ipratropium bromide 0.02 % solution	3	
SPIRIVA HANDIHALER	4	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	4	
LEUKOTRIENE MODULATORS		
montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)	3	
zafirlukast (10 mg tab, 20 mg tab)	3	
zileuton er	5	PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast 250 mcg tab	3	PA
roflumilast 500 mcg tab	3	QL (1 ea per 1 day(s))
STEROID INHALANTS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	4	
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	3	
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	4	
FLUTICASONE PROPIONATE HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	4	
PULMICORT FLEXHALER	4	
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	5	
SYMPATHOMIMETICS		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	4	
albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)	3	
albuterol sulfate (2 mg tab, 4 mg tab)	2	
albuterol sulfate hfa	3	

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA	4	
arformoterol tartrate	3	PA
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 200-25 MCG/ACT AER POW BA)	4	QL (2 ea per 1 days)
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	4	QL (2 ea per 1 day(s))
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL	4	QL (10.7 gm per 28 day(s))
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	4	QL (10.7 gm per 28 days)
budesonide-formoterol fumarate 160-4.5 mcg/act aerosol	3	QL (1.02 gm per 1 day(s))
budesonide-formoterol fumarate 80-4.5 mcg/act aerosol	3	QL (1.02 gm per 1 days)
COMBIVENT RESPIMAT	4	
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	4	
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	3	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	4	QL (1 ea per 30 day(s))
formoterol fumarate	3	PA
ipratropium-albuterol	3	
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)	3	
LEVALBUTEROL TARTRATE	3	
SEREVENT DISKUS	4	
STIOLTO RESPIMAT	4	
STRIVERDI RESPIMAT	4	
terbutaline sulfate (2.5 mg tab, 5 mg tab)	3	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	4	QL (2 ea per 1 days)
wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	3	QL (2 ea per 1 days)
XANTHINES		
elixophyllin	3	
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	5	
theophylline (80 mg/15ml elixir, 80 mg/15ml solution)	3	

Drug Name	Drug Tier	Requirements/Limits
THEOPHYLLINE ER (100 MG TAB ER 12H, 200 MG TAB ER 12H, 300 MG TAB ER 12H, 400 MG TAB ER 24H, 450 MG TAB ER 12H, 600 MG TAB ER 24H)	3	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	3	
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	2	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	4	QL (2 ea per 1 days)
ELIQUIS 5 MG TAB	4	QL (4 ea per 1 days)
ELIQUIS DVT/PE STARTER PACK	4	QL (74 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
rivaroxaban 2.5 mg tab	3	QL (2 ea per 1 days)
XARELTO (10 MG TAB, 20 MG TAB)	4	QL (1 ea per 1 days)
XARELTO 15 MG TAB	4	QL (2 ea per 1 days)
XARELTO STARTER PACK	4	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr)	3	QL (60 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)	3	QL (48 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
enoxaparin sodium 30 mg/0.3ml soln prsyr	3	QL (18 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
enoxaparin sodium 300 mg/3ml solution	3	PN (30 DAYS SUPPLY PER FILL)
enoxaparin sodium 40 mg/0.4ml soln prsyr	3	QL (24 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
enoxaparin sodium 60 mg/0.6ml soln prsyr	3	QL (36 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
fondaparinux sodium 10 mg/0.8ml solution	6	QL (22.4 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
fondaparinux sodium 2.5 mg/0.5ml solution	6	QL (14 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium 5 mg/0.4ml solution	6	QL (11.2 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
fondaparinux sodium 7.5 mg/0.6ml solution	6	QL (16.8 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
FRAGMIN (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL)
heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)	3	
heparin sodium (porcine) +rfid	3	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLUTION)	3	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	3	QL (2 ea per 1 day(s))
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	6	PA, QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	6	PA, QL (24 ml per 1 day(s))
perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	3	PA, QL (1 ea per 1 day(s))
perampanel 0.5 mg/ml suspension	1	PA, QL (24 ml per 1 day(s))
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)	3	
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)	3	
diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)	3	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	4	QL (10 ea per 30 day(s)), AL (2 to 5 yrs old)
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	5	PA, QL (2 ea per 1 days)
VALTOCO 10 MG DOSE	4	QL (10 ea per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE	4	QL (10 ea per 30 days)
VALTOCO 20 MG DOSE	4	QL (10 ea per 30 days)
VALTOCO 5 MG DOSE	4	QL (10 ea per 30 days)
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	5	PA, QL (1 ea per 1 day(s))
APTIOM (600 MG TAB, 800 MG TAB)	5	PA, QL (2 ea per 1 day(s))
carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg/10ml suspension)	3	
carbamazepine 200 mg tab	2	
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)	3	
CARBATROL (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	5	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	6	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
EPIDIOLEX	5	PA, SP
epitol	2	
EPRONTIA	5	PA, QL (16 ml per 1 day(s))
eslicarbazepine acetate (200 mg tab, 400 mg tab)	3	PA, QL (1 ea per 1 day(s))
eslicarbazepine acetate (600 mg tab, 800 mg tab)	3	PA, QL (2 ea per 1 day(s))
FINTEPLA	6	PA, LA, QL (360 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)	3	
KEPPRA (100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB)	5	
KEPPRA XR (500 MG TAB ER 24H, 750 MG TAB ER 24H)	5	
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)	3	PA
lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)	3	PA, QL (2 ea per 1 day(s))
lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	3	
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)	3	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine odt (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)	3	PA, QL (2 ea per 1 day(s))
lamotrigine starter kit-blue	3	
lamotrigine starter kit-green	3	
lamotrigine starter kit-orange	3	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	3	
levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)	3	
oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)	3	
oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h, 600 mg tab er 24h)	3	PA
OXTELLAR XR (150 MG TAB ER 24H, 300 MG TAB ER 24H, 600 MG TAB ER 24H)	5	PA
pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)	3	
primidone (50 mg tab, 250 mg tab)	3	
relgaabi (300 mg cap, 400 mg cap)	3	
roweepra 500 mg tab	3	
rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)	3	PA
subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	3	
subvenite starter kit-blue	3	
subvenite starter kit-green	3	
subvenite starter kit-orange	3	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	5	
TEGRETOL-XR (200 MG TAB ER 12H, 400 MG TAB ER 12H)	5	
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	3	
topiramate 25 mg/ml solution	3	PA, QL (16 ml per 1 day(s))
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)	3	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	5	
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	3	

Drug Name	Drug Tier	Requirements/Limits
ZTALMY	6	PA, LA, QL (1100 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
CARBAMATES		
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	3	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	6	PA, QL (28 ea per 28 day(s)), PN (28 DAYS SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE)	6	PA, QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	6	PA, QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	6	PA, QL (1 ea per 1 days)
XCOPRI 200 MG TAB	6	PA, QL (2 ea per 1 days)
XCOPRI 25 MG TAB	6	PA, QL (1 ea per 1 day(s))
GABA MODULATORS		
TIAGABINE HCL (2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB)	3	
vigabatrin (500 mg packet, 500 mg tab)	3	PA, SP
vigadrone (500 mg packet, 500 mg tab)	3	PA, LA, SP
vigpoder	3	PA, SP
HYDANTOINS		
DILANTIN (100 MG CAP, 125 MG/5ML SUSPENSION)	5	
DILANTIN 30 MG CAP	4	
DILANTIN INFATABS	5	
DILANTIN-125	5	
phenytek (200 mg cap, 300 mg cap)	4	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	3	
phenytoin infatabs	3	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	3	
SUCCINIMIDES		
CELONTIN	5	

Drug Name	Drug Tier	Requirements/Limits
ethosuximide (250 mg cap, 250 mg/5ml solution)	3	
methsuximide	3	
VALPROIC ACID		
DEPAKOTE (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR)	5	
DEPAKOTE ER (250 MG TAB ER 24H, 500 MG TAB ER 24H)	5	
DEPAKOTE SPRINKLES	5	
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	3	
divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)	3	
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	3	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)	3	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER	5	PA, QL (2 ea per 1 days)
ANTIDEPRESSANTS - MISC.		
bupropion hcl (75 mg tab, 100 mg tab)	3	
bupropion hcl er (smoking det)	1	
bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)	3	
BUPROPION HCL ER (XL)	3	PA, QL (1 ea per 1 day(s))
bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)	3	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE (20 MG CAP, 25 MG CAP)	6	QL (28 ea per 14 days), PN (14 DAYS SUPPLY PER FILL), SP
ZURZUVAE 30 MG CAP	6	QL (14 ea per 14 days), PN (14 DAYS SUPPLY PER FILL), SP
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	5	PA

Drug Name	Drug Tier	Requirements/Limits
MARPLAN 10 MG TAB	5	PA
PHENELZINE SULFATE	3	
tranylcypromine sulfate	3	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
SPRAVATO (84 MG DOSE)	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)	2	
escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)	3	
fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap)	2	
fluoxetine hcl 20 mg/5ml solution	3	
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	3	
fluvoxamine maleate er (100 mg cap er 24h, 150 mg cap er 24h)	3	
PAROXETINE HCL	3	
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	2	
paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)	3	
sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)	2	
sertraline hcl 20 mg/ml conc	3	
SEROTONIN MODULATORS		
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	3	
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)	2	
trazodone hcl 300 mg tab	3	
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	3	PA, QL (1 ea per 1 days)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)	3	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)	3	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	5	PA
FETZIMA TITRATION	5	PA
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	3	
venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)	3	
venlafaxine hcl er (37.5 mg tab er 24h, 75 mg tab er 24h, 150 mg tab er 24h, 225 mg tab er 24h)	5	
TRICYCLIC AGENTS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	2	
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	3	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	3	
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	3	
DOXEPIN HCL (10 MG CAP, 10 MG/ML CONC, 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP)	3	
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	3	
nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)	3	
protriptyline hcl (5 mg tab, 10 mg tab)	3	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	3	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	3	
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	4	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
ANTIDIABETIC COMBINATIONS		
dapagliflozin base-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h, 10-1000 mg tab er 24h, 10-500 mg tab er 24h)	3	QL (1 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	3	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	3	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	4	QL (1 ea per 1 days)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	4	QL (2 ea per 1 day(s))
JENTADUETO XR 2.5-1000 MG TAB ER 24H	4	QL (2 ea per 1 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	4	QL (1 ea per 1 days)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	4	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	4	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	4	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	4	QL (1 ea per 1 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	4	QL (2 ea per 1 days)
XULTOPHY	4	ST, QL (0.5 ml per 1 days)
BIGUANIDES		
metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)	2	
metformin hcl 500 mg/5ml solution	3	PA
metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)	3	
DIABETIC OTHER		
BAQSIMI ONE PACK	4	QL (2 ea per fill)
BAQSIMI TWO PACK	4	QL (2 ea per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	4	
cvs soft glucose	4	
DEX4	4	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	4	
DEX4 NATURALS	4	
DEX4 POUCH PACK	4	
DEX4 QUICK DISSOLVE GLUCOSE	4	

Drug Name	Drug Tier	Requirements/Limits
diazoxide	3	
ft glucose	4	
GLUCAGEN HYPOKIT	4	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY (1 MG/ML RECON SOLN)	4	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
gluco to go	4	
glucose (4 gm chew tab, 4-6 gm-mg chew tab)	4	
GLUCOSE INSTANT ENERGY (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	4	
GNP GLUCOSE	4	
GNP QUICK DISSOLVE GLUCOSE	4	
GOODSENSE GLUCOSE	4	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	4	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	4	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	4	QL (0.4 ml per fill)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
hy-vee glucose	4	
KROGER GLUCOSE	4	
LEADER GLUCOSE	4	
LEADER QUICK DISSOLVE GLUCOSE	4	
LONGS GLUCOSE	4	
MEIJER GLUCOSE	4	
mifepristone 300 mg tab	6	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
PREFERRED PLUS GLUCOSE	4	
PX GLUCOSE	4	
RA GLUCOSE (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	4	

Drug Name	Drug Tier	Requirements/Limits
RELION GLUCOSE (4-6 GM-MG CHEW TAB)	4	
SM GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	4	
SMART SENSE GLUCOSE	4	
TGT GLUCOSE	4	
trueplus glucose (4 gm chew tab)	4	
TRUEPLUS GLUCOSE ON THE GO	4	
UP & UP GLUCOSE	4	
VALUE PLUS GLUCOSE	4	
WALGREENS GLUCOSE	4	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA	4	QL (1 ea per 1 days)
INCRETIN MIMETIC AGENTS		
liraglutide	3	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)	4	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY IN 180 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	4	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (1 MG/DOSE)	4	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (2 MG/DOSE)	4	PA, QL (3 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (4 MG TAB, 9 MG TAB)	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
OZEMPIC 1.5 MG TAB	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
RYBELSUS (7 MG TAB, 14 MG TAB)	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
RYBELSUS 3 MG TAB	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	4	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN	3	

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	
INSULIN ASPART PROT & ASPART	3	
INSULIN GLARGINE MAX SOLOSTAR	4	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	4	
INSULIN GLARGINE-YFGN (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	4	
LANTUS	4	
LANTUS SOLOSTAR	4	
LEVEMIR	4	
LEVEMIR FLEXPEN	4	
LEVEMIR FLEXTOUCH	4	
NOVOLIN 70/30	4	
NOVOLIN 70/30 FLEXPEN	4	
NOVOLIN 70/30 FLEXPEN RELION	4	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	4	
NOVOLIN N FLEXPEN	4	
NOVOLIN N FLEXPEN RELION	4	
NOVOLIN N RELION	4	
NOVOLIN R	4	
NOVOLIN R FLEXPEN	4	
NOVOLIN R FLEXPEN RELION	4	
NOVOLIN R RELION	4	
NOVOLOG	4	
NOVOLOG 70/30 FLEXPEN RELION	4	
NOVOLOG FLEXPEN	4	
NOVOLOG FLEXPEN RELION	4	
NOVOLOG MIX 70/30	4	
NOVOLOG MIX 70/30 FLEXPEN	4	

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

Drug Name	Drug Tier	Requirements/Limits
deferasirox (90 mg packet, 90 mg tab, 125 mg tab sol, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)	3	PA, PN (30 DAYS SUPPLY PER FILL), SP
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	3	PA, PN (30 DAYS SUPPLY PER FILL), SP
deferiprone 500 mg tab	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
FERRIPROX 100 MG/ML SOLUTION	6	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
OPIOID ANTAGONISTS		
ft naloxone hcl	1	
gnp naloxone hcl	1	
naloxone hcl (0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)	3	
naloxone hcl 4 mg/0.1ml liquid	1	
naltrexone hcl	2	
narcan	1	
REXTOVY	4	
VIVITROL	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl 1 mg tab	3	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
ondansetron (4 mg tab disp, 8 mg tab disp)	3	
ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)	3	
SANCUSO	5	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl (12.5 mg tab, 25 mg tab)	3	
scopolamine	3	
trimethobenzamide hcl 300 mg cap	3	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	5	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
doxylamine-pyridoxine	3	QL (4 ea per 1 days)
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)	3	
CINVANTI	5	PA, SP
EMEND 125 MG/5ML RECON SUSP	5	
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
REZZAYO	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
ANTIFUNGALS		
flucytosine (250 mg cap, 500 mg cap)	6	PN (34 DAYS SUPPLY PER FILL)
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	3	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	3	
nystatin 500000 unit tab	3	
terbinafine hcl 250 mg tab	3	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	6	PA, PN (34 DAYS SUPPLY PER FILL)
fluconazole (40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	3	
itraconazole (10 mg/ml solution, 100 mg cap)	3	PA
ketoconazole 200 mg tab	3	
posaconazole 100 mg tab dr	6	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
posaconazole 40 mg/ml suspension	6	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)
voriconazole (50 mg tab, 200 mg tab)	3	PA, PN (34 DAYS SUPPLY PER FILL)
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate 6 mg tab	3	

Drug Name	Drug Tier	Requirements/Limits
CLEMASTINE FUMARATE 2.68 MG TAB	3	
CLEMASZ	3	
CLEMSZA	3	
DIPHENHYDRAMINE HCL	3	
ryvent	3	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)	3	
promethegan (12.5 mg suppos, 25 mg suppos)	3	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)	3	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	4	PA, QL (1 ea per 1 days)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	6	PA, LA, PN (28 DAYS SUPPLY PER FILL), SP
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	3	PA
NEXLIZET	4	PA, QL (1 ea per 1 days)
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl 0.5 gm cap	3	PA, QL (8 ea per 1 days)
icosapent ethyl 1 gm cap	3	PA, QL (4 ea per 1 days)
omega-3-acid ethyl esters	3	
BILE ACID SEQUESTRANTS		
cholestyramine (4 gm packet, 4 gm/dose powder)	3	
cholestyramine light (4 gm packet, 4 gm/dose powder)	3	

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl (3.75 gm packet, 625 mg tab)	3	
colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)	3	
prevalite (4 gm packet, 4 gm/dose powder)	3	
FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	3	
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	3	
fenofibric acid (45 mg cap dr, 135 mg cap dr)	3	
gemfibrozil	3	
HMG COA REDUCTASE INHIBITORS		
ALTOPREV (20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H)	5	PA, PN ($0 copay for members age 40-75 years)
atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)	3	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
atorvastatin calcium 10 mg tab	3	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
lovastatin 10 mg tab	2	QL (4 ea per 1 days), PN ($0 copay for members age 40-75 years)
lovastatin 20 mg tab	2	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
lovastatin 40 mg tab	2	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 10 mg tab	2	QL (8 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 20 mg tab	2	QL (4 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 40 mg tab	2	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
pravastatin sodium 80 mg tab	2	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)	3	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
rosuvastatin calcium 5 mg tab	3	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin (40 mg tab, 80 mg tab)	2	QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)

Drug Name	Drug Tier	Requirements/Limits
simvastatin 10 mg tab	2	QL (4 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin 20 mg tab	2	QL (2 ea per 1 days), PN ($0 copay for members age 40-75 years)
simvastatin 5 mg tab	2	QL (8 ea per 1 days), PN ($0 copay for members age 40-75 years)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	5	PA, QL (1 ea per 1 days), PN ($0 copay for members age 40-75 years)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	3	
NICOTINIC ACID DERIVATIVES		
niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)	3	
NIACOR	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	4	PA, QL (0.072 ml per 1 days)
REPATHA	4	PA, QL (0.072 ml per 1 days)
REPATHA SURECLICK	4	PA, QL (0.072 ml per 1 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	2	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	2	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	3	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	2	
moexipril hcl (7.5 mg tab, 15 mg tab)	3	
PERINDOPRIL ERBUMINE (2 MG TAB, 8 MG TAB)	4	
perindopril erbumine 4 mg tab	3	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	3	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	3	
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl	3	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	3	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	3	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	3	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	3	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	3	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	3	
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	3	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	2	
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	2	
guanfacine hcl (1 mg tab, 2 mg tab)	2	
METHYLDOPA (250 MG TAB)	3	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	3	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	2	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)	3	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	3	PA
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	3	PA
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	3	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	3	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	3	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	3	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	3	
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	3	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	3	
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	3	
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	3	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	2	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	3	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	3	
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)	3	PA
QUINAPRIL-HYDROCHLOROTHIAZIDE (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	3	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	3	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	3	
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate (150 mg tab, 300 mg tab)	3	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone (25 mg tab, 50 mg tab)	3	
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	
minoxidil (2.5 mg tab, 10 mg tab)	3	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
COARTEM	5	PA, QL (24 ea per fill)
ANTIMALARIALS		
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	3	
hydroxychloroquine sulfate 200 mg tab	3	
mefloquine hcl	3	
primaquine phosphate	5	QL (14 ea per 14 day(s)), PN (14 DAYS SUPPLY IN 180 DAYS)
pyrimethamine	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
quinine sulfate	3	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	6	PA, LA, QL (240 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
PYRIDOSTIGMINE BROMIDE (60 MG TAB, 60 MG/5ML SOLUTION)	3	
pyridostigmine bromide er	3	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE	3	
ethambutol hcl (100 mg tab, 400 mg tab)	3	
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	3	
PRETOMANID	5	PA, QL (1 ea per 1 days)
PRIFTIN	5	PA
pyrazinamide	3	
rifabutin	3	
rifampin (150 mg cap, 300 mg cap)	3	
rifapentine	3	PA
TRECATOR	5	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
BELRAPZO	6	PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
BENDAMUSTINE HCL	6	PN (34 DAYS SUPPLY PER FILL)
bendamustine hcl (25 mg recon soln, 100 mg recon soln)	6	PN (34 DAYS SUPPLY PER FILL), SP
BENDEKA	6	PN (34 DAYS SUPPLY PER FILL)
cyclophosphamide (25 mg cap, 50 mg cap)	1	SP
GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP)	1	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	1	SP
lomustine (10 mg cap, 40 mg cap, 100 mg cap)	1	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
MYLERAN	1	SP
oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)	3	PN (34 DAYS SUPPLY PER FILL), SP
temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)	1	PN (34 DAYS SUPPLY PER FILL), SP
thiotepa (15 mg recon soln, 100 mg recon soln)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
VIVIMUSTA	6	PN (34 DAYS SUPPLY PER FILL)
YONDELIS	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ZEPZELCA	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTIMETABOLITES		
capecitabine (150 mg tab, 500 mg tab)	1	PN (34 DAYS SUPPLY PER FILL), SP
clofarabine	6	PN (34 DAYS SUPPLY PER FILL), SP
decitabine	6	PN (34 DAYS SUPPLY PER FILL), SP
FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	6	PN (34 DAYS SUPPLY PER FILL), SP
mercaptopurine 50 mg tab	1	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	3	
methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)	3	
ONUREG (200 MG TAB, 300 MG TAB)	1	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	6	PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 750 MG RECON SOLN, 1000 MG RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PEMETREXED DISODIUM 850 MG/34ML SOLUTION	6	PN (34 DAYS SUPPLY PER FILL), SP
PEMETREXED DITROMETHAMINE (100 MG RECON SOLN, 500 MG RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL)
pralatrexate (20 mg/ml solution, 40 mg/2ml solution)	6	PN (34 DAYS SUPPLY PER FILL), SP
TABLOID	1	PA, SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
FRUZAQLA 1 MG CAP	1	PA, QL (84 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
FRUZAQLA 5 MG CAP	1	PA, QL (21 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
INLYTA 1 MG TAB	1	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
INLYTA 5 MG TAB	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (10 MG DAILY DOSE)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (12 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (14 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (18 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (20 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (24 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (4 MG DAILY DOSE)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LENVIMA (8 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	6	PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL), SP
MARGENZA	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL), SP
ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL), SP
PERJETA	6	PN (34 DAYS SUPPLY PER FILL), SP
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL), SP
TUKYSA (50 MG TAB, 150 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
BAVENCIO	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
BESPONSA	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
BLINCYTO	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
DANYELZA	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ELAHERE	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION)	6	PA, LA, PN (34 DAY SUPPLY PER FILL), SP
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ENHERTU	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
GAZYVA	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN)	6	PA, PN (28 DAY SUPPLY PER FILL), SP
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
IMJUDO 25 MG/1.25ML SOLUTION	6	PA, QL (375 ml per 180 days), PN (180 DAYS SUPPLY PER FILL), SP
IMJUDO 300 MG/15ML SOLUTION	6	PA, QL (15 ml per 180 days), PN (180 DAYS SUPPLY PER FILL), SP
JEMPERLI	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
LIBTAYO	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
LUNSUMIO VELO (5 MG/0.5ML SOLUTION, 45 MG/ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
MONJUVI	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
MYLOTARG	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 120 MG/12ML SOLUTION, 240 MG/24ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
POLIVY (30 MG RECON SOLN, 140 MG RECON SOLN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
POTELIGEO	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	6	PA, PN (PA is not required for oncology or multiple sclerosis indications), SP
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	6	PA, PN (PA is not required for oncology or multiple sclerosis indications), SP
RYBREVANT	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
TEVIMBRA (100 MG/10ML SOLUTION, 150 MG/15ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
TIVDAK	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
VYLOY 100 MG RECON SOLN	6	PA, PN (UP TO 21 DAYS SUPPLY PER FILL), SP
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ZYNLONTA	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ZYNYZ	6	PA, QL (20 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	1	QL (56 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
VENCLEXTA 100 MG TAB	1	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA 50 MG TAB	1	QL (28 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
VENCLEXTA STARTING PACK	1	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
PROVENGE	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	6	PN (34 DAYS SUPPLY PER FILL), SP
erlotinib hcl (100 mg tab, 150 mg tab)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
erlotinib hcl 25 mg tab	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
gefitinib	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LAZCLUZE (80 MG TAB, 240 MG TAB)	1	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
PORTRAZZA	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
TAGRISSO (40 MG TAB, 80 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
DAURISMO 25 MG TAB	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ERIVEDGE	1	QL (28 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ODOMZO	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250 mg tab	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
abirtega	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
anastrozole	1	PN ($0 copay for women)
bicalutamide	1	QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
CAMCEVI	6	PN (168 DAYS SUPPLY PER FILL), SP
ELIGARD 22.5 MG KIT	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	6	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT	1	SP
ERLEADA 240 MG TAB	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ERLEADA 60 MG TAB	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
EULEXIN	1	SP
exemestane	1	PN ($0 copay for women)
FIRMAGON	5	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	5	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
fulvestrant	6	PN (34 DAYS SUPPLY PER FILL), SP
letrozole	1	PN ($0 copay for women)
leuprolide acetate	3	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH)	6	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH)	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
LYSODREN	1	LA, PN (34 DAYS SUPPLY PER FILL), SP
megestrol acetate (20 mg tab, 40 mg tab)	1	
megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	3	
NILUTAMIDE	1	SP
NUBEQA	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ORGOVYX	1	PA, QL (64 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
ORSERDU 345 MG TAB	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ORSERDU 86 MG TAB	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
tamoxifen citrate (10 mg tab, 20 mg tab)	1	PN ($0 copay for women)
toremifene citrate	1	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI (40 MG CAP, 40 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XTANDI 80 MG TAB	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ZOLADEX 10.8 MG IMPLANT	6	PN (84 DAYS SUPPLY PER FILL), SP
ZOLADEX 3.6 MG IMPLANT	6	PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	1	LA, QL (90 ea per 30 days), PA-NSO, PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	1	QL (21 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	1	QL (21 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY)	1	QL (8 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1	QL (4 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (40 MG TWICE WEEKLY)	1	QL (8 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (60 MG ONCE WEEKLY)	1	QL (4 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (60 MG TWICE WEEKLY)	1	QL (24 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
XPOVIO (80 MG TWICE WEEKLY)	1	QL (32 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO	6	PA, LA, QL (17 ea per lifetime), SP
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
HERCEPTIN HYLECTA	6	PN (34 DAYS SUPPLY PER FILL), SP
INQOVI	1	QL (5 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	1	QL (100 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	1	QL (80 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG	6	PA, QL (40 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	6	PN (34 DAYS SUPPLY PER FILL), SP
TECENTRIQ HYBREZA	6	PA, QL (15 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL), SP
VYXEOS	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	1	QL (240 ea per 30 days), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ALUNBRIG 30 MG TAB	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
AUGTYRO 40 MG CAP	1	QL (240 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
BALVERSA 3 MG TAB	1	LA, QL (84 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
BALVERSA 4 MG TAB	1	LA, QL (56 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
BALVERSA 5 MG TAB	1	LA, QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
BOSULIF (400 MG TAB, 500 MG TAB)	1	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
BOSULIF 100 MG TAB	1	QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
bosutinib (400 mg tab, 500 mg tab)	1	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
bosutinib 100 mg tab	1	QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
BRAFTOVI	1	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
BRUKINSA 80 MG CAP	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
CALQUENCE 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
CAPRELSA 100 MG TAB	1	LA, QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
CAPRELSA 300 MG TAB	1	LA, QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
COMETRIQ (100 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
COMETRIQ (140 MG DAILY DOSE)	1	QL (112 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
COMETRIQ (60 MG DAILY DOSE)	1	QL (84 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
COPIKTRA (15 MG CAP, 25 MG CAP)	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
COTELLIC	1	QL (90 ea per 30 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)	1	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
dasatinib 20 mg tab	1	QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)	1	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	1	QL (21 ea per 28 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
GAVRETO	1	QL (120 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 30 MG TAB)	1	LA, QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ICLUSIG (15 MG TAB, 45 MG TAB)	1	LA, QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
IDHIFA (50 MG TAB, 100 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
imatinib mesylate 100 mg tab	1	QL (90 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
imatinib mesylate 400 mg tab	1	QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
IMBRUVICA (70 MG CAP, 420 MG TAB)	1	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
IMBRUVICA 140 MG CAP	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
IMBRUVICA 70 MG/ML SUSPENSION	1	QL (216 ml per 36 days), PA-NSO, PN (36 DAYS SUPPLY PER FILL), SP
INREBIC	1	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
ITOVEBI 3 MG TAB	1	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
ITOVEBI 9 MG TAB	1	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	1	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
JAYPIRCA 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA 50 MG TAB	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
KISQALI (200 MG DOSE)	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	1	QL (42 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	1	QL (63 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	1	QL (240 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
KOSELUGO 25 MG CAP	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
KRAZATI	1	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
lapatinib ditosylate	1	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LORBRENA 100 MG TAB	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LORBRENA 25 MG TAB	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LUMAKRAS 120 MG TAB	1	QL (240 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LUMAKRAS 320 MG TAB	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
LYNPARZA (100 MG TAB, 150 MG TAB)	1	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
LYTGOBI (12 MG DAILY DOSE)	1	QL (84 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
LYTGOBI (16 MG DAILY DOSE)	1	QL (112 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
LYTGOBI (20 MG DAILY DOSE)	1	QL (140 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
MEKINIST 0.05 MG/ML RECON SOLN	1	PA, QL (1200 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
MEKINIST 0.5 MG TAB	1	PA, QL (90 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
MEKINIST 2 MG TAB	1	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI	1	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
NERLYNX	1	PA, QL (180 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
nilotinib hcl (150 mg cap, 200 mg cap)	1	QL (112 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
nilotinib hcl 50 mg cap	1	QL (120 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	1	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	1	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
OJEMDA 100 MG TAB	1	PA, LA, QL (24 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
OJEMDA 25 MG/ML RECON SUSP	1	PA, LA, QL (96 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	1	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
pazopanib hcl	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPPLY PER FILL), SP
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	1	LA, QL (14 ea per 21 days), PA-NSO, PN (21 DAYS SUPPLY PER FILL), SP
PHYRAGO (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	1	LA, QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
PHYRAGO 20 MG TAB	1	LA, QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
PIQRAY (200 MG DAILY DOSE)	1	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
PIQRAY (250 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
PIQRAY (300 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
QINLOCK	1	LA, QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPLY PER FILL), SP
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	1	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
RETEVMO 40 MG TAB	1	QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
REZLIDHIA	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
ROMIDEPSIN	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ROZLYTREK 100 MG CAP	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ROZLYTREK 200 MG CAP	1	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ROZLYTREK 50 MG PACKET	1	PA, QL (336 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
RYDAPT	1	QL (224 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
RYTELO 188 MG RECON SOLN	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
RYTELO 47 MG RECON SOLN	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
SCEMBLIX (20 MG TAB, 40 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
SCEMBLIX 100 MG TAB	1	QL (120 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
sorafenib tosylate	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
STIVARGA	1	QL (84 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA (150 MG TAB, 200 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
TAFINLAR (50 MG CAP, 75 MG CAP)	1	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
TAFINLAR 10 MG TAB SOL	1	PA, QL (900 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
TALZENNA (0.1 MG CAP, 0.35 MG CAP)	1	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
TASIGNA (150 MG CAP, 200 MG CAP)	1	QL (112 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
TASIGNA 50 MG CAP	1	QL (120 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
TAZVERIK	1	LA, QL (240 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
TEPMETKO	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
TIBSOVO	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	1	LA, QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	1	QL (64 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
TRUQAP 200 MG TAB	1	QL (64 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
TURALIO 125 MG CAP	1	LA, QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	1	PA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
VERZENIO (50 MG TAB, 150 MG TAB, 200 MG TAB)	1	QL (56 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
VERZENIO 100 MG TAB	1	QL (56 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
VITRAKVI 100 MG CAP	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VITRAKVI 20 MG/ML SOLUTION	1	QL (300 ml per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VITRAKVI 25 MG CAP	1	QL (180 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VONJO	1	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
VORANIGO 10 MG TAB	1	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VORANIGO 40 MG TAB	1	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	1	QL (120 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XALKORI (200 MG CAP, 250 MG CAP)	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XALKORI 150 MG CAP SPRINK	1	QL (180 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
XOSPATA	1	PA-NSO, PN (34 DAYS SUPPLY PER FILL), SP
yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	1	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ZELBORAF	1	QL (240 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ZOLINZA	1	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ZYDELIG (100 MG TAB, 150 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
ZYKADIA	1	QL (84 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC ENZYMES		
ASPARLAS	6	PN (34 DAYS SUPPLY PER FILL), SP
ONCASPAR	6	LA, PN (34 DAYS SUPPLY PER FILL), SP
RYLAZE	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
XOFIGO	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTICS MISC.		
ACTIMMUNE	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
BESREMI	6	QL (2 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
bexarotene 75 mg cap	1	PA, PN (34 DAYS SUPPLY PER FILL), SP
hydroxyurea	1	
MATULANE	1	LA, PN (34 DAYS SUPPLY PER FILL), SP
tretinoin 10 mg cap	1	SP
CHEMOTHERAPY ADJUNCTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
KEPIVANCE 5.16 MG RECON SOLN	6	PA, PN (34 DAY SUPPLY PER FILL), SP
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	1	LA, QL (240 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
KHAPZORY 175 MG RECON SOLN	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
mesna 400 mg tab	6	PN (34 DAYS SUPPLY PER FILL), SP
PEDMARK	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
VORAXAZE	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
MITOTIC INHIBITORS		
AVOPEF (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
eribulin mesylate	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
etoposide 50 mg cap	1	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	1	PN (34 DAYS SUPPLY PER FILL), SP
ONIVYDE	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
TRODELVY	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	3	
ANTIPARKINSON COMT INHIBITORS		
entacapone	3	
ONGENTYS (25 MG CAP, 50 MG CAP)	5	ST, QL (1 ea per 1 days)
tolcapone	3	ST
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)	3	
apomorphine hcl	3	ST, PN (34 DAYS SUPPLY PER FILL), SP
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	3	
carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)	4	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)	3	
carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)	3	
INBRIJA	6	QL (300 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)	3	
pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)	3	PA
ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)	3	
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)	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	3	
selegiline hcl (5 mg cap, 5 mg tab)	3	
ZELAPAR	5	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium	3	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	3	
lithium carbonate er (300 mg tab er, 450 mg tab er)	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	6	PA, QL (1 ea per 1 days)
EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	5	PA
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)	3	PA
NUPLAZID (10 MG TAB, 34 MG CAP)	6	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
VRAYLAR (0.5 MG CAP, 0.75 MG CAP)	5	PA, QL (1 ea per 1 day(s))
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	3	
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	6	PA
FANAPT TITRATION PACK A	6	PA
FANAPT TITRATION PACK B	6	PA
FANAPT TITRATION PACK C	6	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	6	PA, QL (3.5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	6	PA, QL (5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	6	PA, QL (0.75 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	6	PA, QL (1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	6	PA, QL (1.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	6	PA, QL (0.25 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	6	PA, QL (0.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	6	PA, QL (0.88 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	6	PA, QL (1.32 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	6	PA, QL (1.75 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	6	PA, QL (2.63 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 6 mg tab er 24h, 9 mg tab er 24h)	3	PA
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	6	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
risperidone (0.25 mg tab, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)	3	

Drug Name	Drug Tier	Requirements/Limits
risperidone microspheres er (12.5 mg, 25 mg, 37.5 mg, 50 mg)	6	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO (25 MG, 37.5 MG, 50 MG)	6	PA, QL (2 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
UZEDY 100 MG/0.28ML SUSP PRSYR	6	PA, QL (0.28 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
UZEDY 125 MG/0.35ML SUSP PRSYR	6	PA, QL (0.35 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
UZEDY 150 MG/0.42ML SUSP PRSYR	6	PA, QL (0.42 ml per 56 days), PN (56 DAYS SUPPLY PER FILL), SP
UZEDY 200 MG/0.56ML SUSP PRSYR	6	PA, QL (0.56 ml per 58 days), PN (56 DAYS SUPPLY PER FILL), SP
UZEDY 250 MG/0.7ML SUSP PRSYR	6	PA, QL (0.7 ml per 56 days), PN (56 DAYS SUPPLY PER FILL), SP
UZEDY 50 MG/0.14ML SUSP PRSYR	6	PA, QL (0.14 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
UZEDY 75 MG/0.21ML SUSP PRSYR	6	PA, QL (0.21 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BUTYROPHENONES		
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	3	
haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)	3	
haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)	3	
DIBENZAPINES		
asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)	3	PA
clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)	3	
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	3	
olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg recon soln, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)	3	
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	3	
quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)	3	

Drug Name	Drug Tier	Requirements/Limits
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	5	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	6	PA, QL (2 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MUSCARINIC AGENTS		
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	6	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
COBENFY STARTER PACK	6	PA, QL (56 ea per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
PHENOTHIAZINES		
chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	3	
compro	3	
fluphenazine decanoate	3	
fluphenazine hcl (2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)	3	
fluphenazine hcl 1 mg tab	2	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	3	
prochlorperazine	3	
prochlorperazine maleate (5 mg tab, 10 mg tab)	3	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	3	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	3	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	6	PA, QL (2.4 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	6	PA, QL (3.2 ml per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	6	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	
ARISTADA 1064 MG/3.9ML PRSYR	6	PA, QL (3.9 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	6	PA, QL (1.6 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA 662 MG/2.4ML PRSYR	6	PA, QL (2.4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	6	PA, QL (3.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO	6	PA, QL (2.4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
THIOXANTHENES		
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate 20 mg/ml solution	3	QL (30 ml per 1 days)
abacavir sulfate 300 mg tab	3	QL (2 ea per 1 days)
abacavir sulfate-lamivudine	3	QL (1 ea per 1 days)
APRETUDE	1	QL (3 ml per fill(s)), PN ($0 Copay for pre-exposure prophylaxis ; 7 INJECTIONS IN 365 DAYS; 365 DAYS PER FILL)
APTIVUS	4	QL (4 ea per 1 days)
atazanavir sulfate (150 mg cap, 200 mg cap)	3	QL (2 ea per 1 days)
atazanavir sulfate 300 mg cap	3	QL (1 ea per 1 days)
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	4	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	4	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	4	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	4	QL (1 ea per 1 day(s))
COMPLERA	4	QL (1 ea per 1 day(s))
darunavir 600 mg tab	3	QL (2 ea per 1 day(s))
darunavir 800 mg tab	3	QL (1 ea per 1 day(s))
DELSTRIGO	4	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	4	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	4	QL (1 ea per 1 days), PN ($0 Copay for pre-exposure prophylaxis)
DOVATO	4	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
EDURANT	4	QL (2 ea per 1 day(s))
efavirenz	3	QL (1 ea per 1 days)
efavirenz-emtricitab-tenofo df	3	QL (1 ea per 1 days)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	3	QL (1 ea per 1 day(s))
efavirenz-lamivudine-tenofovir	3	QL (1 ea per 1 days)
emtricitab-rilpivir-tenofov df	3	QL (1 ea per 1 day(s))
emtricitabine	3	QL (1 ea per 1 days)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)	3	QL (1 ea per 1 days)
emtricitabine-tenofovir df 200-300 mg tab	3	QL (1 ea per 1 days), PN ($0 Copay for pre-exposure prophylaxis)
EMTRIVA 10 MG/ML SOLUTION	4	QL (24 ml per 1 days)
etravirine (100 mg tab, 200 mg tab)	3	QL (2 ea per 1 days)
EVOTAZ	4	QL (1 ea per 1 days)
fosamprenavir calcium	3	QL (4 ea per 1 days)
FUZEON	4	QL (2 ea per 1 days), SP
GENVOYA	4	QL (1 ea per 1 days)
INTELENCE 25 MG TAB	4	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	4	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	4	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	4	QL (4 ea per 1 days)
ISENTRESS HD	4	QL (2 ea per 1 days)
JULUCA	4	QL (1 ea per 1 days)
KALETRA 400-100 MG/5ML SOLUTION	4	QL (14 ml per 1 day(s))
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	3	QL (30 ml per 1 days)
lamivudine 150 mg tab	3	QL (2 ea per 1 days)
lamivudine 300 mg tab	3	QL (1 ea per 1 days)
lamivudine-zidovudine	3	QL (2 ea per 1 days)
lopinavir-ritonavir 100-25 mg tab	3	QL (8 ea per 1 days)
lopinavir-ritonavir 200-50 mg tab	3	QL (4 ea per 1 days)
lopinavir-ritonavir 400-100 mg/5ml solution	3	QL (14 ml per 1 day(s))
maraviroc 150 mg tab	3	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
maraviroc 300 mg tab	3	QL (4 ea per 1 days)
nevirapine	3	QL (2 ea per 1 days)
NEVIRAPINE	3	QL (40 ml per 1 days)
NEVIRAPINE ER	3	QL (3 ea per 1 days)
nevirapine er	3	QL (1 ea per 1 days)
NORVIR 100 MG PACKET	4	QL (12 ea per 1 day(s))
ODEFSEY	4	QL (1 ea per 1 days)
PIFELTRO	4	QL (2 ea per 1 days)
PREZCOBIX 675-150 MG TAB	4	QL (1 ea per 1 day(s))
PREZCOBIX 800-150 MG TAB	4	QL (1 ea per 1 days)
PREZISTA 100 MG/ML SUSPENSION	4	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	4	QL (6 ea per 1 days)
PREZISTA 75 MG TAB	4	QL (2 ea per 1 days)
REYATAZ 50 MG PACKET	4	QL (6 ea per 1 days)
rilpivirine hcl	1	QL (2 ea per 1 day(s))
ritonavir	3	QL (12 ea per 1 days)
RUKOBIA	4	QL (2 ea per 1 days)
SELZENTRY 20 MG/ML SOLUTION	4	QL (60 ml per 1 days)
STRIBILD	4	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	4	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	6	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	4	QL (5 ea per 8 day(s)), PN (8 DAYS SUPPLY IN 180 DAYS)
SYMTUZA	4	QL (1 ea per 1 days)
tenofovir disoproxil fumarate	3	QL (1 ea per 1 days)
TIVICAY 50 MG TAB	4	QL (2 ea per 1 days)
TIVICAY PD	4	QL (12 ea per 1 days)
TRIUMEQ	4	QL (1 ea per 1 days)
TRIUMEQ PD	4	QL (6 ea per 1 days)
TYBOST	4	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT 250 MG TAB	4	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	4	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	4	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	4	QL (8 gm per 1 days)
VOCABRIA	4	QL (1 ea per 1 days), PN ($0 Copay for pre-exposure prophylaxis)
YEZTUGO 463.5 MG/1.5ML SOLUTION	1	QL (3 ml per 180 day(s)), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
zidovudine 100 mg cap	3	QL (6 ea per 1 days)
zidovudine 300 mg tab	3	QL (2 ea per 1 day(s))
zidovudine 50 mg/5ml syrup	3	QL (6 ml per 1 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	5	QL (20 ea per fill(s))
PAXLOVID (300/100 & 150/100)	5	QL (11 ea per fill(s))
PAXLOVID (300/100)	5	QL (30 ea per fill(s))
CMV AGENTS		
LIVTENCITY	6	PA, LA, QL (112 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PREVYMIS (240 MG TAB, 480 MG TAB)	6	PA, QL (1 ea per 1 days)
valganciclovir hcl 450 mg tab	3	PN (34 DAYS SUPPLY PER FILL)
valganciclovir hcl 50 mg/ml recon soln	6	PN (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
adefovir dipivoxil	6	PN (34 DAYS SUPPLY PER FILL), SP
entecavir (0.5 mg tab, 1 mg tab)	3	
lamivudine 100 mg tab	3	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	4	PA, QL (84 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	4	PA, QL (168 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	6	QL (2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
PEGASYS 180 MCG/ML SOLUTION	6	QL (4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
RIBAVIRIN (200 MG CAP, 200 MG TAB)	4	SP
VEMLIDY	4	QL (1 ea per 1 days)
HERPES AGENTS		
acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)	3	
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	3	
valacyclovir hcl (1 gm tab, 500 mg tab)	3	
INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	3	QL (84 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
oseltamivir phosphate 45 mg cap	3	QL (48 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
oseltamivir phosphate 6 mg/ml recon susp	3	QL (540 ml per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
oseltamivir phosphate 75 mg cap	3	QL (42 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	4	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	5	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	5	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	5	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	5	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season)
MISC. ANTIVIRALS		
LAGEVRIO	5	QL (40 ea per fill(s))
TPOXX 200 MG CAP	1	QL (126 ea per 14 day(s)), PN (14 DAYS SUPPLY IN 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	1	QL (1120 ea per 14 day(s)), PN (14 DAYS SUPPLY IN 365 DAYS)

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin (6 gm recon soln)	4	SP
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	2	
carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)	3	PA
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	3	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl (200 mg cap, 400 mg cap)	3	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	2	
betaxolol hcl (10 mg tab, 20 mg tab)	3	
bisoprolol fumarate (5 mg tab, 10 mg tab)	3	
metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)	3	
metoprolol tartrate (37.5 mg tab, 75 mg tab)	2	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	3	ST
BETA BLOCKERS NON-SELECTIVE		
INDERAL XL (80 MG CAP ER 24H, 120 MG CAP ER 24H)	4	
INNOPRAN XL (80 MG CAP ER 24H, 120 MG CAP ER 24H)	4	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	3	
pindolol (5 mg tab, 10 mg tab)	3	
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)	3	
propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)	3	
sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	3	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	3	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	3	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	3	
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	3	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	2	
diltiazem hcl er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	3	
diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)	3	
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)	3	
felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	3	
isradipine (2.5 mg cap, 5 mg cap)	3	
nicardipine hcl (20 mg cap, 30 mg cap)	3	
nifedipine (10 mg cap, 20 mg cap)	3	
nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	3	
nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	3	
nimodipine	3	
NYMALIZE	5	PA, SP
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	3	
tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)	3	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	3	
verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)	3	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digitek (125 mcg tab, 250 mcg tab)	2	

Drug Name	Drug Tier	Requirements/Limits
digox	2	
digoxin (0.05 mg/ml solution)	4	
digoxin (125 mcg tab, 250 mcg tab)	2	
LANOXIN (125 MCG TAB, 250 MCG TAB)	4	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	6	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO 24-26 MG TAB	4	QL (6 ea per 1 days)
ENTRESTO 49-51 MG TAB	4	QL (3 ea per 1 days)
ENTRESTO 97-103 MG TAB	4	QL (2 ea per 1 days)
sacubitril-valsartan 24-26 mg tab	3	QL (6 ea per 1 day(s))
sacubitril-valsartan 49-51 mg tab	3	QL (3 ea per 1 day(s))
sacubitril-valsartan 97-103 mg tab	3	QL (2 ea per 1 day(s))
IMPOTENCE AGENTS		
tadalafil (2.5 mg tab, 5 mg tab)	3	PA, QL (1 ea per 1 day(s))
tadalafil (pah)	3	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
TYVASO	6	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)	6	PA, QL (112 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	6	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
TYVASO DPI MAINTENANCE KIT (112 X 32MCG & 112 X64MCG POWDER, 112 X 48MCG & 112 X64MCG POWDER, 112 X 48MCG & 112 X80MCG POWDER)	6	PA, QL (224 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	6	PA, QL (112 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	6	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	6	PA, QL (252 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
TYVASO REFILL	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan (5 mg tab, 10 mg tab)	3	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
bosentan (62.5 mg tab, 125 mg tab)	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
macitentan	6	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
OPSUMIT	6	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq	3	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
sildenafil citrate 10 mg/ml recon susp	3	PA, PN (34 DAYS SUPPLY PER FILL), SP
sildenafil citrate 20 mg tab	3	PA, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (100 MCG TAB, 150 MCG TAB)	6	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	6	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
UPTRAVI 1800 MCG RECON SOLN	6	PA, QL (60 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
UPTRAVI 200 & 800 MCG TAB THPK	6	PA, QL (200 ea per 180 days), PN (28 DAYS SUPPLY PER FILL), SP
UPTRAVI 200 MCG TAB	6	PA, QL (140 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	6	PA, QL (90 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)	6	PA, QL (90 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
SINUS NODE INHIBITORS		
CORLANOR 5 MG/5ML SOLUTION	5	PA, QL (20 ml per 1 days)
ivabradine hcl (5 mg tab, 7.5 mg tab)	3	PA, QL (2 ea per 1 day(s))
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	6	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
VYNDAQEL	6	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)	3	
cephalexin (125 mg/5ml recon susp, 250 mg/5ml recon susp)	3	
cephalexin (250 mg cap, 500 mg cap)	2	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 500 MG CAP	3	
CEFACLOR ER	3	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	3	
cefuroxime axetil (250 mg tab, 500 mg tab)	3	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	3	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	6	PA, PN (34 DAYS SUPPLY PER FILL)
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	1	

Drug Name	Drug Tier	Requirements/Limits
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
apri	1	
ARANELLE	1	
ashlyna	1	
aubra	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
BALCOLTRA	1	
balziva	1	
BEYAZ	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal	1	
chateal eq	1	
cryselle	1	

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

Drug Name	Drug Tier	Requirements/Limits
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
larissia	1	
layolis fe	1	
leena	1	
lessina	1	
levonest	1	
levonorg-eth estrad triphasic	1	
levonorgest-eth est & eth est	1	

Drug Name	Drug Tier	Requirements/Limits
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 &0.01 mg tab, 0.15-0.03 mg tab)	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)	1	
levora 0.15/30 (28)	1	
lillow	1	
LO LOESTRIN FE	1	
lo-zumandimine	1	
loestrin 1.5/30 (21)	1	
loestrin 1/20 (21)	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
luizza 1.5/30	1	
luizza 1/20	1	
lutera	1	
marlissa	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
minzoya	1	
mono-linyah	1	
NATAZIA	1	
necon 0.5/35 (28)	1	

Drug Name	Drug Tier	Requirements/Limits
NEXTSTELLIS	1	
nikki	1	
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)	1	
norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)	1	
norethindron-ethinyl estrad-fe	1	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	1	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	1	
norgestimate-eth estradiol	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo	1	
ocella	1	
philith	1	
pimtrea	1	
pirmella 1/35	1	
pirmella 7/7/7	1	
portia-28	1	
reclipsen	1	
rivelsa	1	
rosyrah	1	
SAFYRAL	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	

Drug Name	Drug Tier	Requirements/Limits
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20	1	
tarina fe 1/20 eq	1	
taysofy	1	
TAYTULLA	1	
tilia fe	1	
tri femynor	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
trivora (28)	1	
turqoz	1	
TYBLUME	1	
tydemy	1	
valtya 1/35	1	
VALTYA 1/50	1	
VELIVET	1	
vestura	1	
vienva	1	
viorele	1	

Drug Name	Drug Tier	Requirements/Limits
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
YASMIN 28	1	
YAZ	1	
zarah	1	
zovia 1/35 (28)	1	
zumandimine	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO	1	
norelgestromin-eth estradiol	1	
TWIRLA	1	
xulane	1	
zafemy	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	1	
eluryng	1	
enilloring	1	
etonogestrel-ethinyl estradiol	1	
haloette	1	
NUVARING	1	
COPPER CONTRACEPTIVES - IUD		
MIUDELLA	1	PN (MAX 3650 DAYS SUPPLY)
PARAGARD INTRAUTERINE COPPER	1	PN (MAX 3650 DAYS SUPPLY)
EMERGENCY CONTRACEPTIVES		
aftera	1	

Drug Name	Drug Tier	Requirements/Limits
afterpill	1	
curae	1	
econtra ez	1	
econtra one-step	1	
ELLA	1	
her style	1	
levonorgestrel	1	
my choice	1	
my way	1	
new day	1	
opcicon one-step	1	
option 2	1	
plan b one-step	1	
react	1	
shewise	1	
take action	1	
your choice	1	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION)	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
DEPO-SUBQ PROVERA 104	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	1	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	1	PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
MIRENA (52 MG)	1	PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	1	PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - ORAL		
camila	1	

Drug Name	Drug Tier	Requirements/Limits
deblitane	1	
emzahh	1	
errin	1	
heather	1	
incassia	1	
jencycla	1	
lyleq	1	
lyza	1	
meleya	1	
nora-be	1	
norethindrone	1	
norlyda	1	
norlyroc	1	
OPILL	1	
orquidea	1	
sharobel	1	
SLYND	1	
tulana	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide 3 mg cp dr part	3	
CORTISONE ACETATE	3	
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)	3	
DEXAMETHASONE INTENSOL	5	PA
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	3	
hydrocortisone sod suc (pf)	3	PN (34 DAYS SUPPLY PER FILL)
methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)	3	
methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)	3	

Drug Name	Drug Tier	Requirements/Limits
prednisolone 15 mg/5ml solution	3	
prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)	3	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 20 MG TAB, 50 MG TAB)	3	
PREDNISONE INTENSOL	5	PA
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	4	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	4	PN (34 DAYS SUPPLY PER FILL)
MINERALOCORTICOIDS		
fludrocortisone acetate	3	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate (100 mg cap, 200 mg cap)	3	
hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)	3	
hydromet	3	
COUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm	3	
g tussin ac	3	
guaiatussin ac	3	
guaifenesin ac	3	
guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)	3	
HYDROCOD POLI-CHLORPHE POLI ER	3	
maxi-tuss ac	3	
promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)	3	
promethazine-dm	3	
PROMETHAZINE-PHENYLEPHRINE	3	
pseudoeph-bromphen-dm	3	

Drug Name	Drug Tier	Requirements/Limits
EXPECTORANTS		
POTASSIUM IODIDE (EXPECTORANT)	3	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	5	
NEBUSAL 3 % NEBU SOLN	3	
PULMOSAL	3	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	3	
MUCOLYTICS		
acetylcysteine (10 % solution, 20 % solution)	3	
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	6	PN (30 DAYS SUPPLY PER FILL)
adapalene (0.1 % gel, 0.3 % gel)	3	
adapalene-benzoyl peroxide 0.1-2.5 % gel	3	
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	6	PN (30 DAYS SUPPLY PER FILL)
AVAR CLEANSER	3	
AVAR-E EMOLLIENT	3	
avar-e green	3	
avita (0.025 % cream, 0.025 % gel)	3	AL (Up to 30 yrs old)
AZELEX	5	PA
BENZOYL PEROXIDE 9.8 % FOAM	3	
benzoyl peroxide-erythromycin	3	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	6	PN (30 DAYS SUPPLY PER FILL)
clindacin etz	3	
clindacin-p	3	
clindamycin phos (once-daily)	3	
clindamycin phos (twice-daily)	3	
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)	3	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phos-benzoyl perox 1.2-2.5 % gel	3	PA
clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)	3	
clindamycin-tretinoin	3	PA
erythromycin (2 % gel, 2 % solution)	3	
FABIOR	5	PA
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	6	PN (30 DAYS SUPPLY PER FILL)
myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	6	PN (30 DAYS SUPPLY PER FILL)
neuac	3	
SSS 10-5 (10-5 % CREAM, 10-5 % FOAM)	3	
SULFACETAMIDE SOD-SULFUR WASH (9-4 % LIQUID, 9-4.5 % LIQUID)	3	
sulfacetamide sodium (acne)	3	
SULFACETAMIDE SODIUM-SULFUR (8-4 % SUSPENSION, 9-4 % LIQUID, 9-4.5 % LIQUID, 9.8-4.8 % CREAM, 9.8-4.8 % LIQUID, 9.8-4.8 % LOTION, 10-2 % CREAM, 10-2 % LIQUID, 10-4 % PAD, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	3	
SULFACETAMIDE-SULFUR IN UREA	3	
SULFACLEANSE 8/4	3	
TAZAROTENE	3	PA
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)	3	AL (Up to 30 yrs old)
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	6	PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	5	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	3	PA, QL (30 ea per 15 day(s)), PN (15 DAYS SUPPLY PER FILL)
diclofenac sodium 1 % gel	3	QL (10 gm per 1 days)
diclofenac sodium 1.5 % solution	3	PA
ANTIBIOTICS - TOPICAL		
ALTABAX	5	PA
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	3	

Drug Name	Drug Tier	Requirements/Limits
mupirocin	3	
mupirocin calcium	3	
XEPI	5	PA
ANTIFUNGALS - TOPICAL		
ciclopirox (0.77 % gel, 1 % shampoo)	3	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	3	
clotrimazole (1 % cream, 1 % solution)	3	
clotrimazole-betamethasone (1-0.05 % cream)	3	
econazole nitrate	3	
ERTACZO 2 % CREAM	5	PA
EXELDERM (1 % CREAM, 1 % SOLUTION)	5	PA
ketoconazole (2 % cream, 2 % shampoo)	3	
KETODAN	3	
klayesta	3	
NAFTIFINE HCL (2 % CREAM)	3	
nyamyc	3	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)	3	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	3	
nystop	3	
oxiconazole nitrate	3	PA
OXISTAT 1 % LOTION	5	PA
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	5	PA
XOLEGEL	5	PA, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1 % gel	3	PA, PN (34 DAYS SUPPLY PER FILL), SP
fluorouracil (5 % cream, 5 % solution)	3	
FLUOROURACIL 2 % SOLUTION	4	
KLISYRI (250 MG)	5	PA, QL (5 ea per fill)
KLISYRI (350 MG)	5	PA, QL (5 ea per fill)

Drug Name	Drug Tier	Requirements/Limits
PANRETIN	5	PA, SP
TOLAK	4	
VALCHLOR	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ANTIPRURITICS - TOPICAL		
doxepin hcl 5 % cream	3	PA
ANTIPSORIATICS		
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	3	PA, PN (34 DAYS SUPPLY PER FILL), SP
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	3	
calcitrene	3	
COSENTYX (300 MG DOSE)	6	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)	6	QL (1 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
COSENTYX 125 MG/5ML SOLUTION	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
COSENTYX SENSOREADY (300 MG)	6	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	6	QL (1 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
COSENTYX UNOREADY	6	QL (2 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
METHOXSALEN RAPID	3	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	6	QL (1 ea per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	6	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN	6	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	6	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)	3	
TREMFYA 100 MG/ML SOLN PRSYR	6	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA 200 MG/20ML SOLUTION	6	QL (20 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
TREMFYA 200 MG/2ML SOLN PRSYR	6	QL (2 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
TREMFYA ONE-PRESS	6	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	6	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	6	QL (2 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
TREMFYA-CD/UC INDUCTION	6	QL (4 ml per 28 day(s)), PA-NSO, PN (84 DAYS SUPPLY IN 180 DAYS), SP
trilitas	3	
ANTISEBORRHEIC PRODUCTS		
SELENIUM SULFIDE (2.25 % SHAMPOO, 2.3 % SHAMPOO, 2.5 % LOTION)	3	
sodium sulfacetamide (10 % shampoo)	3	
sodium sulfacetamide wash	3	
SULFACETAMIDE SODIUM (CLEANS)	3	
sulfacetamide sodium 10 % liquid	3	
ANTIVIRALS - TOPICAL		
acyclovir 5 % ointment	3	
penciclovir	3	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	5	PA
BURN PRODUCTS		
silver sulfadiazine	3	
ssd	3	
SULFAMYLON	5	PA
CAUTERIZING AGENTS		
SILVER NITRATE	3	
CORTICOSTEROIDS - TOPICAL		
ala-cort	3	

Drug Name	Drug Tier	Requirements/Limits
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	3	
AMCINONIDE (0.1 % CREAM, 0.1 % OINTMENT)	4	PA
attero	3	PA
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
BETAMETHASONE VALERATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.12 % FOAM)	3	
calcipotriene-betameth diprop (0.005-0.064 % ointment, 0.005-0.064 % suspension)	3	PA
clobetasol prop emollient base	3	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)	3	
clobetasol propionate 0.05 % liquid	3	PA
clobetasol propionate emulsion	3	
clodan	3	
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
desoximetasone (0.05 % cream, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)	3	
diflorasone diacetate	3	PA
evesse	3	PA
fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)	3	
fluocinolone acetonide body	3	
fluocinolone acetonide scalp	3	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	3	
fluocinonide emulsified base	3	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	3	
halcinonide 0.1 % cream	3	PA
halobetasol propionate (0.05 % cream, 0.05 % ointment)	3	
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment)	3	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	3	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone butyrate 0.1 % lotion	3	PA
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	3	
hydrocortisone valerate (0.2 % cream, 0.2 % ointment)	3	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	3	
PREDNICARBATE	3	
tovet	3	
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)	3	
triamcinolone in absorbase	3	
trianex	3	
triderm	3	
tritocin	3	
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
ADBRY 300 MG/2ML SOLN A-INJ	6	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	6	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
DUPIXENT 100 MG/0.67ML SOLN PRSYR	6	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN A-INJ	6	PA, QL (2.28 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
DUPIXENT 200 MG/1.14ML SOLN PRSYR	6	PA, QL (2.28 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
DUPIXENT 300 MG/2ML SOLN A-INJ	6	PA, QL (4 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
DUPIXENT 300 MG/2ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
EBGLYSS 250 MG/2ML SOLN A-INJ	6	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
EMOLLIENT/KERATOLYTIC AGENTS		
UREA (35 % FOAM, 39 % CREAM, 40 % CREAM, 40 % LOTION, 45 % CREAM, 47 % CREAM)	3	

Drug Name	Drug Tier	Requirements/Limits
UREA HYDRATING	3	
urea nail	3	
UREDEB	3	
UREMEZ-40	3	
XUREA	3	
ENZYMES - TOPICAL		
SANTYL	4	PA
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY	6	PA, QL (3 ea per 84 day(s)), PN (84 DAYS SUPPLY PER FILL), SP
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod 5 % cream	3	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR	6	PA, LA, QL (30 gm per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
pimecrolimus	3	PA
tacrolimus (0.03 % ointment, 0.1 % ointment)	3	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN	6	PA, QL (2 ea per 21 days), PN (21 DAYS SUPPLY PER FILL)
podofilox (0.5 % gel, 0.5 % solution)	3	
SALICYLIC ACID (6 % FOAM, 6 % GEL, 6 % SHAMPOO, 26 % SOLUTION)	3	
SALICYLIC ACID WART REMOVER	3	
SALIMEZ	3	
SALYCIM	3	
YCANTH	6	PA, QL (2 ea per 21 days), PN (21 DAYS SUPPLY PER FILL)
LOCAL ANESTHETICS - TOPICAL		
glydo	3	
lidocaine 5 % ointment	3	

Drug Name	Drug Tier	Requirements/Limits
lidocaine 5 % patch	3	PA, PN (34 DAYS SUPPLY PER FILL)
lidocaine hcl 4 % solution	3	
lidocaine hcl urethral/mucosal (2 % gel)	3	
lidocaine-prilocaine 2.5-2.5 % cream	3	
lidocan	3	PA, PN (34 DAYS SUPPLY PER FILL)
PREMIUM LIDOCAINE	3	
QUTENZA	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (2 PATCH)	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH)	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
tridacaine ii	3	PA, PN (34 DAYS SUPPLY PER FILL)
tridacaine iii	3	PA, PN (34 DAYS SUPPLY PER FILL)
MISC. TOPICAL		
alcohol wipes	4	
cvs isopropyl alcohol wipes	4	
DRYSOL	3	
isopropyl alcohol 70 % misc	4	
isopropyl alcohol wipes	4	
medpura alcohol pads	4	
QBREXZA	4	PA, QL (1 ea per 1 days)
qc alcohol	4	
ra isopropyl alcohol wipes	4	
XERAC AC	3	
ROSACEA AGENTS		
azelaic acid	3	
BRIMONIDINE TARTRATE	3	PA, QL (30 gm per fill(s))
FINACEA 15 % FOAM	5	PA
ivermectin 1 % cream	3	
metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)	3	

Drug Name	Drug Tier	Requirements/Limits
NORITATE	5	PA
rosadan (0.75 % cream, 0.75 % cream kit, 0.75 % gel)	3	
SCABICIDES PEDICULICIDES		
CROTAN	5	PA
malathion	3	
NATROBA	4	PA
permethrin	3	
SPINOSAD	4	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN	6	PN (34 DAYS SUPPLY PER FILL), SP
DIAGNOSTIC TESTS		
CHEMSTRIP K	4	QL (100 ea per fill)
CHEMSTRIP UGK	4	QL (100 ea per fill)
CVS KETONE CARE	4	QL (100 ea per fill)
KETO-DIASTIX	4	QL (100 ea per fill)
KETONE TEST	4	QL (100 ea per fill)
KETOSTIX	4	QL (100 ea per fill)
ONETOUCH ULTRA	4	QL (200 ea per 30 day(s))
ONETOUCH ULTRA BLUE TEST	4	QL (200 ea per 30 day(s))
ONETOUCH ULTRA TEST	4	QL (200 ea per 30 day(s))
ONETOUCH VERIO STRIP	4	QL (200 ea per 30 day(s))
RELION KETONE TEST	4	QL (100 ea per fill)
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	4	
SUCRAID	6	PA, LA, QL (236 ml per fill(s)), SP

Drug Name	Drug Tier	Requirements/Limits
VIOKACE (10440-39150 TAB, 20880-78300 TAB)	5	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	5	PA
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	3	
acetazolamide er	3	
methazolamide (25 mg tab, 50 mg tab)	3	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	3	
spironolactone-hctz	3	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	3	
LOOP DIURETICS		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
ethacrynic acid	3	
furosemide (20 mg tab, 40 mg tab, 80 mg tab)	2	
furosemide (8 mg/ml solution, 10 mg/ml solution)	3	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	3	
POTASSIUM SPARING DIURETICS		
amiloride hcl	3	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	3	
triamterene (50 mg cap, 100 mg cap)	3	PA
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone (25 mg tab, 50 mg tab)	3	
DIURIL	4	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	2	
indapamide (1.25 mg tab, 2.5 mg tab)	2	

Drug Name	Drug Tier	Requirements/Limits
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium (10 mg tab, 70 mg/75ml solution)	3	
alendronate sodium (35 mg tab, 70 mg tab)	2	
BINOSTO	5	PA
calcitonin (salmon) 200 unit/act solution	3	
ibandronate sodium 150 mg tab	3	QL (1 ea per 30 days)
risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)	3	
TERIPARATIDE	6	PA, QL (2.24 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS	6	PA, QL (1.56 ml per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/5ML CONC)	3	PN (34 DAYS SUPPLY PER FILL), SP
zoledronic acid 5 mg/100ml solution	3	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN	3	PA, PN (34 DAYS SUPPLY PER FILL)
clomid	4	
clomiphene citrate	4	
FOLLISTIM AQ (300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION)	4	PN (34 DAYS SUPPLY PER FILL)
GONAL-F (450 RECON SOLN, 1050 RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF	6	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF REDIJECT 900 UNT/1.44ML SOLN PEN	6	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	6	PN (34 DAYS SUPPLY PER FILL)
milophene	4	
NOVAREL	6	PA, PN (34 DAYS SUPPLY PER FILL)
OVIDREL	6	PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PREGNYL	6	PN (34 DAYS SUPPLY PER FILL)
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate	3	PN (34 DAYS SUPPLY PER FILL)
ganirelix acetate	4	
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
GROWTH HORMONES		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
NGENLA (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
NUTROPIN AQ NUSPIN 10	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
NUTROPIN AQ NUSPIN 20	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
NUTROPIN AQ NUSPIN 5	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
SAIZEN 8.8 MG RECON SOLN	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
SAIZENPREP	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE, 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
SOGROYA (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	6	PA, PN (34 DAY SUPPLY PER FILL), SP
ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
HORMONE RECEPTOR MODULATORS		
OSPHENA	5	PA, QL (1 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
raloxifene hcl	1	PN ($0 copay for women)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	6	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH)	6	PA, QL (1 ea per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	6	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
TRIPTODUR	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
betaine	3	PA, PN (34 DAYS SUPPLY PER FILL), SP
calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)	3	
carglumic acid	5	PA, SP
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	3	
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	3	
ELAPRASE	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
javygtor (100 mg tab, 500 mg packet)	6	PA, LA, PN (30 DAYS SUPPLY PER FILL), SP
javygtor 100 mg packet	6	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
levocarnitine (1 gm/10ml solution, 330 mg tab)	3	
levocarnitine sf	3	
LUMIZYME	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	3	
PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride (100 mg tab, 500 mg packet)	6	PA, PN (30 DAYS SUPPLY PER FILL), SP
sapropterin dihydrochloride 100 mg packet	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
sodium phenylbutyrate 500 mg tab	3	PA, SP
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	6	PA, LA, PN (30 DAYS SUPPLY PER FILL), SP
XPHOZAH (20 MG TAB, 30 MG TAB)	6	PA, LA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
zelvysia 100 mg packet	6	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
zelvysia 500 mg packet	6	PA, LA, PN (30 DAYS SUPPLY PER FILL), SP
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	6	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
POSTERIOR PITUITARY HORMONES		
desmopressin ace spray refrig	3	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	3	
desmopressin acetate spray	3	
TERLIVAZ	6	PA, PN (14 DAYS SUPPLY PER FILL), SP
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone 200 mg tab	3	
PROLACTIN INHIBITORS		
cabergoline	3	
SOMATOSTATIC AGENTS		
lanreotide acetate	6	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
octreotide acetate (20 mg kit, 30 mg kit)	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)	3	PN (34 DAYS SUPPLY PER FILL), SP
SANDOSTATIN LAR DEPOT 10 MG KIT	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	6	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
ESTROGENS		
ESTROGEN COMBINATIONS		
abigale	3	
abigale lo	3	
amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)	3	
ANGELIQ (0.25-0.5 MG TAB, 0.5-1 MG TAB)	5	
BIJUVA (0.5-100 MG CAP, 1-100 MG CAP)	5	PA, QL (1 ea per 1 days)
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	4	
COVARYX	5	
COVARYX HS	3	
EEMT	5	
EEMT HS	3	
EST ESTROGENS-METHYLTEST	5	
est estrogens-methyltest ds	5	
est estrogens-methyltest hs	3	
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	3	
estratest f.s.	5	
ESTRATEST H.S.	3	
fyavolv (0.5-2.5 tab, 1-5 tab)	3	
jinteli	3	
mimvey	3	
MYFEMBREE	6	PA, QL (28 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	3	
PREMPHASE	4	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	4	
ESTROGENS		
dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	3	QL (8 ea per 28 day(s))

Drug Name	Drug Tier	Requirements/Limits
ELESTRIN	5	
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)	3	QL (8 ea per 28 day(s))
estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg/gm gel, 1.25 mg/1.25gm gel)	3	
estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)	2	
estradiol 0.75 mg/1.25 gm (0.06%) gel	3	PA
estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	3	
EVAMIST	5	PA
lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	3	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)	4	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	4	
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	3	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	3	
moxifloxacin hcl 400 mg tab	3	
OFLOXACIN (300 MG TAB, 400 MG TAB)	3	
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM (50 MG CAP, 250 MG CAP)	6	PA, LA, PN (30 DAYS SUPPLY PER FILL), SP
GALLSTONE SOLUBILIZING AGENTS		
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	3	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	3	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone (8 mcg cap, 24 mcg cap)	3	QL (2 ea per 1 days)
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	3	
HEPATOTROPICS		
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	6	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
INFLAMMATORY BOWEL AGENTS		
AVSOLA	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
balsalazide disodium	3	
CIMZIA	6	QL (1 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
CIMZIA (1 SYRINGE)	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA (2 SYRINGE)	6	QL (1 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA-STARTER	6	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM	5	PA, QL (4 ea per 1 days)
ENTYVIO	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ENTYVIO PEN	6	QL (1.36 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
MESALAMINE (1.2 GM TAB DR, 4 GM ENEMA, 400 MG CAP DR, 1000 MG SUPPOS)	3	
mesalamine er 0.375 gm cap er 24h	3	PA
mesalamine er 500 mg cap er	3	
mesalamine-cleanser	3	
OMVOH (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	6	QL (2 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
OMVOH (300 MG DOSE) (100 MG/ML & 200 MG/2ML SOLN A-INJ, 100 MG/ML & 200 MG/2ML SOLN PRSYR)	6	QL (3 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
OMVOH 100 MG/ML SOLN A-INJ	6	QL (2 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
OMVOH 300 MG/15ML SOLUTION	6	QL (45 ml per 56 day(s)), PA-NSO, PN (56 DAYS SUPPLY PER FILL), SP
SKYRIZI 180 MG/1.2ML SOLN CART	6	QL (1.2 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 360 MG/2.4ML SOLN CART	6	QL (2.4 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	6	PA, PN (56 DAYS SUPPLY PER FILL), SP
sulfasalazine (500 mg tab, 500 mg tab dr)	3	
ZYMFENTRA (1 PEN)	6	QL (2 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ZYMFENTRA (2 PEN)	6	QL (2 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
ZYMFENTRA (2 SYRINGE)	6	QL (2 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
INTESTINAL ACIDIFIERS		
enulose	3	
generlac	3	
lactulose encephalopathy	3	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	3	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	4	QL (1 ea per 1 days)
LIVE FECAL MICROBIOTA		
REBYOTA	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK (12.5 MG TAB, 25 MG TAB)	4	QL (1 ea per 1 days)
PHOSPHATE BINDER AGENTS		
AURYXIA	6	PA, QL (408 ea per 34 day(s)), PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
calcium acetate	3	
calcium acetate (phos binder) (667 mg cap, 667 mg tab)	3	
ferric citrate	6	PA, QL (408 ea per 34 day(s)), PN (34 DAYS SUPPLY PER FILL)
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	4	
lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)	3	
sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)	3	
sevelamer hcl (400 mg tab, 800 mg tab)	3	PA
VELPHORO	6	PA, PN (34 DAYS SUPPLY PER FILL)
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX	6	PA, QL (1 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	6	PA, QL (84 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3	3	
CYTRA-K	3	
ORACIT	4	
ORAL CITRATE	4	
pot & sod cit-cit ac	3	
potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)	3	
POTASSIUM CITRATE-CITRIC ACID	3	
TRICITRATES	3	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	4	PN (34 DAYS SUPPLY PER FILL), SP
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	6	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI 200 MG TAB	6	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
FILSPARI 400 MG TAB	6	PA, PN (QUANTITY LIMIT IS BASED ON INDICATION), SP
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	5	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	3	
CARDURA XL (4 MG TAB ER 24H, 8 MG TAB ER 24H)	5	PA
dutasteride	3	
dutasteride-tamsulosin hcl	3	PA
finasteride 5 mg tab	2	
silodosin (4 mg cap, 8 mg cap)	3	PA
tamsulosin hcl	3	
URINARY STONE AGENTS		
LITHOSTAT	4	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid	3	
GOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	2	
colchicine 0.6 mg tab	3	
febuxostat (40 mg tab, 80 mg tab)	3	PA, QL (1 ea per 1 days)
KRYSTEXXA 8 MG/ML SOLUTION	6	PA, QL (2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
URICOSURICS		
probenecid	3	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate	6	PA, QL (9 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
sajazir	6	PA, LA, QL (9 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
COMPLEMENT INHIBITORS		
BERINERT	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
CINRYZE	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
FABHALTA	6	PA, LA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
HAEGARDA 2000 UNIT RECON SOLN	6	PA, PN (8 WEIGHT BASED DOSES / FILL; 28 DAYS SUPPLY PER FILL), SP
HAEGARDA 3000 UNIT RECON SOLN	6	PA, PN (8 WEIGHT BASED DOSES / 28 DAYS; 28 DAYS SUPPLY PER FILL), SP
PIASKY	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
RUCONEST	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	6	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA (500 KIT, 1500 KIT)	6	PA, LA, PN (28 DAYS SUPPLY PER FILL), SP
HEMATORHEOLOGIC AGENTS		
pentoxifylline er	3	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ORLADEYO (110 MG CAP, 150 MG CAP)	6	PA, LA, QL (28 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	6	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	6	PA, QL (2 ml per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl (0.5 mg cap, 1 mg cap)	3	PN (MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
aspirin-dipyridamole er	3	
CABLIVI	6	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
cilostazol (50 mg tab, 100 mg tab)	3	
clopidogrel bisulfate (75 mg tab, 300 mg tab)	3	
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	3	
prasugrel hcl (5 mg tab, 10 mg tab)	3	
ticagrelor (60 mg tab, 90 mg tab)	3	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	6	PA, LA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	6	PA, LA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
miglustat	6	PA, QL (90 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
yargesa	6	PA, QL (90 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine 5 gm packet	6	PA, QL (180 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
FOLIC ACID/FOLATES		
cvs folic acid	1	
folate	1	
folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)	1	
folic acid 1 mg tab	3	
ft folic acid (400 mcg tab, 800 mcg tab)	1	
gnp folic acid	1	
hm folic acid	1	
kp folic acid 800 mcg tab	1	

Drug Name	Drug Tier	Requirements/Limits
px folic acid	1	
qc folic acid	1	
ra folic acid (400 mcg tab, 800 mcg tab)	1	
sm folic acid	1	
true folic acid 400 mcg tab	1	
yl folic acid	1	
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET	6	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg packet, 25 mg tab, 50 mg tab, 75 mg tab)	6	PA, PN (30 DAYS SUPPLY PER FILL), SP
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
FULPHILA	6	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	6	PA, QL (0.043 ml per 1 day(s)), PN (14 DAYS SUPPLY PER FILL), SP
LEUKINE	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	6	PA, LA, PN (30 DAYS SUPPLY PER FILL), SP
MIRCERA 120 MCG/0.3ML SOLN PRSYR	6	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
NEULASTA 6 MG/0.6ML SOLN PRSYR	6	PA, QL (0.043 ml per 1 day(s)), SP
NEULASTA ONPRO	6	PA, QL (0.043 ml per 1 day(s)), SP
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	6	PA, PN (30 DAYS SUPPLY PER FILL), SP
NYVEPRIA	6	PA, QL (0.043 ml per 1 days), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
PROMACTA (12.5 MG PACKET, 12.5 MG TAB, 25 MG PACKET, 25 MG TAB, 50 MG TAB, 75 MG TAB)	6	PA, PN (30 DAYS SUPPLY PER FILL), SP
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ROLVEDON	6	PA, QL (0.043 ml per 1 day(s)), PN (14 DAYS SUPPLY PER FILL), SP
STIMUFEND	6	PA, QL (0.043 ml per 1 day(s)), PN (14 DAYS SUPPLY PER FILL), SP
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	6	PA, QL (0.043 ml per 1 days), SP
UDENYCA ONBODY	6	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	6	PA, QL (0.043 ml per 1 days), SP
IRON		
ferric carboxymaltose (100 mg/2ml solution, 750 mg/15ml solution, 1000 mg/20ml solution)	6	PN (34 DAYS SUPPLY PER FILL), SP
ferumoxytol	6	PN (34 DAYS SUPPLY PER FILL), SP
INJECTAFER (100 MG/2ML SOLUTION, 750 MG/15ML SOLUTION, 1000 MG/20ML SOLUTION)	6	PN (34 DAYS SUPPLY PER FILL), SP
STEM CELL MOBILIZERS		
plerixafor	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
XOLREMDI	6	PA, LA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid 650 mg tab	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
SEZABY	6	PN (5 DAYS SUPPLY PER FILL)
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (3 mg tab, 6 mg tab)	3	
NON-BARBITURATE HYPNOTICS		
EDLUAR (5 MG SL TAB, 10 MG SL TAB)	5	PA
estazolam (1 mg tab, 2 mg tab)	3	
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	3	
midazolam hcl 2 mg/ml syrup	3	
QUAZEPAM	3	
temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)	3	
triazolam (0.125 mg tab, 0.25 mg tab)	3	
zaleplon (5 mg cap, 10 mg cap)	3	
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	3	PA
zolpidem tartrate (5 mg tab, 10 mg tab)	3	
zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)	3	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon	3	ST
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	5	PN ($0 copay for members age 45-75 years)
GAVILYTE-C	3	PN ($0 copay for members age 45-75 years)
gavilyte-g	3	PN ($0 copay for members age 45-75 years)
gavilyte-n with flavor pack	3	PN ($0 copay for members age 45-75 years)
na sulfate-k sulfate-mg sulf	3	PN ($0 copay for members age 45-75 years)
peg 3350-kcl-na bicarb-nacl	3	PN ($0 copay for members age 45-75 years)

Drug Name	Drug Tier	Requirements/Limits
peg-3350/electrolytes	3	PN ($0 copay for members age 45-75 years)
peg-3350/electrolytes/ascorbat	3	PN ($0 copay for members age 45-75 years)
peg-kcl-nacl-nasulf-na asc-c	3	PN ($0 copay for members age 45-75 years)
SUTAB	4	QL (24 ea per fill(s)), AL (18 to 999 yrs old), PN ($0 copay for members age 45-75 years)
LAXATIVES - MISCELLANEOUS		
constulose	3	
kristalose (10 gm packet, 20 gm packet)	4	PA
lactulose (10 gm packet, 20 gm packet)	3	PA
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	3	
MACROLIDES		
AZITHROMYCIN		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	3	
CLARITHROMYCIN		
clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	3	
ERYTHROMYCINS		
ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	3	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	3	
erythromycin base (250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)	3	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)	3	
FIDAXOMICIN		
DIFICID 200 MG TAB	5	PA, QL (20 ea per fill(s))
DIFICID 40 MG/ML RECON SUSP	5	PA, QL (150 ml per fill)
fidaxomicin	3	PA, QL (20 ea per fill(s))

Drug Name	Drug Tier	Requirements/Limits
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA	1	
FC2 FEMALE CONDOM	1	
FEMCAP (22 DEVICE, 26 DEVICE, 30 DEVICE)	1	
OMNIFLEX DIAPHRAGM	1	
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH	4	
ACCU-CHEK FASTCLIX LANCET	4	
ACCU-CHEK FASTCLIX LANCETS	4	
ACCU-CHEK SAFE-T PRO LANCETS	4	
ACCU-CHEK SOFTCLIX LANCET DEV	4	
ACCU-CHEK SOFTCLIX LANCETS	4	
ACTI-LANCE 28G	4	
ACTI-LANCE LITE LANCETS 28G	4	
ACTI-LANCE SPECIAL LANCETS 17G	4	
ACTI-LANCE UNIVERSAL 23G	4	
ADJUSTABLE LANCING DEVICE	4	
ADVANCED MOBILE LANCET	4	
ADVANTAGE SAFETY LANCETS 28G	4	
ADVOCATE LANCETS	4	
ADVOCATE LANCETS 30G	4	

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE LANCING DEVICE	4	
ADVOCATE RAPID-SAFE LANCING	4	
ADVOCATE SAFETY LANCETS	4	
ADVOCATE SAFETY LANCETS 21G	4	
ADVOCATE SAFETY LANCETS 23G	4	
ADVOCATE SAFETY LANCETS 26G	4	
ADVOCATE SAFETY LANCETS 28G	4	
AGAMATRIX ULTRA-THIN LANCETS	4	
AIMSCO TWIST LANCETS 32G	4	
AIMSCO TWIST LANCETS 33G	4	
AQUALANCE LANCETS 30G	4	
ASSURE COMFORT LANCETS 28G	4	
ASSURE LANCE LANCETS	4	
ASSURE LANCE LANCETS 21G	4	
ASSURE LANCE PLUS SAFETY 25G	4	
ASSURE LANCE PLUS SAFETY 30G	4	
ASSURE LANCE SAFETY LANCET 28G	4	
AURORA LANCET SUPER THIN 30G	4	
AURORA LANCET THIN 23G	4	
AUTO-LANCET	4	
AUTO-LANCET MINI	4	
AUTOLET LANCING DEVICE	4	
AUTOLET LITE CLINISAFE	4	
AUTOLET LITE LANCING DEVICE	4	
AUTOLET MINI	4	
AUTOLET PLATFORMS	4	
AUTOLET PLUS	4	
BD MICROTAINER LANCETS	4	
CARDIOCOM LANCING DEVICE	4	
CAREONE ADVANCED LANCING DEV	4	
CAREONE LANCET SUPER THIN 30G	4	

Drug Name	Drug Tier	Requirements/Limits
CAREONE LANCET THIN 23G	4	
CARESENS LANCETS	4	
CARESENS LANCETS 30G	4	
CARETOUCH LANCING/EJECTOR	4	
CARETOUCH SAFETY LANCETS	4	
CARETOUCH SAFETY LANCETS 26G	4	
CARETOUCH TWIST LANCETS 28G	4	
CARETOUCH TWIST LANCETS 30G	4	
CARETOUCH TWIST LANCETS 33G	4	
CARETOUCH TWIST MC LANCETS 30G	4	
CHOSEN LANCETS 30G	4	
CHOSEN LANCING DEVICE	4	
CHOSEN SAFETY LANCETS 28G	4	
CLEANLET LANCETS 28G	4	
CLEVER CHEK LANCETS	4	
CLEVER CHOICE COMFORT EZ MISC	4	
CLEVER CHOICE LANCETS 21G	4	
CLEVER CHOICE LANCETS 23G	4	
CLEVER CHOICE LANCETS 28G	4	
COAGUCHEK LANCETS	4	
COMFORT ASSURED LANCETS 28G	4	
COMFORT ASSURED LANCETS 33G	4	
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML MISC	4	
COMFORT LANCETS	4	
COMFORT TOUCH LANCETS 31G	4	
COMFORT TOUCH PLUS LANCETS 28G	4	
COMFORT TOUCH PLUS LANCETS 30G	4	
COMFORT TOUCH TWIST LANCET 30G	4	
CVS LANCETS 21G	4	
CVS LANCETS MICRO THIN 33G	4	
CVS LANCETS ORIGINAL	4	

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS THIN 26G	4	
CVS LANCETS ULTRA THIN 30G	4	
CVS LANCETS ULTRA-THIN 30G	4	
CVS LANCING DEVICE	4	
CVS ULTRA THIN LANCETS	4	
DEXCOM G6 RECEIVER	4	QL (1 ea per 365 day(s))
DEXCOM G6 SENSOR	4	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	4	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 15 DAY SENSOR	4	QL (0.067 ea per 1 day(s))
DEXCOM G7 RECEIVER	4	QL (1 ea per 365 day(s))
DEXCOM G7 SENSOR	4	QL (0.1 ea per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30	4	
DIATHRIVE LANCETS	4	
DIATHRIVE LANCING DEVICE	4	
DROPLET GENTEEL LANCING DEVICE	4	
DROPLET INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 1 ML MISC)	4	
DROPLET LANCETS ULTRA THIN 30G	4	
DROPLET LANCING DEVICE	4	
DROPLET MEDLANCE LANCET 30G	4	
DROPLET PERSONAL LANCETS 30G	4	
DROPSAFE ACTI-LANCE 23G	4	
DROPSAFE ACTI-LANCE LANCET 17G	4	
DROPSAFE ACTI-LANCE LANCET 23G	4	
DROPSAFE ACTI-LANCE LANCET 28G	4	
DROPSAFE ERGOLANCE LANCET 21G	4	
DROPSAFE ERGOLANCE LANCET 25G	4	
DROPSAFE ERGOLANCE LANCET 30G	4	
DROPSAFE HAEMOLANCE LANCET 1.5	4	
DROPSAFE HAEMOLANCE LANCET 18G	4	

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE HAEMOLANCE LANCET 21G	4	
DROPSAFE HAEMOLANCE LANCET 25G	4	
DROPSAFE HAEMOLANCE LANCET 28G	4	
DROPSAFE MEDISAFE LANCET 23G	4	
DROPSAFE MEDISAFE LANCET 29G	4	
DROPSAFE MEDLANCE LANCET 0.8MM	4	
DROPSAFE MEDLANCE LANCET 21G	4	
DROPSAFE MEDLANCE LANCET 25G	4	
DROPSAFE MEDLANCE LANCET 30G	4	
DRUG MART LANCETS THIN 26G	4	
DRUG MART LANCING DEVICE	4	
DRUG MART ON-THE-GO LANCET 30G	4	
DRUG MART UNILET LANCETS 28G	4	
DRUG MART UNILET LANCETS 30G	4	
DRUG MART UNILET LANCETS 33G	4	
E-Z JECT LANCET MICRO-THIN 33G	4	
E-Z JECT LANCET SUPER THIN 30G	4	
E-Z JECT LANCETS	4	
E-Z JECT LANCETS 21G	4	
E-Z JECT LANCETS THIN 26G	4	
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML MISC	4	
EASY COMFORT LANCETS	4	
EASY COMFORT LANCETS TWIST TOP	4	
EASY MINI EJECT LANCING DEVICE	4	
EASY MINI LANCING DEVICE	4	
EASY TOUCH LANCETS 21G	4	
EASY TOUCH LANCETS 23G	4	
EASY TOUCH LANCETS 26G	4	
EASY TOUCH LANCETS 28G	4	
EASY TOUCH LANCETS 28G/TWIST	4	
EASY TOUCH LANCETS 30G	4	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 30G/TWIST	4	
EASY TOUCH LANCETS 32G	4	
EASY TOUCH LANCETS 32G/TWIST	4	
EASY TOUCH LANCETS 33G/TWIST	4	
EASY TOUCH LANCING DEVICE	4	
EASY TOUCH SAFETY LANCETS 21G	4	
EASY TOUCH SAFETY LANCETS 23G	4	
EASY TOUCH SAFETY LANCETS 26G	4	
EASY TOUCH SAFETY LANCETS 28G	4	
EMBRACE LANCETS ULTRA THIN 30G	4	
EMBRACE LANCING DEVICE/EJECTOR	4	
EMBRACE PRESSURE ACTIVATED 21G	4	
EMBRACE PRESSURE ACTIVATED 28G	4	
EQL COLOR LANCETS 21G	4	
EQL COLOR LANCETS MICRO 33G	4	
EQL SUPER THIN LANCETS 30G	4	
EQL THIN LANCETS 26G	4	
EZ-LETS LANCETS 21G	4	
EZ-LETS LANCETS 26G	4	
EZ-LETS LANCETS 28G	4	
EZ-LETS LANCETS 30G	4	
FIFTY50 SAFETY SEAL LANCETS	4	
FIFTY50 UNILET LANCETS 33G	4	
FINE 30	4	
FINGERSTIX LANCETS	4	
FONDCIRCLE LANCING DEVICE	4	
FONDCIRCLE SINGLE USE LANCETS	4	
FORA LANCETS	4	
FORA LANCING DEVICE	4	
FREDS PHARMACY AUTOLET LANCING	4	
FREDS PHARMACY UNILET LANC 28G	4	

Drug Name	Drug Tier	Requirements/Limits
FREDS PHARMACY UNILET LANC 30G	4	
FREESTYLE LANCETS	4	
FREESTYLE LIBRE 14 DAY READER	4	QL (1 ea per 365 day(s))
FREESTYLE LIBRE 14 DAY SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 PLUS SENSOR	4	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	4	QL (1 ea per 365 day(s))
FREESTYLE LIBRE 2 SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 PLUS SENSOR	4	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 3 READER	4	QL (1 ea per 365 day(s))
FREESTYLE LIBRE 3 SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	4	QL (1 ea per 365 day(s))
FREESTYLE UNISTICK II LANCETS	4	
GENTEEL BUTTERFLY TOUCH LANCET	4	
GENTEEL LANCING KIT (BLUE)	4	
GENTEEL PLUS LANCING (BLACK)	4	
GENTEEL PLUS LANCING (PURPLE)	4	
GENTEEL PLUS LANCING (WHITE)	4	
GENTEEL PLUS LANCING DEV(BLUE)	4	
GENTEEL PLUS LANCING DEV(PINK)	4	
GENTLE-LET GP LANCETS	4	
GENTLE-LET LANCETS	4	
GLOBAL INJECT EASE LANCETS 28G	4	
GLOBAL INJECT EASE LANCETS 30G	4	
GLOBAL LANCING DEVICE	4	
GLUCOCOM LANCETS 28G	4	
GLUCOCOM LANCETS 30G	4	
GLUCOCOM LANCETS 33G	4	
GNP LANCETS 21G	4	
GNP LANCETS THIN 26G	4	
GNP LANCING SYSTEM DEVICE	4	
GNP STERILE LANCETS 28G	4	

Drug Name	Drug Tier	Requirements/Limits
GNP STERILE LANCETS 30G	4	
GNP STERILE LANCETS 33G	4	
GOJJI LANCING DEVICE/CLEAR CAP	4	
GOJJI STERILE LANCETS	4	
GOODSENSE COLOR LANCETS 33G	4	
GOODSENSE LANCETS 26G UNIV	4	
GOODSENSE LANCETS 30G	4	
GOODSENSE LANCETS 30G UNIV	4	
GOODSENSE LANCETS 33G	4	
GOODSENSE LANCETS 33G UNIV	4	
GOODSENSE LANCING DEVICE	4	
H-E-B INCONTROL ADV LANCING	4	
H-E-B INCONTROL LANCETS 28G	4	
H-E-B INCONTROL LANCETS 30G	4	
H-E-B INCONTROL LANCETS 33G	4	
HAEMOLANCE	4	
HAEMOLANCE LOW FLOW LANCETS	4	
HAEMOLANCE PLUS	4	
HAEMOLANCE PLUS HIGH FLOW	4	
HAEMOLANCE PLUS LOW FLOW	4	
HAEMOLANCE PLUS MAX FLOW	4	
HAEMOLANCE PLUS PEDIATRIC FLOW	4	
HEALTH CARE LANCING DEVICE	4	
HEALTHY ACCENTS LANCING DEVICE	4	
HEALTHY ACCENTS UNILET LANCETS	4	
HY-VEE LANCETS	4	
HY-VEE THIN LANCETS	4	
HYPOLANCE AST LANCING	4	
IHEALTH LANCING DEVICE	4	
IN TOUCH LANCING DEVICE	4	
IN TOUCH STERILE LANCETS 30G	4	

Drug Name	Drug Tier	Requirements/Limits
KINNEY LANCETS	4	
KINNEY THIN LANCETS	4	
KROGER AUTOLET LANCING DEVICE	4	
KROGER HEALTHPRO LANCET 26G	4	
KROGER LANCETS	4	
KROGER LANCETS 21G	4	
KROGER LANCETS MICRO THIN 33G	4	
KROGER LANCETS SUPER THIN	4	
KROGER LANCETS THIN	4	
KROGER LANCETS THIN 26G	4	
KROGER LANCETS ULTRATHIN 30G	4	
KROGER LANCING DEVICE	4	
LANCET DEVICE	4	
LANCET DEVICE WITH EJECTOR	4	
LANCET TRANSPORTER CASE	4	
LANCETS	4	
LANCETS 28G THIN	4	
LANCETS 30G	4	
LANCETS 33G	4	
LANCETS MICRO THIN 33G	4	
LANCETS SUPER THIN	4	
LANCETS SUPER THIN 28G	4	
LANCETS THIN	4	
LANCETS ULTRA THIN	4	
LANCETS ULTRA THIN 30G	4	
LANCING DEVICE	4	
LANZO	4	
LEADER ADVANCED LANCING DEVICE	4	
LIBERTY MEDICAL LANCETS	4	
LIBERTY MINI LANCING DEVICE	4	
LITE TOUCH LANCETS	4	

Drug Name	Drug Tier	Requirements/Limits
LITE TOUCH LANCING PEN	4	
LITETOUCH LANCETS	4	
LIVE BETTER ADV LANCING DEVICE	4	
LIVE BETTER LANCET SUPER THIN	4	
LIVE BETTER LANCET ULTRA THIN	4	
LONGS LANCETS STANDARD	4	
LONGS LANCETS THIN	4	
LONGS LANCETS ULTRA THIN	4	
MEDICHOICE SAFETY LANCET	4	
MEDICHOICE SAFETY LANCET EXTRA	4	
MEDICHOICE SAFETY LANCET NORM	4	
MEDLANCE EXTRA 21G	4	
MEDLANCE LITE 25G	4	
MEDLANCE PLUS EXTRA 21G	4	
MEDLANCE PLUS LANCETS	4	
MEDLANCE PLUS LITE 25G	4	
MEDLANCE PLUS SPECIAL 0.8MM	4	
MEDLANCE PLUS SUPERLITE 30G	4	
MEDLANCE PLUS UNIVERSAL 21G	4	
MEDLANCE UNIVERSAL 21G	4	
MEIJER LANCETS	4	
MEIJER LANCETS THIN	4	
MEIJER LANCETS UNIVERSAL 21G	4	
MEIJER LANCETS UNIVERSAL 30G	4	
MEIJER LANCETS UNIVERSAL 33G	4	
MEIJER SUPER THIN LANCETS	4	
MICROLET LANCETS	4	
MICROLET NEXT LANCETS	4	
MICROLET NEXT LANCING DEVICE	4	
MINI LANCING DEVICE	4	
MM LANCING DEVICE	4	

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

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH DELICA PLUS LANCING	4	
ONETOUCH DELICA SAFETY LANCING	4	
ONETOUCH ULTRA 2	1	QL (1 ea per 2 year(s))
ONETOUCH ULTRASOFT 2 LANCETS	4	
ONETOUCH ULTRASOFT LANCETS	4	
ONETOUCH VERIO FLEX SYSTEM (DEVICE, W/DEVICE KIT)	1	QL (1 ea per 2 year(s))
ONETOUCH VERIO REFLECT	1	QL (1 ea per 2 year(s))
PC LANCETS SUPER THIN 30G	4	
PERFECT LANCETS 28G	4	
PERFECT LANCETS 30G	4	
PERFECT POINT SAFETY LANCETS	4	
PHARMACIST CHOICE LANCETS	4	
PHARMACY COUNTER LANCETS	4	
PIP LANCETS 28G	4	
PIP LANCETS 30G	4	
PRECISION THINS GP LANCETS	4	
PREFERRED PLUS LANCETS COLORED	4	
PREFERRED PLUS LANCETS THIN	4	
PRO COMFORT LANCETS 30G	4	
PRO COMFORT LANCETS 31G	4	
PRO COMFORT SAFETY LANCETS 30G	4	
PRODIGY LANCETS 28G	4	
PRODIGY LANCING DEVICE	4	
PRODIGY SAFETY LANCETS 26G	4	
PRODIGY TWIST TOP LANCETS 28G	4	
PSS SELECT GP LANCETS	4	
PSS SELECT SAFETY LANCETS	4	
PURE COMFORT LANCETS 30G	4	
PURE COMFORT SAFETY LANCET 30G	4	
PX ADVANCED LANCING DEVICE	4	
PX LANCET AUTO INJECTOR	4	

Drug Name	Drug Tier	Requirements/Limits
PX LANCETS MICROTHIN 33G	4	
PX LANCETS ULTRA THIN	4	
PX LANCETS ULTRA THIN 28G	4	
QC ADVANCED LANCING DEVICE	4	
QC LANCETS SUPER THIN 30G	4	
QC LANCETS ULTRA THIN	4	
QC UNILET LANCETS 28G	4	
QC UNILET LANCETS MICRO THIN	4	
RA E-ZJECT LANCETS 28G	4	
RA E-ZJECT LANCETS THIN 26G	4	
RA E-ZJECT LANCETS THIN 28G	4	
RA E-ZJECT LANCETS ULTRA THIN	4	
READYLANCE SAFETY LANCETS	4	
REALITY LANCETS	4	
REALITY TRIGGER LANCETS	4	
RELION LANCET DEVICES 30G	4	
RELION LANCETS	4	
RELION LANCETS MICRO-THIN 33G	4	
RELION LANCETS THIN 26G	4	
RELION LANCETS ULTRA-THIN 30G	4	
RELION LANCING DEVICE (KIT, MISC)	4	
RELION ULTRA THIN LANCETS 30G	4	
RELION ULTRA THIN PLUS LANCETS	4	
REXALL LANCETS ULTRA THIN 30G	4	
RIGHTEST GD500 LANCING DEVICE	4	
RIGHTEST GL300 LANCETS	4	
SAFE-T-LANCE	4	
SAFE-T-LANCE PLUS	4	
SAFETY LANCET 30G/PRESSURE ACT	4	
SAFETY LANCETS	4	
SAFETY LANCETS 21G	4	

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

Drug Name	Drug Tier	Requirements/Limits
SUPER THIN LANCETS	4	
SURE COMFORT LANCETS 18G	4	
SURE COMFORT LANCETS 21G	4	
SURE COMFORT LANCETS 23G	4	
SURE COMFORT LANCETS 28G	4	
SURE COMFORT LANCETS 30G	4	
SURE COMFORT LANCING PEN	4	
SURELITE LANCETS	4	
TECHLITE AST LANCETS	4	
TECHLITE LANCETS	4	
TECHLITE LANCETS 26G	4	
TGT LANCET MICRO THIN 33G	4	
TGT LANCET THIN 26G	4	
TGT LANCET ULTRA THIN 30G	4	
TGT LANCING DEVICE	4	
THINLETS GP LANCETS	4	
TODAYS HEALTH LANCING DEVICE	4	
TODAYS HEALTH THIN LANCETS 28G	4	
TODAYS HEALTH THIN LANCETS 30G	4	
TOPCARE LANCETS MICRO-THIN 33G	4	
TRAVEL LANCETS	4	
TRAVEL LANCETS ADVANCED 28G	4	
TRUE COMFORT SAFETY LANCETS	4	
TRUE COMFORT TWIST TOP LANCETS	4	
TRUEDRAW LANCING DEVICE	4	
TRUEPLUS LANCETS 26G	4	
TRUEPLUS LANCETS 28G	4	
TRUEPLUS LANCETS 30G	4	
TRUEPLUS LANCETS 33G	4	
TRUEPLUS SAFETY LANCETS 28G	4	
TWIST TOP LANCETS 30G	4	

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

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 3 GENTLE	4	
UNISTIK 3 NEONATAL	4	
UNISTIK 3 NORMAL	4	
UNISTIK CZT COMFORT	4	
UNISTIK CZT NORMAL	4	
UNISTIK NORMAL	4	
UNISTIK PRO SAFETY LANCET	4	
UNISTIK SAFETY LANCETS 28G	4	
UNISTIK SAFETY LANCETS 30G	4	
UNISTIK TOUCH SAFETY LANC 21G	4	
UNISTIK TOUCH SAFETY LANC 23G	4	
UNISTIK TOUCH SAFETY LANC 28G	4	
UNISTIK TOUCH SAFETY LANC 30G	4	
UNIVERSAL 1 LANCETS THIN 26G	4	
UNIVERSAL 1 LANCETS THIN 33G	4	
UNIVERSAL 1 LANCETS ULTRA THIN	4	
V-GO 20	4	QL (1 ea per 1 days)
V-GO 30	4	QL (1 ea per 1 days)
V-GO 40	4	QL (1 ea per 1 days)
VALUE PLUS LANCET STANDARD 21G	4	
VALUE PLUS LANCETS SUPER THIN	4	
VALUE PLUS LANCETS THIN 26G	4	
VALUE PLUS LANCING DEVICE	4	
VALUMARK LANCET SUPER THIN 30G	4	
VALUMARK LANCET ULTRA THIN 28G	4	
VERIFINE INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC)	4	
VERIFINE SAFE LANCET MINI 21G	4	
VERIFINE SAFE LANCET MINI 23G	4	
VERIFINE SAFE LANCET MINI 28G	4	
VERIFINE SAFE LANCET MINI 30G	4	

Drug Name	Drug Tier	Requirements/Limits
VERIFINE UNIVERSAL LANCETS 28G	4	
VERIFINE UNIVERSAL LANCETS 30G	4	
VERIFINE UNIVERSAL LANCETS 33G	4	
VIDA MIA AUTOLET LANCING DEV	4	
VIDA MIA UNILET LANCETS 28G	4	
VIDA MIA UNILET LANCETS 30G	4	
VIVAGUARD LANCETS	4	
VIVAGUARD LANCETS 30G	4	
VIVAGUARD LANCING DEVICE	4	
VIVAGUARD SAFETY LANCETS 28G	4	
WALGREENS ADV TRAVEL LANCETS	4	
WALGREENS LANCETS	4	
WALGREENS LANCETS MICRO THIN	4	
WALGREENS LANCETS SUPER THIN	4	
WALGREENS THIN LANCETS	4	
WALGREENS ULTRA THIN LANCETS	4	
ZEVRX TWIST TOP LANCETS 30G	4	
MISC. DEVICES		
ADVOCATE ALCOHOL PREP PADS	4	
ALCOH-GLOVE CONTOURED WIPE	4	
ALCOH-WIPE	4	
ALCOHOL PADS	4	
ALCOHOL PREP (70 % PAD, PAD)	4	
ALCOHOL PREP PADS	4	
ALCOHOL PREPS	4	
ALCOHOL SWABS (70 % PAD, PAD)	4	
ALCOHOL SWABSTICK	4	
AUM ALCOHOL PREP PADS	4	
BD SWAB SINGLE USE REGULAR	4	
CARETOUCH ALCOHOL PREP	4	
COMFORT TOUCH ALCOHOL PREP	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
AUM SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	4	
AURORA PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	4	
AURORA UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	4	
BD AUTOSHIELD DUO	4	
BD INSULIN SYR ULTRAFINE II (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	4	
BD INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	4	
BD INSULIN SYRINGE HALF-UNIT	4	
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	4	
BD INSULIN SYRINGE U-500	4	
BD INSULIN SYRINGE U/F	4	
BD INSULIN SYRINGE U/F 1/2UNIT	4	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	4	
BD PEN NEEDLE MICRO ULTRAFINE	4	
BD PEN NEEDLE MINI ULTRAFINE	4	
BD PEN NEEDLE NANO 2ND GEN	4	
BD PEN NEEDLE NANO ULTRAFINE	4	
BD PEN NEEDLE ORIG ULTRAFINE	4	
BD PEN NEEDLE SHORT ULTRAFINE	4	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	4	
BD VEO INSULIN SYR U/F 1/2UNIT	4	
BD VEO INSULIN SYR ULTRAFINE (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	4	
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	4	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	

Drug Name	Drug Tier	Requirements/Limits
CAREONE UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	4	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 33G X 4 MM MISC)	4	
CEQUR SIMPLICITY 2U	4	QL (10 ea per 30 days), AL (21 to 999 yrs old)
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	4	
CLEVER CHOICE COMFORT EZ PLUS	4	
CLICKFINE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	4	
COMFORT ASSIST INSULIN SYRINGE	4	
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
COMFORT EZ MICRO PEN NEEDLES	4	
COMFORT EZ PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC, 33G X 8 MISC)	4	
COMFORT EZ PRO PEN NEEDLES (30G X 8 MISC, 31G X 4 MISC, 31G X 5 MISC)	4	
COMFORT EZ SHORT PEN NEEDLES	4	
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	4	
DIATHRIVE PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	4	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	4	

Drug Name	Drug Tier	Requirements/Limits
DROPLET MICRON	4	
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	4	
DROPSAFE AUTOPROTECT DUO (X 4 MISC, X 5 MISC, X 8 MISC)	4	
DROPSAFE SAFETY PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 MISC)	4	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
DRUG MART UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
DRUG MART UNIFINE PENTIPS PLUS	4	
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 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	4	
EASY COMFORT PEN NEEDLES (29G X 4MM MISC, 29G X 5MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	4	
EASY GLIDE PEN NEEDLES	4	
EASY TOUCH FLIPLOCK INSULIN SY (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	4	
EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	4	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 6 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	4	
EASY TOUCH SAFETY PEN NEEDLES (29G X 5MM MISC, 29G X 8MM MISC, 30G X 8 MM MISC)	4	

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	4	
EMBECTA AUTOSHIELD DUO	4	
EMBECTA INS SYR U/F 1/2 UNIT (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC)	4	
EMBECTA INSULIN SYR ULTRAFINE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC)	4	
EMBECTA INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	4	
EMBECTA INSULIN SYRINGE U-100	4	
EMBECTA INSULIN SYRINGE U-500	4	
EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
EMBECTA PEN NEEDLE NANO	4	
EMBECTA PEN NEEDLE NANO 2 GEN	4	
EMBECTA PEN NEEDLE U/F	4	
EMBECTA PEN NEEDLE ULTRAFINE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)	4	
EMBRACE PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
EQL INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	4	
EXEL COMFORT POINT PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	4	
FIFTY50 PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	4	
FIFTY50 SUPERIOR COMFORT SYR (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	4	
FREDS PHARMACY UNIFINE PENTIP+ (X 5 MISC, X 8 MISC)	4	

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

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	4	
H-E-B INCONTROL PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC)	4	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
HEALTHWISE MICRON PEN NEEDLES	4	
HEALTHWISE MINI PEN NEEDLES	4	
HEALTHWISE PEN NEEDLES	4	
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	4	
HEALTHWISE UNIFINE PENTIPS	4	
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	4	
HM ULTICARE MINI PEN NEEDLES	4	
HM ULTICARE SHORT PEN NEEDLES	4	
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	4	
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
INSULIN SYRINGE/NEEDLE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	4	
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	4	

Drug Name	Drug Tier	Requirements/Limits
INSUPEN SENSITIVE (X 6 MISC, X 8 MISC)	4	
INSUPEN ULTRAFIN (30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC)	4	
INSUPEN32G EXTR3ME	4	
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	4	
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	4	
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
KROGER PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	4	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
LEADER UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	4	
LEADER UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	4	
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
LITETOUCH PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
LONGS INSULIN SYRINGE	4	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	4	
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
MAXI-COMFORT INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	4	

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

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 5/16"	4	
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)	4	
PENTIPS GENERIC PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	4	
PIP PEN NEEDLES 31G X 5MM	4	
PIP PEN NEEDLES 32G X 4MM	4	
PRECISION SURE-DOSE SYRINGE	4	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	4	
PREFERRED PLUS UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	4	
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	4	
PRO COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
PRO COMFORT PEN NEEDLES (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	4	
PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	4	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	4	
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	4	
PX EXTRA SHORT PEN NEEDLES	4	
PX INSULIN SYRINGE	4	
PX MINI PEN NEEDLES	4	
PX PEN NEEDLE (29G X 12MM MISC, 31G X 8 MM MISC)	4	
PX SHORTLENGTH PEN NEEDLES	4	
QC PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	4	
QC UNIFINE PENTIPS	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	4	
ULTICARE INSULIN SYR 1/2 UNIT	4	
ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
ULTICARE MICRO PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	4	
ULTICARE MINI PEN NEEDLES (30G X 5 MISC, 31G X 6 MISC, 32G X 6 MISC)	4	
ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)	4	
ULTICARE SHORT PEN NEEDLES (30G X 8 MISC, 31G X 8 MISC)	4	
ULTIGUARD SAFEPACK PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	4	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
ULTILET PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
ULTRA COMFORT INSULIN SYRINGE	4	
ULTRA COMFORT PEN NEEDLES	4	
ULTRA FLO INSULIN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	4	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	4	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	

Drug Name	Drug Tier	Requirements/Limits
ULTRA THIN PEN NEEDLES	4	
ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
ULTRA-THIN II INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	4	
ULTRA-THIN II MINI PEN NEEDLE	4	
ULTRA-THIN II PEN NEEDLE SHORT	4	
ULTRA-THIN II PEN NEEDLES	4	
ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
ULTRACARE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC)	4	
UNIFINE OTC PEN NEEDLES (31G X 5 MISC, 32G X 4 MISC)	4	
UNIFINE PEN NEEDLES	4	
UNIFINE PENTIPS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	4	
UNIFINE PENTIPS PLUS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	4	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	4	
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	4	
UNIFINE ULTRA PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 34G X 3.5 MM MISC)	4	
VALUE HEALTH INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	4	
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	4	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	4	
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	4	

Drug Name	Drug Tier	Requirements/Limits
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
VERIFINE PLUS PEN NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	4	
VERISAFE SAFETY INSULIN SYR	4	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	4	
VP INSULIN SYRINGE	4	
WEGMANS UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	4	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	4	
ZEVRX PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	4	
RESPIRATORY THERAPY SUPPLIES		
OPTICHAMBER DIAMOND MISC	4	
OPTICHAMBER DIAMOND-LG MASK	4	
OPTICHAMBER DIAMOND-MD MASK	4	
OPTICHAMBER DIAMOND-SM MASK	4	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	4	PA, QL (1 ml per 28 days)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	4	PA, QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	4	PA, QL (3 ml per 28 days)
NURTEC	4	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	4	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	4	PA, QL (30 ea per 30 days)
UBRELVY (50 MG TAB, 100 MG TAB)	4	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	4	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)	3	
SEROTONIN AGONISTS		
eletriptan hydrobromide (20 mg tab, 40 mg tab)	3	PA, QL (16 ea per 28 days)
frovatriptan succinate	3	PA, QL (16 ea per 28 days)
naratriptan hcl (1 mg tab, 2.5 mg tab)	3	QL (16 ea per 28 days)
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	3	QL (16 ea per 28 days)
sumatriptan (5 mg/act solution, 20 mg/act solution)	3	QL (16 ea per 28 days)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	3	QL (16 ea per 28 day(s))
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	3	QL (8 ml per 28 days)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	3	QL (8 ml per 28 days)
zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	3	QL (16 ea per 28 days)
zolmitriptan 5 mg solution	3	PA, QL (16 ea per 28 days)
zomig (2.5 mg tab, 5 mg tab)	3	QL (16 ea per 28 days)
MINERALS ELECTROLYTES		
FLUORIDE		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	3	
nafrinse	3	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB)	3	PN ($0 Copay for 6 months through 16 years of age)
PHOSPHATE		
PHOSPHA 250 NEUTRAL	3	
PHOSPHO-TRIN 250 NEUTRAL	3	
PHOSPHO-TRIN K500	4	
PHOSPHOROUS	3	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM		
EFFER-K 25 MEQ EFFER TAB	3	
k-prime	3	
K-TAB 10 MEQ TAB ER	3	
KLOR-CON (8 MEQ TAB ER, 20 MEQ PACKET)	3	
klor-con 10	3	
klor-con m10	3	
klor-con m15	3	
klor-con m20	3	
klor-con/ef	3	
potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	3	
potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)	3	
potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine 250 mg cap	3	PA, PN (MAX 34 DAY SUPPLY)
penicillamine 250 mg tab	3	PN (MAX 34 DAY SUPPLY)
trientine hcl	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ENZYMES		
XIAFLEX	6	PN (34 DAYS SUPPLY PER FILL), SP
IMMUNOMODULATORS		
JOENJA 70 MG TAB	6	PA, LA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
THALOMID (50 MG CAP, 100 MG CAP)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
VYVGART	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	6	PA, QL (22.4 ml per 50 days), PN (50 DAYS SUPPLY PER FILL), SP
IMMUNOSUPPRESSIVE AGENTS		
azathioprine 50 mg tab	3	
cyclosporine (25 mg cap, 100 mg cap)	3	
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	3	
ENSPRYNG	6	PA, QL (1 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	5	
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)	3	PA
gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)	3	
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	3	
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	3	
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	3	
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	5	
sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)	3	
sirolimus 1 mg/ml solution	3	PA
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	3	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	6	PA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
VIJOICE 50 MG PACKET	6	PA, QL (28 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
VIJOICE 50 MG TAB THPK	6	PA, QL (28 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
POTASSIUM REMOVING AGENTS		
kionex	3	
LOKELMA 10 GM PACKET	5	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	5	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate powder	3	
sps (sodium polystyrene sulf)	3	
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	6	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
BENLYSTA 200 MG/ML SOLN A-INJ	6	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
UREMIC PRURITUS AGENTS		
KORSUVA	6	PA, PN (34 DAYS SUPPLY PER FILL)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	3	
lidocaine viscous hcl	3	
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	3	
nystatin 100000 unit/ml suspension	3	
ORAVIG	5	PA
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	3	
periogard	3	
DENTAL PRODUCTS		
DENTA 5000 PLUS	3	PN ($0 Copay for 6 months through 16 years of age)
DENTA 5000 PLUS SENSITIVE	3	PN ($0 Copay for 6 months through 16 years of age)
dentagel	3	PN ($0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
FLUORIDEX SENSITIVITY RELIEF	3	PN ($0 Copay for 6 months through 16 years of age)
FLUORIMAX 5000 SENSITIVE	3	PN ($0 Copay for 6 months through 16 years of age)
FRAICHE 5000 DENTAL	3	PN ($0 Copay for 6 months through 16 years of age)
just right 5000	3	PN ($0 Copay for 6 months through 16 years of age)
SF	3	PN ($0 Copay for 6 months through 16 years of age)
SF 5000 PLUS	3	PN ($0 Copay for 6 months through 16 years of age)
SOD FLUORIDE-POTASSIUM NITRATE	3	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (0.2 % SOLUTION, 1.1 % GEL)	3	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 1.1 % CREAM	3	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 ENAMEL	3	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PLUS	3	PN ($0 Copay for 6 months through 16 years of age)
sodium fluoride 5000 ppm	3	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PPM (1.1 % GEL, 1.1 % PASTE)	3	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE	3	PN ($0 Copay for 6 months through 16 years of age)
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq	3	
oralone	3	
triamcinolone acetonide 0.1 % paste	3	
THROAT PRODUCTS - MISC.		
cevimeline hcl	3	PA
pilocarpine hcl (5 mg tab, 7.5 mg tab)	3	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
multi-vit/iron/fluoride	3	

Drug Name	Drug Tier	Requirements/Limits
MULTI-VITAMIN/FLUORIDE/IRON	3	
multivitamin/fluoride/iron	3	
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	3	
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION	3	
MULTIVITAMIN + FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	3	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	3	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	3	
PRENATAL VITAMINS		
ATABEX EC	3	
ATABEX OB	3	
AZENTRA	3	
AZESCO	3	
C-NATE DHA	3	
CITRANATAL B-CALM	3	
CITRANATAL BLOOM	3	
COMPLETE NATAL DHA	3	
CONCEPT DHA	3	
CONCEPT OB	3	
DUET DHA 400	3	
ELITE-OB	3	
EMBRIVA	3	
ENBRACE HR	3	
FOLIVANE-OB	3	
GESTYRA	3	
INATAL GT	3	
KOSHER PRENATAL PLUS IRON	3	

Drug Name	Drug Tier	Requirements/Limits
M-NATAL PLUS	3	
MULTI-MAC	3	
NATACHEW	3	
NEEVO DHA	3	
NEONATAL COMPLETE 27-1 MG TAB	3	
NEONATAL PLUS	3	
NESTABS	3	
NESTABS DHA	3	
NESTABS ONE	3	
NIVA-PLUS	3	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OBSTETRIX EC (WITH DOCUSATE)	3	
ONE VITE WOMENS PLUS	3	
PNV 27-CA/FE/FA	3	
PNV-DHA	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PREMESISRX	3	
PRENA1	3	
PRENA1 PEARL	3	
PRENATABS FA	3	
PRENATAL 19 29-1 MG TAB	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS	3	
PRENATAL PLUS VITAMIN/MINERAL	3	
PRENATAL VITAMIN PLUS LOW IRON	3	
PRENATAL-U	3	

Drug Name	Drug Tier	Requirements/Limits
PRENATE	3	
PRENATE AM	3	
PRENATE DHA	3	
PRENATE ELITE	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATRIX	3	
PRENATRYL	3	
PRIMACARE	3	
PROVIDA OB	3	
RELNATE DHA	3	
SE-NATAL 19 29-1 MG TAB	3	
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	3	
SELECT-OB+DHA	3	
TARON-C DHA	3	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	
TRISTART DHA	3	
VINATE DHA RF	3	
VINATE II	3	
VINATE ONE	3	
VIRT-NATE DHA	3	
VIRT-PN DHA	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-NANO	3	

Drug Name	Drug Tier	Requirements/Limits
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
VIVA DHA	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
WESNATAL DHA COMPLETE	3	
WESNATE DHA	3	
WESTAB PLUS	3	
WESTGEL DHA	3	
ZALVIT	3	
ZATEAN-PN DHA	3	
ZIPHEX	3	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	3	
carisoprodol (250 mg tab, 350 mg tab)	3	
cyclobenzaprine hcl (5 mg tab, 10 mg tab)	2	
cyclobenzaprine hcl 7.5 mg tab	3	
cyclobenzaprine hcl er (15 mg cap er 24h, 30 mg cap er 24h)	3	PA
fexmid	3	
metaxalone (400 mg tab, 800 mg tab)	3	
methocarbamol (500 mg tab, 750 mg tab)	3	
orphenadrine citrate er	3	
tizanidine hcl (2 mg tab, 4 mg tab)	3	
vanadom	3	

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

Drug Name	Drug Tier	Requirements/Limits
SYNVISC	6	QL (12 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
SYNVISC ONE	6	QL (12 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
TRILURON	6	PA, QL (12 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
TRIVISC	6	PA, QL (15 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
VISCO-3	6	QL (15 ml per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine-fluticasone	3	
NASAL ANTIALLERGY		
azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)	3	
olopatadine hcl 0.6 % solution	3	
NASAL ANTICHOLINERGICS		
ipratropium bromide (0.03 % solution, 0.06 % solution)	3	
NASAL STEROIDS		
flunisolide	3	
fluticasone propionate 50 mcg/act suspension	3	
mometasone furoate 50 mcg/act suspension	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
edaravone	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
RADICAVA ORS	6	PA, QL (50 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
RADICAVA ORS STARTER KIT	6	PA, QL (70 ml per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS), SP
riluzole	3	PN (34 DAYS SUPPLY PER FILL)
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS	6	PA, LA, QL (90 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX (100 RECON SOLN, 200 RECON SOLN)	6	PA, PN (90 DAYS SUPPLY PER FILL), SP
DYSPORT (300 RECON SOLN, 500 RECON SOLN)	6	PA, PN (90 DAYS SUPPLY PER FILL), SP
MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION)	6	PA, PN (90 DAYS SUPPLY PER FILL), SP
XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN)	6	PA, PN (90 DAYS SUPPLY PER FILL), SP
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	6	PA, LA, QL (6.67 ml per 1 days), SP
NUTRIENTS		
LIPIDS		
DOJOLVI	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL	3	
BETIMOL 0.25 % SOLUTION	5	PA
BETOPTIC-S	4	
brimonidine tartrate-timolol	3	PA
CARTEOLOL HCL	3	
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	3	
LEVOBUNOLOL HCL	3	
timolol hemihydrate	3	PA
timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)	3	
timolol maleate (once-daily)	3	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate 1 % solution	3	
cyclopentolate hcl 1 % solution	3	
tropicamide (0.5 % solution, 1 % solution)	3	

Drug Name	Drug Tier	Requirements/Limits
MIOTICS		
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	3	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	6	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL), SP
BYOOVIZ	6	PA, QL (0.1 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
CIMERLI (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	6	PA, QL (0.1 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
EYLEA (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	6	PA, QL (0.1 ml per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	6	PA, QL (0.14 ml per 21 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	6	PA, QL (0.1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS 0.3 MG/0.05ML SOLUTION	6	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
PAVBLU (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	6	PA, QL (0.1 ml per 25 day(s)), PN (25 DAYS SUPPLY PER FILL), SP
SUSVIMO (IMPLANT 1ST FILL)	6	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL)	6	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
VABYSMO 6 MG/0.05ML SOLN PRSYR	6	PA, QL (0.1 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL), SP
VABYSMO 6 MG/0.05ML SOLUTION	6	PA, QL (0.1 ml per 21 days), PN (21 DAYS SUPPLY PER FILL), SP
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL	4	
brimonidine tartrate (0.1 % solution, 0.2 % solution)	3	
IOPIDINE	5	PA
SIMBRINZA	5	PA
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac	3	
AZASITE	5	

Drug Name	Drug Tier	Requirements/Limits
BACITRACIN 500 UNIT/GM OINTMENT	3	
BACITRACIN-POLYMYXIN B	3	
BESIVANCE	5	PA
CILOXAN	4	
ciprofloxacin hcl 0.3 % solution	3	
erythromycin 5 mg/gm ointment	3	
gentamicin sulfate 0.3 % solution	3	
levofloxacin 0.5 % solution	3	
MOXIFLOXACIN HCL (2X DAY)	3	
moxifloxacin hcl 0.5 % solution	3	
NATACYN	4	
neo-polycin	3	
neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)	3	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	
ofloxacin 0.3 % solution	3	
polycin	3	
polymyxin b-trimethoprim	3	
SULFACETAMIDE SODIUM (10 % OINTMENT, 10 % SOLUTION)	3	
tobramycin 0.3 % solution	3	
TOBREX	5	PA
TRIFLURIDINE	4	
XDEMVY	6	PA, QL (10 ml per 42 days), PN (42 DAYS SUPPLY PER FILL)
ZIRGAN	5	PA
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY	6	PA, QL (0.2 ml per 21 day(s)), SP, PN (MIN 21 DAYS SUPPLY; MAX 28 DAYS SUPPLY)
SYFOVRE	6	PA, QL (0.2 ml per 25 days), PN (25 DAYS SUPPLY PER FILL), SP
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (pf)	3	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	4	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	6	PA, LA, QL (56 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	6	PN (34 DAYS SUPPLY PER FILL), SP
OPHTHALMIC STEROIDS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	3	
difluprednate	3	PA
fluorometholone	3	
FML FORTE	4	
ILUVIEN	6	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
LOTEMAX 0.5 % OINTMENT	5	PA
loteprednol etabonate 0.2 % suspension	3	PA
MAXIDEX	4	
neo-polycin hc	3	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	3	
NEOMYCIN-POLYMYXIN-HC	3	
PRED MILD	5	PA
prednisolone acetate	3	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	
SULFACETAMIDE-PREDNISOLONE	3	
TOBRADEX 0.3-0.1 % OINTMENT	4	
tobramycin-dexamethasone	3	
XIPERE	6	PN (34 DAYS SUPPLY PER FILL), SP
OPHTHALMICS - MISC.		
ALOCRIL	5	PA

Drug Name	Drug Tier	Requirements/Limits
ALOMIDE	5	PA
azelastine hcl 0.05 % solution	3	
bepotastine besilate	3	PA
brinzolamide	3	
bromfenac sodium (once-daily)	3	
CROMOLYN SODIUM	3	
CYSTARAN	5	LA, PN (34 DAYS SUPPLY PER FILL), SP
diclofenac sodium 0.1 % solution	3	
dorzolamide hcl	3	
epinastine hcl	3	
FLURBIPROFEN SODIUM	3	
KETOROLAC TROMETHAMINE (0.4 % SOLUTION, 0.5 % SOLUTION)	3	
olopatadine hcl (0.1 % solution, 0.2 % solution)	3	
PROSTAGLANDINS - OPHTHALMIC		
BIMATOPROST	5	ST
bimatoprost 0.01 % solution	1	ST
bimatoprost 0.03 % solution	3	ST
DURYSTA	6	PA, QL (2 ea per lifetime), SP
latanoprost	3	
LUMIGAN	5	ST
tafluprost (pf)	3	PA
travoprost (bak free)	3	
VYZULTA	5	ST
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	3	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl 0.2 % solution	4	
OTIC COMBINATIONS		
CIPRO HC 0.2-1 % SUSPENSION	4	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin-dexamethasone	3	
ciprofloxacin-hydrocortisone	4	
CORTISPORIN-TC	5	PA
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	3	
OTIC STEROIDS		
flac	3	
fluocinolone acetonide 0.01 % oil	3	
OXYTOCICS		
OXYTOCICS		
methylergonovine maleate 0.2 mg tab	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
ALYGLO (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ASCENIV	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
CYTOGAM	6	PN (34 DAYS SUPPLY PER FILL), SP
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
GAMASTAN	6	PN (34 DAYS SUPPLY PER FILL), SP
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
HYPERRHO	4	SP
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)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
OCTAGAM 25 GM/500ML SOLUTION	6	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
PRIVIGEN (5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
PRIVIGEN 10 GM/100ML SOLUTION	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
RHOGAM ULTRA-FILTERED PLUS	4	PN (34 DAYS SUPPLY PER FILL), SP
RHOPHYLAC	4	PN (34 DAYS SUPPLY PER FILL), SP
WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION)	6	PN (34 DAYS SUPPLY PER FILL), SP
XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
MONOCLONAL ANTIBODIES		
ZINPLAVA	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg tab, 875 mg tab)	3	
amoxicillin (250 mg cap, 500 mg cap)	2	
amoxicillin trihydrate	3	
ampicillin	3	
NATURAL PENICILLINS		
penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)	2	
PENICILLIN COMBINATIONS		
amoxicillin-pot clavulanate (200-28.5 mg/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)	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium (250 mg cap, 500 mg cap)	3	
PROGESTINS		
PROGESTINS		
gallifrey	3	
LILETTA (52 MG)	1	PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
NEXPLANON	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
norethindrone acetate	3	
progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium	3	

Drug Name	Drug Tier	Requirements/Limits
disulfiram (250 mg tab, 500 mg tab)	3	
lofexidine hcl	6	QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
ANTI-CATAPLECTIC AGENTS		
LUMRYZ (4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET)	6	PA, QL (270 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
LUMRYZ STARTER PACK	6	PA, QL (28 ea per 180 day(s)), PN (180 DAYS SUPPLY PER FILL), SP
sodium oxybate	6	PA, LA, QL (540 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
SODIUM OXYBATE	6	PA, LA, QL (540 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
XYWAV	6	PA, LA, QL (540 ml per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
ANTIDEMENTIA AGENTS		
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)	3	
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	3	
galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)	3	
MEMANTINE HCL	3	PA
memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)	3	
memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)	3	PA
rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)	3	PA
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	3	
FIBROMYALGIA AGENTS		
milnacipran hcl (25 mg tab, 50 mg tab, 100 mg tab)	3	PA, QL (2 ea per 1 day(s))
milnacipran hcl 12.5 & 25 & 50 mg misc	3	PA, QL (55 ea per 28 day(s))
milnacipran hcl 12.5 mg tab	5	PA, QL (2 ea per 1 day(s))
SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB)	5	PA, QL (2 ea per 1 day(s))
SAVELLA TITRATION PACK	5	PA, QL (55 ea per 28 day(s))

Drug Name	Drug Tier	Requirements/Limits
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine 12.5 mg tab	3	PA, QL (102 ea per 34 days), PN (34 DAYS SUPPLY PER FILL), SP
tetrabenazine 25 mg tab	3	PA, QL (136 ea per 34 days), PN (34 DAYS SUPPLY PER FILL), SP
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	6	QL (1 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
AVONEX PREFILLED	6	QL (1 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
BETASERON	6	QL (14 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
dalfampridine er	3	QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
dimethyl fumarate 120 mg cap dr	6	QL (14 ea per 7 days), PN (7 DAYS SUPPLY PER FILL), SP
dimethyl fumarate 240 mg cap dr	6	QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
dimethyl fumarate starter pack	6	QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
fingolimod hcl	3	QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
glatiramer acetate 20 mg/ml soln prsyr	6	QL (30 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
glatiramer acetate 40 mg/ml soln prsyr	6	QL (12 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
glatopa 20 mg/ml soln prsyr	6	QL (30 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
glatopa 40 mg/ml soln prsyr	6	QL (12 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
KESIMPTA	6	QL (0.4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
MAYZENT (1 MG TAB, 2 MG TAB)	6	QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
MAYZENT 0.25 MG TAB	6	QL (140 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	6	QL (12 ea per 5 day(s)), PN (5 DAY SUPPLY IN 180 DAYS), SP
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	6	QL (7 ea per 4 day(s)), PN (4 DAY SUPPLY IN 180 DAYS), SP

Drug Name	Drug Tier	Requirements/Limits
OCREVUS ZUNOVO	6	PA, QL (23 ml per 180 day(s)), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	6	QL (1 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	6	QL (1 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	6	QL (1 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	6	QL (1 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
REBIF 44 MCG/0.5ML SOLN PRSYR	6	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	6	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
REBIF REBIDOSE TITRATION PACK	6	QL (4.2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
REBIF TITRATION PACK	6	QL (4.2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
teriflunomide 14 mg tab	3	QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
teriflunomide 7 mg tab	3	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
ZEPOSIA	6	PA, QL (30 ea per 30 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP
ZEPOSIA 7-DAY STARTER PACK	6	PA, QL (7 ea per 7 day(s)), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	6	PA, QL (28 ea per 28 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE 300 (9) & 600(24) MG MISC	5	PA
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	3	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
dextromethorphan-quinidine	6	PA, QL (2 ea per 1 day(s))
NUEDEXTA	6	PA, QL (2 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA	6	PA, LA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
ERGOLOID MESYLATES	3	
MIPLYFFA (47 MG CAP, 62 MG CAP)	6	PA, LA, QL (90 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
MIPLYFFA 124 MG CAP	6	PA, LA, QL (90 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
pimozide (1 mg tab, 2 mg tab)	3	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT (300 MG TAB ER, 600 MG TAB ER)	5	PA
SMOKING DETERRENTS		
APO-VARENICLINE (0.5 MG TAB, 1 MG TAB)	1	QL (2 ea per 1 days)
CHANTIX (0.5 MG TAB, 1 MG TAB)	1	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	1	QL (2 ea per 1 days)
cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	
cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	
eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	
eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	
eq nicotine step 3	1	
eql nicotine polacrilex (2 mg lozenge, 4 mg lozenge)	1	
ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	
ft nicotine mini (2 mg lozenge, 4 mg lozenge)	1	
gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	
gnp nicotine mini (2 mg lozenge, 4 mg lozenge)	1	
gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	
goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	

Drug Name	Drug Tier	Requirements/Limits
goodsense nicotine policrilex	1	
habitrol	1	
hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	
hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	
kls quit2 (2 mg gum, 2 mg lozenge)	1	
kls quit4 (4 mg gum, 4 mg lozenge)	1	
nicoderm cq (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	5	
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR)	1	
nicotine mini (2 mg lozenge, 4 mg lozenge)	1	
nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	
nicotine polacrilex mini	1	
nicotine step 1	1	
nicotine step 2	1	
nicotine step 3	1	
NICOTROL NS	1	
px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	
qc nicotine transdermal system (14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	
ra mini nicotine (2 mg lozenge, 4 mg lozenge)	1	
ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	
ra nicotine gum (2 mg gum, 4 mg gum)	1	
ra nicotine polacrilex (2 mg lozenge, 4 mg lozenge)	1	
sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)	1	
sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)	1	
thrive	1	
varenicline tartrate (0.5 mg tab, 1 mg tab)	1	QL (2 ea per 1 days)
varenicline tartrate (starter)	1	QL (53 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
varenicline tartrate(continue)	1	QL (2 ea per 1 days)
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C	6	PA, LA, PN (34 DAYS SUPPLY PER FILL), SP
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	6	PA, LA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
KALYDECO 13.4 MG PACKET	6	PA, LA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
KALYDECO 150 MG TAB	6	PA, LA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	6	PA, LA, QL (112 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	6	PA, LA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
PULMOZYME	6	PA, PN (30 DAYS SUPPLY PER FILL), SP
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	6	PA, LA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	6	PA, LA, QL (84 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	6	PA, LA, QL (56 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
PULMONARY FIBROSIS AGENTS		
nintedanib esylate (100 mg cap, 150 mg cap)	6	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
OFEV (100 MG CAP, 150 MG CAP)	6	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
pirfenidone (267 mg cap, 267 mg tab)	6	PA, QL (270 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine	3	
TETRACYCLINES		
TETRACYCLINES		
avidoxy	3	

Drug Name	Drug Tier	Requirements/Limits
demeclocycline hcl (150 mg tab, 300 mg tab)	3	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	3	
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)	3	
lymepak	3	
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	3	
mondoxyne nl	3	
tetracycline hcl (250 mg cap, 500 mg cap)	3	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	3	
propylthiouracil	3	
THYROID HORMONES		
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	5	
euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	2	
levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	2	
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)	2	
levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	2	
liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)	3	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	3	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	5	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	4	

Drug Name	Drug Tier	Requirements/Limits
unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	2	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	1	
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	1	
DAPTACEL	1	
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	AL (Up to 4 yrs old)
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	1	
TDVAX	1	
TENIVAC	1	
TETANUS-DIPHTHERIA TOXOIDS TD	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
BELLADONNA ALKALOIDS-OPIUM (16.2-30 MG SUPPOS, 16.2-60 MG SUPPOS)	3	
CHLORDIAZEPOXIDE-CLIDINIUM	3	
dicyclomine hcl (10 mg cap, 20 mg tab)	2	
dicyclomine hcl 10 mg/5ml solution	3	
glycopyrrolate (1 mg tab, 1 mg/5ml solution, 1.5 mg tab, 2 mg tab)	3	
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)	3	
hyoscyamine sulfate er	3	
HYOSCYAMINE SULFATE SL	3	
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	3	
LEVSIN/SL	3	

Drug Name	Drug Tier	Requirements/Limits
methscopolamine bromide (2.5 mg tab, 5 mg tab)	3	
NULEV	3	
OSCIMIN 0.125 MG SL TAB	3	
PB-HYOSCY-ATROPINE-SCOPOLAMINE (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	3	
phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)	3	
PHENOHYTRO (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	3	
H-2 ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	3	
famotidine (20 mg tab, 40 mg tab)	2	
famotidine 40 mg/5ml recon susp	3	
nizatidine	4	PA, QL (2 ea per 1 day(s))
NIZATIDINE 300 MG CAP	4	PA, QL (1 ea per 1 days)
MISC. ANTI-ULCER		
sucralfate (1 gm tab, 1 gm/10ml suspension)	3	
PROTON PUMP INHIBITORS		
dexlansoprazole (30 mg cap dr, 60 mg cap dr)	3	ST, QL (1 ea per 1 day(s))
esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)	3	PA
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	3	
lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)	3	
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	3	
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	3	
pantoprazole sodium 40 mg packet	3	PA
RABEPRAZOLE SODIUM	3	PA
rabeprazole sodium	3	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol (100 mcg tab, 200 mcg tab)	3	
ULCER THERAPY COMBINATIONS		
omeprazole-sodium bicarbonate (20-1100 mg cap, 20-1680 mg packet, 40-1100 mg cap, 40-1680 mg packet)	3	ST

Drug Name	Drug Tier	Requirements/Limits
UNCATEGORIZED		
UNCLASSIFIED		
ALYFTREK 10-50-125 MG TAB	6	PA, LA, QL (56 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
ALYFTREK 4-20-50 MG TAB	6	PA, LA, QL (84 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
ATTRUBY	6	PA, QL (112 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
AVERI	1	
AVLAYAH	6	PA, LA, PN (28 DAYS SUPPLY PER FILL), SP
AVMAPKI FAKZYNJA CO-PACK	1	PA, LA, QL (66 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
AVTOZMA (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	6	PA, QL (3.6 ml per 28 day(s)), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
AVTOZMA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
BESREMI PEN	6	QL (1 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
BOMYNTRA (120 MG/1.7ML SOLN PRSYR, 120 MG/1.7ML SOLUTION)	6	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRUKINSA 160 MG TAB	1	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
BYSANTI (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	6	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
BYSANTI TITRATION PACK A	6	PA, QL (8 ea per 4 day(s)), PN (4 DAYS SUPPLY PER FILL)
BYSANTI TITRATION PACK B	6	PA, QL (12 ea per 4 day(s)), PN (4 DAYS SUPPLY PER FILL)
BYSANTI TITRATION PACK C	6	PA, QL (8 ea per 3 day(s)), PN (3 DAYS SUPPLY PER FILL)
CARDAMYST	6	PA, QL (2 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
CONEXXENCE	6	QL (1 ml per 180 day(s)), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
CRENESSITY (50 MG CAP, 100 MG CAP)	6	PA, LA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
CRENESSITY 25 MG CAP	6	PA, LA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
CRENESSITY 50 MG/ML SOLUTION	6	PA, LA, QL (120 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
DANZITEN (71 MG TAB, 95 MG TAB)	1	QL (112 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
DATROWAY	6	PA, QL (6 ea per 21 day(s)), PN (21 DAYS SUPPLY PER FILL), SP
DOPTELET SPRINKLE	6	PA, QL (60 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
EBGLYSS 250 MG/2ML SOLN PRSYR	6	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
EKTERLY	6	PA, QL (4 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
ELIQUIS (1.5 MG PACK)	4	QL (3 ea per 1 day(s))
ELIQUIS (2 MG PACK)	4	QL (4 ea per 1 day(s))
ELIQUIS 0.15 MG CAP SPRINK	4	QL (74 ea per 30 day(s))
ELIQUIS 0.5 MG TAB SOL	4	QL (592 ea per 30 day(s))
EMRELIS (20 MG RECON SOLN, 100 MG RECON SOLN)	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
ENSACOVE (25 MG CAP, 100 MG CAP)	1	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
EXDENSUR	6	PA, QL (1 ml per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	5	PA, QL (1 ea per 1 day(s))
EXXUA TITRATION PACK	5	PA, QL (1 ea per 1 day(s))
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	1	PA, QL (168 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
GOMEKLI 2 MG CAP	1	PA, QL (84 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
HERCESSI (150 MG RECON SOLN, 420 MG RECON SOLN)	6	PN (34 DAYS SUPPLY PER FILL), SP
HERNEXEOS	1	QL (3 ea per 1 day(s)), PA-NSO, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY), SP, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY)
HYRNUO	1	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
IBTROZI	1	QL (90 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
ICOTYDE	6	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
IDVYNSO	4	QL (1 ea per 1 day(s))
IMKELDI	1	QL (280 ml per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
INLURIYO	1	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	1	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
JOBEVNE (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
JUBBONTI	6	QL (1 ml per 180 day(s)), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
KEYTRUDA QLEX (395-4800 MG -UNT/2.4ML SOLUTION, 790-9600 MG -UNT/4.8ML SOLUTION)	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIRSTY (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	4	
KOMZIFTI	1	PA, QL (90 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
LIFYORLI (125 MG DOSE)	1	QL (18 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
LIFYORLI (150 MG DOSE)	1	QL (27 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
LOARGYS	6	PA, LA, PN (34 DAYS SUPPY PER FILL), SP
MERILOG	4	
MERILOG SOLOSTAR	4	
MFLUSIVA	1	
MODEYSO	1	LA, QL (20 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
MYQORZO (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	6	PA, LA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
NEULASTA 4 MG/0.4ML SOLUTION	6	PA, QL (0.029 ml per 1 day(s)), SP
OMLYCLO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	6	PA, QL (4 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
OMLYCLO 75 MG/0.5ML SOLN PRSYR	6	PA, QL (5 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
OPDIVO QVANTIG 300-5000 MG -UT/2.5ML SOLUTION	6	PA, PN (28 DAYS SUPPLY PER FILL), SP
OPDIVO QVANTIG 600-10000 MG-UT/5ML SOLUTION	6	PA, PN (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
OSENVELT	6	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OTEZLA XR	6	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
PENMENVY	1	QL (1 ml per 999 day(s)), AL (10 to 25 yrs old)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	6	PA, QL (4 ea per 1 day(s))
REDEMPLO	6	PA, LA, QL (0.5 ml per 90 day(s)), PN (90 DAYS SUPPLY PER FILL), SP
REVUFORJ (110 MG TAB, 160 MG TAB)	4	PA, LA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	1	LA, QL (8 ea per 28 day(s)), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP
RYBREVANT FASPRO (1600-20000 MG-UT/10ML SOLUTION, 2240-28000 MG-UT/14ML SOLUTION, 2400-30000 MG-UT/15ML SOLUTION, 3520-44000 MG-UT/22ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
RYZNEUTA	6	PA, QL (0.072 ml per 1 day(s)), SP
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	1	QL (2 ea per lifetime), AL (18 to 99 yrs old), PN (Not Covered for members outside of age limit)
STOBOCLO	6	QL (1 ml per 180 day(s)), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUNLENCA 300 MG TAB	4	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY IN 180 DAYS)
TRYNGOLZA 80 MG/0.8ML SOLN A-INJ	6	PA, QL (0.8 ml per 30 day(s)), PN (30 DAYS SUPPLY PER FILL), SP
UNLOXCYT	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
VEPPANU (100 MG TAB, 200 MG TAB)	1	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP
VYKAT XR (75 MG TAB ER 24H, 150 MG TAB ER 24H)	6	PA, LA, QL (84 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
VYKAT XR 25 MG TAB ER 24H	6	PA, LA, QL (84 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
WYOST	6	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
YARTEMLEA	6	PA, QL (8 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	6	QL (0.5 ml per 84 day(s)), PA-NSO, PN (The quantity limit and day supply is based on indication), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
YESINTEK 130 MG/26ML SOLUTION	6	PA-NSO, PN (The quantity limit and day supply is based on indication), SP
YESINTEK 90 MG/ML SOLN PRSYR	6	QL (1 ml per 56 day(s)), PA-NSO, PN (The quantity limit and day supply is based on indication), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
YEZTUGO 300 MG TAB	1	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY PER FILL)
YUVIWEL (1.3 MG RECON SOLN, 2.8 MG RECON SOLN)	6	PA, LA, QL (4 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
YUVIWEL 5.5 MG RECON SOLN	6	PA, LA, QL (8 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL), SP
ZIIHERA	6	PA, PN (34 DAYS SUPPLY PER FILL), SP
ZYCUBO	6	PA, LA, PN (28 DAYS SUPPLY PER FILL), SP
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)	3	ST
fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)	3	ST
oxybutynin chloride (5 mg tab, 5 mg/5ml solution)	3	
oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)	3	
OXYTROL	5	ST
solifenacin succinate (5 mg tab, 10 mg tab)	3	
tolterodine tartrate (1 mg tab, 2 mg tab)	3	
tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)	3	ST
trospium chloride	3	
trospium chloride er	3	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	4	QL (1 ea per 1 day(s))
MYRBETRIQ 8 MG/ML SRER	4	QL (10 ml per 1 day(s)), AL (3 to 18 yrs old)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	3	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	3	
VACCINES		
BACTERIAL VACCINES		
ACTHIB	1	
BEXSERO	1	
CAPVAXIVE	1	QL (0.5 ml per lifetime), AL (19 to 999 yrs old), PN (Not Covered for members outside of age limit)
HIBERIX	1	
MENVEO (RECON SOLN, SOLUTION)	1	
PEDVAXHIB	1	
PENBRAYA	1	QL (2 ea per lifetime)
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	1	
PREVNAR 20	1	QL (0.5 ml per lifetime)
TRUMENBA	1	
VAXNEUVANCE	1	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	4	QL (4 ea per fill)
VIRAL VACCINES		
ABRYSVO	1	AL (18 to 999 yrs old)
ACAM2000	1	
AFLURIA	1	
AFLURIA PRESERVATIVE FREE	1	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	1	
AREXVY	1	QL (1 ea per lifetime), AL (60 to 999 yrs old), PN (Covered for members 60 years of age and older without prior authorization. Covered for members 50-59 years with prior authorization.)
AUDENZ (0.5 ML PRSYR, EMULSION)	1	QL (1 ml per lifetime), AL (0.5 to 999 yrs old)
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	1	

Drug Name	Drug Tier	Requirements/Limits
COMIRNATY 5-11 YEARS	1	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	1	
FLUAD	1	
FLUAD QUADRIVALENT	1	
FLUARIX	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	1	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	1	
FLULAVAL	1	
FLULAVAL QUADRIVALENT	1	
FLUMIST	1	
FLUMIST QUADRIVALENT	1	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	1	
FLUZONE HIGH-DOSE	1	
FLUZONE HIGH-DOSE QUADRIVALENT	1	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	1	
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	1	
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	1	AL (Up to 18 yrs old)
HAVRIX 1440 EL U/ML SUSP PRSYR	1	AL (19 to 99 yrs old)
HEPLISAV-B	1	
IPOL	1	
JYNNEOS	1	AL (18 to 999 yrs old)
M-M-R II	1	
MNEXSPIKE	1	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	1	
MRESVIA	1	QL (0.5 ml per lifetime), AL (60 to 999 yrs old), PN (Not Covered for members outside of age limit)

Drug Name	Drug Tier	Requirements/Limits
NOVAVAX COVID-19 VACCINE (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	1	
NUVAXOVID COVID-19 VACCINE	1	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	1	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	
PRIORIX	1	
PROQUAD	1	
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	1	
SHINGRIX 50 MCG/0.5ML RECON SUSP	1	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	1	
SPIKEVAX 6M-11Y	1	
TWINRIX	1	AL (18 to 99 yrs old)
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	1	AL (Up to 18 yrs old)
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	1	AL (19 to 99 yrs old)
VARIVAX	1	
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	4	
clindamycin phosphate 2 % cream	3	
GYNAZOLE-1	5	PA
terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)	3	
VANDAZOLE	5	PA
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX	1	

Drug Name	Drug Tier	Requirements/Limits
PHEXXI	1	
VAGINAL ESTROGENS		
estradiol (0.01 % cream, 10 mcg tab)	3	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	4	
PREMARIN 0.625 MG/GM CREAM	4	
yuvafem	3	
VAGINAL PROGESTINS		
ENDOMETRIN 100 MG INSERT	4	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	4	QL (2 ea per fill), AL (Up to 3 yrs old)
epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)	3	QL (2 ea per fill)
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	3	
VITAMINS		
OIL SOLUBLE VITAMINS		
d3-50	3	
decara	5	
ergocalciferol 1.25 mg (50000 ut) cap	3	
optimal d3	3	
phytonadione 5 mg tab	3	
true vitamin d3 1.25 mg (50000 ut) cap	3	
vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)	3	
vitamin d 1.25 mg (50000 ut) cap	3	
vitamin d high potency 1.25 mg (50000 ut) cap	3	
vitamin d3 1.25 mg (50000 ut) cap	3	
weekly-d	3	

Appendix

1

1ST TIER UNIFINE PENTIPS 140
1ST TIER UNIFINE PENTIPS PLUS 140
1ST TIER UNILET COMFORTOUCH 121

A

abacavir sulfate 74
abacavir sulfate-lamivudine 74
abigale 109
abigale lo 109
ABILIFY ASIMTUFII 73
ABILIFY MAINTENA 73
abiraterone acetate 58
abirtega 59
ABOUTTIME PEN NEEDLE 140
ABRYSVO 188
ACAM2000 188
acamprosate calcium 173
acarbose 40
ACCU-CHEK FASTCLIX LANCET 121
ACCU-CHEK FASTCLIX LANCETS 121
ACCU-CHEK SAFE-T PRO LANCETS 121
ACCU-CHEK SOFTCLIX LANCET DEV 121
ACCU-CHEK SOFTCLIX LANCETS 121
accutane 94
acebutolol hcl 79
ACETAMINOPHEN-CODEINE 24
acetaminophen-codeine 24
acetazolamide 104
acetazolamide er 104
acetic acid 170
acetylcysteine 94
acitretin 97
ACTHIB 188
ACTI-LANCE 28G 121
ACTI-LANCE LITE LANCETS 28G 121
ACTI-LANCE SPECIAL LANCETS 17G 121
ACTI-LANCE UNIVERSAL 23G 121
ACTIMMUNE 68
acyclovir 78,98
ADACEL 181
adapalene 94
adapalene-benzoyl peroxide 94
ADBRY 100
ADCETRIS 56
adefovir dipivoxil 77
ADEMPAS 82
ADJUSTABLE LANCING DEVICE 121
adult aspirin regimen 20
ADVAIR HFA 31
ADVANCED MOBILE LANCET 121
ADVANTAGE SAFETY LANCETS 28G 121
ADVOCATE ALCOHOL PREP PADS 138
ADVOCATE INSULIN PEN NEEDLE 140
ADVOCATE INSULIN PEN NEEDLES 140
ADVOCATE INSULIN SYRINGE 140
ADVOCATE LANCETS 121
ADVOCATE LANCETS 30G 121
ADVOCATE LANCING DEVICE 122
ADVOCATE RAPID-SAFE LANCING 122
ADVOCATE SAFETY LANCETS 122
ADVOCATE SAFETY LANCETS 21G 122
ADVOCATE SAFETY LANCETS 23G 122
ADVOCATE SAFETY LANCETS 26G 122
ADVOCATE SAFETY LANCETS 28G 122
ADZYNMA 115
afirmelle 83
AFLURIA 188
AFLURIA PRESERVATIVE FREE 188
AFLURIA QUADRIVALENT 188
aftera 90
afterpill 91
AGAMATRIX ULTRA-THIN LANCETS 122
AIMOVIG 154
AIMSCO TWIST LANCETS 32G 122
AIMSCO TWIST LANCETS 33G 122
ak-poly-bac 167
AKEEGA 59
AKYNZEO 46
ala-cort 98
albendazole 26

albuterol sulfate . . . 31
albuterol sulfate hfa . . . 31
alclometasone dipropionate . . . 99
ALCOH-GLOVE CONTOURED WIPE . . . 138
ALCOH-WIPE . . . 138
ALCOHOL PADS . . . 138
ALCOHOL PREP . . . 138
ALCOHOL PREP PADS . . . 138
ALCOHOL PREPS . . . 138
ALCOHOL SWABS . . . 138
ALCOHOL SWABSTICK . . . 138
alcohol wipes . . . 102
ALDURAZYME . . . 107
ALECENSA . . . 61
alendronate sodium . . . 105
alfuzosin hcl er . . . 114
ALINIA . . . 27
aliskiren fumarate . . . 52
allopurinol . . . 114
ALOCRIL . . . 169
ALOMIDE . . . 170
alosetron hcl . . . 112
alprazolam . . . 29
alprazolam er . . . 29
alprazolam xr . . . 29
ALTABAX . . . 95
altavera . . . 84
ALTOPREV . . . 49
ALUNBRIG . . . 62
alyacen 1/35 . . . 84
alyacen 7/7/7 . . . 84
ALYFTREK . . . 183
ALYGLO . . . 171
alyq . . . 82
amabelz . . . 109
amantadine hcl . . . 69
ambrisentan . . . 82
AMCINONIDE . . . 99
amethia . . . 84
amethyst . . . 84
amiloride hcl . . . 104
AMILORIDE-HYDROCHLOROTHIAZIDE . . . 104
amiodarone hcl . . . 30
amitriptyline hcl . . . 40
AMJEVITA . . . 17
amlodipine besy-benazepril hcl . . . 51
amlodipine besylate . . . 80
amlodipine besylate-valsartan . . . 51
amlodipine-olmesartan . . . 51
amnesteem . . . 94
amoxapine . . . 40
amoxicillin . . . 173
amoxicillin trihydrate . . . 173
amoxicillin-pot clavulanate . . . 173
amphetamine-dextroamphet er . . . 16
amphetamine-dextroamphetamine . . . 16
ampicillin . . . 173
anagrelide hcl . . . 115
anastrozole . . . 59
ANGELIQ . . . 109
ANNOVERA . . . 90
ANORO ELLIPTA . . . 32
ANUCORT-HC . . . 26
ANUSOL-HC . . . 26
APO-VARENICLINE . . . 177
apomorphine hcl . . . 69
APRACLONIDINE HCL . . . 167
aprepitant . . . 47
APRETUDE . . . 74
apri . . . 84
APTIOM . . . 35
APTIVUS . . . 74
AQ INSULIN SYRINGE . . . 140
AQINJECT PEN NEEDLE . . . 140
AQNEURSA . . . 177
AQUALANCE LANCETS 30G . . . 122
ARANELLE . . . 84
ARCALYST . . . 18
AREXVY . . . 188
arformoterol tartrate . . . 32
aripiprazole . . . 73
ARISTADA . . . 73,74

ARISTADA INITIO 74
armodafinil 16
ARMOUR THYROID 180
ARNUITY ELLIPTA 31
ARZERRA 56
ASCENIV 171
ascomp-codeine 24
asenapine maleate 72
ashlyna 84
ASPARLAS 68
aspirin 21
aspirin 81 21
aspirin adult low dose 21
aspirin adult low strength 21
aspirin childrens 21
aspirin ec adult low dose 21
aspirin ec low dose 21
aspirin ec low strength 21
aspirin low dose 21
aspirin regimen 21
aspirin-dipyridamole er 116
ASSURE COMFORT LANCETS 28G 122
ASSURE ID DUO PRO PEN NEEDLES 140
ASSURE ID PRO PEN NEEDLES 140
ASSURE ID SAFETY PEN NEEDLES 140
ASSURE LANCE LANCETS 122
ASSURE LANCE LANCETS 21G 122
ASSURE LANCE PLUS SAFETY 25G 122
ASSURE LANCE PLUS SAFETY 30G 122
ASSURE LANCE SAFETY LANCET 28G 122
ATABEX EC 160
ATABEX OB 160
atazanavir sulfate 74
atenolol 79
atenolol-chlorthalidone 51
atomoxetine hcl 16
atorvastatin calcium 49
atovaquone 27
atovaquone-proguanil hcl 52
atropine sulfate 166
ATROVENT HFA 30
attero 99
ATTRUBY 183
aubra 84
aubra eq 84
AUDENZ 188
AUGTYRO 62
AUM ALCOHOL PREP PADS 138
AUM INSULIN SAFETY PEN NEEDLE 140
AUM MINI INSULIN PEN NEEDLE 140
AUM PEN NEEDLE 140
AUM READYGARD DUO PEN NEEDLE 140
AUM SAFETY PEN NEEDLE 141
AURORA LANCET SUPER THIN 30G 122
AURORA LANCET THIN 23G 122
AURORA PEN NEEDLES 141
AURORA UNIFINE PENTIPS 141
aurovela 1.5/30 84
aurovela 1/20 84
aurovela 24 fe 84
aurovela fe 1.5/30 84
aurovela fe 1/20 84
AURYXIA 112
AUTO-LANCET 122
AUTO-LANCET MINI 122
AUTOLET LANCING DEVICE 122
AUTOLET LITE CLINISAFE 122
AUTOLET LITE LANCING DEVICE 122
AUTOLET MINI 122
AUTOLET PLATFORMS 122
AUTOLET PLUS 122
AUVELITY 38
AUVI-Q 191
AVAR CLEANSER 94
AVAR-E EMOLLIENT 94
avar-e green 94
AVASTIN 55
AVEED 25
AVERI 183
aviane 84
avidoxy 179
avita 94

AVLAYAH 183
AVMAPKI FAKZYNJA CO-PACK 183
AVONEX PEN 175
AVONEX PREFILLED 175
AVOPEF 69
AVSOLA 111
AVTOZMA 183
ayuna 84
AYVAKIT 60
AZASITE 167
azathioprine 157
azelaic acid 102
azelastine hcl 165,170
azelastine-fluticasone 165
AZELEX 94
AZENTRA 160
AZESCO 160
azithromycin 120
azurette 84

B

bac (butalbital-acetamin-caff) 20
BACITRA-NEOMYCIN-POLYMYXIN-HC 169
BACITRACIN 168
BACITRACIN-POLYMYXIN B 168
baclofen 163
BALCOLTRA 84
balsalazide disodium 111
BALVERSA 62
balziva 84
BAQSIMI ONE PACK 41
BAQSIMI TWO PACK 41
BAVENCIO 56
bayer aspirin ec low dose 21
bayer low dose 21
BD AUTOSHIELD DUO 141
BD INSULIN SYR ULTRAFINE II 141
BD INSULIN SYRINGE 141
BD INSULIN SYRINGE HALF-UNIT 141
BD INSULIN SYRINGE MICROFINE 141
BD INSULIN SYRINGE U-500 141
BD INSULIN SYRINGE U/F 141
BD INSULIN SYRINGE U/F 1/2UNIT 141
BD INSULIN SYRINGE ULTRAFINE 141
BD LUER-LOK SYRINGE 141
BD MICROTAINER LANCETS 122
BD PEN NEEDLE MICRO ULTRAFINE 141
BD PEN NEEDLE MINI ULTRAFINE 141
BD PEN NEEDLE NANO 2ND GEN 141
BD PEN NEEDLE NANO ULTRAFINE 141
BD PEN NEEDLE ORIG ULTRAFINE 141
BD PEN NEEDLE SHORT ULTRAFINE 141
BD SAFETYGLIDE INSULIN SYRINGE 141
BD SWAB SINGLE USE REGULAR 138
BD VEO INSULIN SYR U/F 1/2UNIT 141
BD VEO INSULIN SYR ULTRAFINE 141
BELLADONNA ALKALOIDS-OPIUM 181
BELRAPZO 53
benazepril hcl 50
benazepril-hydrochlorothiazide 51
BENDAMUSTINE HCL 54
bendamustine hcl 54
BENDEKA 54
BENLYSTA 158
benzonatate 93
BENZOYL PEROXIDE 94
benzoyl peroxide-erythromycin 94
benztropine mesylate 69
BEOVU 167
bepotastine besilate 170
BERINERT 115
BESIVANCE 168
BESPONSA 56
BESREMI 68
BESREMI PEN 183
betaine 107
betamethasone dipropionate 99
betamethasone dipropionate aug 99
BETAMETHASONE VALERATE 99
BETASERON 175
betaxolol hcl 79
BETAXOLOL HCL 166

bethanechol chloride . . . 187
BETIMOL . . . 166
BETOPTIC-S . . . 166
bexarotene . . . 68,96
BEXSERO . . . 188
BEYAZ . . . 84
bicalutamide . . . 59
BIJUVA . . . 109
BIKTARVY . . . 74
BIMATOPROST . . . 170
bimatoprost . . . 170
BINOSTO . . . 105
bisoprolol fumarate . . . 79
bisoprolol-hydrochlorothiazide . . . 51
BIVIGAM . . . 171
BLINCYTO . . . 56
blisovi 24 fe . . . 84
blisovi fe 1.5/30 . . . 84
blisovi fe 1/20 . . . 84
BOMYNTRA . . . 183
BOOSTRIX . . . 181
bosentan . . . 82
BOSULIF . . . 62
bosutinib . . . 62
BOTOX . . . 166
BRAFTOVI . . . 62
BREO ELLIPTA . . . 32
BREZTRI AEROSPHERE . . . 32
briellyn . . . 84
BRIMONIDINE TARTRATE . . . 102
brimonidine tartrate . . . 167
brimonidine tartrate-timolol . . . 166
brinzolamide . . . 170
BRIXADI . . . 24
BRIXADI (WEEKLY) . . . 24
bromfed dm . . . 93
bromfenac sodium (once-daily) . . . 170
bromocriptine mesylate . . . 69
BRUKINSA . . . 62,183
budesonide . . . 31,92
budesonide-formoterol fumarate . . . 32
bumetanide . . . 104
buprenorphine . . . 25
buprenorphine hcl . . . 25
buprenorphine hcl-naloxone hcl . . . 25
bupropion hcl . . . 38
bupropion hcl er (smoking det) . . . 38
bupropion hcl er (sr) . . . 38
BUPROPION HCL ER (XL) . . . 38
bupropion hcl er (xl) . . . 38
buspirone hcl . . . 28,29
butalbital-acetaminophen . . . 20
butalbital-apap-caff-cod . . . 24
butalbital-apap-caffeine . . . 20
butalbital-asa-caff-codeine . . . 24
butalbital-aspirin-caffeine . . . 20
butorphanol tartrate . . . 25
BYOOVIZ . . . 167
BYSANTI . . . 183
BYSANTI TITRATION PACK A . . . 183
BYSANTI TITRATION PACK B . . . 183
BYSANTI TITRATION PACK C . . . 183

C

C-NATE DHA . . . 160
CABENUVA . . . 74
cabergoline . . . 108
CABLIVI . . . 116
CABOMETYX . . . 62
caffeine citrate . . . 16
CALCIPOTRIENE . . . 97
calcipotriene-betameth diprop . . . 99
calcitonin (salmon) . . . 105
calcitrene . . . 97
calcitriol . . . 107
calcium acetate . . . 113
calcium acetate (phos binder) . . . 113
CALQUENCE . . . 62
CAMCEVI . . . 59
camila . . . 91
camrese . . . 84
camrese lo . . . 84

CAMZYOS 81
candesartan cilexetil 51
candesartan cilexetil-hctz 52
CANTHARIDIN 101
capecitabine 54
CAPLYTA 70
CAPRELSA 62
captopril 50
CAPTOPRIL-HYDROCHLOROTHIAZIDE 52
CAPVAXIVE 188
carbamazepine 35
carbamazepine er 35
CARBATROL 35
carbidopa 69
carbidopa-levodopa 69
carbidopa-levodopa er 70
carbidopa-levodopa-entacapone 70
carbinoxamine maleate 47
CARDAMYST 183
CARDIOCOM LANCING DEVICE 122
CARDURA XL 114
CAREFINE PEN NEEDLES 141
CAREONE ADVANCED LANCING DEV 122
CAREONE INSULIN SYRINGE 141
CAREONE LANCET SUPER THIN 30G 122
CAREONE LANCET THIN 23G 123
CAREONE UNIFINE PENTIPS 142
CAREONE UNIFINE PENTIPS PLUS 142
CARESENS LANCETS 123
CARESENS LANCETS 30G 123
CARETOUCH ALCOHOL PREP 138
CARETOUCH INSULIN SYRINGE 142
CARETOUCH LANCING/EJECTOR 123
CARETOUCH PEN NEEDLES 142
CARETOUCH SAFETY LANCETS 123
CARETOUCH SAFETY LANCETS 26G 123
CARETOUCH TWIST LANCETS 28G 123
CARETOUCH TWIST LANCETS 30G 123
CARETOUCH TWIST LANCETS 33G 123
CARETOUCH TWIST MC LANCETS 30G 123
carglumic acid 107
carisoprodol 163
CARISOPRODOL-ASPIRIN-CODEINE 164
CARTEOLOL HCL 166
cartia xt 80
carvedilol 79
carvedilol phosphate er 79
cataflam 18
CAYA 121
CEFACLOR 83
CEFACLOR ER 83
cefadroxil 83
cefdinir 83
cefprozil 83
cefuroxime axetil 83
celecoxib 18
CELONTIN 37
cephalexin 83
CEQUR SIMPLICITY 2U 142
CEREZYME 116
cetrorelix acetate 106
cevimeline hcl 159
CHANTIX 177
CHANTIX CONTINUING MONTH PAK 177
charlotte 24 fe 84
chateal 84
chateal eq 84
CHEMET 45
CHEMSTRIP K 103
CHEMSTRIP UGK 103
childrens aspirin 21
chlordiazepoxide hcl 29
CHLORDIAZEPOXIDE-CLIDINIUM 181
chlorhexidine gluconate 158
CHLOROQUINE PHOSPHATE 53
chlorpromazine hcl 73
chlorthalidone 104
CHOLBAM 110
cholestyramine 48
cholestyramine light 48
CHORIONIC GONADOTROPIN 105
CHOSEN LANCETS 30G 123

CHOSEN LANCING DEVICE . . . 123
CHOSEN SAFETY LANCETS 28G . . . 123
CIBINQO . . . 100
ciclopirox . . . 96
ciclopirox olamine . . . 96
cilostazol . . . 116
CILOXAN . . . 168
CIMDUO . . . 74
CIMERLI . . . 167
cimetidine . . . 182
CIMZIA . . . 111
CIMZIA (1 SYRINGE) . . . 111
CIMZIA (2 SYRINGE) . . . 111
CIMZIA-STARTER . . . 111
cinacalcet hcl . . . 107
CINRYZE . . . 115
CINVANTI . . . 47
CIPRO . . . 110
CIPRO HC . . . 170
ciprofloxacin hcl . . . 110,168,170
ciprofloxacin-dexamethasone . . . 171
ciprofloxacin-hydrocortisone . . . 171
citalopram hydrobromide . . . 39
CITRANATAL B-CALM . . . 160
CITRANATAL BLOOM . . . 160
claravis . . . 94
clarithromycin . . . 120
CLEANLET LANCETS 28G . . . 123
CLEMASTINE FUMARATE . . . 48
CLEMASZ . . . 48
CLEMSZA . . . 48
CLENPIQ . . . 119
CLEOCIN . . . 190
CLEVER CHEK LANCETS . . . 123
CLEVER CHOICE COMFORT EZ . . . 123,142
CLEVER CHOICE COMFORT EZ PLUS . . . 142
CLEVER CHOICE LANCETS 21G . . . 123
CLEVER CHOICE LANCETS 23G . . . 123
CLEVER CHOICE LANCETS 28G . . . 123
CLICKFINE PEN NEEDLES . . . 142
clindacin etz . . . 94
clindacin-p . . . 94
clindamycin hcl . . . 27
clindamycin palmitate hcl . . . 27
clindamycin phos (once-daily) . . . 94
clindamycin phos (twice-daily) . . . 94
clindamycin phos-benzoyl perox . . . 94,95
clindamycin phosphate . . . 95,190
clindamycin-tretinoin . . . 95
clobazam . . . 34
clobetasol prop emollient base . . . 99
clobetasol propionate . . . 99
clobetasol propionate emulsion . . . 99
clodan . . . 99
clofarabine . . . 54
clomid . . . 105
clomiphene citrate . . . 105
clomipramine hcl . . . 40
clonazepam . . . 34
clonidine . . . 51
clonidine hcl . . . 51
clonidine hcl er . . . 16
clopidogrel bisulfate . . . 116
clorazepate dipotassium . . . 29
clotrimazole . . . 96,158
clotrimazole-betamethasone . . . 96
clozapine . . . 72
COAGUCHEK LANCETS . . . 123
COARTEM . . . 53
COBENFY . . . 73
COBENFY STARTER PACK . . . 73
codeine sulfate . . . 22
colchicine . . . 114
colchicine-probenecid . . . 114
colesevelam hcl . . . 49
colestipol hcl . . . 49
COMBIPATCH . . . 109
COMBIVENT RESPIMAT . . . 32
COMETRIQ (100 MG DAILY DOSE) . . . 62
COMETRIQ (140 MG DAILY DOSE) . . . 62
COMETRIQ (60 MG DAILY DOSE) . . . 62
COMFORT ASSIST INSULIN SYRINGE . . . 142

COMFORT ASSURED LANCETS 28G . . . 123
COMFORT ASSURED LANCETS 33G . . . 123
COMFORT EZ INSULIN SYRINGE . . . 123,142
COMFORT EZ MICRO PEN NEEDLES . . . 142
COMFORT EZ PEN NEEDLES . . . 142
COMFORT EZ PRO PEN NEEDLES . . . 142
COMFORT EZ SHORT PEN NEEDLES . . . 142
COMFORT LANCETS . . . 123
COMFORT TOUCH ALCOHOL PREP . . . 138
COMFORT TOUCH INSULIN PEN NEED . . . 142
COMFORT TOUCH LANCETS 31G . . . 123
COMFORT TOUCH PLUS LANCETS 28G . . . 123
COMFORT TOUCH PLUS LANCETS 30G . . . 123
COMFORT TOUCH TWIST LANCET 30G . . . 123
COMIRNATY . . . 188
COMIRNATY 5-11 YEARS . . . 189
COMPLERA . . . 74
COMPLETE NATAL DHA . . . 160
compro . . . 73
CONCEPT DHA . . . 160
CONCEPT OB . . . 160
CONEXXENCE . . . 183
constulose . . . 120
COPIKTRA . . . 62
CORLANOR . . . 83
CORTISONE ACETATE . . . 92
CORTISPORIN-TC . . . 171
COSENTYX . . . 97
COSENTYX (300 MG DOSE) . . . 97
COSENTYX SENSOREADY (300 MG) . . . 97
COSENTYX SENSOREADY PEN . . . 97
COSENTYX UNOREADY . . . 97
COTELLIC . . . 63
COVARYX . . . 109
COVARYX HS . . . 109
CRENESSITY . . . 183,184
CREON . . . 103
CRESEMBA . . . 47
cromolyn sodium . . . 30,110
CROMOLYN SODIUM . . . 170
CROTAN . . . 103
cryselle . . . 84
cryselle-28 . . . 85
curae . . . 91
CURITY ALCOHOL PREPS . . . 139
CUTAQUIG . . . 171
CUVITRU . . . 171
CVS ALCOHOL PREP PADS . . . 139
cvs aspirin adult low dose . . . 21
cvs aspirin adult low strength . . . 21
cvs aspirin ec . . . 21
cvs aspirin low dose . . . 21
cvs aspirin low strength . . . 21
cvs folic acid . . . 116
CVS GLUCOSE . . . 41
cvs isopropyl alcohol wipes . . . 102
CVS KETONE CARE . . . 103
CVS LANCETS 21G . . . 123
CVS LANCETS MICRO THIN 33G . . . 123
CVS LANCETS ORIGINAL . . . 123
CVS LANCETS THIN 26G . . . 124
CVS LANCETS ULTRA THIN 30G . . . 124
CVS LANCETS ULTRA-THIN 30G . . . 124
CVS LANCING DEVICE . . . 124
cvs nicotine . . . 177
cvs nicotine polacrilex . . . 177
CVS PREP . . . 139
cvs soft glucose . . . 41
CVS ULTRA THIN LANCETS . . . 124
cyclobenzaprine hcl . . . 163
cyclobenzaprine hcl er . . . 163
cyclopentolate hcl . . . 166
cyclophosphamide . . . 54
CYCLOSERINE . . . 53
cyclosporine . . . 157
cyclosporine (pf) . . . 168
cyclosporine modified . . . 157
cyproheptadine hcl . . . 48
CYRAMZA . . . 55
cyred . . . 85
cyred eq . . . 85
CYSTAGON . . . 113

CYSTARAN 170
CYTOGAM 171
CYTRA-3 113
CYTRA-K 113

D

d3-50 191
dabigatran etexilate mesylate 34
dalfampridine er 175
danazol 25
dantrolene sodium 164
DANYELZA 56
DANZITEN 184
dapaglifloz base-metformin er 40
dapagliflozin 45
dapsone 27
DAPTACEL 181
daptomycin 27
darifenacin hydrobromide er 187
darunavir 74
DARZALEX 56
DARZALEX FASPRO 61
dasatinib 63
dasetta 1/35 85
dasetta 7/7/7 85
DATROWAY 184
DAURISMO 58
DAXXIFY 101
daysee 85
deblitane 92
decara 191
decitabine 54
deferasirox 46
deferasirox granules 46
deferiprone 46
DELSTRIGO 74
delyla 85
demeclocycline hcl 180
DENTA 5000 PLUS 158
DENTA 5000 PLUS SENSITIVE 158
dentagel 158
DEPAKOTE 38
DEPAKOTE ER 38
DEPAKOTE SPRINKLES 38
DEPO-PROVERA 91
DEPO-SUBQ PROVERA 104 91
depo-testosterone 25
DESCOVY 74
desipramine hcl 40
desmopressin ace spray refrig 108
desmopressin acetate 108
desmopressin acetate spray 108
desogestrel-ethinyl estradiol 85
desonide 99
desoximetasone 99
desvenlafaxine succinate er 39
DEX4 41
DEX4 GLUCOSE 41
DEX4 NATURALS 41
DEX4 POUCH PACK 41
DEX4 QUICK DISSOLVE GLUCOSE 41
dexamethasone 92
DEXAMETHASONE INTENSOL 92
DEXCOM G6 RECEIVER 124
DEXCOM G6 SENSOR 124
DEXCOM G6 TRANSMITTER 124
DEXCOM G7 15 DAY SENSOR 124
DEXCOM G7 RECEIVER 124
DEXCOM G7 SENSOR 124
dexlansoprazole 182
dexmethylphenidate hcl 16
dexmethylphenidate hcl er 16
dextroamphetamine sulfate 16
dextroamphetamine sulfate er 16
dextromethorphan-quinidine 176
DIACOMIT 35
DIATHRIVE LANCET ULTRA THIN 30 124
DIATHRIVE LANCETS 124
DIATHRIVE LANCING DEVICE 124
DIATHRIVE PEN NEEDLE 142
diazepam 29,34
diazepam intensol 29

diazoxide 42
DICLOFENAC EPOLAMINE 95
diclofenac potassium 19
diclofenac sodium 19,95,170
diclofenac sodium er 19
diclofenac-misoprostol 19
dicloxacillin sodium 173
dicyclomine hcl 181
DIFICID 120
diflorasone diacetate 99
diflunisal 21
difluprednate 169
digitek 80
digox 81
digoxin 81
dihydroergotamine mesylate 155
DILANTIN 37
DILANTIN INFATABS 37
DILANTIN-125 37
dilt-xr 80
diltiazem hcl 80
diltiazem hcl er 80
diltiazem hcl er beads 80
diltiazem hcl er coated beads 80
dimethyl fumarate 175
dimethyl fumarate starter pack 175
DIPENTUM 111
DIPHENHYDRAMINE HCL 48
diphenoxylate-atropine 45
dipyridamole 116
DISKETS 22
disopyramide phosphate 29
disulfiram 174
DIURIL 104
divalproex sodium 38
divalproex sodium er 38
dofetilide 30
DOJOLVI 166
dolishale 85
donepezil hcl 174
DOPTELET 117
DOPTELET SPRINKLE 184
dorzolamide hcl 170
dorzolamide hcl-timolol mal 166
dotti 109
DOVATO 74
doxazosin mesylate 51
DOXEPIN HCL 40
doxepin hcl 97,119
DOXERCALCIFEROL 107
doxycycline hyclate 180
doxycycline monohydrate 180
doxylamine-pyridoxine 47
dronabinol 47
DROPLET GENTEEL LANCING DEVICE 124
DROPLET INSULIN SYRINGE 124,142
DROPLET LANCETS ULTRA THIN 30G 124
DROPLET LANCING DEVICE 124
DROPLET MEDLANCE LANCET 30G 124
DROPLET MICRON 143
DROPLET PEN NEEDLES 143
DROPLET PERSONAL LANCETS 30G 124
DROPSAFE ACTI-LANCE 23G 124
DROPSAFE ACTI-LANCE LANCET 17G 124
DROPSAFE ACTI-LANCE LANCET 23G 124
DROPSAFE ACTI-LANCE LANCET 28G 124
DROPSAFE ALCOHOL PREP 139
DROPSAFE AUTOPROTECT DUO 143
DROPSAFE ERGOLANCE LANCET 21G 124
DROPSAFE ERGOLANCE LANCET 25G 124
DROPSAFE ERGOLANCE LANCET 30G 124
DROPSAFE HAEMOLANCE LANCET 1.5 124
DROPSAFE HAEMOLANCE LANCET 18G 124
DROPSAFE HAEMOLANCE LANCET 21G 125
DROPSAFE HAEMOLANCE LANCET 25G 125
DROPSAFE HAEMOLANCE LANCET 28G 125
DROPSAFE MEDISAFE LANCET 23G 125
DROPSAFE MEDISAFE LANCET 29G 125
DROPSAFE MEDLANCE LANCET 0.8MM 125
DROPSAFE MEDLANCE LANCET 21G 125
DROPSAFE MEDLANCE LANCET 25G 125
DROPSAFE MEDLANCE LANCET 30G 125

DROPSAFE SAFETY PEN NEEDLES 143
DROPSAFE SAFETY SYRINGE/NEEDLE 143
drospiren-eth estrad-levomefol 85
drospirenone-ethinyl estradiol 85
DRUG MART LANCETS THIN 26G 125
DRUG MART LANCING DEVICE 125
DRUG MART ON-THE-GO LANCET 30G 125
DRUG MART UNIFINE PENTIPS 143
DRUG MART UNIFINE PENTIPS PLUS 143
DRUG MART UNILET LANCETS 28G 125
DRUG MART UNILET LANCETS 30G 125
DRUG MART UNILET LANCETS 33G 125
DRYSOL 102
DUET DHA 400 160
DULERA 32
duloxetine hcl 40
DUPIXENT 100
DUROLANE 164
DURYSTA 170
dutasteride 114
dutasteride-tamsulosin hcl 114
DYSPORT 166

E

E-Z JECT LANCET MICRO-THIN 33G 125
E-Z JECT LANCET SUPER THIN 30G 125
E-Z JECT LANCETS 125
E-Z JECT LANCETS 21G 125
E-Z JECT LANCETS THIN 26G 125
EASY COMFORT ALCOHOL PADS 139
EASY COMFORT INSULIN SYRINGE 125,143
EASY COMFORT LANCETS 125
EASY COMFORT LANCETS TWIST TOP 125
EASY COMFORT PEN NEEDLES 143
EASY GLIDE PEN NEEDLES 143
EASY MINI EJECT LANCING DEVICE 125
EASY MINI LANCING DEVICE 125
EASY TOUCH ALCOHOL PREP MEDIUM 139
EASY TOUCH FLIPLOCK INSULIN SY 143
EASY TOUCH INSULIN SAFETY SYR 143
EASY TOUCH INSULIN SYRINGE 143
EASY TOUCH LANCETS 21G 125
EASY TOUCH LANCETS 23G 125
EASY TOUCH LANCETS 26G 125
EASY TOUCH LANCETS 28G 125
EASY TOUCH LANCETS 28G/TWIST 125
EASY TOUCH LANCETS 30G 125
EASY TOUCH LANCETS 30G/TWIST 126
EASY TOUCH LANCETS 32G 126
EASY TOUCH LANCETS 32G/TWIST 126
EASY TOUCH LANCETS 33G/TWIST 126
EASY TOUCH LANCING DEVICE 126
EASY TOUCH PEN NEEDLES 143
EASY TOUCH SAFETY LANCETS 21G 126
EASY TOUCH SAFETY LANCETS 23G 126
EASY TOUCH SAFETY LANCETS 26G 126
EASY TOUCH SAFETY LANCETS 28G 126
EASY TOUCH SAFETY PEN NEEDLES 143
EASY TOUCH SHEATHLOCK SYRINGE 144
EBGLYSS 100,184
ec-naproxen 19
econazole nitrate 96
econtra ez 91
econtra one-step 91
ecotrin low strength 21
edaravone 165
EDLUAR 119
EDURANT 75
EEMT 109
EEMT HS 109
efavirenz 75
efavirenz-emtricitab-tenofo df 75
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 75
efavirenz-lamivudine-tenofovir 75
EFFER-K 156
EKTERLY 184
ELAHERE 56
ELAPRASE 107
ELESTRIN 110
eletriptan hydrobromide 155
ELIGARD 59
elinest 85

ELIQUIS 33,184
ELIQUIS (1.5 MG PACK) 184
ELIQUIS (2 MG PACK) 184
ELIQUIS DVT/PE STARTER PACK 33
ELITE-OB 160
ELITEK 68
elixophyllin 32
ELLA 91
ELMIRON 114
ELREXFIO 56
eltrombopag olamine 117
eluryng 90
EMBECTA AUTOSHIELD DUO 144
EMBECTA INS SYR U/F 1/2 UNIT 144
EMBECTA INSULIN SYR ULTRAFINE 144
EMBECTA INSULIN SYRINGE 144
EMBECTA INSULIN SYRINGE U-100 144
EMBECTA INSULIN SYRINGE U-500 144
EMBECTA INSULIN SYRINGE U/F 144
EMBECTA PEN NEEDLE NANO 144
EMBECTA PEN NEEDLE NANO 2 GEN 144
EMBECTA PEN NEEDLE U/F 144
EMBECTA PEN NEEDLE ULTRAFINE 144
EMBRACE LANCETS ULTRA THIN 30G 126
EMBRACE LANCING DEVICE/EJECTOR 126
EMBRACE PEN NEEDLES 144
EMBRACE PRESSURE ACTIVATED 21G 126
EMBRACE PRESSURE ACTIVATED 28G 126
EMBRIVA 160
EMCYT 59
EMEND 47
EMGALITY 154
EMGALITY (300 MG DOSE) 154
EMPLICITI 56
EMRELIS 184
EMSAM 38
emtricitab-rilpivir-tenofov df 75
emtricitabine 75
emtricitabine-tenofovir df 75
EMTRIVA 75
EMVERM 26
emzahh 92
enalapril maleate 50
enalapril-hydrochlorothiazide 52
ENBRACE HR 160
ENBREL 20
ENBREL MINI 20
ENBREL SURECLICK 20
endocet 24
ENDOMETRIN 191
ENGERIX-B 189
ENHERTU 56
enilloring 90
enoxaparin sodium 33
enpresse-28 85
ENSACOVE 184
enskyce 85
ENSPRYNG 157
entacapone 69
entecavir 77
ENTRESTO 81
ENTYVIO 111
ENTYVIO PEN 111
enulose 112
ENVARSUS XR 157
EPIDIOLEX 35
epinastine hcl 170
epinephrine 191
epitol 35
EPKINLY 56
eplerenone 52
EPOGEN 117
epoprostenol sodium 81
EPRONTIA 35
eq aspirin adult low dose 21
eq aspirin low dose 21
eq nicotine 177
eq nicotine polacrilex 177
eq nicotine step 3 177
EQL ALCOHOL SWABS 139
eql aspirin low dose 21
EQL COLOR LANCETS 21G 126

EQL COLOR LANCETS MICRO 33G 126
EQL INSULIN SYRINGE 144
eql nicotine polacrilex 177
EQL SUPER THIN LANCETS 30G 126
EQL THIN LANCETS 26G 126
EQUETRO 70
ERBITUX 58
ergocalciferol 191
ERGOLOID MESYLATES 177
ERGOTAMINE-CAFFEINE 154
eribulin mesylate 69
ERIVEDGE 58
ERLEADA 59
erlotinib hcl 58
errin 92
ERTACZO 96
ery-tab 120
erythromycin 95,120,168
erythromycin base 120
erythromycin ethylsuccinate 120
escitalopram oxalate 39
eslicarbazepine acetate 35
esomeprazole magnesium 182
ESSENTRA WIPES 9X9" 139
EST ESTROGENS-METHYLTEST 109
est estrogens-methyltest ds 109
est estrogens-methyltest hs 109
estarylla 85
estazolam 119
estradiol 110,191
estradiol valerate 110
estradiol-norethindrone acet 109
estratest f.s. 109
ESTRATEST H.S. 109
ESTRING 191
eszopiclone 119
ethacrynic acid 104
ethambutol hcl 53
ethosuximide 38
ethynodiol diac-eth estradiol 85
etodolac 19
etodolac er 19
etonogestrel-ethinyl estradiol 90
etoposide 69
etravirine 75
EUFLEXXA 164
EULEXIN 59
euthyrox 180
EVAMIST 110
everolimus 63,157
evesse 99
EVKEEZA 48
EVOTAZ 75
EVRYSDI 166
EXDENSUR 184
EXEL COMFORT POINT INSULIN SYR 144
EXEL COMFORT POINT PEN NEEDLE 144
EXELDERM 96
exemestane 59
EXXUA 184
EXXUA TITRATION PACK 184
EYLEA 167
EYLEA HD 167
EZ-LETS LANCETS 21G 126
EZ-LETS LANCETS 26G 126
EZ-LETS LANCETS 28G 126
EZ-LETS LANCETS 30G 126
ezetimibe 50
ezetimibe-simvastatin 48

F

FABHALTA 115
FABIOR 95
falmina 85
famciclovir 78
famotidine 182
FANAPT 71
FANAPT TITRATION PACK A 71
FANAPT TITRATION PACK B 71
FANAPT TITRATION PACK C 71
FASENRA 30
FASENRA PEN 30

fayosim 85
FC2 FEMALE CONDOM 121
febuxostat 114
feirza 1.5/30 85
feirza 1/20 85
felbamate 37
felodipine er 80
FEMCAP 121
FEMLYV 85
femynor 85
fenofibrate 49
fenofibrate micronized 49
fenofibric acid 49
FENSOLVI (6 MONTH) 107
fentanyl 22
FENTANYL CITRATE 23
ferric carboxymaltose 118
ferric citrate 113
FERRIPROX 46
ferumoxytol 118
fesoterodine fumarate er 187
FETROJA 83
FETZIMA 40
FETZIMA TITRATION 40
fexmid 163
fidaxomicin 120
FIFTY50 ALCOHOL PREP 139
FIFTY50 PEN NEEDLES 144
FIFTY50 SAFETY SEAL LANCETS 126
FIFTY50 SUPERIOR COMFORT SYR 144
FIFTY50 UNILET LANCETS 33G 126
FILSPARI 113,114
FINACEA 102
finasteride 114
FINE 30 126
FINGERSTIX LANCETS 126
fingolimod hcl 175
FINTEPLA 35
finzala 85
FIRDAPSE 53
FIRMAGON 59
FIRMAGON (240 MG DOSE) 59
flac 171
flavoxate hcl 188
FLEBOGAMMA DIF 171
flecainide acetate 29
FLORIVA 155
FLUAD 189
FLUAD QUADRIVALENT 189
FLUARIX 189
FLUARIX QUADRIVALENT 189
FLUBLOK 189
FLUBLOK QUADRIVALENT 189
FLUCELVAX 189
FLUCELVAX QUADRIVALENT 189
fluconazole 47
flucytosine 47
fludrocortisone acetate 93
FLULAVAL 189
FLULAVAL QUADRIVALENT 189
FLUMIST 189
FLUMIST QUADRIVALENT 189
flunisolide 165
fluocinolone acetonide 99,171
fluocinolone acetonide body 99
fluocinolone acetonide scalp 99
fluocinonide 99
fluocinonide emulsified base 99
FLUORIDEX SENSITIVITY RELIEF 159
FLUORIMAX 5000 SENSITIVE 159
fluorometholone 169
fluorouracil 96
FLUOROURACIL 96
fluoxetine hcl 39
FLUOXETINE HCL (PMDD) 176
fluphenazine decanoate 73
fluphenazine hcl 73
flurbiprofen 19
FLURBIPROFEN SODIUM 170
fluticasone propionate 99,165
FLUTICASONE PROPIONATE DISKUS 31
FLUTICASONE PROPIONATE HFA 31

fluticasone-salmeterol . . . 32
FLUTICASONE-SALMETEROL . . . 32
fluvoxamine maleate . . . 39
fluvoxamine maleate er . . . 39
FLUZONE . . . 189
FLUZONE HIGH-DOSE . . . 189
FLUZONE HIGH-DOSE QUADRIVALENT . . . 189
FLUZONE QUADRIVALENT . . . 189
FML FORTE . . . 169
folate . . . 116
folic acid . . . 116
FOLIVANE-OB . . . 160
FOLLISTIM AQ . . . 105
FOLOTYN . . . 54
fondaparinux sodium . . . 33,34
FONDCIRCLE LANCING DEVICE . . . 126
FONDCIRCLE SINGLE USE LANCETS . . . 126
FORA LANCETS . . . 126
FORA LANCING DEVICE . . . 126
formoterol fumarate . . . 32
fosamprenavir calcium . . . 75
fosfomycin tromethamine . . . 28
fosinopril sodium . . . 50
fosinopril sodium-hctz . . . 52
FOSRENOL . . . 113
FOTIVDA . . . 63
FRAGMIN . . . 34
FRAICHE 5000 DENTAL . . . 159
FREDS PHARMACY AUTOLET LANCING . . . 126
FREDS PHARMACY UNIFINE PENTIP+ . . . 144
FREDS PHARMACY UNIFINE PENTIPS . . . 145
FREDS PHARMACY UNILET LANC 28G . . . 126
FREDS PHARMACY UNILET LANC 30G . . . 127
FREESTYLE LANCETS . . . 127
FREESTYLE LIBRE 14 DAY READER . . . 127
FREESTYLE LIBRE 14 DAY SENSOR . . . 127
FREESTYLE LIBRE 2 PLUS SENSOR . . . 127
FREESTYLE LIBRE 2 READER . . . 127
FREESTYLE LIBRE 2 SENSOR . . . 127
FREESTYLE LIBRE 3 PLUS SENSOR . . . 127
FREESTYLE LIBRE 3 READER . . . 127
FREESTYLE LIBRE 3 SENSOR . . . 127
FREESTYLE LIBRE READER . . . 127
FREESTYLE UNISTICK II LANCETS . . . 127
frovatriptan succinate . . . 155
FRUZAQLA . . . 55
ft aspirin . . . 21
ft aspirin adult low dose . . . 21
ft aspirin low dose . . . 21
ft folic acid . . . 116
ft glucose . . . 42
ft naloxone hcl . . . 46
ft nicotine . . . 177
ft nicotine mini . . . 177
FULPHILA . . . 117
fulvestrant . . . 59
furosemide . . . 104
FUZEON . . . 75
fyavolv . . . 109
FYCOMPA . . . 34
FYLNETRA . . . 117

G

g tussin ac . . . 93
gabapentin . . . 35
galantamine hydrobromide . . . 174
galantamine hydrobromide er . . . 174
galbriela . . . 85
gallifrey . . . 173
GAMASTAN . . . 171
GAMMAGARD . . . 171
GAMMAGARD ERC . . . 171
GAMMAGARD S/D LESS IGA . . . 172
GAMMAKED . . . 172
GAMMAPLEX . . . 172
GAMUNEX-C . . . 172
ganirelix acetate . . . 106
GARDASIL 9 . . . 189
GATTEX . . . 113
GAVILYTE-C . . . 119
gavilyte-g . . . 119
gavilyte-n with flavor pack . . . 119

GAVRETO 63
GAZYVA 56
gefitinib 58
GEL-ONE 164
GELSYN-3 164
gemfibrozil 49
gemmily 85
generlac 112
gengraf 157
GENOTROPIN 106
GENOTROPIN MINIQUICK 106
gentamicin sulfate 95,168
GENTEEL BUTTERFLY TOUCH LANCET 127
GENTEEL LANCING KIT (BLUE) 127
GENTEEL PLUS LANCING (BLACK) 127
GENTEEL PLUS LANCING (PURPLE) 127
GENTEEL PLUS LANCING (WHITE) 127
GENTEEL PLUS LANCING DEV(BLUE) 127
GENTEEL PLUS LANCING DEV(PINK) 127
GENTLE-LET GP LANCETS 127
GENTLE-LET LANCETS 127
GENVISC 850 164
GENVOYA 75
GESTYRA 160
GILOTRIF 58
glatiramer acetate 175
glatopa 175
GLEOSTINE 54
glimepiride 45
glipizide 45
glipizide er 45
glipizide xl 45
glipizide-metformin hcl 41
GLOBAL ALCOHOL PREP EASE 139
GLOBAL EASE INJECT PEN NEEDLES 145
GLOBAL EASY GLIDE INSULIN SYR 145
GLOBAL EASY GLIDE PEN NEEDLES 145
GLOBAL INJECT EASE INSULIN SYR 145
GLOBAL INJECT EASE LANCETS 28G 127
GLOBAL INJECT EASE LANCETS 30G 127
GLOBAL INSULIN SYRINGES 145
GLOBAL LANCING DEVICE 127
GLUCAGEN HYPOKIT 42
GLUCAGON EMERGENCY 42
gluco to go 42
GLUCOCOM LANCETS 28G 127
GLUCOCOM LANCETS 30G 127
GLUCOCOM LANCETS 33G 127
GLUCOPRO INSULIN SYRINGE 145
glucose 42
GLUCOSE INSTANT ENERGY 42
glyburide 45
glyburide-metformin 41
glycopyrrolate 181
glydo 101
GLYXAMBI 41
gnp adult aspirin low strength 21
GNP ALCOHOL SWABS 139
gnp aspirin 21
gnp aspirin low dose 21
GNP CLICKFINE PEN NEEDLES 145
gnp folic acid 116
GNP GLUCOSE 42
GNP INSULIN SYRINGE 145
GNP INSULIN SYRINGES 145
GNP INSULIN SYRINGES 28GX1/2" 145
GNP INSULIN SYRINGES 29GX1/2" 145
GNP INSULIN SYRINGES 30GX5/16" 145
GNP INSULIN SYRINGES 31GX5/16" 145
GNP LANCETS 21G 127
GNP LANCETS THIN 26G 127
GNP LANCING SYSTEM DEVICE 127
gnp naloxone hcl 46
gnp nicotine 177
gnp nicotine mini 177
gnp nicotine polacrilex 177
GNP PEN NEEDLES 145
GNP QUICK DISSOLVE GLUCOSE 42
GNP STERILE LANCETS 28G 127
GNP STERILE LANCETS 30G 128
GNP STERILE LANCETS 33G 128
GNP ULTICARE PEN NEEDLES 145

GNP ULTIGUARD SAFEPACK NEEDLE 145
GNP ULTRA COM INSULIN SYRINGE 145
GOJJI LANCING DEVICE/CLEAR CAP 128
GOJJI STERILE LANCETS 128
GOMEKLI 184
GONAL-F 105
GONAL-F RFF 105
GONAL-F RFF REDIJECT 105
GOODSENSE ALCOHOL SWABS 139
goodsense aspirin 21
goodsense aspirin low dose 21
GOODSENSE CLICKFINE PEN NEEDLE 145
GOODSENSE COLOR LANCETS 33G 128
GOODSENSE GLUCOSE 42
GOODSENSE LANCETS 26G UNIV 128
GOODSENSE LANCETS 30G 128
GOODSENSE LANCETS 30G UNIV 128
GOODSENSE LANCETS 33G 128
GOODSENSE LANCETS 33G UNIV 128
GOODSENSE LANCING DEVICE 128
goodsense nicotine 177
goodsense nicotine policrilex 178
GOODSENSE PEN NEEDLE PENFINE 146
GRALISE 176
granisetron hcl 46
griseofulvin microsize 47
griseofulvin ultramicrosize 47
guaiatussin ac 93
guaifenesin ac 93
guaifenesin-codeine 93
guanfacine hcl 51
guanfacine hcl er 16
GVOKE HYPOPEN 1-PACK 42
GVOKE HYPOPEN 2-PACK 42
GVOKE KIT 42
GVOKE PFS 42
GWYN LO 90
GYNAZOLE-1 190

H

h-e-b aspirin 22
H-E-B INCONTROL ADV LANCING 128
H-E-B INCONTROL ALCOHOL 139
H-E-B INCONTROL LANCETS 28G 128
H-E-B INCONTROL LANCETS 30G 128
H-E-B INCONTROL LANCETS 33G 128
H-E-B INCONTROL PEN NEEDLES 146
H-E-B INCONTROL UNIFINE PENTIP 146
habitrol 178
HAEGARDA 115
HAEMOLANCE 128
HAEMOLANCE LOW FLOW LANCETS 128
HAEMOLANCE PLUS 128
HAEMOLANCE PLUS HIGH FLOW 128
HAEMOLANCE PLUS LOW FLOW 128
HAEMOLANCE PLUS MAX FLOW 128
HAEMOLANCE PLUS PEDIATRIC FLOW 128
hailey 1.5/30 85
hailey 24 fe 85
hailey fe 1.5/30 85
hailey fe 1/20 85
halcinonide 99
halobetasol propionate 99
haloette 90
haloperidol 72
haloperidol decanoate 72
haloperidol lactate 72
HAVRIX 189
HEALTH CARE LANCING DEVICE 128
HEALTHWISE INSULIN SYR/NEEDLE 146
HEALTHWISE MICRON PEN NEEDLES 146
HEALTHWISE MINI PEN NEEDLES 146
HEALTHWISE PEN NEEDLES 146
HEALTHWISE SHORT PEN NEEDLES 146
HEALTHWISE UNIFINE PENTIPS 146
HEALTHY ACCENTS LANCING DEVICE 128
HEALTHY ACCENTS UNIFINE PENTIP 146
HEALTHY ACCENTS UNILET LANCETS 128
heather 92
HEMMOREX-HC 26
heparin sodium (porcine) 34
heparin sodium (porcine) +rfid 34

HEPARIN SODIUM (PORCINE) PF 34
HEPLISAV-B 189
her style 91
HERCEPTIN HYLECTA 61
HERCESSI 184
HERNEXEOS 184
HERZUMA 55
HIBERIX 188
HIZENTRA 172
hm aspirin 22
hm aspirin ec low dose 22
hm folic acid 116
hm nicotine 178
hm nicotine polacrilex 178
HM STERILE ALCOHOL PREP 139
HM ULTICARE INSULIN SYRINGE 146
HM ULTICARE MINI PEN NEEDLES 146
HM ULTICARE SHORT PEN NEEDLES 146
HORIZANT 177
HUMATROPE 106
hy-vee glucose 42
HY-VEE LANCETS 128
HY-VEE THIN LANCETS 128
HYALGAN 164
HYCAMTIN 69
hydralazine hcl 52
hydrochlorothiazide 104
HYDROCOD POLI-CHLORPHE POLI ER 93
hydrocodone bit-homatrop mbr 93
hydrocodone-acetaminophen 24
HYDROCODONE-IBUPROFEN 24
hydrocortisone 25,92,99
hydrocortisone (perianal) 26
HYDROCORTISONE ACE-PRAMOXINE 25,99
hydrocortisone acetate 26
hydrocortisone butyrate 100
HYDROCORTISONE BUTYRATE 100
hydrocortisone sod suc (pf) 92
hydrocortisone valerate 100
hydromet 93
hydromorphone hcl 23
hydroxychloroquine sulfate 53
hydroxyurea 68
hydroxyzine hcl 29
HYDROXYZINE PAMOATE 29
hydroxyzine pamoate 29
HYFTOR 101
HYMOVIS 164
hyoscyamine sulfate 181
hyoscyamine sulfate er 181
HYOSCYAMINE SULFATE SL 181
HYOSYNE 181
HYPERRHO 172
HYPERSAL 94
HYPOLANCE AST LANCING 128
HYQVIA 172
HYRNUO 184

I

ibandronate sodium 105
IBRANCE 63
IBTROZI 184
ibu 19
ibuprofen 19
icatibant acetate 114
iclevia 86
ICLUSIG 63
icosapent ethyl 48
ICOTYDE 185
IDHIFA 63
IDVYNSO 185
IHEALTH LANCING DEVICE 128
ILUVIEN 169
imatinib mesylate 63
IMBRUVICA 63
IMDELLTRA 56
IMFINZI 56
imipramine hcl 40
imiquimod 101
IMJUDO 56
IMKELDI 185
IN TOUCH LANCING DEVICE 128

IN TOUCH STERILE LANCETS 30G 128
INATAL GT 160
INBRIJA 70
incassia 92
INCONTROL ULTICARE PEN NEEDLES 146
INCRELEX 107
INCRUSE ELLIPTA 31
indapamide 104
INDERAL XL 79
indocin 19
indomethacin 19
indomethacin er 19
INFANRIX 181
INJECTAFER 118
INLURIYO 185
INLYTA 55
INNOPRAN XL 79
INQOVI 61
INREBIC 63
INSULIN ASP PROT & ASP FLEXPEN 43
INSULIN ASPART 44
INSULIN ASPART FLEXPEN 44
INSULIN ASPART PENFILL 44
INSULIN ASPART PROT & ASPART 44
INSULIN GLARGINE MAX SOLOSTAR 44
INSULIN GLARGINE SOLOSTAR 44
INSULIN GLARGINE-YFGN 44
INSULIN SYRINGE 146
INSULIN SYRINGE-NEEDLE U-100 146
INSULIN SYRINGE/NEEDLE 146
INSUPEN PEN NEEDLES 146
INSUPEN SENSITIVE 147
INSUPEN ULTRAFIN 147
INSUPEN32G EXTR3ME 147
INTELENCE 75
introvale 86
INVEGA HAFYERA 71
INVEGA SUSTENNA 71
INVEGA TRINZA 71
IOPIDINE 167
IPOL 189
ipratropium bromide 31,165
ipratropium-albuterol 32
irbesartan 51
irbesartan-hydrochlorothiazide 52
ISENTRESS 75
ISENTRESS HD 75
isibloom 86
isoniazid 53
isopropyl alcohol 102
isopropyl alcohol wipes 102
isosorbide dinitrate 28
isosorbide mononitrate 28
isosorbide mononitrate er 28
isotretinoin 95
isradipine 80
ITOVEBI 63
itraconazole 47
ivabradine hcl 83
ivermectin 26,102
IWILFIN 68
IZERVAY 168

J

jaimiess 86
JAKAFI 63
JAKAFI XR 185
jantoven 33
JARDIANCE 45
jasmiel 86
javygtor 107
JAYPIRCA 63,64
JELMYTO 61
JEMPERLI 56
jencycla 92
JENTADUETO 41
JENTADUETO XR 41
jinteli 109
JOBEVNE 185
JOENJA 156
jolessa 86
joyeaux 86

JUBBONTI 185
juleber 86
JULUCA 75
junel 1.5/30 86
junel 1/20 86
junel fe 1.5/30 86
junel fe 1/20 86
junel fe 24 86
just right 5000 159
JYNNEOS 189

K

k-prime 156
K-TAB 156
KADCYLA 56
kaitlib fe 86
KALBITOR 115
KALETRA 75
kalliga 86
KALYDECO 179
KANJINTI 56
kariva 86
kelnor 1/35 86
kelnor 1/50 86
KEPIVANCE 68
KEPPRA 35
KEPPRA XR 35
KESIMPTA 175
KETO-DIASTIX 103
ketoconazole 47,96
KETODAN 96
KETONE TEST 103
ketorolac tromethamine 19
KETOROLAC TROMETHAMINE 170
KETOSTIX 103
KEYTRUDA 57
KEYTRUDA QLEX 185
KHAPZORY 68
KIMMTRAK 57
KIMYRSA 27
KINNEY LANCETS 129
KINNEY THIN LANCETS 129
KINRAY INSULIN SYRINGE 147
KINRIX 181
kionex 157
KIRSTY 185
KISQALI (200 MG DOSE) 64
KISQALI (400 MG DOSE) 64
KISQALI (600 MG DOSE) 64
klayesta 96
KLISYRI (250 MG) 96
KLISYRI (350 MG) 96
KLOR-CON 156
klor-con 10 156
klor-con m10 156
klor-con m15 156
klor-con m20 156
klor-con/ef 156
kls aspirin low dose 22
kls quit2 178
kls quit4 178
KMART VALU INSULIN SYRINGE 29G 147
KMART VALU INSULIN SYRINGE 30G 147
KOMZIFTI 185
KORSUVA 158
KOSELUGO 64
KOSHER PRENATAL PLUS IRON 160
kourzeq 159
kp aspirin 22
kp folic acid 116
KRAZATI 64
kristalose 120
KROGER AUTOLET LANCING DEVICE 129
KROGER GLUCOSE 42
KROGER HEALTHPRO LANCET 26G 129
KROGER INSULIN SYRINGE 147
KROGER LANCETS 129
KROGER LANCETS 21G 129
KROGER LANCETS MICRO THIN 33G 129
KROGER LANCETS SUPER THIN 129
KROGER LANCETS THIN 129
KROGER LANCETS THIN 26G 129

KROGER LANCETS ULTRATHIN 30G 129
KROGER LANCING DEVICE 129
KROGER PEN NEEDLES 147
KRYSTEXXA 114
kurvelo 86
KYLEENA 91
KYZATREX 25

L

l-glutamine 116
labetalol hcl 79
lacosamide 35
lactulose 120
lactulose encephalopathy 112
LAGEVRIO 78
lamivudine 75,77
lamivudine-zidovudine 75
lamotrigine 35
lamotrigine er 35
lamotrigine odt 36
lamotrigine starter kit-blue 36
lamotrigine starter kit-green 36
lamotrigine starter kit-orange 36
LANCET DEVICE 129
LANCET DEVICE WITH EJECTOR 129
LANCET TRANSPORTER CASE 129
LANCETS 129
LANCETS 28G THIN 129
LANCETS 30G 129
LANCETS 33G 129
LANCETS MICRO THIN 33G 129
LANCETS SUPER THIN 129
LANCETS SUPER THIN 28G 129
LANCETS THIN 129
LANCETS ULTRA THIN 129
LANCETS ULTRA THIN 30G 129
LANCING DEVICE 129
LANOXIN 81
lanreotide acetate 108
lansoprazole 182
lanthanum carbonate 113
LANTUS 44
LANTUS SOLOSTAR 44
LANZO 129
lapatinib ditosylate 64
larin 1.5/30 86
larin 1/20 86
larin 24 fe 86
larin fe 1.5/30 86
larin fe 1/20 86
larissia 86
latanoprost 170
layolis fe 86
LAZCLUZE 58
LEADER ADVANCED LANCING DEVICE 129
LEADER GLUCOSE 42
LEADER INSULIN SYRINGE 147
LEADER QUICK DISSOLVE GLUCOSE 42
LEADER UNIFINE PENTIPS 147
LEADER UNIFINE PENTIPS PLUS 147
leena 86
leflunomide 20
lenalidomide 156
LENVIMA (10 MG DAILY DOSE) 55
LENVIMA (12 MG DAILY DOSE) 55
LENVIMA (14 MG DAILY DOSE) 55
LENVIMA (18 MG DAILY DOSE) 55
LENVIMA (20 MG DAILY DOSE) 55
LENVIMA (24 MG DAILY DOSE) 55
LENVIMA (4 MG DAILY DOSE) 55
LENVIMA (8 MG DAILY DOSE) 55
LEQVIO 50
lessina 86
letrozole 59
leucovorin calcium 68
LEUKERAN 54
LEUKINE 117
leuprolide acetate 59
levalbuterol hcl 32
LEVALBUTEROL TARTRATE 32
LEVEMIR 44
LEVEMIR FLEXPEN 44

LEVEMIR FLEXTOUCH . . . 44
levetiracetam . . . 36
levetiracetam er . . . 36
levo-t . . . 180
LEVOBUNOLOL HCL . . . 166
levocarnitine . . . 107
levocarnitine sf . . . 107
levofloxacin . . . 110,168
levonest . . . 86
levonorg-eth estrad triphasic . . . 86
levonorgest-eth est & eth est . . . 86
levonorgest-eth estrad 91-day . . . 87
levonorgest-eth estradiol-iron . . . 87
levonorgestrel . . . 91
levonorgestrel-ethinyl estrad . . . 87
levora 0.15/30 (28) . . . 87
levorphanol tartrate . . . 23
levothyroxine sodium . . . 180
levoxyl . . . 180
LEVSIN/SL . . . 181
LIBERTY MEDICAL LANCETS . . . 129
LIBERTY MINI LANCING DEVICE . . . 129
LIBERVANT . . . 34
LIBTAYO . . . 57
lidocaine . . . 101,102
lidocaine hcl . . . 102
LIDOCAINE HCL . . . 158
lidocaine hcl urethral/mucosal . . . 102
lidocaine viscous hcl . . . 158
lidocaine-hydrocort (perianal) . . . 26
LIDOCAINE-HYDROCORTISONE ACE . . . 26
lidocaine-prilocaine . . . 102
lidocan . . . 102
LIDOCORT . . . 26
LIFYORLI (125 MG DOSE) . . . 185
LIFYORLI (150 MG DOSE) . . . 185
LILETTA (52 MG) . . . 173
lillow . . . 87
linezolid . . . 27
LINZESS . . . 112
liomny . . . 180
liothyronine sodium . . . 180
liraglutide . . . 43
lisdexamfetamine dimesylate . . . 16
lisinopril . . . 50
lisinopril-hydrochlorothiazide . . . 52
LITE TOUCH LANCETS . . . 129
LITE TOUCH LANCING PEN . . . 130
LITETOUCH INSULIN SYRINGE . . . 147
LITETOUCH LANCETS . . . 130
LITETOUCH PEN NEEDLES . . . 147
lithium . . . 70
lithium carbonate . . . 70
lithium carbonate er . . . 70
LITHOSTAT . . . 114
LIVE BETTER ADV LANCING DEVICE . . . 130
LIVE BETTER LANCET SUPER THIN . . . 130
LIVE BETTER LANCET ULTRA THIN . . . 130
LIVTENCITY . . . 77
LO LOESTRIN FE . . . 87
lo-zumandimine . . . 87
LOARGYS . . . 185
loestrin 1.5/30 (21) . . . 87
loestrin 1/20 (21) . . . 87
loestrin fe 1.5/30 . . . 87
loestrin fe 1/20 . . . 87
lofexidine hcl . . . 174
lojaimiess . . . 87
LOKELMA . . . 157
lomustine . . . 54
LONGS GLUCOSE . . . 42
LONGS INSULIN SYRINGE . . . 147
LONGS LANCETS STANDARD . . . 130
LONGS LANCETS THIN . . . 130
LONGS LANCETS ULTRA THIN . . . 130
LONSURF . . . 61
loperamide hcl . . . 45
lopinavir-ritonavir . . . 75
lorazepam . . . 29
lorazepam intensol . . . 29
LORBRENA . . . 64
loryna . . . 87

losartan potassium 51
losartan potassium-hctz 52
LOTEMAX 169
loteprednol etabonate 169
lovastatin 49
low-ogestrel 87
loxapine succinate 72
lubiprostone 111
LUCENTIS 167
luizza 1.5/30 87
luizza 1/20 87
LUMAKRAS 64
LUMIGAN 170
LUMIZYME 107
LUMRYZ 174
LUMRYZ STARTER PACK 174
LUNSUMIO 57
LUNSUMIO VELO 57
LUPRON DEPOT (1-MONTH) 59
LUPRON DEPOT (3-MONTH) 59
LUPRON DEPOT (4-MONTH) 59
LUPRON DEPOT (6-MONTH) 59
LUPRON DEPOT-PED (1-MONTH) 107
LUPRON DEPOT-PED (3-MONTH) 107
LUPRON DEPOT-PED (6-MONTH) 107
lurasidone hcl 70
LURBIPR 19
LURBIRO 19
lutera 87
lyleq 92
lyllana 110
lymepak 180
LYNPARZA 64
LYSODREN 60
LYTGOBI (12 MG DAILY DOSE) 64
LYTGOBI (16 MG DAILY DOSE) 64
LYTGOBI (20 MG DAILY DOSE) 64
lyza 92

M

M-M-R II 189
M-NATAL PLUS 161
macitentan 82
MAGELLAN INSULIN SAFETY SYR 147
malathion 103
MARATHON MEDICAL PENTIPS 147
maraviroc 75,76
MARGENZA 56
marlissa 87
MARPLAN 39
MATULANE 68
MAVYRET 77
MAXI-COMFORT INSULIN SYRINGE 147
MAXI-COMFORT SAFETY PEN NEEDLE 148
maxi-tuss ac 93
MAXICOMFORT II PEN NEEDLE 148
MAXICOMFORT SYR 27G X 1/2" 148
MAXIDEX 169
MAYZENT 175
MAYZENT STARTER PACK 175
meclizine hcl 46
MEDIC INSULIN SYRINGE 148
MEDICHOICE SAFETY LANCET 130
MEDICHOICE SAFETY LANCET EXTRA 130
MEDICHOICE SAFETY LANCET NORM 130
MEDICINE SHOPPE PEN NEEDLES 148
MEDLANCE EXTRA 21G 130
MEDLANCE LITE 25G 130
MEDLANCE PLUS EXTRA 21G 130
MEDLANCE PLUS LANCETS 130
MEDLANCE PLUS LITE 25G 130
MEDLANCE PLUS SPECIAL 0.8MM 130
MEDLANCE PLUS SUPERLITE 30G 130
MEDLANCE PLUS UNIVERSAL 21G 130
MEDLANCE UNIVERSAL 21G 130
medpura alcohol pads 102
medroxyprogesterone acetate 91,173
mefloquine hcl 53
megestrol acetate 60
MEIJER ALCOHOL SWABS 139
MEIJER GLUCOSE 42
MEIJER LANCETS 130

MEIJER LANCETS THIN . . . 130
MEIJER LANCETS UNIVERSAL 21G . . . 130
MEIJER LANCETS UNIVERSAL 30G . . . 130
MEIJER LANCETS UNIVERSAL 33G . . . 130
MEIJER PEN NEEDLES . . . 148
MEIJER SUPER THIN LANCETS . . . 130
MEKINIST . . . 64
MEKTOVI . . . 65
meleya . . . 92
meloxicam . . . 19
MEMANTINE HCL . . . 174
memantine hcl . . . 174
memantine hcl er . . . 174
MENOPUR . . . 105
MENVEO . . . 188
MEPERIDINE HCL . . . 23
meprobamate . . . 29
mercaptopurine . . . 54
MERILOG . . . 185
MERILOG SOLOSTAR . . . 185
merzee . . . 87
MESALAMINE . . . 111
mesalamine er . . . 111
mesalamine-cleanser . . . 111
mesna . . . 69
metaxalone . . . 163
metformin hcl . . . 41
metformin hcl er . . . 41
METHADONE HCL . . . 23
methadone hcl intensol . . . 23
methadose . . . 23
methamphetamine hcl . . . 16
methazolamide . . . 104
methenamine hippurate . . . 28
METHENAMINE MANDELATE . . . 28
methimazole . . . 180
methocarbamol . . . 163
METHOTREXATE SODIUM . . . 54
methotrexate sodium (pf) . . . 54
METHOXSALEN RAPID . . . 97
methscopolamine bromide . . . 182
methsuximide . . . 38
METHYLDOPA . . . 51
methylergonovine maleate . . . 171
methylphenidate . . . 16
methylphenidate hcl . . . 17
methylphenidate hcl er . . . 17
methylphenidate hcl er (cd) . . . 17
methylphenidate hcl er (la) . . . 17
methylphenidate hcl er (osm) . . . 17
METHYLPHENIDATE HCL ER(DIFFUS) . . . 17
methylprednisolone . . . 92
methylprednisolone sodium succ . . . 92
methyltestosterone . . . 25
metoclopramide hcl . . . 111
metolazone . . . 105
metoprolol succinate er . . . 79
metoprolol tartrate . . . 52,79
metoprolol-hydrochlorothiazide . . . 52
metronidazole . . . 26,102
mexiletine hcl . . . 29
MFLUSIVA . . . 185
mibelas 24 fe . . . 87
MICRODOT PEN NEEDLE . . . 148
microgestin 1.5/30 . . . 87
microgestin 1/20 . . . 87
microgestin 24 fe . . . 87
microgestin fe 1.5/30 . . . 87
microgestin fe 1/20 . . . 87
MICROLET LANCETS . . . 130
MICROLET NEXT LANCETS . . . 130
MICROLET NEXT LANCING DEVICE . . . 130
midazolam hcl . . . 119
midodrine hcl . . . 191
mifepristone . . . 42,108
MIGLITOL . . . 40
miglustat . . . 116
mili . . . 87
milnacipran hcl . . . 174
milophene . . . 105
mimvey . . . 109
MINI LANCING DEVICE . . . 130

minocycline hcl 180
minoxidil 52
minzoya 87
MIPLYFFA 177
MIRCERA 117
MIRENA (52 MG) 91
mirtazapine 38
misoprostol 182
MIUDELLA 90
mm aspirin 22
MM INSULIN SYRINGE/NEEDLE 148
MM LANCING DEVICE 130
MM PEN NEEDLES 148
MM TWIST LANCETS 131
MNEXSPIKE 189
MOBI CONNECT LANCING DEVICE 131
MOBI CONNECT TWIST LANCETS 131
MOBILE LANCETS 30G 131
modafinil 17
MODERNA COVID-19 VAC 6M-11Y 189
MODEYSO 185
moexipril hcl 50
mometasone furoate 100,165
mondoxyne nl 180
MONJUVI 57
mono-linyah 87
MONOJECT INSULIN SYRINGE 148
MONOJECT ULTRA COMFORT SYRINGE 148
MONOLET LANCETS 131
MONOLET OPD LANCETS 131
MONOLETTOR SAFETY LANCETS 131
MONOVISC 164
montelukast sodium 31
morphine sulfate 23
morphine sulfate (concentrate) 23
morphine sulfate er 23
MOUNJARO 43
MOVANTIK 112
moxifloxacin hcl 110,168
MOXIFLOXACIN HCL (2X DAY) 168
MPD SAFETY LANCET 21G 131
MPD SAFETY LANCET 23G 131
MPD SAFETY LANCET 28G 131
MPD SAFETY LANCET 30G 131
MRESVIA 189
MS INSULIN SYRINGE 148
MULTI-LANCET DEVICE 131
MULTI-LANCET DEVICE 2 131
MULTI-MAC 161
multi-vit/iron/fluoride 159
MULTI-VITAMIN/FLUORIDE 160
MULTI-VITAMIN/FLUORIDE/IRON 160
MULTIVITAMIN + FLUORIDE 160
MULTIVITAMIN/FLUORIDE 160
multivitamin/fluoride/iron 160
mupirocin 96
mupirocin calcium 96
MVASI 55
my choice 91
my way 91
mycophenolate mofetil 157
mycophenolate sodium 157
mycophenolic acid 157
MYFEMBREE 109
MYGLUCOHEALTH LANCETS 30G 131
MYLERAN 54
MYLOTARG 57
MYOBLOC 166
myorisan 95
MYQORZO 185
MYRBETRIQ 187

N

na sulfate-k sulfate-mg sulf 119
nabumetone 19
nadolol 79
nafrinse 155
NAFTIFINE HCL 96
NALOCET 24
naloxone hcl 46
naltrexone hcl 46
naproxen 19

naproxen dr . . . 19
naproxen sodium . . . 19
naratriptan hcl . . . 155
narcan . . . 46
NATACHEW . . . 161
NATACYN . . . 168
NATAZIA . . . 87
nateglinide . . . 45
NATROBA . . . 103
nebivolol hcl . . . 79
NEBUSAL . . . 94
necon 0.5/35 (28) . . . 87
NEEVO DHA . . . 161
NEFAZODONE HCL . . . 39
neo-polycin . . . 168
neo-polycin hc . . . 169
neomycin sulfate . . . 17
neomycin-bacitracin zn-polymyx . . . 168
neomycin-polymyxin-dexameth . . . 169
NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . 168
NEOMYCIN-POLYMYXIN-HC . . . 169
neomycin-polymyxin-hc . . . 171
NEONATAL COMPLETE . . . 161
NEONATAL PLUS . . . 161
NERLYNX . . . 65
NESTABS . . . 161
NESTABS DHA . . . 161
NESTABS ONE . . . 161
neuac . . . 95
NEULASTA . . . 117,185
NEULASTA ONPRO . . . 117
NEUPOGEN . . . 117
nevirapine . . . 76
NEVIRAPINE . . . 76
NEVIRAPINE ER . . . 76
nevirapine er . . . 76
new day . . . 91
NEXLETOL . . . 48
NEXLIZET . . . 48
NEXPLANON . . . 173
NEXTSTELLIS . . . 88
NGENLA . . . 106
niacin er (antihyperlipidemic) . . . 50
NIACOR . . . 50
nicardipine hcl . . . 80
nicoderm cq . . . 178
NICOTINE . . . 178
nicotine mini . . . 178
nicotine polacrilex . . . 178
nicotine polacrilex mini . . . 178
nicotine step 1 . . . 178
nicotine step 2 . . . 178
nicotine step 3 . . . 178
NICOTROL NS . . . 178
nifedipine . . . 80
nifedipine er . . . 80
nifedipine er osmotic release . . . 80
nikki . . . 88
nilotinib hcl . . . 65
NILUTAMIDE . . . 60
nimodipine . . . 80
NINLARO . . . 65
nintedanib esylate . . . 179
nitazoxanide . . . 27
nitro-bid . . . 28
NITRO-TIME . . . 28
nitrofurantoin . . . 28
nitrofurantoin macrocrystal . . . 28
nitrofurantoin monohyd macro . . . 28
nitroglycerin . . . 26,28
NIVA-PLUS . . . 161
NIVESTYM . . . 117
nizatidine . . . 182
NIZATIDINE . . . 182
nora-be . . . 92
NORDITROPIN FLEXPRO . . . 106
norelgestromin-eth estradiol . . . 90
norethin ace-eth estrad-fe . . . 88
norethin-eth estradiol-fe . . . 88
norethindron-ethinyl estrad-fe . . . 88
norethindrone . . . 92
norethindrone acet-ethinyl est . . . 88

norethindrone acetate . . . 173
norethindrone-eth estradiol . . . 109
norgestim-eth estrad triphasic . . . 88
norgestimate-eth estradiol . . . 88
NORITATE . . . 103
norlyda . . . 92
norlyroc . . . 92
NORPACE CR . . . 29
nortrel 0.5/35 (28) . . . 88
nortrel 1/35 (21) . . . 88
nortrel 1/35 (28) . . . 88
nortrel 7/7/7 . . . 88
nortriptyline hcl . . . 40
NORVIR . . . 76
NOVA SAFETY LANCETS 23G . . . 131
NOVA SAFETY LANCETS 28G . . . 131
NOVA SUREFLEX LANCETS . . . 131
NOVA SUREFLEX LANCING DEVICE . . . 131
NOVAREL . . . 105
NOVAVAX COVID-19 VACCINE . . . 190
NOVOFINE AUTOCOVER PEN NEEDLE . . . 148
NOVOFINE PEN NEEDLE . . . 148
NOVOFINE PLUS PEN NEEDLE . . . 148
NOVOLIN 70/30 . . . 44
NOVOLIN 70/30 FLEXPEN . . . 44
NOVOLIN 70/30 FLEXPEN RELION . . . 44
NOVOLIN 70/30 RELION . . . 44
NOVOLIN N . . . 44
NOVOLIN N FLEXPEN . . . 44
NOVOLIN N FLEXPEN RELION . . . 44
NOVOLIN N RELION . . . 44
NOVOLIN R . . . 44
NOVOLIN R FLEXPEN . . . 44
NOVOLIN R FLEXPEN RELION . . . 44
NOVOLIN R RELION . . . 44
NOVOLOG . . . 44
NOVOLOG 70/30 FLEXPEN RELION . . . 44
NOVOLOG FLEXPEN . . . 44
NOVOLOG FLEXPEN RELION . . . 44
NOVOLOG MIX 70/30 . . . 44
NOVOLOG MIX 70/30 FLEXPEN . . . 44
NOVOLOG MIX 70/30 RELION . . . 45
NOVOLOG PENFILL . . . 45
NOVOLOG RELION . . . 45
NP THYROID . . . 180
NPLATE . . . 117
NUBEQA . . . 60
NUCALA . . . 30
NUCYNTA . . . 23
NUCYNTA ER . . . 23
NUEDEXTA . . . 176
NULEV . . . 182
NUPLAZID . . . 70
NURTEC . . . 154
NUTROPIN AQ NUSPIN 10 . . . 106
NUTROPIN AQ NUSPIN 20 . . . 106
NUTROPIN AQ NUSPIN 5 . . . 106
NUVARING . . . 90
NUVAXOVID COVID-19 VACCINE . . . 190
nyamyc . . . 96
nylia 1/35 . . . 88
nylia 7/7/7 . . . 88
NYMALIZE . . . 80
nymyo . . . 88
nystatin . . . 47,96,158
nystatin-triamcinolone . . . 96
nystop . . . 96
NYVEPRIA . . . 117

O

OB COMPLETE . . . 161
OB COMPLETE ONE . . . 161
OB COMPLETE PETITE . . . 161
OB COMPLETE PREMIER . . . 161
OB COMPLETE/DHA . . . 161
OBSTETRIX EC (WITH DOCUSATE) . . . 161
ocella . . . 88
OCREVUS ZUNOVO . . . 176
OCTAGAM . . . 172
octreotide acetate . . . 108
ODEFSEY . . . 76
ODOMZO . . . 58

OFEV 179
OFLOXACIN 110
ofloxacin 168
OGIVRI 56
OGSIVEO 65
OJEMDA 65
OJJAARA 65
olanzapine 72
olmesartan medoxomil 51
olmesartan medoxomil-hctz 52
olmesartan-amlodipine-hctz 52
olopatadine hcl 165,170
omega-3-acid ethyl esters 48
omeprazole 182
omeprazole-sodium bicarbonate 182
OMLYCLO 185
OMNIFLEX DIAPHRAGM 121
OMNIPOD 5 DEXG7G6 INTRO GEN 5 131
OMNIPOD 5 DEXG7G6 PODS GEN 5 131
OMNIPOD 5 G7 INTRO (GEN 5) 131
OMNIPOD 5 G7 PODS (GEN 5) 131
OMNIPOD 5 LIBRE INTRO 131
OMNIPOD 5 LIBRE PODS 131
OMNIPOD CLASSIC PDM (GEN 3) 131
OMNIPOD CLASSIC PODS (GEN 3) 131
OMNIPOD DASH INTRO (GEN 4) 131
OMNIPOD DASH PDM (GEN 4) 131
OMNIPOD DASH PODS (GEN 4) 131
OMNITROPE 106
OMVOH 111,112
OMVOH (300 MG DOSE) 111
ONCASPAR 68
ondansetron 46
ondansetron hcl 46
ONE VITE WOMENS PLUS 161
ONETOUCH DELICA PLUS LANCET30G 131
ONETOUCH DELICA PLUS LANCET33G 131
ONETOUCH DELICA PLUS LANCING 132
ONETOUCH DELICA SAFETY LANCING 132
ONETOUCH ULTRA 103
ONETOUCH ULTRA 2 132
ONETOUCH ULTRA BLUE TEST 103
ONETOUCH ULTRA TEST 103
ONETOUCH ULTRASOFT 2 LANCETS 132
ONETOUCH ULTRASOFT LANCETS 132
ONETOUCH VERIO 103
ONETOUCH VERIO FLEX SYSTEM 132
ONETOUCH VERIO REFLECT 132
ONGENTYS 69
ONIVYDE 69
ONTRUZANT 56
ONUREG 54
opcicon one-step 91
OPDIVO 57
OPDIVO QVANTIG 185
OPDUALAG 61
OPILL 92
OPIUM 45
OPSUMIT 82
OPTICHAMBER DIAMOND 154
OPTICHAMBER DIAMOND-LG MASK 154
OPTICHAMBER DIAMOND-MD MASK 154
OPTICHAMBER DIAMOND-SM MASK 154
optimal d3 191
option 2 91
ORACIT 113
ORAL CITRATE 113
oralone 159
ORAVIG 158
ORGOVYX 60
ORKAMBI 179
ORLADEYO 115
orphenadrine citrate er 163
orquidea 92
ORSERDU 60
ORTHOVISC 164
OSCIMIN 182
oseltamivir phosphate 78
OSENVELT 186
OSPHENA 106
OTEZLA 19,20
OTEZLA XR 186

OTEZLA/OTEZLA XR INITIATION PK 20
OVIDREL 105
oxaliplatin 54
oxaprozin 19
oxazepam 29
oxcarbazepine 36
oxcarbazepine er 36
OXERVATE 169
oxiconazole nitrate 96
OXISTAT 96
OXTELLAR XR 36
oxybutynin chloride 187
oxybutynin chloride er 187
oxycodone hcl 23
OXYCODONE HCL ER 23
oxycodone-acetaminophen 24
OXYCONTIN 23
oxymorphone hcl 23
OXYMORPHONE HCL ER 23
OXYTROL 187
OZEMPIC 43
OZEMPIC (0.25 OR 0.5 MG/DOSE) 43
OZEMPIC (1 MG/DOSE) 43
OZEMPIC (2 MG/DOSE) 43

P

pacerone 30
PADCEV 57
paliperidone er 71
PANRETIN 97
pantoprazole sodium 182
PANZYGA 172
PARAGARD INTRAUTERINE COPPER 90
paricalcitol 107
PAROXETINE HCL 39
paroxetine hcl 39
paroxetine hcl er 39
PARSABIV 107
PAVBLU 167
PAXLOVID (150/100) 77
PAXLOVID (300/100 & 150/100) 77
PAXLOVID (300/100) 77
pazopanib hcl 65
PB-HYOSCY-ATROPINE-SCOPOLAMINE 182
PC LANCETS SUPER THIN 30G 132
PC UNIFINE PENTIPS 148
PEDIARIX 181
PEDMARK 69
PEDVAXHIB 188
peg 3350-kcl-na bicarb-nacl 119
peg-3350/electrolytes 120
peg-3350/electrolytes/ascorbat 120
peg-kcl-nacl-nasulf-na asc-c 120
PEGASYS 77,78
PEMAZYRE 65
PEMETREXED 54
PEMETREXED DISODIUM 54,55
PEMETREXED DITROMETHAMINE 55
PEN NEEDLE/5-BEVEL TIP 148
PEN NEEDLES 148
PEN NEEDLES 5/16" 149
PENBRAYA 188
penciclovir 98
penicillamine 156
penicillin v potassium 173
PENMENVY 186
PENTACEL 181
pentamidine isethionate 26
PENTAZOCINE-NALOXONE HCL 25
PENTIPS 149
PENTIPS GENERIC PEN NEEDLES 149
pentoxifylline er 115
perampanel 34
PERFECT LANCETS 28G 132
PERFECT LANCETS 30G 132
PERFECT POINT SAFETY LANCETS 132
PERINDOPRIL ERBUMINE 50
perindopril erbumine 50
periogard 158
PERJETA 56
permethrin 103
perphenazine 73

PERSERIS 71
PFIZER COVID-19 VAC-TRIS 5-11Y 190
PFIZER COVID-19 VAC-TRIS 6M-4Y 190
PHARMACIST CHOICE ALCOHOL 139
PHARMACIST CHOICE LANCETS 132
PHARMACY COUNTER LANCETS 132
PHENELZINE SULFATE 39
phenobarbital 118
phenobarbital-belladonna alk 182
PHENOHYTRO 182
phenoxybenzamine hcl 51
phenytek 37
phenytoin 37
phenytoin infatabs 37
phenytoin sodium extended 37
PHESGO 61
PHEXX 190
PHEXXI 191
philith 88
PHOSPHA 250 NEUTRAL 155
PHOSPHO-TRIN 250 NEUTRAL 155
PHOSPHO-TRIN K500 155
PHOSPHOROUS 155
PHYRAGO 65
phytonadione 191
PIASKY 115
PIFELTRO 76
pilocarpine hcl 159,167
pimecrolimus 101
pimozide 177
pimtrea 88
pindolol 79
pioglitazone hcl 45
PIP LANCETS 28G 132
PIP LANCETS 30G 132
PIP PEN NEEDLES 31G X 5MM 149
PIP PEN NEEDLES 32G X 4MM 149
PIQRAY (200 MG DAILY DOSE) 65
PIQRAY (250 MG DAILY DOSE) 65
PIQRAY (300 MG DAILY DOSE) 65
pirfenidone 179
pirmella 1/35 88
pirmella 7/7/7 88
piroxicam 19
plan b one-step 91
PLEGRIDY 176
PLEGRIDY STARTER PACK 176
plerixafor 118
PNEUMOVAX 23 188
PNV 27-CA/FE/FA 161
PNV-DHA 161
PNV-OMEGA 161
PNV-SELECT 161
podofilox 101
POLIVY 57
polycin 168
polymyxin b-trimethoprim 168
pomalidomide 60
POMALYST 60
portia-28 88
PORTRAZZA 58
posaconazole 47
pot & sod cit-cit ac 113
potassium chloride 156
potassium chloride crys er 156
potassium chloride er 156
potassium citrate er 113
POTASSIUM CITRATE-CITRIC ACID 113
POTASSIUM IODIDE (EXPECTORANT) 94
POTELIGEO 57
pralatrexate 55
PRALUENT 50
pramipexole dihydrochloride 70
pramipexole dihydrochloride er 70
prasugrel hcl 116
pravastatin sodium 49
praziquantel 26
prazosin hcl 51
PRECISION SURE-DOSE SYRINGE 149
PRECISION THINS GP LANCETS 132
PRED MILD 169
PREDNICARBATE 100

prednisolone 93
prednisolone acetate 169
prednisolone sodium phosphate 93
PREDNISOLONE SODIUM PHOSPHATE 169
PREDNISONE 93
PREDNISONE INTENSOL 93
PREFERRED PLUS GLUCOSE 42
PREFERRED PLUS INSULIN SYRINGE 149
PREFERRED PLUS LANCETS COLORED 132
PREFERRED PLUS LANCETS THIN 132
PREFERRED PLUS UNIFINE PENTIPS 149
pregabalin 36
PREGNYL 106
PREMARIN 110,191
PREMESISRX 161
PREMIUM LIDOCAINE 102
PREMPHASE 109
PREMPRO 109
PRENA1 161
PRENA1 PEARL 161
PRENATABS FA 161
PRENATAL 161
PRENATAL 19 161
PRENATAL PLUS 161
PRENATAL PLUS VITAMIN/MINERAL 161
PRENATAL VITAMIN PLUS LOW IRON 161
PRENATAL-U 161
PRENATE 162
PRENATE AM 162
PRENATE DHA 162
PRENATE ELITE 162
PRENATE ENHANCE 162
PRENATE ESSENTIAL 162
PRENATE MINI 162
PRENATE PIXIE 162
PRENATE RESTORE 162
PRENATRIX 162
PRENATRYL 162
PRETOMANID 53
prevalite 49
PREVENT DROPSAFE PEN NEEDLES 149
PREVENT SAFETY PEN NEEDLES 149
PREVNAR 20 188
PREVYMIS 77,186
PREZCOBIX 76
PREZISTA 76
PRIALT 20
PRIFTIN 53
PRIMACARE 162
primaquine phosphate 53
primidone 36
PRIORIX 190
PRIVIGEN 172
PRO COMFORT ALCOHOL 139
PRO COMFORT INSULIN SYRINGE 149
PRO COMFORT LANCETS 30G 132
PRO COMFORT LANCETS 31G 132
PRO COMFORT PEN NEEDLES 149
PRO COMFORT SAFETY LANCETS 30G 132
probenecid 114
prochlorperazine 73
prochlorperazine maleate 73
PROCRIT 117
procto-med hc 26
proctosol hc 26
proctozone-hc 26
PROCYSBI 113
PRODIGY INSULIN SYRINGE 149
PRODIGY LANCETS 28G 132
PRODIGY LANCING DEVICE 132
PRODIGY SAFETY LANCETS 26G 132
PRODIGY TWIST TOP LANCETS 28G 132
progesterone 173
PROGRAF 157
PROLASTIN-C 179
PROMACTA 118
promethazine hcl 48
promethazine-codeine 93
promethazine-dm 93
PROMETHAZINE-PHENYLEPHRINE 93
promethegan 48
propafenone hcl 30

propafenone hcl er 30
propranolol hcl 79
propranolol hcl er 79
propylthiouracil 180
PROQUAD 190
protriptyline hcl 40
PROVENGE 58
PROVIDA OB 162
pseudoeph-bromphen-dm 93
PSS SELECT GP LANCETS 132
PSS SELECT SAFETY LANCETS 132
PULMICORT FLEXHALER 31
PULMOSAL 94
PULMOZYME 179
PURE COMFORT ALCOHOL PREP 139
PURE COMFORT LANCETS 30G 132
PURE COMFORT PEN NEEDLE 149
PURE COMFORT SAFETY LANCET 30G 132
PURE COMFORT SAFETY PEN NEEDLE 149
PX ADVANCED LANCING DEVICE 132
px aspirin 22
px enteric aspirin 22
PX EXTRA SHORT PEN NEEDLES 149
px folic acid 117
PX GLUCOSE 42
PX INSULIN SYRINGE 149
PX LANCET AUTO INJECTOR 132
PX LANCETS MICROTHIN 33G 133
PX LANCETS ULTRA THIN 133
PX LANCETS ULTRA THIN 28G 133
PX MINI PEN NEEDLES 149
PX PEN NEEDLE 149
PX SHORTLENGTH PEN NEEDLES 149
px stop smoking aid 178
pyrazinamide 53
PYRIDOSTIGMINE BROMIDE 53
pyridostigmine bromide er 53
pyrimethamine 53
PYRUKYND 116
PYRUKYND TAPER PACK 116

Q

QBREXZA 102
QC ADVANCED LANCING DEVICE 133
qc alcohol 102
QC ALCOHOL SWABS 139
qc aspirin low dose 22
qc childrens aspirin 22
qc folic acid 117
QC LANCETS SUPER THIN 30G 133
QC LANCETS ULTRA THIN 133
qc nicotine transdermal system 178
QC PEN NEEDLES 149
QC UNIFINE PENTIPS 149
QC UNILET LANCETS 28G 133
QC UNILET LANCETS MICRO THIN 133
QELBREE 16
QINLOCK 65
QUADRACEL 181
QUAZEPAM 119
quetiapine fumarate 72
quetiapine fumarate er 72
QUICK TOUCH INSULIN PEN NEEDLE 150
QUILLIVANT XR 17
quinapril hcl 50
QUINAPRIL-HYDROCHLOROTHIAZIDE 52
quinidine gluconate er 29
QUINIDINE SULFATE 29
quinine sulfate 53
QULIPTA 154
QUTENZA 102
QUTENZA (2 PATCH) 102
QUTENZA (4 PATCH) 102
QVAR REDIHALER 31

R

RA ALCOHOL SWABS 139
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 133
RA E-ZJECT LANCETS THIN 26G 133
RA E-ZJECT LANCETS THIN 28G 133
RA E-ZJECT LANCETS ULTRA THIN 133
ra folic acid 117
RA GLUCOSE 42
RA INSULIN SYRINGE 150
ra isopropyl alcohol wipes 102
ra mini nicotine 178
ra nicotine 178
ra nicotine gum 178
ra nicotine polacrilex 178
RA PEN NEEDLES 150
RABEPRAZOLE SODIUM 182
rabeprazole sodium 182
RADICAVA ORS 165
RADICAVA ORS STARTER KIT 165
raloxifene hcl 107
ramelteon 119
ramipril 51
ranolazine er 28
rasagiline mesylate 70
RAYA SURE PEN NEEDLE 150
react 91
READYLANCE SAFETY LANCETS 133
REALITY INSULIN SYRINGE 150
REALITY LANCETS 133
REALITY SWABS 139
REALITY TRIGGER LANCETS 133
REBIF 176
REBIF REBIDOSE 176
REBIF REBIDOSE TITRATION PACK 176
REBIF TITRATION PACK 176
REBYOTA 112
reclipsen 88
RECOMBIVAX HB 190
REDEMPLO 186
relafen 19
RELEUKO 118
relgaabi 36
RELION ALCOHOL SWABS 139
RELION GLUCOSE 43
RELION INSULIN SYRINGE 150
RELION KETONE TEST 103
RELION LANCET DEVICES 30G 133
RELION LANCETS 133
RELION LANCETS MICRO-THIN 33G 133
RELION LANCETS THIN 26G 133
RELION LANCETS ULTRA-THIN 30G 133
RELION LANCING DEVICE 133
RELION MINI PEN NEEDLES 150
RELION PEN NEEDLES 150
RELION SHORT PEN NEEDLES 150
RELION ULTRA THIN LANCETS 30G 133
RELION ULTRA THIN PLUS LANCETS 133
RELNATE DHA 162
repaglinide 45
REPATHA 50
REPATHA SURECLICK 50
RETACRIT 118
RETEVMO 65
REVUFORJ 186
REXALL LANCETS ULTRA THIN 30G 133
REXTOVY 46
REYATAZ 76
REZDIFFRA 111
REZLIDHIA 65
REZZAYO 47
RHOGAM ULTRA-FILTERED PLUS 172
RHOPHYLAC 172
RIABNI 57
RIBAVIRIN 78
ribavirin 79
rifabutin 53
rifampin 53
rifapentine 53
RIGHTEST GD500 LANCING DEVICE 133
RIGHTEST GL300 LANCETS 133
rilpivirine hcl 76
riluzole 165
RIMANTADINE HCL 78

RINVOQ 18
RINVOQ LQ 18
riociguat 83
risedronate sodium 105
risperidone 71
risperidone microspheres er 72
ritonavir 76
rivaroxaban 33
rivastigmine 174
rivastigmine tartrate 174
rivelsa 88
rizatriptan benzoate 155
roflumilast 31
ROLVEDON 118
ROMIDEPSIN 66
ROMVIMZA 186
ropinirole hcl 70
ropinirole hcl er 70
rosadan 103
rosuvastatin calcium 49
rosyrah 88
roweepra 36
ROZLYTREK 66
RUBRACA 66
RUCONEST 115
rufinamide 36
RUKOBIA 76
RUXIENCE 57
RYBELSUS 43
RYBREVANT 57
RYBREVANT FASPRO 186
RYDAPT 66
RYKINDO 72
RYLAZE 68
RYPLAZIM 115
RYTELO 66
ryvent 48
RYZNEUTA 186

S

sacubitril-valsartan 81
SAFE-T-LANCE 133
SAFE-T-LANCE PLUS 133
SAFETY LANCET 30G/PRESSURE ACT 133
SAFETY LANCETS 133
SAFETY LANCETS 21G 133
SAFETY LANCETS 23G 134
SAFETY LANCETS 28G 134
SAFETY PEN NEEDLES 150
SAFYRAL 88
SAIZEN 106
SAIZENPREP 106
sajazir 115
SALICYLIC ACID 101
SALICYLIC ACID WART REMOVER 101
SALIMEZ 101
SALSALATE 22
SALYCIM 101
SANCUSO 46
SANDOSTATIN LAR DEPOT 108
SANTYL 101
sapropterin dihydrochloride 108
SAPS CARE ALCOHOL PREP 139
SAPS HEALTH ALCOHOL PREP 139
SAPS HEALTH CARE ALCOHOL PREP 139
SAPS HEALTH PLUS LANCETS 134
SAPS HEALTH TWIST TOP LANCETS 134
SAPS TWIST TOP LANCETS 134
SAPSCARE TWIST TOP LANCETS 134
SARCLISA 57
SAVELLA 174
SAVELLA TITRATION PACK 174
SB ALCOHOL PREP 139
sb childrens aspirin 22
SB INSULIN SYRINGE 150
SB LANCETS THIN 134
SB LANCETS ULTRA THIN 134
sb low dose asa ec 22
SCEMBLIX 66
scopolamine 46
SE-NATAL 19 162
SECUADO 73

SECURESAFE INSULIN SYRINGE 150
SECURESAFE SAFETY PEN NEEDLES 150
SEGLENTIS 24
SELECT-LITE DEVICE/LANCETS 134
SELECT-LITE LANCING DEVICE 134
SELECT-OB 162
SELECT-OB+DHA 162
selegiline hcl 70
SELENIUM SULFIDE 98
SELZENTRY 76
SENSILANCE SAFETY LANCETS 21G 134
SENSILANCE SAFETY LANCETS 26G 134
SENSILANCE SAFETY LANCETS 28G 134
SEREVENT DISKUS 32
SEROSTIM 106
sertraline hcl 39
setlakin 88
sevelamer carbonate 113
sevelamer hcl 113
SEZABY 119
SF 159
SF 5000 PLUS 159
sharobel 92
shewise 91
SHINGRIX 186,190
SHOPKO AUTOLET LANCING DEVICE 134
SHOPKO ON-THE-GO LANCETS 30G 134
SHOPKO UNIFINE PENTIPS 150
SHOPKO UNIFINE PENTIPS PLUS 150
SHOPKO UNILET LANCETS 28G 134
SHOPKO UNILET LANCETS 30G 134
SIGNIFOR LAR 108
sildenafil citrate 82
silodosin 114
SILVER NITRATE 98
silver sulfadiazine 98
SIMBRINZA 167
simliya 88
simpesse 88
SIMPLE DIAGNOSTICS LANCING DEV 134
SIMPONI 17,18
SIMPONI ARIA 18
simvastatin 49,50
SINGLE-LET 134
sirolimus 157
SIVEXTRO 28
SKYCLARYS 165
SKYLA 91
SKYRIZI 97,112
SKYRIZI (150 MG DOSE) 97
SKYRIZI PEN 97
SKYTROFA 106
SLYND 92
SM ALCOHOL PREP 139
sm aspirin adult low strength 22
sm aspirin ec low strength 22
sm aspirin low dose 22
sm childrens aspirin 22
sm folic acid 117
SM GLUCOSE 43
SM LANCETS 33G 134
sm nicotine 178
sm nicotine polacrilex 178
SM TRUEDRAW LANCING DEVICE 134
SMART DIABETES VANTAGE LANCING 134
SMART SENSE COLOR LANCETS 33G 134
SMART SENSE GLUCOSE 43
SMART SENSE STANDARD LANCETS 134
SMART SENSE SUPER THIN LANCETS 134
SMART SENSE THIN LANCETS 26G 134
SMARTEST LANCETS 28G 134
SOD FLUORIDE-POTASSIUM NITRATE 159
SODIUM CHLORIDE 94
SODIUM FLUORIDE 155,159
SODIUM FLUORIDE 5000 ENAMEL 159
SODIUM FLUORIDE 5000 PLUS 159
sodium fluoride 5000 ppm 159
SODIUM FLUORIDE 5000 PPM 159
SODIUM FLUORIDE 5000 SENSITIVE 159
sodium oxybate 174
SODIUM OXYBATE 174
sodium phenylbutyrate 108

sodium polystyrene sulfonate . . . 158
sodium sulfacetamide . . . 98
sodium sulfacetamide wash . . . 98
SOGROYA . . . 106
SOHONOS . . . 164
solifenacin succinate . . . 187
SOLU-CORTEF . . . 93
SOLU-MEDROL (PF) . . . 93
SOLUS V2 LANCETS 28G . . . 134
SOLUS V2 LANCING DEVICE . . . 134
SOLUS V2 TWIST LANCETS 30G . . . 134
SOMATULINE DEPOT . . . 109
SOMAVERT . . . 106
sorafenib tosylate . . . 66
sorine . . . 79
sotalol hcl . . . 79
sotalol hcl (af) . . . 79
SPEVIGO . . . 97
SPIKEVAX . . . 190
SPIKEVAX 6M-11Y . . . 190
SPINOSAD . . . 103
SPIRIVA HANDIHALER . . . 31
SPIRIVA RESPIMAT . . . 31
spironolactone . . . 104
spironolactone-hctz . . . 104
SPRAVATO (56 MG DOSE) . . . 39
SPRAVATO (84 MG DOSE) . . . 39
sprintec 28 . . . 88
SPRIX . . . 19
sps (sodium polystyrene sulf) . . . 158
sronyx . . . 89
ssd . . . 98
SSS 10-5 . . . 95
st joseph aspirin . . . 22
st joseph low dose . . . 22
STELARA . . . 112
STERILANCE TL . . . 134
STIMUFEND . . . 118
STIOLTO RESPIMAT . . . 32
STIVARGA . . . 66
STOBOCLO . . . 186
STRENSIQ . . . 108
STRIBILD . . . 76
STRIVERDI RESPIMAT . . . 32
SUBLOCADE . . . 25
SUBSYS . . . 23
subvenite . . . 36
subvenite starter kit-blue . . . 36
subvenite starter kit-green . . . 36
subvenite starter kit-orange . . . 36
SUCRAID . . . 103
sucralfate . . . 182
SULCONAZOLE NITRATE . . . 96
SULFACETAMIDE SOD-SULFUR WASH . . . 95
sulfacetamide sodium . . . 98
SULFACETAMIDE SODIUM . . . 168
sulfacetamide sodium (acne) . . . 95
SULFACETAMIDE SODIUM (CLEANS) . . . 98
SULFACETAMIDE SODIUM-SULFUR . . . 95
SULFACETAMIDE-PREDNISOLONE . . . 169
SULFACETAMIDE-SULFUR IN UREA . . . 95
SULFACLEANSE 8/4 . . . 95
sulfadiazine . . . 179
sulfamethoxazole-trimethoprim . . . 27
SULFAMYLON . . . 98
sulfasalazine . . . 112
sulfatrim pediatric . . . 27
sulindac . . . 19
sumatriptan . . . 155
sumatriptan succinate . . . 155
SUMATRIPTAN SUCCINATE REFILL . . . 155
sunitinib malate . . . 66
SUNLENCA . . . 76,186
SUPARTZ FX . . . 164
SUPER THIN LANCETS . . . 135
SUPPRELIN LA . . . 107
SURE COMFORT ALCOHOL PREP . . . 139
SURE COMFORT INSULIN SYRINGE . . . 150
SURE COMFORT LANCETS 18G . . . 135
SURE COMFORT LANCETS 21G . . . 135
SURE COMFORT LANCETS 23G . . . 135
SURE COMFORT LANCETS 28G . . . 135

SURE COMFORT LANCETS 30G . . . 135
SURE COMFORT LANCING PEN . . . 135
SURE COMFORT PEN NEEDLES . . . 150
SURELITE LANCETS . . . 135
SUSTOL . . . 46
SUSVIMO (IMPLANT 1ST FILL) . . . 167
SUSVIMO (IMPLANT REFILL) . . . 167
SUSVIMO OCULAR IMPLANT . . . 140
SUTAB . . . 120
syeda . . . 89
SYFOVRE . . . 168
SYMDEKO . . . 179
SYMLINPEN 120 . . . 40
SYMLINPEN 60 . . . 40
SYMPAZAN . . . 34
SYMTUZA . . . 76
SYNJARDY . . . 41
SYNJARDY XR . . . 41
SYNOJOYNT . . . 164
SYNTHROID . . . 180
SYNVISC . . . 165
SYNVISC ONE . . . 165

T

TABLOID . . . 55
TABRECTA . . . 66
tacrolimus . . . 101,157
tadalafil . . . 81
tadalafil (pah) . . . 81
TAFINLAR . . . 66
tafluprost (pf) . . . 170
TAGRISSO . . . 58
take action . . . 91
TAKHZYRO . . . 115
TALZENNA . . . 66
tamoxifen citrate . . . 60
tamsulosin hcl . . . 114
tapentadol hcl . . . 23
tarina 24 fe . . . 89
tarina fe 1/20 . . . 89
tarina fe 1/20 eq . . . 89
TARON-C DHA . . . 162
TASIGNA . . . 66
TAVALISSE . . . 115
taysofy . . . 89
TAYTULLA . . . 89
TAZAROTENE . . . 95
tazarotene . . . 97
taztia xt . . . 80
TAZVERIK . . . 66
TDVAX . . . 181
TECENTRIQ . . . 57
TECENTRIQ HYBREZA . . . 61
TECHLITE AST LANCETS . . . 135
TECHLITE INSULIN SYRINGE . . . 151
TECHLITE LANCETS . . . 135
TECHLITE LANCETS 26G . . . 135
TECHLITE PEN NEEDLES . . . 151
TECHLITE PLUS PEN NEEDLES . . . 151
TEGRETOL . . . 36
TEGRETOL-XR . . . 36
telmisartan . . . 51
telmisartan-hctz . . . 52
temazepam . . . 119
temozolomide . . . 54
TENIVAC . . . 181
tenofovir disoproxil fumarate . . . 76
TEPMETKO . . . 67
terazosin hcl . . . 51
terbinafine hcl . . . 47
terbutaline sulfate . . . 32
terconazole . . . 190
teriflunomide . . . 176
TERIPARATIDE . . . 105
TERLIVAZ . . . 108
testosterone . . . 25
testosterone cypionate . . . 25
TESTOSTERONE ENANTHATE . . . 25
TETANUS-DIPHTHERIA TOXOIDS TD . . . 181
tetrabenazine . . . 175
tetracycline hcl . . . 180
TEVIMBRA . . . 57

TEZSPIRE 30
TGT GLUCOSE 43
TGT LANCET MICRO THIN 33G 135
TGT LANCET THIN 26G 135
TGT LANCET ULTRA THIN 30G 135
TGT LANCING DEVICE 135
THALOMID 156
THEO-24 32
theophylline 32
THEOPHYLLINE ER 33
THINLETS GP LANCETS 135
thioridazine hcl 73
thiotepa 54
thiothixene 74
thrive 178
THRIVITE RX 162
THYROGEN 103
tiadylt er 80
TIAGABINE HCL 37
TIBSOVO 67
ticagrelor 116
tilia fe 89
timolol hemihydrate 166
timolol maleate 79,166
timolol maleate (once-daily) 166
tinidazole 26
TIVDAK 57
TIVICAY 76
TIVICAY PD 76
tizanidine hcl 163
TOBRADEX 169
tobramycin 17,168
tobramycin-dexamethasone 169
TOBREX 168
TODAYS HEALTH LANCING DEVICE 135
TODAYS HEALTH MINI PEN NEEDLES 151
TODAYS HEALTH PEN NEEDLES 151
TODAYS HEALTH SHORT PEN NEEDLE 151
TODAYS HEALTH THIN LANCETS 28G 135
TODAYS HEALTH THIN LANCETS 30G 135
tofacitinib citrate 18
tofacitinib citrate er 18
TOFIDENCE 18
TOLAK 97
tolcapone 69
tolterodine tartrate 187
tolterodine tartrate er 187
TOPCARE CLICKFINE PEN NEEDLES 151
TOPCARE LANCETS MICRO-THIN 33G 135
TOPCARE ULTRA COMFORT INS SYR 151
TOPFINE INSULIN PEN NEEDLE 151
topiramate 36
topiramate er 36
toremifene citrate 60
torpenz 67
torsemide 104
tovet 100
TPOXX 78
TRADJENTA 43
tramadol hcl 23
TRAMADOL HCL (ER BIPHASIC) 23
tramadol hcl er 23
tramadol-acetaminophen 24
trandolapril 51
TRANDOLAPRIL-VERAPAMIL HCL ER 52
tranexamic acid 118
tranylcypromine sulfate 39
TRAVEL LANCETS 135
TRAVEL LANCETS ADVANCED 28G 135
travoprost (bak free) 170
TRAZIMERA 56
trazodone hcl 39
TRECATOR 53
TRELEGY ELLIPTA 32
TRELSTAR MIXJECT 60
TREMFYA 97,98
TREMFYA ONE-PRESS 98
TREMFYA PEN 98
TREMFYA-CD/UC INDUCTION 98
treprostinil 81
TRESIBA 45
TRESIBA FLEXTOUCH 45

tretinoin 68,95
tri femynor 89
tri-estarylla 89
tri-legest fe 89
tri-linyah 89
tri-lo-estarylla 89
tri-lo-marzia 89
tri-lo-mili 89
tri-lo-sprintec 89
tri-mili 89
tri-nymyo 89
tri-sprintec 89
TRI-VITE/FLUORIDE 160
tri-vylibra 89
tri-vylibra lo 89
triamcinolone acetonide 100,159
triamcinolone in absorbase 100
triamterene 104
triamterene-hctz 104
trianex 100
triazolam 119
TRICARE 162
TRICITRATES 113
tridacaine ii 102
tridacaine iii 102
triderm 100
trientine hcl 156
trifluoperazine hcl 73
TRIFLURIDINE 168
trihexyphenidyl hcl 69
TRIJARDY XR 41
TRIKAFTA 179
TRILEPTAL 36
trilitas 98
TRILURON 165
trimethobenzamide hcl 46
trimethoprim 26
trimipramine maleate 40
TRINATAL RX 1 162
TRINATE 162
TRIPTODUR 107
TRISTART DHA 162
tritocin 100
TRIUMEQ 76
TRIUMEQ PD 76
TRIVISC 165
trivora (28) 89
TRODELVY 69
tropicamide 166
trospium chloride 187
trospium chloride er 187
TRUE COMFORT ALCOHOL PREP PADS 139
TRUE COMFORT INSULIN SYRINGE 151
TRUE COMFORT PEN NEEDLES 151
TRUE COMFORT PRO ALCOHOL PREP 139
TRUE COMFORT PRO INSULIN SYR 151
TRUE COMFORT PRO PEN NEEDLES 151
TRUE COMFORT SAFETY LANCETS 135
TRUE COMFORT SAFETY PEN NEEDLE 151
TRUE COMFORT TWIST TOP LANCETS 135
true folic acid 117
true vitamin d3 191
TRUEDRAW LANCING DEVICE 135
TRUEPLUS 5-BEVEL PEN NEEDLES 151
trueplus glucose 43
TRUEPLUS GLUCOSE ON THE GO 43
TRUEPLUS INSULIN SYRINGE 151
TRUEPLUS LANCETS 26G 135
TRUEPLUS LANCETS 28G 135
TRUEPLUS LANCETS 30G 135
TRUEPLUS LANCETS 33G 135
TRUEPLUS PEN NEEDLES 152
TRUEPLUS SAFETY LANCETS 28G 135
TRULICITY 43
TRUMENBA 188
TRUQAP 67
TRYNGOLZA 186
TUKYSA 56
tulana 92
TURALIO 67
turqoz 89
TWINRIX 190

TWIRLA 90
TWIST TOP LANCETS 30G 135
TYBLUME 89
TYBOST 76
tydemy 89
TYENNE 18
TYMLOS 105
TYVASO 81
TYVASO DPI INSTITUTIONAL KIT 81
TYVASO DPI MAINTENANCE KIT 81,82
TYVASO DPI TITRATION KIT 82
TYVASO REFILL 82
TYVASO STARTER 82

U

UBRELVY 154
UDENYCA 118
UDENYCA ONBODY 118
ULTI-LANCE AUTOMATIC 136
ULTICARE ALCOHOL SWABS 139
ULTICARE INSULIN SAFETY SYR 152
ULTICARE INSULIN SYR 1/2 UNIT 152
ULTICARE INSULIN SYRINGE 152
ULTICARE MICRO PEN NEEDLES 152
ULTICARE MINI PEN NEEDLES 152
ULTICARE PEN NEEDLES 152
ULTICARE SHORT PEN NEEDLES 152
ULTIGUARD SAFEPACK PEN NEEDLE 152
ULTIGUARD SAFEPACK SYR/NEEDLE 152
ULTILET ALCOHOL SWABS 140
ULTILET CLASSIC LANCETS 136
ULTILET LANCETS 136
ULTILET PEN NEEDLE 152
ULTILET SAFETY LANCETS 136
ULTILET SAFETY LANCETS 23G 136
ULTRA COMFORT INSULIN SYRINGE 152
ULTRA COMFORT PEN NEEDLES 152
ULTRA FLO INSULIN PEN NEEDLES 152
ULTRA FLO INSULIN SYR 1/2 UNIT 152
ULTRA FLO INSULIN SYRINGE 152
ULTRA THIN LANCETS 31G 136
ULTRA THIN PEN NEEDLES 153
ULTRA-CARE ALCOHOL PREP PADS 140
ULTRA-CARE LANCETS 30G 136
ULTRA-CARE SAFETY LANCETS 30G 136
ULTRA-THIN II AUTO LANCET 136
ULTRA-THIN II INS SYR SHORT 153
ULTRA-THIN II INSULIN SYRINGE 153
ULTRA-THIN II LANCETS 136
ULTRA-THIN II MINI PEN NEEDLE 153
ULTRA-THIN II PEN NEEDLE SHORT 153
ULTRA-THIN II PEN NEEDLES 153
ULTRACARE INSULIN SYRINGE 153
ULTRACARE PEN NEEDLES 153
UNDECATREX 25
UNIFINE OTC PEN NEEDLES 153
UNIFINE PEN NEEDLES 153
UNIFINE PENTIPS 153
UNIFINE PENTIPS PLUS 153
UNIFINE PROTECT PEN NEEDLE 153
UNIFINE SAFECONTROL PEN NEEDLE 153
UNIFINE ULTRA PEN NEEDLE 153
UNILET COMFORTOUCH LANCET 136
UNILET EXCELITE 136
UNILET EXCELITE II 136
UNILET G.P. LANCET 136
UNILET G.P. SUPERLITE LANCET 136
UNILET GP 28 ULTRA THIN 136
UNILET LANCET 136
UNILET MICRO-THIN 33G 136
UNILET SUPER-THIN 30G 136
UNILET SUPERLITE LANCET 136
UNILET ULTRA-THIN 28G 136
UNISTIK 1 136
UNISTIK 2 136
UNISTIK 2 COMFORT 136
UNISTIK 2 EXTRA 136
UNISTIK 2 NEONATAL 136
UNISTIK 2 NORMAL 136
UNISTIK 2 SUPER 136
UNISTIK 3 136
UNISTIK 3 COMFORT 136

UNISTIK 3 EXTRA . . . 136
UNISTIK 3 GENTLE . . . 137
UNISTIK 3 NEONATAL . . . 137
UNISTIK 3 NORMAL . . . 137
UNISTIK CZT COMFORT . . . 137
UNISTIK CZT NORMAL . . . 137
UNISTIK NORMAL . . . 137
UNISTIK PRO SAFETY LANCET . . . 137
UNISTIK SAFETY LANCETS 28G . . . 137
UNISTIK SAFETY LANCETS 30G . . . 137
UNISTIK TOUCH SAFETY LANC 21G . . . 137
UNISTIK TOUCH SAFETY LANC 23G . . . 137
UNISTIK TOUCH SAFETY LANC 28G . . . 137
UNISTIK TOUCH SAFETY LANC 30G . . . 137
unithroid . . . 181
UNIVERSAL 1 LANCETS THIN 26G . . . 137
UNIVERSAL 1 LANCETS THIN 33G . . . 137
UNIVERSAL 1 LANCETS ULTRA THIN . . . 137
UNLOXCYT . . . 186
UP & UP GLUCOSE . . . 43
UPTRAVI . . . 82
UREA . . . 100
UREA HYDRATING . . . 101
urea nail . . . 101
UREDEB . . . 101
UREMEZ-40 . . . 101
ursodiol . . . 110
UZEDY . . . 72

V

V-GO 20 . . . 137
V-GO 30 . . . 137
V-GO 40 . . . 137
VABYSMO . . . 167
valacyclovir hcl . . . 78
VALCHLOR . . . 97
valganciclovir hcl . . . 77
valproic acid . . . 38
valsartan . . . 51
valsartan-hydrochlorothiazide . . . 52
VALTOCO 10 MG DOSE . . . 34
VALTOCO 15 MG DOSE . . . 35
VALTOCO 20 MG DOSE . . . 35
VALTOCO 5 MG DOSE . . . 35
valtya 1/35 . . . 89
VALTYA 1/50 . . . 89
VALUE HEALTH INSULIN SYRINGE . . . 153
VALUE PLUS GLUCOSE . . . 43
VALUE PLUS LANCET STANDARD 21G . . . 137
VALUE PLUS LANCETS SUPER THIN . . . 137
VALUE PLUS LANCETS THIN 26G . . . 137
VALUE PLUS LANCING DEVICE . . . 137
VALUMARK LANCET SUPER THIN 30G . . . 137
VALUMARK LANCET ULTRA THIN 28G . . . 137
VALUMARK PEN NEEDLES . . . 153
vanadom . . . 163
vancomycin hcl . . . 27
VANDAZOLE . . . 190
VANFLYTA . . . 67
VANISHPOINT INSULIN SYRINGE . . . 153
VAQTA . . . 190
varenicline tartrate . . . 178
varenicline tartrate (starter) . . . 178
varenicline tartrate(continue) . . . 179
VARIVAX . . . 190
VAXNEUVANCE . . . 188
VCF VAGINAL CONTRACEPTIVE . . . 190
VECTIBIX . . . 58
VELIVET . . . 89
VELPHORO . . . 113
VEMLIDY . . . 78
VENCLEXTA . . . 57,58
VENCLEXTA STARTING PACK . . . 58
venlafaxine hcl . . . 40
venlafaxine hcl er . . . 40
VENTAVIS . . . 82
VEPPANU . . . 186
verapamil hcl . . . 80
verapamil hcl er . . . 80
VEREGEN . . . 95
VERIFINE INSULIN PEN NEEDLE . . . 153
VERIFINE INSULIN SYRINGE . . . 137,154

VERIFINE PLUS PEN NEEDLE . . . 154
VERIFINE SAFE LANCET MINI 21G . . . 137
VERIFINE SAFE LANCET MINI 23G . . . 137
VERIFINE SAFE LANCET MINI 28G . . . 137
VERIFINE SAFE LANCET MINI 30G . . . 137
VERIFINE UNIVERSAL LANCETS 28G . . . 138
VERIFINE UNIVERSAL LANCETS 30G . . . 138
VERIFINE UNIVERSAL LANCETS 33G . . . 138
VERISAFE SAFETY INSULIN SYR . . . 154
VERZENIO . . . 67
vestura . . . 89
VIDA MIA AUTOLET LANCING DEV . . . 138
VIDA MIA UNIFINE PENTIPS . . . 154
VIDA MIA UNILET LANCETS 28G . . . 138
VIDA MIA UNILET LANCETS 30G . . . 138
vienva . . . 89
vigabatrin . . . 37
vigadrone . . . 37
vigpoder . . . 37
VIJOICE . . . 157
vilazodone hcl . . . 39
VINATE DHA RF . . . 162
VINATE II . . . 162
VINATE ONE . . . 162
VIOKACE . . . 104
viorele . . . 89
VIRACEPT . . . 77
VIREAD . . . 77
VIRT-NATE DHA . . . 162
VIRT-PN DHA . . . 162
VISCO-3 . . . 165
VISUDYNE . . . 169
VITAFOL GUMMIES . . . 162
VITAFOL ULTRA . . . 162
VITAFOL-NANO . . . 162
VITAFOL-OB . . . 163
VITAFOL-OB+DHA . . . 163
VITAFOL-ONE . . . 163
VITAMEDMD ONE RX/QUATREFOLIC . . . 163
VITAMEDMD REDICHEW RX . . . 163
vitamin d . . . 191
vitamin d (ergocalciferol) . . . 191
vitamin d high potency . . . 191
vitamin d3 . . . 191
VITAMINS ACD-FLUORIDE . . . 160
VITAPEARL . . . 163
VITATHELY WITH GINGER . . . 163
VITRAKVI . . . 67
VIVA DHA . . . 163
VIVAGUARD LANCETS . . . 138
VIVAGUARD LANCETS 30G . . . 138
VIVAGUARD LANCING DEVICE . . . 138
VIVAGUARD SAFETY LANCETS 28G . . . 138
VIVIMUSTA . . . 54
VIVITROL . . . 46
VIVOTIF . . . 188
VIZIMPRO . . . 58
VOCABRIA . . . 77
volnea . . . 90
VONJO . . . 67
VORANIGO . . . 67
VORAXAZE . . . 69
voriconazole . . . 47
VOXZOGO . . . 108
VP INSULIN SYRINGE . . . 154
VRAYLAR . . . 70
vyfemla . . . 90
VYKAT XR . . . 186
vylibra . . . 90
VYLOY . . . 57
VYNDAMAX . . . 83
VYNDAQEL . . . 83
VYVGART . . . 157
VYVGART HYTRULO . . . 157
VYXEOS . . . 61
VYZULTA . . . 170

W

WALGREENS ADV TRAVEL LANCETS . . . 138
WALGREENS GLUCOSE . . . 43
WALGREENS LANCETS . . . 138
WALGREENS LANCETS MICRO THIN . . . 138

WALGREENS LANCETS SUPER THIN 138
WALGREENS THIN LANCETS 138
WALGREENS ULTRA THIN LANCETS 138
warfarin sodium 33
WEBCOL ALCOHOL PREP LARGE 140
WEBCOL ALCOHOL PREP MEDIUM 140
weekly-d 191
WEGMANS UNIFINE PENTIPS PLUS 154
WELIREG 60
wera 90
WESCAP-C DHA 163
WESCAP-PN DHA 163
WESNATAL DHA COMPLETE 163
WESNATE DHA 163
WESTAB PLUS 163
WESTGEL DHA 163
WIDE-SEAL DIAPHRAGM 60 121
WIDE-SEAL DIAPHRAGM 65 121
WIDE-SEAL DIAPHRAGM 70 121
WIDE-SEAL DIAPHRAGM 75 121
WIDE-SEAL DIAPHRAGM 80 121
WIDE-SEAL DIAPHRAGM 85 121
WIDE-SEAL DIAPHRAGM 90 121
WIDE-SEAL DIAPHRAGM 95 121
WINRHO SDF 172
wixela inhub 32
wymzya fe 90
WYOST 186

X

XACDURO 27
XALKORI 67
xarah fe 90
XARELTO 33
XARELTO STARTER PACK 33
XCOPRI 37
XCOPRI (250 MG DAILY DOSE) 37
XCOPRI (350 MG DAILY DOSE) 37
XDEMVY 168
XELJANZ 18
XELJANZ XR 18
xelria fe 90
XEMBIFY 172
XENLETA 28
XEOMIN 166
XEPI 96
XERAC AC 102
XERESE 98
XERMELO 113
XGEVA 105
XIAFLEX 156
XIFAXAN 26
XIIDRA 169
XIPERE 169
XOFIGO 68
XOFLUZA (40 MG DOSE) 78
XOFLUZA (80 MG DOSE) 78
XOLAIR 30
XOLEGEL 96
XOLREMDI 118
XOSPATA 67
XPHOZAH 108
XPOVIO (100 MG ONCE WEEKLY) 61
XPOVIO (40 MG ONCE WEEKLY) 61
XPOVIO (40 MG TWICE WEEKLY) 61
XPOVIO (60 MG ONCE WEEKLY) 61
XPOVIO (60 MG TWICE WEEKLY) 61
XPOVIO (80 MG ONCE WEEKLY) 61
XPOVIO (80 MG TWICE WEEKLY) 61
XTANDI 60
xulane 90
XULTOPHY 41
XUREA 101
xyvona 24
XYWAV 174

Y

yargesa 116
YARTEMLEA 186
YASMIN 28 90
YAZ 90
YCANTH 101

YERVOY 57
YESINTEK 186,187
YEZTUGO 77,187
yl folic acid 117
YONDELIS 54
your choice 91
yulithira 67
yuvafem 191
YUVIWEL 187

Z

zafemy 90
zafirlukast 31
zaleplon 119
ZALVIT 163
zarah 90
ZATEAN-PN DHA 163
ZEJULA 68
ZELAPAR 70
ZELBORAF 68
zelvysia 108
zenatane 95
ZENPEP 104
ZEPOSIA 176
ZEPOSIA 7-DAY STARTER PACK 176
ZEPOSIA STARTER KIT 176
ZEPZELCA 54
ZEVRX INSULIN SYRINGE 154
ZEVRX PEN NEEDLES 154
ZEVRX STERILE ALCOHOL PREP PAD 140
ZEVRX TWIST TOP LANCETS 30G 138
zidovudine 77
ZIEXTENZO 118
ZIIHERA 187
zileuton er 31
ZINPLAVA 172
ZIPHEX 163
ziprasidone hcl 71
ZIRGAN 168
ZOKINVY 158
ZOLADEX 60
ZOLEDRONIC ACID 105
zoledronic acid 105
ZOLINZA 68
zolmitriptan 155
ZOLPIDEM TARTRATE 119
zolpidem tartrate 119
zolpidem tartrate er 119
ZOMACTON 106
zomig 155
zonisamide 36
zovia 1/35 (28) 90
ZTALMY 37
zumandimine 90
ZURZUVAE 38
ZYCUBO 187
ZYDELIG 68
ZYKADIA 68
ZYMFENTRA (1 PEN) 112
ZYMFENTRA (2 PEN) 112
ZYMFENTRA (2 SYRINGE) 112
ZYNLONTA 57
ZYNYZ 57
ZYPITAMAG 50
ZYPREXA RELPREVV 73