

GEISINGER HEALTH PLAN

2024

CHIP Formulary



Geisinger

List of covered drugs

Geisinger Health Plan

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

CHIP Pharmacy Benefit

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

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

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

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

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

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

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

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

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

Using this formulary

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

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

Quantity Limits

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

Step Therapy

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

Specialty Vendor Drug Program

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

What is a medication formulary?

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

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

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

Formulary exclusions

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

Formulary development

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

Service Team.

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

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

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

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

What are generics?

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

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

Notes for Providers

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

These criteria include but are not limited to:

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

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

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

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

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

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

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

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

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

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

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

Sources:

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

Discrimination is against the law

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

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

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LEGEND

0 \$0

1 Generics

2 Brands

QL Quantity Limit

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

PA Prior Authorization Required

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

ST Step Therapy

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

AL Age Limit

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

PN Publishing Note

This drug has unique restrictions.

SP Specialty Drug

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

QL Quantity Limit (Custom)

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

LA Limited Access

Drugs that are only available at certain pharmacies

MDS Max Days Supply Allowed

Max Days Supply Allowed

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Drug Name	Drug Tier	Requirements / Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	1	
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1	
<i>dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i>	1	PA, QL (1 cap per 1 day)
<i>methamphetamine hcl 5 mg tab</i>	1	
ANALEPTICS		
<i>caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)</i>	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)</i>	1	
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	1	
QELBREE 100 MG CAP ER 24H	2	PA, QL (1 unit per 1 day)
QELBREE 150 MG CAP ER 24H	2	PA, QL (2 units per 1 day)
QELBREE 200 MG CAP ER 24H	2	PA, QL (3 units per 1 day(s))
STIMULANTS - MISC.		
<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	1	PA
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)</i>	1	PA
<i>methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)</i>	1	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)</i>	1	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	1	
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>modafinil (100 mg tab, 200 mg tab)</i>	1	PA
AMINOGLYCOSIDES (CONTINUED)		
AMINOGLYCOSIDES		
<i>neomycin sulfate 500 mg tab</i>	1	
<i>paramomycin sulfate 250 mg cap</i>	1	
TOBI PODHALER 28 MG CAP	2	PA, QL (224 units per 56 days), SP
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (224 units per 56 days), SP
<i>tobramycin 300 mg/5ml nebu soln</i>	1	PA, LA, QL (280 units per 56 days), SP, MDS
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-FKJP (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML AUT-IJ KIT, 40 MG/0.8ML PREF SY KT)	2	PA, QL (2 units per 28 day(s)), SP, QL (28 days supply per fill), MDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	PA, QL (0.8 ml per 28 day(s)), SP, QL (28 days supply per fill), MDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	2	PA, QL (1.6 ml per 28 day(s)), SP, QL (28 days supply per fill), MDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	PA, QL (0.8 ml per 28 day(s)), SP, QL (28 days supply per fill), MDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	2	PA, QL (1.6 ml per 28 day(s)), SP, QL (28 days supply per fill), MDS
HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT)	2	PA, QL (2 units per 28 days), SP
HUMIRA (2 PEN) (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT)	2	PA, QL (2 units per 28 days), SP
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	PA, QL (2 units per 28 days), SP
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	2	PA, QL (2 units per 28 days), SP
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	2	PA, QL (3 units per 28 days), SP

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN 80 MG/0.8ML PEN KIT	2	PA, QL (3 units per 28 days), SP
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	2	PA, QL (3 units per 28 days), SP
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	2	PA, QL (4 units per 28 days), SP
HUMIRA PEN-PSOR/UEVIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	2	PA, QL (3 units per 28 days), SP
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	2	PA, QL (6 units per 28 days), SP
HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML PEN KIT	2	PA, QL (4 units per 28 days), SP
SIMPONI (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 28 days), SP
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR)	2	PA, QL (0.5 units per 28 days), SP
SIMPONI ARIA 50 MG/4ML SOLUTION	2	PA, SP
YUSIMRY 40 MG/0.8ML SOLN PEN	2	PA, QL (1.6 ml per 28 day(s)), SP, QL (28 days supply per fill), MDS
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	2	PA, QL (30 units per 30 days), SP, MDS
RINVOQ 45 MG TAB ER 24H	2	PA, QL (28 units per 28 day(s)), SP, QL (3 fills per 180 days), MDS
XELJANZ (5 MG TAB, 10 MG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
XELJANZ 1 MG/ML SOLUTION	2	PA, QL (300 units per 30 days), SP, MDS
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	2	PA, QL (30 units per 30 days), SP, MDS
GOLD COMPOUNDS		
RIDAURA 3 MG CAP	2	
INTERLEUKIN-1 BLOCKERS		
ARCALYST 220 MG RECON SOLN	2	PA, SP, MDS
INTERLEUKIN-1BETA BLOCKERS		
ILARIS 150 MG/ML SOLUTION	2	PA, SP
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	PA, QL (3.6 units per 28 days), SP
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	2	PA, QL (3.6 units per 28 days), SP
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er 100 mg tab er 24h</i>	1	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	1	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	1	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	1	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	1	
<i>fenoprofen calcium (400 mg cap, 600 mg tab)</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	1	
<i>indomethacin er 75 mg cap er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL (20 units per fill)
MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP)	1	
<i>mefenamic acid 250 mg cap</i>	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	1	
NALFON 400 MG CAP	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr 500 mg tab dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>naproxen-esomeprazole mg (375-20 mg tab dr, 500-20 mg tab dr)</i>	1	PA, QL (2 units per day)
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	1	
<i>sulindac (150 mg tab, 200 mg tab)</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	2	PA, QL (55 units per 28 days), SP, MDS
OTEZLA 30 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP
ENBREL 25 MG RECON SOLN	2	PA, QL (8 units per 28 days)
ENBREL 25 MG/0.5ML SOLUTION	2	PA, QL (8 units per 28 days), SP
ENBREL MINI 50 MG/ML SOLN CART	2	PA, QL (4 units per 28 days), SP
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	2	PA, QL (4 units per 28 days), SP
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
<i>bac 50-325-40 mg tab</i>	1	
<i>bupap 50-300 mg tab</i>	1	
<i>butalbital-acetaminophen (50-300 mg cap, 50-300 mg tab, 50-325 mg tab)</i>	1	
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
<i>esgic 50-325-40 mg cap</i>	1	
<i>zebutal 50-325-40 mg cap</i>	1	
SALICYLATES		
<i>adult aspirin regimen 81 mg tab dr</i>	0	
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin 81 81 mg tab dr</i>	0	
<i>aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin regimen 81 mg tab dr</i>	0	
<i>diflunisal 500 mg tab</i>	1	
<i>ft aspirin low dose 81 mg tab dr</i>	0	
<i>gnp adult aspirin low strength 81 mg chew tab</i>	0	
<i>gnp aspirin 81 mg tab dr</i>	0	
<i>gnp aspirin low dose 81 mg tab dr</i>	0	
<i>goodsense aspirin 81 mg chew tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>goodsense aspirin adult low st 81 mg chew tab</i>	0	
<i>goodsense aspirin low dose 81 mg tab dr</i>	0	
<i>hm aspirin 81 mg chew tab</i>	0	
<i>hm aspirin ec low dose 81 mg tab dr</i>	0	
<i>qc aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>salsalate (500 mg tab, 750 mg tab)</i>	1	
<i>sm aspirin adult low strength (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>sm aspirin ec low strength 81 mg tab dr</i>	0	
<i>sm aspirin low dose (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>sm childrens aspirin 81 mg chew tab</i>	0	
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
CODEINE SULFATE (15 MG TAB, 30 MG TAB, 60 MG TAB)	1	
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	1	PA, MDS
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	1	PA, QL (136 units per 34 days), MDS
FENTORA (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	2	PA
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>levorphanol tartrate (2 mg tab, 3 mg tab)</i>	1	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	1	PA
<i>methadone hcl intensol 10 mg/ml conc</i>	1	PA
<i>methadose 40 mg tab sol</i>	1	PA
MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 10 MG/5ML SOLUTION, 15 MG TAB, 20 MG SUPPOS, 20 MG/5ML SOLUTION, 30 MG SUPPOS, 30 MG TAB)	1	
<i>morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
NALOCET 2.5-300 MG TAB	1	
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	2	QL (1.28 ml per 28 day(s))
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	QL (1.92 ml per 28 day(s))
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	QL (2.56 ml per 28 day(s))
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	QL (0.64 ml per 28 day(s))
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	QL (0.36 ml per 28 day(s))
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	QL (0.18 ml per 28 day(s))
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	QL (0.27 ml per 28 day(s))
<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	1	PA, QL (0.143 units per day)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	MDS
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i>	1	MDS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	
SUBLOCADE (100 MG/0.5ML SOLN PRSYR, 300 MG/1.5ML SOLN PRSYR)	2	
ANDROGENS-ANABOLIC (CONTINUED)		
ANABOLIC STEROIDS		
<i>oxandrolone (2.5 mg tab, 10 mg tab)</i>	1	
ANDROGENS		
AVEED 750 MG/3ML SOLUTION	2	PA, SP, MDS
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	1	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	1	
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
TLANDO 112.5 MG CAP	2	PA, QL (2 units per day)
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
<i>hydrocort-pramoxine (perianal) 2.5-1 % cream</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
<i>lidocaine-hydrocort (perianal) 3-0.5 % cream</i>	1	
<i>lidocaine-hydrocortisone ace (2-2 % kit, 2.8-0.55 % gel, 3-0.5 % kit, 3-1 % kit, 3-2.5 % kit)</i>	1	
PROCTOFOAM HC 1-1 % FOAM	2	
RECTAL STEROIDS		
<i>anucort-hc 25 mg suppos</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	1	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	1	
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	1	QL (4 units per fill)
EMVERM 100 MG CHEW TAB	2	PA
<i>ivermectin 3 mg tab</i>	1	PA, MDS
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO 194 MG TAB DR	2	PA, QL (12 units per 3 days), MDS
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab)</i>	1	
<i>pentamidine isethionate 300 mg recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>tinidazole (250 mg tab, 500 mg tab)</i>	1	
<i>trimethoprim 100 mg tab</i>	1	
XIFAXAN (200 MG TAB, 550 MG TAB)	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>multivitamin liquid</i>	0	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
XACDURO 1-1 GM RECON SOLN	2	PA, QL (168 ea per 14 days), MDS
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	1	
<i>nitazoxanide 500 mg tab</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	1	MDS
DAPTOMYCIN 500 MG RECON SOLN	1	
GLYCOPEPTIDES		
DALVANCE 500 MG RECON SOLN	2	PA, MDS
FIRVANQ (25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN)	2	
KIMYRSA 1200 MG RECON SOLN	2	PA
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	1	
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	1	PA
<i>linezolid 600 mg tab</i>	1	QL (2 units per 1 day), QL (112 units per 180 days), MDS

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Drug Name	Drug Tier	Requirements / Limits
SIVEXTRO 200 MG TAB	2	PA, QL (6 ea per 6 days), QL (1 fill per 365 days), MDS
PLEUROMUTILINS		
XENLETA 600 MG TAB	2	PA, QL (10 units per 5 day(s)), MDS
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1 gm tab</i>	1	
<i>methenamine mandelate (0.5 gm tab, 1 gm tab)</i>	1	
<i>nitrofurantoin 25 mg/5ml suspension</i>	1	
<i>nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
<i>ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)</i>	1	PA
NITRATES		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	1	
<i>isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	1	
NITRO-BID 2 % OINTMENT	2	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	2	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1	
ANTIANSXIETY AGENTS (CONTINUED)		
ANTIANSXIETY AGENTS - MISC.		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>meprobamate (200 mg tab, 400 mg tab)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	1	
<i>alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	1	
ALPRAZOLAM INTENSOL 1 MG/ML CONC	2	
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	1	
<i>chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)</i>	1	
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)</i>	1	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>diazepam intensol 5 mg/ml conc</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol 2 mg/ml conc</i>	1	
<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	1	
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	1	
NORPACE CR 100 MG CAP ER 12H	2	QL (8 units per 1 day)
NORPACE CR 150 MG CAP ER 12H	2	QL (5 units per 1 day)
<i>quinidine gluconate er 324 mg tab er</i>	1	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	1	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	1	
MULTAQ 400 MG TAB	2	
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR 100 MG/10ML SOLUTION	2	PA, SP
FASENRA 30 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 56 days), SP
FASENRA PEN 30 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 56 days), SP
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	PA, SP
NUCALA 100 MG RECON SOLN	2	PA, SP
NUCALA 40 MG/0.4ML SOLN PRSYR	2	PA, QL (1 unit per 28 days), SP, MDS
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	2	PA, QL (1.91 units per 28 days), SP, MDS
TEZSPIRE 210 MG/1.91ML SOLN PRSYR	2	PA, QL (1.91 units per 28 days), SP, MDS
XOLAIR (150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, MDS
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR)	2	PA, QL (5 units per 28 days), SP, MDS
XOLAIR 150 MG RECON SOLN	2	PA, SP, MDS
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA 17 MCG/ACT AERO SOLN	2	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER 18 MCG CAP	2	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	2	
TUDORZA PRESSAIR 400 MCG/ACT AER POW BA	2	ST
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	1	
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast (250 mcg tab, 500 mcg tab)</i>	1	PA

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

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Drug Name	Drug Tier	Requirements / Limits
<i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	1	QL (1.02 units per 1 day)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	2	
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (2 units per day)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	QL (1 unit per 30 days)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	1	PA
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	1	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	2	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	2	QL (2 units per 1 day)
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	1	
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (2 units per 1 day)
XANTHINES		
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	2	
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	1	
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older)
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older)
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	2	QL (10 units per 30 days), AL, PN (Covered for members 6 years of age and older)
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	2	PA, QL (1 unit per 1 day)
APTIOM (600 MG TAB, 800 MG TAB)	2	PA, QL (2 units per 1 day)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i>	1	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	1	
CARBATROL (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	2	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	2	PA, LA, SP
EPIDIOLEX 100 MG/ML SOLUTION	2	PA, SP
<i>epitol 200 mg tab</i>	1	
EPRONTIA 25 MG/ML SOLUTION	2	PA, QL (16 units per day)
FINTEPLA 2.2 MG/ML SOLUTION	2	PA, LA, QL (360 units per 30 days), SP, MDS
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	PA
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	1	
<i>lamotrigine starter kit-blue 35 x 25 mg kit</i>	1	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1	
OXTELLAR XR (150 MG TAB ER 24H, 300 MG TAB ER 24H, 600 MG TAB ER 24H)	2	PA
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	
<i>primidone (50 mg tab, 250 mg tab)</i>	1	
<i>roweepra 500 mg tab</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	1	PA
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>subvenite starter kit-blue 35 x 25 mg kit</i>	1	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	2	
TEGRETOL-XR (100 MG TAB ER 12H, 200 MG TAB ER 12H, 400 MG TAB ER 12H)	2	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>topiramate er (25 mg cap er 24h, 50 mg cap er 24h, 100 mg cap er 24h)</i>	1	PA
<i>topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	1	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	2	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H, 200 MG CAP ER 24H)	2	PA
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ZTALMY 50 MG/ML SUSPENSION	2	PA, LA, QL (110 units per 30 days), SP, MDS
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	2	PA, QL (28 ea per 28 day(s)), QL (1 fill per 180 days), MDS
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	2	PA, QL (2 units per 1 day)
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	2	PA, QL (2 units per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	2	PA, QL (1 unit per 1 day)
XCOPRI 200 MG TAB	2	PA, QL (2 units per 1 day)
GABA MODULATORS		
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	1	
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	1	PA, SP
<i>vigadrone (500 mg packet, 500 mg tab)</i>	1	PA, SP
<i>vigpoder 500 mg packet</i>	1	PA, SP
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	2	
DILANTIN INFATABS 50 MG CHEW TAB	2	
<i>phenytek (200 mg cap, 300 mg cap)</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs 50 mg chew tab</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	
VALPROIC ACID		
DEPAKOTE (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR)	2	
DEPAKOTE ER (250 MG TAB ER 24H, 500 MG TAB ER 24H)	2	
DEPAKOTE SPRINKLES 125 MG CAP DR	2	
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	1	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	1	
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	1	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER	2	PA, QL (2 units per day)

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

Drug Name	Drug Tier	Requirements / Limits
ANTIDEPRESSANTS - MISC.		
APLENZIN (174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H)	2	PA
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1	
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	0	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	PA, QL (1 unit per 1 day)
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO 100 MG/20ML SOLUTION	2	PA, SP, MDS
ZURZUVAE (20 MG CAP, 25 MG CAP)	2	PA, QL (28 ea per 14 days), SP, MDS
ZURZUVAE 30 MG CAP	2	PA, QL (14 ea per 14 days), SP, MDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate 15 mg tab</i>	1	
<i>tranylcypromine sulfate 10 mg tab</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	2	PA, SP, MDS
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	2	PA, SP, MDS
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	1	
FLUOXETINE HCL (10 MG CAP, 10 MG TAB, 20 MG CAP, 20 MG TAB, 20 MG/5ML SOLUTION, 40 MG CAP, 60 MG TAB, 90 MG CAP DR)	1	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	1	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	1	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	2	PA
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	PA, QL (1 unit per day)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er (50 mg tab er 24h, 100 mg tab er 24h)</i>	1	QL (1 unit per 1 day)
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	1	QL (1 unit per day)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	PA
FETZIMA TITRATION 20 & 40 MG CP24 THPK	2	PA
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 37.5 mg tab er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h, 225 mg tab er 24h)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	1	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>migliol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	2	PA
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	2	PA
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	2	QL (1 unit per 1 day)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	2	QL (2 units per 1 day)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (2 units per 1 day)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (1 unit per 1 day)
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	1	
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	1	
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	2	QL (2 units per 1 day)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 unit per 1 day)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 units per 1 day)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	QL (1 unit per 1 day)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	QL (2 units per 1 day)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	QL (1 unit per 1 day)
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	ST, QL (0.5 units per 1 day)
ANTIDIABETIC-ANTIBODIES		
TZIELD 2 MG/2ML SOLUTION	2	PA, LA, SP, MDS
BIGUANIDES		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DIABETIC OTHER		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
CVS SOFT GLUCOSE 4 GM CHEW TAB	2	
DEX4 4-6 GM-MG CHEW TAB	2	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	2	
DEX4 NATURALS 4-6 GM-MG CHEW TAB	2	
DEX4 POUCH PACK 4-6 GM-MG CHEW TAB	2	
DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	QL (2 units per fill), MDS
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	2	QL (2 units per fill), MDS
GLUCO TO GO 4 GM CHEW TAB	2	
GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
GLUCOSE INSTANT ENERGY (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
GNP GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
GNP QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
GOODSENSE GLUCOSE 4-6 GM-MG CHEW TAB	2	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QL (2 units per fill), MDS
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QL (2 units per fill), MDS
GVOKE KIT 1 MG/0.2ML SOLUTION	2	
GVOKE PFS (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR)	2	QL (2 units per fill), MDS
HY-VEE GLUCOSE 4-6 GM-MG CHEW TAB	2	
KORLYM 300 MG TAB	2	PA, QL (112 units per 28 days), SP, MDS
KROGER GLUCOSE 4-6 GM-MG CHEW TAB	2	
LEADER GLUCOSE 4-6 GM-MG CHEW TAB	2	
LEADER QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	2	
LONGS GLUCOSE 4-6 GM-MG CHEW TAB	2	
MEIJER GLUCOSE 4-6 GM-MG CHEW TAB	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>mifepristone 300 mg tab</i>	1	PA, QL (112 units per 28 days), SP, MDS
PREFERRED PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2	
PX GLUCOSE 4-6 GM-MG CHEW TAB	2	
RA GLUCOSE (4-6 GM-MG CHEW TAB, 6-4 MG-GM CHEW TAB)	2	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	2	
SM GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
SMART SENSE GLUCOSE 4-6 GM-MG CHEW TAB	2	
TGT GLUCOSE 4-6 GM-MG CHEW TAB	2	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	2	
TRUEPLUS GLUCOSE ON THE GO 4 GM CHEW TAB	2	
UP & UP GLUCOSE 4-6 GM-MG CHEW TAB	2	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2	
WALGREENS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	2	STEP THERAPY - ZEGALOGUE, QL (2 units per fill)
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	2	STEP THERAPY - ZEGALOGUE, QL (2 units per fill)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA 5 MG TAB	2	QL (1 unit per 1 day)
INCRETIN MIMETIC AGENTS		
MOUNJARO (5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN)	2	PA, QL (2 units per 28 days)
MOUNJARO 2.5 MG/0.5ML SOLN PEN	2	PA, QL (2 ml per 28 days), QL (1 fill per 180 days), MDS
MOUNJARO 7.5 MG/0.5ML SOLN PEN	2	PA, QL (2 units per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	PA, QL (0.06 units per 1 day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (0.11 units per day)
OZEMPIC (1 MG/DOSE) (2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN)	2	PA, QL (0.11 units per 1 day)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	PA, QL (0.11 units per day)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (1 unit per day)
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 days), QL (1 fill per 180 days), MDS

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Drug Name	Drug Tier	Requirements / Limits
TRULICITY (0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN)	2	PA, QL (0.072 units per 1 day)
TRULICITY (3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN)	2	PA, QL (0.072 units per 1 day)
VICTOZA 18 MG/3ML SOLN PEN	2	PA, QL (0.3 units per 1 day)
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	1	
INSULIN ASPART 100 UNIT/ML SOLUTION	1	
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	1	
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	1	
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	1	
LANTUS 100 UNIT/ML SOLUTION	2	
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	2	
LEVEMIR 100 UNIT/ML SOLUTION	2	
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN	2	
LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN	2	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLIN N 100 UNIT/ML SUSPENSION	2	
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	2	
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	2	
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	2	
NOVOLIN R 100 UNIT/ML SOLUTION	2	
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	2	
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	
NOVOLIN R RELION 100 UNIT/ML SOLUTION	2	
NOVOLOG 100 UNIT/ML SOLUTION	2	
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	

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Drug Name	Drug Tier	Requirements / Limits
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	2	
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	2	
NOVOLOG RELION 100 UNIT/ML SOLUTION	2	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	2	
TRESIBA 100 UNIT/ML SOLUTION	2	
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide (60 mg tab, 120 mg tab)</i>	1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA (5 MG TAB, 10 MG TAB)	2	QL (1 unit per 1 day)
JARDIANCE (10 MG TAB, 25 MG TAB)	2	QL (1 unit per 1 day)
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI 125 MG TAB DR	2	PA

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Drug Name	Drug Tier	Requirements / Limits
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID)	1	
<i>loperamide hcl 2 mg cap</i>	1	
<i>opium 10 mg/ml (1%) tincture</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox (90 mg packet, 180 mg packet, 360 mg packet)</i>	1	PA, SP, MDS
<i>deferasirox (90 mg tab, 125 mg tab sol, 180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)</i>	1	PA, SP, MDS
<i>deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)</i>	1	PA, SP, MDS
<i>deferiprone 500 mg tab</i>	1	PA, LA, SP, MDS
FERRIPROX 100 MG/ML SOLUTION	2	PA, LA, SP, MDS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA 200 MG RECON SOLN	2	PA, SP, MDS
PRAXBIND 2.5 GM/50ML SOLUTION	2	PA, SP, MDS
OPIOID ANTAGONISTS		
KLOXXADO 8 MG/0.1ML LIQUID	2	
<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)</i>	1	
<i>naltrexone hcl 50 mg tab</i>	1	
OPVEE 2.7 MG/0.1ML SOLUTION	2	
VIVITROL 380 MG RECON SUSP	2	
ZIMHI 5 MG/0.5ML SOLN PRSYR	2	
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	1	QL (2 units per fill), MDS
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	1	
SANCUSO 3.1 MG/24HR PATCH	2	PA, QL (4 units per 28 days), MDS
SUSTOL 10 MG/0.4ML PRSYR	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1	
<i>scopolamine 1 mg/3days patch 72hr</i>	1	
TRANSDERM-SCOP 1 MG/3DAYS PATCH 72HR	2	
<i>trimethobenzamide hcl 300 mg cap</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	2	QL (2 units per 28 days), MDS
BONJESTA 20-20 MG TAB ER	2	QL (2 units per 1 day)
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	QL (4 units per 1 day)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (40 mg cap, 80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap, 125 mg cap)</i>	1	
CINVANTI 130 MG/18ML EMULSION	2	PA, SP, MDS
EMEND 125 MG/5ML RECON SUSP	2	
ANTIFUNGALS (CONTINUED)		
ANTIFUNGALS		
<i>flucytosine (250 mg cap, 500 mg cap)</i>	1	MDS
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	2	PA, MDS
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	PA
<i>ketoconazole 200 mg tab</i>	1	
NOXAFIL 300 MG PACKET	2	PA, QL (30 units per 30 days), MDS
<i>posaconazole 100 mg tab dr</i>	1	PA, QL (90 units per 30 days), MDS
<i>posaconazole 40 mg/ml suspension</i>	1	PA, QL (20 units per day), MDS

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Drug Name	Drug Tier	Requirements / Limits
VIVJOA 150 MG CAP THPK	2	PA, QL (18 units per 84 days), MDS
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	1	PA, MDS
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	1	
ANTIHISTAMINES - NON-SEDATING		
<i>all day allergy 10 mg tab</i>	1	
<i>allergy relief (loratadine) 10 mg tab</i>	1	
<i>allergy relief 10 mg tab</i>	1	
<i>allergy relief ceterizine 5 mg tab</i>	1	
<i>allergy relief cetirizine 10 mg tab</i>	1	
<i>allergy relief/indoor/outdoor 10 mg tab</i>	1	
<i>cetirizine hcl (5 mg chew tab, 5 mg tab, 10 mg tab)</i>	1	
<i>cetirizine hcl childrens 5 mg chew tab</i>	1	
<i>ft all day allergy 10 mg tab</i>	1	
<i>ft all day allergy 24 hour 10 mg tab</i>	1	
<i>ft all day allergy relief 10 mg tab</i>	1	
<i>ft allergy relief cetirizine 10 mg tab</i>	1	
<i>ft allergy relief loratadine 10 mg tab</i>	1	
<i>gnp all day allergy 10 mg tab</i>	1	
<i>gnp loratadine (10 mg tab, 10 mg tab disp)</i>	1	
<i>goodsense all day allergy 10 mg tab</i>	1	
<i>goodsense allergy relief 10 mg tab</i>	1	
<i>hm all day allergy 10 mg tab</i>	1	
<i>hm allergy relief (cetirizine) 10 mg tab</i>	1	
<i>hm cetirizine hcl 10 mg tab</i>	1	
<i>hm loratadine 10 mg tab</i>	1	
<i>kls aller-tec 10 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>kls allerclear 10 mg tab</i>	1	
<i>loratadine (10 mg tab, 10 mg tab disp)</i>	1	
<i>sm all day allergy 10 mg tab</i>	1	
<i>sm all day allergy relief 10 mg tab</i>	1	
<i>sm allergy relief 10 mg tab disp</i>	1	
<i>sm loratadine 10 mg tab</i>	1	
<i>sm loratadine allergy relief 10 mg tab disp</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	1	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTIHYPERLIPIDEMICS (CONTINUED)		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL 180 MG TAB	2	PA, QL (1 unit per 1 day)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	2	PA, LA, SP, MDS
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	PA
NEXLIZET 180-10 MG TAB	2	PA, QL (1 unit per 1 day)
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl 0.5 gm cap</i>	1	QL (8 units per day)
<i>icosapent ethyl 1 gm cap</i>	1	QL (4 units per day)
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	
VASCEPA 0.5 GM CAP	2	QL (8 units per 1 day)
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	1	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	1	PA
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	
<i>gemfibrozil 600 mg tab</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL (1 unit per day)
<i>atorvastatin calcium 10 mg tab</i>	1	QL (2 units per day)
<i>fluvastatin sodium 20 mg cap</i>	1	QL (4 units per 1 day)
<i>fluvastatin sodium 40 mg cap</i>	1	QL (2 units per 1 day)
<i>fluvastatin sodium er 80 mg tab er 24h</i>	1	PA, QL (1 unit per day)
LIVALO 1 MG TAB	2	PA, QL (4 units per 1 day)
LIVALO 2 MG TAB	2	PA, QL (2 units per 1 day)
LIVALO 4 MG TAB	2	PA, QL (1 unit per 1 day)
<i>lovastatin 10 mg tab</i>	1	QL (4 units per 1 day)
<i>lovastatin 20 mg tab</i>	1	QL (2 units per 1 day)
<i>lovastatin 40 mg tab</i>	1	QL (1 unit per 1 day)
<i>pravastatin sodium 10 mg tab</i>	1	QL (8 units per day)
<i>pravastatin sodium 20 mg tab</i>	1	QL (4 units per day)
<i>pravastatin sodium 40 mg tab</i>	1	QL (2 units per day)
<i>pravastatin sodium 80 mg tab</i>	1	QL (1 unit per day)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (1 unit per day)
<i>rosuvastatin calcium 5 mg tab</i>	1	QL (2 units per day)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	1	QL (1 unit per day)
<i>simvastatin 10 mg tab</i>	1	QL (4 units per day)
<i>simvastatin 20 mg tab</i>	1	QL (2 units per day)

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Drug Name	Drug Tier	Requirements / Limits
<i>simvastatin 5 mg tab</i>	1	QL (8 units per day)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	2	PA, QL (1 unit per day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe 10 mg tab</i>	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID (20 MG CAP, 30 MG CAP)	2	PA, LA, QL (56 units per 28 days), SP, MDS
JUXTAPID (5 MG CAP, 10 MG CAP)	2	PA, LA, QL (28 units per 28 days), SP, MDS
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)</i>	1	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO 284 MG/1.5ML SOLN PRSYR	2	PA, SP
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	2	PA, QL (0.072 units per 1 day)
REPATHA 140 MG/ML SOLN PRSYR	2	PA, QL (0.072 units per 1 day)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	2	PA, QL (0.125 units per 1 day)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	PA, QL (0.072 units per 1 day)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITORS		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl 10 mg cap</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
EDARBI (40 MG TAB, 80 MG TAB)	2	PA, QL (1 unit per 1 day)
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	1	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	1	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	1	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	PA
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	PA
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	1	PA
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	1	
EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB)	2	PA, QL (1 unit per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	1	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	1	PA
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
TEKURNA HCT (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB)	2	PA
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	1	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone (25 mg tab, 50 mg tab)</i>	1	
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	1	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	1	
ANTIMALARIALS		
ARTESUNATE 110 MG RECON SOLN	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
KRINTAFEL 150 MG TAB	2	QL (2 ea per 1 day), QL (1 fill per 180 days), MDS
<i>mefloquine hcl 250 mg tab</i>	1	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	2	QL (14 ea per 14 days), QL (14 ea per 180 days), MDS
<i>pyrimethamine 25 mg tab</i>	1	PA, SP, MDS
<i>quinine sulfate 324 mg cap</i>	1	PA

ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)

ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE 10 MG TAB	2	PA, LA, QL (240 units per 30 days), SP, MDS
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	

ANTIMYCOBACTERIAL AGENTS (CONTINUED)

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID 200 MG TAB	2	PA, QL (1 unit per 1 day)
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO (20 MG TAB, 100 MG TAB)	2	PA, LA, SP, MDS

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)

ALKYLATING AGENTS

BELRAPZO 100 MG/4ML SOLUTION	2	SP, MDS
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln, 100 mg/4ml solution)</i>	2	SP, MDS
BENDEKA 100 MG/4ML SOLUTION	2	SP, MDS
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	PN (\$0 Oral Oncology), SP
LEUKERAN 2 MG TAB	2	PN (\$0 Oral Oncology)

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Drug Name	Drug Tier	Requirements / Limits
MELPHALAN 2 MG TAB	1	PN (\$0 Oral Oncology)
MYLERAN 2 MG TAB	2	PN (\$0 Oral Oncology), SP
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	1	SP, MDS
OXALIPLATIN 200 MG/40ML SOLUTION	1	MDS
<i>temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)</i>	1	PN (\$0 Oral Oncology), SP
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	2	PA, SP, MDS
VIVIMUSTA 100 MG/4ML SOLUTION	2	SP, MDS
YONDELIS 1 MG RECON SOLN	2	PA, SP, MDS
ZEPZELCA 4 MG RECON SOLN	2	PA, SP, MDS
ANTIMETABOLITES		
<i>capecitabine (150 mg tab, 500 mg tab)</i>	1	PN (\$0 Oral Oncology), SP, MDS
<i>clofarabine 1 mg/ml solution</i>	2	PA, SP, MDS
<i>decitabine 50 mg recon soln</i>	2	SP, MDS
FOLOTYN (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	2	SP, MDS
<i>mercaptopurine 50 mg tab</i>	1	PN (\$0 Oral Oncology)
<i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	1	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)</i>	1	
<i>nelarabine 5 mg/ml solution</i>	2	PA, SP, MDS
ONUREG (200 MG TAB, 300 MG TAB)	2	PA, QL (14 units per 28 days), SP
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION, 500 MG/20ML SOLUTION)	2	SP
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	2	SP
<i>pemetrexed disodium (100 mg recon soln, 500 mg recon soln)</i>	2	SP, MDS
PEMETREXED DITROMETHAMINE (100 MG RECON SOLN, 500 MG RECON SOLN)	2	SP
PEMFEXY 500 MG/20ML SOLUTION	2	SP
PRALATREXATE (20 MG/ML SOLUTION, 40 MG/2ML SOLUTION)	2	SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
XATMEP 2.5 MG/ML SOLUTION	2	PA, SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	2	SP, MDS
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
FRUZAQLA 1 MG CAP	2	PA, QL (84 ea per 28 days), SP, MDS
FRUZAQLA 5 MG CAP	2	PA, QL (21 ea per 28 days), SP, MDS
INLYTA 1 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
INLYTA 5 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	2	SP, MDS
ZALTRAP (100 MG/4ML SOLUTION, 200 MG/8ML SOLUTION)	2	PA, SP, MDS
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN 150 MG RECON SOLN	2	PA, SP, MDS
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
MARGENZA 250 MG/10ML SOLUTION	2	PA, SP, MDS
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ONTRUZANT 150 MG RECON SOLN	2	SP, MDS
ONTRUZANT 420 MG RECON SOLN	2	SP
PERJETA 420 MG/14ML SOLUTION	2	SP, MDS
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
TUKYSA (50 MG TAB, 150 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS 50 MG RECON SOLN	2	PA, SP, MDS
ARZERRA (100 MG/5ML CONC, 1000 MG/50ML CONC)	2	PA, SP, MDS
BAVENCIO 200 MG/10ML SOLUTION	2	PA, SP, MDS
BESPONSA 0.9 MG RECON SOLN	2	PA, SP, MDS
BLENREP 100 MG RECON SOLN	2	PA, MDS
BLINCYTO 35 MCG RECON SOLN	2	PA, SP, MDS
COLUMVI 2.5 MG/2.5ML SOLUTION	2	PA, QL (30 tabs per 30 days), SP, MDS
DANYELZA 40 MG/10ML SOLUTION	2	PA, SP, MDS
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, MDS
ELAHERE 100 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION)	2	PA, LA, SP, QL (34 days supply per fill), MDS
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
ENHERTU 100 MG RECON SOLN	2	PA, SP, MDS
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	2	PA, SP, MDS
GAZYVA 1000 MG/40ML SOLUTION	2	PA, SP, MDS
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	2	PA, SP, MDS
IMJUDO 25 MG/1.25ML SOLUTION	2	PA, QL (375 units per 180 days), SP, MDS
IMJUDO 300 MG/15ML SOLUTION	2	PA, QL (15 units per 180 days), SP, MDS
JEMPERLI 500 MG/10ML SOLUTION	2	PA, SP, MDS
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	2	PA, SP, MDS
KEYTRUDA 100 MG/4ML SOLUTION	2	PA, SP
KIMMTRAK 100 MCG/0.5ML SOLUTION	2	PA, SP
LIBTAYO 350 MG/7ML SOLUTION	2	PA, LA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
LOQTORZI 240 MG/6ML SOLUTION	2	PA, SP, MDS
LUMOXITI 1 MG RECON SOLN	2	PA, SP, MDS
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	2	PA, SP, MDS
MONJUVI 200 MG RECON SOLN	2	PA, SP, MDS
MYLOTARG 4.5 MG RECON SOLN	2	PA, SP, MDS
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 240 MG/24ML SOLUTION)	2	PA, SP, MDS
OPDIVO 120 MG/12ML SOLUTION	2	PA, SP, MDS
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	2	PA, SP, MDS
POLIVY 140 MG RECON SOLN	2	PA, SP, MDS
POLIVY 30 MG RECON SOLN	2	PA, SP, MDS
POTELIGEO 20 MG/5ML SOLUTION	2	PA, LA, SP, MDS
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
RITUXAN (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
RYBREVANT 350 MG/7ML SOLUTION	2	PA, SP, MDS
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	2	PA, SP, MDS
TALVEY (3 MG/1.5ML SOLUTION, 40 MG/ML SOLUTION)	2	PA, SP, QL (34 days supply per fill), MDS
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	2	PA, SP, MDS
TECVAYLI (30 MG/3ML SOLUTION, 153 MG/1.7ML SOLUTION)	2	PA, SP, MDS
TIVDAK 40 MG RECON SOLN	2	PA, SP
UNITUXIN 17.5 MG/5ML SOLUTION	2	PA, SP, MDS
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	2	PA, SP, MDS
ZEVALIN Y-90 3.2 MG/2ML KIT	2	PA, SP, MDS
ZYNLONTA 10 MG RECON SOLN	2	PA, LA, SP, MDS
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
VENCLEXTA 100 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA 50 MG TAB	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	2	PA, QL (42 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
PROVENGE 50000000 CELLS SUSPENSION	2	PA, SP, MDS
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	2	SP, MDS
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>erlotinib hcl 25 mg tab</i>	1	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
EXKIVITY 40 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
PORTRAZZA 800 MG/50ML SOLUTION	2	PA, SP, MDS
TAGRISSO (40 MG TAB, 80 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, MDS
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
DAURISMO 25 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ERIVEDGE 150 MG CAP	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ODOMZO 200 MG CAP	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>abiraterone acetate 500 mg tab</i>	1	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	2	PA, QL (60 ea per 30 days), SP, QL (30 days supply per fill), MDS
<i>anastrozole 1 mg tab</i>	0	PN (\$0 Oral Oncology)
<i>bicalutamide 50 mg tab</i>	1	PN (\$0 Oral Oncology)
CAMCEVI 42 MG PRSYR	2	
ELIGARD 22.5 MG KIT	2	SP
ELIGARD 30 MG KIT	2	SP
ELIGARD 45 MG KIT	2	SP
ELIGARD 7.5 MG KIT	2	SP
EMCYT 140 MG CAP	2	PN (\$0 Oral Oncology), SP
ERLEADA 240 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
ERLEADA 60 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>exemestane 25 mg tab</i>	0	PN (\$0 Oral Oncology)
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	2	SP
FIRMAGON 80 MG RECON SOLN	2	SP
FLUTAMIDE 125 MG CAP	1	PN (\$0 Oral Oncology)
FULVESTRANT 250 MG/5ML SOLN PRSYR	2	SP, MDS
<i>fulvestrant 250 mg/5ml soln prsyr</i>	2	SP, MDS
<i>letrozole 2.5 mg tab</i>	0	PN (\$0 Oral Oncology)
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	2	SP
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	2	SP
LUPRON DEPOT (4-MONTH) 30 MG KIT	2	SP
LUPRON DEPOT (6-MONTH) 45 MG KIT	2	SP
LYSODREN 500 MG TAB	2	LA, PN (\$0 Oral Oncology), SP
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	1	PN (\$0 Oral Oncology)
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide 150 mg tab</i>	1	PN (\$0 Oral Oncology), SP
NUBEQA 300 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ORGOVYX 120 MG TAB	2	PA, QL (64 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ORSERDU 345 MG TAB	2	PA, LA, QL (30 units per 30 days), SP, MDS
ORSERDU 86 MG TAB	2	PA, LA, QL (90 units per 30 days), SP, MDS
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	0	PN (\$0 Oral Oncology)
<i>toremifene citrate 60 mg tab</i>	1	PN (\$0 Oral Oncology), SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	2	SP
TRELSTAR MIXJECT 22.5 MG RECON SUSP	2	SP
TRELSTAR MIXJECT 3.75 MG RECON SUSP	2	SP
XTANDI (40 MG CAP, 40 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
XTANDI 80 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
YONSA 125 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ZOLADEX 10.8 MG IMPLANT	2	SP, QL (84 days supply per fill), MDS
ZOLADEX 3.6 MG IMPLANT	2	SP, QL (28 days supply per fill), MDS
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG 40 MG TAB	2	PA, LA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	2	PA, QL (8 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	2	PA, QL (4 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	2	PA, QL (8 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	2	PA, QL (4 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	2	PA, QL (24 units per 28 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	PA, QL (8 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	2	PA, QL (32 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO 80 (2 X 40) MG RECON SOLN	2	PA, LA, QL (17 doses per lifetime), SP
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, MDS
<i>mutamycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, MDS
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION	2	PA, QL (2.15 units per 1 day(s)), SP, MDS
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION	2	SP, MDS
INQOVI 35-100 MG TAB	2	PA, QL (5 units per 28 days), PN (\$0 Oral Oncology), SP
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	2	PA, QL (70 units per 28 days), PN (\$0 Oral Oncology), SP
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	2	PA, QL (91 units per 28 days), PN (\$0 Oral Oncology), SP
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK	2	PA, QL (49 units per 28 days), PN (\$0 Oral Oncology), SP
LONSURF 15-6.14 MG TAB	2	PA, QL (100 units per 28 days), PN (\$0 Oral Oncology), SP
LONSURF 20-8.19 MG TAB	2	PA, QL (80 units per 28 days), PN (\$0 Oral Oncology), SP
OPDUALAG 240-80 MG/20ML SOLUTION	2	PA, QL (40 units per 28 days), SP, MDS
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	2	SP, MDS
RITUXAN HYCELA (1400-23400 MG -UT/11.7ML SOLUTION, 1600-26800 MG -UT/13.4ML SOLUTION)	2	PA, SP, MDS
VYXEOS 44-100 MG RECON SUSP	2	PA, LA, SP, MDS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150 MG CAP	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP
ALIQOPA 60 MG RECON SOLN	2	PA, SP, MDS
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG 30 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
AUGTYRO 40 MG CAP	0	PA, QL (240 ea per 30 days), SP, MDS
BALVERSA 3 MG TAB	2	PA, LA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
BALVERSA 4 MG TAB	2	PA, LA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
BALVERSA 5 MG TAB	2	PA, LA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
BELEODAQ 500 MG RECON SOLN	2	PA, SP, MDS
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN)	2	PA, SP
<i>bortezomib 3.5 mg recon soln</i>	2	PA, SP, MDS
BORTEZOMIB 3.5 MG/1.4ML SOLUTION	2	PA, SP
BOSULIF (400 MG TAB, 500 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
BOSULIF 100 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
BRAFTOVI 75 MG CAP	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
BRUKINSA 80 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CALQUENCE 100 MG CAP	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), MDS
CALQUENCE 100 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CAPRELSA 100 MG TAB	2	PA, LA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
CAPRELSA 300 MG TAB	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	2	PA, QL (112 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
COPIKTRA (15 MG CAP, 25 MG CAP)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
COTELLIC 20 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	1	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
FYARRO 100 MG RECON SUSP	2	PA, SP
GAVRETO 100 MG CAP	2	PA, QL (120 units per 30 days), SP, MDS
GLEEVEC 100 MG TAB	2	QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
GLEEVEC 400 MG TAB	2	QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB)	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ICLUSIG 45 MG TAB	2	PA, LA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IDHIFA (50 MG TAB, 100 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA 140 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
IMBRUVICA 560 MG TAB	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), MDS
IMBRUVICA 70 MG/ML SUSPENSION	2	PA, QL (216 units per 36 days), PN (\$0 Oral Oncology), SP, MDS
INREBIC 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
JAYPIRCA 100 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS
JAYPIRCA 50 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
KISQALI (200 MG DOSE) 200 MG TAB THPK	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP

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Drug Name	Drug Tier	Requirements / Limits
KISQALI (400 MG DOSE) 200 MG TAB THPK	2	PA, QL (42 units per 28 days), PN (\$0 Oral Oncology), SP
KISQALI (600 MG DOSE) 200 MG TAB THPK	2	PA, QL (63 units per 28 days), PN (\$0 Oral Oncology), SP
KOSELUGO 10 MG CAP	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
KOSELUGO 25 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
KRAZATI 200 MG TAB	2	PA, QL (180 units per 30 days), SP, MDS
KYPROLIS (10 MG RECON SOLN, 30 MG RECON SOLN, 60 MG RECON SOLN)	2	PA, SP, MDS
<i>lapatinib ditosylate 250 mg tab</i>	1	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LORBRENA 100 MG TAB	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LORBRENA 25 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LUMAKRAS 120 MG TAB	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LUMAKRAS 320 MG TAB	2	PA, QL (90 units per 30 days), SP, MDS
LYNPARZA (100 MG TAB, 150 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	2	PA, QL (112 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	2	PA, QL (140 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
MEKINIST 0.05 MG/ML RECON SOLN	2	PA, QL (1200 units per 30 day(s)), SP, MDS
MEKINIST 0.5 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MEKINIST 2 MG TAB	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
MEKTOVI 15 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
NERLYNX 40 MG TAB	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	2	PA, QL (3 units per 28 days), PN (\$0 Oral Oncology), SP

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Drug Name	Drug Tier	Requirements / Limits
OGSIVEO 50 MG TAB	0	PA, LA, QL (180 ea per 30 days), SP, MDS
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	2	PA, LA, QL (30 ea per 30 days), SP, MDS
<i>pazopanib hcl 200 mg tab</i>	0	PA, QL (120 units per 30 day(s)), SP, QL (30 days supply per fill), MDS
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	2	PA, LA, QL (14 units per 21 days), PN (\$0 Oral Oncology), SP, MDS
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
QINLOCK 50 MG TAB	2	PA, LA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
RETEVMO 40 MG CAP	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
RETEVMO 80 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
REZLIDHIA 150 MG CAP	2	PA, QL (30 units per 30 days), SP, MDS
<i>romidepsin 10 mg recon soln</i>	2	PA, SP
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION	2	PA, SP, MDS
ROZLYTREK 100 MG CAP	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ROZLYTREK 200 MG CAP	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ROZLYTREK 50 MG PACKET	2	PA, QL (336 ea per 28 days), SP, MDS
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
RYDAPT 25 MG CAP	2	PA, QL (224 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
SCEMBLIX (20 MG TAB, 40 MG TAB)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>sorafenib tosylate 200 mg tab</i>	1	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
SPRYCEL 20 MG TAB	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
STIVARGA 40 MG TAB	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP

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Drug Name	Drug Tier	Requirements / Limits
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	1	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP
TABRECTA (150 MG TAB, 200 MG TAB)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TAFINLAR (50 MG CAP, 75 MG CAP)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TAFINLAR 10 MG TAB SOL	2	PA, QL (900 units per 30 day(s)), SP, MDS
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	2	PA, QL (30 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TASIGNA (150 MG CAP, 200 MG CAP)	2	PA, QL (112 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
TASIGNA 50 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TAZVERIK 200 MG TAB	2	PA, LA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
<i>temsirolimus 25 mg/ml solution</i>	2	PA, SP, MDS
TEPMETKO 225 MG TAB	2	PA, LA, QL (60 units per 30 days), SP, MDS
TIBSOVO 250 MG TAB	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
TRUQAP (160 MG TAB, 200 MG TAB)	2	PA, QL (64 ea per 28 days), SP, MDS
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), MDS
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	2	PA, QL (42 units per 28 days), PN (\$0 Oral Oncology), MDS
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	2	PA, QL (42 units per 28 days), PN (\$0 Oral Oncology), MDS
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	2	PA, QL (63 units per 28 days), PN (\$0 Oral Oncology), MDS
TURALIO (125 MG CAP, 200 MG CAP)	2	PA, LA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	0	PA, LA, QL (56 units per 28 day(s)), SP, QL (28 days supply per fill), MDS
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	2	PA, QL (56 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 100 MG CAP	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 20 MG/ML SOLUTION	2	PA, QL (300 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VITRAKVI 25 MG CAP	2	PA, QL (180 units per 30 days), PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
VONJO 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
VOTRIENT 200 MG TAB	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
XALKORI (200 MG CAP, 250 MG CAP)	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
XOSPATA 40 MG TAB	2	PA, PN (\$0 Oral Oncology), SP, MDS
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	2	PA, QL (30 tabs per 30 days), SP, MDS
ZEJULA 100 MG CAP	2	PA, QL (90 units per 30 days), PN (\$0 Oral Oncology), MDS
ZELBORAF 240 MG TAB	2	PA, QL (240 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ZOLINZA 100 MG CAP	2	PA, QL (120 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ZYDELIG (100 MG TAB, 150 MG TAB)	2	PA, QL (60 units per 30 days), PN (\$0 Oral Oncology), SP, MDS
ZYKADIA 150 MG TAB	2	PA, QL (84 units per 28 days), PN (\$0 Oral Oncology), SP, MDS
ANTINEOPLASTIC ENZYMES		
ASPARLAS 3750 UNIT/5ML SOLUTION	2	SP, MDS
ONCASPAR 750 UNIT/ML SOLUTION	2	PA, LA, SP, MDS
RYLAZE 10 MG/0.5ML SOLUTION	2	PA, SP
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC 15 MCI/ML SOLUTION	2	PA, SP, MDS
AZEDRA THERAPEUTIC 15 MCI/ML SOLUTION	2	PA, SP, MDS
LUTATHERA 370 MBQ/ML SOLUTION	2	PA, SP, MDS
PLUVICTO 1000 MBQ/ML SOLUTION	2	PA, SP
XOFIGO 30 MCCI/ML SOLUTION	2	PA, SP, MDS
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	2	PA, SP, MDS
BESREMI 500 MCG/ML SOLN PRSYR	2	PA, LA, QL (2 units per 28 days), SP, MDS
<i>bexarotene 75 mg cap</i>	1	PA, PN (\$0 Oral Oncology), SP, MDS
<i>hydroxyurea 500 mg cap</i>	1	PN (\$0 Oral Oncology)
MATULANE 50 MG CAP	2	LA, PN (\$0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
SYNRIBO 3.5 MG RECON SOLN	2	PA, SP, MDS
<i>tretinoin 10 mg cap</i>	1	PN (\$0 Oral Oncology), SP
TRISENOX 12 MG/6ML SOLUTION	2	PA, SP, MDS
CHEMOTHERAPY ADJUNCTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	2	PA, SP, MDS
KEPIVANCE 5.16 MG RECON SOLN	2	PA, LA, SP, QL (34 day supply per fill), MDS
KEPIVANCE 6.25 MG RECON SOLN	2	LA, SP, MDS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA 300 MG RECON SOLN	2	PA, SP, MDS
IWILFIN 192 MG TAB	0	PA, LA, QL (240 ea per 30 days), SP, MDS
KHAPZORY (175 MG RECON SOLN, 300 MG RECON SOLN)	2	PA, SP, MDS
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
MESNEX 400 MG TAB	2	SP, MDS
PEDMARK 12.5 % SOLUTION	2	PA, SP, MDS
MITOTIC INHIBITORS		
ABRAXANE 100 MG RECON SUSP	2	PA, SP, MDS
ETOPOSIDE 50 MG CAP	1	PN (\$0 Oral Oncology), SP
HALAVEN 1 MG/2ML SOLUTION	2	PA, SP, MDS
IXEMPRA KIT (15 MG RECON SOLN, 45 MG RECON SOLN)	2	PA, SP, MDS
JEVTANA 60 MG/1.5ML SOLUTION	2	PA, SP, MDS
PACLITAXEL PROTEIN-BOUND PART 100 MG RECON SUSP	2	PA, SP
ONCOLYTIC VIRAL AGENTS		
IMLYGIC (1000000 UNIT/ML SUSPENSION, 10000000 UNIT/ML SUSPENSION)	2	PA, SP, MDS
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	PN (\$0 Oral Oncology), SP, MDS
ONIVYDE 43 MG/10ML INJECTABLE	2	PA, SP, MDS
TRODELVY 180 MG RECON SOLN	2	PA, SP, MDS
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone 200 mg tab</i>	1	
ONGENTYS (25 MG CAP, 50 MG CAP)	2	ST, QL (1 unit per 1 day)
<i>tolcapone 100 mg tab</i>	1	ST
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1	
<i>apomorphine hcl 30 mg/3ml soln cart</i>	1	SP
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	1	
CARBIDOPA-LEVODOPA (10-100 MG TAB, 10-100 MG TAB DISP, 25-100 MG TAB, 25-100 MG TAB DISP, 25-250 MG TAB, 25-250 MG TAB DISP)	1	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	1	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	1	
INBRIJA 42 MG CAP	2	QL (300 units per 30 days), SP, MDS
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	2	QL (150 units per 30 days), MDS
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	1	
<i>pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	1	PA
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	1	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	1	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium 8 meq/5ml solution</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
LITHOBID 300 MG TAB ER	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	2	PA, QL (1 unit per day)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)</i>	1	PA
NUPLAZID (10 MG TAB, 34 MG CAP)	2	PA, QL (30 units per 30 days), SP, MDS
VRAYLAR (1.5 & 3 MG CAP THPK, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	2	PA, QL (1 unit per 1 day)
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	1	
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	PA
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	2	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	2	PA, QL (3.5 units per 168 days), SP
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	2	PA, QL (5 units per 168 days), SP
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	2	PA, QL (0.75 units per 28 days), SP
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	2	PA, QL (1 unit per 28 days), SP
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	2	PA, QL (1.5 units per 28 days), SP
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	2	PA, QL (0.25 units per 28 days), SP
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	2	PA, QL (0.5 units per 28 days), SP
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	2	PA, QL (0.88 ml per 84 day(s)), SP
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	2	PA, QL (1.32 ml per 84 day(s)), SP
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	2	PA, QL (1.75 units per 84 days), SP
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	2	PA, QL (2.63 ml per 84 day(s)), SP
<i>paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 6 mg tab er 24h, 9 mg tab er 24h)</i>	1	PA
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	2	PA, QL (1 unit per 28 days), SP
RISPERDAL CONSTA (12.5 MG, 25 MG, 37.5 MG, 50 MG)	2	PA, QL (2 units per 28 days), SP
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1	
RYKINDO (25 MG, 37.5 MG, 50 MG)	2	PA, QL (2 ea per 28 days), SP, MDS

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

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Drug Name	Drug Tier	Requirements / Limits
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	2	PA, QL (2.4 ml per 56 days), SP
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	2	PA, QL (3.2 ml per 56 days), SP
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	2	PA, QL (1 unit per 28 days), SP
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)</i>	1	
ARISTADA 1064 MG/3.9ML PRSYR	2	PA, QL (3.9 units per 56 days), SP
ARISTADA 441 MG/1.6ML PRSYR	2	PA, QL (1.6 units per 28 days), SP
ARISTADA 662 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 28 days), SP
ARISTADA 882 MG/3.2ML PRSYR	2	PA, QL (3.2 units per 28 days), SP
ARISTADA INITIO 675 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 28 days), SP, MDS
THIOXANTHENES		
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANTISEPTICS & DISINFECTANTS (CONTINUED)		
ANTISEPTIC COMBINATIONS		
IV PREP WIPES 70 % PAD	2	
MICROCLENS WIPES 30 % PAD	2	
UNI-SOLVE PAD	2	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (30 units per 1 day)
<i>abacavir sulfate 300 mg tab</i>	1	QL (2 units per 1 day)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	QL (1 unit per 1 day)
APRETUDE 600 MG/3ML SUSP	0	QL (3 ml per 1 fill), QL (21 ml per 365 days), MDS
APTIVUS 250 MG CAP	2	QL (4 units per 1 day)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1	QL (2 units per day)
<i>atazanavir sulfate 300 mg cap</i>	1	QL (1 unit per day)

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Drug Name	Drug Tier	Requirements / Limits
BIKTARVY 30-120-15 MG TAB	2	QL (1 unit per day)
BIKTARVY 50-200-25 MG TAB	2	QL (1 unit per 1 day)
CABENUVA 400 & 600 MG/2ML SUSP	2	QL (4 units per 28 day(s)), MDS
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 units per 28 days), MDS
CIMDUO 300-300 MG TAB	2	QL (1 units per 1 day(s))
COMPLERA 200-25-300 MG TAB	2	QL (1 unit per 1 day)
<i>darunavir 600 mg tab</i>	1	QL (2 units per 1 day(s))
<i>darunavir 800 mg tab</i>	1	QL (1 units per 1 day(s))
DELSTRIGO 100-300-300 MG TAB	2	QL (1 unit per 1 day)
DESCOVY 120-15 MG TAB	2	QL (1 unit per day)
DESCOVY 200-25 MG TAB	2	QL (1 unit per 1 day), PN (\$0 copay for pre-exposure prophylaxis), MDS
DOVATO 50-300 MG TAB	2	QL (1 unit per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
EDURANT 25 MG TAB	2	QL (2 units per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
EFAVIRENZ 200 MG CAP	1	QL (2 units per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
EFAVIRENZ 50 MG CAP	1	QL (3 units per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
<i>efavirenz 600 mg tab</i>	1	QL (1 unit per 1 day), PN (\$0 copay for pre-exposure prophylaxis)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	1	QL (1 unit per day)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	1	QL (1 unit per 1 day)
<i>emtricitabine 200 mg cap</i>	1	QL (1 unit per 1 day)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	QL (1 unit per day)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	QL (1 unit per day), PN (\$0 copay for pre-exposure prophylaxis), MDS
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 units per 1 day)
<i>etravirine (100 mg tab, 200 mg tab)</i>	1	QL (2 units per day)
EVOTAZ 300-150 MG TAB	2	QL (1 unit per 1 day)
<i>fosamprenavir calcium 700 mg tab</i>	1	QL (4 units per 1 day)
FUZEON 90 MG RECON SOLN	2	QL (2 units per 1 day), SP

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Drug Name	Drug Tier	Requirements / Limits
GENVOYA 150-150-200-10 MG TAB	2	QL (1 unit per 1 day)
INTELENCE 25 MG TAB	2	QL (4 units per 1 day)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (6 units per 1 day)
ISENTRESS 100 MG PACKET	2	QL (2 units per 1 day)
ISENTRESS 400 MG TAB	2	QL (4 units per 1 day)
ISENTRESS HD 600 MG TAB	2	QL (2 units per 1 day)
JULUCA 50-25 MG TAB	2	QL (1 unit per 1 day)
<i>lamivudine 10 mg/ml solution</i>	1	QL (30 units per 1 day)
<i>lamivudine 150 mg tab</i>	1	QL (2 units per 1 day)
<i>lamivudine 300 mg tab</i>	1	QL (1 unit per 1 day)
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	QL (2 units per day)
LEXIVA 50 MG/ML SUSPENSION	2	QL (56 units per 1 day)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	QL (8 units per day)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	QL (4 units per day)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (14 units per 1 day)
<i>maraviroc 150 mg tab</i>	1	QL (2 units per day)
<i>maraviroc 300 mg tab</i>	1	QL (4 units per day)
<i>nevirapine 200 mg tab</i>	1	QL (2 units per 1 day)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QL (40 units per 1 day)
NEVIRAPINE ER 100 MG TAB ER 24H	1	QL (3 units per 1 day)
<i>nevirapine er 400 mg tab er 24h</i>	1	QL (1 unit per 1 day)
NORVIR 100 MG PACKET	2	QL (12 units per 1 day)
NORVIR 80 MG/ML SOLUTION	2	QL (16 units per 1 day)
ODEFSEY 200-25-25 MG TAB	2	QL (1 unit per 1 day)
PIFELTRO 100 MG TAB	2	QL (2 units per 1 day)
PREZCOBIX 800-150 MG TAB	2	QL (1 unit per 1 day)
PREZISTA 100 MG/ML SUSPENSION	2	QL (13.34 units per 1 day)
PREZISTA 150 MG TAB	2	QL (6 units per 1 day)
PREZISTA 75 MG TAB	2	QL (2 units per 1 day)
REYATAZ 50 MG PACKET	2	QL (6 units per 1 day)
<i>ritonavir 100 mg tab</i>	1	QL (12 units per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
RUKOBIA 600 MG TAB ER 12H	2	QL (2 units per 1 day)
SELZENTRY 20 MG/ML SOLUTION	2	QL (60 units per day)
SELZENTRY 25 MG TAB	2	QL (8 units per 1 day)
SELZENTRY 75 MG TAB	2	QL (2 units per 1 day)
<i>stavudine 40 mg cap</i>	1	QL (2 units per 1 day)
STRIBILD 150-150-200-300 MG TAB	2	QL (1 unit per 1 day)
SUNLENCA 4 X 300 MG TAB THPK	2	QL (4 ea per 2 days), QL (1 fill per 180 days), MDS
SUNLENCA 463.5 MG/1.5ML SOLUTION	2	QL (3 units per 180 days), MDS
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 ea per 8 days), QL (1 fill per 180 days), MDS
SYMTUZA 800-150-200-10 MG TAB	2	QL (1 unit per 1 day)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	QL (1 unit per day)
TIVICAY (25 MG TAB, 50 MG TAB)	2	QL (2 units per 1 day)
TIVICAY 10 MG TAB	2	QL (8 units per 1 day)
TIVICAY PD 5 MG TAB SOL	2	QL (12 units per 1 day)
TRIUMEQ 600-50-300 MG TAB	2	QL (1 unit per 1 day)
TRIUMEQ PD 60-5-30 MG TAB SOL	2	QL (6 units per day)
TRIZIVIR 300-150-300 MG TAB	2	QL (2 units per 1 day)
TYBOST 150 MG TAB	2	QL (1 unit per 1 day)
VIRACEPT 250 MG TAB	2	QL (9 units per 1 day)
VIRACEPT 625 MG TAB	2	QL (4 units per 1 day)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (1 unit per 1 day)
VIREAD 40 MG/GM POWDER	2	QL (8 units per 1 day)
<i>zidovudine (50 mg/5ml syrup, 100 mg cap)</i>	1	QL (6 units per 1 day)
<i>zidovudine 300 mg tab</i>	1	QL (2 units per 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	QL (20 ea per fill(s))
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QL (30 ea per fill(s))
CMV AGENTS		
LIVTENCITY 200 MG TAB	2	PA, LA, QL (112 units per 28 days), SP, MDS

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

Drug Name	Drug Tier	Requirements / Limits
PREVYMIS (240 MG TAB, 480 MG TAB)	2	PA, QL (1 unit per 1 day)
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	1	MDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	1	SP
BARACLUDE 0.05 MG/ML SOLUTION	2	SP
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	1	
EPIVIR HBV 5 MG/ML SOLUTION	2	QL (20 units per 1 day)
<i>lamivudine 100 mg tab</i>	1	QL (1 unit per 1 day)
MAVYRET 100-40 MG TAB	2	PA, QL (84 units per 28 days), SP
MAVYRET 50-20 MG PACKET	2	PA, QL (168 units per 28 days), SP
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	QL (2 units per 28 days), SP, MDS
PEGASYS 180 MCG/ML SOLUTION	2	QL (4 units per 28 days), SP, MDS
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	SP
VEMLIDY 25 MG TAB	2	QL (1 unit per 1 day)
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	1	
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	1	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (84 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
<i>oseltamivir phosphate 45 mg cap</i>	1	QL (48 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (540 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
<i>oseltamivir phosphate 75 mg cap</i>	1	QL (42 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
RELENZA DISKHALER 5 MG/ACT AER POW BA	2	QL (60 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
RIMANTADINE HCL 100 MG TAB	1	

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

Drug Name	Drug Tier	Requirements / Limits
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QL (2 units per 180 days), MDS
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	QL (2 units per 180 days), MDS
MISC. ANTIVIRALS		
LAGEVRIO 200 MG CAP	0	QL (40 ea per fill(s))
TPOXX 200 MG CAP	0	QL (9 units per 14 day(s)), QL (14 days supply per 365 days), MDS
TPOXX 200 MG/20ML SOLUTION	0	QL (80 ml per 14 day(s)), QL (14 days supply per 365 days), MDS
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin 6 gm recon soln</i>	1	SP
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1	
<i>carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i>	1	PA
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	1	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
<i>metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>INNOPRAN XL (80 MG CAP ER 24H, 120 MG CAP ER 24H)</i>	2	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>pindolol (5 mg tab, 10 mg tab)</i>	1	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)</i>	1	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
VERAPAMIL HCL ER (100 MG CAP ER 24H, 120 MG CAP ER 24H, 120 MG TAB ER, 180 MG CAP ER 24H, 180 MG TAB ER, 200 MG CAP ER 24H, 240 MG CAP ER 24H, 240 MG TAB ER, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	1	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek (125 mcg tab, 250 mcg tab)</i>	1	
<i>digox (125 mcg tab, 250 mcg tab)</i>	1	
<i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	1	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	2	PA, QL (30 units per 30 days), SP, MDS
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	
ENTRESTO 24-26 MG TAB	2	QL (6 units per 1 day)
ENTRESTO 49-51 MG TAB	2	QL (3 units per 1 day)
ENTRESTO 97-103 MG TAB	2	QL (2 units per 1 day)
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO 0.5 MG TAB	2	PA, QL (1 ea per 1 days)
IMPOTENCE AGENTS		
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	1	PA
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)</i>	2	PA, SP, MDS
<i>treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)</i>	2	PA, SP, MDS
TYVASO 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	2	PA, QL (112 units per 28 days), SP, MDS
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	2	PA, QL (112 units per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	2	PA, QL (196 units per 28 days), SP, MDS
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	PA, QL (252 units per 28 days), SP, MDS
TYVASO REFILL 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP
TYVASO STARTER 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP
VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	2	PA, SP, MDS
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	1	PA, QL (30 units per 30 days), SP, MDS
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	1	PA, QL (60 units per 30 days), SP, MDS
OPSUMIT 10 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
TRACLEER 32 MG TAB SOL	2	PA, QL (112 units per 28 days), SP, MDS
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq 20 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
LIQREV 10 MG/ML SUSPENSION	2	PA, MDS
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	PA, SP, MDS
<i>sildenafil citrate 20 mg tab</i>	1	PA
<i>tadalafil (pah) 20 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
UPTRAVI 1800 MCG RECON SOLN	2	PA, QL (60 units per 30 days), SP, MDS
UPTRAVI 200 & 800 MCG TAB THPK	2	PA, QL (200 units per 180 days), SP, MDS
UPTRAVI 200 MCG TAB	2	PA, QL (140 units per 28 days), SP, MDS
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	2	PA, QL (90 units per 30 days), SP, MDS
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	2	PA, QL (2 units per 1 day)
CORLANOR 5 MG/5ML SOLUTION	2	PA, QL (20 units per day)
TRANSTHYRETIN STABILIZERS		
VYNDAMAX 61 MG CAP	2	PA, QL (30 units per 30 days), SP, MDS
VYNDAQEL 20 MG CAP	2	PA, QL (120 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	2	PA, QL (1 unit per day)
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ 2.5 (2-0.5) GM RECON SOLN	2	PA, MDS
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
CEPHALEXIN (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG CAP, 500 MG TAB)	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	1	
CEFACLOR ER 500 MG TAB ER 12H	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1	
<i>cefepodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB)	2	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA 1 GM RECON SOLN	2	PA, MDS
CONTRACEPTIVES (CONTINUED)		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle 0.1-20 mg-mcg tab</i>	0	
<i>altavera 0.15-30 mg-mcg tab</i>	0	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	0	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>amethia 0.15-0.03 &0.01 mg tab</i>	0	
<i>amethyst 90-20 mcg tab</i>	0	
<i>apri 0.15-30 mg-mcg tab</i>	0	
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	0	
<i>ashlyna 0.15-0.03 &0.01 mg tab</i>	0	
<i>aubra 0.1-20 mg-mcg tab</i>	0	
<i>aubra eq 0.1-20 mg-mcg tab</i>	0	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	0	
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	0	
<i>aviane 0.1-20 mg-mcg tab</i>	0	
<i>ayuna 0.15-30 mg-mcg tab</i>	0	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	0	
BALCOLTRA 0.1-20 MG-MCG(21) TAB	0	
<i>balziva 0.4-35 mg-mcg tab</i>	0	
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	0	
<i>briellyn 0.4-35 mg-mcg tab</i>	0	
<i>camrese 0.15-0.03 &0.01 mg tab</i>	0	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	0	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	0	
<i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i>	0	
<i>chateal 0.15-30 mg-mcg tab</i>	0	
<i>chateal eq 0.15-30 mg-mcg tab</i>	0	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	0	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	0	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>cyred 0.15-30 mg-mcg tab</i>	0	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>jolessa 0.15-0.03 mg tab</i>	0	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	0	
<i>juleber 0.15-30 mg-mcg tab</i>	0	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>junel 1/20 1-20 mg-mcg tab</i>	0	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	0	
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	0	
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	0	
<i>kalliga 0.15-30 mg-mcg tab</i>	0	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	0	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	0	
<i>kurvelo 0.15-30 mg-mcg tab</i>	0	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>larin 1/20 1-20 mg-mcg tab</i>	0	
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	0	
<i>larissia 0.1-20 mg-mcg tab</i>	0	
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	0	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	0	
<i>lessina 0.1-20 mg-mcg tab</i>	0	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	0	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	0	
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	0	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	0	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	0	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	0	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>lillow 0.15-30 mg-mcg tab</i>	0	
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	0	
<i>lo-zumandimine 3-0.02 mg tab</i>	0	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	0	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	0	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	0	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	0	
<i>loryna 3-0.02 mg tab</i>	0	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	0	
<i>lutra 0.1-20 mg-mcg tab</i>	0	
<i>marlissa 0.15-30 mg-mcg tab</i>	0	
<i>merzee 1-20 mg-mcg(24) cap</i>	0	
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	0	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	0	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	0	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	0	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	0	
<i>mili 0.25-35 mg-mcg tab</i>	0	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	0	
NATAZIA 3/2-2/2-3/1 MG TAB	0	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	0	
NEXTSTELLIS 3-14.2 MG TAB	0	
<i>nikki 3-0.02 mg tab</i>	0	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)</i>	0	
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	0	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	0	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	0	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	0	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	0	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	0	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	0	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>nylia 1/35 1-35 mg-mcg tab</i>	0	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>nymyo 0.25-35 mg-mcg tab</i>	0	
<i>ocella 3-0.03 mg tab</i>	0	
<i>orsythia 0.1-20 mg-mcg tab</i>	0	
<i>philith 0.4-35 mg-mcg tab</i>	0	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	0	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	0	
<i>portia-28 0.15-30 mg-mcg tab</i>	0	
<i>previfem 0.25-35 mg-mcg tab</i>	0	
<i>reclipsen 0.15-30 mg-mcg tab</i>	0	
<i>rivalsa 42-21-21-7 days tab</i>	0	
<i>setlakin 0.15-0.03 mg tab</i>	0	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	0	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	0	
<i>sronyx 0.1-20 mg-mcg tab</i>	0	
<i>syeda 3-0.03 mg tab</i>	0	
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	0	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	0	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	0	
<i>taysofy 1-20 mg-mcg(24) cap</i>	0	
TAYTULLA 1-20 MG-MCG(24) CAP	0	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	0	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	0	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	0	
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	0	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	0	
<i>turqoz 0.3-30 mg-mcg tab</i>	0	
TYBLUME 0.1-20 MG-MCG CHEW TAB	0	
<i>tydemy 3-0.03-0.451 mg tab</i>	0	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	0	
<i>vestura 3-0.02 mg tab</i>	0	
<i>vienva 0.1-20 mg-mcg tab</i>	0	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	0	
<i>vyfemla 0.4-35 mg-mcg tab</i>	0	
<i>vylibra 0.25-35 mg-mcg tab</i>	0	
<i>wera 0.5-35 mg-mcg tab</i>	0	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	0	
<i>zarah 3-0.03 mg tab</i>	0	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	0	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	0	
<i>zumandimine 3-0.03 mg tab</i>	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
TWIRLA 120-30 MCG/24HR PATCH WK	0	
<i>xulane 150-35 mcg/24hr patch wk</i>	0	
<i>zafemy 150-35 mcg/24hr patch wk</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA 0.013-0.15 MG/24HR RING	0	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	0	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	0	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	0	
<i>haloette 0.12-0.015 mg/24hr ring</i>	0	
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER IUD	0	SP
EMERGENCY CONTRACEPTIVES		
<i>curae 1.5 mg tab</i>	0	
<i>econtra ez 1.5 mg tab</i>	0	
<i>econtra one-step 1.5 mg tab</i>	0	
ELLA 30 MG TAB	0	
<i>her style 1.5 mg tab</i>	0	
<i>levonorgestrel 1.5 mg tab</i>	0	
<i>my choice 1.5 mg tab</i>	0	
<i>my way 1.5 mg tab</i>	0	
<i>new day 1.5 mg tab</i>	0	
<i>opcicon one-step 1.5 mg tab</i>	0	
<i>option 2 1.5 mg tab</i>	0	
<i>react 1.5 mg tab</i>	0	
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON 68 MG IMPLANT	0	SP
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	0	MDS
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	MDS
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila 0.35 mg tab</i>	0	

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

Drug Name	Drug Tier	Requirements / Limits
<i>deblitane 0.35 mg tab</i>	0	
<i>emzahh 0.35 mg tab</i>	0	
<i>errin 0.35 mg tab</i>	0	
<i>heather 0.35 mg tab</i>	0	
<i>incassia 0.35 mg tab</i>	0	
<i>jencycla 0.35 mg tab</i>	0	
<i>lyleq 0.35 mg tab</i>	0	
<i>lyza 0.35 mg tab</i>	0	
<i>nora-be 0.35 mg tab</i>	0	
<i>norethindrone 0.35 mg tab</i>	0	
<i>norlyda 0.35 mg tab</i>	0	
<i>norlyroc 0.35 mg tab</i>	0	
OPILL 0.075 MG TAB	0	
<i>sharobel 0.35 mg tab</i>	0	
SLYND 4 MG TAB	0	
<i>tulana 0.35 mg tab</i>	0	

CORTICOSTEROIDS (CONTINUED)

GLUCOCORTICOSTEROIDS

ALKINDI SPRINKLE (0.5 MG CAP SPRINK, 1 MG CAP SPRINK, 2 MG CAP SPRINK, 5 MG CAP SPRINK)	2	PA, LA, SP, MDS
<i>budesonide 3 mg cp dr part</i>	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	1	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
TARPEYO 4 MG CAP DR	2	PA, LA, QL (120 units per 30 days), SP, MDS
MINERALOCORTICIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i>	1	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	
<i>hydromet 5-1.5 mg/5ml solution</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>guaifenesin ac 100-10 mg/5ml syrup</i>	1	
<i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i>	1	
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp</i>	1	
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	1	
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	1	
<i>promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)</i>	1	
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	1	
<i>virtussin a/c 100-10 mg/5ml solution</i>	1	
<i>virtussin ac w/alc 100-10 mg/5ml liquid</i>	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	1	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>amnesteem (10 mg cap, 20 mg cap, 40 mg cap)</i>	1	MDS
ARAZLO 0.045 % LOTION	2	PA
<i>avar cleanser 10-5 % liquid</i>	1	
<i>avita (0.025 % cream, 0.025 % gel)</i>	1	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	1	
ERY 2 % PAD	1	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
FABIOR 0.1 % FOAM	2	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap)</i>	1	MDS
<i>sulfacetamide sod-sulfur wash 9-4.5 % liquid</i>	1	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % liquid, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % liquid, 10-5 % lotion, 10-5 % suspension)</i>	1	
SULFACETAMIDE-SULFUR IN UREA 10-5 % EMULSION	1	
TAZAROTENE 0.1 % FOAM	1	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	MDS
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN 15 % OINTMENT	2	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE 1.3 % PATCH	1	PA, QL (30 units per 15 days), MDS
<i>diclofenac sodium 1 % gel</i>	1	QL (10 units per 1 day)
<i>diclofenac sodium 1.5 % solution</i>	1	PA
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin 2 % ointment</i>	1	
<i>mupirocin calcium 2 % cream</i>	1	
XEPI 1 % CREAM	2	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	1	
<i>econazole nitrate 1 % cream</i>	1	
<i>ketoconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	1	
KETODAN (2 % FOAM, 2 % KIT)	1	
<i>klayesta 100000 unit/gm powder</i>	1	
<i>naftifine hcl (1 % cream, 2 % cream)</i>	1	
<i>nyamyc 100000 unit/gm powder</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	1	
<i>nystop 100000 unit/gm powder</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	PA, SP
<i>fluorouracil (0.5 % cream, 2 % solution, 5 % cream, 5 % solution)</i>	1	
VALCHLOR 0.016 % GEL	2	PA, LA, SP, MDS
ANTIPSORIATICS		
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	1	PA, SP, MDS
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	1	
<i>calcitrene 0.005 % ointment</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	PA, QL (2 units per 28 days), SP
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 28 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	PA, QL (2 units per 28 days), SP
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 28 days), SP, MDS
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), SP, MDS
METHOXSALLEN RAPID 10 MG CAP	1	PA, MDS
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	2	PA, QL (1 unit per 84 days), MDS
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 84 days), SP, MDS
SKYRIZI PEN 150 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 84 days), SP, MDS
SPEVIGO 450 MG/7.5ML SOLUTION	2	PA, LA, SP
STELARA 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 units per 84 days), SP, MDS
STELARA 45 MG/0.5ML SOLUTION	2	PA, QL (0.5 units per 84 days), SP
STELARA 90 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 56 days), SP
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	
TREMFYA (100 MG/ML SOLN PEN, 100 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 56 days), SP
ZORYVE 0.3 % CREAM	2	PA, QL (60 units per 30 days), MDS
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>sodium sulfacetamide wash 10 % liquid</i>	1	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	1	PA, QL (5 units per fill)
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir 1 % cream</i>	1	PA, QL (5 gm per fill(s)), MDS
XERESE 5-1 % CREAM	2	PA
BURN PRODUCTS		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
CAUTERIZING AGENTS		
SILVER NITRATE 0.5 % SOLUTION	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
AMCINONIDE 0.1 % CREAM	1	
<i>beser 0.05 % lotion</i>	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>clobetasol prop emollient base 0.05 % cream</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e 0.05 % cream</i>	1	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1	
<i>diflorasone diacetate 0.05 % ointment</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body 0.01 % oil</i>	1	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	
<i>fluocinonide emulsified base 0.05 % cream</i>	1	
<i>flurandrenolide (0.05 % cream, 0.05 % lotion)</i>	1	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream, 0.05 % lotion)</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
<i>hydrocortisone ace-pramoxine 2.5-1 % cream</i>	1	
<i>hydrocortisone butyr lipo base 0.1 % cream</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate (0.2 % cream, 0.2 % ointment)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
PREDNICARBATE 0.1 % OINTMENT	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone in absorbase 0.05 % ointment</i>	1	
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	2	PA, QL (30 units per 30 days), SP, MDS
DUPIXENT (200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR)	2	PA, QL (2.28 units per 28 days), SP, MDS
DUPIXENT (300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, MDS
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA, QL (1.34 units per 28 days), MDS
OPZELURA 1.5 % CREAM	2	PA, QL (240 units per 28 days)
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY 100 UNIT RECON SOLN	2	PA, QL (3 ea per 84 days), SP, MDS
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	2	PA, QL (30 units per 30 days), SP, MDS
<i>pimecrolimus 1 % cream</i>	1	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX 0.5 % GEL	2	
<i>podofilox 0.5 % solution</i>	1	
YCANTH 0.7 % SOLUTION	2	PA, QL (2 ea per 21 days), SP, MDS
LOCAL ANESTHETICS - TOPICAL		
<i>glydo 2 % prsy</i>	1	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine 5 % patch</i>	1	PA, MDS

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

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	1	
<i>lidocan 5 % patch</i>	1	PA, MDS
QUTENZA (2 PATCH) 8 % KIT	2	PA, QL (4 units per 90 days), SP
QUTENZA (4 PATCH) 8 % KIT	2	PA, QL (4 units per 90 days), SP
QUTENZA 8 % KIT	2	PA, QL (4 units per 90 days), SP
<i>tridacaine 5 % patch</i>	1	PA, MDS
MISC. TOPICAL		
<i>alcohol wipes 70 % misc</i>	2	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	2	
<i>isopropyl alcohol 70 % misc</i>	2	
<i>isopropyl alcohol wipes 70 % misc</i>	2	
<i>medpura alcohol pads 70 % misc</i>	2	
<i>qc alcohol 70 % misc</i>	2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	2	
XERAC AC 6.25 % SOLUTION	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA 2 % OINTMENT	2	PA
PROTECTIVES AGAINST UV RADIATION		
SCENESSE 16 MG IMPLANT	2	PA, SP
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	PA, QL (30 gm per fill(s))
FINACEA 15 % FOAM	2	PA
<i>ivermectin 1 % cream</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
ROSADAN (0.75 % CREAM, 0.75 % CREAM KIT)	1	
SCABICIDES PEDICULICIDES		
LINDANE 1 % SHAMPOO	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>malathion 0.5 % lotion</i>	1	
<i>permethrin 5 % cream</i>	1	
SPINOSAD 0.9 % SUSPENSION	1	
WOUND CARE PRODUCTS		
VYJUVEK 5000000000 PFU/2.5ML GEL	2	PA, LA, QL (10 ml per 8 day(s)), SP, QL (28 days supply per fill), MDS
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC DRUGS		
MACRILEN 60 MG PACKET	2	
THYROGEN 0.9 MG RECON SOLN	2	SP, MDS
DIAGNOSTIC TESTS		
ADVIN COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
BD VERITOR HOME COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
BINAXNOW COVID-19 AG HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
CARESTART COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
CHEMSTRIP K STRIP	2	QL (100 units per fill)
CHEMSTRIP UGK STRIP	2	QL (100 units per fill)
CLEARDETECT COVID-19 AG HOME KIT	0	QL (8 units per 30 day(s)), MDS
CLINITEST RAPID COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 AT HOME ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 AT-HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 OTC ANTIGEN 1-PACK KIT	0	QL (8 units per 30 day(s)), MDS
COVID-19 OTC ANTIGEN 2-PACK KIT	0	QL (8 units per 30 day(s)), MDS
CVS COVID-19 AT HOME TEST KIT KIT	0	QL (8 units per 30 day(s)), MDS
CVS KETONE CARE STRIP	2	QL (100 units per fill)
DIATRUST COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
ELLUME COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
FASTEP COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
FLOWFLEX COVID-19 AG HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
GENABIO COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	0	QL (8 units per 30 day(s)), MDS

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Drug Name	Drug Tier	Requirements / Limits
IHEALTH COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
INDICAID COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
INTELISWAB COVID-19 RAPID TEST KIT	0	QL (8 units per 30 day(s)), MDS
KETO-DIASTIX STRIP	2	QL (100 units per fill)
KETONE TEST STRIP	2	QL (100 units per fill)
KETOSTIX STRIP	2	QL (100 units per fill)
ON/GO COVID-19 ANTIGEN TEST KIT	0	QL (8 units per 30 day(s)), MDS
ON/GO ONE COVID-19 HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
ONETOUCH ULTRA STRIP	2	QL (200 units per 30 days)
ONETOUCH ULTRA TEST STRIP	2	QL (200 units per 30 days)
ONETOUCH VERIO STRIP	2	QL (200 units per 30 days)
PILOT COVID-19 AT-HOME TEST KIT	0	QL (8 units per 30 day(s)), MDS
QUICKVUE AT-HOME COVID-19 TEST KIT	0	QL (8 units per 30 day(s)), MDS
RELION KETONE TEST STRIP	2	QL (100 units per fill)
SPEEDY SWAB COVID-19 ANTIGEN KIT	0	QL (8 units per 30 day(s)), MDS
VIVAGUARD INO TEST STRIPS STRIP	2	QL (200 units per 30 days)

DIGESTIVE AIDS (CONTINUED)

DIGESTIVE ENZYMES

CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	2	
PERTZYE (4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART)	2	PA
VIOKACE (10440-39150 TAB, 20880-78300 TAB)	2	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	2	PA

DIURETICS (CONTINUED)

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DIURETIC COMBINATIONS		
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
DIURIL 250 MG/5ML SUSPENSION	2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	1	
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
EVENITY 105 MG/1.17ML SOLN PRSYR	2	PA, SP, MDS
FOSAMAX PLUS D (70-2800 TAB, 70-5600 TAB)	2	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 unit per 30 days)
PROLIA 60 MG/ML SOLN PRSYR	2	PA, SP
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	1	PA, QL (2.48 units per 28 days), SP
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	PA, QL (1.56 units per 30 days), SP

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Drug Name	Drug Tier	Requirements / Limits
XGEVA 120 MG/1.7ML SOLUTION	2	PA, SP
ZOLEDRONIC ACID 4 MG/100ML SOLUTION	1	MDS
<i>zoledronic acid 4 mg/5ml conc</i>	1	SP, MDS
<i>zoledronic acid 5 mg/100ml solution</i>	1	SP
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	2	PA, MDS
NOVAREL 5000 UNIT RECON SOLN	2	PA, MDS
PREGNYL 10000 UNIT RECON SOLN	2	MDS
GNRH/LHRH ANTAGONISTS		
ORILISSA 150 MG TAB	2	PA, QL (30 units per 30 days), MDS
ORILISSA 200 MG TAB	2	PA, QL (60 units per 30 days), MDS
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	2	PA, SP, MDS
GROWTH HORMONES		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	2	PA, SP, MDS
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	2	PA, SP, MDS
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	2	PA, SP, MDS
NGENLA (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	2	PA, SP, MDS
NORDITROPIN FLEXPPO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN	2	PA, SP, MDS
OMNITROPE (5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART)	2	PA, SP, MDS
OMNITROPE 5.8 MG RECON SOLN	2	PA, SP, MDS
SAIZEN (5 MG RECON SOLN, 8.8 MG RECON SOLN)	2	PA, SP, MDS
SAIZENPREP 8.8 MG RECON SOLN	2	PA, SP, MDS
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	2	PA, SP
SOGROYA 10 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
SOGROYA 15 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
SOGROYA 5 MG/1.5ML SOLN PEN	2	PA, SP, QL (34 days supply per fill), MDS
ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN)	2	PA, SP, MDS
ZOMACTON (FOR ZOMA-JET 10) 10 MG RECON SOLN	2	PA, SP, MDS
HORMONE RECEPTOR MODULATORS		
OSPHENA 60 MG TAB	2	PA, QL (1 unit per 1 day)
<i>raloxifene hcl 60 mg tab</i>	0	PN (\$0 copay for women)
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA 500 MG RECON SOLN	2	PA, LA, SP, MDS
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH) 45 MG KIT	2	PA, QL (1 unit per 168 days), SP
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	2	SP
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	2	SP
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	2	SP
SUPPRELIN LA 50 MG KIT	2	PA, SP
SYNAREL 2 MG/ML SOLUTION	2	
TRIPTODUR 22.5 MG SRER	2	PA, SP
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION	2	PA, SP, MDS
BRINEURA 2 X 150 MG/5ML KIT	2	PA, SP, MDS
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	1	
CRYSVITA (10 MG/ML SOLUTION, 20 MG/ML SOLUTION, 30 MG/ML SOLUTION)	2	PA, SP, MDS
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	1	
ELAPRASE 6 MG/3ML SOLUTION	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ELFABRIO 20 MG/10ML SOLUTION	2	PA, LA, SP, MDS
FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN)	2	PA, SP, MDS
GALAFOLD 123 MG CAP	2	PA, LA, QL (14 units per 28 days), SP
<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, SP, MDS
KANUMA 20 MG/10ML SOLUTION	2	PA, SP, MDS
LAMZEDE 10 MG RECON SOLN	2	PA, LA, SP, MDS
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf 1 gm/10ml solution</i>	1	
LUMIZYME 50 MG RECON SOLN	2	PA, SP, MDS
MEPSEVII 10 MG/5ML SOLUTION	2	PA, LA, SP, MDS
NAGLAZYME 1 MG/ML SOLUTION	2	PA, SP, MDS
NEXVIAZYME 100 MG RECON SOLN	2	PA, SP
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	2	PA, LA, SP
NULIBRY 9.5 MG RECON SOLN	2	PA, LA, SP, MDS
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	2	PA, QL (14 units per 28 days), SP, MDS
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, QL (84 units per 28 days), SP, MDS
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION)	2	PA, SP, MDS
REVCOVI 2.4 MG/1.5ML SOLUTION	2	PA, LA, SP
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	1	PA, SP, MDS
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	2	PA, LA, SP, MDS
VIMIZIM 5 MG/5ML SOLUTION	2	PA, SP, MDS
XENPOZYME 20 MG RECON SOLN	2	PA, SP
XENPOZYME 4 MG RECON SOLN	2	PA, SP, MDS
XPHOZAH (20 MG TAB, 30 MG TAB)	2	PA, QL (60 ea per 30 days), SP, MDS
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	2	PA, QL (30 units per 30 days), SP, MDS
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray 0.01 % solution</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline 0.5 mg tab</i>	1	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	2	PA, SP
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1	SP, MDS
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	2	PA, SP
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	2	PA, LA, QL (60 units per 30 days), SP, MDS
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	2	PA, LA, SP
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION, 120 MG/0.5ML SOLUTION)	2	PA, SP
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
TOLVAPTAN 15 MG TAB	1	PA, QL (60 units per 30 days), MDS
<i>tolvaptan 15 mg tab</i>	1	PA, QL (60 units per 30 days), SP, MDS
<i>tolvaptan 30 mg tab</i>	1	PA, QL (30 units per 30 days), SP, MDS
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	2	
DUAVEE 0.45-20 MG TAB	2	PA
<i>est estrogens-methyltest (0.625-1.25 mg tab, 1.25-2.5 mg tab)</i>	1	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	1	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	1	
<i>jinteli 1-5 mg-mcg tab</i>	1	
<i>mimvey 1-0.5 mg tab</i>	1	
MYFEMBREE 40-1-0.5 MG TAB	2	PA, QL (28 units per 28 days), MDS
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	1	
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	2	PA, QL (56 units per 28 days), MDS
PREMPHASE 0.625-5 MG TAB	2	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	2	
ESTROGENS		
DELESTROGEN 10 MG/ML OIL	2	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	2	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	1	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	1	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
FLUOROQUINOLONES (CONTINUED)		
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	2	PA, QL (28 units per 14 days), MDS
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM (50 MG CAP, 250 MG CAP)	2	PA, LA, SP, MDS
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	1	QL (2 units per day)
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY (PELLETS) 200 MCG CAP SPRINK	2	PA, LA, QL (36 units per 1 day(s)), SP, QL (34 days supply per fill), MDS
BYLVAY (PELLETS) 600 MCG CAP SPRINK	2	PA, LA, QL (12 units per 1 day(s)), SP, QL (34 days supply per fill), MDS
BYLVAY 1200 MCG CAP	2	PA, LA, QL (6 units per 1 day(s)), SP, QL (34 days supply per fill), MDS
BYLVAY 400 MCG CAP	2	PA, LA, QL (18 units per 1 day(s)), SP, QL (34 days supply per fill), MDS
LIVMARLI 9.5 MG/ML SOLUTION	2	PA, LA, QL (90 units per 30 days), SP, MDS
INFLAMMATORY BOWEL AGENTS		
AVSOLA 100 MG RECON SOLN	2	PA, SP
<i>balsalazide disodium 750 mg cap</i>	1	
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	2	PA, QL (1 unit per 28 days), SP
CIMZIA 2 X 200 MG KIT	2	PA, QL (1 unit per 28 days), SP, MDS
CIMZIA STARTER KIT 6 X 200 MG/ML PREF SY KT	2	PA, QL (3 units per 28 days), SP

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Drug Name	Drug Tier	Requirements / Limits
DIPENTUM 250 MG CAP	2	
ENTYVIO 108 MG/0.68ML SOLN PEN	2	PA, QL (1.36 ml per 28 days), SP, MDS
ENTYVIO 300 MG RECON SOLN	2	PA, SP
INFLECTRA 100 MG RECON SOLN	2	PA, SP
MESALAMINE (1.2 GM TAB DR, 4 GM ENEMA, 400 MG CAP DR, 800 MG TAB DR, 1000 MG SUPPOS)	1	
<i>mesalamine er (0.375 gm cap er 24h, 500 mg cap er)</i>	1	
<i>mesalamine-cleanser 4 gm kit</i>	1	
OMVOH 100 MG/ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), SP, MDS
OMVOH 300 MG/15ML SOLUTION	2	PA, QL (45 ml per 56 days), SP, MDS
PENTASA 250 MG CAP ER	2	
REMICADE 100 MG RECON SOLN	2	PA, SP
RENFLEXIS 100 MG RECON SOLN	2	PA, SP
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	2	PA, QL (2.4 units per 56 days), SP
SKYRIZI 600 MG/10ML SOLUTION	2	PA, SP
STELARA 130 MG/26ML SOLUTION	2	PA, SP, MDS
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose 10 gm/15ml solution</i>	1	
<i>generlac 10 gm/15ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	1	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	2	QL (1 unit per 1 day)
LIVE FECAL MICROBIOTA		
REBYOTA 150 ML SUSPENSION	2	PA, SP
VOWST CAP	2	PA, LA, QL (12 caps per 30 days), SP, MDS
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK (12.5 MG TAB, 25 MG TAB)	2	QL (1 unit per 1 day)
RELISTOR 12 MG/0.6ML SOLUTION	2	PA, QL (18 units per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
RELISTOR 8 MG/0.4ML SOLUTION	2	PA, QL (6 units per 30 days), SP, MDS
PHOSPHATE BINDER AGENTS		
AURYXIA 1 GM 210 MG(Fe) TAB	2	PA, QL (408 units per 34 days), MDS
<i>calcium acetate (phos binder) (667 mg cap, 667 mg tab)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)</i>	1	
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)</i>	1	
<i>sevelamer hcl (400 mg tab, 800 mg tab)</i>	1	PA
VELPHORO 500 MG CHEW TAB	2	PA
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5 MG KIT	2	PA, QL (1 unit per 30 days), SP, MDS
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO 250 MG TAB	2	PA, QL (84 units per 28 days), SP, MDS
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
<i>pot & sod cit-cit ac 550-500-334 mg/5ml solution</i>	1	
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	1	
<i>potassium citrate-citric acid 1100-334 mg/5ml solution</i>	1	
<i>sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution)</i>	1	
<i>tricitrates 550-500-334 mg/5ml solution</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	LA, SP, MDS
PROCYSBI (25 MG CAP DR, 75 MG CAP DR, 75 MG PACKET, 300 MG PACKET)	2	PA, LA, SP, MDS
HYPEROXALURIA AGENTS		
OXLUMO 94.5 MG/0.5ML SOLUTION	2	PA, LA, SP, MDS
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI (200 MG TAB, 400 MG TAB)	2	PA, QL (30 tabs per 30 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100 MG CAP	2	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
<i>dutasteride 0.5 mg cap</i>	1	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	PA
<i>finasteride 5 mg tab</i>	1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	1	PA
<i>tamsulosin hcl 0.4 mg cap</i>	1	
URINARY STONE AGENTS		
LITHOSTAT 250 MG TAB	2	
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	
GOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	1	PA, QL (1 unit per day)
KRYSTEXXA 8 MG/ML SOLUTION	2	PA, QL (2 units per 28 days), SP, MDS
URICOSURICS		
<i>probenecid 500 mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI 189 MG/ML SOLUTION	2	PA, LA, SP, MDS
ANTIHEMOPHILIC PRODUCTS		
ADVATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN)	2	PA, SP, MDS
AFSTYLA (250 KIT, 500 KIT, 1000 KIT, 1500 KIT, 2000 KIT, 2500 KIT, 3000 KIT)	2	PA, SP, MDS
ALPHANATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN)	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
ELOCTATE (250 RECON SOLN, 500 RECON SOLN, 750 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN, 5000 RECON SOLN, 6000 RECON SOLN)	2	PA, SP, MDS
ESPEROCT (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN)	2	PA, SP, MDS
HEMGENIX (10 X 10 ML SUSP THPK, 11 X 10 ML SUSP THPK, 12 X 10 ML SUSP THPK, 13 X 10 ML SUSP THPK, 14 X 10 ML SUSP THPK, 15 X 10 ML SUSP THPK, 16 X 10 ML SUSP THPK, 17 X 10 ML SUSP THPK, 18 X 10 ML SUSP THPK, 19 X 10 ML SUSP THPK, 20 X 10 ML SUSP THPK, 21 X 10 ML SUSP THPK, 22 X 10 ML SUSP THPK, 23 X 10 ML SUSP THPK, 24 X 10 ML SUSP THPK, 25 X 10 ML SUSP THPK, 26 X 10 ML SUSP THPK, 27 X 10 ML SUSP THPK, 28 X 10 ML SUSP THPK, 29 X 10 ML SUSP THPK, 30 X 10 ML SUSP THPK, 31 X 10 ML SUSP THPK, 32 X 10 ML SUSP THPK, 33 X 10 ML SUSP THPK, 34 X 10 ML SUSP THPK, 35 X 10 ML SUSP THPK, 36 X 10 ML SUSP THPK, 37 X 10 ML SUSP THPK, 38 X 10 ML SUSP THPK, 39 X 10 ML SUSP THPK, 40 X 10 ML SUSP THPK, 41 X 10 ML SUSP THPK, 42 X 10 ML SUSP THPK, 43 X 10 ML SUSP THPK, 44 X 10 ML SUSP THPK, 45 X 10 ML SUSP THPK, 46 X 10 ML SUSP THPK, 47 X 10 ML SUSP THPK, 48 X 10 ML SUSP THPK)	2	PA, LA, QL (1 units per lifetime), SP, MDS
HEMLIBRA (30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION, 300 MG/2ML SOLUTION)	2	PA, SP, MDS
HEMLIBRA 12 MG/0.4ML SOLUTION	2	PA, SP, MDS
HEMOPIL M (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1700 RECON SOLN)	2	PA, SP, MDS
HUMATE-P (250-600 RECON SOLN, 500-1200 RECON SOLN, 1000-2400 RECON SOLN)	2	PA, SP, MDS
JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
KCENTRA (500 KIT, 1000 KIT)	2	MDS
KOATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN)	2	PA, SP, MDS
KOATE-DVI (500 RECON SOLN, 1000 RECON SOLN)	2	PA, SP, MDS
KOGENATE FS (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	2	PA, SP, MDS
NOVOEIGHT (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
OBIZUR 500 UNIT RECON SOLN	2	PA, SP, MDS
RECOMBINATE (220-400 RECON SOLN, 401-800 RECON SOLN, 801-1240 RECON SOLN, 1241-1800 RECON SOLN, 1801-2400 RECON SOLN)	2	PA, SP, MDS

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

Drug Name	Drug Tier	Requirements / Limits
WILATE (500-500 KIT, 1000-1000 KIT)	2	PA, SP, MDS
XYNTHA (250 KIT, 500 KIT, 1000 KIT, 2000 KIT)	2	PA, SP, MDS
XYNTHA SOLOFUSE (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT)	2	PA, SP, MDS
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	1	PA, QL (9 units per 30 days), SP, MDS
<i>sajazir 30 mg/3ml soln prsyr</i>	1	PA, QL (9 units per 30 days), SP, MDS
COMPLEMENT INHIBITORS		
BERINERT 500 UNIT KIT	2	PA, SP, MDS
CINRYZE 500 UNIT RECON SOLN	2	PA, SP, MDS
EMPAVELI 1080 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ENJAYMO 1100 MG/22ML SOLUTION	2	PA, SP
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	2	PA, QL (8 doses per 28 days), SP, MDS
RUCONEST 2100 UNIT RECON SOLN	2	PA, SP, MDS
SOLIRIS 300 MG/30ML SOLUTION	2	PA, SP, MDS
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	2	PA, SP, MDS
VEOPOZ 400 MG/2ML SOLUTION	2	PA, LA, SP, MDS
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er 400 mg tab er</i>	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR 10 MG/ML SOLUTION	2	PA, SP, MDS
ORLADEYO (110 MG CAP, 150 MG CAP)	2	PA, LA, QL (28 units per 28 days), SP, MDS
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	2	PA, QL (4 units per 28 days), SP
TAKHZYRO 150 MG/ML SOLN PRSYR	2	PA, QL (2 units per 28 day(s)), SP
PLASMA PROTEINS		
RYPLAZIM 68.8 MG RECON SOLN	2	PA, LA, SP
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl 0.5 mg cap</i>	1	SP

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Drug Name	Drug Tier	Requirements / Limits
<i>anagrelide hcl 1 mg cap</i>	1	
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	1	
BRILINTA (60 MG TAB, 90 MG TAB)	2	
CABLIVI 11 MG KIT	2	PA, QL (30 units per 30 days), SP, MDS
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	
<i>clopidogrel bisulfate (75 mg tab, 300 mg tab)</i>	1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	1	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	2	PA, LA, QL (56 units per 28 days), SP, MDS
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CEREZYME 400 UNIT RECON SOLN	2	PA, SP, MDS
ELELYSO 200 UNIT RECON SOLN	2	PA, SP, MDS
<i>miglustat 100 mg cap</i>	1	PA, LA, QL (90 units per 30 days), SP, MDS
VPRIV 400 UNIT RECON SOLN	2	PA, SP, MDS
<i>yargesa 100 mg cap</i>	1	PA, LA, QL (90 units per 30 days), SP, MDS
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO 100 MG/10ML SOLUTION	2	PA, SP, MDS
ENDARI 5 GM PACKET	2	PA, QL (180 units per 30 days), SP, MDS
SIKLOS (100 MG TAB, 1000 MG TAB)	2	PA, SP
COBALAMINS		
<i>sm vitamin b-12 100 mcg tab</i>	0	
<i>sm vitamin b-12 500 mcg tab</i>	0	
<i>true vitamin b12 (500 mcg tab, 1000 mcg tab)</i>	0	
<i>vitamin b-12 1000 mcg tab</i>	0	
FOLIC ACID/FOLATES		
<i>cvs folic acid 800 mcg tab</i>	0	

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

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Drug Name	Drug Tier	Requirements / Limits
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	2	PA, SP, MDS
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	2	PA, SP, MDS
PROMACTA (12.5 MG PACKET, 25 MG PACKET)	2	PA, SP, MDS
PROMACTA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	2	PA, SP, MDS
REBLOZYL (25 MG RECON SOLN, 75 MG RECON SOLN)	2	PA, SP, MDS
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
RELEUKO 300 MCG/ML SOLUTION	2	PA, SP
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	2	PA, SP, MDS
ROLVEDON 13.2 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 days), SP, MDS
STIMUFEND 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 days), SP, MDS
UDENYCA 6 MG/0.6ML SOLN A-INJ	2	PA, QL (0.043 units per 1 day(s)), SP
UDENYCA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 day), SP
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
HEMATOPOIETIC MIXTURES		
FOLTABS 800 800-10-115 MCG-MG-MCG TAB	0	
IRON		
EZFE 200 434.8 (200 FE) MG CAP	0	
<i>ferate 240 (27 fe) mg tab</i>	0	
<i>ferosul 325 (65 fe) mg tab</i>	0	
<i>ferrex 150 150 mg cap</i>	0	
FERRIMIN 150 150 MG TAB	0	
FERROUS GLUCONATE 324 (38 FE) MG TAB	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>ferrous sulfate (75 (15 fe) mg/ml solution, 220 (44 fe) mg/5ml solution, 300 (60 fe) mg/5ml solution, 324 (65 fe) mg tab dr, 325 (65 fe) mg tab, 325 (65 fe) mg tab dr)</i>	0	
<i>ferrous sulfate 300 mg/6.8ml solution</i>	1	
<i>ferumoxyl 510 mg/17ml solution</i>	2	LA, SP, MDS
<i>gnp iron 200 (65 fe) mg tab</i>	0	
INJECTAFER 100 MG/2ML SOLUTION	2	SP
INJECTAFER 750 MG/15ML SOLUTION	2	SP, MDS
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	0	
<i>iron infant/toddler 75 (15 fe) mg/ml solution</i>	0	
<i>iron supplement childrens 75 (15 fe) mg/ml solution</i>	0	
<i>nu-iron 150 mg cap</i>	0	
<i>poly-iron 150 150 mg cap</i>	0	
<i>polysaccharide iron complex 150 mg cap</i>	0	
<i>sm iron 325 (65 fe) mg tab</i>	0	
<i>sm iron slow release 160 (50 fe) mg tab er</i>	0	
<i>true ferrous sulfate 324 mg tab dr</i>	0	
<i>wee care 15 mg/1.25ml suspension</i>	0	
STEM CELL MOBILIZERS		
APHEXDA 62 MG RECON SOLN	2	PA, SP, MDS
MOZOBIL 24 MG/1.2ML SOLUTION	2	SP, MDS
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
SEZABY 100 MG RECON SOLN	2	
NON-BARBITURATE HYPNOTICS		
<i>estazolam (1 mg tab, 2 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	1	
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	2	PA, QL (30 tabs per 30 days), MDS
QUAZEPAM 15 MG TAB	1	
<i>temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)</i>	1	
<i>triazolam (0.125 mg tab, 0.25 mg tab)</i>	1	
<i>zaleplon (5 mg cap, 10 mg cap)</i>	1	
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	PA
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	1	
<i>zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)</i>	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon 8 mg tab</i>	1	ST
LAXATIVES (CONTINUED)		
LAXATIVE COMBINATIONS		
CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	2	
GAVILYTE-C 240 GM RECON SOLN	1	
<i>gavilyte-g 236 gm recon soln</i>	1	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	1	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	1	
PLENVU 140 GM RECON SOLN	2	
LAXATIVES - MISCELLANEOUS		
<i>constulose 10 gm/15ml solution</i>	1	
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	2	PA
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
CLARITHROMYCIN		
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>clarithromycin er 500 mg tab er 24h</i>	1	
ERYTHROMYCINS		
E.E.S. 400 400 MG TAB	1	
<i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
ERYTHROCIN STEARATE 250 MG TAB	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	2	PA, QL (20 units per fill)
DIFICID 40 MG/ML RECON SUSP	2	PA, QL (150 units per fill)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
CAYA DIAPHRAGM	0	
FC FEMALE CONDOM MISC	0	
FC2 FEMALE CONDOM MISC	0	
FEMCAP (22 DEVICE, 26 DEVICE, 30 DEVICE)	0	
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	0	

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

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Drug Name	Drug Tier	Requirements / Limits
ASSURE HAEMOLANCE PLUS MICRO MISC	2	
ASSURE HAEMOLANCE PLUS NORMAL MISC	2	
ASSURE HAEMOLANCE PLUS PED MISC	2	
ASSURE LANCE LANCETS MISC	2	
ASSURE LANCE LANCETS 21G MISC	2	
ASSURE LANCE PLUS SAFETY 25G MISC	2	
ASSURE LANCE PLUS SAFETY 30G MISC	2	
ASSURE LANCE SAFETY LANCET 28G MISC	2	
ASSURE LANCETS MISC	2	
AURORA LANCET SUPER THIN 30G MISC	2	
AURORA LANCET THIN 23G MISC	2	
AUTO-LANCET MISC	2	
AUTO-LANCET MINI MISC	2	
AUTOLET II CLINISAFE KIT	2	
AUTOLET LANCING DEVICE MISC	2	
AUTOLET LITE CLINISAFE KIT	2	
AUTOLET LITE STARTER PACK KIT	2	
AUTOLET MINI MISC	2	
AUTOLET PLATFORMS MISC	2	
AUTOLET PLUS MISC	2	
BD LANCET ULTRAFINE 30G MISC	2	
BD LANCET ULTRAFINE 33G MISC	2	
BD MICROTAINER LANCETS MISC	2	
BULLSEYE MINI SAFETY LANCETS MISC	2	
BULLSEYE SAFETY LANCETS MISC	2	
CARDIOCOM LANCING DEVICE MISC	2	
CAREONE ADVANCED LANCING DEV MISC	2	
CAREONE LANCET SUPER THIN 30G MISC	2	
CAREONE LANCET THIN 23G MISC	2	
CARESENS LANCETS MISC	2	
CARESENS LANCETS 30G MISC	2	

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

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Drug Name	Drug Tier	Requirements / Limits
DEXCOM G7 RECEIVER DEVICE	2	QL (1 unit per 730 days)
DEXCOM G7 SENSOR MISC	2	QL (0.1 units per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30 MISC	2	
DIATHRIVE LANCETS MISC	2	
DIATHRIVE LANCING DEVICE MISC	2	
DROPLET GENTEEL LANCING DEVICE MISC	2	
DROPLET LANCETS ULTRA THIN 30G MISC	2	
DROPLET LANCING DEVICE MISC	2	
DROPLET PERSONAL LANCETS 30G MISC	2	
DRUG MART LANCETS THIN 26G MISC	2	
DRUG MART LANCING DEVICE MISC	2	
DRUG MART ON-THE-GO LANCET 30G MISC	2	
DRUG MART UNILET LANCETS 28G MISC	2	
DRUG MART UNILET LANCETS 30G MISC	2	
DRUG MART UNILET LANCETS 33G MISC	2	
E-Z JECT LANCET MICRO-THIN 33G MISC	2	
E-Z JECT LANCET SUPER THIN 30G MISC	2	
E-Z JECT LANCETS MISC	2	
E-Z JECT LANCETS 21G MISC	2	
E-Z JECT LANCETS THIN 26G MISC	2	
EASY COMFORT LANCETS MISC	2	
EASY COMFORT LANCETS TWIST TOP MISC	2	
EASY MINI EJECT LANCING DEVICE MISC	2	
EASY MINI LANCING DEVICE MISC	2	
EASY TOUCH INSULIN BARRELS 1ML MISC	2	
EASY TOUCH LANCETS 21G MISC	2	
EASY TOUCH LANCETS 23G MISC	2	
EASY TOUCH LANCETS 26G MISC	2	
EASY TOUCH LANCETS 28G MISC	2	
EASY TOUCH LANCETS 28G/TWIST MISC	2	
EASY TOUCH LANCETS 30G MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH LANCETS 30G/TWIST MISC	2	
EASY TOUCH LANCETS 32G MISC	2	
EASY TOUCH LANCETS 32G/TWIST MISC	2	
EASY TOUCH LANCETS 33G/TWIST MISC	2	
EASY TOUCH LANCING DEVICE MISC	2	
EASY TOUCH SAFETY LANCETS 21G MISC	2	
EASY TOUCH SAFETY LANCETS 23G MISC	2	
EASY TOUCH SAFETY LANCETS 26G MISC	2	
EASY TOUCH SAFETY LANCETS 28G MISC	2	
EASY TWIST & CAP LANCETS MISC	2	
EMBRACE LANCETS ULTRA THIN 30G MISC	2	
EMBRACE LANCING DEVICE/EJECTOR MISC	2	
EMBRACE PRESSURE ACTIVATED 21G MISC	2	
EMBRACE PRESSURE ACTIVATED 28G MISC	2	
EQL COLOR LANCETS 21G MISC	2	
EQL COLOR LANCETS MICRO 33G MISC	2	
EQL SUPER THIN LANCETS 30G MISC	2	
EQL THIN LANCETS 26G MISC	2	
EZ-LETS LANCETS 21G MISC	2	
EZ-LETS LANCETS 26G MISC	2	
EZ-LETS LANCETS 28G MISC	2	
EZ-LETS LANCETS 30G MISC	2	
FIFTY50 SAFETY SEAL LANCETS MISC	2	
FIFTY50 UNILET LANCETS 33G MISC	2	
FINE 30 MISC	2	
FINGERSTIX LANCETS MISC	2	
FORA LANCETS MISC	2	
FORA LANCING DEVICE MISC	2	
FREDS PHARMACY AUTOLET LANCING MISC	2	
FREDS PHARMACY UNILET LANC 28G MISC	2	
FREDS PHARMACY UNILET LANC 30G MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LANCETS MISC	2	
FREESTYLE LIBRE 14 DAY READER DEVICE	2	QL (1 unit per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL (0.07 units per 1 day)
FREESTYLE LIBRE 2 READER DEVICE	2	QL (1 unit per 730 days)
FREESTYLE LIBRE 2 SENSOR MISC	2	QL (0.07 units per 1 day)
FREESTYLE LIBRE 3 READER DEVICE	2	QL (1 ea per 730 days)
FREESTYLE LIBRE 3 SENSOR MISC	2	QL (0.07 units per 1 day)
FREESTYLE UNISTICK II LANCETS MISC	2	
GENTEEL BUTTERFLY TOUCH LANCET MISC	2	
GENTEEL CONTACT TIPS (BLUE) MISC	2	
GENTEEL CONTACT TIPS (CLEAR) MISC	2	
GENTEEL CONTACT TIPS (GREEN) MISC	2	
GENTEEL CONTACT TIPS (ORANGE) MISC	2	
GENTEEL CONTACT TIPS (RAINBOW) MISC	2	
GENTEEL CONTACT TIPS (VIOLET) MISC	2	
GENTEEL CONTACT TIPS (YELLOW) MISC	2	
GENTEEL LANCING DEVICE (GOLD) MISC	2	
GENTEEL LANCING DEVICE (PLATNM) MISC	2	
GENTEEL LANCING DEVICE (SILVER) MISC	2	
GENTEEL LANCING KIT (BLUE) KIT	2	
GENTEEL NOZZLES MISC	2	
GENTEEL PLUS LANCING (BLACK) MISC	2	
GENTEEL PLUS LANCING (PURPLE) MISC	2	
GENTEEL PLUS LANCING (WHITE) MISC	2	
GENTEEL PLUS LANCING DEV (BLUE) MISC	2	
GENTEEL PLUS LANCING DEV (PINK) MISC	2	
GENTLE-LET GP LANCETS MISC	2	
GENTLE-LET LANCETS MISC	2	
GENTLE-LET PLATFORMS MISC	2	
GLOBAL INJECT EASE LANCETS 28G MISC	2	
GLOBAL INJECT EASE LANCETS 30G MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
GLOBAL LANCING DEVICE MISC	2	
GLUCOCOM LANCETS 28G MISC	2	
GLUCOCOM LANCETS 30G MISC	2	
GLUCOCOM LANCETS 33G MISC	2	
GNP LANCETS 21G MISC	2	
GNP LANCETS MICRO THIN 33G MISC	2	
GNP LANCETS SUPER THIN 30G MISC	2	
GNP LANCETS THIN MISC	2	
GNP LANCETS THIN 26G MISC	2	
GNP LANCING SYSTEM DEVICE MISC	2	
GNP STERILE LANCETS 28G MISC	2	
GNP STERILE LANCETS 30G MISC	2	
GNP STERILE LANCETS 33G MISC	2	
GOJJI LANCING DEVICE/CLEAR CAP MISC	2	
GOJJI STERILE LANCETS MISC	2	
GOODSENSE COLOR LANCETS 33G MISC	2	
GOODSENSE LANCETS 26G UNIV MISC	2	
GOODSENSE LANCETS 30G MISC	2	
GOODSENSE LANCETS 30G UNIV MISC	2	
GOODSENSE LANCETS 33G MISC	2	
GOODSENSE LANCETS 33G UNIV MISC	2	
GOODSENSE LANCING DEVICE MISC	2	
H-E-B INCONTROL ADV LANCING MISC	2	
H-E-B INCONTROL LANCETS 28G MISC	2	
H-E-B INCONTROL LANCETS 30G MISC	2	
H-E-B INCONTROL LANCETS 33G MISC	2	
HAEMOLANCE MISC	2	
HAEMOLANCE LOW FLOW LANCETS MISC	2	
HAEMOLANCE PLUS MISC	2	
HAEMOLANCE PLUS HIGH FLOW MISC	2	
HAEMOLANCE PLUS LOW FLOW MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
HAEMOLANCE PLUS MAX FLOW MISC	2	
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	2	
HEALTH CARE LANCING DEVICE MISC	2	
HEALTHY ACCENTS LANCING DEVICE MISC	2	
HEALTHY ACCENTS UNILET LANCETS MISC	2	
HY-VEE LANCETS MISC	2	
HY-VEE THIN LANCETS MISC	2	
HYPOLANCE AST LANCING KIT	2	
IN TOUCH LANCING DEVICE MISC	2	
IN TOUCH STERILE LANCETS 30G MISC	2	
INSUL-CAP MISC	2	
INSUL-EZE MISC	2	
KINNEY LANCETS MISC	2	
KINNEY THIN LANCETS MISC	2	
KROGER AUTOLET LANCING DEVICE MISC	2	
KROGER HEALTHPRO LANCET 26G MISC	2	
KROGER LANCETS MISC	2	
KROGER LANCETS 21G MISC	2	
KROGER LANCETS MICRO THIN 33G MISC	2	
KROGER LANCETS SUPER THIN MISC	2	
KROGER LANCETS THIN MISC	2	
KROGER LANCETS THIN 26G MISC	2	
KROGER LANCETS ULTRATHIN 30G MISC	2	
KROGER LANCING DEVICE MISC	2	
LANCET DEVICE MISC	2	
LANCET DEVICE WITH EJECTOR MISC	2	
LANCET TRANSPORTER CASE MISC	2	
LANCETS MISC	2	
LANCETS 28G MISC	2	
LANCETS 30G MISC	2	
LANCETS 33G MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
LANCETS MICRO THIN 33G MISC	2	
LANCETS SUPER THIN 28G MISC	2	
LANCETS THIN MISC	2	
LANCETS ULTRA FINE MISC	2	
LANCETS ULTRA THIN MISC	2	
LANCETS ULTRA THIN 30G MISC	2	
LANCING DEVICE MISC	2	
LANZO MISC	2	
LEADER ADVANCED LANCING DEVICE MISC	2	
LIBERTY MEDICAL LANCETS MISC	2	
LIBERTY MINI LANCING DEVICE MISC	2	
LIFESCAN UNISTIK 2 MISC	2	
LIFESCAN UNISTIK II LANCETS MISC	2	
LITE TOUCH LANCETS MISC	2	
LITE TOUCH LANCING PEN MISC	2	
LITETOUCH LANCETS MISC	2	
LIVE BETTER ADV LANCING DEVICE MISC	2	
LIVE BETTER LANCET SUPER THIN MISC	2	
LIVE BETTER LANCET ULTRA THIN MISC	2	
LONGS LANCETS STANDARD MISC	2	
LONGS LANCETS THIN MISC	2	
LONGS LANCETS ULTRA THIN MISC	2	
MEDICHOICE SAFETY LANCET MISC	2	
MEDICHOICE SAFETY LANCET EXTRA MISC	2	
MEDICHOICE SAFETY LANCET NORM MISC	2	
MEDISENSE THIN LANCETS MISC	2	
MEDLANCE EXTRA 21G MISC	2	
MEDLANCE LITE 25G MISC	2	
MEDLANCE PLUS EXTRA 21G MISC	2	
MEDLANCE PLUS LANCETS MISC	2	
MEDLANCE PLUS LITE 25G MISC	2	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	
OMNIPOD 5 PACK MISC	2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	
OMNIPOD DASH INTRO (GEN 4) KIT	2	
OMNIPOD DASH PDM (GEN 4) KIT	2	
OMNIPOD DASH PODS (GEN 4) MISC	2	
ON CALL LANCETS MISC	2	
ON CALL LANCING DEVICE MISC	2	
ON CALL PLUS LANCETS MISC	2	
ON CALL PLUS LANCING DEVICE MISC	2	
ONETOUCH CLUB LANCETS FINE PT MISC	2	
ONETOUCH DELICA LANCETS 30G MISC	2	
ONETOUCH DELICA LANCETS 33G MISC	2	
ONETOUCH DELICA LANCING DEV MISC	2	
ONETOUCH DELICA PLUS LANCET30G MISC	2	
ONETOUCH DELICA PLUS LANCET33G MISC	2	
ONETOUCH DELICA PLUS LANCING MISC	2	
ONETOUCH DELICA SAFETY LANCING MISC	2	
ONETOUCH FINEPOINT LANCETS MISC	2	
ONETOUCH SURESOFT LANCING DEV MISC	2	
ONETOUCH ULTRA 2 W/DEVICE KIT	0	QL (1 units per 730 day(s)), MDS
ONETOUCH ULTRA CONTROL LIQUID	2	
ONETOUCH ULTRASOFT 2 LANCETS MISC	2	
ONETOUCH ULTRASOFT LANCETS MISC	2	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	0	QL (1 units per 730 day(s)), MDS
ONETOUCH VERIO REFLECT W/DEVICE KIT	0	QL (1 units per 730 day(s)), MDS
PC LANCETS SUPER THIN 30G MISC	2	
PENLET II BLOOD SAMPLER KIT	2	
PENLET II REPLACEMENT CAP MISC	2	
PERFECT LANCETS 28G MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
PERFECT LANCETS 30G MISC	2	
PHARMACIST CHOICE LANCETS MISC	2	
PHARMACY COUNTER LANCETS MISC	2	
PIP LANCETS 28G MISC	2	
PIP LANCETS 30G MISC	2	
PRECISION THINS GP LANCETS MISC	2	
PREFERRED PLUS LANCETS COLORED MISC	2	
PREFERRED PLUS LANCETS THIN MISC	2	
PRESSURE ACTIVAT SAFETY LANCET MISC	2	
PRO COMFORT LANCETS 30G MISC	2	
PRO COMFORT LANCETS 31G MISC	2	
PRO COMFORT SAFETY LANCETS 30G MISC	2	
PRODIGY COUNT-A-DOSE MISC	2	
PRODIGY LANCETS 28G MISC	2	
PRODIGY LANCING DEVICE MISC	2	
PRODIGY SAFETY LANCETS 26G MISC	2	
PRODIGY TWIST TOP LANCETS 28G MISC	2	
PSS SELECT GP LANCETS MISC	2	
PSS SELECT PLATFORMS MISC	2	
PSS SELECT SAFETY LANCETS MISC	2	
PURE COMFORT LANCETS 30G MISC	2	
PUSH BUTTON SAFETY LANCETS MISC	2	
PUSH BUTTON SAFETY LANCETS 28G MISC	2	
PX ADVANCED LANCING DEVICE MISC	2	
PX LANCET AUTO INJECTOR MISC	2	
PX LANCETS MICROTHIN 33G MISC	2	
PX LANCETS ULTRA THIN MISC	2	
PX LANCETS ULTRA THIN 28G MISC	2	
QC ADVANCED LANCING DEVICE MISC	2	
QC LANCETS SUPER THIN 30G MISC	2	
QC LANCETS ULTRA THIN MISC	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
SURE COMFORT LANCETS 18G MISC	2	
SURE COMFORT LANCETS 21G MISC	2	
SURE COMFORT LANCETS 23G MISC	2	
SURE COMFORT LANCETS 28G MISC	2	
SURE COMFORT LANCETS 30G MISC	2	
SURE COMFORT LANCING PEN MISC	2	
SURE-LANCE FLAT LANCETS MISC	2	
SURE-LANCE LANCETS 26G MISC	2	
SURE-LANCE THIN LANCETS 28G MISC	2	
SURE-LANCE ULTRA THIN LANCETS MISC	2	
SURE-PEN MISC	2	
SURE-TOUCH LANCETS UNIVERSAL MISC	2	
SURELITE LANCETS MISC	2	
TECHLITE AST LANCETS MISC	2	
TECHLITE LANCETS MISC	2	
TECHLITE LANCETS 26G MISC	2	
TECHLITE LANCETS 30G MISC	2	
TGT LANCET MICRO THIN 33G MISC	2	
TGT LANCET THIN 26G MISC	2	
TGT LANCET ULTRA THIN 30G MISC	2	
TGT LANCING DEVICE MISC	2	
THINLETS GP LANCETS MISC	2	
TODAYS HEALTH LANCING DEVICE MISC	2	
TODAYS HEALTH THIN LANCETS 28G MISC	2	
TODAYS HEALTH THIN LANCETS 30G MISC	2	
TOPCARE LANCETS MICRO-THIN 33G MISC	2	
TRAVEL LANCETS MISC	2	
TRAVEL LANCETS ADVANCED 28G MISC	2	
TRUE COMFORT SAFETY LANCETS MISC	2	
TRUE COMFORT TWIST TOP LANCETS MISC	2	
TRUEDRAW LANCING DEVICE MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
TRUEPLUS LANCETS 26G MISC	2	
TRUEPLUS LANCETS 28G MISC	2	
TRUEPLUS LANCETS 30G MISC	2	
TRUEPLUS LANCETS 33G MISC	2	
TRUEPLUS SAFETY LANCETS 28G MISC	2	
TWIST TOP LANCETS 30G MISC	2	
ULTI-LANCE AUTOMATIC MISC	2	
ULTILET CLASSIC LANCETS MISC	2	
ULTILET LANCETS MISC	2	
ULTILET SAFETY LANCETS MISC	2	
ULTILET SAFETY LANCETS 23G MISC	2	
ULTRA THIN LANCETS 31G MISC	2	
ULTRA-CARE LANCETS 30G MISC	2	
ULTRA-THIN II AUTO LANCET MISC	2	
ULTRA-THIN II LANCETS MISC	2	
ULTRALANCE MISC	2	
UNILET COMFORTOUCH LANCET MISC	2	
UNILET EXCELITE MISC	2	
UNILET EXCELITE II MISC	2	
UNILET G.P. LANCET MISC	2	
UNILET G.P. SUPERLITE LANCET MISC	2	
UNILET GP 28 ULTRA THIN MISC	2	
UNILET LANCET MISC	2	
UNILET MICRO-THIN 33G MISC	2	
UNILET SUPER-THIN 30G MISC	2	
UNILET SUPERLITE LANCET MISC	2	
UNILET ULTRA-THIN 28G MISC	2	
UNISTIK 1 MISC	2	
UNISTIK 2 MISC	2	
UNISTIK 2 COMFORT MISC	2	
UNISTIK 2 EXTRA MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
UNISTIK 2 NEONATAL MISC	2	
UNISTIK 2 NORMAL MISC	2	
UNISTIK 2 SUPER MISC	2	
UNISTIK 3 MISC	2	
UNISTIK 3 COMFORT MISC	2	
UNISTIK 3 EXTRA MISC	2	
UNISTIK 3 GENTLE MISC	2	
UNISTIK 3 NEONATAL MISC	2	
UNISTIK 3 NORMAL MISC	2	
UNISTIK CZT COMFORT MISC	2	
UNISTIK CZT NORMAL MISC	2	
UNISTIK NORMAL MISC	2	
UNISTIK PRO SAFETY LANCET MISC	2	
UNISTIK SAFETY LANCETS 28G MISC	2	
UNISTIK SAFETY LANCETS 30G MISC	2	
UNISTIK TOUCH SAFETY LANC 21G MISC	2	
UNISTIK TOUCH SAFETY LANC 23G MISC	2	
UNISTIK TOUCH SAFETY LANC 28G MISC	2	
UNISTIK TOUCH SAFETY LANC 30G MISC	2	
UNIVERSAL 1 LANCETS THIN 26G MISC	2	
UNIVERSAL 1 LANCETS THIN 33G MISC	2	
UNIVERSAL 1 LANCETS ULTRA THIN MISC	2	
V-GO 20 20 UNIT/24HR KIT	2	QL (1 units per 1 day(s))
V-GO 30 30 UNIT/24HR KIT	2	QL (1 units per 1 day(s))
V-GO 40 40 UNIT/24HR KIT	2	QL (1 units per 1 day(s))
VALUE PLUS LANCET STANDARD 21G MISC	2	
VALUE PLUS LANCETS SUPER THIN MISC	2	
VALUE PLUS LANCETS THIN 26G MISC	2	
VALUE PLUS LANCING DEVICE MISC	2	
VALUMARK LANCET SUPER THIN 30G MISC	2	
VALUMARK LANCET ULTRA THIN 28G MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
VERIFINE SAFE LANCET MINI 21G MISC	2	
VERIFINE SAFE LANCET MINI 23G MISC	2	
VERIFINE SAFE LANCET MINI 28G MISC	2	
VERIFINE SAFE LANCET MINI 30G MISC	2	
VERIFINE UNIVERSAL LANCETS 28G MISC	2	
VERIFINE UNIVERSAL LANCETS 30G MISC	2	
VERIFINE UNIVERSAL LANCETS 33G MISC	2	
VIDA MIA AUTOLET LANCING DEV MISC	2	
VIDA MIA UNILET LANCETS 28G MISC	2	
VIDA MIA UNILET LANCETS 30G MISC	2	
VIVAGUARD INO CONTROL SOLUTION LIQUID	2	
VIVAGUARD LANCETS MISC	2	
VIVAGUARD LANCETS 30G MISC	2	
VIVAGUARD LANCING DEVICE MISC	2	
VIVI CAP MISC	2	
VIVI CAP1 MISC	2	
WALGREENS ADV TRAVEL LANCETS MISC	2	
WALGREENS LANCETS MISC	2	
WALGREENS LANCETS MICRO THIN MISC	2	
WALGREENS LANCETS SUPER THIN MISC	2	
WALGREENS THIN LANCETS MISC	2	
WALGREENS ULTRA THIN LANCETS MISC	2	
ZEVRX TWIST TOP LANCETS 30G MISC	2	
MISC. DEVICES		
ADVOCATE ALCOHOL PREP PADS 70 % PAD	2	
ALCOH-GLOVE CONTOURED WIPE PAD	2	
ALCOH-WIPE SHEET	2	
ALCOHOL PADS 70 % PAD	2	
ALCOHOL PREP (70 % PAD, PAD)	2	
ALCOHOL PREP PADS 70 % PAD	2	
ALCOHOL PREPS PAD	2	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
SAPS HEALTH CARE ALCOHOL PREP 70 % PAD	2	
SB ALCOHOL PREP 70 % PAD	2	
SHOPKO ALCOHOL SWABS 70 % PAD	2	
SM ALCOHOL PREP (70 % PAD, PAD)	2	
SURE COMFORT ALCOHOL PREP 70 % PAD	2	
SURE-PREP ALCOHOL PREP 70 % PAD	2	
TGT ALCOHOL SWABS 70 % PAD	2	
TRUE COMFORT ALCOHOL PREP PADS 70 % PAD	2	
TRUE COMFORT PRO ALCOHOL PREP 70 % PAD	2	
ULTICARE ALCOHOL SWABS (70 % PAD, PAD)	2	
ULTILET ALCOHOL SWABS PAD	2	
ULTRA-CARE ALCOHOL PREP PADS 70 % PAD	2	
WEBCOL ALCOHOL PREP LARGE 70 % PAD	2	
WEBCOL ALCOHOL PREP MEDIUM 70 % PAD	2	
ZEVrx STERILE ALCOHOL PREP PAD 70 % PAD	2	
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
1ST TIER UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
ABOUTTIME PEN NEEDLE (30G X 8 MISC, 31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	2	
ADVOCATE INSULIN PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 33G X 4 MM MISC)	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
AQINJECT PEN NEEDLE (31G X 5 MISC, 32G X 4 MISC)	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
ASSURE ID INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	2	
ASSURE ID SAFETY PEN NEEDLES (30G X 5 MISC, 30G X 8 MISC, 31G X 5 MISC)	2	
AUM INSULIN SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AUM MINI INSULIN PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	2	
AUM SAFETY PEN NEEDLE (X 4 MISC, X 5 MISC)	2	
AURORA PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
AURORA UNIFINE PENTIPS (31G X 5 MISC, 32G X 4 MISC)	2	
AUTOJECT 2 MISC	2	
AUTOPEN DEVICE	2	
BD AUTOSHIELD (X 5MM MISC, X 8MM MISC)	2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	2	
BD INSULIN SYR ULTRAFINE II (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
BD INSULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE MICROFINE (27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
BD INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	2	
BD PEN MISC	2	
BD PEN MINI MISC	2	
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	2	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML MISC	2	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	2	
BD VEO INSULIN SYRINGE U/F (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
CAREFINE PEN NEEDLES (29G X 12MM MISC, 30G X 8 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CAREONE UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
CAREONE UNIFINE PENTIPS PLUS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 33G X 4 MM MISC)	2	
CEQR SIMPLICITY 2U DEVICE	2	QL (10 units per 30 day(s)), AL, MDS
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	
CLICKFINE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	2	
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	2	
COMFORT EZ PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC, 33G X 8 MISC)	2	
COMFORT EZ PRO PEN NEEDLES (30G X 8 MISC, 31G X 4 MISC, 31G X 5 MISC)	2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	2	
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 32G X 8 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
DIATHRIVE PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
DROPLET MICRON 34G X 3.5 MM MISC	2	
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	
DROPSAFE SAFETY PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 MISC)	2	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
DRUG MART UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	2	
EASY COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/2" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	
EASY COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	2	
EASY TOUCH FLIPLOCK INSULIN SY (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EASY TOUCH INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 6 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
EASY TOUCH SAFETY PEN NEEDLES (29G X 5MM MISC, 29G X 8MM MISC, 30G X 8 MM MISC)	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ELITE-THIN INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 28G X 5/16" 0.5 ML MISC, 28G X 5/16" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 29G X 5/16" 0.5 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EMBRACE PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
EQL INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
EXEL COMFORT POINT PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
FIFTY50 PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
FIFTY50 SUPERIOR COMFORT SYR (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
FREDS PHARMACY UNIFINE PENTIP+ (X 5 MISC, X 8 MISC)	2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC	2	
FREESTYLE PRECISION INS SYR (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL EASE INJECT PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
GLOBAL EASY GLIDE INSULIN SYR (X 5/16" 0.3 ML MISC, X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, X 15/64" 1 ML MISC)	2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	2	
GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL INSULIN SYRINGES (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GNP CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
GNP INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML MISC	2	
GNP INSULIN SYRINGES 29GX1/2" (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	2	
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML MISC	2	
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC	2	
GNP ULTICARE PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
GNP ULTRA COM INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	2	
GOODSENSE PEN NEEDLE PENFINE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
H-E-B INCONTROL PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 33G X 4 MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	2	
HEALTHWISE SHORT PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	2	
HEALTHY ACCENTS UNIFINE PENTIP (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
HM ULTICARE INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	2	
HUMATROPEN FOR 12MG DEVICE	2	
HUMATROPEN FOR 24MG DEVICE	2	
HUMATROPEN FOR 6MG DEVICE	2	

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

Drug Name	Drug Tier	Requirements / Limits
INCONTROL ULTICARE PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
INJECT-EASE MISC	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	2	
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1" 0.3 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE/NEEDLE (27G X 1/2" 0.5 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	2	
INSUPEN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
INSUPEN SENSITIVE (X 6 MISC, X 8 MISC)	2	
INSUPEN ULTRAFIN (30G X 8 MISC, 31G X 6 MISC, 31G X 8 MISC)	2	
KINRAY INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 29G (0.5 ML MISC, 1 ML MISC)	2	
KMART VALU INSULIN SYRINGE 30G (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC)	2	
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
MS INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
NORDIPEN DELIVERY SYSTEM MISC	2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	2	
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	2	
NOVOPEN ECHO DEVICE	2	
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC	2	
OMNITROPE PEN 10 INJ DEVICE MISC	2	
OMNITROPE PEN 5 INJ DEVICE MISC	2	
PC UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
PEN NEEDLES 3/16" 31G X 5 MM MISC	2	
PEN NEEDLES 5/16" (30G X 8 MISC, 31G X 8 MISC)	2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC	2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC	2	

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

Drug Name	Drug Tier	Requirements / Limits
PRECISION SURE-DOSE SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 30G X 3/8" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
PRECISION SUREDOSE PLUS SYR (X 1/2" 0.3 ML MISC, X 1/2" 1 ML MISC)	2	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
PREFERRED PLUS UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
PREVENT DROPSAFE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PREVENT SAFETY PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
PRO COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
PRO COMFORT PEN NEEDLES (31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC)	2	
PRODIGY INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC, X 8 MISC)	2	
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC	2	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC	2	
PX MINI PEN NEEDLES 31G X 5 MM MISC	2	
PX PEN NEEDLE (29G X 12MM MISC, 31G X 8 MM MISC)	2	
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM MISC	2	
QC PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
QC UNIFINE PENTIPS 32G X 4 MM MISC	2	
RA INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
RA PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
RAYA SURE PEN NEEDLE (29G X 12MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	2	
TOPCARE CLICKFINE PEN NEEDLES (X 6 MISC, X 8 MISC)	2	
TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUE COMFORT INSULIN SYRINGE (X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
TRUE COMFORT PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 32G X 4 MISC)	2	
TRUEPLUS 5-BEVEL PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
TRUEPLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUEPLUS PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC	2	
ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTICARE MICRO PEN NEEDLES (31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ULTICARE MINI PEN NEEDLES (30G X 5 MISC, 31G X 6 MISC, 32G X 6 MISC)	2	
ULTICARE PEN NEEDLES (29G X 12.7MM MISC, 31G X 5 MM MISC)	2	
ULTICARE SHORT PEN NEEDLES (30G X 8 MISC, 31G X 8 MISC)	2	
ULTIGUARD SAFEPACK PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE SHORT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	2	
ULTRA FLO INSULIN PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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

Drug Name	Drug Tier	Requirements / Limits
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	2	
ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA-THIN II INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC	2	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC	2	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC	2	
ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRACARE PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC)	2	
UNIFINE PEN NEEDLES 32G X 4 MM MISC	2	
UNIFINE PENTIPS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PENTIPS PLUS (29G X 12MM MISC, 30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	2	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE ULTRA PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VALUE HEALTH INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
VALUMARK PEN NEEDLES (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 29G X 5/16" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
VERIFINE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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Drug Name	Drug Tier	Requirements / Limits
VERIFINE PLUS PEN NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
VIDA MIA UNIFINE PENTIPS (29G X 12MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	2	
WEGMANS UNIFINE PENTIPS PLUS (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ZEVX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	2	
ZEVX PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
RESPIRATORY AIDS		
ACTEEV PROTECT FACE MASK MISC	2	
BREATHE COMFORT PROTECT SHIELD MISC	2	
CLEVER CHOICE DISPOSABLE MASK MISC	2	
CLEVER CHOICE FACE MASK MISC	2	
CPR MICROSIELD MISC	2	
CVS MEDICAL FACE MASKS EARLOOP MISC	2	
CVS PROCEDURAL MASK MISC	2	
DISPOSABLE FACE MASK MISC	2	
DISPOSABLE FACE MASK 3-PLY MISC	2	
EAR-LOOP MASK SMALL MISC	2	
EASY FLOW KN 95 MISC	2	
FACE MASK MISC	2	
FACE MASK EARLOOP-STYLE MISC	2	
FACE MASKS 3 LAYER NON-MEDICAL MISC	2	
J & J GERM FILTER MASK MISC	2	
KN95 DISPOSABLE MASK MISC	2	
KN95 MEDICAL PROTECTIVE MASK MISC	2	
LIGHT SHIELD MISC	2	
LIGHT SHIELD DELUXE SLEEP MASK MISC	2	
MASK PEDIATRIC SIZE 1" MISC	2	
MASK PEDIATRIC SIZE 3" MISC	2	

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Drug Name	Drug Tier	Requirements / Limits
MAXI-MASK MISC	2	
N95 FACE MASK MISC	2	
N95 MASKS MISC	2	
N95 PARTI RESPIRATOR FACE MASK MISC	2	
NEXCARE ALL PURPOSE MASK MISC	2	
NEXCARE EARLOOP MASK MISC	2	
PEDIATRIC MEDIUM MASK MISC	2	
PEDIATRIC SMALL MASK MISC	2	
SHIELD-SECURE FULL FACE SHIELD MISC	2	
SIESTA MASK MISC	2	
RESPIRATORY THERAPY SUPPLIES		
OPTICHAMBER DIAMOND MISC	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK MISC	2	
OPTICHAMBER DIAMOND-SM MASK MISC	2	
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	2	PA, QL (1 unit per 28 days)
AJOVY 225 MG/1.5ML SOLN A-INJ	2	PA, QL (1.5 units per 28 days)
AJOVY 225 MG/1.5ML SOLN PRSYR	2	PA, QL (1.5 units per 28 days)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 28 days)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	PA, QL (3 units per 28 days)
NURTEC 75 MG TAB DISP	2	PA, QL (18 units per 30 days)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	2	PA, QL (1 unit per day)
UBRELVY (50 MG TAB, 100 MG TAB)	2	PA, QL (16 units per 30 days), MDS
MIGRAINE COMBINATIONS		
MIGERGOT 2-100 MG SUPPOS	1	
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	PA, QL (16 units per 28 days), MDS
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SEROTONIN AGONISTS		
<i>almotriptan malate (6.25 mg tab, 12.5 mg tab)</i>	1	PA, QL (16 units per 28 days), MDS
<i>eletriptan hydrobromide (20 mg tab, 40 mg tab)</i>	1	PA, QL (16 units per 28 days), MDS
<i>frovatriptan succinate 2.5 mg tab</i>	1	PA, QL (16 units per 28 days), MDS
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	1	QL (16 units per 28 days), MDS
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (16 units per 28 days), MDS
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	QL (8 units per 28 days), MDS
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	1	QL (8 units per 28 days), MDS
ZEMBRACE SYMTOUCH 3 MG/0.5ML SOLN A-INJ	2	PA, QL (8 units per 28 days), MDS
<i>zolmitriptan (2.5 mg solution, 5 mg solution)</i>	1	PA, QL (16 units per 28 days), MDS
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL (16 units per 28 days), MDS
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
PHOSPHATE		
K-PHOS 500 MG TAB	2	
POTASSIUM		
<i>effer-k 25 meq effer tab</i>	1	
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	1	
<i>klor-con m20 20 meq tab er</i>	1	
<i>klor-con/ef 25 meq effer tab</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride crys er (10 tab er, 20 tab er)</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine (250 mg cap, 250 mg tab)</i>	1	
<i>trientine hcl 250 mg cap</i>	1	SP
ENZYMES		
XIAFLEX 0.9 MG RECON SOLN	2	PA, SP, MDS
IMMUNOMODULATORS		
JOENJA 70 MG TAB	2	PA, LA, QL (60 tabs per 30 days), SP, MDS
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP
REVLIMID (15 MG CAP, 20 MG CAP, 25 MG CAP)	2	PA, QL (21 units per 28 days), PN (\$0 Oral Oncology), SP
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	2	PA, QL (28 units per 28 days), PN (\$0 Oral Oncology), SP
REZUROCK 200 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
THALOMID (50 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP)	2	SP, MDS
VYVGART 400 MG/20ML SOLUTION	2	PA, SP
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	2	PA, QL (22.4 ml per 50 day(s)), SP, QL (50 days supply per fill), MDS
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tab</i>	1	
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
ENSPRYNG 120 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 28 days), SP, MDS
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	2	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	PA
GAMIFANT (10 MG/2ML SOLUTION, 50 MG/10ML SOLUTION)	2	PA, LA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
GAMIFANT 100 MG/20ML SOLUTION	2	PA, LA, SP, MDS
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
LUPKYNIS 7.9 MG CAP	2	PA, LA, QL (180 units per 30 days), SP, MDS
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	1	
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	2	
NULOJIX 250 MG RECON SOLN	2	PA, MDS
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	2	
SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	2	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
UPLIZNA 100 MG/10ML SOLUTION	2	PA, QL (30 units per 180 days), SP
LYMPHATIC AGENTS		
SYLVANT (100 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	2	PA, QL (56 units per 28 days), SP, MDS
VIJOICE 50 MG TAB THPK	2	PA, QL (28 units per 28 days), SP, MDS
POTASSIUM REMOVING AGENTS		
LOKELMA 10 GM PACKET	2	PA, QL (1.14 units per day)
LOKELMA 5 GM PACKET	2	PA, QL (1 unit per day)
<i>sodium polystyrene sulfonate powder</i>	1	
SPS 15 GM/60ML SUSPENSION	1	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	2	PA, QL (1 unit per 1 day)
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	2	PA, LA, SP, MDS
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS

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

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

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Drug Name	Drug Tier	Requirements / Limits
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	1	
PED MV W/ FLUORIDE		
<i>multi-vitamin/fluoride (multi-vitamin/fluoride 0.25 mg/ml solution, multi-vitamin/fluoride 0.5 mg/ml solution)</i>	1	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	1	
QUFLORA GUMMIES 0.125 MG CHEW TAB	1	
TRI-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION)	1	
<i>tri-vite/fluoride 0.25 mg/ml solution</i>	1	
<i>vitamins acd-fluoride 0.25 mg/ml solution</i>	1	
PED MV W/ IRON		
<i>cerovite jr 18 mg chew tab</i>	0	
<i>sm animal shapes complete 18 mg chew tab</i>	0	
PEDIATRIC MULTIPLE VITAMINS		
<i>gnp childrens chewables/ex c chew tab</i>	0	
<i>gnp little ones childrens chew tab</i>	0	
<i>sm animal shapes kids first chew tab</i>	0	
PRENATAL VITAMINS		
C-NATE DHA 28-1-200 MG CAP	1	
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	1	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	1	
COMPLETENATE 29-1 MG CHEW TAB	1	
ELITE-OB 50-1.25 MG TAB	1	
ENBRACE HR CAP	1	
FOLIVANE-OB 85-1 MG CAP	1	
M-NATAL PLUS 27-1 MG TAB	1	
NESTABS 32-1 MG TAB	1	

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

Drug Name	Drug Tier	Requirements / Limits
NESTABS DHA 32-1 MG MISC	1	
NESTABS ONE 38-1-225 MG CAP	1	
NIVA-PLUS 27-1 MG TAB	1	
OB COMPLETE 50-1.25 MG TAB	1	
OB COMPLETE ONE 50-1-476 MG CAP	1	
OB COMPLETE PETITE 35-5-1-200 MG CAP	1	
OB COMPLETE PREMIER 30-20-1 MG TAB	1	
OB COMPLETE/DHA 30-10-1-200 MG CAP	1	
PNV TABS 29-1 29-1 MG TAB	1	
PNV-DHA 27-0.6-0.4-300 MG CAP	1	
PNV-OMEGA 28-0.6-0.4-340 MG CAP	1	
PNV-SELECT 27-0.6-0.4 MG TAB	1	
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS 27-1 MG TAB	1	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	1	
PRENATE 0.6-0.4 MG CHEW TAB	1	
PRENATE AM 1 MG TAB	1	
PRENATE DHA 18-0.6-0.4-300 MG CAP	1	
PRENATE ELITE 20-0.6-0.4 MG TAB	1	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	1	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	1	
PRENATE MINI 18-0.6-0.4-350 MG CAP	1	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	1	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	1	
PREPLUS 27-1 MG TAB	1	
PRETAB 29-1 MG TAB	1	
PRIMACARE 30-1-470 MG CAP	1	
RELNATE DHA 28-1-200 MG CAP	1	
SE-NATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB)	1	
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	1	
SELECT-OB+DHA 29-1 & 250 MG MISC	1	

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Drug Name	Drug Tier	Requirements / Limits
TARON-C DHA 35-1 MG CAP	1	
THRIVITE RX 29-1 MG TAB	1	
TRICARE TAB	1	
TRINATAL RX 1 60-1 MG TAB	1	
TRISTART DHA 31-0.6-0.4-200 MG CAP	1	
VINATE ONE 60-1 MG TAB	1	
VIRT-C DHA 53.5-38-1 MG CAP	1	
VIRT-NATE DHA 28-1-200 MG CAP	1	
VIRT-PN DHA 27-0.6-0.4-300 MG CAP	1	
VIRT-PN PLUS 28-0.6-0.4-340 MG CAP	1	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	1	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	1	
VITAFOL-NANO 18-0.6-0.4 MG TAB	1	
VITAFOL-OB TAB	1	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	1	
VITAFOL-ONE 29-1-200 MG CAP	1	
VIVA DHA 28-1-200 MG CAP	1	
VP-PNV-DHA 28-1-215.8 MG CAP	1	
WESCAP-C DHA 53.5-38-1 MG CAP	1	
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP	1	
WESNATE DHA 28-1-200 MG CAP	1	
WESTGEL DHA 31-0.6-0.4-200 MG CAP	1	
ZATEAN-PN DHA 27-0.6-0.4-300 MG CAP	1	
ZATEAN-PN PLUS 28-0.6-0.4-340 MG CAP	1	
VITAMIN MIXTURES		
<i>sm cod liver oil cap</i>	0	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
BACLOFEN 5 MG/5ML SOLUTION	1	PA, QL (16 units per day)
<i>carisoprodol (250 mg tab, 350 mg tab)</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>olopatadine hcl 0.6 % solution</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
NASAL STEROIDS		
BECONASE AQ 42 MCG/SPRAY SUSPENSION	2	PA
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
<i>ft allergy relief 24 hr 50 mcg/act suspension</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	
OMNARIS 50 MCG/ACT SUSPENSION	2	PA
QNASL 80 MCG/ACT AERO SOLN	2	PA
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	2	PA
ZETONNA 37 MCG/ACT AERO SOLN	2	PA
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
EXSERVAN 50 MG FILM	2	PA, LA, QL (60 units per 30 days), SP, MDS
QALSODY 100 MG/15ML SOLUTION	2	PA, LA, SP, MDS
RADICAVA 30 MG/100ML SOLUTION	2	PA, LA, SP, MDS
RADICAVA ORS 105 MG/5ML SUSPENSION	2	PA, QL (50 units per 28 days), SP, MDS
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	2	PA, QL (70 ml per 28 days), SP, QL (1 fill per 180 days), MDS
RELYVRIO 3-1 GM PACKET	2	PA, QL (56 units per 28 days), SP, MDS
<i>riluzole 50 mg tab</i>	1	
TEGLUTIK 50 MG/10ML SUSPENSION	2	PA, LA, QL (600 units per 30 days), SP, MDS
TIGLUTIK 50 MG/10ML SUSPENSION	2	PA, LA, QL (600 units per 30 days), SP, MDS
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	2	PA, LA, QL (90 caps per 30 days), SP, MDS
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45 100 MG/2ML SOLUTION	2	PA, LA, SP, MDS

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

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Drug Name	Drug Tier	Requirements / Limits
<i>tropicamide (0.5 % solution, 1 % solution)</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	2	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
VUITY 1.25 % SOLUTION	2	PA, QL (2.5 units per 30 days)
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	2	PA, QL (0.1 units per 25 days), SP, MDS
BEOVU 6 MG/0.05ML SOLUTION	2	PA, QL (0.1 units per 25 days), MDS
CIMERLI (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	2	PA, QL (0.1 units per 28 days), SP, MDS
EYLEA (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	2	PA, QL (0.1 units per 25 days), SP
EYLEA HD 8 MG/0.07ML SOLUTION	2	PA, QL (0.14 ml per 21 day(s)), SP
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	2	PA, QL (0.1 units per 28 days), SP
SUSVIMO (IMPLANT 1ST FILL) 10 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 168 days), SP
SUSVIMO (IMPLANT REFILL) 10 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 168 days), SP
VABYSMO 6 MG/0.05ML SOLUTION	2	PA, QL (0.1 units per 21 days), SP, MDS
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P 0.1 % SOLUTION	2	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate (0.15 % solution, 0.2 % solution)</i>	1	
SIMBRINZA 1-0.2 % SUSPENSION	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac 500-10000 unit/gm ointment</i>	1	
AZASITE 1 % SOLUTION	2	
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	1	
BESIVANCE 0.6 % SUSPENSION	2	
CILOXAN 0.3 % OINTMENT	2	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>erythromycin 5 mg/gm ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin sulfate 0.3 % solution</i>	1	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
NATACYN 5 % SUSPENSION	2	
<i>neo-polycin 3.5-400-10000 ointment</i>	1	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin 500-10000 unit/gm ointment</i>	1	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	
XDEMVIY 0.25 % SOLUTION	2	PA, QL (10 ml per 42 days), SP, MDS
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY 2 MG/0.1ML SOLUTION	2	PA, QL (0.2 ml per 28 days), SP, MDS
SYFOVRE 15 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 25 days), SP, MDS
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA 5 % SOLUTION	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE 0.002 % SOLUTION	2	PA, LA, QL (56 units per 28 days), SP, MDS
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE 15 MG RECON SOLN	2	SP, MDS
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
FLAREX 0.1 % SUSPENSION	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluorometholone 0.1 % suspension</i>	1	
FML FORTE 0.25 % SUSPENSION	2	
ILUVIEN 0.19 MG IMPLANT	2	PA, SP
MAXIDEX 0.1 % SUSPENSION	2	
<i>neo-polycin hc 1 % ointment</i>	1	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
PREDNISOLONE ACETATE 1 % SUSPENSION	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
XIPERE 40 MG/ML SUSPENSION	2	LA, SP, MDS
OPHTHALMICS - MISC.		
ALOMIDE 0.1 % SOLUTION	2	PA
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt solution</i>	1	
<i>brinzolamide 1 % suspension</i>	1	
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>epinastine hcl 0.05 % solution</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
<i>ft eye allergy itch & redness 0.1 % solution</i>	1	
<i>ft eye allergy itch relief 0.2 % solution</i>	1	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
DURYSTA 10 MCG IMPLANT	2	PA, QL (2 units per lifetime), SP
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN 0.01 % SOLUTION	2	ST
<i>tafluprost (pf) 0.0015 % solution</i>	1	PA
<i>travoprost (bak free) 0.004 % solution</i>	1	
VYZULTA 0.024 % SOLUTION	2	ST
XELPROS 0.005 % EMULSION	2	ST
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	
<i>ofloxacin 0.3 % solution</i>	1	
OTIC COMBINATIONS		
CIPRO HC 0.2-1 % SUSPENSION	2	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	1	
OTIC STEROIDS		
<i>flac 0.01 % oil</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	1	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
<i>methergine 0.2 mg tab</i>	1	
<i>methylergonovine maleate 0.2 mg tab</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
ASCENIV 5 GM/50ML SOLUTION	2	PA, SP, MDS
BIVIGAM 10 GM/100ML SOLUTION	2	PA, SP

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Drug Name	Drug Tier	Requirements / Limits
BIVIGAM 5 GM/50ML SOLUTION	2	PA, SP, MDS
CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	2	PA, SP, MDS
CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
CYTOGAM 50 MG/ML INJECTABLE	2	PA, 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)	2	PA, SP, MDS
GAMASTAN INJECTABLE	2	SP, MDS
GAMMAGARD (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMMAGARD (2.5 GM/25ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	2	PA, SP, MDS
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	2	PA, SP, MDS
GAMUNEX-C (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMUNEX-C (2.5 GM/25ML SOLUTION, 40 GM/400ML SOLUTION)	2	PA, SP, MDS
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS
OCTAGAM 25 GM/500ML SOLUTION	2	PA, MDS
PANZYGA (2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	2	PA, SP, MDS
RHO GAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR	2	SP, MDS
RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR	2	MDS
WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION)	2	SP, MDS
XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
MONOCLONAL ANTIBODIES		
SYNAGIS (50 MG/0.5ML SOLUTION, 100 MG/ML SOLUTION)	2	PA, SP
ZINPLAVA 1000 MG/40ML SOLUTION	2	PA, SP, MDS
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT)	2	PA, SP, MDS
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>ampicillin 500 mg cap</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	1	
PROGESTINS (CONTINUED)		
PROGESTINS		
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	2	PA, MDS

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Drug Name	Drug Tier	Requirements / Limits
MAKENA 275 MG/1.1ML SOLN A-INJ	2	PA, MDS
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>norethindrone acetate 5 mg tab</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>disulfiram (250 mg tab, 500 mg tab)</i>	1	
LUCEMYRA 0.18 MG TAB	2	PA, QL (112 units per 7 days), MDS
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
XYREM 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
XYWAV 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
ANTIDEMENTIA AGENTS		
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	1	
<i>memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)</i>	1	PA
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB)	1	
<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	1	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	1	
FIBROMYALGIA AGENTS		
SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB)	2	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	2	
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine 12.5 mg tab</i>	1	PA, QL (102 units per 34 days), SP, MDS
<i>tetrabenazine 25 mg tab</i>	1	PA, QL (136 units per 34 days), SP, MDS

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Drug Name	Drug Tier	Requirements / Limits
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	2	QL (1 unit per 28 days), SP, MDS
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	2	QL (1 unit per 28 days), SP, MDS
BAFIERTAM 95 MG CAP DR	2	ST, QL (120 units per 30 days), SP, MDS
BETASERON 0.3 MG KIT	2	QL (14 units per 28 days), SP, MDS
BRIUMVI 150 MG/6ML SOLUTION	2	PA, SP, MDS
<i>dalfampridine er 10 mg tab er 12h</i>	1	QL (60 units per 30 days), SP, MDS
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL (14 units per 7 days), SP, MDS
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL (60 units per 30 days), SP, MDS
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	1	QL (60 units per 30 days), SP, MDS
EXTAVIA 0.3 MG KIT	2	QL (15 units per 30 days), SP, MDS
<i>fingolimod hcl 0.5 mg cap</i>	1	QL (30 units per 30 days), SP, MDS
GILENYA 0.25 MG CAP	2	QL (30 units per 30 days), SP, MDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL (30 units per 30 days), SP, MDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL (12 units per 28 days), SP, MDS
KESIMPTA 20 MG/0.4ML SOLN A-INJ	2	QL (0.4 units per 28 days), SP, MDS
LEMTRADA 12 MG/1.2ML SOLUTION	2	PA, QL (5 days supply per 365 day), SP
MAVENCLAD (10 TABS) 10 MG TAB THPK	2	PA, QL (10 units per 28 days), SP, MDS
MAVENCLAD (4 TABS) 10 MG TAB THPK	2	PA, QL (4 units per 27 days), SP, MDS
MAVENCLAD (5 TABS) 10 MG TAB THPK	2	PA, QL (5 units per 28 days), SP, MDS
MAVENCLAD (6 TABS) 10 MG TAB THPK	2	PA, QL (6 units per 28 days), SP, MDS
MAVENCLAD (7 TABS) 10 MG TAB THPK	2	PA, QL (7 units per 28 days), SP, MDS
MAVENCLAD (8 TABS) 10 MG TAB THPK	2	PA, QL (8 units per 28 days), SP, MDS
MAVENCLAD (9 TABS) 10 MG TAB THPK	2	PA, QL (9 units per 28 days), SP, MDS
MAYZENT (1 MG TAB, 2 MG TAB)	2	QL (30 units per 30 days), SP, MDS
MAYZENT 0.25 MG TAB	2	QL (140 units per 28 days), SP, MDS
MAYZENT STARTER PACK 0.25 MG TAB THPK	2	QL (7 ea per 4 day(s)), SP, QL (1 fill per 180 days), MDS
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QL (12 ea per 5 day(s)), SP, QL (1 fill per 180 days), MDS
OCREVUS 300 MG/10ML SOLUTION	2	PA, QL (20 ml per 180 day(s)), SP, QL (2 fills per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR)	2	QL (1 unit per 28 days), SP, MDS
PLEGRIDY STARTER PACK (63 & 94 MCG/0.5ML SOLN PEN, 63 & 94 MCG/0.5ML SOLN PRSYR)	2	QL (1 unit per 28 days), SP, MDS
PONVORY 20 MG TAB	2	QL (30 units per 30 days), SP, MDS
PONVORY STARTER PACK 2,3,4,5,6,7,8,9 & 10 MG TAB THPK	2	QL (14 ea per 14 day(s)), SP, QL (1 fill per180 days), MDS
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	2	QL (6 units per 28 days), SP, MDS
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	2	QL (6 units per 28 days), SP, MDS
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	2	QL (4.2 units per 28 days), SP, MDS
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	2	QL (4.2 units per 28 days), SP, MDS
<i>teriflunomide 14 mg tab</i>	1	QL (30 units per 30 days), SP, MDS
<i>teriflunomide 7 mg tab</i>	1	PA, QL (30 units per 30 days), SP, MDS
TYSABRI 300 MG/15ML CONC	2	PA, SP
VUMERITY 231 MG CAP DR	2	ST, QL (120 units per 30 days), SP, MDS
ZEPOSIA 0.92 MG CAP	2	PA, QL (30 units per 30 days), SP, MDS
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	PA, QL (7 ea per 7 day(s)), SP, QL (1 fill per180 days), MDS
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	PA, QL (37 ea per 37 day(s)), QL (1 fill per180 days), MDS
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 units per 28 day(s)), SP, MDS
PREMENSTRUAL DYPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES 1 MG TAB	1	
PIMOZIDE (1 MG TAB, 2 MG TAB)	1	
SMOKING DETERRENENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	0	
CHANTIX 1 MG TAB	0	QL (2 units per 1 day)
CHANTIX CONTINUING MONTH PAK 1 MG TAB	0	QL (2 units per 1 day)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB THPK	0	QL (53 ea per 30 days), QL (1 fillper180 days), MDS

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

Drug Name	Drug Tier	Requirements / Limits
<i>ft nicotine (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>ft nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>gnp nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>hm nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>nicotine (7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr, 21-14-7 mg/24hr kit)</i>	0	
<i>nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>nicotine polacrilex mini 2 mg lozenge</i>	0	
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	0	
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	0	
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	0	
NICOTROL 10 MG INHALER	0	
NICOTROL NS 10 MG/ML SOLUTION	0	
<i>sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	0	QL (2 units per day)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	0	QL (53 ea per 30 days), PN (0), QL (1 fillper180 days), MDS
<i>varenicline tartrate(continue) 1 mg tab</i>	0	QL (2 units per day)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA 25 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 units per 84 days), SP
ONPATTRO 10 MG/5ML SOLUTION	2	PA, SP, MDS
TEGSEDI 284 MG/1.5ML SOLN PRSYR	2	PA, LA, QL (6 units per 28 days), SP, MDS

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

Drug Name	Drug Tier	Requirements / Limits
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP 1000 MG RECON SOLN	2	PA, LA, SP, MDS
ARALAST NP 500 MG RECON SOLN	2	PA, SP, MDS
GLASSIA 1000 MG/50ML SOLUTION	2	PA, LA, SP, MDS
PROLASTIN-C 1000 MG RECON SOLN	2	PA, LA, SP, MDS
PROLASTIN-C 1000 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ZEMAIRA 1000 MG RECON SOLN	2	PA, LA, SP, MDS
CYSTIC FIBROSIS AGENTS		
KALYDECO (25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	2	PA, LA, QL (56 units per 28 days), SP, MDS
KALYDECO 13.4 MG PACKET	2	PA, LA, QL (60 units per 30 day(s)), SP, MDS
KALYDECO 150 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS
KALYDECO 5.8 MG PACKET	2	PA, LA, QL (56 units per 28 day(s)), SP, QL (28 days supply per fill), MDS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	2	PA, LA, QL (112 units per 28 days), SP, MDS
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	2	PA, QL (56 units per 28 days), SP, MDS
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	PA, SP, MDS
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	2	PA, QL (56 units per 28 days), SP, MDS
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	2	PA, QL (84 units per 28 days), SP, MDS
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	2	PA, LA, QL (56 units per 28 day(s)), SP, MDS
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	1	
TETRACYCLINES (CONTINUED)		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TAB	2	PA, SP
TETRACYCLINES		
<i>demeclocycline hcl (150 mg tab, 300 mg tab)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	1	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	1	
<i>minocycline hcl er (55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 105 mg tab er 24h, 115 mg tab er 24h)</i>	1	PA
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	1	
THYROID HORMONES		
ADTHYZA (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	2	
<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	1	
<i>unithroid 137 mcg tab</i>	2	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	0	AL
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	0	

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Drug Name	Drug Tier	Requirements / Limits
DAPTACEL 23-15-5 SUSPENSION	0	AL
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	0	AL
INFANRIX 25-58-10 SUSPENSION	0	AL
KINRIX SUSPENSION	0	
KINRIX 0.5 ML SUSP PRSYR	0	AL
PEDIARIX SUSP PRSYR	0	AL, MDS
PENTACEL RECON SUSP	0	AL, MDS
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	0	AL
TDVAX 2-2 LF/0.5ML SUSPENSION	0	AL
TENIVAC 5-2 LFU INJECTABLE	0	
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	0	AL
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>hyosyne (0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	1	
CIMETIDINE HCL 300 MG/5ML SOLUTION	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1	
<i>ft acid reducer max strength 20 mg tab</i>	1	
NIZATIDINE (150 MG CAP, 300 MG CAP)	1	
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole (30 mg cap dr, 60 mg cap dr)</i>	1	ST, QL (1 unit per day)

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Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	1	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	
<i>ft acid reducer 15 mg cap dr</i>	1	
<i>lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)</i>	1	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	2	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	
ULCER THERAPY COMBINATIONS		
<i>omeprazole-sodium bicarbonate (20-1100 mg cap, 20-1680 mg packet, 40-1100 mg cap, 40-1680 mg packet)</i>	1	ST
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)</i>	1	ST
<i>fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)</i>	1	ST
GELNIQUE 10 % GEL	2	PA
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	
OXYTROL 3.9 MG/24HR PATCH TW	2	ST
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	1	
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	1	
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	1	ST
<i>tropium chloride 20 mg tab</i>	1	
<i>tropium chloride er 60 mg cap er 24h</i>	1	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL (1 unit per 1 day)
MYRBETRIQ 8 MG/ML SRER	2	QL (10 units per day)

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Drug Name	Drug Tier	Requirements / Limits
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl 100 mg tab</i>	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB RECON SOLN	0	AL, MDS
BEXSERO SUSP PRSYR	0	AL, MDS
HIBERIX 10 MCG RECON SOLN	0	AL, MDS
MENACTRA SOLUTION	0	AL, MDS
MENVEO (RECON SOLN, SOLUTION)	0	AL, MDS
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	0	AL, MDS
PENBRAYA RECON SUSP	0	QL (2 units per lifetime), AL, MDS
PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE	0	
PREVNAR 13 SUSPENSION	0	
PREVNAR 20 0.5 ML SUSP PRSYR	0	QL (0.5 ml per lifetime)
TRUMENBA SUSP PRSYR	0	AL, MDS
VAXNEUVANCE 0.5 ML SUSP PRSYR	0	AL, MDS
VIVOTIF CAP DR	2	QL (4 units per fill)
VIRAL VACCINES		
ABRYSCO 120 MCG/0.5ML RECON SOLN	0	AL
ACAM2000 RECON SOLN	0	
AFLURIA QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, SUSPENSION)	0	
AREXVY 120 MCG/0.5ML RECON SUSP	0	QL (1 ea per lifetime), AL
COMIRNATY (30 MCG/0.3ML SUSP PRSYR, 30 MCG/0.3ML SUSPENSION)	0	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	0	AL, MDS
FLUAD 0.5 ML SUSP PRSYR	0	
FLUAD QUADRIVALENT 0.5 ML PRSYR	0	

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Drug Name	Drug Tier	Requirements / Limits
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	0	
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	0	
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLULAVAL QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUMIST QUADRIVALENT SUSPENSION	0	
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	0	
FLUZONE QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	0	
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	0	AL, MDS
HAVRIX (720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION)	0	AL, MDS
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	0	AL, MDS
IPOL INJECTABLE	0	AL, MDS
JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION	0	
JYNNEOS 0.5 ML SUSPENSION	0	AL, MDS
M-M-R II RECON SOLN	0	
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	0	
MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION	0	
MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION	0	
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	0	
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	0	
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	0	
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	0	
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	0	

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Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	0	
PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION)	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y (3 MCG/0.2ML SUSPENSION, 3 MCG/0.3ML SUSPENSION)	0	
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	0	
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION	0	
PREHEVBRIO 10 MCG/ML SUSPENSION	0	AL, MDS
PRIORIX RECON SUSP	0	
PROQUAD RECON SUSP	0	AL, MDS
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	0	AL, MDS
SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION	0	
SHINGRIX 50 MCG/0.5ML RECON SUSP	0	AL, MDS
SPIKEVAX (50 MCG/0.5ML SUSP PRSYR, 50 MCG/0.5ML SUSPENSION)	0	
SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	0	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	0	AL, MDS
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	0	AL, MDS
VARIVAX 1350 PFU/0.5ML INJECTABLE	0	
ZOSTAVAX 19400 UNT/0.65ML RECON SUSP	0	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
SPERMICIDES		
OPTIONS CONCEPTROL 4 % GEL	0	
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	0	
SHUR-SEAL CONTRACEPTIVE 2 % GEL	0	
TODAY SPONGE 1000 MG MISC	0	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 12.5 % FOAM, 28 % FILM)	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE 2 % CREAM	2	
<i>metronidazole 0.75 % gel</i>	1	
MICONAZOLE 3 200 MG SUPPOS	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI 1.8-1-0.4 % GEL	0	
VAGINAL ESTROGENS		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	1	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	2	
PREMARIN 0.625 MG/GM CREAM	2	
<i>yuvafem 10 mcg tab</i>	1	
VAGINAL PROGESTINS		
CRINONE 4 % GEL	2	PA
CRINONE 8 % GEL	2	PA
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	AL
<i>epinephrine 0.15 mg/0.3ml soln a-inj</i>	1	QL (2 units per fill)
<i>epinephrine 0.3 mg/0.3ml soln a-inj</i>	1	QL (2 units per fill(s))
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>calcidol 200 mcg/ml solution</i>	0	
<i>dialyvite vitamin d 5000 125 mcg (5000 ut) cap</i>	0	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>ergocalciferol 200 mcg/ml solution</i>	0	
<i>phytonadione 5 mg tab</i>	1	
<i>true vitamin a 10000 unit cap</i>	0	
<i>true vitamin d3 125 mcg (5000 ut) cap</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>vitamin a 3 mg (10000 ut) cap</i>	0	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
WATER SOLUBLE VITAMINS		
<i>ascorbic acid 500 mg tab</i>	0	
<i>b1 natural 250 mg tab</i>	0	
<i>gnp vitamin c drops 60 mg lozenge</i>	0	
<i>niacin er (250 mg cap er, 500 mg cap er)</i>	0	
<i>sm chewable c 500 mg chew tab</i>	0	
<i>sm vit c/rose hips 1000 mg tab</i>	0	
<i>sm vitamin b-6 100 mg tab</i>	0	
<i>sm vitamin c (500 mg chew tab, 1000 mg tab)</i>	0	
<i>sm vitamin c 250 mg tab</i>	0	
<i>sm vitamin c/rose hips 500 mg tab</i>	0	
<i>true vitamin b1 100 mg tab</i>	0	
<i>true vitamin b1 250 mg tab</i>	0	
<i>true vitamin b2 (25 mg tab, 50 mg tab, 100 mg tab)</i>	0	
<i>true vitamin b3 (50 mg tab, 100 mg tab, 250 mg tab, 500 mg tab)</i>	0	
<i>true vitamin b6 (25 mg tab, 50 mg tab, 100 mg tab)</i>	0	
<i>true vitamin c (250 mg tab, 500 mg tab, 1000 mg tab)</i>	0	
<i>vitajoy biotin gummies 2500 mcg chew tab</i>	0	
<i>vitamin b-1 100 mg tab</i>	0	
<i>vitamin b-6 25 mg tab</i>	0	
<i>vitamin b1 100 mg tab</i>	0	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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KETODAN	87	KRISTALOSE	110
KETONE TEST	93	KROGER AUTOLET LANCING DEVICE	119
ketorolac tromethamine	17,161	KROGER GLUCOSE	36
KETOSTIX	93	KROGER HEALTHPRO LANCET 26G	119
KEYTRUDA	51	KROGER INSULIN SYRINGE	138
KHAPZORY	63	KROGER LANCETS	119
KIMMTRAK	51	KROGER LANCETS 21G	119
KIMYRSA	23	KROGER LANCETS MICRO THIN 33G	119
KINNEY LANCETS	119	KROGER LANCETS SUPER THIN	119
KINNEY THIN LANCETS	119	KROGER LANCETS THIN	119
KINRAY INSULIN SYRINGE	138	KROGER LANCETS THIN 26G	119
KINRIX	171	KROGER LANCETS ULTRATHIN 30G	119
KISQALI (200 MG DOSE)	58	KROGER LANCING DEVICE	119
KISQALI (400 MG DOSE)	59	KROGER PEN NEEDLES	139
KISQALI (600 MG DOSE)	59	KRYSTEXXA	103
KISQALI FEMARA (400 MG DOSE)	56	kurvelo	79
KISQALI FEMARA (600 MG DOSE)	56	KYNMOBI	64
KISQALI FEMARA(200 MG DOSE)	56	KYPROLIS	59
klayesta	87		
klor-con	148	L	
klor-con 10	148	labetalol hcl	72
klor-con m10	148	lacosamide	30
klor-con m15	148	lactulose	110
klor-con m20	148	lactulose encephalopathy	101
klor-con/ef	148	LAGEVRIO	72
KLOXXADO	40	lamivudine	69,71
klis aller-tec	42	lamivudine-zidovudine	69
klis allerclear	43	lamotrigine	30
KMART VALU INSULIN SYRINGE 29G	138	lamotrigine er	30

lamotrigine starter kit-blue	30	LENVIMA (10 MG DAILY DOSE)	50
LAMZEDE	97	LENVIMA (12 MG DAILY DOSE)	50
LANCET DEVICE	119	LENVIMA (14 MG DAILY DOSE)	50
LANCET DEVICE WITH EJECTOR	119	LENVIMA (18 MG DAILY DOSE)	50
LANCET TRANSPORTER CASE	119	LENVIMA (20 MG DAILY DOSE)	50
LANCETS	119	LENVIMA (24 MG DAILY DOSE)	50
LANCETS 28G	119	LENVIMA (4 MG DAILY DOSE)	50
LANCETS 30G	119	LENVIMA (8 MG DAILY DOSE)	50
LANCETS 33G	119	LEQVIO	45
LANCETS MICRO THIN 33G	120	lessina	79
LANCETS SUPER THIN 28G	120	letrozole	54
LANCETS THIN	120	leucovorin calcium	63
LANCETS ULTRA FINE	120	LEUKERAN	48
LANCETS ULTRA THIN	120	LEUKINE	107
LANCETS ULTRA THIN 30G	120	leuprolide acetate	54
LANCING DEVICE	120	levalbuterol hcl	28
LANREOTIDE ACETATE	98	LEVALBUTEROL TARTRATE	28
lansoprazole	172	LEVEMIR	38
lanthanum carbonate	102	LEVEMIR FLEXPEN	38
LANTUS	38	LEVEMIR FLEXTOUCH	38
LANTUS SOLOSTAR	38	levetiracetam	30
LANZO	120	levetiracetam er	31
lapatinib ditosylate	59	LEVOBUNOLOL HCL	158
larin 1.5/30	79	levocarnitine	97
larin 1/20	79	levocarnitine sf	97
larin 24 fe	79	levofloxacin	100
larin fe 1.5/30	79	levonest	79
larin fe 1/20	79	levonorg-eth estrad triphasic	79
larissia	79	levonorgest-eth est & eth est	79
latanoprost	162	levonorgest-eth estrad 91-day	79
layolis fe	79	levonorgest-eth estradiol-iron	79
LEADER ADVANCED LANCING DEVICE	120	levonorgestrel	83
LEADER GLUCOSE	36	levonorgestrel-ethinyl estrad	79
LEADER INSULIN SYRINGE	139	levora 0.15/30 (28)	79
LEADER QUICK DISSOLVE GLUCOSE	36	levorphanol tartrate	19
LEADER UNIFINE PENTIPS	139	levothyroxine sodium	170
LEADER UNIFINE PENTIPS PLUS	139	LEXIVA	69
leena	79	LIBERTY MEDICAL LANCETS	120
leflunomide	18	LIBERTY MINI LANCING DEVICE	120
LEMTRADA	166	LIBTAYO	51
lenalidomide	149	lidocaine	90

lidocaine hcl	91	loestrin 1/20 (21)	80
LIDOCAINE HCL	151	loestrin fe 1.5/30	80
lidocaine hcl urethral/mucosal	91	loestrin fe 1/20	80
lidocaine viscous hcl	151	lojaimiess	80
lidocaine-hydrocort (perianal)	22	LOKELMA	150
lidocaine-hydrocortisone ace	22	LONGS GLUCOSE	36
lidocaine-prilocaine	91	LONGS INSULIN SYRINGE	139
lidocan	91	LONGS LANCETS STANDARD	120
LIFESCAN UNISTIK 2	120	LONGS LANCETS THIN	120
LIFESCAN UNISTIK II LANCETS	120	LONGS LANCETS ULTRA THIN	120
LIGHT SHIELD	146	LONSURF	56
LIGHT SHIELD DELUXE SLEEP MASK	146	loperamide hcl	40
lillow	80	lopinavir-ritonavir	69
LINDANE	91	LOQTORZI	52
linezolid	23	loratadine	43
LINZESS	101	lorazepam	25
liothyronine sodium	170	lorazepam intensol	25
LIQREV	75	LORBRENA	59
lisdexamfetamine dimesylate	14	loryna	80
lisinopril	45	lorzone	156
lisinopril-hydrochlorothiazide	47	losartan potassium	46
LITE TOUCH LANCETS	120	losartan potassium-hctz	47
LITE TOUCH LANCING PEN	120	lovastatin	44
LITETOUCH INSULIN SYRINGE	139	low-ogestrel	80
LITETOUCH LANCETS	120	loxapine succinate	66
LITETOUCH PEN NEEDLES	139	lubiprostone	100
lithium	64	LUCEMYRA	165
lithium carbonate	64	LUCENTIS	159
lithium carbonate er	65	LUMAKRAS	59
LITHOBID	65	LUMIGAN	162
LITHOSTAT	103	LUMIZYME	97
LIVALO	44	LUMOXITI	52
LIVE BETTER ADV LANCING DEVICE	120	LUNSUMIO	52
LIVE BETTER LANCET SUPER THIN	120	LUPKYNIS	150
LIVE BETTER LANCET ULTRA THIN	120	LUPRON DEPOT (1-MONTH)	54
LIVMARLI	100	LUPRON DEPOT (3-MONTH)	54
LIVTENCITY	70	LUPRON DEPOT (4-MONTH)	54
LO LOESTRIN FE	80	LUPRON DEPOT (6-MONTH)	54
lo-zumandimine	80	LUPRON DEPOT-PED (1-MONTH)	96
LODOCO	74	LUPRON DEPOT-PED (3-MONTH)	96
loestrin 1.5/30 (21)	80	LUPRON DEPOT-PED (6-MONTH)	96

lurasidone hcl	65	MAYZENT	166
LUTATHERA	62	MAYZENT STARTER PACK	166
lutera	80	meclizine hcl	41
lyleq	84	MECLOFENAMATE SODIUM	17
lyllana	99	MEDIC INSULIN SYRINGE	139
LYNPARZA	59	MEDICHOICE SAFETY LANCET	120
LYSODREN	54	MEDICHOICE SAFETY LANCET EXTRA	120
LYTGOBI (12 MG DAILY DOSE)	59	MEDICHOICE SAFETY LANCET NORM	120
LYTGOBI (16 MG DAILY DOSE)	59	MEDICINE SHOPPE PEN NEEDLES	139
LYTGOBI (20 MG DAILY DOSE)	59	MEDISENSE THIN LANCETS	120
lyza	84	MEDLANCE EXTRA 21G	120
		MEDLANCE LITE 25G	120
M		MEDLANCE PLUS EXTRA 21G	120
M-M-R II	174	MEDLANCE PLUS LANCETS	120
M-NATAL PLUS	153	MEDLANCE PLUS LITE 25G	120
MACRILEN	92	MEDLANCE PLUS SPECIAL 0.8MM	121
MAGELLAN INSULIN SAFETY SYR	139	MEDLANCE PLUS SUPERLITE 30G	121
MAKENA	165	MEDLANCE PLUS UNIVERSAL 21G	121
malathion	92	MEDLANCE UNIVERSAL 21G	121
MARATHON MEDICAL PENTIPS	139	medpura alcohol pads	91
maraviroc	69	medroxyprogesterone acetate	83,165
MARGENZA	50	mefenamic acid	17
marlissa	80	mefloquine hcl	48
MASK PEDIATRIC SIZE 1"	146	megestrol acetate	54
MASK PEDIATRIC SIZE 3"	146	MEIJER ALCOHOL SWABS	130
MATULANE	62	MEIJER GLUCOSE	36
matzim la	73	MEIJER LANCETS	121
MAVENCLAD (10 TABS)	166	MEIJER LANCETS THIN	121
MAVENCLAD (4 TABS)	166	MEIJER LANCETS UNIVERSAL 21G	121
MAVENCLAD (5 TABS)	166	MEIJER LANCETS UNIVERSAL 30G	121
MAVENCLAD (6 TABS)	166	MEIJER LANCETS UNIVERSAL 33G	121
MAVENCLAD (7 TABS)	166	MEIJER PEN NEEDLES	139
MAVENCLAD (8 TABS)	166	MEIJER SUPER THIN LANCETS	121
MAVENCLAD (9 TABS)	166	MEKINIST	59
MAVYRET	71	MEKTOVI	59
MAXI-COMFORT INSULIN SYRINGE	139	meloxicam	17
MAXI-COMFORT SAFETY PEN NEEDLE	139	MELPHALAN	49
MAXI-MASK	147	memantine hcl	165
MAXICOMFORT II PEN NEEDLE	139	memantine hcl er	165
MAXICOMFORT SYR 27G X 1/2"	139	MENACTRA	173
MAXIDEX	161	MENVEO	173

MEPERIDINE HCL	19	mexiletine hcl	25
meprobamate	24	mibelas 24 fe	80
MEPSEVII	97	MICONAZOLE 3	176
mercaptopurine	49	MICROCLENS WIPES	67
merzee	80	MICRODOT PEN NEEDLE	139
MESALAMINE	101	microgestin 1.5/30	80
mesalamine er	101	microgestin 1/20	80
mesalamine-cleanser	101	microgestin 24 fe	80
MESNEX	63	microgestin fe 1.5/30	80
metaxalone	156	microgestin fe 1/20	80
metformin hcl	35	MICROLET LANCETS	121
metformin hcl er	35	MICROLET NEXT LANCING DEVICE	121
methadone hcl	19	midazolam hcl	110
methadone hcl intensol	19	MIDAZOLAM-SODIUM CHLORIDE (PF)	110
methadose	19	midodrine hcl	176
methamphetamine hcl	14	mifepristone	37,98
methazolamide	93	MIGERGOT	147
methenamine hippurate	24	miglitol	35
methenamine mandelate	24	miglustat	106
methergine	162	mili	80
methimazole	170	mimvey	99
methocarbamol	156	MINI LANCING DEVICE	121
methotrexate sodium	49	minocycline hcl	170
methotrexate sodium (pf)	49	minocycline hcl er	170
METHOXSALEN RAPID	88	minoxidil	47
methscopolamine bromide	171	MIRCERA	107
methylergonovine maleate	162	mirtazapine	32
methylphenidate	14	misoprostol	172
methylphenidate hcl	14	mitomycin	56
METHYLPHENIDATE HCL ER	14	MM INSULIN SYRINGE/NEEDLE	140
methylphenidate hcl er (cd)	15	MM LANCING DEVICE	121
methylphenidate hcl er (la)	15	MM PEN NEEDLES	140
methylphenidate hcl er (osm)	15	MM TWIST LANCETS	121
methylprednisolone	84	modafinil	15
methylprednisolone sodium succ	84	MODERNA COVID-19 BIVAL 6M-5Y	174
metoclopramide hcl	100	MODERNA COVID-19 BIVAL BOOSTER	174
metolazone	94	MODERNA COVID-19 BIVALENT	174
metoprolol succinate er	72	MODERNA COVID-19 VAC (BOOSTER)	174
metoprolol tartrate	72	MODERNA COVID-19 VAC 6M-11Y	174
metoprolol-hydrochlorothiazide	47	MODERNA COVID-19 VACC 6-11Y	174
metronidazole	22,91,176	MODERNA COVID-19 VACC 6M-5Y	174

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mometasone furoate	90,157
MONJUVI	52
mono-linyah	80
MONOJECT INSULIN SYRINGE	140
MONOJECT ULTRA COMFORT SYRINGE	140
MONOLET LANCETS	121
MONOLET OPD LANCETS	121
MONOLETTOR SAFETY LANCETS	121
montelukast sodium	26
MORPHINE SULFATE	19
morphine sulfate (concentrate)	19
morphine sulfate er	20
MORPHINE SULFATE ER BEADS	20
MOUNJARO	37
MOVANTIK	101
moxifloxacin hcl	100,160
MOXIFLOXACIN HCL (2X DAY)	160
MOZOBIL	109
MPD SAFETY LANCET 21G	121
MPD SAFETY LANCET 23G	121
MPD SAFETY LANCET 28G	121
MPD SAFETY LANCET 30G	121
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MULTAQ	26
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MULTIVITAMIN/FLUORIDE	153
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mupirocin calcium	87
mutamycin	56
MVASI	50
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my way	83
mycophenolate mofetil	150
mycophenolate sodium	150
mycophenolic acid	150
MYFEMBREE	99
MYGLUCOHEALTH LANCETS 30G	121
MYLERAN	49
MYLOTARG	52
MYOBLOC	158
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na sulfate-k sulfate-mg sulf	110
nabumetone	17
nadolol	72
naftifine hcl	87
NAGLAZYME	97
NALFON	17
NALOCET	21
naloxone hcl	40
naltrexone hcl	40
naproxen	17
naproxen dr	17
naproxen sodium	17
naproxen-esomeprazole mg	17
naratriptan hcl	148
NATACYN	160
NATAZIA	80
nateglinide	39
NAYZILAM	29
nebivolol hcl	72
necon 0.5/35 (28)	80
NEFAZODONE HCL	33
nelarabine	49
neo-polycin	160
neo-polycin hc	161
neomycin sulfate	15

neomycin-bacitracin zn-polymyx	160	nifedipine er osmotic release	73
neomycin-polymyxin-dexameth	161	nikki	80
NEOMYCIN-POLYMYXIN-GRAMICIDIN	160	nilutamide	54
NEOMYCIN-POLYMYXIN-HC	161	nimodipine	73
neomycin-polymyxin-hc	162	NINLARO	59
NEORAL	150	nitazoxanide	23
NERLYNX	59	NITRO-BID	24
NESTABS	153	NITRO-DUR	24
NESTABS DHA	154	nitrofurantoin	24
NESTABS ONE	154	nitrofurantoin macrocrystal	24
NEULASTA	107	nitrofurantoin monohyd macro	24
NEULASTA ONPRO	107	nitroglycerin	24
NEUPOGEN	107	NITYR	97
nevirapine	69	NIVA-PLUS	154
NEVIRAPINE	69	NIVESTYM	108
NEVIRAPINE ER	69	NIZATIDINE	171
nevirapine er	69	nora-be	84
new day	83	NORDIPEN DELIVERY SYSTEM	140
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NEXCARE EARLOOP MASK	147	norelgestromin-eth estradiol	82
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NEXLETOL	43	norethin-eth estradiol-fe	80
NEXLIZET	43	norethindron-ethinyl estrad-fe	80
NEXPLANON	83	norethindrone	84
NEXTSTELLIS	80	norethindrone acet-ethinyl est	80
NEXVIAZYME	97	norethindrone acetate	165
NGENLA	95	norethindrone-eth estradiol	99
niacin er	177	norgestim-eth estrad triphasic	80
niacin er (antihyperlipidemic)	45	norgestimate-eth estradiol	81
nicardipine hcl	73	norlyda	84
nicotine	168	norlyroc	84
nicotine mini	168	NORPACE CR	25
nicotine polacrilex	168	nortrel 0.5/35 (28)	81
nicotine polacrilex mini	168	nortrel 1/35 (21)	81
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nicotine step 2	168	nortrel 7/7/7	81
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nifedipine	73	NOVA SAFETY LANCETS 28G	121
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NOVOEIGHT	104	NUTROPIN AQ NUSPIN 5	95
NOVOFINE AUTOCOVER PEN NEEDLE	140	NUZYRA	169
NOVOFINE PEN NEEDLE	140	nyamyc	87
NOVOFINE PLUS PEN NEEDLE	140	nylia 1/35	81
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NP THYROID	170	OJJAARA	60
NPLATE	108	olanzapine	66
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NUBEQA	54	olmesartan medoxomil	46
NUCALA	26	olmesartan medoxomil-hctz	47
NUCYNTA	20	olmesartan-amlodipine-hctz	47
NUCYNTA ER	20	olopatadine hcl	157,161
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NULOJIX	150	omeprazole	172
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ONETOUCH ULTRA 2	122	OXALIPLATIN	49
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oxybutynin chloride er	172	PEMETREXED	49
oxycodone hcl	20	PEMETREXED DISODIUM	49
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pazopanib hcl	60	PERPHENAZINE-AMITRIPTYLINE	165
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peg-3350/electrolytes/ascorbat	110	PHARMACIST CHOICE ALCOHOL	130
peg-kcl-nacl-nasulf-na asc-c	110	PHARMACIST CHOICE LANCETS	123
		PHARMACY COUNTER LANCETS	123

phenelzine sulfate	33	PNV-SELECT	154
phenobarbital	109	podofilox	90
phenoxybenzamine hcl	45	POLIVY	52
phenylephrine hcl	158	poly-iron 150	109
phenytek	32	POLY-VI-FLOR	153
phenytoin	32	POLY-VI-FLOR/IRON	153
phenytoin infatabs	32	polycin	160
phenytoin sodium extended	32	polymyxin b-trimethoprim	160
PHESGO	56	polysaccharide iron complex	109
PHEXXI	176	POMALYST	55
philith	81	PONVORY	167
PHOSPHOLINE IODIDE	159	PONVORY STARTER PACK	167
phytonadione	176	portia-28	81
PIFELTRO	69	PORTRAZZA	53
pilocarpine hcl	152,159	posaconazole	41
PILOT COVID-19 AT-HOME TEST	93	pot & sod cit-cit ac	102
pimecrolimus	90	potassium chloride	148
PIMOZIDE	167	potassium chloride crys er	149
pimtrea	81	potassium chloride er	149
pindolol	72	potassium citrate er	102
pioglitazone hcl	39	potassium citrate-citric acid	102
pioglitazone hcl-glimepiride	35	POTELIGEO	52
pioglitazone hcl-metformin hcl	35	PRALATREXATE	49
PIP LANCETS 28G	123	PRALUENT	45
PIP LANCETS 30G	123	pramipexole dihydrochloride	64
PIP PEN NEEDLES 31G X 5MM	140	pramipexole dihydrochloride er	64
PIP PEN NEEDLES 32G X 4MM	140	prasugrel hcl	106
PIQRAY (200 MG DAILY DOSE)	60	pravastatin sodium	44
PIQRAY (250 MG DAILY DOSE)	60	PRAXBIND	40
PIQRAY (300 MG DAILY DOSE)	60	prazosin hcl	46
pirmella 1/35	81	PRECISION SURE-DOSE SYRINGE	141
pirmella 7/7/7	81	PRECISION SUREDOSE PLUS SYR	141
piroxicam	17	PRECISION THINS GP LANCETS	123
PLEGRIDY	167	PREDNICARBATE	90
PLEGRIDY STARTER PACK	167	prednisolone	84
PLENVU	110	PREDNISOLONE ACETATE	161
PLUVICTO	62	prednisolone sodium phosphate	84
PNEUMOVAX 23	173	PREDNISOLONE SODIUM PHOSPHATE	161
PNV TABS 29-1	154	prednisone	84
PNV-DHA	154	PREFERRED PLUS GLUCOSE	37
PNV-OMEGA	154	PREFERRED PLUS INSULIN SYRINGE	141

PREFERRED PLUS LANCETS COLORED	123	PRO COMFORT LANCETS 30G	123
PREFERRED PLUS LANCETS THIN	123	PRO COMFORT LANCETS 31G	123
PREFERRED PLUS UNIFINE PENTIPS	141	PRO COMFORT PEN NEEDLES	141
pregabalin	31	PRO COMFORT SAFETY LANCETS 30G	123
PREGNYL	95	probenecid	103
PREHEVBRIO	175	prochlorperazine	66
PREMARIN	99,176	prochlorperazine maleate	66
PREMPHASE	99	PROCRIT	108
PREMPRO	99	procto-med hc	22
PRENATAL	154	PROCTOFOAM HC	22
PRENATAL PLUS	154	proctosol hc	22
PRENATAL PLUS VITAMIN/MINERAL	154	proctozone-hc	22
PRENATE	154	PROCYSBI	102
PRENATE AM	154	PRODIGY COUNT-A-DOSE	123
PRENATE DHA	154	PRODIGY INSULIN SYRINGE	141
PRENATE ELITE	154	PRODIGY LANCETS 28G	123
PRENATE ENHANCE	154	PRODIGY LANCING DEVICE	123
PRENATE ESSENTIAL	154	PRODIGY SAFETY LANCETS 26G	123
PRENATE MINI	154	PRODIGY TWIST TOP LANCETS 28G	123
PRENATE PIXIE	154	progesterone	165
PRENATE RESTORE	154	PROGRAF	150
PREPLUS	154	PROLASTIN-C	169
PRESSURE ACTIVAT SAFETY LANCET	123	PROLIA	94
PRETAB	154	PROMACTA	108
PRETOMANID	48	promethazine hcl	43
prevalite	44	PROMETHAZINE VC	85
PREVENT DROPSAFE PEN NEEDLES	141	PROMETHAZINE VC/CODEINE	85
PREVENT SAFETY PEN NEEDLES	141	promethazine-codeine	85
previfem	81	promethazine-dm	85
PREVNAR 13	173	PROMETHEGAN	43
PREVNAR 20	173	propafenone hcl	25
PREVYMIS	71	propafenone hcl er	25
PREZCOBIX	69	propranolol hcl	72
PREZISTA	69	propranolol hcl er	72
PRIMACARE	154	propylthiouracil	170
primaquine phosphate	48	PROQUAD	175
primidone	31	protriptyline hcl	34
PRIORIX	175	PROVENGE	53
PRIVIGEN	164	pseudoeph-bromphen-dm	85
PRO COMFORT ALCOHOL	130	PSS SELECT GP LANCETS	123
PRO COMFORT INSULIN SYRINGE	141	PSS SELECT PLATFORMS	123

PSS SELECT SAFETY LANCETS	123
PULMICORT FLEXHALER	27
PULMOZYME	169
PURE COMFORT ALCOHOL PREP	130
PURE COMFORT LANCETS 30G	123
PURE COMFORT PEN NEEDLE	141
PURE COMFORT SAFETY PEN NEEDLE	141
PUSH BUTTON SAFETY LANCETS	123
PUSH BUTTON SAFETY LANCETS 28G	123
PX ADVANCED LANCING DEVICE	123
PX EXTRA SHORT PEN NEEDLES	141
px folic acid	107
PX GLUCOSE	37
PX INSULIN SYRINGE	141
PX LANCET AUTO INJECTOR	123
PX LANCETS MICROTHIN 33G	123
PX LANCETS ULTRA THIN	123
PX LANCETS ULTRA THIN 28G	123
PX MINI PEN NEEDLES	141
PX PEN NEEDLE	141
PX SHORTLENGTH PEN NEEDLES	141
pyrazinamide	48
pyridostigmine bromide	48
pyridostigmine bromide er	48
pyrimethamine	48
PYRUKYND	106
PYRUKYND TAPER PACK	106

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QALSODY	157
QC ADVANCED LANCING DEVICE	123
qc alcohol	91
QC ALCOHOL SWABS	130
qc aspirin low dose	19
qc folic acid	107
QC LANCETS SUPER THIN 30G	123
QC LANCETS ULTRA THIN	123
QC PEN NEEDLES	141
QC UNIFINE PENTIPS	141
QC UNILET LANCETS 28G	124
QC UNILET LANCETS MICRO THIN	124

QELBREE	14
QINLOCK	60
QNASL	157
QNASL CHILDRENS	157
QUADRACEL	171
QUAZEPAM	110
quetiapine fumarate	66
quetiapine fumarate er	66
QUFLORA GUMMIES	153
QUICKVUE AT-HOME COVID-19 TEST	93
quinapril hcl	45
quinapril-hydrochlorothiazide	47
quinidine gluconate er	25
quinidine sulfate	25
quinine sulfate	48
QULIPTA	147
QUTENZA	91
QUTENZA (2 PATCH)	91
QUTENZA (4 PATCH)	91
QVAR REDHALER	27

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RA ALCOHOL SWABS	130
RA E-ZJECT LANCETS 28G	124
RA E-ZJECT LANCETS THIN 26G	124
RA E-ZJECT LANCETS THIN 28G	124
RA E-ZJECT LANCETS ULTRA THIN	124
ra folic acid	107
RA GLUCOSE	37
RA INSULIN SYRINGE	141
ra isopropyl alcohol wipes	91
RA PEN NEEDLES	141
rabeprazole sodium	172
RADICAVA	157
RADICAVA ORS	157
RADICAVA ORS STARTER KIT	157
raloxifene hcl	96
ramelteon	110
ramipril	45
ranolazine er	24
rasagiline mesylate	64

RAYA SURE PEN NEEDLE	141	REPATHA SURECLICK	45
react	83	RETACRIT	108
READYLANCE SAFETY LANCETS	124	RETEVMO	60
REALITY INSULIN SYRINGE	142	REVCOSI	97
REALITY LANCETS	124	REVLIMID	149
REALITY SWABS	130	REXALL LANCETS ULTRA THIN 30G	124
REALITY TRIGGER LANCETS	124	REYATAZ	69
REBIF	167	REZLIDHIA	60
REBIF REBIDOSE	167	REZUROCK	149
REBIF REBIDOSE TITRATION PACK	167	RHOGAM ULTRA-FILTERED PLUS	164
REBIF TITRATION PACK	167	RHOPHYLAC	164
REBLOZYL	108	RIABNI	52
REBYOTA	101	RIBAVIRIN	71
reclipsen	81	ribavirin	72
RECOMBINATE	104	RIDAURA	16
RECOMBIVAX HB	175	rifabutin	48
RELENZA DISKHALER	71	rifampin	48
RELEUKO	108	RIGHTEST ALTERNATE SITE ADAPT	124
RELION ALCOHOL SWABS	130	RIGHTEST GD500 LANCING DEVICE	124
RELION GLUCOSE	37	RIGHTEST GL300 LANCETS	124
RELION INSULIN SYRINGE	142	riluzole	157
RELION KETONE TEST	93	RIMANTADINE HCL	71
RELION LANCET DEVICES 30G	124	RINVOQ	16
RELION LANCETS	124	risedronate sodium	94
RELION LANCETS MICRO-THIN 33G	124	RISPERDAL CONSTA	65
RELION LANCETS THIN 26G	124	risperidone	65
RELION LANCETS ULTRA-THIN 30G	124	ritonavir	69
RELION LANCING DEVICE	124	RITUXAN	52
RELION MINI PEN NEEDLES	142	RITUXAN HYCELA	56
RELION PEN NEEDLES	142	rivelsa	81
RELION SHORT PEN NEEDLES	142	rizatriptan benzoate	148
RELION ULTRA THIN LANCETS 30G	124	roflumilast	26
RELION ULTRA THIN PLUS LANCETS	124	ROLVEDON	108
RELISTOR	101,102	romidepsin	60
RELNATE DHA	154	ROMIDEPSIN	60
RELYVRIO	157	ropinirole hcl	64
REMICADE	101	ropinirole hcl er	64
RENFLEXIS	101	ROSADAN	91
repaglinide	39	rosuvastatin calcium	44
REPATHA	45	roweepra	31
REPATHA PUSHTRONEX SYSTEM	45	ROZLYTREK	60

RUBRACA	60	SAPS HEALTH PLUS LANCETS	125
RUCONEST	105	SAPS HEALTH TWIST TOP LANCETS	125
rufinamide	31	SAPS TWIST TOP LANCETS	125
RUKOBIA	70	SAPSCARE TWIST TOP LANCETS	125
RUXIENCE	52	SARCLISA	52
RYBELSUS	37	SAVELLA	165
RYBREVANT	52	SAVELLA TITRATION PACK	165
RYDAPT	60	SB ALCOHOL PREP	131
RYKINDO	65	SB INSULIN SYRINGE	142
RYLAZE	62	SB LANCETS THIN	125
RYPLAZIM	105	SB LANCETS ULTRA THIN	125
 		SCEMBLIX	60
S		SCENESSE	91
SAFE-T-LANCE	124	scopolamine	41
SAFE-T-LANCE PLUS	124	SE-NATAL 19	154
SAFESNAP INSULIN SYRINGE	142	SECUADO	66
SAFETY INSULIN SYRINGES	142	SECURESAFE INSULIN SYRINGE	142
SAFETY LANCET 21G/PRESSURE ACT	124	SECURESAFE SAFETY PEN NEEDLES	142
SAFETY LANCET 23G/PRESSURE ACT	124	SELECT-LITE DEVICE/LANCETS	125
SAFETY LANCET 28G/PRESSURE ACT	124	SELECT-LITE LANCING DEVICE	125
SAFETY LANCET 30G/PRESSURE ACT	124	SELECT-OB	154
SAFETY LANCETS	124	SELECT-OB+DHA	154
SAFETY LANCETS 21G	124	selegiline hcl	64
SAFETY LANCETS 23G	124	selenium sulfide	88
SAFETY LANCETS 28G	124	SELZENTRY	70
SAFETY LET LANCETS	125	SEREVENT DISKUS	28
SAFETY PEN NEEDLES	142	SEROSTIM	95
SAFETY SEAL LANCETS	125	sertraline hcl	33
SAIZEN	95	setlakin	81
SAIZENPREP	95	sevelamer carbonate	102
sajazir	105	sevelamer hcl	102
salsalate	19	SEZABY	109
SANCUSO	40	sf	151
SANDIMMUNE	150	sf 5000 plus	151
SANDOSTATIN LAR DEPOT	98	sharobel	84
SANOFI COVID-19 VAC (BOOSTER)	175	SHIELD-SECURE FULL FACE SHIELD	147
SAPHNELO	151	SHINGRIX	175
sapropterin dihydrochloride	97	SHOPKO ALCOHOL SWABS	131
SAPS CARE ALCOHOL PREP	130	SHOPKO AUTOLET LANCING DEVICE	125
SAPS HEALTH ALCOHOL PREP	130	SHOPKO ON-THE-GO LANCETS 30G	125
SAPS HEALTH CARE ALCOHOL PREP	131	SHOPKO UNIFINE PENTIPS	142

SHOPKO UNIFINE PENTIPS PLUS	142	sm cod liver oil	155
SHOPKO UNILET LANCETS 28G	125	sm folic acid	107
SHOPKO UNILET LANCETS 30G	125	SM GLUCOSE	37
SHUR-SEAL CONTRACEPTIVE	175	sm iron	109
SIDE BUTTON SAFETY LANCET	125	sm iron slow release	109
SIESTA MASK	147	SM LANCETS 33G	125
SIGNIFOR	98	sm loratadine	43
SIGNIFOR LAR	98	sm loratadine allergy relief	43
SIKLOS	106	sm multiple vitamins essential	152
sildenafil citrate	75	sm nicotine	168
silodosin	103	sm nicotine polacrilex	168
SILVER NITRATE	88	sm super b complex/c	152
silver sulfadiazine	88	SM TRUEDRAW LANCING DEVICE	125
SIMBRINZA	159	sm vit c/rose hips	177
simliya	81	sm vitamin b-12	106
simpesse	81	sm vitamin b-6	177
SIMPLE DIAGNOSTICS LANCING DEV	125	sm vitamin c	177
SIMPONI	16	sm vitamin c/rose hips	177
SIMPONI ARIA	16	SMART DIABETES VANTAGE LANCING	125
simvastatin	44,45	SMART SENSE COLOR LANCETS 33G	125
SINGLE-LET	125	SMART SENSE GLUCOSE	37
sirolimus	150	SMART SENSE STANDARD LANCETS	125
SIRTURO	48	SMART SENSE SUPER THIN LANCETS	125
SIVEXTRO	24	SMART SENSE THIN LANCETS 26G	125
SKYCLARYS	157	SMARTEST LANCETS 28G	125
SKYRIZI	88,101	sod citrate-citric acid	102
SKYRIZI (150 MG DOSE)	88	sodium fluoride	148,151
SKYRIZI PEN	88	sodium fluoride 5000 enamel	151
SKYTROFA	96	sodium fluoride 5000 plus	151
SLYND	84	sodium fluoride 5000 ppm	151
SM ALCOHOL PREP	131	sodium fluoride 5000 sensitive	151
sm all day allergy	43	SODIUM OXYBATE	165
sm all day allergy relief	43	sodium polystyrene sulfonate	150
sm allergy relief	43	sodium sulfacetamide wash	88
sm animal shapes complete	153	SOGROYA	96
sm animal shapes kids first	153	SOHONOS	156
sm aspirin adult low strength	19	solifenacin succinate	172
sm aspirin ec low strength	19	SOLIRIS	105
sm aspirin low dose	19	SOLU-CORTEF	85
sm chewable c	177	SOLU-MEDROL (PF)	85
sm childrens aspirin	19	SOLUS V2 LANCETS 28G	125

SOLUS V2 LANCING DEVICE	125	sulfacetamide sodium	88,160
SOLUS V2 TWIST LANCETS 30G	125	sulfacetamide sodium (acne)	86
SOMATULINE DEPOT	98	sulfacetamide sodium-sulfur	86
SOMAVERT	95	SULFACETAMIDE-PREDNISOLONE	161
sorafenib tosylate	60	SULFACETAMIDE-SULFUR IN UREA	86
sorine	73	sulfadiazine	169
sotalol hcl	73	sulfamethoxazole-trimethoprim	23
sotalol hcl (af)	73	sulfasalazine	101
SPEEDY SWAB COVID-19 ANTIGEN	93	sulfatrim pediatric	23
SPEVIGO	88	sulindac	17
SPIKEVAX	175	sumatriptan	148
SPIKEVAX COVID-19 VACCINE	175	sumatriptan succinate	148
SPINOSAD	92	SUMATRIPTAN SUCCINATE REFILL	148
SPINRAZA	158	sumatriptan-naproxen sodium	147
SPIRIVA HANDIHALER	26	sunitinib malate	61
SPIRIVA RESPIMAT	26	SUNLENCA	70
spironolactone	94	SUPER THIN LANCETS	125
spironolactone-hctz	94	SUPPRELIN LA	96
SPRAVATO (56 MG DOSE)	33	SUPRAX	76
SPRAVATO (84 MG DOSE)	33	SURE COMFORT ALCOHOL PREP	131
sprintec 28	81	SURE COMFORT INSULIN SYRINGE	142
SPRYCEL	60	SURE COMFORT LANCETS 18G	126
SPS	150	SURE COMFORT LANCETS 21G	126
sronyx	81	SURE COMFORT LANCETS 23G	126
ssd	88	SURE COMFORT LANCETS 28G	126
stavudine	70	SURE COMFORT LANCETS 30G	126
STELARA	88,101	SURE COMFORT LANCING PEN	126
STERILANCE PA	125	SURE COMFORT PEN NEEDLES	142
STERILANCE TL	125	SURE-FINE PEN NEEDLES	142
STIMUFEND	108	SURE-JECT INSULIN SYRINGE	142
STIOLTO RESPIMAT	28	SURE-LANCE FLAT LANCETS	126
STIVARGA	60	SURE-LANCE LANCETS 26G	126
STRENSIQ	97	SURE-LANCE THIN LANCETS 28G	126
stress formula	152	SURE-LANCE ULTRA THIN LANCETS	126
STRIBILD	70	SURE-PEN	126
STRIVERDI RESPIMAT	28	SURE-PREP ALCOHOL PREP	131
SUBLOCADE	21	SURE-TOUCH LANCETS UNIVERSAL	126
subvenite	31	SURELITE LANCETS	126
subvenite starter kit-blue	31	SUSTOL	40
sucralfate	171	SUSVIMO (IMPLANT 1ST FILL)	159
sulfacetamide sod-sulfur wash	86	SUSVIMO (IMPLANT REFILL)	159

syeda	81
SYFOVRE	160
SYLVANT	150
SYMDEKO	169
SYMLINPEN 120	35
SYMLINPEN 60	35
SYMPAZAN	29
SYMTUZA	70
SYNAGIS	164
SYNAREL	96
SYNJARDY	35
SYNJARDY XR	35
SYNOJOYNT	156
SYNRIBO	63

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tab-a-vite/beta carotene	152
TABRECTA	61
tacrolimus	90,150
tadalafil	74
tadalafil (pah)	75
TAFINLAR	61
tafluprost (pf)	162
TAGRISSE	53
TAKHZYRO	105
TALVEY	52
TALZENNA	61
tamoxifen citrate	55
tamsulosin hcl	103
tarina 24 fe	81
tarina fe 1/20	81
tarina fe 1/20 eq	81
TARON-C DHA	155
TARPEYO	85
TASIGNA	61
TAVALISSE	105
taysofy	81
TAYTULLA	81
TAZAROTENE	86
tazarotene	88
taztia xt	73

TAZVERIK	61
TDVAX	171
TECENTRIQ	52
TECHLITE AST LANCETS	126
TECHLITE INSULIN SYRINGE	143
TECHLITE LANCETS	126
TECHLITE LANCETS 26G	126
TECHLITE LANCETS 30G	126
TECHLITE PEN NEEDLES	143
TECHLITE PLUS PEN NEEDLES	143
TECVAYLI	52
TEGLUTIK	157
TEGRETOL	31
TEGRETOL-XR	31
TEGSEDI	168
TEKURNA HCT	47
telmisartan	46
telmisartan-hctz	47
temazepam	110
temozolomide	49
temsirolimus	61
TENIVAC	171
tenofovir disoproxil fumarate	70
TEPEZZA	96
TEPMETKO	61
terazosin hcl	46
terbinafine hcl	41
terbutaline sulfate	28
terconazole	176
teriflunomide	167
TERIPARATIDE (RECOMBINANT)	94
testosterone	21
testosterone cypionate	21
TESTOSTERONE ENANTHATE	22
TETANUS-DIPHTHERIA TOXOIDS TD	171
tetrabenazine	165
tetracycline hcl	170
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TGT ALCOHOL SWABS	131
TGT GLUCOSE	37
TGT LANCET MICRO THIN 33G	126

TGT LANCET THIN 26G	126	TOPCARE CLICKFINE PEN NEEDLES	143
TGT LANCET ULTRA THIN 30G	126	TOPCARE LANCETS MICRO-THIN 33G	126
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THALOMID	149	topiramate	31
THEO-24	28	topiramate er	31
theophylline	28	toremifene citrate	55
theophylline er	28	torse mide	94
THINLETS GP LANCETS	126	TOUJEO MAX SOLOSTAR	39
thioridazine hcl	67	TOUJEO SOLOSTAR	39
thiotepa	49	TPOXX	72
thiothixene	67	TRACLEER	75
THRIVITE RX	155	TRADJENTA	37
THYROGEN	92	tramadol hcl	20
tiadylt er	73	TRAMADOL HCL (ER BIPHASIC)	20
tiagabine hcl	32	tramadol hcl er	20
TIBSOVO	61	tramadol hcl er (biphasic)	20
TIGLUTIK	157	tramadol-acetaminophen	21
tilia fe	81	trandolapril	45
timolol maleate	73,158	TRANDOLAPRIL-VERAPAMIL HCL ER	47
tinidazole	23	tranexamic acid	109
TIVDAK	52	TRANSDERM-SCOP	41
TIVICAY	70	tranylcypromine sulfate	33
TIVICAY PD	70	TRAVEL LANCETS	126
tizanidine hcl	156	TRAVEL LANCETS ADVANCED 28G	126
TLANDO	22	travoprost (bak free)	162
TOBI PODHALER	15	TRAZIMERA	51
TOBRADEX	161	trazodone hcl	34
tobramycin	15,160	TRELEGY ELLIPTA	28
tobramycin-dexamethasone	161	TRELSTAR MIXJECT	55
TODAY SPONGE	175	TREMFYA	88
TODAYS HEALTH LANCING DEVICE	126	treprostinil	74
TODAYS HEALTH MINI PEN NEEDLES	143	TRESIBA	39
TODAYS HEALTH PEN NEEDLES	143	TRESIBA FLEXTOUCH	39
TODAYS HEALTH SHORT PEN NEEDLE	143	tretinoin	63,86
TODAYS HEALTH THIN LANCETS 28G	126	tri femynor	81
TODAYS HEALTH THIN LANCETS 30G	126	tri-estarylla	82
tolcapone	64	tri-legest fe	82
tolterodine tartrate	172	tri-linyah	82
tolterodine tartrate er	172	tri-lo-estarylla	82
TOLVAPTAN	98	tri-lo-marzia	82
tolvaptan	98	tri-lo-mili	82

tri-lo-sprintec	82	trosipium chloride er	172
tri-mili	82	TRUE COMFORT ALCOHOL PREP PADS	131
tri-nymyo	82	TRUE COMFORT INSULIN SYRINGE	143
tri-previfem	82	TRUE COMFORT PEN NEEDLES	143
tri-sprintec	82	TRUE COMFORT PRO ALCOHOL PREP	131
TRI-VI-FLOR	153	TRUE COMFORT PRO INSULIN SYR	143
tri-vite/fluoride	153	TRUE COMFORT PRO PEN NEEDLES	143
tri-vylibra	82	TRUE COMFORT SAFETY LANCETS	126
tri-vylibra lo	82	TRUE COMFORT TWIST TOP LANCETS	126
triamcinolone acetonide	90,152	true ferrous sulfate	109
triamcinolone in absorbbase	90	true folic acid	107
triamterene-hctz	94	true vitamin a	176
triazolam	110	true vitamin b1	177
TRICARE	155	true vitamin b12	106
tricitrates	102	true vitamin b2	177
tridacaine	91	true vitamin b3	177
trientine hcl	149	true vitamin b6	177
trifluoperazine hcl	67	true vitamin c	177
TRIFLURIDINE	160	true vitamin d3	176
trihexyphenidyl hcl	64	TRUEDRAW LANCING DEVICE	126
TRIJARDY XR	35	TRUEPLUS 5-BEVEL PEN NEEDLES	143
TRIKAFTA	169	TRUEPLUS GLUCOSE	37
TRILEPTAL	31	TRUEPLUS GLUCOSE ON THE GO	37
TRILURON	156	TRUEPLUS INSULIN SYRINGE	143
trimethobenzamide hcl	41	TRUEPLUS LANCETS 26G	127
trimethoprim	23	TRUEPLUS LANCETS 28G	127
trimipramine maleate	34	TRUEPLUS LANCETS 30G	127
TRINATAL RX 1	155	TRUEPLUS LANCETS 33G	127
TRINTELLIX	34	TRUEPLUS PEN NEEDLES	143
TRIPTODUR	96	TRUEPLUS SAFETY LANCETS 28G	127
TRISENOX	63	TRULICITY	38
TRISTART DHA	155	TRUMENBA	173
TRIUMEQ	70	TRUQAP	61
TRIUMEQ PD	70	TRUSELTIQ (100MG DAILY DOSE)	61
TRIVISC	156	TRUSELTIQ (125MG DAILY DOSE)	61
trivora (28)	82	TRUSELTIQ (50MG DAILY DOSE)	61
TRIZIVIR	70	TRUSELTIQ (75MG DAILY DOSE)	61
TRODELVY	63	TUDORZA PRESSAIR	26
TROKENDI XR	31	TUKYSA	51
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