

GEISINGER HEALTH PLAN

2024

Geisinger High Performance RX

Geisinger

List of covered drugs

General Formulary Information

This formulary is an option for self-insured employer groups with pharmacy benefits administered by Geisinger Health Plan

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

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

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

Pharmacy Customer Service Team Contact Information

Telephone: (800) 988-4861 or (570)-271-5673; TDD/TTY 711
Fax: 570-300-2122

Mailing address:

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

High Performance Rx Benefit

The High Performance Rx Benefit formulary assigns each prescription medication to one of three different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication benefits. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment.
- Tier 2 - Includes preferred brand name medications with no generic equivalent
- Tier 3 - Includes non-preferred brand name medications

It is important to note that only medications listed on this formulary are covered, non-listed medications are excluded from coverage.

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

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

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

Specialty Vendor Medication Program

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

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

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 2.
- Non-prescription (over-the-counter) medications are typically not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.
- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 1 copay level if the primary ingredient is generic or the Tier 3 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- Medications listed on Tier 0 are covered at \$0 copay.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization for opioid naïve members if more than a 10-day supply is required for an adult or more than a 5-day supply for a member under 18 years of age.

Using this formulary

- Medications are listed by therapeutic class within the table of contents. An alphabetical index of all medications can be found at the back of the formulary.
- The medication Tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits.
- Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of March 1, 2024 and is subject to change. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.
- **Restrictions in medication availability may result from use of a formulary.**

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

Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column
- If not listed above, the maximum day supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

Health Care Reform

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

- Aspirin Products - Low dose (81 mg) aspirin products
 - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives - For females
- Bowel Preparations for Colonoscopy - Brands with no generic and generic products
 - In preparation of a screening colonoscopy for members 45-75 years of age.
- Breast Cancer Prevention - Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
 - For women who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic Acid Supplements - Generic folic acid 0.4 mg and 0.8 mg tablets
 - All women who are planning or capable of pregnancy.
- Fluoride Supplements - Fluoride drops and chewable tablets

- Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV Pre-Exposure Prophylaxis - Apretude 600 mg/3 mL injection, Descovy 200-25 mg tablet, emtricitabine/tenofovir 200-300 mg tablet, and Vocabria 30 mg tablet
- Smoking Cessation Products - Brands with no generic and generic products
 - Two, 90-day treatment courses per benefit year.
- Statin Preventive Medication - generic products
 - For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations - Preventive vaccines are covered for \$0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.

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.

What are generics?

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

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

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

Sources:

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

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

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

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

Discrimination is against the law

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

The 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)
- 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, call the Health Plan at 800-447-4000 or TTY: 711.

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

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

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

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

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

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

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

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

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

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

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

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

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

ملحوظة: إذا كنت تتحدث لغة أخرى، فان خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصمم والبك): 711.

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

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

સુધીનાં: જો તમે ગુજરાતી બોક્સા હો, તો નિઃશ્વાસ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

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

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

ପ୍ରାୟେଣ୍ଟ୍: ପ୍ରାୟେଣ୍ଟମୁକ୍ତିବ୍ୟାପ କାହାରେଇଁ, ଏବାହିନ୍ତାରେଇଁ କାହାରା ଏବାହିନ୍ତାରେଇଁ କାହାରା କୌନସିରେ 800-447-4000 (TTY: 711)।

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

LEGEND

0 Preventative

1 Generics

2 Preferred Brands

3 Non-Preferred Brands

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

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

PN Note This drug has unique restrictions.

Publishing Note (C0) This drug has unique restrictions.

SP Specialty Drug Specialty Vendor Medication Program

SUM3 SMART UM #3 Customizable UM #3.

LA Limited Access Drugs that are only available at certain pharmacies

SUM7 Program Edits (SMART UM #7) Customizable UM #7.

PN Note This drug has unique restrictions.

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED) | | |
| AMPHETAMINES | | |
| ADDERALL XR | 2 | |
| <i>amphet-dextroamphet 3-bead er</i> | 1 | (1 EA / 1 DAYS) |
| <i>amphetamine sulfate</i> | 1 | |
| <i>amphetamine-dextroamphet er</i> | 1 | |
| <i>amphetamine-dextroamphetamine</i> | 1 | |
| DEXEDRINE | 3 | |
| <i>dextroamphetamine sulfate (2.5 mg tab, 5 mg tab, 5 mg/5ml solution, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i> | 1 | |
| <i>dextroamphetamine sulfate er</i> | 1 | |
| <i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i> | 1 | (1 EA / 1 day(s)) |
| <i>lisdexamfetamine dimesylate (10 mg chew tab, 20 mg chew tab, 30 mg chew tab, 40 mg chew tab, 50 mg chew tab, 60 mg chew tab)</i> | 1 | |
| <i>methamphetamine hcl</i> | 1 | |
| MYDAYIS | 2 | |
| <i>procentra</i> | 1 | |
| VYVANSE | 2 | (1 EA / 1 DAYS) |
| <i>zenzedi</i> | 1 | |
| ANALEPTICS | | |
| <i>caffeine citrate</i> | 1 | |
| CAFFEINE-SODIUM BENZOATE | 1 | |
| ANOREXIANTS NON-AMPHETAMINE | | |
| <i>benzphetamine hcl 50 mg tab</i> | 1 | |
| <i>diethylpropion hcl</i> | 1 | |
| DIETHYLPROPION HCL ER | 1 | |
| <i>phendimetrazine tartrate</i> | 1 | |
| PHENDIMETRAZINE TARTRATE ER | 1 | |
| <i>phentermine hcl</i> | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| QSYMIA | 2 | |
| ANTI-OBESITY AGENTS | | |
| ORLISTAT | 1 | |
| SAXENDA | 2 | SUM7 (ZERO) |
| WEGOVY | 2 | |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| <i>atomoxetine hcl</i> | 1 | |
| <i>clonidine hcl er 0.1 mg tab er 12h</i> | 1 | |
| <i>guanfacine hcl er</i> | 1 | SUM7 (ZERO) |
| QUEBREE 100 MG CAP ER 24H | 2 | (1 EA / 1 DAYS) |
| QUEBREE 150 MG CAP ER 24H | 2 | (2 EA / 1 DAYS) |
| QUEBREE 200 MG CAP ER 24H | 2 | (3 EA / 1 DAYS) |
| STRATTERA | 3 | |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI | 2 | |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS | | |
| WAKIX | 2 | SP |
| STIMULANTS - MISC. | | |
| <i>armodafinil</i> | 1 | |
| AZSTARYS | 2 | |
| CONCERTA | 2 | |
| <i>dextroamphetamine hcl</i> | 1 | |
| <i>dextroamphetamine hcl er</i> | 1 | |
| FOCALIN | 3 | |
| JORNAY PM | 2 | |
| METHYLIN | 3 | |
| <i>methylphenidate</i> | 1 | |
| <i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i> | 1 | |
| <i>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)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>methylphenidate hcl er (cd)</i> | 1 | |
| <i>methylphenidate hcl er (la)</i> | 1 | |
| <i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i> | 1 | |
| METHYLPHENIDATE HCL ER (OSM) (45 MG TAB ER, 63 MG TAB ER, 72 MG TAB ER) | 1 | |
| <i>methylphenidate hcl er (xr)</i> | 1 | |
| <i>modafinil</i> | 1 | |
| RITALIN | 3 | |

ALLERGENIC EXTRACTS/BIOLOGICALS MISC (CONTINUED)

ALLERGENIC EXTRACTS

| | | |
|----------------------------|---|----|
| GRASTEK | 2 | |
| ORALAIR | 2 | SP |
| ORALAIR ADULT SAMPLE KIT | 2 | SP |
| ORALAIR ADULT STARTER PACK | 2 | SP |
| RAGWITEK | 2 | |

AMINOGLYCOSIDES (CONTINUED)

AMINOGLYCOSIDES

| | | |
|---|---|---|
| <i>amikacin sulfate</i> | 1 | |
| BETHKIS | 2 | (224 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION, 2-0.9 MG/ML-% SOLUTION) | 1 | |
| <i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i> | 1 | |
| <i>neomycin sulfate</i> | 1 | |
| <i>paromomycin sulfate</i> | 1 | |
| STREPTOMYCYIN SULFATE | 1 | |
| <i>tobramycin 300 mg/4ml nebu soln</i> | 1 | (224 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| TOBRAMYCYIN 300 MG/5ML NEBU SOLN | 1 | (280 ML / 56 day(s)), SP |
| <i>tobramycin 300 mg/5ml nebu soln</i> | 1 | (280 ML / 56 DAYS), SP |
| <i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ANALGESICS - ANTI-INFLAMMATORY (CONTINUED) | | |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| ADALIMUMAB-ADAZ | 2 | (0.8 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT) | 2 | (2 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA (2 PEN) | 2 | (2 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA (2 SYRINGE) | 2 | (2 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT | 2 | (2 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT | 2 | (3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA PEN 40 MG/0.4ML PEN KIT | 2 | (2 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA PEN 80 MG/0.8ML PEN KIT | 2 | (3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT | 2 | (6 EA / 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT | 2 | (3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA PEN-PEDIATRIC UC START | 2 | (4 EA / 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA PEN-PSOR/UVEIT STARTER | 2 | (3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HUMIRA-PS/UV/ADOL HS STARTER | 2 | (4 EA / 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| HYRIMOZ (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR) | 2 | (0.8 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| HYRIMOZ (40 MG/0.8ML SOLN A-INJ, 40 MG/0.8ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ) | 2 | (1.6 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| HYRIMOZ 10 MG/0.1 ML SOLN PRSYR | 2 | (0.2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| HYRIMOZ 20 MG/0.2ML SOLN PRSYR | 2 | (0.4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| HYRIMOZ-CROHNS/UC STARTER | 2 | (2.4 ML / 28 day(s)), SP |
| HYRIMOZ-CROHNS/UC STARTER PACK | 2 | (2.4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR | 2 | (1.2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR | 2 | (2.4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| HYRIMOZ-PLAQUE PSORIASIS START | 2 | (1.6 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| SIMPONI ARIA | 2 | SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
| RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H) | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| RINVOQ 45 MG TAB ER 24H | 2 | (28 EA / 28 DAYS), SP, PN (84 DAYS SUPPLY IN 180 DAYS) |
| XELJANZ (5 MG TAB, 10 MG TAB) | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| XELJANZ 1 MG/ML SOLUTION | 2 | (300 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| XELJANZ XR | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ANTIRHEUMATIC ANTIMETABOLITES | | |
| RASUVO (7.5 MG/0.15ML SOLN A-INJ, 10 MG/0.2ML SOLN A-INJ, 12.5 MG/0.25ML SOLN A-INJ, 15 MG/0.3ML SOLN A-INJ, 17.5 MG/0.35ML SOLN A-INJ, 22.5 MG/0.45ML SOLN A-INJ, 25 MG/0.5ML SOLN A-INJ, 30 MG/0.6ML SOLN A-INJ) | 2 | |
| RASUVO 20 MG/0.4ML SOLN A-INJ | 2 | |
| INTERLEUKIN-1BETA BLOCKERS | | |
| ILARIS | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| KEVZARA | 2 | (2.28 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| ANAPROX DS | 3 | |
| <i>cataflam</i> | 1 | |
| <i>celecoxib</i> | 1 | |
| <i>diclofenac potassium (25 mg cap, 50 mg tab)</i> | 1 | |
| <i>diclofenac potassium 25 mg tab</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i> | 1 | |
| <i>diclofenac sodium er</i> | 1 | |
| <i>diclofenac-misoprostol</i> | 1 | |
| <i>ec-naproxen</i> | 1 | |
| <i>etodolac</i> | 1 | |
| <i>etodolac er</i> | 1 | |
| <i>flexipak</i> | 1 | |
| FLURBIPROFEN (50 MG TAB, 100 MG TAB) | 1 | |
| <i>ibu</i> | 1 | |
| <i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i> | 1 | |
| <i>ibuprofen lysine</i> | 1 | |
| <i>ibuprofen-famotidine</i> | 1 | |
| <i>indomethacin (20 mg cap, 25 mg cap, 25 mg/5ml suspension, 50 mg cap, 100 mg suppos)</i> | 1 | |
| <i>indomethacin 50 mg suppos</i> | 1 | |
| <i>indomethacin er</i> | 1 | |
| <i>indomethacin sodium</i> | 1 | |
| KETOPROFEN | 1 | |
| <i>ketorolac tromethamine (15 mg/ml solution, 15.75 mg/spray solution, 30 mg/ml solution, 60 mg/2ml solution)</i> | 1 | |
| <i>ketorolac tromethamine 10 mg tab</i> | 1 | (20 EA / FILL) |
| MECLOFENAMATE SODIUM | 1 | |
| <i>mefenamic acid</i> | 1 | |
| <i>meloxicam (5 mg cap, 7.5 mg tab, 7.5 mg/5ml suspension, 10 mg cap, 15 mg tab)</i> | 1 | |
| <i>nabumetone</i> | 1 | |
| <i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i> | 1 | |
| <i>naproxen dr</i> | 1 | |
| <i>naproxen sodium (275 mg tab, 550 mg tab)</i> | 1 | |
| <i>naproxen sodium er (500 mg tab er 24h, 750 mg tab er 24h)</i> | 1 | |
| <i>naproxen sodium er 375 mg tab er 24h</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| OXaprozin (300 MG CAP, 600 MG TAB) | 1 | |
| <i>piroxicam</i> | 1 | |
| <i>previdolrx plus analgesic</i> | 1 | |
| <i>sulindac</i> | 1 | |
| TOLMETIN SODIUM | 1 | |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA 10 & 20 & 30 MG TAB THPK | 2 | (55 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| OTEZLA 30 MG TAB | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| ARAVA | 2 | |
| <i>leflunomide</i> | 1 | |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR) | 2 | (4 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| ENBREL 25 MG RECON SOLN | 2 | (8 EA / 28 DAYS), SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| ENBREL 25 MG/0.5ML SOLUTION | 2 | (8 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| ENBREL MINI | 2 | (4 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| ENBREL SURECLICK | 2 | (4 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| ANALGESICS - NONNARCOTIC (CONTINUED) | | |
| ANALGESIC COMBINATIONS | | |
| <i>bac</i> | 1 | |
| <i>butalbital-acetaminophen (50-300 mg cap, 50-325 mg tab)</i> | 1 | |
| <i>butalbital-acetaminophen 50-300 mg tab</i> | 1 | |
| <i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg tab)</i> | 1 | |
| <i>butalbital-apap-caffeine 50-325-40 mg cap</i> | 1 | |
| <i>butalbital-aspirin-caffeine 50-325-40 mg cap</i> | 1 | |
| TENCON | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ANALGESICS OTHER | | |
| <i>acetaminophen (10 mg/ml solution, 100 mg/10ml soln prsyr)</i> | 1 | |
| <i>clonidine hcl (analgesia)</i> | 1 | |
| SALICYLATES | | |
| <i>adult aspirin regimen</i> | 0 | |
| <i>aspir-low</i> | 0 | |
| <i>aspirin (81 mg chew tab, 81 mg tab dr)</i> | 0 | |
| <i>aspirin 81</i> | 0 | |
| <i>aspirin adult low dose</i> | 0 | |
| <i>aspirin adult low strength</i> | 0 | |
| <i>aspirin childrens</i> | 0 | |
| <i>aspirin ec low dose</i> | 0 | |
| <i>aspirin ec low strength</i> | 0 | |
| <i>aspirin low dose</i> | 0 | |
| <i>aspirin low strength</i> | 0 | |
| <i>aspirin regimen</i> | 0 | |
| <i>bayer aspirin ec low dose</i> | 0 | |
| <i>bayer low dose</i> | 0 | |
| <i>childrens aspirin</i> | 0 | |
| <i>childrens aspirin low strength</i> | 0 | |
| <i>cvs aspirin adult low dose</i> | 0 | |
| <i>cvs aspirin adult low strength</i> | 0 | |
| <i>cvs aspirin ec 81 mg tab dr</i> | 0 | |
| <i>cvs aspirin low dose</i> | 0 | |
| <i>cvs aspirin low strength</i> | 0 | |
| <i>diflunisal</i> | 1 | |
| <i>ecotrin low strength</i> | 0 | |
| <i>eq aspirin adult low dose</i> | 0 | |
| <i>eq aspirin low dose</i> | 0 | |
| <i>eql aspirin low dose</i> | 0 | |
| <i>ft aspirin low dose</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>gnp adult aspirin low strength</i> | 0 | |
| <i>gnp aspirin 81 mg tab dr</i> | 0 | |
| <i>gnp aspirin low dose</i> | 0 | |
| <i>goodsense aspirin 81 mg chew tab</i> | 0 | |
| <i>goodsense aspirin adult low st</i> | 0 | |
| <i>goodsense aspirin low dose</i> | 0 | |
| <i>h-e-b aspirin</i> | 0 | |
| <i>hm aspirin 81 mg chew tab</i> | 0 | |
| <i>hm aspirin ec low dose</i> | 0 | |
| <i>kls aspirin low dose</i> | 0 | |
| <i>kp aspirin</i> | 0 | |
| <i>miniprin low dose</i> | 0 | |
| <i>mm aspirin</i> | 0 | |
| <i>px aspirin 81 mg chew tab</i> | 0 | |
| <i>px enteric aspirin 81 mg tab dr</i> | 0 | |
| <i>qc aspirin low dose</i> | 0 | |
| <i>qc childrens aspirin</i> | 0 | |
| <i>ra aspirin adult low dose</i> | 0 | |
| <i>ra aspirin adult low strength</i> | 0 | |
| <i>ra aspirin childrens</i> | 0 | |
| <i>ra aspirin ec 81 mg tab dr</i> | 0 | |
| <i>ra aspirin ec adult low st</i> | 0 | |
| <i>salsalate</i> | 1 | |
| <i>sb aspirin 81 mg tab dr</i> | 0 | |
| <i>sb aspirin adult low strength</i> | 0 | |
| <i>sb childrens aspirin</i> | 0 | |
| <i>sb low dose asa ec</i> | 0 | |
| <i>sm aspirin adult low strength</i> | 0 | |
| <i>sm aspirin ec low strength</i> | 0 | |
| <i>sm aspirin low dose</i> | 0 | |
| <i>sm childrens aspirin</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>st joseph aspirin</i> | 0 | |
| <i>st joseph low dose</i> | 0 | |
| <i>tgt aspirin (81 mg chew tab, 81 mg tab dr)</i> | 0 | |
| <i>tgt aspirin low dose</i> | 0 | |
| <i>tgt childrens aspirin</i> | 0 | |

ANALGESICS - OPIOID (CONTINUED)

OPIOID AGONISTS

| | | |
|--|---|--|
| <i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i> | 1 | |
| <i>duramorph</i> | 1 | |
| <i>fentanyl</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| FENTANYL CITRATE (10 MCG/ML SOLN PRSYR, 20 MCG/2ML SOLN PRSYR, 50 MCG/5ML SOLN PRSYR, 50 MCG/ML SOLN PRSYR, 100 MCG TAB, 100 MCG/10ML SOLN PRSYR, 100 MCG/2ML SOLN PRSYR, 200 MCG TAB, 250 MCG/5ML SOLN PRSYR, 400 MCG TAB, 500 MCG/50ML SOLN PRSYR, 600 MCG TAB, 800 MCG TAB, 1000 MCG/100ML SOLUTION, 1000 MCG/20ML SOLN PRSYR, 1000 MCG/50ML SOLUTION, 1250 MCG/25ML SOLN PRSYR, 1500 MCG/30ML SOLN PRSYR, 1500 MCG/30ML SOLUTION, 1600 MCG/100ML SOLUTION, 2000 MCG/100ML SOLUTION, 2500 MCG/50ML SOLN PRSYR, 2500 MCG/50ML SOLUTION, 2750 MCG/55ML SOLN PRSYR, 5000 MCG/100ML SOLUTION) | 1 | |
| <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 | (120 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| <i>fentanyl citrate (pf) (50 mcg/ml solution, 100 mcg/2ml soln cart, 100 mcg/2ml solution, 250 mcg/5ml solution, 500 mcg/10ml solution, 1000 mcg/20ml solution, 2500 mcg/50ml solution)</i> | 1 | |
| <i>fentanyl citrate pf 50 mcg/ml soln prsyr</i> | 1 | |
| FENTANYL CITRATE-NACL | 1 | |
| <i>hydrocodone bitartrate er (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 20 mg tb24 deter, 30 mg cap er 12h, 30 mg tb24 deter, 40 mg cap er 12h, 40 mg tb24 deter, 50 mg cap er 12h, 60 mg tb24 deter, 80 mg tb24 deter, 100 mg tb24 deter, 120 mg tb24 deter)</i> | 1 | |
| HYDROMORPHONE HCL (0.25 MG/0.5ML SOLUTION, 0.5 MG/ML SOLUTION, 1 MG/ML LIQUID, 1 MG/ML SOLUTION, 2 MG TAB, 2 MG/ML SOLUTION, 3 MG SUPPOS, 4 MG TAB, 4 MG/ML SOLUTION, 8 MG TAB) | 1 | |
| HYDROMORPHONE HCL 0.2 MG/ML SOLUTION | 1 | |
| <i>hydromorphone hcl er</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| hydromorphone hcl pf (1 mg/ml solution, 2 mg/ml solution, 4 mg/ml solution, 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution) | 1 | |
| HYDROMORPHONE HCL-NACL | 1 | |
| MEPERIDINE HCL (25 MG/ML SOLUTION, 50 MG TAB, 50 MG/5ML SOLUTION, 50 MG/ML SOLUTION, 100 MG/ML SOLUTION) | 1 | |
| METHADONE HCL (5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 10 MG/5ML SOLUTION, 10 MG/ML CONC, 10 MG/ML SOLN PRSYR, 10 MG/ML SOLUTION, 40 MG TAB SOL) | 1 | |
| <i>methadone hcl intensol</i> | 1 | |
| METHADOSE 10 MG/ML CONC | 1 | |
| <i>methadose 40 mg tab sol</i> | 1 | |
| <i>mitigo</i> | 1 | |
| <i>morphine sulfate (0.5 mg/ml solution, 1 mg/ml solution, 2 mg/ml solution, 4 mg/ml solution, 5 mg suppos, 8 mg/ml solution, 10 mg suppos, 10 mg/5ml solution, 10 mg/ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab, 50 mg/ml solution)</i> | 1 | |
| <i>morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)</i> | 1 | |
| MORPHINE SULFATE (PF) (0.5 MG/ML SOLUTION, 1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION) | 1 | |
| <i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 40 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i> | 1 | |
| MORPHINE SULFATE ER BEADS | 1 | |
| NUCYNTA | 2 | |
| NUCYNTA ER | 2 | |
| <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 | 1 | |
| <i>oxymorphone hcl</i> | 1 | |
| OXYMORPHONE HCL ER | 1 | |
| <i>remifentanil hcl</i> | 1 | |
| SUBSYS | 2 | (120 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| SUFENTANIL CITRATE | 1 | |
| <i>tramadol hcl (5 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i> | 1 | |
| TRAMADOL HCL (ER BIPHASIC) | 1 | |
| 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 CAP ER 24H, 300 MG TAB ER 24H) | 1 | |
| <i>tramadol hcl er (biphasic)</i> | 1 | |
| XTAMPZA ER | 2 | |
| OPIOID COMBINATIONS | | |
| <i>acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-30 mg tab, 300-60 mg tab)</i> | 1 | |
| APAP-CAFF-DIHYDROCODEINE | 1 | |
| <i>ascomp-codeine</i> | 1 | |
| <i>butalbital-apap-caff-cod</i> | 1 | |
| <i>butalbital-asa-caff-codeine</i> | 1 | |
| <i>endocet</i> | 1 | |
| <i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab, 10-325 mg/15ml solution)</i> | 1 | |
| HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB) | 1 | |
| <i>lorcet</i> | 1 | |
| <i>lorcet hd</i> | 1 | |
| <i>lorcet plus</i> | 1 | |
| <i>OXYCODONE-ACETAMINOPHEN (2.5-300 MG TAB, 5-300 MG TAB, 10-300 MG TAB)</i> | 1 | |
| <i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i> | 1 | |
| OXYCODONE-ASPIRIN | 1 | |
| <i>tramadol-acetaminophen</i> | 1 | |
| TREZIX | 1 | |
| OPIOID PARTIAL AGONISTS | | |
| BELBUCA | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>buprenorphine</i> | 1 | (0.143 EA / 1 DAYS) |
| <i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| <i>buprenorphine hcl 0.3 mg/ml solution</i> | 1 | |
| <i>buprenorphine hcl-naloxone hcl</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| BUTORPHANOL TARTRATE (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 10 MG/ML SOLUTION) | 1 | |
| <i>nalbuphine hcl</i> | 1 | |
| <i>pentazocine-naloxone hcl</i> | 1 | |
| ZUBSOLV | 2 | |

ANDROGENS-ANABOLIC (CONTINUED)

ANABOLIC STEROIDS

| | | |
|--------------------|---|--|
| <i>oxandrolone</i> | 1 | |
|--------------------|---|--|

ANDROGENS

| | | |
|---|---|--|
| ANDRODERM | 2 | |
| <i>danazol</i> | 1 | |
| <i>depo-testosterone</i> | 1 | |
| <i>methyltestosterone</i> | 1 | |
| NATESTO | 2 | |
| 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 PELLET, 25 MG/2.5GM (1%) GEL, 30 MG/ACT SOLUTION, 40.5 MG/2.5GM (1.62%) GEL, 50 MG PELLET, 50 MG/5GM (1%) GEL, 100 MG PELLET, 200 MG PELLET) | 1 | |
| TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION) | 1 | |
| TESTOSTERONE ENANTHATE | 1 | |

ANORECTAL AND RELATED PRODUCTS (CONTINUED)

INTRARECTAL STEROIDS

| | | |
|---|---|--|
| <i>budesonide 2 mg foam</i> | 1 | |
| <i>colocort</i> | 1 | |
| CORTENEMA | 3 | |
| CORTIFOAM | 2 | |
| <i>hydrocortisone 100 mg/60ml enema</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| UCERIS 2 MG/ACT FOAM | 2 | |
| RECTAL COMBINATIONS | | |
| <i>ana-lex</i> | 1 | |
| <i>hydrocort-pramoxine (perianal)</i> | 1 | |
| HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM | 1 | |
| HYDROCORTISONE ACE-PRAMOXINE 25-18 MG SUPPOS | 1 | |
| <i>lidocaine-hydrocort (perianal)</i> | 1 | |
| LIDOCAINE-HYDROCORTISONE ACE (2-2 % KIT, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT) | 1 | |
| PROCTOFOAM HC | 2 | |
| RECTAL STEROIDS | | |
| <i>anucort-hc</i> | 1 | |
| <i>anusol-hc (2.5 % cream, 25 mg suppos)</i> | 1 | |
| <i>hemmorex-hc</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</i> | 1 | |
| <i>procto-pak</i> | 1 | |
| <i>proctosol hc</i> | 1 | |
| <i>proctozone-hc</i> | 1 | |
| ANTACIDS (CONTINUED) | | |
| ANTACIDS - BICARBONATE | | |
| SODIUM BICARBONATE POWDER | 1 | |
| ANTHELMINTICS (CONTINUED) | | |
| ANTHELMINTICS | | |
| <i>albendazole</i> | 1 | (4 EA / day(s)) |
| EMVERM | 2 | |
| <i>ivermectin 3 mg tab</i> | 1 | |
| <i>praziquantel</i> | 1 | |
| STROMECTOL | 3 | |
| ANTI-INFECTIVE AGENTS - MISC. (CONTINUED) | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| <i>baciim</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| BACITRACIN 50000 UNIT RECON SOLN | 1 | |
| <i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab, 500 mg/100ml solution)</i> | 1 | |
| <i>pentamidine isethionate</i> | 1 | |
| <i>tinidazole</i> | 1 | |
| TRIMETHOPRIM | 1 | |
| XIFAXAN | 2 | |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| HYOPHEN | 1 | |
| <i>me/naphos(mb/hyo1</i> | 1 | |
| <i>phosphasal</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 400-80 mg/5ml solution, 800-160 mg tab)</i> | 1 | |
| <i>sulfatrim pediatric</i> | 1 | |
| <i>urelle</i> | 1 | |
| <i>uretron d/s</i> | 1 | |
| <i>uribel (81.6 mg tab, 118 mg cap)</i> | 1 | |
| <i>urimar-t 120 mg cap</i> | 1 | |
| URIMAR-T 120 MG TAB | 1 | |
| <i>urin ds</i> | 1 | |
| <i>uro-458</i> | 1 | |
| <i>uro-mp</i> | 1 | |
| <i>uro-sp</i> | 1 | |
| <i>uryl</i> | 1 | |
| <i>ustell</i> | 1 | |
| <i>utira-c</i> | 1 | |
| <i>vilamit mb</i> | 1 | |
| <i>vilelev mb</i> | 1 | |
| ANTIPROTOZOAL AGENTS | | |
| <i>atovaquone</i> | 1 | |
| <i>nitazoxanide</i> | 1 | |
| CARBAPENEMS | | |
| <i>ertapenem sodium</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i> | 1 | |
| <i>meropenem (1 gm recon soln, 2 gm recon soln, 500 mg recon soln)</i> | 1 | |
| CHLORAMPHENICOLS | | |
| CHLORAMPHENICOL SOD SUCCINATE | 1 | |
| CYCLIC LIPOPEPTIDES | | |
| <i>daptomycin (350 mg recon soln, 500 mg recon soln)</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| DAPTOMYCIN (350 MG RECON SOLN, 500 MG RECON SOLN) | 1 | |
| GLYCOPEPTIDES | | |
| VANCOCIN | 2 | |
| 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, 100 GM RECON SOLN, 125 MG CAP, 250 MG CAP, 250 MG RECON SOLN, 250 MG/5ML RECON SOLN, 500 MG RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION) | 1 | |
| VANCOMYCIN HCL IN DEXTROSE | 1 | |
| VANCOMYCIN HCL IN NAACL | 1 | |
| LEPROSTATICS | | |
| <i>dapsone (25 mg tab, 100 mg tab)</i> | 1 | |
| LINCOSAMIDES | | |
| CLEOCIN (75 MG CAP, 75 MG/5ML RECON SOLN, 150 MG CAP, 300 MG CAP) | 2 | |
| <i>clindamycin hcl</i> | 1 | |
| <i>clindamycin palmitate hcl</i> | 1 | |
| <i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i> | 1 | |
| <i>clindamycin phosphate in d5w</i> | 1 | |
| <i>lincomycin hcl</i> | 1 | |
| MONOBACTAMS | | |
| <i>aztreonam</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| OXAZOLIDINONES | | |
| <i>linezolid (100 mg/5ml recon susp, 600 mg/300ml solution)</i> | 1 | |
| <i>linezolid 600 mg tab</i> | 1 | (2 EA / 1 DAYS), PN (56 DAYS SUPPLY IN 180 DAYS) |
| LINEZOLID IN SODIUM CHLORIDE | 1 | |
| POLYMYXINS | | |
| <i>colistimethate sodium (cba)</i> | 1 | |
| <i>polymyxin b sulfate</i> | 1 | |
| URINARY ANTI-INFECTIVES | | |
| <i>fosfomycin tromethamine</i> | 1 | |
| MACROBID | 2 | |
| <i>methenamine hippurate</i> | 1 | |
| <i>methenamine mandelate</i> | 1 | |
| <i>nitrofurantoin (25 mg/5ml suspension, 50 mg/5ml suspension)</i> | 1 | |
| <i>nitrofurantoin macrocrystal</i> | 1 | |
| <i>nitrofurantoin monohyd macro</i> | 1 | |
| ANTIANGINAL AGENTS (CONTINUED) | | |
| ANTIANGINALS-OTHER | | |
| <i>ranolazine er</i> | 1 | |
| NITRATES | | |
| <i>isosorbide dinitrate</i> | 1 | SUM7 (ZERO) |
| <i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i> | 1 | SUM7 (ZERO) |
| ISOSORBIDE MONONITRATE (10 MG TAB, 20 MG TAB) | 1 | |
| <i>isosorbide mononitrate er</i> | 1 | SUM7 (ZERO) |
| <i>minitran</i> | 1 | |
| NITRO-DUR (0.2 MG/HR PATCH 24HR, 0.3 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR) | 2 | |
| NITRO-DUR 0.1 MG/HR PATCH 24HR | 3 | |
| NITRO-TIME | 1 | |
| <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, 5 mg/ml solution)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NITROGLYCERIN IN D5W | 1 | |
| NITROLINGUAL | 3 | |
| NITROSTAT | 3 | |
| ANTIANXIETY AGENTS (CONTINUED) | | |
| ANTIANXIETY AGENTS - MISC. | | |
| <i>buspirone hcl</i> | 1 | |
| DROPERIDOL 2.5 MG/ML SOLUTION | 1 | |
| <i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i> | 1 | |
| HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP) | 1 | |
| <i>meprobamate</i> | 1 | |
| BENZODIAZEPINES | | |
| <i>alprazolam</i> | 1 | |
| <i>alprazolam er</i> | 1 | |
| <i>alprazolam xr</i> | 1 | |
| <i>chlordiazepoxide hcl</i> | 1 | |
| <i>clorazepate dipotassium</i> | 1 | |
| <i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 5 mg/ml solution, 10 mg tab, 10 mg/2ml soln a-inj, 10 mg/2ml solution)</i> | 1 | |
| <i>diazepam intensol</i> | 1 | |
| <i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc, 2 mg/ml solution, 4 mg/ml solution)</i> | 1 | |
| <i>lorazepam intensol</i> | 1 | |
| <i>oxazepam</i> | 1 | |
| ANTIARRHYTHMICS (CONTINUED) | | |
| ANTIARRHYTHMICS - MISC. | | |
| <i>adenosine (6 mg/2ml solution, 12 mg/4ml solution)</i> | 1 | |
| ANTIARRHYTHMICS TYPE I-A | | |
| <i>disopyramide phosphate</i> | 1 | |
| NORPACE CR 100 MG CAP ER 12H | 3 | (8 EA / 1 DAYS) |
| NORPACE CR 150 MG CAP ER 12H | 3 | (5 EA / 1 DAYS) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>procainamide hcl (100 mg/ml solution, 500 mg/ml solution)</i> | 1 | |
| <i>quinidine gluconate er</i> | 1 | |
| QUINIDINE SULFATE | 1 | |
| ANTIARRHYTHMICS TYPE I-B | | |
| LIDOCAINE HCL (CARDIAC) (50 MG/5ML SOLN PRSYR, 100 MG/10ML SOLN PRSYR, 100 MG/5ML SOLN PRSYR) | 1 | |
| LIDOCAINE HCL (CARDIAC) PF | 1 | |
| <i>lidocaine in d5w (4-5 mg/ml-% solution, 8-5 mg/ml-% solution)</i> | 1 | |
| <i>mexiletine hcl</i> | 1 | |
| ANTIARRHYTHMICS TYPE I-C | | |
| <i>flecainide acetate</i> | 1 | |
| <i>propafenone hcl</i> | 1 | |
| <i>propafenone hcl er</i> | 1 | |
| RYTHMOL SR | 2 | |
| ANTIARRHYTHMICS TYPE III | | |
| <i>amiodarone hcl (100 mg tab, 150 mg/3ml solution, 200 mg tab, 400 mg tab, 450 mg/9ml solution, 900 mg/18ml solution)</i> | 1 | |
| <i>dofetilide</i> | 1 | |
| <i>ibutilide fumarate</i> | 1 | |
| MULTAQ | 2 | |
| <i>pacerone</i> | 1 | |
| TIKOSYN | 2 | |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED) | | |
| ANTI-INFLAMMATORY AGENTS | | |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i> | 1 | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
| FASENRA | 2 | (1 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| FASENRA PEN | 2 | (1 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| NUCALA 40 MG/0.4ML SOLN PRSYR | 2 | (1 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| TEZSPIRE | 2 | (1.91 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| XOLAIR 150 MG RECON SOLN | 2 | SP, PN (28 DAYS SUPPLY PER FILL) |
| XOLAIR 150 MG/ML SOLN PRSYR | 2 | (4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| XOLAIR 75 MG/0.5ML SOLN PRSYR | 2 | (5 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| <i>ipratropium bromide 0.02 % solution</i> | 1 | |
| SPIRIVA HANDIHALER | 2 | |
| SPIRIVA RESPIMAT | 2 | |
| <i>tiotropium bromide monohydrate</i> | 1 | |
| YUPELRI | 2 | |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium</i> | 1 | |
| <i>zafirlukast</i> | 1 | |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| DALIRESP | 2 | |
| <i>roflumilast</i> | 1 | |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA | 2 | |
| <i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i> | 1 | |
| FLOVENT DISKUS | 2 | |
| FLOVENT HFA | 2 | |
| PULMICORT | 3 | |
| PULMICORT FLEXHALER | 2 | |
| QVAR REDIHALER | 2 | |
| SYMPATHOMIMETICS | | |
| ADVAIR DISKUS | 2 | |
| ADVAIR HFA | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| AIRSUPRA | 2 | (32.1 QUANTITY / 30 day(s)) |
| <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 | |
| ALBUTEROL SULFATE ER | 1 | |
| <i>albuterol sulfate hfa</i> | 1 | |
| ANORO ELLIPTA | 2 | |
| <i>arformoterol tartrate</i> | 1 | |
| BREO ELLIPTA | 2 | (2 EA / 1 DAYS) |
| BREZTRI AEROSPHERE | 2 | (10.7 GM / 28 DAYS) |
| FLUTICASONE FUROATE-VILANTEROL | 1 | |
| <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 | (2 EA / 1 DAYS) |
| FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL) | 1 | |
| FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA) | 1 | (1 EA / 30 DAYS) |
| <i>formoterol fumarate</i> | 1 | |
| <i>ipratropium-albuterol</i> | 1 | |
| <i>isoproterenol hcl</i> | 1 | |
| ISOPROTERENOL-SODIUM CHLORIDE | 1 | |
| <i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i> | 1 | |
| LEVALBUTEROL TARTRATE | 1 | |
| PERFOROMIST | 2 | |
| SEREVENT DISKUS | 2 | |
| STIOLTO RESPIMAT | 2 | |
| STRIVERDI RESPIMAT | 2 | |
| SYMBICORT | 2 | |
| <i>terbutaline sulfate (1 mg/ml solution, 2.5 mg tab, 5 mg tab)</i> | 1 | |
| TRELEGY ELLIPTA | 2 | (2 EA / 1 DAYS) |
| <i>wixela inhba</i> | 1 | (2 EA / 1 DAYS) |
| XANTHINES | | |
| <i>aminophylline</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>elioxophyllin</i> | 1 | |
| <i>theophylline</i> | 1 | |
| THEOPHYLLINE ER (100 MG TAB ER 12H, 200 MG TAB ER 12H, 300 MG TAB ER 12H, 400 MG TAB ER 24H, 450 MG TAB ER 12H, 600 MG TAB ER 24H) | 1 | |
| ANTICOAGULANTS (CONTINUED) | | |
| COUMARIN ANTICOAGULANTS | | |
| <i>jantoven</i> | 1 | |
| <i>warfarin sodium</i> | 1 | |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS 2.5 MG TAB | 2 | (2 EA / 1 DAYS) |
| ELIQUIS 5 MG TAB | 2 | (4 EA / 1 DAYS) |
| ELIQUIS DVT/PE STARTER PACK | 2 | (74 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| XARELTO (10 MG TAB, 20 MG TAB) | 2 | (1 EA / 1 DAYS) |
| XARELTO (2.5 MG TAB, 15 MG TAB) | 2 | (2 EA / 1 DAYS) |
| XARELTO 1 MG/ML RECON SUSP | 2 | (20 ML / 1 DAYS) |
| XARELTO STARTER PACK | 2 | (51 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| ARIXTRA | 2 | |
| <i>bd heparin posiflush</i> | 1 | |
| <i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i> | 1 | |
| <i>enoxaparin sodium 300 mg/3ml solution</i> | 1 | PN (30 DAYS SUPPLY PER FILL) |
| <i>fondaparinux sodium</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| FRAGMIN | 2 | |
| HEPARIN (PORCINE) IN NACL (20-0.9 UNT/20ML-% SOLN PRSYR, 50-0.9 UNT/50ML-% SOLN PRSYR, 500-0.9 UT/500ML-% SOLUTION, 1000-0.9 UT/500ML-% SOLUTION, 2000-0.9 UNIT/L-% SOLUTION, 2500-0.9 UT/500ML-% SOLUTION, 4000-0.9 UNIT/L-% SOLUTION, 5000-0.9 UT/500ML-% SOLUTION, 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION, 30000-0.9 UNIT/L-% SOLUTION) | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>heparin lock flush</i> | 1 | |
| HEPARIN NA (PORK) LOCK FLSH PF (1 UNIT/ML SOLUTION, 10 UNIT/ML SOLUTION, 100 UNIT/ML SOLUTION) | 1 | |
| <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 (5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION) | 1 | |
| <i>heparin sodium lock flush</i> | 1 | |
| THROMBIN INHIBITORS | | |
| <i>argatroban</i> | 1 | |
| <i>bivalirudin trifluoroacetate (250 mg recon soln, 250 mg/50ml solution)</i> | 1 | |
| <i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i> | 1 | |
| ANTICONVULSANTS (CONTINUED) | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | 2 | (1 EA / 1 DAYS) |
| FYCOMPA 0.5 MG/ML SUSPENSION | 2 | (24 ML / 1 DAYS) |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| <i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i> | 1 | |
| <i>clonazepam</i> | 1 | |
| DIASTAT ACUDIAL | 3 | |
| DIASTAT PEDIATRIC | 3 | |
| DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL) | 1 | |
| NAYZILAM | 2 | (10 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| VALTOCO 10 MG DOSE | 2 | (10 EA / 30 DAYS) |
| VALTOCO 15 MG DOSE | 2 | (10 EA / 30 DAYS) |
| VALTOCO 20 MG DOSE | 2 | (10 EA / 30 DAYS) |
| VALTOCO 5 MG DOSE | 2 | (10 EA / 30 DAYS) |
| ANTICONVULSANTS - MISC. | | |
| APTIOM (200 MG TAB, 400 MG TAB) | 2 | (1 EA / 1 DAYS) |
| APTIOM (600 MG TAB, 800 MG TAB) | 2 | (2 EA / 1 DAYS) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 | 3 | |
| <i>epitol</i> | 1 | |
| <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, 200 mg/20ml solution)</i> | 1 | |
| <i>lamotrigine</i> | 1 | |
| <i>lamotrigine er</i> | 1 | |
| <i>lamotrigine starter kit-blue</i> | 1 | |
| <i>lamotrigine starter kit-green</i> | 1 | |
| <i>lamotrigine starter kit-orange</i> | 1 | |
| <i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i> | 1 | |
| <i>levetiracetam er</i> | 1 | |
| LEVETIRACETAM IN NACL (250 MG/50ML SOLUTION, 500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION) | 1 | |
| MYSOLINE | 3 | |
| NEURONTIN (100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB) | 3 | |
| <i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i> | 1 | |
| OXTELLAR XR | 2 | |
| <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, 125 mg tab, 250 mg tab)</i> | 1 | |
| <i>roweepra</i> | 1 | |
| <i>roweepra xr</i> | 1 | |
| <i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i> | 1 | |
| <i>subvenite</i> | 1 | |
| <i>subvenite starter kit-blue</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>subvenite starter kit-green</i> | 1 | |
| <i>subvenite starter kit-orange</i> | 1 | |
| TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB) | 3 | |
| TOPAMAX | 3 | |
| TOPAMAX SPRINKLE | 3 | |
| <i>topiramate</i> | 1 | |
| <i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cap er 24h, 200 mg cp24 sprnk)</i> | 1 | |
| TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB) | 3 | |
| TROKENDI XR | 2 | |
| VIMPAT (10 MG/ML SOLUTION, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 200 MG/20ML SOLUTION) | 2 | |
| <i>zonisamide</i> | 1 | |
| 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 | (28 EA / 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS) |
| XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK | 2 | (2 EA / 1 DAYS) |
| XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK | 2 | |
| XCOPRI (350 MG DAILY DOSE) | 2 | (2 EA / 1 DAYS) |
| XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB) | 2 | (1 EA / 1 DAYS) |
| XCOPRI 200 MG TAB | 2 | (2 EA / 1 DAYS) |
| GABA MODULATORS | | |
| <i>tiagabine hcl</i> | 1 | |
| <i>vigabatrin</i> | 1 | SP |
| <i>vigadron</i> | 1 | SP |
| <i>vigpoder</i> | 1 | SP |
| HYDANTOINS | | |
| DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION) | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| DILANTIN INFATABS | 3 | |
| <i>fosphenytoin sodium</i> | 1 | |
| <i>phenytek</i> | 1 | |
| <i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i> | 1 | |
| <i>phenytoin infatabs</i> | 1 | |
| <i>phenytoin sodium</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 | |
| <i>methsuximide</i> | 1 | |
| ZARONTIN (250 MG CAP, 250 MG/5ML SOLUTION) | 3 | |
| VALPROIC ACID | | |
| DEPAKOTE | 3 | |
| DEPAKOTE ER | 3 | |
| DEPAKOTE SPRINKLES | 3 | |
| <i>divalproex sodium</i> | 1 | |
| <i>divalproex sodium er</i> | 1 | |
| <i>valproate sodium</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 | SUM7 (ZERO) |
| REMERON | 3 | |
| REMERON SOLTAB | 3 | |
| ANTIDEPRESSANTS - MISC. | | |
| <i>bupropion hcl</i> | 1 | SUM7 (ZERO) |
| <i>bupropion hcl er (smoking det)</i> | 1 | |
| <i>bupropion hcl er (sr) (150 mg tab er 12h, 200 mg tab er 12h)</i> | 0 | SUM7 (ZERO) |
| <i>bupropion hcl er (sr) 100 mg tab er 12h</i> | 1 | SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| bupropion hcl er (xl) 150 mg tab er 24h | 0 | SUM7 (ZERO) |
| bupropion hcl er (xl) 300 mg tab er 24h | 1 | SUM7 (ZERO) |
| BUPROPION HCL ER (XL) 450 MG TAB ER 24H | 1 | (1 EA / 1 DAYS), SUM7 (ZERO) |
| MAPROTILINE HCL | 1 | SUM7 (ZERO) |
| WELLBUTRIN SR | 3 | |
| WELLBUTRIN XL | 3 | |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| NARDIL | 2 | |
| PARNATE | 2 | |
| <i>phenelzine sulfate</i> | 1 | SUM7 (ZERO) |
| PHENELZINE SULFATE | 1 | |
| <i>tranylcypromine sulfate</i> | 1 | SUM7 (ZERO) |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| CELEXA | 3 | |
| <i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i> | 1 | SUM7 (ZERO) |
| CITALOPRAM HYDROBROMIDE 30 MG CAP | 1 | |
| <i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i> | 1 | SUM7 (ZERO) |
| 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 | SUM7 (ZERO) |
| FLUOXETINE HCL 60 MG TAB | 1 | |
| <i>fluvoxamine maleate</i> | 1 | SUM7 (ZERO) |
| <i>fluvoxamine maleate er</i> | 1 | SUM7 (ZERO) |
| <i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>paroxetine hcl er</i> | 1 | SUM7 (ZERO) |
| SERTRALINE HCL (150 MG CAP, 200 MG CAP) | 1 | |
| <i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i> | 1 | SUM7 (ZERO) |
| SEROTONIN MODULATORS | | |
| NEFAZODONE HCL | 1 | SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>trazodone hcl</i> | 1 | SUM7 (ZERO) |
| TRINTELLIX | 2 | |
| <i>vilazodone hcl</i> | 1 | (1 EA / 1 DAYS) |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| DESVENLAFAXINE ER | 1 | |
| <i>desvenlafaxine succinate er</i> | 1 | (1 EA / 1 DAYS), SUM7 (ZERO) |
| <i>duloxetine hcl</i> | 1 | SUM7 (ZERO) |
| <i>venlafaxine hcl</i> | 1 | SUM7 (ZERO) |
| <i>venlafaxine hcl er (37.5 mg cap er 24h, 37.5 mg tab er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i> | 1 | SUM7 (ZERO) |
| <i>venlafaxine hcl er (75 mg tab er 24h, 150 mg tab er 24h, 225 mg tab er 24h)</i> | 1 | |
| TRICYCLIC AGENTS | | |
| <i>amitriptyline hcl</i> | 1 | |
| <i>amoxapine</i> | 1 | |
| ANAFRANIL | 2 | |
| <i>clomipramine hcl</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</i> | 1 | |
| <i>imipramine pamoate</i> | 1 | |
| NORPRAMIN | 2 | |
| <i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i> | 1 | |
| PAMELOR | 2 | |
| <i>protriptyline hcl</i> | 1 | |
| <i>trimipramine maleate</i> | 1 | |
| ANTIDIABETICS (CONTINUED) | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| <i>acarbose</i> | 1 | SUM7 (ZERO) |
| <i>miglitol</i> | 1 | SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| MIGLITOL | 1 | |
| PRECOSE | 2 | |
| ANTIDIABETIC - AMYLIN ANALOGS | | |
| SYMLINPEN 120 | 2 | |
| SYMLINPEN 60 | 2 | |
| ANTIDIABETIC COMBINATIONS | | |
| ACTOPLUS MET | 3 | |
| DUETACT | 3 | |
| <i>glipizide-metformin hcl</i> | 1 | SUM7 (ZERO) |
| <i>glyburide-metformin</i> | 1 | SUM7 (ZERO) |
| GLYXAMBI | 2 | (1 EA / 1 DAYS), SUM7 (ZERO) |
| JANUMET | 2 | SUM7 (ZERO) |
| JANUMET XR | 2 | SUM7 (ZERO) |
| <i>pioglitazone hcl-glimepiride 30-2 mg tab</i> | 1 | SUM7 (ZERO) |
| <i>pioglitazone hcl-glimepiride 30-4 mg tab</i> | 1 | |
| <i>pioglitazone hcl-metformin hcl</i> | 1 | SUM7 (ZERO) |
| <i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i> | 1 | (1 EA / 1 day(s)), SUM7 (ZERO) |
| <i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i> | 1 | (2 EA / 1 day(s)), SUM7 (ZERO) |
| SOLIQUA | 2 | SUM7 (ZERO) |
| SYNJARDY | 2 | (2 EA / 1 DAYS), SUM7 (ZERO) |
| SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H) | 2 | (1 EA / 1 DAYS), SUM7 (ZERO) |
| SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H) | 2 | (2 EA / 1 DAYS), SUM7 (ZERO) |
| TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H) | 2 | (1 EA / 1 DAYS) |
| TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H) | 2 | (2 EA / 1 DAYS) |
| XIGDUO XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H) | 2 | (1 EA / 1 day(s)), SUM7 (ZERO) |
| XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H) | 2 | (1 EA / 1 DAYS), SUM7 (ZERO) |
| XIGDUO XR 2.5-1000 MG TAB ER 24H | 2 | (1 EA / 1 DAYS) |
| XULTOPHY | 2 | (0.5 ML / 1 DAYS), SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| BIGUANIDES | | |
| <i>metformin hcl (500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab)</i> | 1 | SUM7 (ZERO) |
| METFORMIN HCL 625 MG TAB | 1 | |
| <i>metformin hcl er</i> | 1 | SUM7 (ZERO) |
| <i>metformin hcl er (mod)</i> | 1 | SUM7 (ZERO) |
| <i>metformin hcl er (osm)</i> | 1 | SUM7 (ZERO) |
| DIABETIC OTHER | | |
| BAQSIMI ONE PACK | 2 | (2 EA / FILL) |
| BAQSIMI TWO PACK | 2 | (2 EA / FILL) |
| <i>diazoxide</i> | 1 | |
| GLUCAGON EMERGENCY 1 MG KIT | 1 | (2 EA / fill(s)), PN (1 DAY SUPPLY PER FILL) |
| GLUCAGON EMERGENCY 1 MG/ML RECON SOLN | 1 | (2 EA / FILL), PN (1 DAY SUPPLY PER FILL) |
| GVOKE HYPOOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ | 2 | (0.2 ML / FILL), PN (1 DAY SUPPLY PER FILL) |
| GVOKE HYPOOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ | 2 | (0.4 ML / FILL), PN (1 DAY SUPPLY PER FILL) |
| GVOKE HYPOOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ | 2 | (0.2 ML / FILL), PN (1 DAY SUPPLY PER FILL) |
| GVOKE HYPOOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ | 2 | (0.4 ML / FILL), PN (1 DAY SUPPLY PER FILL) |
| GVOKE KIT | 2 | (0.4 ML / FILL) |
| GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR | 2 | (0.2 ML / FILL), PN (1 DAY SUPPLY PER FILL) |
| GVOKE PFS 1 MG/0.2ML SOLN PRSYR | 2 | (0.4 ML / FILL), PN (1 DAY SUPPLY PER FILL) |
| <i>mifepristone 300 mg tab</i> | 1 | (112 EA / 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL) |
| ZEGALOGUE | 2 | (1.2 ML / FILL) |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | |
| JANUVIA | 2 | SUM7 (ZERO) |
| <i>saxagliptin hcl</i> | 1 | (1 EA / 1 day(s)), SUM7 (ZERO) |
| INCRETIN MIMETIC AGENTS | | |
| MOUNJARO (5 MG/0.5ML SOLN PEN, 7.5 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 | (2 ML / 28 DAYS), SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| MOUNJARO 2.5 MG/0.5ML SOLN PEN | 2 | (2 ML / 180 day(s)), SUM7 (ZERO) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | 2 | (0.06 ML / 1 DAYS), SUM7 (ZERO) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | 2 | (0.11 ML / 1 DAYS), SUM7 (ZERO) |
| OZEMPIC (1 MG/DOSE) | 2 | (0.11 ML / 1 DAYS), SUM7 (ZERO) |
| OZEMPIC (2 MG/DOSE) | 2 | (0.11 ML / 1 DAYS), SUM7 (ZERO) |
| RYBELSUS (7 MG TAB, 14 MG TAB) | 2 | (1 EA / 1 DAYS), SUM7 (ZERO) |
| RYBELSUS 3 MG TAB | 2 | (30 EA / 30 day(s)), SUM7 (ZERO), PN (30 DAY SUPPLY IN 180 DAYS) |
| TRULICITY | 2 | (0.072 ML / 1 DAYS), SUM7 (ZERO) |
| VICTOZA | 2 | (0.3 ML / 1 DAYS), SUM7 (ZERO) |
| INSULIN | | |
| BASAGLAR KWIKPEN | 2 | SUM7 (ZERO) |
| FIASP | 2 | SUM7 (ZERO) |
| FIASP FLEXTOUCH | 2 | SUM7 (ZERO) |
| FIASP PENFILL | 2 | SUM7 (ZERO) |
| HUMULIN R | 3 | SUM7 (ZERO) |
| HUMULIN R U-500 (CONCENTRATED) | 2 | SUM7 (ZERO) |
| HUMULIN R U-500 KWIKPEN | 2 | SUM7 (ZERO) |
| LEVEMIR | 2 | SUM7 (ZERO) |
| LEVEMIR FLEXPEN | 2 | SUM7 (ZERO) |
| LEVEMIR FLEXTOUCH | 2 | SUM7 (ZERO) |
| NOVOLIN 70/30 | 2 | SUM7 (ZERO) |
| NOVOLIN 70/30 FLEXPEN | 2 | SUM7 (ZERO) |
| NOVOLIN 70/30 FLEXPEN RELION | 2 | SUM7 (ZERO) |
| NOVOLIN N | 2 | SUM7 (ZERO) |
| NOVOLIN N FLEXPEN | 2 | SUM7 (ZERO) |
| NOVOLIN R | 2 | SUM7 (ZERO) |
| NOVOLIN R FLEXPEN | 2 | SUM7 (ZERO) |
| NOVOLOG | 2 | SUM7 (ZERO) |
| NOVOLOG 70/30 FLEXPEN RELION | 2 | SUM7 (ZERO) |
| NOVOLOG FLEXPEN | 2 | SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| NOVOLOG MIX 70/30 | 2 | SUM7 (ZERO) |
| NOVOLOG MIX 70/30 FLEXPEN | 2 | SUM7 (ZERO) |
| NOVOLOG PENFILL | 2 | SUM7 (ZERO) |
| TOUJEO MAX SOLOSTAR | 2 | SUM7 (ZERO) |
| TOUJEO SOLOSTAR | 2 | SUM7 (ZERO) |
| TRESIBA | 2 | SUM7 (ZERO) |
| TRESIBA FLEXTOUCH | 2 | SUM7 (ZERO) |
| INSULIN SENSITIZING AGENTS | | |
| <i>pioglitazone hcl</i> | 1 | SUM7 (ZERO) |
| MEGLITINIDE ANALOGUES | | |
| <i>nateglinide</i> | 1 | SUM7 (ZERO) |
| <i>repaglinide</i> | 1 | SUM7 (ZERO) |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| FARXIGA | 2 | (1 EA / 1 day(s)), SUM7 (ZERO) |
| JARDIANCE | 2 | (1 EA / 1 DAYS), SUM7 (ZERO) |
| SULFONYLUREAS | | |
| AMARYL | 3 | |
| <i>glimepiride</i> | 1 | SUM7 (ZERO) |
| <i>glipizide (5 mg tab, 10 mg tab)</i> | 1 | SUM7 (ZERO) |
| GLIPIZIDE 2.5 MG TAB | 1 | |
| <i>glipizide er</i> | 1 | SUM7 (ZERO) |
| <i>glipizide xl</i> | 1 | SUM7 (ZERO) |
| GLUCOTROL 10 MG TAB | 3 | |
| <i>glyburide</i> | 1 | SUM7 (ZERO) |
| GLYBURIDE MICRONIZED | 1 | SUM7 (ZERO) |
| TOLBUTAMIDE | 1 | SUM7 (ZERO) |
| ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED) | | |
| ANTIPERISTALTIC AGENTS | | |
| <i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i> | 1 | |
| LOMOTIL | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>loperamide hcl 2 mg cap</i> | 1 | |
| <i>opium</i> | 1 | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED) | | |
| ANTIDOTES - CHELATING AGENTS | | |
| <i>deferasirox</i> | 1 | SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>deferasirox granules</i> | 1 | SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>deferiprone 1000 mg tab</i> | 1 | SP |
| <i>deferiprone 500 mg tab</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| <i>acetylcysteine 200 mg/ml solution</i> | 1 | |
| <i>deferoxamine mesylate</i> | 1 | |
| <i>fomepizole</i> | 1 | |
| <i>methylene blue (1 % solution, 20 mg/2ml soln prsyr, 50 mg/10ml solution)</i> | 1 | |
| SODIUM THIOSULFATE | 1 | |
| VISTOGARD | 2 | LA, SP |
| BENZODIAZEPINE ANTAGONISTS | | |
| <i>flumazenil</i> | 1 | |
| OPIOID ANTAGONISTS | | |
| <i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid, 4 mg/10ml solution)</i> | 1 | |
| <i>naltrexone hcl</i> | 1 | |
| NARCAN | 2 | |
| ANTIEMETICS (CONTINUED) | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| <i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i> | 1 | |
| <i>granisetron hcl 1 mg tab</i> | 1 | (2 EA / FILL), PN (1 DAY SUPPLY PER FILL) |
| <i>ondansetron</i> | 1 | |
| <i>ondansetron hcl (4 mg tab, 4 mg/2ml soln prsyr, 4 mg/2ml solution, 4 mg/5ml solution, 8 mg tab, 24 mg tab, 40 mg/20ml solution)</i> | 1 | |
| PALONOSERTRON HCL (0.25 MG/2ML SOLUTION, 0.25 MG/5ML SOLN PRSYR, 0.25 MG/5ML SOLUTION) | 1 | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>palonosetron hcl 0.25 mg/5ml soln prsyr</i> | 1 | |
| SANCUSO | 2 | (4 EA / 28 DAYS), PN (28 DAYS SUPPLY PER FILL) |
| ZOFRAN 4 MG TAB | 3 | |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| <i>cvs motion sickness ii</i> | 1 | |
| <i>cvs motion sickness less drows</i> | 1 | |
| <i>dramamine 25 mg tab</i> | 1 | |
| <i>dramamine less drowsy</i> | 1 | |
| <i>eql motion sickness relief</i> | 1 | |
| <i>ft motion sickness 25 mg tab</i> | 1 | |
| <i>gnp motion sickness relief 25 mg tab</i> | 1 | |
| <i>hm motion relief</i> | 1 | |
| <i>hm motion sickness relief</i> | 1 | |
| MECLIZINE HCL (12.5 MG TAB, 25 MG TAB, 50 MG TAB) | 1 | |
| <i>medi-meclizine</i> | 1 | |
| <i>motion sickness relief 25 mg tab</i> | 1 | |
| <i>scopolamine</i> | 1 | |
| <i>sm motion sickness 25 mg tab</i> | 1 | |
| <i>travel-ease</i> | 1 | |
| <i>trimethobenzamide hcl</i> | 1 | |
| <i>wal-dram ii</i> | 1 | |
| ANTIEMETICS - MISCELLANEOUS | | |
| <i>doxylamine-pyridoxine</i> | 1 | (4 EA / 1 DAYS) |
| <i>dronabinol</i> | 1 | |
| MARINOL | 3 | |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| <i>aprepitant</i> | 1 | |
| FOSAPREPITANT DIMEGLUMINE | 1 | |
| ANTIFUNGALS (CONTINUED) | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS | | |
| <i>caspofungin acetate</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| MICAFUNGIN SODIUM | 1 | |
| ANTIFUNGALS | | |
| AMPHOTERICIN B | 1 | |
| <i>amphotericin b liposome</i> | 1 | |
| <i>flucytosine</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| <i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i> | 1 | |
| <i>griseofulvin ultramicrosize</i> | 1 | |
| <i>nystatin 500000 unit tab</i> | 1 | |
| <i>terbinafine hcl 250 mg tab</i> | 1 | |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| DIFLUCAN (10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) | 3 | |
| <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>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i> | 1 | |
| <i>itraconazole (10 mg/ml solution, 100 mg cap)</i> | 1 | |
| <i>ketoconazole 200 mg tab</i> | 1 | |
| <i>posaconazole 100 mg tab dr</i> | 1 | (90 EA / 30 DAYS), PN (34 DAYS SUPPLY PER FILL) |
| <i>posaconazole 300 mg/16.7ml solution</i> | 1 | |
| <i>posaconazole 40 mg/ml suspension</i> | 1 | (20 ML / 1 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| VFEND (40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB) | 2 | |
| <i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| VORICONAZOLE 200 MG RECON SOLN | 1 | |
| ANTIHISTAMINES (CONTINUED) | | |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION) | 1 | |
| CARBINOXAMINE MALEATE 6 MG TAB | 1 | |
| CLEMASTINE FUMARATE (0.67 MG/5ML SYRUP, 2.68 MG TAB) | 1 | |
| <i>di-phen</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>diphen 12.5 mg/5ml elixir</i> | 1 | |
| <i>diphenhydramine hcl (12.5 mg/5ml elixir, 50 mg/ml solution)</i> | 1 | |
| ANTIHISTAMINES - NON-SEDATING | | |
| <i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i> | 1 | |
| <i>desloratadine (2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i> | 1 | |
| <i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tab)</i> | 1 | |
| XYZAL ALLERGY 24HR | 3 | |
| ZYRTEC ALLERGY 10 MG TAB | 2 | |
| ZYRTEC CHILDRENS ALLERGY (1 MG/ML SOLUTION, 5 MG/5ML SOLUTION) | 2 | |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| <i>phenadoz</i> | 1 | |
| <i>promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i> | 1 | |
| <i>promethegan (12.5 mg suppos, 25 mg suppos, 50 mg suppos)</i> | 1 | |
| ANTIHISTAMINES - PIPERIDINES | | |
| <i>ciproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i> | 1 | |
| ANTIHYPOLIPIDEMICS (CONTINUED) | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | |
| NEXLETOL | 2 | (1 EA / 1 DAYS) |
| ANTIHYPOLIPIDEMICS - COMBINATIONS | | |
| <i>ezetimibe-simvastatin</i> | 1 | SUM7 (ZERO) |
| NEXLIZET | 2 | (1 EA / 1 DAYS) |
| VYTORIN | 3 | |
| ANTIHYPOLIPIDEMICS - MISC. | | |
| <i>icosapent ethyl 0.5 gm cap</i> | 1 | (8 EA / 1 DAYS) |
| <i>icosapent ethyl 1 gm cap</i> | 1 | (4 EA / 1 DAYS) |
| LOVAZA | 3 | |
| <i>omega-3-acid ethyl esters</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| VASCEPA 0.5 GM CAP | 2 | (8 EA / 1 DAYS) |
| VASCEPA 1 GM CAP | 2 | |
| BILE ACID SEQUESTRANTS | | |
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i> | 1 | SUM7 (ZERO) |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i> | 1 | SUM7 (ZERO) |
| <i>colesevelam hcl</i> | 1 | SUM7 (ZERO) |
| COLESTID (1 GM TAB, 5 GM GRANULES, 5 GM PACKET) | 3 | |
| COLESTID FLAVORED (5 GM GRANULES, 5 GM PACKET) | 3 | |
| <i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i> | 1 | SUM7 (ZERO) |
| <i>prevalite (4 gm packet, 4 gm/dose powder)</i> | 1 | SUM7 (ZERO) |
| QUESTRAN (4 GM PACKET, 4 GM/DOSE POWDER) | 3 | |
| QUESTRAN LIGHT | 3 | |
| FIBRIC ACID DERIVATIVES | | |
| <i>fenofibrate (40 mg tab, 48 mg tab, 54 mg tab, 67 mg cap, 120 mg tab, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i> | 1 | SUM7 (ZERO) |
| FENOFIBRATE (50 MG CAP, 150 MG CAP) | 1 | |
| FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP) | 1 | |
| <i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i> | 1 | SUM7 (ZERO) |
| FENOFIBRIC ACID (35 MG TAB, 105 MG TAB) | 1 | |
| <i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i> | 1 | SUM7 (ZERO) |
| <i>gemfibrozil</i> | 1 | SUM7 (ZERO) |
| LOPID | 3 | |
| TRILIPIX | 3 | |
| HMG COA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium (40 mg tab, 80 mg tab)</i> | 1 | (1 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>atorvastatin calcium 10 mg tab</i> | 0 | (2 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>atorvastatin calcium 20 mg tab</i> | 0 | (1 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>fluvastatin sodium 20 mg cap</i> | 0 | (4 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>fluvastatin sodium 40 mg cap</i> | 0 | (2 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>fluvastatin sodium er</i> | 0 | (1 EA / 1 DAYS), SUM7 (ZERO) |
| <i>lovastatin 10 mg tab</i> | 1 | (4 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>lovastatin 20 mg tab</i> | 0 | (2 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>lovastatin 40 mg tab</i> | 0 | (1 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>pitavastatin calcium</i> | 1 | PN (\$0 copay for members age 40-75) |
| <i>pravastatin sodium 10 mg tab</i> | 0 | (8 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>pravastatin sodium 20 mg tab</i> | 0 | (4 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>pravastatin sodium 40 mg tab</i> | 0 | (2 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>pravastatin sodium 80 mg tab</i> | 0 | (1 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i> | 1 | (1 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>rosuvastatin calcium 5 mg tab</i> | 1 | (2 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>simvastatin 10 mg tab</i> | 0 | (4 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>simvastatin 20 mg tab</i> | 0 | (2 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>simvastatin 40 mg tab</i> | 0 | (1 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>simvastatin 5 mg tab</i> | 1 | (8 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| <i>simvastatin 80 mg tab</i> | 1 | (1 EA / 1 DAYS), SUM7 (ZERO), PN (\$0 copay for members age 40-75) |
| ZOCOR | 3 | PN (\$0 copay for members age 40-75) |

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

| | | |
|------------------|---|-------------|
| <i>ezetimibe</i> | 1 | SUM7 (ZERO) |
|------------------|---|-------------|

NICOTINIC ACID DERIVATIVES

| | | |
|---------------------------------------|---|-------------|
| <i>niacin er (antihyperlipidemic)</i> | 1 | SUM7 (ZERO) |
| NIASPAN | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT | 2 | (0.072 ML / 1 DAYS) |
| REPATHA | 2 | (0.072 ML / 1 DAYS) |
| REPATHA PUSHTRONEX SYSTEM | 2 | (0.125 ML / 1 DAYS) |
| REPATHA SURECLICK | 2 | (0.072 ML / 1 DAYS) |
| ANTIHYPERTENSIVES (CONTINUED) | | |
| ACE INHIBITORS | | |
| ACCUPRIL | 3 | |
| ALTACE | 3 | |
| <i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>captopril</i> | 1 | SUM7 (ZERO) |
| <i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>enalapril maleate 1 mg/ml solution</i> | 1 | |
| <i>enalaprilat</i> | 1 | |
| <i>fosinopril sodium</i> | 1 | SUM7 (ZERO) |
| <i>lisinopril</i> | 1 | SUM7 (ZERO) |
| LOTENSIN | 3 | |
| <i>moexipril hcl</i> | 1 | SUM7 (ZERO) |
| PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB) | 1 | SUM7 (ZERO) |
| PERINDOPRIL ERBUMINE 8 MG TAB | 1 | |
| PRINIVIL | 3 | |
| <i>quinapril hcl</i> | 1 | SUM7 (ZERO) |
| <i>ramipril</i> | 1 | SUM7 (ZERO) |
| <i>trandolapril</i> | 1 | SUM7 (ZERO) |
| ZESTRIL | 3 | |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| <i>metyrosine</i> | 1 | SP |
| <i>phenoxybenzamine hcl</i> | 1 | SP |
| <i>phentolamine mesylate</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil</i> | 1 | SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>irbesartan</i> | 1 | SUM7 (ZERO) |
| <i>losartan potassium</i> | 1 | SUM7 (ZERO) |
| <i>olmesartan medoxomil</i> | 1 | SUM7 (ZERO) |
| <i>telmisartan</i> | 1 | SUM7 (ZERO) |
| <i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i> | 1 | SUM7 (ZERO) |
| VALSARTAN 4 MG/ML SOLUTION | 1 | |

ANTIADRENERGIC ANTIHYPERTENSIVES

| | | |
|-------------------------------------|---|-------------|
| CARDURA | 3 | |
| CATAPRES-TTS-1 | 2 | |
| CATAPRES-TTS-2 | 2 | |
| CATAPRES-TTS-3 | 2 | |
| <i>clonidine</i> | 1 | SUM7 (ZERO) |
| <i>clonidine hcl</i> | 1 | SUM7 (ZERO) |
| CLONIDINE HCL ER 0.17 MG TAB ER 24H | 1 | |
| <i>doxazosin mesylate</i> | 1 | SUM7 (ZERO) |
| <i>guanfacine hcl</i> | 1 | SUM7 (ZERO) |
| METHYLDOPA | 1 | SUM7 (ZERO) |
| <i>methylldopa</i> | 1 | |
| <i>prazosin hcl</i> | 1 | SUM7 (ZERO) |
| <i>terazosin hcl</i> | 1 | SUM7 (ZERO) |

ANTIHYPERTENSIVE COMBINATIONS

| | | |
|--|---|-------------|
| ACCURETIC | 3 | |
| <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 | SUM7 (ZERO) |
| <i>amlodipine besylate-valsartan</i> | 1 | SUM7 (ZERO) |
| <i>amlodipine-olmesartan</i> | 1 | SUM7 (ZERO) |
| <i>amlodipine-valsartan-hctz</i> | 1 | SUM7 (ZERO) |
| <i>atenolol-chlorthalidone</i> | 1 | SUM7 (ZERO) |
| <i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>bisoprolol-hydrochlorothiazide</i> | 1 | SUM7 (ZERO) |
| <i>candesartan cilexetil-hctz</i> | 1 | SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| CAPTOPRIL-HYDROCHLOROTHIAZIDE | 1 | SUM7 (ZERO) |
| <i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>fosinopril sodium-hctz</i> | 1 | SUM7 (ZERO) |
| <i>irbesartan-hydrochlorothiazide</i> | 1 | SUM7 (ZERO) |
| <i>lisinopril-hydrochlorothiazide</i> | 1 | SUM7 (ZERO) |
| <i>losartan potassium-hctz</i> | 1 | SUM7 (ZERO) |
| LOTENSIN HCT | 3 | |
| LOTREL | 2 | |
| METHYLDOPA-HYDROCHLOROTHIAZIDE | 1 | SUM7 (ZERO) |
| <i>metoprolol-hydrochlorothiazide</i> | 1 | SUM7 (ZERO) |
| <i>olmesartan medoxomil-hctz</i> | 1 | SUM7 (ZERO) |
| <i>olmesartan-amlodipine-hctz</i> | 1 | SUM7 (ZERO) |
| PROPRANOLOL-HCTZ | 1 | SUM7 (ZERO) |
| <i>quinapril-hydrochlorothiazide</i> | 1 | SUM7 (ZERO) |
| TARKA | 3 | |
| TEKTURN A HCT | 2 | |
| <i>telmisartan-amlodipine</i> | 1 | SUM7 (ZERO) |
| TELMISARTAN-AMLODIPINE | 1 | |
| <i>telmisartan-hctz</i> | 1 | SUM7 (ZERO) |
| TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER) | 1 | SUM7 (ZERO) |
| TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER | 1 | |
| TRIBENZOR | 3 | |
| <i>valsartan-hydrochlorothiazide</i> | 1 | SUM7 (ZERO) |
| VASERETIC | 3 | |
| ZIAC | 2 | |
| DIRECT RENIN INHIBITORS | | |
| <i>aliskiren fumarate</i> | 1 | SUM7 (ZERO) |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| <i>eplerenone</i> | 1 | SUM7 (ZERO) |
| INSPRA | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| VASODILATORS | | |
| <i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>hydralazine hcl 20 mg/ml solution</i> | 1 | |
| <i>minoxidil</i> | 1 | SUM7 (ZERO) |
| <i>nitroprusside sodium</i> | 1 | |
| <i>sodium nitroprusside</i> | 1 | |
| ANTIMALARIALS (CONTINUED) | | |
| ANTIMALARIAL COMBINATIONS | | |
| <i>atovaquone-proguanil hcl</i> | 1 | |
| MALARONE | 2 | |
| ANTIMALARIALS | | |
| <i>chloroquine phosphate</i> | 1 | |
| <i>hydroxychloroquine sulfate (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i> | 1 | |
| <i>mefloquine hcl</i> | 1 | |
| PLAQUENIL | 2 | |
| <i>primaquine phosphate</i> | 1 | (14 EA / 14 day(s)), PN (14 DAY SUPPLY IN 180 DAYS) |
| <i>pyrimethamine</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>quinine sulfate</i> | 1 | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED) | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| NEOSTIGMINE METHYLSULFATE (2 MG/2ML SOLN PRSYR, 3 MG/3ML SOLN PRSYR, 3 MG/3ML SOLUTION, 4 MG/4ML SOLN PRSYR, 5 MG/10ML SOLUTION, 5 MG/5ML SOLN PRSYR, 5 MG/5ML SOLUTION, 10 MG/10ML SOLUTION) | 1 | |
| <i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i> | 1 | |
| <i>pyridostigmine bromide er</i> | 1 | |
| ANTIMYCOBACTERIAL AGENTS (CONTINUED) | | |
| ANTIMYCOBACTERIAL AGENTS | | |
| <i>cycloserine</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ethambutol hcl (100 mg tab, 400 mg tab)</i> | 1 | |
| ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, 100 MG/ML SOLUTION, 300 MG TAB) | 1 | |
| MYAMBUTOL | 2 | |
| <i>pyrazinamide</i> | 1 | |
| <i>rifabutin</i> | 1 | |
| <i>rifampin</i> | 1 | |

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)

ALKYLATING AGENTS

| | | |
|---|---|----------------------------------|
| ALKERAN (2 MG TAB, 50 MG RECON SOLN) | 2 | |
| <i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| BENDAMUSTINE HCL 100 MG/4ML SOLUTION | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>busulfan</i> | 1 | SP |
| <i>carboplatin</i> | 1 | SP |
| CARMUSTINE (50 MG RECON SOLN, 100 MG RECON SOLN, 300 MG RECON SOLN) | 1 | SP |
| <i>cisplatin (50 mg recon soln, 50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)</i> | 1 | SP |
| <i>cyclophosphamide (1 gm recon soln, 1 gm/5ml solution, 2 gm recon soln, 2 gm/10ml solution, 500 mg recon soln, 500 mg/2.5ml solution, 500 mg/ml solution)</i> | 1 | SP |
| CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP) | 1 | SP |
| CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB) | 1 | |
| IFOSFAMIDE (1 GM RECON SOLN, 1 GM/20ML SOLUTION, 3 GM/60ML SOLUTION) | 1 | SP |
| <i>ifosfamide (1 gm/20ml solution, 3 gm/60ml solution)</i> | 1 | SP |
| IFOSFAMIDE 3 GM RECON SOLN | 1 | SP |
| KEMOPLAT | 1 | SP |
| LEUKERAN | 2 | SP |
| MELPHALAN | 1 | |
| <i>melphalan hcl</i> | 1 | SP |
| MYLERAN | 2 | SP |
| OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION, 200 MG/40ML SOLUTION) | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>paraplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i> | 1 | SP |
| PARAPLATIN 1000 MG/100ML SOLUTION | 1 | SP |
| TEMODAR (100 MG CAP, 180 MG CAP, 250 MG CAP) | 2 | |
| TEMODAR 140 MG CAP | 3 | |
| <i>temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>thiotepa</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ANTIMETABOLITES | | |
| <i>adrucil</i> | 1 | |
| <i>azacitidine</i> | 1 | SP |
| <i>capecitabine</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>cladribine</i> | 1 | SP |
| <i>clofarabine</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| CYTARABINE | 1 | SP |
| <i>cytarabine (pf)</i> | 1 | SP |
| <i>decitabine</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| FLOXURIDINE | 1 | SP |
| <i>fludarabine phosphate (25 mg/ml solution, 50 mg recon soln, 50 mg/2ml solution)</i> | 1 | SP |
| <i>fludarabine phosphate 50 mg recon soln</i> | 1 | |
| <i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i> | 1 | |
| GEMCITABINE HCL (1 GM RECON SOLN, 1 GM/10ML SOLUTION, 1 GM/26.3ML SOLUTION, 1.5 GM/15ML SOLUTION, 2 GM RECON SOLN, 2 GM/20ML SOLUTION, 2 GM/52.6ML SOLUTION, 200 MG RECON SOLN, 200 MG/2ML SOLUTION, 200 MG/5.26ML SOLUTION) | 1 | SP |
| <i>mercaptopurine</i> | 1 | |
| <i>methotrexate sodium (1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i> | 1 | |
| <i>methotrexate sodium (pf)</i> | 1 | |
| <i>nelarabine</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION) | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| PEMETREXED 500 MG/20ML SOLUTION | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN) | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| PEMETREXED DITROMETHAMINE | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| PRALATREXATE | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| TABLOID | 2 | SP |
| TREXALL | 2 | |
| XELODA | 2 | SP |

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

| | | |
|----------------------------|---|--|
| INLYTA 1 MG TAB | 2 | (180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| INLYTA 5 MG TAB | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LENVIMA (10 MG DAILY DOSE) | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LENVIMA (12 MG DAILY DOSE) | 2 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LENVIMA (14 MG DAILY DOSE) | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LENVIMA (18 MG DAILY DOSE) | 2 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LENVIMA (20 MG DAILY DOSE) | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LENVIMA (24 MG DAILY DOSE) | 2 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LENVIMA (4 MG DAILY DOSE) | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LENVIMA (8 MG DAILY DOSE) | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ZIRABEV | 2 | SP |

ANTINEOPLASTIC - ANTI-HER2 AGENTS

| | | |
|----------|---|----------------------------------|
| HERZUMA | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| KANJINTI | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| OGIVRI | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| PERJETA | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| TRAZIMERA | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ANTINEOPLASTIC - ANTIBODIES | | |
| RUXIENCE | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| <i>erlotinib hcl (100 mg tab, 150 mg tab)</i> | 1 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>erlotinib hcl 25 mg tab</i> | 1 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>gefitinib</i> | 1 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| IRESSA | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| TAGRISSO | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| ERIVEDGE | 2 | (28 EA / 28 day(s)), SP, PN (30 DAYS SUPPLY PER FILL) |
| ODOMZO | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| <i>abiraterone acetate 250 mg tab</i> | 1 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>abiraterone acetate 500 mg tab</i> | 1 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>anastrozole</i> | 0 | (\$0 copay for women) |
| ARIMIDEX | 2 | |
| AROMASIN | 2 | |
| <i>bicalutamide</i> | 1 | |
| CASODEX | 3 | (30 EA / 30 DAYS) |
| ELIGARD 22.5 MG KIT | 2 | SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY) |
| ELIGARD 30 MG KIT | 2 | SP, SUM3 (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY) |
| ELIGARD 45 MG KIT | 2 | SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY) |
| ELIGARD 7.5 MG KIT | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| EMCYT | 2 | SP |
| ERLEADA 240 MG TAB | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ERLEADA 60 MG TAB | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>exemestane</i> | 0 | (\$0 copay for women) |
| FEMARA | 2 | |
| FIRMAGON | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| FIRMAGON (240 MG DOSE) | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| FLUTAMIDE | 1 | |
| FULVESTRANT | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION | 1 | SP |
| <i>letrozole</i> | 1 | |
| <i>leuprolide acetate</i> | 1 | SUM7 (INF) |
| LEUPROLIDE ACETATE (3 MONTH) | 1 | SP |
| LYSODREN | 2 | LA, SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i> | 1 | |
| <i>nilutamide</i> | 1 | SP |
| NUBEQA | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>tamoxifen citrate 10 mg tab</i> | 0 | (\$0 copay for women) |
| <i>tamoxifen citrate 20 mg tab</i> | 0 | (\$0 copay for women), PN (\$0 copay for women) |
| <i>toremifene citrate</i> | 1 | SP |
| XTANDI (40 MG CAP, 40 MG TAB) | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| XTANDI 80 MG TAB | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| YONSA | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST | 2 | (21 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| ANTINEOPLASTIC ANTIBIOTICS | | |
| ADRIAMYCIN (2 MG/ML SOLUTION, 10 MG RECON SOLN) | 1 | SP |
| <i>adriamycin 50 mg recon soln</i> | 1 | SP |
| <i>bleomycin sulfate</i> | 1 | SP |
| <i>dactinomycin</i> | 1 | SP |
| DAUNORUBICIN HCL (20 MG/4ML SOLUTION, 50 MG/10ML SOLUTION) | 1 | SP |
| <i>doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i> | 1 | SP |
| <i>doxorubicin hcl liposomal</i> | 1 | SP |
| <i>epirubicin hcl</i> | 1 | SP |
| <i>idarubicin hcl</i> | 1 | SP |
| <i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| MITOMYCIN 20 MG/40ML SOLN PRSYR | 1 | |
| <i>mitoxantrone hcl</i> | 1 | SP |
| <i>mutamycin</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>valrubicin</i> | 1 | SP |
| ANTINEOPLASTIC COMBINATIONS | | |
| KISQALI FEMARA (400 MG DOSE) | 2 | (70 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| KISQALI FEMARA (600 MG DOSE) | 2 | (91 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| KISQALI FEMARA(200 MG DOSE) | 2 | (49 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| LONSURF 15-6.14 MG TAB | 2 | (100 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| LONSURF 20-8.19 MG TAB | 2 | (80 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| PHESGO | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| ALECENSA | 2 | (240 EA / 30 DAYS), SP, SUM3 (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB) | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| ALUNBRIG 30 MG TAB | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION) | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| BOSULIF (400 MG TAB, 500 MG TAB) | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| BOSULIF (50 MG CAP, 100 MG CAP) | 2 | SP |
| BOSULIF 100 MG TAB | 2 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| BRAFTOVI | 2 | (180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| BRUKINSA | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| CABOMETYX | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| CALQUENCE 100 MG CAP | 2 | (60 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| CALQUENCE 100 MG TAB | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| COPIKTRA | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| COTELLIC | 2 | (90 EA / 30 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| <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 | (28 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| GAVRETO | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| IBRANCE | 2 | (21 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| <i>imatinib mesylate 100 mg tab</i> | 1 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>imatinib mesylate 400 mg tab</i> | 1 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB) | 2 | (28 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| IMBRUVICA 140 MG CAP | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| IMBRUVICA 560 MG TAB | 2 | (28 EA / 28 DAYS), PN (28 DAYS SUPPLY PER FILL) |
| IMBRUVICA 70 MG/ML SUSPENSION | 2 | (216 ML / 36 DAYS), SP, PN (36 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| KISQALI (200 MG DOSE) | 2 | (21 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| KISQALI (400 MG DOSE) | 2 | (42 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| KISQALI (600 MG DOSE) | 2 | (63 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| KOSELUGO 10 MG CAP | 2 | (240 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| KOSELUGO 25 MG CAP | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| KRAZATI | 2 | (180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>lapatinib ditosylate</i> | 1 | (180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LUMAKRAS 120 MG TAB | 2 | (240 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LUMAKRAS 320 MG TAB | 2 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| LYNPARZA | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| MEKTOVI | 2 | (180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| NEXAVAR | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| NINLARO | 2 | (3 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| <i>pazopanib hcl</i> | 1 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| RETEVMO 40 MG CAP | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| RETEVMO 80 MG CAP | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>romidepsin (10 mg recon soln, 27.5 mg/5.5ml solution)</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ROZLYTREK 100 MG CAP | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ROZLYTREK 200 MG CAP | 2 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ROZLYTREK 50 MG PACKET | 2 | (336 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| RUBRACA | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| RYDAPT | 2 | (224 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| <i>sorafenib tosylate</i> | 1 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB) | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| SPRYCEL 20 MG TAB | 2 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| STIVARGA | 2 | (84 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| <i>sunitinib malate</i> | 1 | (28 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY) |
| <i>temsirolimus</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| VELCADE | 2 | SP |
| VITRAKVI 100 MG CAP | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| VITRAKVI 20 MG/ML SOLUTION | 2 | (300 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| VITRAKVI 25 MG CAP | 2 | (180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| VOTRIENT | 2 | (120 EA / 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL) |
| XOSPATA | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB) | 2 | (30 EA / 30 DAYS), SP, PN (MAX 30 DAYS SUPPLY PER FILL) |
| ZEJULA 100 MG CAP | 2 | (90 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| ZELBORA <small>F</small> | 2 | (240 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ZOLINZA | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ZYDELIG | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ZYKADIA | 2 | (84 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| ANTINEOPLASTICS MISC. | | |
| <i>arsenic trioxide</i> | 1 | SP |
| BESREMI | 2 | LA, (2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| <i>bexarotene 75 mg cap</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| DACARBAZINE (100 MG RECON SOLN, 200 MG RECON SOLN) | 1 | SP |
| HYDREA | 2 | |
| <i>hydroxyurea</i> | 1 | |
| INTRON A (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN) | 2 | PN (34 DAYS SUPPLY PER FILL) |
| INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION) | 2 | |
| MATULANE | 2 | LA, SP, PN (34 DAYS SUPPLY PER FILL) |
| TARGRETIN 75 MG CAP | 3 | SP |
| <i>tretinoin 10 mg cap</i> | 1 | SP |

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

| | | |
|--|---|----|
| <i>dexrazoxane</i> | 1 | SP |
| <i>dexrazoxane hcl</i> | 1 | SP |
| LEUCOVORIN CALCIUM (5 MG TAB, 10 MG TAB, 15 MG TAB, 25 MG TAB, 50 MG RECON SOLN, 100 MG RECON SOLN, 100 MG/10ML SOLUTION, 200 MG RECON SOLN, 350 MG RECON SOLN, 500 MG RECON SOLN, 500 MG/50ML SOLUTION) | 1 | |
| <i>levoleucovorin calcium</i> | 1 | SP |
| <i>levoleucovorin calcium pf</i> | 1 | SP |
| <i>mesna</i> | 1 | |

MITOTIC INHIBITORS

| | | |
|--|---|----------------------------------|
| DOCETAXEL (20 MG/2ML SOLUTION, 20 MG/ML CONC, 80 MG/4ML CONC, 80 MG/8ML SOLUTION, 160 MG/16ML SOLUTION, 160 MG/8ML CONC) | 1 | SP |
| ETOPOSIDE (1 GM/50ML SOLUTION, 50 MG CAP, 100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION) | 1 | SP |
| <i>paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)</i> | 1 | SP |
| PACLITAXEL PROTEIN-BOUND PART | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| TAXOTERE | 1 | SP |
| <i>toposar</i> | 1 | SP |
| VINBLASTINE SULFATE | 1 | SP |
| <i>vincasar pfs</i> | 1 | SP |
| <i>vincristine sulfate</i> | 1 | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>vinorelbine tartrate</i> | 1 | SP |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN (0.25 MG CAP, 1 MG CAP) | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| HYCAMTIN 4 MG RECON SOLN | 2 | SP |
| <i>irinotecan hcl (40 mg/2ml solution, 100 mg/5ml solution, 300 mg/15ml solution, 500 mg/25ml solution)</i> | 1 | SP |
| <i>topotecan hcl (4 mg recon soln, 4 mg/4ml solution)</i> | 1 | SP |
| ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED) | | |
| ANTIPARKINSON ADJUNCTIVE THERAPY | | |
| <i>carbidopa</i> | 1 | |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i> | 1 | |
| <i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i> | 1 | |
| ANTIPARKINSON COMT INHIBITORS | | |
| COMTAN | 3 | |
| <i>entacapone</i> | 1 | |
| <i>tolcapone</i> | 1 | |
| ANTIPARKINSON DOPAMINERGICS | | |
| <i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i> | 1 | |
| <i>apomorphine hcl</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>bromocriptine mesylate</i> | 1 | |
| <i>CARBIDOPA-LEVODOPA (10-100 MG TAB, 10-100 MG TAB DISP, 25-100 MG TAB, 25-100 MG TAB DISP, 25-250 MG TAB, 25-250 MG TAB DISP)</i> | 1 | |
| <i>carbidopa-levodopa 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 | |
| DHIVY | 3 | |
| INBRIJA | 2 | (300 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| KYNMOBI | 2 | (150 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| MIRAPEX (0.125 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB) | 3 | |
| NEUPRO | 2 | |
| PARLODEL | 3 | |
| <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</i> | 1 | |
| <i>ropinirole hcl</i> | 1 | |
| <i>ropinirole hcl er</i> | 1 | |
| RYTARY | 2 | |
| SINEMET (10-100 MG TAB, 25-100 MG TAB) | 3 | |
| STALEVO 150 | 1 | |
| STALEVO 75 | 1 | |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| <i>rasagiline mesylate</i> | 1 | |
| <i>selegiline hcl</i> | 1 | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED) | | |
| ANTIMANIC AGENTS | | |
| <i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i> | 1 | |
| <i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i> | 1 | |
| LITHOBID | 2 | |
| ANTIPSYCHOTICS - MISC. | | |
| CAPLYTA | 2 | (1 EA / 1 DAYS) |
| LATUDA | 2 | |
| <i>lurasidone hcl</i> | 1 | |
| VRAYLAR | 2 | (1 EA / 1 DAYS) |
| <i>ziprasidone hcl</i> | 1 | |
| <i>ziprasidone mesylate</i> | 1 | |
| BENZISOXAZOLES | | |
| <i>paliperidone er</i> | 1 | |
| PERSERIS | 2 | (1 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| RISPERDAL (0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB) | 3 | |
| <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 | |
| <i>risperidone microspheres er</i> | 1 | (2 EA / 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| BUTYROPHENONES | | |
| <i>haloperidol</i> | 1 | |
| <i>haloperidol decanoate</i> | 1 | |
| <i>haloperidol lactate</i> | 1 | |
| DIBENZAPINES | | |
| <i>asenapine maleate</i> | 1 | |
| <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 | |
| CLOZARIL | 3 | |
| <i>loxpipamine succinate</i> | 1 | |
| <i>olanzapine</i> | 1 | |
| <i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i> | 1 | |
| <i>quetiapine fumarate er</i> | 1 | |
| SEROQUEL | 3 | |
| ZYPREXA | 3 | |
| ZYPREXA ZYDIS | 3 | |
| DIHYDROINDOLONES | | |
| MOLINDONE HCL | 1 | |
| PHENOTHIAZINES | | |
| <i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i> | 1 | |
| <i>compro</i> | 1 | |
| <i>fluphenazine decanoate</i> | 1 | |
| <i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>perphenazine</i> | 1 | |
| <i>prochlorperazine</i> | 1 | |
| <i>prochlorperazine edisylate (10 mg/2ml solution, 50 mg/10ml solution)</i> | 1 | |
| <i>prochlorperazine maleate</i> | 1 | |
| <i>thioridazine hcl</i> | 1 | |
| <i>trifluoperazine hcl</i> | 1 | |
| QUINOLINONE DERIVATIVES | | |
| ABILIFY MAINTENA | 2 | (1 EA / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| <i>ariPIPRAZOLE (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)</i> | 1 | |
| THIOXANTHENES | | |
| <i>thiothixene</i> | 1 | |
| ANTISEPTICS & DISINFECTANTS (CONTINUED) | | |
| ANTISEPTICS & DISINFECTANTS | | |
| FORMALDEHYDE | 1 | |
| HYDROGEN PEROXIDE 30 % SOLUTION | 1 | |
| CHLORINE ANTISEPTICS | | |
| CHLORHEXIDINE GLUCONATE 20 % SOLUTION | 1 | |
| ANTIVIRALS (CONTINUED) | | |
| ANTIRETROVIRALS | | |
| <i>abacavir sulfate 20 mg/ml solution</i> | 1 | (30 ML / 1 DAYS) |
| <i>abacavir sulfate 300 mg tab</i> | 1 | (2 EA / 1 DAYS) |
| <i>abacavir sulfate-lamivudine</i> | 1 | (1 EA / 1 DAYS) |
| <i>abacavir-lamivudine-zidovudine</i> | 1 | (2 EA / 1 DAYS) |
| APRETUDE | 3 | (3 ML / FILL), (\$0 copay for pre-exposure prophylaxis; 7 INJECTIONS IN 365 DAYS), PN (HIV PREP: Drug covered at \$0 unless member has a hx of HIV Treatment drug in last 120 days. REF: HIV Supplemental List) |
| <i>atazanavir sulfate (150 mg cap, 200 mg cap)</i> | 1 | (2 EA / 1 DAYS) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>atazanavir sulfate 300 mg cap</i> | 1 | (1 EA / 1 DAYS) |
| BIKTARVY | 2 | (1 EA / 1 DAYS) |
| CIMDUO | 2 | (1 EA / 1 day(s)) |
| <i>darunavir 600 mg tab</i> | 1 | (2 EA / 1 day(s)) |
| <i>darunavir 800 mg tab</i> | 1 | (1 EA / 1 day(s)) |
| DESCOVY 120-15 MG TAB | 2 | (1 EA / 1 DAYS) |
| DESCOVY 200-25 MG TAB | 0 | (1 EA / 1 DAYS), PN (\$0 copay for pre-exposure prophylaxis) |
| DOVATO | 2 | (1 EA / 1 DAYS) |
| EDURANT | 2 | (2 EA / 1 DAYS) |
| EFAVIRENZ 200 MG CAP | 1 | (2 EA / 1 DAYS) |
| EFAVIRENZ 50 MG CAP | 1 | (3 EA / 1 DAYS) |
| <i>efavirenz 600 mg tab</i> | 1 | (1 EA / 1 DAYS) |
| <i>efavirenz-emtricitab-tenofo df</i> | 1 | (1 EA / 1 DAYS) |
| <i>efavirenz-lamivudine-tenofovir</i> | 1 | (1 EA / 1 DAYS) |
| <i>emtricitabine</i> | 1 | (1 EA / 1 DAYS) |
| <i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i> | 1 | (1 EA / 1 DAYS) |
| <i>emtricitabine-tenofovir df 200-300 mg tab</i> | 0 | (1 EA / 1 DAYS), (\$0 copay for pre-exposure prophylaxis) |
| EMTRIVA 10 MG/ML SOLUTION | 2 | (24 ML / 1 DAYS) |
| EMTRIVA 200 MG CAP | 2 | |
| EPZICOM | 3 | |
| <i>etravirine</i> | 1 | (2 EA / 1 DAYS) |
| EVOTAZ | 2 | (1 EA / 1 DAYS) |
| <i>fosamprenavir calcium</i> | 1 | (4 EA / 1 DAYS) |
| FUZEON | 2 | (2 EA / 1 DAYS), SP |
| GENVOYA | 2 | (1 EA / 1 DAYS) |
| INTELENCE (100 MG TAB, 200 MG TAB) | 2 | |
| INTELENCE 25 MG TAB | 2 | (4 EA / 1 DAYS) |
| ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB) | 2 | (6 EA / 1 DAYS) |
| ISENTRESS 100 MG PACKET | 2 | (2 EA / 1 DAYS) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ISENTRESS 400 MG TAB | 2 | (4 EA / 1 DAYS) |
| ISENTRESS HD | 2 | (2 EA / 1 DAYS) |
| <i>lamivudine 10 mg/ml solution</i> | 1 | (30 ML / 1 DAYS) |
| <i>lamivudine 150 mg tab</i> | 1 | (2 EA / 1 DAYS) |
| <i>lamivudine 300 mg tab</i> | 1 | (1 EA / 1 DAYS) |
| <i>lamivudine-zidovudine</i> | 1 | (2 EA / 1 DAYS) |
| <i>lopinavir-ritonavir 100-25 mg tab</i> | 1 | (8 EA / 1 DAYS) |
| <i>lopinavir-ritonavir 200-50 mg tab</i> | 1 | (4 EA / 1 DAYS) |
| <i>lopinavir-ritonavir 400-100 mg/5ml solution</i> | 1 | (14 ML / 1 DAYS) |
| <i>maraviroc 150 mg tab</i> | 1 | (2 EA / 1 DAYS) |
| <i>maraviroc 300 mg tab</i> | 1 | (4 EA / 1 DAYS) |
| <i>nevirapine 200 mg tab</i> | 1 | (2 EA / 1 DAYS) |
| NEVIRAPINE 50 MG/5ML SUSPENSION | 1 | (40 ML / 1 DAYS) |
| NEVIRAPINE ER 100 MG TAB ER 24H | 1 | (3 EA / 1 DAYS) |
| <i>nevirapine er 400 mg tab er 24h</i> | 1 | (1 EA / 1 DAYS) |
| NORVIR 100 MG PACKET | 2 | (12 EA / 1 DAYS) |
| NORVIR 100 MG TAB | 2 | (12 EA / 1 day(s)) |
| NORVIR 80 MG/ML SOLUTION | 2 | (16 ML / 1 DAYS) |
| ODEFSEY | 2 | (1 EA / 1 DAYS) |
| PREZCOBIX | 2 | (1 EA / 1 DAYS) |
| PREZISTA 100 MG/ML SUSPENSION | 2 | (13.34 ML / 1 DAYS) |
| PREZISTA 150 MG TAB | 2 | (6 EA / 1 DAYS) |
| PREZISTA 600 MG TAB | 2 | (2 EA / 1 day(s)) |
| PREZISTA 75 MG TAB | 2 | (2 EA / 1 DAYS) |
| PREZISTA 800 MG TAB | 2 | (1 EA / 1 day(s)) |
| RETROVIR (10 MG/ML SOLUTION, 50 MG/5ML SYRUP, 100 MG CAP) | 2 | |
| <i>ritonavir</i> | 1 | (12 EA / 1 day(s)) |
| STAVUDINE | 1 | (2 EA / 1 DAYS) |
| STRIBILD | 2 | (1 EA / 1 DAYS) |
| SYMTUZA | 2 | (1 EA / 1 DAYS) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| TEMIXYS | 2 | |
| <i>tenofovir disoproxil fumarate</i> | 1 | (1 EA / 1 DAYS) |
| TIVICAY (25 MG TAB, 50 MG TAB) | 2 | (2 EA / 1 DAYS) |
| TIVICAY 10 MG TAB | 2 | (8 EA / 1 DAYS) |
| TIVICAY PD | 2 | (12 EA / 1 DAYS) |
| TRIUMEQ | 2 | (1 EA / 1 DAYS) |
| TRIUMEQ PD | 2 | (6 EA / 1 DAYS) |
| VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB) | 2 | (1 EA / 1 DAYS) |
| VIREAD 300 MG TAB | 2 | |
| VIREAD 40 MG/GM POWDER | 2 | (8 GM / 1 DAYS) |
| <i>zidovudine 100 mg cap</i> | 1 | (6 EA / 1 DAYS) |
| <i>zidovudine 300 mg tab</i> | 1 | (2 EA / 1 DAYS) |
| <i>zidovudine 50 mg/5ml syrup</i> | 1 | (6 ML / 1 DAYS) |

CMV AGENTS

| | | |
|--|---|------------------------------|
| <i>cidofovir</i> | 1 | |
| <i>foscarnet sodium</i> | 1 | |
| GANCICLOVIR | 1 | |
| GANCICLOVIR SODIUM (500 MG RECON SOLN, 500 MG/10ML SOLUTION) | 1 | |
| <i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |

HEPATITIS AGENTS

| | | |
|----------------------------------|---|----------------------------------|
| <i>adefovir dipivoxil</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| BARACLUDE (0.5 MG TAB, 1 MG TAB) | 3 | |
| BARACLUDE 0.05 MG/ML SOLUTION | 3 | SP |
| <i>entecavir</i> | 1 | |
| EPCLUSA 150-37.5 MG PACKET | 2 | (28 EA / 28 DAYS), SP |
| EPCLUSA 200-50 MG PACKET | 2 | (56 EA / 28 DAYS), SP |
| EPCLUSA 200-50 MG TAB | 2 | (2 EA / 1 day(s)), SP |
| EPCLUSA 400-100 MG TAB | 2 | (1 EA / 1 day(s)), SP |
| HARVONI 33.75-150 MG PACKET | 2 | (1 EA / 1 day(s)), SP |
| HARVONI 45-200 MG PACKET | 2 | (2 EA / 1 day(s)), SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| HARVONI 45-200 MG TAB | 2 | SP |
| HARVONI 90-400 MG TAB | 2 | SP |
| <i>lamivudine 100 mg tab</i> | 1 | (1 EA / 1 DAYS) |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR | 2 | (2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| PEGASYS 180 MCG/ML SOLUTION | 2 | (4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| RIBAVIRIN (200 MG CAP, 200 MG TAB) | 1 | SP |
| VEMLIDY | 2 | (1 EA / 1 DAYS) |
| VOSEVI | 2 | (1 EA / 1 day(s)), SP |
| HERPES AGENTS | | |
| <i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i> | 1 | |
| <i>acyclovir sodium</i> | 1 | |
| <i>famciclovir</i> | 1 | |
| <i>valacyclovir hcl</i> | 1 | |
| INFLUENZA AGENTS | | |
| <i>oseltamivir phosphate 30 mg cap</i> | 1 | (84 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS) |
| <i>oseltamivir phosphate 45 mg cap</i> | 1 | (48 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS) |
| <i>oseltamivir phosphate 6 mg/ml recon susp</i> | 1 | (540 ML / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS) |
| <i>oseltamivir phosphate 75 mg cap</i> | 1 | (42 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS) |
| RELENZA DISKHALER | 2 | (60 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| RIMANTADINE HCL | 1 | |
| RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS | | |
| ribavirin 6 gm recon soln | 1 | SP |
| BETA BLOCKERS (CONTINUED) | | |
| ALPHA-BETA BLOCKERS | | |
| <i>carvedilol</i> | 1 | SUM7 (ZERO) |
| <i>carvedilol phosphate er (10 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i> | 1 | SUM7 (ZERO) |
| <i>carvedilol phosphate er 20 mg cap er 24h</i> | 1 | |
| COREG | 3 | |
| <i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i> | 1 | SUM7 (ZERO) |
| LABETALOL HCL (5 MG/ML SOLUTION, 10 MG/2ML SOLN PRSYR, 20 MG/4ML SOLN PRSYR) | 1 | |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| <i>acebutolol hcl</i> | 1 | SUM7 (ZERO) |
| <i>atenolol</i> | 1 | SUM7 (ZERO) |
| <i>betaxolol hcl (10 mg tab, 20 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>bisoprolol fumarate</i> | 1 | SUM7 (ZERO) |
| <i>esmolol hcl (100 mg/10ml soln prsyr, 100 mg/10ml solution, 2000 mg/100ml solution, 2500 mg/250ml solution)</i> | 1 | |
| <i>esmolol hcl-sodium chloride</i> | 1 | |
| <i>metoprolol succinate er</i> | 1 | SUM7 (ZERO) |
| <i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>metoprolol tartrate 5 mg/5ml solution</i> | 1 | |
| <i>nebivolol hcl</i> | 1 | |
| BETA BLOCKERS NON-SELECTIVE | | |
| CORGARD | 3 | |
| <i>nadolol</i> | 1 | SUM7 (ZERO) |
| <i>pindolol</i> | 1 | SUM7 (ZERO) |
| <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 | SUM7 (ZERO) |
| <i>propranolol hcl 1 mg/ml solution</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>propranolol hcl er</i> | 1 | SUM7 (ZERO) |
| <i>sorine</i> | 1 | SUM7 (ZERO) |
| <i>sotalol hcl (80 mg tab, 120 mg tab, 150 mg/10ml solution, 160 mg tab, 240 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>sotalol hcl (af)</i> | 1 | SUM7 (ZERO) |
| <i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i> | 1 | SUM7 (ZERO) |

CALCIUM CHANNEL BLOCKERS (CONTINUED)

CALCIUM CHANNEL BLOCKERS

| | | |
|---|---|-------------|
| <i>amlodipine besylate</i> | 1 | SUM7 (ZERO) |
| CALAN SR | 3 | |
| <i>cartia xt</i> | 1 | SUM7 (ZERO) |
| <i>dilt-xr (120 mg cap er 24h, 240 mg cap er 24h)</i> | 1 | |
| <i>dilt-xr 180 mg cap er 24h</i> | 1 | SUM7 (ZERO) |
| <i>diltiazem hcl (25 mg/5ml solution, 50 mg/10ml solution, 100 mg recon soln, 125 mg/25ml solution)</i> | 1 | |
| <i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>diltiazem hcl er (120 mg cap er 24h, 120 mg tab er 24h, 240 mg cap er 24h)</i> | 1 | |
| <i>diltiazem hcl er (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>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 180 mg cap er 24h)</i> | 1 | SUM7 (ZERO) |
| <i>diltiazem hcl er beads</i> | 1 | SUM7 (ZERO) |
| <i>diltiazem hcl er coated beads</i> | 1 | SUM7 (ZERO) |
| <i>felodipine er</i> | 1 | SUM7 (ZERO) |
| <i>isradipine</i> | 1 | SUM7 (ZERO) |
| LEVAMLODIPINE MALEATE | 1 | |
| <i>nicardipine hcl (2.5 mg/ml solution, 20 mg cap, 30 mg cap)</i> | 1 | SUM7 (ZERO) |
| NICARDIPINE HCL IN NACL | 1 | |
| <i>nifedipine</i> | 1 | SUM7 (ZERO) |
| <i>nifedipine er</i> | 1 | SUM7 (ZERO) |
| <i>nifedipine er osmotic release</i> | 1 | SUM7 (ZERO) |
| <i>nimodipine</i> | 1 | SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>nisoldipine er (8.5 mg tab er 24h, 17 mg tab er 24h, 20 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h)</i> | 1 | SUM7 (ZERO) |
| NISOLDIPINE ER 40 MG TAB ER 24H | 1 | |
| PROCARDIA XL | 3 | |
| <i>taztia xt</i> | 1 | SUM7 (ZERO) |
| <i>tiadylt er</i> | 1 | SUM7 (ZERO) |
| TIAZAC | 3 | |
| <i>verapamil hcl (2.5 mg/ml solution, 40 mg tab)</i> | 1 | |
| <i>verapamil hcl (80 mg tab, 120 mg tab)</i> | 1 | SUM7 (ZERO) |
| VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H) | 1 | |
| <i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i> | 1 | SUM7 (ZERO) |
| CARDIOTONICS (CONTINUED) | | |
| CARDIAC GLYCOSIDES | | |
| <i>digitek</i> | 1 | |
| <i>digox</i> | 1 | |
| <i>digoxin (0.05 mg/ml solution, 0.25 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i> | 1 | |
| INOTROPES | | |
| <i>dobutamine hcl</i> | 1 | |
| DOPAMINE HCL | 1 | |
| <i>milrinone lactate</i> | 1 | |
| <i>milrinone lactate in dextrose</i> | 1 | |
| CARDIOVASCULAR AGENTS - MISC. (CONTINUED) | | |
| CARDIOPLEGIC SOLUTIONS | | |
| <i>cardioplegic</i> | 1 | |
| CARDIOPLEGIC SOLN W/ LIDOCAINE | 1 | |
| 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 | SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| BIDIL | 2 | |
| CADUET | 3 | |
| ENTRESTO 24-26 MG TAB | 2 | (6 EA / 1 DAYS) |
| ENTRESTO 49-51 MG TAB | 2 | (3 EA / 1 DAYS) |
| ENTRESTO 97-103 MG TAB | 2 | (2 EA / 1 DAYS) |
| <i>isosorb dinitrate-hydralazine</i> | 1 | |
| IMPOTENCE AGENTS | | |
| MUSE (250 MCG PELLET, 500 MCG PELLET, 1000 MCG PELLET) | 2 | |
| PHENYLEPHRINE HCL 2 MG/2ML SOLUTION | 1 | |
| <i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i> | 1 | |
| <i>tadalafil (10 mg tab, 20 mg tab)</i> | 1 | |
| <i>tadalafil (2.5 mg tab, 5 mg tab)</i> | 1 | (1 EA / 1 day(s)) |
| <i>vardenafil hcl</i> | 1 | |
| PERIPHERAL VASODILATORS | | |
| <i>isoxsuprine hcl (10 mg tab, 20 mg tab)</i> | 1 | |
| <i>papaverine hcl</i> | 1 | |
| PROSTAGLANDIN VASODILATORS | | |
| <i>epoprostenol sodium</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| FLOLAN | 2 | SP |
| ORENITRAM | 2 | SP |
| ORENITRAM MONTH 1 | 2 | SP |
| ORENITRAM MONTH 2 | 2 | SP |
| ORENITRAM MONTH 3 | 2 | SP |
| <i>treprostinil</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| <i>ambrisentan</i> | 1 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>bosentan</i> | 1 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| OPSUMIT | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| <i>alyq</i> | 1 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| REVATIO (10 MG/12.5ML SOLUTION, 10 MG/ML RECON SUSP) | 3 | SP |
| REVATIO 20 MG TAB | 3 | |
| <i>sildenafil citrate 10 mg/12.5ml solution</i> | 1 | SP |
| <i>sildenafil citrate 10 mg/ml recon susp</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>sildenafil citrate 20 mg tab</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| <i>tadalafil (pah)</i> | 1 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| TADLIQ | 2 | (300 ML / 30 DAYS), SP |
| 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 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| UPTRAVI 1800 MCG RECON SOLN | 2 | (60 EA / 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL) |
| UPTRAVI 200 & 800 MCG TAB THPK | 2 | (200 EA / 180 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| UPTRAVI 200 MCG TAB | 2 | (140 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS | 2 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| SINUS NODE INHIBITORS | | |
| CORLANOR (5 MG TAB, 7.5 MG TAB) | 2 | (2 EA / 1 DAYS) |
| CORLANOR 5 MG/5ML SOLUTION | 2 | (20 ML / 1 DAYS) |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| VERQUVO | 2 | (1 EA / 1 DAYS) |
| CEPHALOSPORINS (CONTINUED) | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| <i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i> | 1 | |
| <i>cefazolin sodium (1 gm recon soln, 1 gm/10ml soln prsyr, 2 gm recon soln, 2 gm/20ml soln prsyr, 3 gm recon soln, 3 gm/30ml soln prsyr, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| CEFAZOLIN SODIUM-DEXTROSE (1-4 GM/50ML-% SOLUTION, 2-4 GM/100ML-% SOLUTION) | 1 | |
| <i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)</i> | 1 | |
| KEFLEX 750 MG CAP | 3 | |
| CEPHALOSPORINS - 2ND GENERATION | | |
| CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP) | 1 | |
| CEFOTETAN DISODIUM | 1 | |
| <i>cefoxitin sodium</i> | 1 | |
| CEFOXITIN SODIUM-DEXTROSE | 1 | |
| <i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i> | 1 | |
| <i>cefuroxime axetil</i> | 1 | |
| <i>cefuroxime sodium</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 | |
| CEFOTAXIME SODIUM | 1 | |
| <i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i> | 1 | |
| <i>ceftazidime</i> | 1 | |
| <i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i> | 1 | |
| CEFTRIAXONE SODIUM IN DEXTROSE | 1 | |
| SUPRAX (100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP) | 2 | |
| TAZICEF (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 6 GM RECON SOLN) | 1 | |
| CEPHALOSPORINS - 4TH GENERATION | | |
| <i>cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution, 100 gm recon soln)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| CHEMICALS (CONTINUED) | | |
| LIQUIDS | | |
| ISOPROPYL ALCOHOL 70 % SOLUTION | 1 | |
| CONTRACEPTIVES (CONTINUED) | | |
| COMBINATION CONTRACEPTIVES - ORAL | | |
| <i>afirmelle</i> | 0 | |
| <i>altavera</i> | 0 | |
| <i>alyacen 1/35</i> | 0 | |
| <i>alyacen 7/7/7</i> | 0 | |
| <i>amethia</i> | 0 | |
| <i>amethia lo</i> | 0 | |
| <i>amethyst</i> | 0 | |
| <i>apri</i> | 0 | |
| <i>aranelle</i> | 0 | |
| <i>ashlyna</i> | 0 | |
| <i>aubra</i> | 0 | |
| <i>aubra eq</i> | 0 | |
| <i>aurovela 1.5/30</i> | 0 | |
| <i>aurovela 1/20</i> | 0 | |
| <i>aurovela 24fe</i> | 0 | |
| <i>aurovelafe 1.5/30</i> | 0 | |
| <i>aurovelafe 1/20</i> | 0 | |
| <i>aviane</i> | 0 | |
| <i>ayuna</i> | 0 | |
| <i>azurette</i> | 0 | |
| BALCOLTRA | 0 | |
| <i>balziva</i> | 0 | |
| <i>bekyree</i> | 0 | |
| <i>blisovi 24fe</i> | 0 | |
| <i>blisovife 1.5/30</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>blisovife 1/20</i> | 0 | |
| <i>briellyn</i> | 0 | |
| <i>camrese</i> | 0 | |
| <i>camrese lo</i> | 0 | |
| <i>caziant</i> | 0 | |
| <i>charlotte 24 fe</i> | 0 | |
| <i>chateal</i> | 0 | |
| <i>chateal eq</i> | 0 | |
| <i>cryselle-28</i> | 0 | |
| <i>cyclafem 1/35</i> | 1 | |
| <i>cyclafem 7/7/7</i> | 0 | |
| <i>cyred</i> | 0 | |
| <i>cyred eq</i> | 0 | |
| <i>dasetta 1/35</i> | 0 | |
| <i>dasetta 7/7/7</i> | 0 | |
| <i>daysee</i> | 0 | |
| <i>delyla</i> | 0 | |
| <i>desogestrel-ethynodiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i> | 0 | |
| <i>dolishale</i> | 0 | |
| <i>drospirene-eth estrad-levomefol</i> | 0 | |
| <i>drospirenone-ethynodiol estradiol</i> | 0 | |
| <i>elinest</i> | 0 | |
| <i>emoquette</i> | 0 | |
| <i>enpresse-28</i> | 0 | |
| <i>enskyce</i> | 0 | |
| <i>estarylla</i> | 0 | |
| <i>ethynodiol diac-eth estradiol</i> | 1 | |
| <i>falmina</i> | 0 | |
| <i>fayosim</i> | 0 | |
| <i>femynor</i> | 0 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>larissa</i> | 0 | |
| <i>layolis fe</i> | 0 | |
| <i>leena</i> | 0 | |
| <i>lessina</i> | 0 | |
| <i>levonest</i> | 0 | |
| <i>levonorg-eth estrad triphasic</i> | 0 | |
| <i>levonorgest-eth est & eth est</i> | 0 | |
| <i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i> | 0 | |
| <i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i> | 1 | |
| <i>levonorgest-eth estradiol-iron</i> | 1 | |
| <i>levonorgestrel-ethynodiol-estradiol</i> | 0 | |
| <i>levora 0.15/30 (28)</i> | 0 | |
| <i>lilow</i> | 0 | |
| LO LOESTRIN FE | 0 | |
| <i>lo-zumandimine</i> | 0 | |
| <i>loestrin 1.5/30 (21)</i> | 0 | |
| <i>loestrin 1/20 (21)</i> | 0 | |
| <i>loestrin fe 1.5/30</i> | 0 | |
| <i>loestrin fe 1/20</i> | 0 | |
| <i>lojaimies</i> | 0 | |
| <i>loryna</i> | 0 | |
| LOSEASONIQUE | 3 | |
| <i>low-ogestrel</i> | 0 | |
| <i>lulera</i> | 0 | |
| <i>marlissa</i> | 0 | |
| <i>melodetta 24 fe</i> | 0 | |
| <i>merzee</i> | 0 | |
| <i>mibelas 24 fe</i> | 0 | |
| <i>microgestin 1.5/30</i> | 0 | |
| <i>microgestin 1/20</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>microgestin 24 fe</i> | 0 | |
| <i>microgestin fe 1.5/30</i> | 0 | |
| <i>microgestin fe 1/20</i> | 0 | |
| <i>milli</i> | 0 | |
| MIRCETTE | 3 | |
| <i>mono-linyah</i> | 0 | |
| NATAZIA | 0 | |
| <i>necon 0.5/35 (28)</i> | 0 | |
| NEXTSTELLIS | 0 | |
| <i>nikki</i> | 0 | |
| <i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i> | 0 | |
| <i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i> | 0 | |
| <i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i> | 1 | |
| <i>norethindron-ethinyl estrad-fe</i> | 0 | |
| <i>norethindrone acet-ethinyl est</i> | 0 | |
| <i>norgestim-eth estrad triphasic</i> | 0 | |
| <i>norgestimate-eth estradiol</i> | 0 | |
| <i>nortrel 0.5/35 (28)</i> | 0 | |
| <i>nortrel 1/35 (21)</i> | 0 | |
| <i>nortrel 1/35 (28)</i> | 0 | |
| <i>nortrel 7/7/7</i> | 0 | |
| <i>nylia 1/35</i> | 0 | |
| <i>nylia 7/7/7</i> | 0 | |
| <i>nymyo</i> | 0 | |
| <i>ocella</i> | 0 | |
| <i>orsythia</i> | 0 | |
| <i>philith</i> | 0 | |
| <i>pimtrea</i> | 0 | |
| <i>pirmella 1/35</i> | 0 | |
| <i>pirmella 7/7/7</i> | 0 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>turqoz</i> | 1 | |
| TYBLUME | 0 | |
| <i>tydemy</i> | 0 | |
| VELIVET | 0 | |
| <i>vestura</i> | 0 | |
| <i>vienna</i> | 0 | |
| <i>viorele</i> | 0 | |
| <i>volnea</i> | 0 | |
| <i>vyfemla</i> | 0 | |
| <i>vylibra</i> | 0 | |
| <i>wera</i> | 0 | |
| <i>wymzyafe</i> | 0 | |
| <i>zarah</i> | 0 | |
| <i>zovia 1/35 (28)</i> | 0 | |
| <i>zovia 1/35e (28)</i> | 0 | |
| <i>zumandimine</i> | 0 | |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| <i>norelgestromin-eth estradiol</i> | 1 | |
| TWIRLA | 0 | |
| <i>xulane</i> | 0 | |
| <i>zafemy</i> | 0 | |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| ANNOVERA | 0 | |
| <i>eluryng</i> | 0 | |
| <i>etonogestrel-ethynodiolide</i> | 0 | |
| <i>haloette</i> | 0 | |
| NUVARING | 2 | |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD INTRAUTERINE COPPER | 0 | SP |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| NEXPLANON | 0 | SP, SUM3 (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY) |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION) | 2 | |
| DEPO-SUBQ PROVERA 104 | 0 | PN (84 DAYS SUPPLY PER FILL) |
| <i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i> | 0 | PN (84 DAYS SUPPLY PER FILL) |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| KYLEENA | 0 | SP, SUM3 (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY) |
| LILETTA (52 MG) | 0 | SP, SUM3 (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY) |
| MIRENA (52 MG) | 0 | SP, SUM3 (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY) |
| SKYLA | 0 | SP, SUM3 (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY) |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| <i>camila</i> | 1 | |
| <i>deblitane</i> | 0 | |
| <i>errin</i> | 1 | |
| <i>heather</i> | 0 | |
| <i>incassia</i> | 0 | |
| <i>jencycla</i> | 0 | |
| <i>lyleq</i> | 1 | |
| <i>lyza</i> | 0 | |
| <i>nora-be</i> | 0 | |
| <i>norethindrone</i> | 0 | |
| <i>norlyda</i> | 0 | |
| <i>norlyroc</i> | 0 | |
| <i>sharobel</i> | 0 | |
| SLYND | 0 | |
| <i>tulana</i> | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| CORTICOSTEROIDS (CONTINUED) | | |
| GLUCOCORTICOSTEROIDS | | |
| BETAMETHASONE SOD PHOS & ACET 6 (3-3) MG/ML SUSPENSION | 1 | |
| <i>betamethasone sod phos & acet 6 (3-3) mg/ml suspension</i> | 1 | |
| BETAMETHASONE SODIUM PHOSPHATE | 1 | |
| <i>budesonide 3 mg cp dr part</i> | 1 | |
| CORTEF | 3 | |
| <i>decadron</i> | 1 | |
| DEXAMETH SOD PHOS-BUPIV-EPIN | 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 (35) tab thpk, 1.5 mg (51) tab thpk, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i> | 1 | |
| <i>dexamethasone 1.5 mg (21) tab thpk</i> | 1 | |
| DEXAMETHASONE SOD PHOS-BUPIV | 1 | |
| DEXAMETHASONE SOD PHOS-NACL | 1 | |
| DEXAMETHASONE SOD PHOSPHATE PF (10 MG/ML SOLN PRSYR, 10 MG/ML SOLUTION) | 1 | |
| <i>dexamethasone sodium phosphate (4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i> | 1 | |
| <i>hidex 6-day</i> | 1 | |
| <i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i> | 1 | |
| MEDROL (2 MG TAB, 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB) | 3 | |
| <i>methylprednisolone</i> | 1 | |
| <i>methylprednisolone acetate (40 mg/ml suspension, 50 mg/ml suspension, 80 mg/ml suspension)</i> | 1 | |
| <i>methylprednisolone sodium succ</i> | 1 | |
| METHYL PREDNISOLONE-BUPIVACAINE | 1 | |
| PEDIAPRED | 3 | |
| <i>prednisolone 15 mg/5ml solution</i> | 1 | |
| <i>prednisolone 5 mg tab</i> | 1 | |
| PREDNISOLONE SODIUM PHOSPHATE (6.7 (5 BASE) MG/5ML SOLUTION, 10 MG TAB DISP, 10 MG/5ML SOLUTION, 15 MG TAB DISP, 15 MG/5ML SOLUTION, 20 MG/5ML SOLUTION, 25 MG/5ML SOLUTION, 30 MG TAB DISP) | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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) | 1 | |
| TRIAMCINOLONE ACETONIDE (40 MG/ML SUSPENSION, 50 MG/ML SUSPENSION) | 1 | |
| UCERIS 9 MG TAB ER 24H | 2 | |
| MINERALOCORTICOIDS | | |
| <i>fludrocortisone acetate</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</i> | 1 | |
| TESSALON PERLES | 3 | |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| <i>bromfed dm</i> | 1 | |
| <i>hydrocod poli-chlorphe poli er</i> | 1 | |
| PROMETHAZINE VC | 1 | |
| PROMETHAZINE VC/CODEINE | 1 | |
| <i>promethazine-codeine</i> | 1 | |
| <i>promethazine-dm</i> | 1 | |
| <i>promethazine-phenyleph-codeine</i> | 1 | |
| <i>promethazine-phenylephrine</i> | 1 | |
| <i>pseudoeph-bromphen-dm</i> | 1 | |
| EXPECTORANTS | | |
| <i>potassium iodide</i> | 1 | |
| MISC. RESPIRATORY INHALANTS | | |
| NEBUSAL (3 % NEBU SOLN, 6 % NEBU SOLN) | 1 | |
| <i>pulmosal</i> | 1 | |
| <i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| MUCOLYTICS | | |
| <i>acetylcysteine (10 % solution, 20 % solution)</i> | 1 | |
| DERMATOLOGICALS (CONTINUED) | | |
| ACNE PRODUCTS | | |
| <i>accutane</i> | 1 | PN (30 DAYS SUPPLY PER FILL) |
| <i>acne foaming wash</i> | 1 | |
| <i>acne medication 10 10 % gel</i> | 1 | |
| <i>acne medication 2.5</i> | 1 | |
| <i>acne medication 5 5 % gel</i> | 1 | |
| <i>acne treatment 10 % gel</i> | 1 | |
| <i>acne-clear</i> | 1 | |
| <i>adapalene (0.1 % cream, 0.1 % gel, 0.1 % pad, 0.1 % solution, 0.3 % gel)</i> | 1 | |
| <i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.1-2.5 % pad, 0.3-2.5 % gel)</i> | 1 | |
| AKLIEF | 2 | |
| <i>amnesteem</i> | 1 | PN (30 DAYS SUPPLY PER FILL) |
| ARAZLO | 2 | |
| <i>avar cleanser</i> | 1 | |
| <i>avar-e emollient</i> | 1 | |
| <i>avar-e green</i> | 1 | |
| <i>avita</i> | 1 | |
| BENZAC AC WASH | 3 | |
| BENZAMYCIN | 3 | |
| BENZEPRO (5.2 % FOAM, 5.3 % FOAM, 5.8 % MISC, 6.8 % LIQUID, 9.7 % FOAM) | 1 | |
| BENZEPRO CREAMY WASH | 1 | |
| <i>benzepro foaming cloths</i> | 1 | |
| <i>benzoyl perox-hydrocortisone</i> | 1 | |
| BENZOYL PEROXIDE (2.5 % GEL, 5 % GEL, 6.5 % GEL, 8 % GEL, 9.8 % FOAM, 10 % GEL, 10 % LIQUID) | 1 | |
| <i>benzoyl peroxide wash (5 % liquid, 10 % liquid)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>benzoyl peroxide-erythromycin</i> | 1 | |
| <i>bp 10-1</i> | 1 | |
| BP CLEANSING WASH | 1 | |
| <i>bp gel</i> | 1 | |
| <i>bp wash (2.5 % liquid, 5 % liquid, 10 % liquid)</i> | 1 | |
| BPO 8 % GEL | 1 | |
| <i>claravis</i> | 1 | PN (30 DAYS SUPPLY PER FILL) |
| <i>clean & clear persa-gel max st</i> | 1 | |
| <i>clindacin</i> | 1 | |
| <i>clindacin etz 1 % swab</i> | 1 | |
| <i>clindacin-p</i> | 1 | |
| <i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-2.5 % gel, 1.2-3.75 % gel, 1.2-5 % gel)</i> | 1 | |
| <i>clindamycin phosphate (1 % foam, 1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i> | 1 | |
| <i>clindamycin-tretinoin</i> | 1 | |
| <i>cvs acne foaming face wash</i> | 1 | |
| <i>cvs acne treatment 10 % gel</i> | 1 | |
| <i>cvs advanced 3-in-1 cleanser</i> | 1 | |
| <i>cvs foaming acne face wash</i> | 1 | |
| <i>dapsone (5 % gel, 7.5 % gel)</i> | 1 | |
| DIFFERIN CLEANSER | 3 | |
| <i>enzoclear</i> | 1 | |
| EPIDUO | 2 | |
| EPIDUO FORTE | 2 | |
| ERY | 1 | |
| ERYGEL | 3 | |
| <i>erythromycin (2 % gel, 2 % solution)</i> | 1 | |
| <i>isotretinoin</i> | 1 | PN (30 DAYS SUPPLY PER FILL) |
| KLARON | 3 | |
| <i>kp benzoyl peroxide</i> | 1 | |
| <i>kp benzoyl peroxide wash</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>medpura benzoyl peroxide (5 % gel, 5 % liquid, 10 % gel, 10 % liquid)</i> | 1 | |
| <i>myorisan</i> | 1 | PN (30 DAYS SUPPLY PER FILL) |
| <i>neuac 1.2-5 % gel</i> | 1 | |
| ONEXTON | 2 | |
| PANOXYL | 3 | |
| <i>panoxyl foaming wash</i> | 1 | |
| PR BENZOYL PEROXIDE WASH | 1 | |
| <i>resorcinol-sulfur</i> | 1 | |
| RETIN-A | 3 | |
| <i>sss 10-5 (10-5 % cream, 10-5 % foam)</i> | 1 | |
| <i>sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % liquid)</i> | 1 | |
| <i>sulfacetamide sodium (acne)</i> | 1 | |
| <i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % cream, 9.8-4.8 % liquid, 9.8-4.8 % lotion, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % liquid, 10-5 % lotion, 10-5 % suspension)</i> | 1 | |
| SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION | 1 | |
| SULFACETAMIDE-SULFUR IN UREA | 1 | |
| <i>sulfacleanse 8/4</i> | 1 | |
| <i>sulfamez wash</i> | 1 | |
| TAZAROTENE 0.1 % FOAM | 1 | |
| <i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i> | 1 | |
| <i>tretinoin microsphere</i> | 1 | |
| <i>tretinoin microsphere pump</i> | 1 | |
| TWYNEO | 2 | |
| WINLEVI | 2 | |
| <i>zenatane</i> | 1 | PN (30 DAYS SUPPLY PER FILL) |

AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES

| | | |
|-----------------------|---|--|
| REFISSA | 1 | |
| TRETINOIN (EMOLlient) | 1 | |

ANTI-INFLAMMATORY AGENTS - TOPICAL

| | | |
|----------------------|---|---|
| DICLOFENAC EPOLAMINE | 1 | (30 EA / 15 DAYS), PN (15 DAYS SUPPLY PER FILL) |
|----------------------|---|---|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>diclofenac sodium (1.5 % solution, 2 % solution)</i> | 1 | |
| <i>diclofenac sodium 1 % gel</i> | 1 | (10 GM / 1 DAYS) |
| ANTIBIOTICS - TOPICAL | | |
| <i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i> | 1 | |
| <i>mupirocin</i> | 1 | |
| <i>mupirocin calcium</i> | 1 | |
| ANTIFUNGALS - TOPICAL | | |
| <i>ciclodan</i> | 1 | |
| <i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i> | 1 | |
| <i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i> | 1 | |
| CICLOPIROX TREATMENT | 1 | |
| <i>clotrimazole (1 % cream, 1 % solution)</i> | 1 | |
| <i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i> | 1 | |
| <i>econazole nitrate</i> | 1 | |
| <i>hydrocortisone-iodoquinol</i> | 1 | |
| <i>iodoquimez-hc</i> | 1 | |
| <i>iodoquinol-hc-aloe polysacch</i> | 1 | |
| <i>iodoquinol-hydrocortisone-aloe</i> | 1 | |
| <i>ketoconazole (2 % cream, 2 % shampoo)</i> | 1 | |
| <i>ketoconazole 2 % foam</i> | 1 | |
| <i>klayesta</i> | 1 | |
| LOPROX 1 % SHAMPOO | 3 | |
| LOTRIMIN AF 1 % CREAM | 2 | |
| LOTRIMIN AF JOCK ITCH | 2 | |
| MICATIN | 2 | |
| MICONAZOLE-ZINC OXIDE-PETROLAT | 1 | |
| <i>naftifine hcl (1 % cream, 1 % gel, 2 % cream, 2 % gel)</i> | 1 | |
| NAFTIN (1 % GEL, 2 % GEL) | 2 | |
| <i>nyamyc</i> | 1 | |
| <i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>nystatin-triamcinolone</i> | 1 | |
| <i>nystop</i> | 1 | |
| <i>oxiconazole nitrate</i> | 1 | |
| SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION) | 1 | |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| <i>bexarotene 1 % gel</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>diclofenac sodium 3 % gel</i> | 1 | |
| FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION) | 1 | |
| TARGRETIN 1 % GEL | 3 | SP |
| TOLAK | 2 | |
| ANTIPRURITICS - TOPICAL | | |
| <i>doxepin hcl 5 % cream</i> | 1 | |
| ANTIPIRSORIATICS | | |
| <i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i> | 1 | |
| CALCIPOTRIENE 0.005 % FOAM | 1 | |
| <i>calcitrene</i> | 1 | |
| CALCITRIOL 3 MCG/GM OINTMENT | 1 | |
| COSENTYX (300 MG DOSE) | 2 | (2 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR) | 2 | (1 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| COSENTYX 125 MG/5ML SOLUTION | 2 | SP |
| COSENTYX 300 MG/2ML SOLN A-INJ | 2 | (2 ML / 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL) |
| COSENTYX SENSOREADY (300 MG) | 2 | (2 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| COSENTYX SENSOREADY PEN | 2 | (1 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| ILUMYA | 2 | SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY) |
| METHOXSALEN RAPID | 1 | PN (34 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| SKYRIZI (150 MG DOSE) | 2 | (1 EA / 84 DAYS), PN (84 DAYS SUPPLY PER FILL) |
| SKYRIZI 150 MG/ML SOLN PRSYR | 2 | (1 ML / 84 DAYS), SP, PN (84 DAYS SUPPLY PER FILL) |
| SKYRIZI PEN | 2 | (1 ML / 84 DAYS), SP, PN (84 DAYS SUPPLY PER FILL) |
| SORIATANE | 3 | SP |
| STELARA 45 MG/0.5ML SOLN PRSYR | 2 | (0.5 ML / 84 DAYS), SP, PN (84 DAYS SUPPLY PER FILL) |
| STELARA 45 MG/0.5ML SOLUTION | 2 | (0.5 ML / 84 DAYS), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY) |
| STELARA 90 MG/ML SOLN PRSYR | 2 | (1 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 90 DAY SUPPLY) |
| <i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i> | 1 | |
| TREMFYA | 2 | (1 ML / 56 DAYS), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| VTAMA | 2 | |
| ZORYVE 0.3 % CREAM | 2 | (60 GM / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |

ANTISEBORRHEIC PRODUCTS

| | | |
|--|---|--|
| <i>plexion ns</i> | 1 | |
| <i>selenium sulfide</i> | 1 | |
| <i>sodium sulfacetamide</i> | 1 | |
| <i>sodium sulfacetamide wash</i> | 1 | |
| SODIUM SULFACETAMIDE-BAKUCHIOL | 1 | |
| <i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i> | 1 | |
| <i>sulfacetamide sodium (cleans)</i> | 1 | |
| ZORYVE 0.3 % FOAM | 2 | |

ANTIVIRALS - TOPICAL

| | | |
|-------------------------------|---|---|
| <i>acyclovir 5 % cream</i> | 1 | (5 GM / fill(s)) |
| <i>acyclovir 5 % ointment</i> | 1 | |
| <i>penciclovir</i> | 1 | (5 GM / FILL), PN (1 DAY SUPPLY PER FILL) |

BURN PRODUCTS

| | | |
|-------------------------|---|--|
| <i>mafénide acetate</i> | 1 | |
|-------------------------|---|--|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| SILVADENE | 2 | |
| <i>silver sulfadiazine</i> | 1 | |
| <i>ssd</i> | 1 | |
| CAUTERIZING AGENTS | | |
| GRAFCO SILVER NIT APPLICATOR | 1 | |
| CORTICOSTEROIDS - TOPICAL | | |
| <i>ala-cort</i> | 1 | |
| <i>alclometasone dipropionate</i> | 1 | |
| AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT) | 1 | |
| <i>beser (0.05 % kit, 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 | |
| BRYHALI | 2 | |
| CAPEX | 3 | |
| <i>clobetasol prop emollient base</i> | 1 | |
| <i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i> | 1 | |
| <i>clobetasol propionate e</i> | 1 | |
| <i>clobetasol propionate emulsion</i> | 1 | |
| CLOBEX | 2 | |
| CLOBEX SPRAY | 2 | |
| <i>clodan 0.05 % shampoo</i> | 1 | |
| DERMA-SMOOTH/FS BODY | 3 | |
| DERMA-SMOOTH/FS SCALP | 3 | |
| <i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i> | 1 | |
| <i>desonide 0.05 % gel</i> | 1 | |
| <i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ENSTILAR | 2 | |
| <i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i> | 1 | |
| <i>fluocinolone acetonide body</i> | 1 | |
| <i>fluocinolone acetonide scalp</i> | 1 | |
| <i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i> | 1 | |
| <i>fluocinonide emulsified base</i> | 1 | |
| FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION) | 1 | |
| <i>halobetasol propionate</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 | |
| HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION) | 1 | |
| <i>hydrocortisone in absorbase</i> | 1 | |
| <i>hydrocortisone valerate</i> | 1 | |
| LIDOCAINE-HYDROCORTISONE ACE 1-1 % CREAM | 1 | |
| <i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i> | 1 | |
| <i>nutriarx creampak</i> | 1 | |
| PRAMOXINE-HC | 1 | |
| PREDNICARBATE | 1 | |
| <i>sanadermrx skin repair</i> | 1 | |
| TEMOVATE | 2 | |
| TEXACORT | 2 | |
| <i>triadime</i> | 1 | |
| <i>triadime-80</i> | 1 | |
| <i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % 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 acetonide 0.05 % ointment</i> | 1 | |
| <i>triderm</i> | 1 | |
| <i>triheal-80</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>trivix</i> | 1 | |
| ECZEMA AGENTS | | |
| ADBRY | 2 | (4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| CIBINQO | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| DUPIXENT (200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR) | 2 | (2.28 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| DUPIXENT (300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR) | 2 | (4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| DUPIXENT 100 MG/0.67ML SOLN PRSYR | 2 | (1.34 ML / 28 DAYS), PN (28 DAYS SUPPLY PER FILL) |
| OPZELURA | 2 | (240 GM / 28 DAYS) |
| EMOLLIENT/KERATOLYTIC AGENTS | | |
| <i>cerovel</i> | 1 | |
| <i>dermacinrx urea</i> | 1 | |
| <i>umecta mousse</i> | 1 | |
| UREA (35 % FOAM, 39 % CREAM, 39.5 % CREAM, 40 % CREAM, 40 % LOTION, 41 % CREAM, 45 % CREAM, 47 % CREAM) | 1 | |
| UREA HYDRATING | 1 | |
| <i>urea nail</i> | 1 | |
| <i>urea-c40</i> | 1 | |
| <i>uredeb</i> | 1 | |
| <i>uremez-40</i> | 1 | |
| <i>xurea</i> | 1 | |
| EMOLLIENTS | | |
| <i>ammonium lactate</i> | 1 | |
| HAIR GROWTH AGENTS | | |
| <i>bimatoprost</i> | 1 | |
| <i>finasteride 1 mg tab</i> | 1 | |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| <i>imiquimod (3.75 % cream, 5 % cream)</i> | 1 | |
| <i>imiquimod pump</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| ZYCLARA | 2 | |
| ZYCLARA PUMP (2.5 % CREAM, 3.75 % CREAM) | 2 | |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| <i>pimecrolimus</i> | 1 | |
| <i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i> | 1 | |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| CONDYLOX | 2 | |
| <i>keralyt (6 % gel, 6 % shampoo)</i> | 1 | |
| <i>podofilox (0.5 % gel, 0.5 % solution)</i> | 1 | |
| <i>salicylic acid (6 % foam, 6 % gel, 6 % shampoo, 26 % solution, 27.5 % liquid)</i> | 1 | |
| SALICYLIC ACID 3 % OINTMENT | 1 | |
| <i>salicylic acid er</i> | 1 | |
| <i>salicylic acid wart remover</i> | 1 | |
| <i>salicylic acid-cleanser 6 % (cream) kit</i> | 1 | |
| LOCAL ANESTHETICS - TOPICAL | | |
| <i>7t lido</i> | 1 | |
| <i>agoneaze</i> | 1 | |
| <i>anodyne lpt</i> | 1 | |
| <i>dermacinrx empricaine</i> | 1 | |
| <i>dermacinrx prizopak</i> | 1 | |
| ETHYL CHLORIDE | 1 | |
| <i>glydo</i> | 1 | |
| <i>lido bdk</i> | 1 | |
| <i>lido-prilo caine pack</i> | 1 | |
| <i>lido-sorb</i> | 1 | |
| <i>lidocaine 5 % ointment</i> | 1 | |
| <i>lidocaine 5 % patch</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| <i>lidocaine hcl (3 % cream, 3 % lotion, 4 % solution)</i> | 1 | |
| LIDOCAINE HCL 4.12 % CREAM | 1 | |
| LIDOCAINE HCL URETHRAL/MUCOSAL (2 % GEL, 2 % PRSYR) | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i> | 1 | |
| <i>lidocan iii</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| LIDODERM | 2 | |
| LIDOPIN (3 % CREAM, 3.25 % CREAM) | 1 | |
| <i>lidopril</i> | 1 | |
| <i>lidopril xr</i> | 1 | |
| <i>lidozion</i> | 1 | |
| <i>livixil pak</i> | 1 | |
| <i>nuvakaan</i> | 1 | |
| <i>premium lidocaine</i> | 1 | |
| <i>prilolid</i> | 1 | |
| <i>prilovix</i> | 1 | |
| <i>prilovix lite</i> | 1 | |
| <i>prilovix lite plus</i> | 1 | |
| <i>prilovix plus</i> | 1 | |
| <i>prilovix ultralite</i> | 1 | |
| <i>prilovix ultralite plus</i> | 1 | |
| <i>relador pak</i> | 1 | |
| <i>relador pak plus</i> | 1 | |
| <i>vexatrol</i> | 1 | |
| <i>zeruvia</i> | 1 | |
| <i>zionodil</i> | 1 | |
| <i>zionodil 100</i> | 1 | |
| MISC. TOPICAL | | |
| <i>benzoin compound</i> | 1 | |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |
| EUCRISA | 2 | |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| <i>blanche</i> | 1 | |
| <i>hydroquinone 4 % cream</i> | 1 | |
| <i>remergent hq</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>tl hydroquinone</i> | 1 | |
| ROSACEA AGENTS | | |
| <i>azelaic acid</i> | 1 | |
| <i>brimonidine tartrate 0.33 % gel</i> | 1 | (30 GM / FILL) |
| DOXYCYCLINE | 1 | |
| FINACEA (15 % FOAM, 15 % GEL) | 2 | |
| <i>ivermectin 1 % cream</i> | 1 | |
| METROCREAM | 3 | |
| METROGEL | 3 | |
| METROLOTION | 3 | |
| <i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i> | 1 | |
| ORACEA | 2 | |
| RHOFADE | 2 | |
| <i>rosadan (0.75 % cream, 0.75 % gel)</i> | 1 | |
| SOOLANTRA | 2 | |
| SCABICIDES PEDICULICIDES | | |
| CROTAN | 1 | |
| ELIMITE | 3 | |
| IVERMECTIN 0.5 % LOTION | 1 | |
| LINDANE | 1 | |
| <i>malathion</i> | 1 | |
| OVIDE | 2 | |
| <i>permethrin</i> | 1 | |
| SPINOSAD | 1 | |
| SCAR TREATMENT PRODUCTS | | |
| <i>celacyn</i> | 1 | |
| TAR PRODUCTS | | |
| COAL TAR | 1 | |
| WOUND CARE PRODUCTS | | |
| <i>scarcare gel-pad kit/large</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| DIAGNOSTIC PRODUCTS (CONTINUED) | | |
| DIAGNOSTIC BIOLOGICALS | | |
| <i>candida albicans skn tst antgn solution</i> | 1 | |
| DIAGNOSTIC DRUGS | | |
| <i>adenosine (diagnostic)</i> | 1 | |
| <i>adenosine 3 mg/ml solution</i> | 1 | |
| <i>cosyntropin</i> | 1 | |
| DIPYRIDAMOLE 5 MG/ML SOLUTION | 1 | |
| INDIGO CARMINE | 1 | |
| INDOCYANINE GREEN | 1 | |
| <i>isosulfan blue</i> | 1 | |
| <i>regadenoson</i> | 1 | |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| <i>ultrasound gel</i> | 1 | |
| DIAGNOSTIC TESTS | | |
| ACCU-CHEK AVIVA PLUS STRIP | 2 | (200 STRIPS / 30 DAYS) |
| ACCU-CHEK GUIDE STRIP | 2 | (200 STRIPS / 30 DAYS) |
| ACCU-CHEK SMARTVIEW | 2 | (200 STRIPS / 30 DAYS) |
| KROGER HEALTHPRO GLUCOSE TEST | 2 | (200 STRIPS / 30 DAYS) |
| ONETOUCH ULTRA STRIP | 2 | (200 STRIPS / 30 DAYS) |
| ONETOUCH VERIO STRIP | 2 | (200 STRIPS / 30 DAYS) |
| MISCELLANEOUS CONTRAST MEDIA | | |
| <i>clariscan</i> | 1 | |
| <i>gadobutrol</i> | 1 | |
| <i>gadoterate meglumine</i> | 1 | |
| RADIOGRAPHIC CONTRAST MEDIA | | |
| <i>iodixanol</i> | 1 | |
| <i>iopamidol</i> | 1 | |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS (CONTINUED) | | |
| DIETARY MANAGEMENT PRODUCTS | | |
| L-METHYLFOLATE | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| L-METHYLFOLATE CALCIUM | 1 | |
| WESTAB MAX | 1 | |
| NUTRITIONAL SUPPLEMENTS | | |
| asilnasalrms | 1 | |
| DIGESTIVE AIDS (CONTINUED) | | |
| DIGESTIVE ENZYMES | | |
| CREON | 2 | |
| VIOKACE | 2 | |
| ZENPEP | 2 | |
| DIURETICS (CONTINUED) | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| <i>acetazolamide</i> | 1 | SUM7 (ZERO) |
| <i>acetazolamide er</i> | 1 | SUM7 (ZERO) |
| <i>acetazolamide sodium</i> | 1 | |
| <i>dichlorphenamide</i> | 1 | (136 EA / 34 DAYS), SP |
| <i>methazolamide</i> | 1 | |
| DIURETIC COMBINATIONS | | |
| ALDACTAZIDE (25-25 MG TAB, 50-50 MG TAB) | 3 | |
| AMILORIDE-HYDROCHLOROTHIAZIDE | 1 | SUM7 (ZERO) |
| <i>amiloride-hydrochlorothiazide</i> | 1 | |
| MAXZIDE | 3 | |
| MAXZIDE-25 | 3 | |
| <i>spironolactone-hctz</i> | 1 | SUM7 (ZERO) |
| <i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i> | 1 | SUM7 (ZERO) |
| LOOP DIURETICS | | |
| <i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>bumetanide 0.25 mg/ml solution</i> | 1 | |
| <i>ethacrynat e sodium</i> | 1 | |
| <i>ethacrynic acid</i> | 1 | |
| <i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i> | 1 | SUM7 (ZERO) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| LASIX | 3 | |
| <i>torsemide</i> | 1 | SUM7 (ZERO) |
| OSMOTIC DIURETICS | | |
| <i>mannitol</i> | 1 | |
| <i>osmitrol (10 % solution, 15 % solution, 20 % solution)</i> | 1 | |
| POTASSIUM SPARING DIURETICS | | |
| ALDACTONE | 2 | |
| <i>amiloride hcl</i> | 1 | SUM7 (ZERO) |
| <i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i> | 1 | SUM7 (ZERO) |
| <i>spironolactone 25 mg/5ml suspension</i> | 1 | |
| <i>triamterene</i> | 1 | |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| <i>chlorothiazide sodium</i> | 1 | |
| <i>chlorthalidone</i> | 1 | SUM7 (ZERO) |
| <i>hydrochlorothiazide</i> | 1 | SUM7 (ZERO) |
| <i>indapamide</i> | 1 | SUM7 (ZERO) |
| <i>metolazone</i> | 1 | SUM7 (ZERO) |
| ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED) | | |
| BONE DENSITY REGULATORS | | |
| ACTONEL | 3 | |
| <i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i> | 1 | |
| ATELVIA | 3 | |
| BONIVA 150 MG TAB | 3 | |
| <i>calcitonin (salmon) 200 unit/act solution</i> | 1 | |
| <i>calcitonin (salmon) 200 unit/ml solution</i> | 1 | SP |
| FORTEO | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| FOSAMAX | 3 | |
| <i>ibandronate sodium 150 mg tab</i> | 1 | (1 EA / 30 DAYS) |
| <i>ibandronate sodium 3 mg/3ml solution</i> | 1 | SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| PAMIDRONATE DISODIUM (6 MG/ML SOLUTION, 30 MG/10ML SOLUTION, 90 MG/10ML SOLUTION) | 1 | |
| PROLIA | 2 | SP, SUM3 (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY) |
| <i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i> | 1 | |
| <i>teriparatide</i> | 1 | SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| <i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i> | 1 | SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN | 1 | (2.48 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| TYMLOS | 2 | (1.56 ML / 30 DAYS), SP, SUM3 (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC) | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>zoledronic acid 5 mg/100ml solution</i> | 1 | SP, SUM3 (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY) |
| FERTILITY REGULATORS | | |
| CLOMID | 1 | SUM7 (INF) |
| CLOMIPHENE CITRATE | 1 | SUM7 (INF) |
| FOLLISTIM AQ | 2 | SUM7 (INF), PN (34 DAYS SUPPLY PER FILL) |
| GONAL-F | 2 | SUM7 (INF), PN (34 DAYS SUPPLY PER FILL) |
| GONAL-F RFF | 2 | SUM7 (INF), PN (34 DAYS SUPPLY PER FILL) |
| GONAL-F RFF REDIRECT | 2 | SUM7 (INF), PN (34 DAYS SUPPLY PER FILL) |
| MENOPUR | 2 | SUM7 (INF), PN (34 DAYS SUPPLY PER FILL) |
| OVIDREL | 2 | SUM7 (INF), PN (34 DAYS SUPPLY PER FILL) |
| GNRH/LHRH ANTAGONISTS | | |
| <i>cetrorelix acetate</i> | 1 | SUM7 (INF), PN (34 DAYS SUPPLY PER FILL) |
| CETROTIDE | 2 | SUM7 (INF), PN (34 DAYS SUPPLY PER FILL) |
| <i>fyremaDEL</i> | 1 | SUM7 (INF) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>ganirelix acetate</i> | 1 | SUM7 (INF) |
| ORILISSA 150 MG TAB | 2 | (30 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| ORILISSA 200 MG TAB | 2 | (60 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| GROWTH HORMONES | | |
| GENOTROPIN | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| GENOTROPIN MINIQUICK | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE) | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| NORDITROPIN FLEXPRO | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| SOGROYA | 2 | SP, PN (34 DAY SUPPLY PER FILL) |
| HORMONE RECEPTOR MODULATORS | | |
| EVISTA | 3 | |
| <i>raloxifene hcl</i> | 0 | (\$0 copay for women) |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| FENSOLVI (6 MONTH) | 2 | (1 EA / 168 DAYS), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY) |
| LUPRON DEPOT-PED (1-MONTH) | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| LUPRON DEPOT-PED (3-MONTH) | 2 | SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY) |
| LUPRON DEPOT-PED (6-MONTH) | 2 | SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY) |
| SUPPRELIN LA | 2 | SP, SUM3 (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY) |
| TRIPTODUR | 2 | SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY) |
| METABOLIC MODIFIERS | | |
| <i>betaine</i> | 1 | SP |
| CALCITRIOL (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION) | 1 | |
| <i>carglumic acid</i> | 1 | LA, SP |
| <i>cinacalcet hcl</i> | 1 | |
| <i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>javygtor (100 mg tab, 500 mg packet)</i> | 1 | SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>javygtor 100 mg packet</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>levocarnitine (1 gm/10ml solution, 200 mg/ml solution, 330 mg tab)</i> | 1 | |
| <i>levocarnitine sf</i> | 1 | |
| <i>nitisinone</i> | 1 | SP |
| ORFADIN (2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP) | 2 | LA, SP |
| <i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i> | 1 | |
| PHEBURANE | 2 | LA, SP |
| ROCALTROL (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION) | 2 | |
| <i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i> | 1 | SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>sapropterin dihydrochloride 100 mg packet</i> | 1 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>sod benz-sod phenylacet</i> | 1 | |
| <i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i> | 1 | SP |
| ZEMPLAR (1 MCG CAP, 2 MCG CAP, 2 MCG/ML SOLUTION, 5 MCG/ML SOLUTION) | 2 | |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA | 2 | |
| POSTERIOR PITUITARY HORMONES | | |
| <i>desmopressin ace spray refrig</i> | 1 | |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution)</i> | 1 | |
| DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION | 1 | |
| <i>desmopressin acetate pf</i> | 1 | |
| <i>desmopressin acetate spray</i> | 1 | |
| VASOPRESSIN (5 UNIT/5ML SOLN PRSYR, 20 UNIT/ML SOLUTION) | 1 | |
| <i>vasopressin +rfid</i> | 1 | |
| PROGESTERONE RECEPTOR ANTAGONISTS | | |
| <i>mifepristone 200 mg tab</i> | 1 | |
| PROLACTIN INHIBITORS | | |
| <i>cabergoline</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| SOMATOSTATIC AGENTS | | |
| <i>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, PN (34 DAYS SUPPLY PER FILL) |
| SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION) | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| SOMATULINE DEPOT 120 MG/0.5ML SOLUTION | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| <i>tolvaptan (15 mg tab, 30 mg tab)</i> | 1 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| TOLVAPTAN 15 MG TAB | 1 | (60 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| ESTROGENS (CONTINUED) | | |
| ESTROGEN COMBINATIONS | | |
| <i>amabelz</i> | 0 | |
| CLIMARA PRO | 2 | |
| COMBIPATCH | 2 | |
| <i>covaryx</i> | 1 | |
| <i>covaryx hs</i> | 1 | |
| DUAVEE | 2 | |
| <i>eemt</i> | 1 | |
| <i>eemt hs</i> | 1 | |
| <i>est estrogens-methyltest</i> | 1 | |
| <i>est estrogens-methyltest ds</i> | 1 | |
| <i>est estrogens-methyltest hs</i> | 1 | |
| <i>estradiol-norethindrone acet</i> | 0 | |
| <i>fyavolv</i> | 0 | |
| <i>jinteli</i> | 0 | |
| <i>lopreeza</i> | 0 | |
| <i>mimvey</i> | 0 | |
| MYFEMBREE | 2 | (28 EA / 28 DAYS), PN (28 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>norethindrone-eth estradiol</i> | 0 | |
| ORIAHNN | 2 | (56 EA / 28 DAYS), PN (28 DAYS SUPPLY PER FILL) |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| ESTROGENS | | |
| CLIMARA | 3 | |
| DIVIGEL (0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL) | 2 | |
| <i>dotti</i> | 1 | |
| ESTRACE (0.5 MG TAB, 1 MG TAB, 2 MG TAB) | 3 | |
| <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, 6 mg pellet)</i> | 1 | |
| <i>estradiol valerate</i> | 1 | |
| EVAMIST | 2 | |
| <i>Iyllana</i> | 1 | |
| FLUOROQUINOLONES (CONTINUED) | | |
| FLUOROQUINOLONES | | |
| CIPRO (250 MG TAB, 250 MG/5ML (5%) RECON SUSP, 500 MG TAB, 500 MG/5ML (10%) RECON SUSP) | 3 | |
| <i>ciprofloxacin</i> | 1 | |
| CIPROFLOXACIN HCL (100 MG TAB, 250 MG TAB, 500 MG TAB, 750 MG TAB) | 1 | |
| <i>ciprofloxacin in d5w</i> | 1 | |
| <i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i> | 1 | |
| <i>levofloxacin in d5w</i> | 1 | |
| MOXIFLOXACIN HCL (400 MG TAB, 400 MG/250ML SOLUTION) | 1 | |
| MOXIFLOXACIN HCL IN NACL | 1 | |
| OFLOXACIN (300 MG TAB, 400 MG TAB) | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| GASTROINTESTINAL AGENTS - MISC. (CONTINUED) | | |
| GALLSTONE SOLUBILIZING AGENTS | | |
| URSO 250 | 2 | |
| URSO FORTE | 2 | |
| URSODIOL (200 MG CAP, 400 MG CAP) | 1 | |
| <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</i> | 1 | (2 EA / 1 DAYS) |
| GASTROINTESTINAL STIMULANTS | | |
| <i>metoclopramide hcl (5 mg tab, 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg tab, 10 mg tab disp, 10 mg/10ml solution)</i> | 1 | |
| REGLAN | 3 | |
| INFLAMMATORY BOWEL AGENTS | | |
| ASACOL HD | 2 | |
| AVSOLA | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| AZULFIDINE | 3 | |
| AZULFIDINE EN-TABS | 3 | |
| <i>balsalazide disodium</i> | 1 | |
| <i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i> | 1 | |
| <i>mesalamine er</i> | 1 | |
| <i>mesalamine-cleanser</i> | 1 | |
| REMICADE | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| ROWASA | 3 | |
| SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART) | 2 | (2.4 ML / 56 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY) |
| SKYRIZI 600 MG/10ML SOLUTION | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY) |
| STELARA 130 MG/26ML SOLUTION | 2 | SP, PN (56 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>sulfasalazine</i> | 1 | |
| INTESTINAL ACIDIFIERS | | |
| <i>enulose</i> | 1 | |
| <i>generlac</i> | 1 | |
| <i>lactulose encephalopathy</i> | 1 | |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| <i>alosetron hcl</i> | 1 | |
| LINZESS | 2 | (1 EA / 1 DAYS) |
| VIBERZI | 2 | |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| <i>alvimopan</i> | 1 | |
| SYMPROIC | 2 | |
| PHOSPHATE BINDER AGENTS | | |
| AURYXIA | 2 | (408 EA / 34 DAYS), PN (34 DAYS SUPPLY PER FILL) |
| <i>calcium acetate (phos binder)</i> | 1 | |
| <i>calcium acetate 667 mg tab</i> | 1 | |
| PHOSLYRA | 2 | |
| <i>sevelamer carbonate</i> | 1 | |
| <i>sevelamer hcl</i> | 1 | |
| VELPHORO | 2 | PN (34 DAYS SUPPLY PER FILL) |
| GENERAL ANESTHETICS (CONTINUED) | | |
| ANESTHETICS - MISC. | | |
| <i>etomidate</i> | 1 | |
| <i>fresenius propoven (200 mg/20ml emulsion, 500 mg/50ml emulsion, 1000 mg/100ml emulsion)</i> | 1 | |
| KETAMINE HCL (0.6 MG/ML SOLUTION, 1 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG/2ML SOLN PRSYR, 30 MG/3ML SOLN PRSYR, 50 MG/5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR, 50 MG/ML SOLUTION, 100 MG TROCHE, 100 MG/100ML SOLUTION, 100 MG/2ML SOLN PRSYR, 100 MG/ML SOLUTION, 300 MG/30ML SOLN PRSYR) | 1 | |
| <i>propofol</i> | 1 | |
| <i>propofol-lipuro</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| VOLATILE ANESTHETICS | | |
| <i>desflurane</i> | 1 | |
| <i>isoflurane</i> | 1 | |
| <i>sevoflurane</i> | 1 | |
| <i>terrell</i> | 1 | |
| GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED) | | |
| ALKALINIZERS | | |
| CYTRA K CRYSTALS | 1 | |
| <i>pot & sod cit-cit ac</i> | 1 | |
| <i>potassium citrate er</i> | 1 | |
| <i>potassium citrate-citric acid</i> | 1 | |
| <i>sod citrate-citric acid</i> | 1 | |
| <i>tricitrates</i> | 1 | |
| UROCIT-K 10 | 2 | |
| UROCIT-K 15 | 2 | |
| UROCIT-K 5 | 2 | |
| GENITOURINARY IRRIGANTS | | |
| <i>acetic acid 0.25 % solution</i> | 1 | |
| <i>aminoacetic acid</i> | 1 | |
| <i>argyle sterile saline</i> | 1 | |
| <i>curity sterile saline</i> | 1 | |
| <i>glycine 1.5 % solution</i> | 1 | |
| <i>glycine urologic</i> | 1 | |
| NEOMYCIN-POLYMYXIN B GU | 1 | |
| <i>sodium chloride 0.9 % solution</i> | 1 | |
| PROSTATIC HYPERTROPHY AGENTS | | |
| <i>alfuzosin hcl er</i> | 1 | |
| AVODART | 3 | |
| <i>dutasteride</i> | 1 | |
| <i>dutasteride-tamsulosin hcl</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>finasteride 5 mg tab</i> | 1 | |
| FLOMAX | 3 | |
| PROSCAR | 3 | |
| <i>silodosin</i> | 1 | |
| <i>tamsulosin hcl</i> | 1 | |
| URINARY ANALGESICS | | |
| <i>phenazo 200 mg tab</i> | 1 | |
| <i>phenazopyridine hcl</i> | 1 | |
| URINARY STONE AGENTS | | |
| <i>tiopronin</i> | 1 | SP |
| GOOT AGENTS (CONTINUED) | | |
| GOOT AGENT COMBINATIONS | | |
| <i>colchicine-probenecid</i> | 1 | |
| GOOT AGENTS | | |
| <i>allopurinol (100 mg tab, 200 mg tab, 300 mg tab)</i> | 1 | |
| <i>allopurinol sodium</i> | 1 | |
| <i>colchicine 0.6 mg cap</i> | 1 | (3 EA / 1 DAYS) |
| <i>colchicine 0.6 mg tab</i> | 1 | |
| <i>febuxostat</i> | 1 | (1 EA / 1 DAYS) |
| MITIGARE | 2 | (3 EA / 1 day(s)) |
| URICOSURICS | | |
| <i>probenecid</i> | 1 | |
| HEMATOLOGICAL AGENTS - MISC. (CONTINUED) | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| ADVATE | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ADYNOVATE | 2 | SP |
| AFSTYLA | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ALPROLIX | 2 | SP |
| ELOCTATE | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ESPEROCT | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| JIVI | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| KOGENATE FS | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| KOVALTRY | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| NOVOEIGHT | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| NOVOSEVEN RT | 2 | SP |
| NUWIQ | 2 | SP |
| REBINYN | 2 | SP |
| SEVENFACT | 2 | SP |
| XYNTHA | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| XYNTHA SOLOFUSE | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| <i>icatibant acetate</i> | 1 | (9 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>sajazir</i> | 1 | (9 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| COMPLEMENT INHIBITORS | | |
| EMPAVELI | 2 | LA, SP, PN (28 DAYS SUPPLY PER FILL) |
| RUCONEST | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| SOLIRIS | 3 | SP, PN (28 DAYS SUPPLY PER FILL) |
| HEMATOLOGIC - TYROSINE KINASE INHIBITORS | | |
| TAVALISSE | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| HEMATORHEOLOGIC AGENTS | | |
| <i>pentoxifylline er</i> | 1 | |
| PLASMA EXPANDERS | | |
| <i>hetastarch-nacl</i> | 1 | |
| LMD IN D5W | 1 | |
| LMD IN NACL | 1 | |
| PLASMA KALLIKREIN INHIBITORS | | |
| ORLADEYO | 2 | LA, SP |
| TAKHYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION) | 2 | (4 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| TAKHYRO 150 MG/ML SOLN PRSYR | 2 | (2 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| PLATELET AGGREGATION INHIBITORS | | |
| AGRYLIN | 2 | SP |
| <i>anagrelide hcl 0.5 mg cap</i> | 1 | SP |
| <i>anagrelide hcl 1 mg cap</i> | 1 | SP |
| <i>aspirin-dipyridamole er</i> | 1 | |
| BRILINTA | 2 | |
| <i>cilostazol</i> | 1 | |
| <i>clopidogrel bisulfate</i> | 1 | |
| <i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i> | 1 | |
| <i>eptifibatide</i> | 1 | |
| <i>prasugrel hcl</i> | 1 | |
| <i>tirofiban hcl in nacl</i> | 1 | |
| PROTAMINE | | |
| PROTAMINE SULFATE | 1 | |
| HEMATOPOIETIC AGENTS (CONTINUED) | | |
| AGENTS FOR GAUCHER DISEASE | | |
| CERDELGA | 2 | SP |
| CEREZYME | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>miglustat</i> | 1 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>yargesa</i> | 1 | (90 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| AGENTS FOR SICKLE CELL DISEASE | | |
| ENDARI | 2 | (180 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| SIKLOS | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| COBALAMINS | | |
| <i>cyanocobalamin (500 mcg/0.1ml solution, 1000 mcg/ml solution, 2000 mcg/ml solution)</i> | 1 | |
| <i>dodex</i> | 1 | |
| HYDROXOCOBALAMIN ACETATE | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| FOLIC ACID/FOLATES | | |
| <i>cvs folic acid</i> | 0 | |
| <i>folate</i> | 0 | |
| <i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i> | 0 | |
| <i>folic acid (1 mg tab, 5 mg/ml solution)</i> | 1 | |
| <i>gnp folic acid</i> | 0 | |
| <i>hm folic acid</i> | 0 | |
| <i>kp folic acid 800 mcg tab</i> | 0 | |
| <i>px folic acid</i> | 0 | |
| <i>qc folic acid</i> | 0 | |
| <i>ra folic acid</i> | 0 | |
| <i>sm folic acid</i> | 0 | |
| <i>true folic acid 400 mcg tab</i> | 0 | |
| <i>yl folic acid</i> | 0 | |
| HEMATOPOIETIC GROWTH FACTORS | | |
| ARANESP (ALBUMIN FREE) | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| DOPTELET | 2 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| FYLNETRA | 2 | (0.043 ML / 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL) |
| NIVESTYM | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| NYVEPRIA | 2 | (0.043 ML / 1 DAYS), SP |
| PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION) | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| PROCRIT 40000 UNIT/ML SOLUTION | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| PROMACTA | 2 | SP, PN (30 DAYS SUPPLY PER FILL) |
| RETACRIT | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| ZIEXTENZO | 2 | (0.043 ML / 1 DAYS), SP |
| HEMATOPOIETIC MIXTURES | | |
| <i>abaneu-sl/</i> | 1 | |
| <i>airavite</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|------------------|--------------------------------------|
| <i>chromagen</i> | 1 | |
| <i>corvita 150</i> | 1 | |
| <i>fa-vitamin b-6-vitamin b-12</i> | 1 | |
| <i>fabb</i> | 1 | |
| <i>ferocon</i> | 1 | |
| <i>ferotrinisic</i> | 1 | |
| <i>ferrocite plus</i> | 1 | |
| <i>folbee</i> | 1 | |
| <i>folplex 2.2</i> | 1 | |
| <i>foltrin</i> | 1 | |
| <i>hematinic plus vit/minerals</i> | 1 | |
| HEMATINIC/FOLIC ACID | 1 | |
| <i>hematogen</i> | 1 | |
| <i>hematogen forte</i> | 1 | |
| <i>hemocyte-f</i> | 1 | |
| <i>hemocyte-plus</i> | 1 | |
| <i>ifex 150 forte</i> | 1 | |
| <i>k-tan plus</i> | 1 | |
| <i>nufol</i> | 1 | |
| <i>poly-iron 150 forte</i> | 1 | |
| <i>polysaccharide iron forte</i> | 1 | |
| <i>purevit dualfe plus</i> | 1 | |
| <i>se-tan plus</i> | 1 | |
| <i>tandem plus</i> | 1 | |
| <i>ti-hem 150</i> | 1 | |
| <i>tricon</i> | 1 | |
| <i>trigels-f forte</i> | 1 | |
| <i>virt-gard</i> | 1 | |
| <i>westab mini</i> | 1 | |
| <i>westab one</i> | 1 | |
| IRON | | |
| <i>ferumoxytol</i> | 1 | LA, SP, PN (34 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>na ferric gluc cplx in sucrose</i> | 1 | SP |
| STEM CELL MOBILIZERS | | |
| MOZOBIL | 2 | SP |
| <i>plerixafor</i> | 1 | SP |
| HEMOSTATICS (CONTINUED) | | |
| HEMOSTATICS - SYSTEMIC | | |
| <i>aminocaproic acid (0.25 gm/ml solution, 250 mg/ml solution, 500 mg tab, 1000 mg tab)</i> | 1 | |
| <i>tranexamic acid (650 mg tab, 1000 mg/10ml solution)</i> | 1 | |
| <i>tranexamic acid-nacl</i> | 1 | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED) | | |
| BARBITURATE HYPNOTICS | | |
| <i>pentobarbital sodium</i> | 1 | |
| <i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i> | 1 | |
| <i>phenobarbital sodium</i> | 1 | |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| <i>doxepin hcl (3 mg tab, 6 mg tab)</i> | 1 | |
| NON-BARBITURATE HYPNOTICS | | |
| AMBIEN | 3 | |
| AMBIEN CR | 3 | |
| <i>DEXMEDETOMIDINE HCL (200 MCG/2ML SOLUTION, 400 MCG/4ML SOLUTION, 1000 MCG/10ML SOLUTION)</i> | 1 | |
| <i>DEXMEDETOMIDINE HCL IN NACL (20-0.9 MCG/5ML-% SOLN PRSYR, 40-0.9 MCG/10ML-% SOLN PRSYR, 80 MCG/20ML SOLUTION, 200 MCG/50ML SOLUTION, 200-0.9 MCG/50ML-% SOLUTION, 400 MCG/100ML SOLUTION)</i> | 1 | |
| <i>DEXMEDETOMIDINE HCL-DEXTROSE</i> | 1 | |
| <i>estazolam</i> | 1 | |
| <i>eszopiclone</i> | 1 | |
| <i>FLURAZEPAM HCL</i> | 1 | |
| HALCION | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| MIDAZOLAM | 1 | |
| MIDAZOLAM HCL (2 MG/2ML SOLUTION, 2 MG/ML SYRUP, 5 MG/5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/10ML SOLUTION, 10 MG/2ML SOLUTION, 25 MG/5ML SOLUTION, 50 MG/10ML SOLUTION, 150 MG/30ML SOLN PRSYR, 150 MG/30ML SOLUTION) | 1 | |
| <i>midazolam hcl (pf) (2 mg/2ml solution, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/2ml solution)</i> | 1 | |
| MIDAZOLAM HCL-SODIUM CHLORIDE (30-0.9 MG/30ML-% SOLN PRSYR, 50-0.9 MG/50ML-% SOLN PRSYR, 60-0.9 MG/30ML-% SOLN PRSYR) | 1 | |
| MIDAZOLAM HCL-SODIUM CHLORIDE 55-0.9 MG/55ML-% SOLN PRSYR | 1 | |
| MIDAZOLAM-SODIUM CHLORIDE | 1 | |
| MIDAZOLAM-SODIUM CHLORIDE (PF) | 1 | (30 ML / 21 day(s)), PN (21 DAYS SUPPLY PER FILL) |
| RESTORIL | 3 | |
| <i>temazepam</i> | 1 | |
| <i>triazolam (0.125 mg tab, 0.25 mg tab)</i> | 1 | |
| <i>zaleplon</i> | 1 | |
| <i>zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab, 5 mg tab, 7.5 mg cap, 10 mg tab)</i> | 1 | |
| <i>zolpidem tartrate er</i> | 1 | |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA | 2 | |
| DAYVIGO | 2 | |
| QUVIVIQ | 2 | |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| <i>ramelteon</i> | 1 | |
| <i>tasimelteon</i> | 1 | (30 EA / 30 DAYS), SP |
| LAXATIVES (CONTINUED) | | |
| LAXATIVE COMBINATIONS | | |
| CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION | 0 | (\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years) |
| CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|------------------|---|
| GAVILYTE-C | 0 | (\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years) |
| <i>gavilyte-g</i> | 0 | |
| <i>gavilyte-n with flavor pack</i> | 0 | (\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years) |
| <i>na sulfate-k sulfate-mg sulf</i> | 1 | (\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years) |
| NULYTELY LEMON-LIME | 3 | |
| NULYTELY WITH FLAVOR PACKS | 3 | |
| <i>peg 3350-kcl-na bicarb-nacl</i> | 0 | (\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years) |
| <i>peg-3350/electrolytes</i> | 0 | |
| <i>peg-3350/electrolytes/ascorbat</i> | 0 | (\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years) |
| <i>peg-kcl-nacl-nasulf-na asc-c</i> | 0 | (\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years) |
| PLENU | 0 | (\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years) |
| SUPREP BOWEL PREP KIT | 0 | |
| <i>trilyte</i> | 0 | (\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years) |

LAXATIVES - MISCELLANEOUS

| | | |
|---|---|--|
| <i>constulose</i> | 1 | |
| <i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i> | 1 | |
| LACTULOSE 10 GM PACKET | 1 | |
| MIRALAX (17 GM PACKET, 17 GM/SCOOP POWDER) | 2 | |
| MIRALAX MIX-IN PAX | 2 | |

LUBRICANT LAXATIVES

| | |
|--------------------------|---|
| <i>mineral oil heavy</i> | 1 |
|--------------------------|---|

LOCAL ANESTHETICS-PARENTERAL (CONTINUED)

LOCAL ANESTHETIC COMBINATIONS

| | |
|---|---|
| <i>articadent dental 4 %-1:100000 soln cart</i> | 1 |
|---|---|

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>bupivacaine-epinephrine</i> | 1 | |
| <i>bupivacaine-epinephrine (pf) (0.25% solution, 0.5% solution)</i> | 1 | |
| <i>lidocaine-epinephrine (0.5 %-1:200000 solution, 1 %-1:100000 solution, 1.5 %-1:200000 solution, 2 %-1:100000 solution, 2 %-1:200000 solution, 2 %-1:50000 solution)</i> | 1 | |
| ROPIV-CLONIDINE-KETOROLAC | 1 | |
| SENSORCAINE-MPF/EPINEPHRINE (SENSORCAINE-MPF/EPINEPHRINE 0.25% -1:200000 SOLUTION, SENSORCAINE-MPF/EPINEPHRINE 0.5% -1:200000 SOLUTION, SENSORCAINE-MPF/EPINEPHRINE 0.75-1:200000 % SOLUTION) | 1 | |
| <i>sensorcaine/epinephrine</i> | 1 | |
| <i>xylocaine dental 2 %-1:100000 solution</i> | 1 | |
| LOCAL ANESTHETICS - AMIDES | | |
| <i>bupivacaine hcl (0.125 % (50 ml) soln prsyr, 0.125 % solution, 0.25 % (10 ml) soln prsyr, 0.25 % solution, 0.5 % solution)</i> | 1 | |
| <i>bupivacaine hcl (pf)</i> | 1 | |
| BUPIVACAINE HCL-NACL | 1 | |
| <i>bupivacaine in dextrose</i> | 1 | |
| <i>bupivacaine spinal</i> | 1 | |
| <i>LIDOCAINE HCL (0.5 % SOLUTION, 0.5 MG J-INJ, 1 % SOLUTION, 2 % SOLUTION, 9 MG/ML SOLN PRSYR, 10 MG/ML SOLN PRSYR, 60 MG/3ML SOLN PRSYR, 100 MG/10ML SOLN PRSYR, 100 MG/5ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR)</i> | 1 | |
| LIDOCAINE HCL (BUFFERED) | 1 | |
| <i>lidocaine hcl (pf) (0.5 % solution, 1 % solution, 1.5 % solution, 2 % solution, 4 % solution)</i> | 1 | |
| POLOCAINE | 1 | |
| POLOCAINE-MPF | 1 | |
| ROPIVACAINE HCL (0.2 % SOLN PRSYR, 0.2 % SOLUTION, 0.5 % SOLN PRSYR, 2 MG/ML SOLUTION, 5 MG/ML SOLUTION, 7.5 MG/ML SOLUTION, 10 MG/ML SOLUTION) | 1 | |
| ROPIVACAINE HCL-NACL | 1 | |
| <i>sensorcaine</i> | 1 | |
| <i>sensorcaine-mpf</i> | 1 | |
| LOCAL ANESTHETICS - ESTERS | | |
| <i>chloroprocaine hcl (pf)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>tetracaine hcl 1 % solution</i> | 1 | |
| MACROLIDES (CONTINUED) | | |
| AZITHROMYCIN | | |
| <i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 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</i> | 1 | |
| ERYTHROMYCINS | | |
| E.E.S. 400 | 1 | |
| <i>ery-tab</i> | 1 | |
| ERYTHROCIN LACTOBIONATE | 1 | |
| ERYTHROCIN STEARATE | 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 | |
| <i>erythromycin lactobionate</i> | 1 | |
| FIDAXOMICIN | | |
| DIFICID 200 MG TAB | 2 | (20 EA / FILL) |
| DIFICID 40 MG/ML RECON SUSP | 2 | (150 ML / FILL) |
| MEDICAL DEVICES AND SUPPLIES (CONTINUED) | | |
| DIABETIC SUPPLIES | | |
| 1ST TIER UNILET COMFORTOUCH | 2 | |
| ACCU-CHEK AVIVA | 2 | |
| ACCU-CHEK AVIVA PLUS W/DEVICE KIT | 2 | (1 METER / 2 YEARS) |
| ACCU-CHEK COMPACT PLUS CONTROL | 2 | |
| ACCU-CHEK FASTCLIX LANCET | 2 | |
| ACCU-CHEK FASTCLIX LANCETS | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| ACCU-CHEK GUIDE CONTROL | 2 | |
| ACCU-CHEK GUIDE ME | 2 | (1 METER / 2 YEARS) |
| ACCU-CHEK GUIDE W/DEVICE KIT | 2 | (1 METER / 2 YEARS) |
| ACCU-CHEK MULTICLIX LANCETS | 2 | |
| ACCU-CHEK SAFE-T PRO LANCETS | 2 | |
| ACCU-CHEK SMARTVIEW CONTROL | 2 | |
| ACCU-CHEK SOFTCLIX LANCET DEV | 2 | |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | |
| ACCUTREND GLUCOSE CONTROL | 2 | |
| ACTI-LANCE 28G | 2 | |
| ACTI-LANCE LITE LANCETS 28G | 2 | |
| ACTI-LANCE SPECIAL LANCETS 17G | 2 | |
| ACTI-LANCE UNIVERSAL 23G | 2 | |
| ADJUSTABLE LANCING DEVICE | 2 | |
| ADVANCE MICRO-DRAW CONTROL | 2 | |
| ADVANCE MICRO-DRAW NORMAL | 2 | |
| ADVANCED MOBILE LANCET | 2 | |
| ADVOCATE LANCETS | 2 | |
| ADVOCATE LANCETS 30G | 2 | |
| ADVOCATE LANCING DEVICE | 2 | |
| ADVOCATE RAPID-SAFE LANCING | 2 | |
| ADVOCATE SAFETY LANCETS | 2 | |
| ADVOCATE SAFETY LANCETS 26G | 2 | |
| AGAMATRIX CONTROL SOLUTION | 2 | |
| AGAMATRIX CONTROL LEVEL 2 | 2 | |
| AGAMATRIX CONTROL LEVEL 4 | 2 | |
| AGAMATRIX ULTRA-THIN LANCETS | 2 | |
| AIMSCO TWIST LANCETS 32G | 2 | |
| AIMSCO TWIST LANCETS 33G | 2 | |
| ALTERNATE SITE LANCING DEVICE | 2 | |
| AQUA LANCE ADJUSTABLE LANCING | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| AQUALANCE LANCETS 30G | 2 | |
| ASSURE 3 CONTROL | 2 | |
| ASSURE 4 CONTROL LEVEL 1 & 2 | 2 | |
| ASSURE COMFORT LANCETS 28G | 2 | |
| ASSURE DOSE NORM/HIGH CONTROL | 2 | |
| ASSURE HAEMOLANCE PLUS HIGH | 2 | |
| ASSURE HAEMOLANCE PLUS LOW | 2 | |
| ASSURE HAEMOLANCE PLUS MICRO | 2 | |
| ASSURE HAEMOLANCE PLUS NORMAL | 2 | |
| ASSURE HAEMOLANCE PLUS PED | 2 | |
| ASSURE II CONTROL | 2 | |
| ASSURE II CONTROL LEVEL 1 & 2 | 2 | |
| ASSURE LANCE LANCETS | 2 | |
| ASSURE LANCE LANCETS 21G | 2 | |
| ASSURE LANCE PLUS SAFETY 25G | 2 | |
| ASSURE LANCE PLUS SAFETY 30G | 2 | |
| ASSURE LANCE SAFETY LANCET 28G | 2 | |
| ASSURE LANCETS | 2 | |
| ASSURE PRISM CONTROL LEVEL 1&2 | 2 | |
| ASSURE PRO CONTROL LEVEL 1 & 2 | 2 | |
| AURORA LANCET SUPER THIN 30G | 2 | |
| AURORA LANCET THIN 23G | 2 | |
| AUTO-LANCET | 2 | |
| AUTO-LANCET MINI | 2 | |
| AUTOLET II CLINISAFE | 2 | |
| AUTOLET LANCING DEVICE | 2 | |
| AUTOLET LITE CLINISAFE | 2 | |
| AUTOLET LITE STARTER PACK | 2 | |
| AUTOLET MINI | 2 | |
| AUTOLET PLATFORMS | 2 | |
| AUTOLET PLUS | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| BD LANCET ULTRAFINE 30G | 2 | |
| BD LANCET ULTRAFINE 33G | 2 | |
| BD MICROTAINER LANCETS | 2 | |
| BLULINK CONTROL HIGH & LOW | 2 | |
| BULLSEYE MINI SAFETY LANCETS | 2 | |
| BULLSEYE SAFETY LANCETS | 2 | |
| CARDIOCOM LANCING DEVICE | 2 | |
| CAREONE ADVANCED LANCING DEV | 2 | |
| CAREONE LANCET SUPER THIN 30G | 2 | |
| CAREONE LANCET THIN 23G | 2 | |
| CARESENS CONTROL A | 2 | |
| CARESENS CONTROL SOLUTION A/B | 3 | |
| CARESENS LANCETS | 2 | |
| CARESENS LANCETS 30G | 2 | |
| CARETOUCH CONTROL SOL LEVEL 2 | 2 | |
| CARETOUCH LANCING/EJECTOR | 2 | |
| CARETOUCH SAFETY LANCETS | 2 | |
| CARETOUCH SAFETY LANCETS 26G | 2 | |
| CARETOUCH TWIST LANCETS 28G | 2 | |
| CARETOUCH TWIST LANCETS 30G | 2 | |
| CARETOUCH TWIST LANCETS 33G | 2 | |
| CARETOUCH TWIST MC LANCETS 30G | 2 | |
| CLEANLET LANCETS 28G | 2 | |
| CLEVER CHEK LANCETS | 2 | |
| CLEVER CHOICE COMFORT EZ MISC | 2 | |
| CLEVER CHOICE LANCETS 21G | 2 | |
| CLEVER CHOICE LANCETS 23G | 2 | |
| CLEVER CHOICE LANCETS 28G | 2 | |
| COAGUCHEK LANCETS | 2 | |
| COMFORT ASSURED LANCETS 28G | 2 | |
| COMFORT ASSURED LANCETS 33G | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|--|
| COMFORT LANCETS | 2 | |
| COMFORT TOUCH LANCETS 31G | 2 | |
| COMFORT TOUCH PLUS LANCETS 28G | 2 | |
| COMFORT TOUCH PLUS LANCETS 30G | 2 | |
| COOL CONTROL A | 2 | |
| COOL CONTROL B | 2 | |
| CVS LANCETS 21G | 2 | |
| CVS LANCETS MICRO THIN 33G | 2 | |
| CVS LANCETS ORIGINAL | 2 | |
| CVS LANCETS THIN 26G | 2 | |
| CVS LANCETS ULTRA THIN 30G | 2 | |
| CVS LANCETS ULTRA-THIN 30G | 2 | |
| CVS LANCING DEVICE | 2 | |
| CVS ULTRA THIN LANCETS | 2 | |
| DEXCOM G4 PLAT PED RCV/SHARE | 2 | |
| DEXCOM G4 PLAT PED RECEIVER | 2 | |
| DEXCOM G4 PLATINUM RCV/SHARE | 2 | |
| DEXCOM G4 PLATINUM RECEIVER | 2 | |
| DEXCOM G4 PLATINUM TRANSMITTER | 2 | |
| DEXCOM G5 MOB/G4 PLAT SENSOR | 2 | |
| DEXCOM G5 MOBILE RECEIVER | 2 | |
| DEXCOM G5 MOBILE TRANSMITTER | 2 | |
| DEXCOM G5 RECEIVER KIT | 2 | |
| DEXCOM G6 RECEIVER | 2 | (1 EA / 730 DAYS) |
| DEXCOM G6 SENSOR | 2 | (0.1 EA / 1 day(s)) |
| DEXCOM G6 TRANSMITTER | 2 | (1 EA / 90 DAYS), PN (90 DAYS SUPPLY PER FILL) |
| DEXCOM G7 RECEIVER | 2 | (1 EA / 730 DAYS) |
| DEXCOM G7 SENSOR | 2 | (0.1 EA / 1 day(s)) |
| DIATHRIVE GLUCOSE CONTROL SOLN | 2 | |
| DIATHRIVE LANCET ULTRA THIN 30 | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| DIATHRIVE LANCETS | 2 | |
| DIATHRIVE LANCING DEVICE | 2 | |
| DROPLET GENTEEL LANCING DEVICE | 2 | |
| DROPLET LANCETS ULTRA THIN 30G | 2 | |
| DROPLET LANCING DEVICE | 2 | |
| DROPLET PERSONAL LANCETS 30G | 2 | |
| DRUG MART LANCETS THIN 26G | 2 | |
| DRUG MART LANCING DEVICE | 2 | |
| DRUG MART ON-THE-GO LANCET 30G | 2 | |
| DRUG MART UNILET LANCETS 28G | 2 | |
| DRUG MART UNILET LANCETS 30G | 2 | |
| DRUG MART UNILET LANCETS 33G | 2 | |
| DUO-CARE CONTROL SOLUTION | 2 | |
| E-Z JECT LANCET MICRO-THIN 33G | 2 | |
| E-Z JECT LANCET SUPER THIN 30G | 2 | |
| E-Z JECT LANCETS | 2 | |
| E-Z JECT LANCETS 21G | 2 | |
| E-Z JECT LANCETS THIN 26G | 2 | |
| EASY COMFORT LANCETS | 2 | |
| EASY COMFORT LANCETS TWIST TOP | 2 | |
| EASY MINI EJECT LANCING DEVICE | 2 | |
| EASY MINI LANCING DEVICE | 2 | |
| EASY TOUCH CONTROL HIGH & LOW | 2 | |
| EASY TOUCH LANCETS 21G | 2 | |
| EASY TOUCH LANCETS 23G | 2 | |
| EASY TOUCH LANCETS 26G | 2 | |
| EASY TOUCH LANCETS 28G | 2 | |
| EASY TOUCH LANCETS 28G/TWIST | 2 | |
| EASY TOUCH LANCETS 30G | 2 | |
| EASY TOUCH LANCETS 30G/TWIST | 2 | |
| EASY TOUCH LANCETS 32G | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| EASY TOUCH LANCETS 32G/TWIST | 2 | |
| EASY TOUCH LANCETS 33G/TWIST | 2 | |
| EASY TOUCH LANCING DEVICE | 2 | |
| EASY TOUCH SAFETY LANCETS 21G | 2 | |
| EASY TOUCH SAFETY LANCETS 23G | 2 | |
| EASY TOUCH SAFETY LANCETS 26G | 2 | |
| EASY TOUCH SAFETY LANCETS 28G | 2 | |
| EASY TWIST & CAP LANCETS | 2 | |
| EASYGLUCO PLUS LEVEL 1 | 2 | |
| EASYMAX 15 LEVEL 1-2 CONTROL | 2 | |
| EASYMAX 15 LEVEL 2 CONTROL | 2 | |
| EASYMAX 15 LEVEL 2-3 CONTROL | 2 | |
| EASYMAX CONTROL NORMAL/HIGH | 2 | |
| EASYMAX CONTROL NORMAL/LOW | 2 | |
| ELEMENT COMPACT CONTROL 2 | 2 | |
| ELEMENT COMPACT CONTROL 3 | 2 | |
| EMBRACE LANCETS ULTRA THIN 30G | 2 | |
| EMBRACE LANCING DEVICE/EJECTOR | 2 | |
| EMBRACE PRESSURE ACTIVATED 21G | 2 | |
| EMBRACE PRESSURE ACTIVATED 28G | 2 | |
| EMBRACE PRO GLUCOSE CONTROL | 2 | |
| EQL COLOR LANCETS 21G | 2 | |
| EQL COLOR LANCETS MICRO 33G | 2 | |
| EQL SUPER THIN LANCETS 30G | 2 | |
| EQL THIN LANCETS 26G | 2 | |
| EVENCARE CONTROL LOW/HIGH | 2 | |
| EVENCARE G2 LOW/HIGH CONTROL | 2 | |
| EVENCARE G3 LOW/HIGH CONTROL | 2 | |
| EZ-LETS LANCETS 21G | 2 | |
| EZ-LETS LANCETS 26G | 2 | |
| EZ-LETS LANCETS 28G | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| EZ-LETS LANCETS 30G | 2 | |
| FIFTY50 SAFETY SEAL LANCETS | 2 | |
| FIFTY50 UNILET LANCETS 33G | 2 | |
| FINE 30 | 2 | |
| FINGERSTIX LANCETS | 2 | |
| FORA LANCETS | 2 | |
| FORA LANCING DEVICE | 2 | |
| FREDS PHARMACY AUTOLET LANCING | 2 | |
| FREDS PHARMACY UNILET LANC 28G | 2 | |
| FREDS PHARMACY UNILET LANC 30G | 2 | |
| FREESTYLE CONTROL SOLUTION | 2 | |
| FREESTYLE LANCETS | 2 | |
| FREESTYLE UNISTICK II LANCETS | 2 | |
| GENTEEL BUTTERFLY TOUCH LANCET | 2 | |
| GENTEEL CONTACT TIPS (BLUE) | 2 | |
| GENTEEL CONTACT TIPS (CLEAR) | 2 | |
| GENTEEL CONTACT TIPS (GREEN) | 2 | |
| GENTEEL CONTACT TIPS (ORANGE) | 2 | |
| GENTEEL CONTACT TIPS (RAINBOW) | 2 | |
| GENTEEL CONTACT TIPS (VIOLET) | 2 | |
| GENTEEL CONTACT TIPS (YELLOW) | 2 | |
| GENTEEL LANCING DEVICE (GOLD) | 2 | |
| GENTEEL LANCING DEVICE(PLATNM) | 2 | |
| GENTEEL LANCING DEVICE(SILVER) | 2 | |
| GENTEEL LANCING KIT (BLUE) | 2 | |
| GENTEEL NOZZLES | 2 | |
| GENTEEL PLUS LANCING (BLACK) | 2 | |
| GENTEEL PLUS LANCING (PURPLE) | 2 | |
| GENTEEL PLUS LANCING (WHITE) | 2 | |
| GENTEEL PLUS LANCING DEV(BLUE) | 2 | |
| GENTEEL PLUS LANCING DEV(PINK) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| GENTLE-LET GP LANCETS | 2 | |
| GENTLE-LET LANCETS | 2 | |
| GENTLE-LET PLATFORMS | 2 | |
| GLOBAL INJECT EASE LANCETS 28G | 2 | |
| GLOBAL INJECT EASE LANCETS 30G | 2 | |
| GLOBAL LANCING DEVICE | 2 | |
| GLUCOCARD 01 CONTROL LIQUID | 2 | |
| GLUCOCARD EXPRESSION CONTROL | 2 | |
| GLUCOCARD SHINE CONTROL | 2 | |
| GLUCOCOM LANCETS 28G | 2 | |
| GLUCOCOM LANCETS 30G | 2 | |
| GLUCOCOM LANCETS 33G | 2 | |
| GLUCOSE CONTROL SOLUTION | 2 | |
| GNP EASY TOUCH CONT HIGH/LOW | 2 | |
| GNP LANCETS 21G | 2 | |
| GNP LANCETS MICRO THIN 33G | 2 | |
| GNP LANCETS SUPER THIN 30G | 2 | |
| GNP LANCETS THIN | 2 | |
| GNP LANCETS THIN 26G | 2 | |
| GNP LANCING SYSTEM DEVICE | 2 | |
| GNP STERILE LANCETS 28G | 2 | |
| GNP STERILE LANCETS 30G | 2 | |
| GNP STERILE LANCETS 33G | 2 | |
| GOJJI LANCING DEVICE/CLEAR CAP | 2 | |
| GOJJI STERILE LANCETS | 2 | |
| GOODSENSE COLOR LANCETS 33G | 2 | |
| GOODSENSE LANCETS 26G UNIV | 2 | |
| GOODSENSE LANCETS 30G | 2 | |
| GOODSENSE LANCETS 30G UNIV | 2 | |
| GOODSENSE LANCETS 33G | 2 | |
| GOODSENSE LANCETS 33G UNIV | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| GOODSENSE LANCING DEVICE | 2 | |
| H-E-B INCONTROL ADV LANCING | 2 | |
| H-E-B INCONTROL LANCETS 28G | 2 | |
| H-E-B INCONTROL LANCETS 30G | 2 | |
| H-E-B INCONTROL LANCETS 33G | 2 | |
| HAEMOLANCE | 2 | |
| HAEMOLANCE LOW FLOW LANCETS | 2 | |
| HAEMOLANCE PLUS | 2 | |
| HAEMOLANCE PLUS HIGH FLOW | 2 | |
| HAEMOLANCE PLUS LOW FLOW | 2 | |
| HAEMOLANCE PLUS MAX FLOW | 2 | |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | |
| HEALTH CARE LANCING DEVICE | 2 | |
| HEALTHY ACCENTS LANCING DEVICE | 2 | |
| HEALTHY ACCENTS UNILET LANCETS | 2 | |
| HY-VEE LANCETS | 2 | |
| HY-VEE THIN LANCETS | 2 | |
| HYPOLANCE AST LANCING | 2 | |
| IN TOUCH GLUCOSE CONTROL | 2 | |
| IN TOUCH LANCING DEVICE | 2 | |
| IN TOUCH STERILE LANCETS 30G | 2 | |
| KINNEY LANCETS | 2 | |
| KINNEY THIN LANCETS | 2 | |
| KROGER AUTOLET LANCING DEVICE | 2 | |
| KROGER HEALTHPRO CONTROL HI/LO | 2 | |
| KROGER HEALTHPRO LANCET 26G | 2 | |
| KROGER LANCETS | 2 | |
| KROGER LANCETS 21G | 2 | |
| KROGER LANCETS MICRO THIN 33G | 2 | |
| KROGER LANCETS SUPER THIN | 2 | |
| KROGER LANCETS THIN | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| KROGER LANCETS THIN 26G | 2 | |
| KROGER LANCETS ULTRATHIN 30G | 2 | |
| KROGER LANCING DEVICE | 2 | |
| LANCET DEVICE | 2 | |
| LANCET DEVICE WITH EJECTOR | 2 | |
| LANCET TRANSPORTER CASE | 2 | |
| LANCETS | 2 | |
| LANCETS 28G | 2 | |
| LANCETS 30G | 2 | |
| LANCETS 33G | 2 | |
| LANCETS MICRO THIN 33G | 2 | |
| LANCETS SUPER THIN 28G | 2 | |
| LANCETS THIN | 2 | |
| LANCETS ULTRA FINE | 2 | |
| LANCETS ULTRA THIN | 2 | |
| LANCETS ULTRA THIN 30G | 2 | |
| LANCING DEVICE | 2 | |
| LANZO | 2 | |
| LEADER ADVANCED LANCING DEVICE | 2 | |
| LIBERTY GLUCOSE CONTROL MID | 2 | |
| LIBERTY MEDICAL LANCETS | 2 | |
| LIBERTY MINI LANCING DEVICE | 2 | |
| LIFESCAN UNISTIK 2 | 2 | |
| LIFESCAN UNISTIK II LANCETS | 2 | |
| LITE TOUCH LANCETS | 2 | |
| LITE TOUCH LANCING PEN | 2 | |
| LITETOUCH LANCETS | 2 | |
| LIVE BETTER ADV LANCING DEVICE | 2 | |
| LIVE BETTER LANCET SUPER THIN | 2 | |
| LIVE BETTER LANCET ULTRA THIN | 2 | |
| LONGS LANCETS STANDARD | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| LONGS LANCETS THIN | 2 | |
| LONGS LANCETS ULTRA THIN | 2 | |
| MEDICHOICE SAFETY LANCET | 2 | |
| MEDICHOICE SAFETY LANCET EXTRA | 2 | |
| MEDICHOICE SAFETY LANCET NORM | 2 | |
| MEDISENSE GLUCOSE KETONE CONTR | 2 | |
| MEDISENSE HI/MID/LOW CONTROL | 2 | |
| MEDISENSE HIGH/LOW CONTROL | 2 | |
| MEDISENSE MID CONTROL | 2 | |
| MEDISENSE THIN LANCETS | 2 | |
| MEDLANCE EXTRA 21G | 2 | |
| MEDLANCE LITE 25G | 2 | |
| MEDLANCE PLUS EXTRA 21G | 2 | |
| MEDLANCE PLUS LANCETS | 2 | |
| MEDLANCE PLUS LITE 25G | 2 | |
| MEDLANCE PLUS SPECIAL 0.8MM | 2 | |
| MEDLANCE PLUS SUPERLITE 30G | 2 | |
| MEDLANCE PLUS UNIVERSAL 21G | 2 | |
| MEDLANCE UNIVERSAL 21G | 2 | |
| MEIJER LANCETS | 2 | |
| MEIJER LANCETS THIN | 2 | |
| MEIJER LANCETS UNIVERSAL 21G | 2 | |
| MEIJER LANCETS UNIVERSAL 30G | 2 | |
| MEIJER LANCETS UNIVERSAL 33G | 2 | |
| MEIJER SUPER THIN LANCETS | 2 | |
| MICRODOT CONTROL HIGH/LOW | 2 | |
| MICROLET LANCETS | 2 | |
| MICROLET NEXT LANCING DEVICE | 2 | |
| MINI LANCING DEVICE | 2 | |
| MM LANCING DEVICE | 2 | |
| MM TWIST LANCETS | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------|------------------|----------------------------|
| MONOLET LANCETS | 2 | |
| MONOLET OPD LANCETS | 2 | |
| MONOLETTOR SAFETY LANCETS | 2 | |
| MPD SAFETY LANCET 21G | 2 | |
| MPD SAFETY LANCET 23G | 2 | |
| MPD SAFETY LANCET 28G | 2 | |
| MPD SAFETY LANCET 30G | 2 | |
| MULTI-LANCET DEVICE | 2 | |
| MULTI-LANCET DEVICE 2 | 2 | |
| MYGLUCOHEALTH CONTROL | 2 | |
| MYGLUCOHEALTH LANCETS 30G | 2 | |
| NEUTEK 2TEK CONTROL | 2 | |
| NOVA MAX PLUS GLU/KET CONTROL | 2 | |
| NOVA SAFETY LANCETS 23G | 2 | |
| NOVA SAFETY LANCETS 28G | 2 | |
| NOVA SUREFLEX LANCETS | 2 | |
| NOVA SUREFLEX LANCING DEVICE | 2 | |
| OMNIPOD 5 G6 INTRO (GEN 5) | 2 | |
| OMNIPOD 5 G7 INTRO (GEN 5) | 2 | |
| OMNIPOD CLASSIC PDM (GEN 3) | 2 | |
| OMNIPOD DASH INTRO (GEN 4) | 2 | |
| OMNIPOD DASH PDM (GEN 4) | 2 | |
| ON CALL EXPRESS GLUCOSE CONTR | 2 | |
| ON CALL LANCETS | 2 | |
| ON CALL LANCING DEVICE | 2 | |
| ON CALL PLUS GLUCOSE CONTROL | 2 | |
| ON CALL PLUS LANCETS | 2 | |
| ON CALL PLUS LANCING DEVICE | 2 | |
| ON CALL VIVID GLUCOSE CONTROL | 2 | |
| ONETOUCH CLUB LANCETS FINE PT | 2 | |
| ONETOUCH DELICA LANCETS 30G | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ONETOUCH DELICA LANCETS 33G | 2 | |
| ONETOUCH DELICA LANCING DEV | 2 | |
| ONETOUCH DELICA PLUS LANCET30G | 2 | |
| ONETOUCH DELICA PLUS LANCET33G | 2 | |
| ONETOUCH DELICA PLUS LANCING | 2 | |
| ONETOUCH DELICA SAFETY LANCING | 2 | |
| ONETOUCH FINEPOINT LANCETS | 2 | |
| ONETOUCH SOLUTIONS STARTER KIT | 2 | |
| ONETOUCH SURESOFT LANCING DEV | 2 | |
| ONETOUCH ULTRA LIQUID | 2 | |
| ONETOUCH ULTRA 2 | 2 | (1 METER / 2 YEARS) |
| ONETOUCH ULTRASOFT 2 LANCETS | 2 | |
| ONETOUCH ULTRASOFT LANCETS | 2 | |
| ONETOUCH VERIO LIQUID | 2 | |
| ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT | 2 | (1 METER / 2 YEARS) |
| ONETOUCH VERIO REFLECT | 2 | (1 METER / 2 YEARS) |
| OPTUMRX GLUCOSE CONTROL | 2 | |
| PC LANCETS SUPER THIN 30G | 2 | |
| PENLET II BLOOD SAMPLER | 2 | |
| PENLET II REPLACEMENT CAP | 2 | |
| PERFECT LANCETS 28G | 2 | |
| PERFECT LANCETS 30G | 2 | |
| PHARMACIST CHOICE LANCETS | 2 | |
| PHARMACY COUNTER LANCETS | 2 | |
| PIP GLUCOSE CONTROL SOLUTION | 3 | |
| PIP LANCETS 28G | 2 | |
| PIP LANCETS 30G | 2 | |
| POCKETCHEM EZ CONTROL | 2 | |
| PRECISION GLUCOSE CONTROL | 2 | |
| PRECISION GLUCOSE CONTROL SOLN | 2 | |
| PRECISION GLUCOSE KETONE CONTR | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| PRECISION GLUCOSE/KETONE CONTR | 2 | |
| PRECISION THINS GP LANCETS | 2 | |
| PREFERRED PLUS LANCETS COLORED | 2 | |
| PREFERRED PLUS LANCETS THIN | 2 | |
| PRESSURE ACTIVAT SAFETY LANCET | 2 | |
| PRO COMFORT LANCETS 30G | 2 | |
| PRO COMFORT LANCETS 31G | 2 | |
| PRO COMFORT SAFETY LANCETS 30G | 2 | |
| PRODIGY LANCETS 28G | 2 | |
| PRODIGY LANCING DEVICE | 2 | |
| PRODIGY SAFETY LANCETS 26G | 2 | |
| PRODIGY TWIST TOP LANCETS 28G | 2 | |
| PSS SELECT GP LANCETS | 2 | |
| PSS SELECT PLATFORMS | 2 | |
| PSS SELECT SAFETY LANCETS | 2 | |
| PURE COMFORT LANCETS 30G | 2 | |
| PUSH BUTTON SAFETY LANCETS | 2 | |
| PUSH BUTTON SAFETY LANCETS 28G | 2 | |
| PX ADVANCED LANCING DEVICE | 2 | |
| PX LANCET AUTO INJECTOR | 2 | |
| PX LANCETS MICROTHIN 33G | 2 | |
| PX LANCETS ULTRA THIN | 2 | |
| PX LANCETS ULTRA THIN 28G | 2 | |
| QC ADVANCED LANCING DEVICE | 2 | |
| QC LANCETS SUPER THIN 30G | 2 | |
| QC LANCETS ULTRA THIN | 2 | |
| QC UNILET LANCETS 28G | 2 | |
| QC UNILET LANCETS MICRO THIN | 2 | |
| QUICKTEK CONTROL SOLUTION | 2 | |
| QUINTET CONTROL HIGH/NORMAL | 2 | |
| RA E-ZJECT LANCETS 28G | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| RA E-ZJECT LANCETS THIN 26G | 2 | |
| RA E-ZJECT LANCETS THIN 28G | 2 | |
| RA E-ZJECT LANCETS ULTRA THIN | 2 | |
| READYLANCE SAFETY LANCETS | 2 | |
| REALITY LANCETS | 2 | |
| REALITY TRIGGER LANCETS | 2 | |
| REFUAH PLUS GLUCOSE CONTROL | 2 | |
| RELION LANCET DEVICES 30G | 2 | |
| RELION LANCETS MICRO-THIN 33G | 2 | |
| RELION LANCETS THIN 26G | 2 | |
| RELION LANCETS ULTRA-THIN 30G | 2 | |
| RELION LANCING DEVICE | 2 | |
| RELION ULTRA THIN LANCETS 30G | 2 | |
| RELION ULTRA THIN PLUS LANCETS | 2 | |
| REXALL LANCETS ULTRA THIN 30G | 2 | |
| RIGHTEST ALTERNATE SITE ADAPT | 2 | |
| RIGHTEST GD500 LANCING DEVICE | 2 | |
| RIGHTEST GL300 LANCETS | 2 | |
| SAFE-T-LANCE | 2 | |
| SAFE-T-LANCE PLUS | 2 | |
| SAFETY LANCET 21G/PRESSURE ACT | 2 | |
| SAFETY LANCET 23G/PRESSURE ACT | 2 | |
| SAFETY LANCET 28G/PRESSURE ACT | 2 | |
| SAFETY LANCET 30G/PRESSURE ACT | 2 | |
| SAFETY LANCETS | 2 | |
| SAFETY LANCETS 21G | 2 | |
| SAFETY LANCETS 23G | 2 | |
| SAFETY LANCETS 28G | 2 | |
| SAFETY LET LANCETS | 2 | |
| SAFETY SEAL LANCETS | 2 | |
| SAPS HEALTH PLUS LANCETS | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| SURE COMFORT LANCETS 18G | 2 | |
| SURE COMFORT LANCETS 21G | 2 | |
| SURE COMFORT LANCETS 23G | 2 | |
| SURE COMFORT LANCETS 28G | 2 | |
| SURE COMFORT LANCETS 30G | 2 | |
| SURE COMFORT LANCING PEN | 2 | |
| SURE-LANCE FLAT LANCETS | 2 | |
| SURE-LANCE LANCETS 26G | 2 | |
| SURE-LANCE THIN LANCETS 28G | 2 | |
| SURE-LANCE ULTRA THIN LANCETS | 2 | |
| SURE-PEN | 2 | |
| SURE-TOUCH LANCETS UNIVERSAL | 2 | |
| SURELITE LANCETS | 2 | |
| SURESTEP GLUCOSE CONTROL | 2 | |
| TECHLITE AST LANCETS | 2 | |
| TECHLITE LANCETS | 2 | |
| TECHLITE LANCETS 26G | 3 | |
| TECHLITE LANCETS 30G | 2 | |
| TEL CARE GLUCOSE CONTROL | 2 | |
| TGT LANCET MICRO THIN 33G | 2 | |
| TGT LANCET THIN 26G | 2 | |
| TGT LANCET ULTRA THIN 30G | 2 | |
| TGT LANCING DEVICE | 2 | |
| THINLETS GP LANCETS | 2 | |
| TODAYS HEALTH LANCING DEVICE | 2 | |
| TODAYS HEALTH THIN LANCETS 28G | 2 | |
| TODAYS HEALTH THIN LANCETS 30G | 2 | |
| TOPCARE LANCETS MICRO-THIN 33G | 2 | |
| TRAVEL LANCETS | 2 | |
| TRAVEL LANCETS ADVANCED 28G | 2 | |
| TRUE COMFORT SAFETY LANCETS | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| TRUE COMFORT TWIST TOP LANCETS | 2 | |
| TRUECONTROL GLUCOSE CONT LEV 0 | 2 | |
| TRUECONTROL GLUCOSE CONT LEV 1 | 2 | |
| TRUEDRAW LANCING DEVICE | 2 | |
| TRUEPLUS LANCETS 26G | 2 | |
| TRUEPLUS LANCETS 28G | 2 | |
| TRUEPLUS LANCETS 30G | 2 | |
| TRUEPLUS LANCETS 33G | 2 | |
| TRUEPLUS SAFETY LANCETS 28G | 2 | |
| TWIST TOP LANCETS 30G | 2 | |
| ULTI-LANCE AUTOMATIC | 2 | |
| ULTILET CLASSIC LANCETS | 2 | |
| ULTILET LANCETS | 2 | |
| ULTILET SAFETY LANCETS | 2 | |
| ULTILET SAFETY LANCETS 23G | 2 | |
| ULTRA THIN LANCETS 31G | 2 | |
| ULTRA-CARE LANCETS 30G | 2 | |
| ULTRA-THIN II AUTO LANCET | 2 | |
| ULTRA-THIN II LANCETS | 2 | |
| ULTRALANCE | 2 | |
| ULTRATRAK PRO CONTROL SOLUTION | 2 | |
| ULTRATRAK ULTIMATE CONTROL | 2 | |
| UNILET COMFORTOUCH LANCET | 2 | |
| UNILET EXCELITE | 2 | |
| UNILET EXCELITE II | 2 | |
| UNILET G.P. LANCET | 2 | |
| UNILET G.P. SUPERLITE LANCET | 2 | |
| UNILET GP 28 ULTRA THIN | 2 | |
| UNILET LANCET | 2 | |
| UNILET MICRO-THIN 33G | 2 | |
| UNILET SUPER-THIN 30G | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| UNILET SUPERLITE LANCET | 2 | |
| UNILET ULTRA-THIN 28G | 2 | |
| UNISTIK 1 | 2 | |
| UNISTIK 2 | 2 | |
| UNISTIK 2 COMFORT | 2 | |
| UNISTIK 2 EXTRA | 2 | |
| UNISTIK 2 NEONATAL | 2 | |
| UNISTIK 2 NORMAL | 2 | |
| UNISTIK 2 SUPER | 2 | |
| UNISTIK 3 | 2 | |
| UNISTIK 3 COMFORT | 2 | |
| UNISTIK 3 EXTRA | 2 | |
| UNISTIK 3 GENTLE | 2 | |
| UNISTIK 3 NEONATAL | 2 | |
| UNISTIK 3 NORMAL | 2 | |
| UNISTIK CZT COMFORT | 2 | |
| UNISTIK CZT NORMAL | 2 | |
| UNISTIK NORMAL | 2 | |
| UNISTIK PRO SAFETY LANCET | 2 | |
| UNISTIK SAFETY LANCETS 28G | 2 | |
| UNISTIK SAFETY LANCETS 30G | 2 | |
| UNISTIK TOUCH SAFETY LANC 21G | 2 | |
| UNISTIK TOUCH SAFETY LANC 23G | 2 | |
| UNISTIK TOUCH SAFETY LANC 28G | 2 | |
| UNISTIK TOUCH SAFETY LANC 30G | 2 | |
| UNIVERSAL 1 LANCETS THIN 26G | 2 | |
| UNIVERSAL 1 LANCETS THIN 33G | 2 | |
| UNIVERSAL 1 LANCETS ULTRA THIN | 2 | |
| VALUE PLUS LANCET STANDARD 21G | 2 | |
| VALUE PLUS LANCETS SUPER THIN | 2 | |
| VALUE PLUS LANCETS THIN 26G | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| VALUE PLUS LANCING DEVICE | 2 | |
| VALUMARK LANCET SUPER THIN 30G | 2 | |
| VALUMARK LANCET ULTRA THIN 28G | 2 | |
| VERASENS GLUCOSE CONTROL | 2 | |
| VERIFINE SAFE LANCET MINI 21G | 2 | |
| VERIFINE SAFE LANCET MINI 23G | 2 | |
| VERIFINE SAFE LANCET MINI 28G | 2 | |
| VERIFINE SAFE LANCET MINI 30G | 2 | |
| VERIFINE UNIVERSAL LANCETS 28G | 2 | |
| VERIFINE UNIVERSAL LANCETS 30G | 2 | |
| VERIFINE UNIVERSAL LANCETS 33G | 2 | |
| VIDA MIA AUTOLET LANCING DEV | 2 | |
| VIDA MIA UNILET LANCETS 28G | 2 | |
| VIDA MIA UNILET LANCETS 30G | 2 | |
| VITALET PRO LANCETS | 2 | |
| VITALET PRO PLUS LANCETS | 2 | |
| VIVAGUARD INO CONTROL SOLUTION | 2 | |
| VIVAGUARD LANCETS | 2 | |
| VIVAGUARD LANCING DEVICE | 2 | |
| WALGREENS ADV TRAVEL LANCETS | 2 | |
| WALGREENS LANCETS | 2 | |
| WALGREENS LANCETS MICRO THIN | 2 | |
| WALGREENS LANCETS SUPER THIN | 2 | |
| WALGREENS THIN LANCETS | 2 | |
| WALGREENS ULTRA THIN LANCETS | 2 | |
| ZEVRX TWIST TOP LANCETS 30G | 2 | |
| PARENTERAL THERAPY SUPPLIES | | |
| 1ST TIER UNIFINE PENTIPS | 2 | |
| 1ST TIER UNIFINE PENTIPS PLUS | 2 | |
| ABOUTTIME PEN NEEDLE | 2 | |
| ADVOCATE INSULIN PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 33G X 4 MISC) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM MISC | 2 | |
| ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |
| ADVOCATE 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| ASSURE ID INSULIN SAFETY SYR | 2 | |
| ASSURE ID SAFETY PEN NEEDLES | 2 | |
| AUM MINI INSULIN 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 MINI INSULIN PEN NEEDLE 32G X 8 MM MISC | 2 | |
| AUM READYGARD DUO PEN NEEDLE | 2 | |
| AUM SAFETY PEN NEEDLE | 2 | |
| AURORA PEN NEEDLES | 2 | |
| AURORA UNIFINE PENTIPS | 2 | |
| BD AUTOSHIELD | 2 | |
| BD AUTOSHIELD DUO | 2 | |
| BD INSULIN SYR ULTRAFINE II | 2 | |
| BD INSULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, U-100 1 ML MISC) | 2 | |
| BD INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC) | 2 | |
| BD INSULIN SYRINGE HALF-UNIT | 2 | |
| BD INSULIN SYRINGE MICROFINE | 2 | |
| BD INSULIN SYRINGE U-500 | 2 | |
| BD INSULIN SYRINGE U/F (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 | 2 | |
| BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC | 2 | |
| BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC) | 2 | |
| BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| BD PEN NEEDLE MICRO U/F | 2 | |
| BD PEN NEEDLE MINI U/F | 2 | |
| BD PEN NEEDLE NANO 2ND GEN | 2 | |
| BD PEN NEEDLE NANO U/F | 2 | |
| BD PEN NEEDLE ORIGINAL U/F | 2 | |
| BD PEN NEEDLE SHORT U/F | 2 | |
| BD SAFETY-LOK INSULIN SYRINGE | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE (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 SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 2 | |
| BD VEO INSULIN SYR U/F 1/2UNIT | 2 | |
| BD VEO INSULIN SYRINGE U/F | 2 | |
| CAREFINE PEN NEEDLES | 2 | |
| CAREONE INSULIN SYRINGE (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 INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC | 2 | |
| CAREONE UNIFINE PENTIPS | 2 | |
| CAREONE UNIFINE PENTIPS PLUS | 2 | |
| CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC) | 2 | |
| CARETOUCH INSULIN SYRINGE (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) | 2 | |
| CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC) | 2 | |
| CLICKFINE PEN NEEDLES | 2 | |
| COMFORT ASSIST INSULIN SYRINGE | 2 | |
| COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |
| COMFORT EZ INSULIN SYRINGE (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 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| EASY TOUCH INSULIN SAFETY SYR | 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, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |
| EASY TOUCH INSULIN SYRINGE (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 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC) | 2 | |
| EASY TOUCH PEN NEEDLES 30G X 6 MM MISC | 2 | |
| EASY TOUCH SAFETY PEN NEEDLES (X 5MM MISC, X 8MM MISC) | 2 | |
| EASY TOUCH SAFETY PEN NEEDLES 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" 1 ML MISC, 29G X 5/16" 1 ML MISC) | 2 | |
| ELITE-THIN INSULIN SYRINGE (X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC) | 2 | |
| EQL INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |
| EQL 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |
| EXEL COMFORT POINT INSULIN SYR (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 | |
| EXEL COMFORT POINT PEN NEEDLE | 2 | |
| FIFTY50 PEN NEEDLES | 2 | |
| FIFTY50 SUPERIOR COMFORT SYR | 2 | |
| FREDS PHARMACY UNIFINE PENTIP+ | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| FREDS PHARMACY UNIFINE PENTIPS | 2 | |
| FREESTYLE PRECISION INS SYR | 2 | |
| GLOBAL EASE INJECT PEN NEEDLES | 2 | |
| GLOBAL EASY GLIDE INSULIN SYR | 2 | |
| GLOBAL EASY GLIDE PEN NEEDLES | 2 | |
| GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |
| GLOBAL INJECT EASE INSULIN SYR (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 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| GLOBAL INSULIN SYRINGES | 2 | |
| GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| GLUCOPRO INSULIN SYRINGE (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC) | 2 | |
| GNP CLICKFINE PEN NEEDLES | 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, 30G X 5/16" 0.3 ML MISC) | 2 | |
| GNP 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| GNP INSULIN SYRINGES | 2 | |
| GNP INSULIN SYRINGES 28GX1/2" | 2 | |
| GNP INSULIN SYRINGES 29GX1/2" | 2 | |
| GNP INSULIN SYRINGES 30GX5/16" | 2 | |
| GNP INSULIN SYRINGES 31GX5/16" | 2 | |
| GNP ULTICARE PEN NEEDLES | 2 | |
| GNP ULTIGUARD SAFEPACK NEEDLE | 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, 30G X 5/16" 0.3 ML MISC) | 2 | |
| GOODSENSE CLICKFINE PEN NEEDLE | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| KINRAY INSULIN SYRINGE | 2 | |
| KMART VALU INSULIN SYRINGE 29G | 2 | |
| KMART VALU INSULIN SYRINGE 30G | 2 | |
| KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |
| KROGER 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| KROGER PEN NEEDLES | 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, 30G X 5/16" 0.3 ML MISC) | 2 | |
| LEADER 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| LEADER UNIFINE PENTIPS | 2 | |
| LEADER UNIFINE PENTIPS PLUS | 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, 30G X 5/16" 0.3 ML MISC) | 2 | |
| LITETOUCH 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| LITETOUCH PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC) | 2 | |
| LITETOUCH PEN NEEDLES 29G X 12.7MM MISC | 2 | |
| LONGS INSULIN SYRINGE | 2 | |
| MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |
| MAGELLAN INSULIN SAFETY SYR (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 | |
| MAXI-COMFORT INSULIN SYRINGE | 2 | |
| MAXI-COMFORT SAFETY PEN NEEDLE | 2 | |
| MAXICOMFORT II PEN NEEDLE | 2 | |
| MAXICOMFORT SYR 27G X 1/2" | 2 | |
| MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 2 | |
| MEDICINE SHOPPE PEN NEEDLES | 2 | |
| MEIJER PEN NEEDLES | 2 | |
| MICRODOT PEN NEEDLE | 2 | |
| MM INSULIN SYRINGE/NEEDLE (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 INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML MISC | 2 | |
| MM PEN NEEDLES | 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, 30G X 5/16" 0.3 ML MISC, U-100 1 ML MISC) | 2 | |
| MONOJECT 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 | |
| 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, 30G X 5/16" 0.3 ML MISC) | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC) | 2 | |
| MS INSULIN SYRINGE | 2 | |
| NOVOFINE AUTOCOVER PEN NEEDLE | 2 | |
| NOVOFINE PEN NEEDLE | 2 | |
| NOVOFINE PLUS PEN NEEDLE | 2 | |
| NOVOTWIST PEN NEEDLE | 2 | |
| PC UNIFINE PENTIPS | 2 | |
| PEN NEEDLES | 2 | |
| PEN NEEDLES 5/16" 31G X 8 MM MISC | 2 | |
| PENTIPS | 2 | |
| PRECISION SURE-DOSE SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 3/8" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |
| PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML MISC | 2 | |
| PRECISION SUREDOS PLUS SYR 29G X 1/2" 0.3 ML MISC | 2 | |
| PRECISION SUREDOS PLUS SYR 29G X 1/2" 1 ML MISC | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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, 30G X 5/16" 0.3 ML MISC) | 2 | |
| PREFERRED PLUS 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 | |
| PREFERRED PLUS UNIFINE PENTIPS | 2 | |
| PREVENT DROPSAFE PEN NEEDLES | 2 | |
| PREVENT SAFETY PEN NEEDLES | 2 | |
| PRO COMFORT INSULIN SYRINGE | 2 | |
| PRO COMFORT PEN NEEDLES | 2 | |
| PRODIGY INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC) | 2 | |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 2 | |
| PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC) | 2 | |
| PURE COMFORT PEN NEEDLE 32G X 8 MM MISC | 2 | |
| PX EXTRA SHORT PEN NEEDLES | 2 | |
| PX INSULIN SYRINGE | 2 | |
| PX MINI PEN NEEDLES | 2 | |
| PX PEN NEEDLE | 2 | |
| PX SHORLENGTH PEN NEEDLES | 2 | |
| QC PEN NEEDLES | 2 | |
| QC UNIFINE PENTIPS | 2 | |
| RA INSULIN SYRINGE | 2 | |
| RA PEN NEEDLES | 2 | |
| REALITY INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC) | 2 | |
| REALITY INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC) | 2 | |
| RELION INSULIN SYRINGE | 2 | |
| RELION MINI PEN NEEDLES | 2 | |
| RELION PEN NEEDLES | 2 | |
| RELION SHORT PEN NEEDLES | 2 | |
| SAFESNAP INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| SAFESNAP INSULIN SYRINGE 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 INSULIN SYRINGES 27G X 1/2" 1 ML MISC | 2 | |
| SAFETY PEN NEEDLES | 2 | |
| SB INSULIN SYRINGE | 2 | |
| SECURESAFE INSULIN SYRINGE | 2 | |
| SECURESAFE SAFETY PEN NEEDLES | 2 | |
| SHOPKO UNIFINE PENTIPS | 2 | |
| SHOPKO UNIFINE PENTIPS PLUS | 2 | |
| SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 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) | 2 | |
| SURE COMFORT INSULIN SYRINGE (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 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| SURE COMFORT PEN NEEDLES (30G X 8 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC) | 2 | |
| SURE COMFORT PEN NEEDLES 29G X 12.7MM MISC | 2 | |
| SURE-FINE PEN NEEDLES (X 5 MISC, X 8 MISC) | 2 | |
| SURE-FINE PEN NEEDLES 29G X 12.7MM 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, 30G X 5/16" 0.3 ML MISC) | 2 | |
| SURE-JECT 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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC) | 2 | |
| TECHLITE INSULIN SYRINGE (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 1/2" 1 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 | |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ULTRA THIN PEN NEEDLES | 2 | |
| ULTRA-THIN II INS SYR SHORT (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 INS SYR SHORT 30G X 5/16" 0.3 ML MISC | 2 | |
| ULTRA-THIN II INSULIN SYRINGE | 2 | |
| ULTRA-THIN II MINI PEN NEEDLE | 2 | |
| ULTRA-THIN II PEN NEEDLE SHORT | 2 | |
| ULTRA-THIN II PEN NEEDLES | 2 | |
| ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2 | |
| ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 2 | |
| ULTRACARE PEN NEEDLES | 2 | |
| UNIFINE PEN NEEDLES | 2 | |
| UNIFINE PENTIPS | 2 | |
| UNIFINE PENTIPS PLUS | 2 | |
| UNIFINE SAFECONTROL PEN NEEDLE | 2 | |
| UNIFINE ULTRA PEN NEEDLE | 2 | |
| VALUE HEALTH INSULIN SYRINGE | 2 | |
| VALUMARK PEN NEEDLES | 2 | |
| VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC) | 2 | |
| VANISHPOINT INSULIN SYRINGE (29G X 5/16" 1 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC) | 2 | |
| VIDA MIA UNIFINE PENTIPS | 2 | |
| VP INSULIN SYRINGE | 2 | |
| WEGMANS UNIFINE PENTIPS PLUS | 2 | |
| ZEVRX INSULIN SYRINGE | 2 | |
| ZEVRX PEN NEEDLES | 2 | |

MIGRAINE PRODUCTS (CONTINUED)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

| | | |
|---------|---|------------------|
| AIMOVIG | 2 | (1 ML / 28 DAYS) |
|---------|---|------------------|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| AJOVY | 2 | (1.5 ML / 28 DAYS) |
| EMGALITY | 2 | (1 ML / 28 DAYS) |
| EMGALITY (300 MG DOSE) | 2 | (3 ML / 28 DAYS) |
| NURTEC | 2 | (18 EA / 30 DAYS) |
| QULIPTA (30 MG TAB, 60 MG TAB) | 2 | (60 EA / 30 DAYS) |
| QULIPTA 10 MG TAB | 2 | (30 EA / 30 DAYS) |
| UBRELVY | 2 | (16 EA / 30 DAYS), PN (30 DAYS SUPPLY PER FILL) |
| MIGRAINE PRODUCTS | | |
| D.H.E. 45 | 2 | |
| <i>dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)</i> | 1 | |
| MIGRAINE PRODUCTS - NSAIDS | | |
| <i>diclofenac potassium(migraine)</i> | 1 | |
| SEROTONIN AGONISTS | | |
| <i>almotriptan malate</i> | 1 | (16 EA / 28 DAYS) |
| <i>eletriptan hydrobromide</i> | 1 | (16 EA / 28 DAYS) |
| <i>frovatriptan succinate</i> | 1 | (16 EA / 28 DAYS) |
| IMITREX (5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION, 25 MG TAB, 50 MG TAB, 100 MG TAB) | 3 | (16 EA / 28 DAYS) |
| IMITREX 6 MG/0.5ML SOLUTION | 3 | (8 ML / 28 DAYS) |
| IMITREX STATDOSE REFILL | 3 | (8 ML / 28 DAYS) |
| IMITREX STATDOSE SYSTEM | 3 | (8 ML / 28 DAYS) |
| <i>naratriptan hcl</i> | 1 | (16 EA / 28 DAYS) |
| ONZETRA XSAIL | 2 | (8 ML / 28 DAYS) |
| RELPAX | 3 | (16 EA / 28 DAYS) |
| <i>rizatriptan benzoate</i> | 1 | (16 EA / 28 DAYS) |
| <i>sumatriptan</i> | 1 | (16 EA / 28 DAYS) |
| <i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i> | 1 | (16 EA / 28 DAYS) |
| <i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i> | 1 | (8 ML / 28 DAYS) |
| SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>sumatriptan succinate refill</i> | 1 | (8 ML / 28 DAYS) |
| ZEMBRACE SYMTOUCH | 2 | (8 ML / 28 DAYS), PN (28 DAYS SUPPLY PER FILL) |
| ZOLMITRIPTAN (2.5 MG SOLUTION, 2.5 MG TAB, 2.5 MG TAB DISP, 5 MG SOLUTION, 5 MG TAB, 5 MG TAB DISP) | 1 | (16 EA / 28 DAYS) |
| ZOMIG (2.5 MG SOLUTION, 2.5 MG TAB, 5 MG SOLUTION, 5 MG TAB) | 2 | (16 EA / 28 DAYS) |
| ZOMIG ZMT | 3 | (16 EA / 28 DAYS) |
| MINERALS ELECTROLYTES (CONTINUED) | | |
| BICARBONATES | | |
| <i>sodium acetate (2 meq/ml solution, 4 meq/ml solution)</i> | 1 | |
| SODIUM BICARBONATE (4.2 % SOLUTION, 7.5 % SOLUTION, 8.4 % SOLUTION) | 1 | |
| CALCIUM | | |
| <i>calcium chloride</i> | 1 | |
| <i>calcium gluconate (10 % solution, 1000 mg/10ml soln prsyr)</i> | 1 | |
| CALCIUM GLUCONATE-NACL (1-0.675 GM/50ML-% SOLUTION, 1-0.8 GM/100ML-% SOLUTION, 1-0.9 GM/100ML-% SOLUTION, 2-0.675 GM/100ML-% SOLUTION, 2-0.9 GM/100ML-% SOLUTION) | 1 | |
| ELECTROLYTE MIXTURES | | |
| <i>dextrose in lactated ringers</i> | 1 | |
| DEXTROSE-NACL (2.5-0.45 % SOLUTION, 5-0.2 % SOLUTION, 5-0.33 % SOLUTION, 5-0.45 % SOLUTION, 5-0.9 % SOLUTION, 10-0.45 % SOLUTION) | 1 | |
| DEXTROSE-SODIUM CHLORIDE (2.5-0.45 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION, 5-0.45 % SOLUTION, 5-0.9 % SOLUTION) | 1 | |
| HYPERTONIC-CR | 1 | |
| KCL (0.149%) IN NACL | 1 | |
| KCL (0.298%) IN NACL | 1 | |
| KCL (IN NACL 0.9%) | 1 | |
| <i>kcl in dextrose-nacl (10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i> | 1 | |
| KCL-LACTATED RINGERS-D5W | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>lactated ringers</i> | 1 | |
| <i>multiple electro type 1 ph 5.5</i> | 1 | |
| <i>multiple electro type 1 ph 7.4</i> | 1 | |
| <i>potassium chloride in dextrose (10-5 meq/l-% solution, 20-5 meq/l-% solution)</i> | 1 | |
| POTASSIUM CHLORIDE IN NACL (20 MEQ/250ML SOLUTION, 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION) | 1 | |
| <i>ringers</i> | 1 | |
| FLUORIDE | | |
| <i>fluoritab</i> | 1 | |
| <i>nafrinse</i> | 1 | PN (\$0 Copay for 6 months through 16 years of age) |
| NAFRINSE DROPS | 1 | |
| <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)</i> | 0 | PN (\$0 Copay for 6 months through 16 years of age) |
| SODIUM FLUORIDE (1.1 (0.5 F) MG TAB, 2.2 (1 F) MG TAB) | 1 | |
| <i>sodium fluoride 2.2 (1 f) mg chew tab</i> | 1 | PN (\$0 Copay for 6 months through 16 years of age) |
| IODINE PRODUCTS | | |
| IODINE STRONG 5 % SOLUTION | 1 | |
| MAGNESIUM | | |
| MAGNESIUM CHLORIDE 200 MG/ML SOLUTION | 1 | |
| <i>magnesium sulfate (2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution, 50 % solution)</i> | 1 | |
| <i>magnesium sulfate in d5w</i> | 1 | |
| MANGANESE | | |
| MANGANESE CHLORIDE | 1 | |
| PHOSPHATE | | |
| <i>phospha 250 neutral</i> | 1 | |
| <i>phospho-trin 250 neutral</i> | 1 | |
| <i>phospho-trin k500</i> | 1 | |
| <i>phosphorous</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| POTASSIUM PHOSPHATES | 1 | |
| <i>potassium phosphates(66 meq k)</i> | 1 | |
| POTASSIUM PHOSPHATES(71 MEQ K) | 1 | |
| SODIUM PHOSPHATES (15 MMOLE/5ML SOLUTION, 45 MMOLE/15ML SOLUTION, 150 MMOLE/50ML SOLUTION) | 1 | |
| <i>virt-phos 250 neutral</i> | 1 | |
| <i>wes-phos 250 neutral</i> | 1 | |
| POTASSIUM | | |
| <i>effer-k (10 effer tab, 20 effer tab, 25 effer tab)</i> | 1 | |
| <i>k-prime</i> | 1 | |
| K-TAB | 3 | |
| <i>klor-con (8 tab er, 20 packet)</i> | 1 | |
| <i>klor-con 10</i> | 1 | |
| <i>klor-con m10</i> | 1 | |
| <i>klor-con m15</i> | 1 | |
| <i>klor-con m20</i> | 1 | |
| <i>klor-con sprinkle</i> | 1 | |
| <i>klor-con/ef</i> | 1 | |
| POTASSIUM ACETATE | 1 | |
| POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION, 100 MEQ/50ML SOLN PRSYR) | 1 | |
| <i>potassium chloride crys er</i> | 1 | |
| POTASSIUM CHLORIDE ER (8 CAP ER, 8 TAB ER, 10 CAP ER, 10 TAB ER, 15 TAB ER, 20 TAB ER) | 1 | |
| SODIUM | | |
| <i>aquastat</i> | 1 | |
| <i>aquastat sfr</i> | 1 | |
| <i>bd posiflush</i> | 1 | |
| <i>monoject flush syringe</i> | 1 | |
| <i>monoject sodium chloride flush</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>normal saline flush</i> | 1 | |
| <i>saline flush</i> | 1 | |
| <i>saline flush zr</i> | 1 | |
| SODIUM CHLORIDE (0.45 % SOLUTION, 0.9 % SOLUTION, 2.5 MEQ/ML SOLUTION, 3 % SOLUTION, 4 MEQ/ML SOLUTION, 5 % SOLUTION) | 1 | |
| <i>sodium chloride (pf)</i> | 1 | |
| <i>sodium chloride flush</i> | 1 | |
| <i>swabflush saline flush</i> | 1 | |
| TRACE MINERALS | | |
| CHROMIC CHLORIDE | 1 | |
| <i>cupric chloride</i> | 1 | |
| ZINC | | |
| <i>zinc chloride</i> | 1 | |
| <i>zinc sulfate (1 mg/ml solution, 3 mg/ml solution, 5 mg/ml solution)</i> | 1 | |
| MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED) | | |
| CHELATING AGENTS | | |
| <i>clovique</i> | 1 | SP |
| <i>penicillamine</i> | 1 | SP |
| <i>trientine hcl (250 mg cap, 500 mg cap)</i> | 1 | SP |
| IMMUNOMODULATORS | | |
| <i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i> | 1 | (21 EA / 28 DAYS), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| <i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i> | 1 | (28 EA / 28 DAYS), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| <i>REVLIMID (15 MG CAP, 20 MG CAP, 25 MG CAP)</i> | 2 | (21 EA / 28 DAYS), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| <i>REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP)</i> | 2 | (28 EA / 28 DAYS), SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY) |
| <i>THALOMID</i> | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| IMMUNOSUPPRESSIVE AGENTS | | |
| <i>azasan</i> | 1 | |
| <i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| AZATHIOPRINE SODIUM | 1 | |
| <i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i> | 1 | |
| <i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i> | 1 | |
| ENSPRYNG | 2 | (1 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| <i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i> | 1 | |
| <i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i> | 1 | |
| IMURAN | 2 | |
| <i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg recon soln, 500 mg tab)</i> | 1 | |
| <i>mycophenolate mofetil hcl</i> | 1 | |
| <i>mycophenolate sodium</i> | 1 | |
| <i>mycophenolic acid</i> | 1 | |
| <i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i> | 1 | |
| <i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i> | 1 | |

IRRIGATION SOLUTIONS

| | | |
|--------------------------------------|---|--|
| <i>argyle sterile water</i> | 1 | |
| <i>physiolyte</i> | 1 | |
| <i>physiosol irrigation</i> | 1 | |
| <i>ringers irrigation</i> | 1 | |
| <i>sterile water for irrigation</i> | 1 | |
| <i>tis-u-sol</i> | 1 | |
| <i>water for irrigation, sterile</i> | 1 | |

POTASSIUM REMOVING AGENTS

| | | |
|--|---|--------------------|
| LOKELMA 10 GM PACKET | 2 | (1.14 EA / 1 DAYS) |
| LOKELMA 5 GM PACKET | 2 | (1 EA / 1 DAYS) |
| <i>sodium polystyrene sulfonate powder</i> | 1 | |
| SPS | 1 | |
| VELTASSA | 2 | (1 EA / 1 DAYS) |

PROSTAGLANDINS

| | | |
|--------------------|---|--|
| <i>alprostadil</i> | 1 | |
|--------------------|---|--|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| SCLEROSING AGENTS | | |
| <i>sodium tetradeeyl sulfate</i> | 1 | |
| SOTRADECOL (1 % SOLUTION, 3 % SOLUTION) | 1 | |
| MOUTH/THROAT/DENTAL AGENTS (CONTINUED) | | |
| ANESTHETICS TOPICAL ORAL | | |
| LIDOCAINE HCL 4 % SOLUTION | 1 | |
| <i>lidocaine viscous hcl</i> | 1 | |
| ANTI-INFECTIVES - THROAT | | |
| <i>clotrimazole 10 mg troche</i> | 1 | |
| <i>nystatin 100000 unit/ml suspension</i> | 1 | |
| ANTISEPTICS - MOUTH/THROAT | | |
| <i>chlorhexidine gluconate 0.12 % solution</i> | 1 | |
| <i>paroex</i> | 1 | |
| <i>periogard</i> | 1 | |
| DENTAL PRODUCTS | | |
| <i>cavarest</i> | 1 | PN (\$0 Copay for 6 months through 16 years of age) |
| <i>clinpro 5000</i> | 1 | |
| <i>denta 5000 plus</i> | 1 | PN (\$0 Copay for 6 months through 16 years of age) |
| <i>dentagel</i> | 1 | PN (\$0 Copay for 6 months through 16 years of age) |
| <i>easygel</i> | 1 | |
| <i>fluoridex</i> | 1 | |
| <i>fluoridex daily renewal</i> | 1 | |
| <i>fluoridex enhanced whitening</i> | 1 | |
| <i>fluorimax 5000</i> | 1 | |
| <i>just right 5000 1.1 % gel</i> | 1 | PN (\$0 Copay for 6 months through 16 years of age) |
| <i>just right 5000 1.1 % paste</i> | 1 | |
| <i>sf</i> | 0 | PN (\$0 Copay for 6 months through 16 years of age) |
| <i>sf 5000 plus</i> | 0 | PN (\$0 Copay for 6 months through 16 years of age) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| sodium fluoride (1.1 % cream, 1.1 % gel) | 1 | PN (\$0 Copay for 6 months through 16 years of age) |
| sodium fluoride 0.2 % solution | 1 | PN (\$0 Copay for 6 months through 16 years of age) |
| sodium fluoride 5000 enamel | 1 | |
| sodium fluoride 5000 plus | 1 | PN (\$0 Copay for 6 months through 16 years of age) |
| sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel) | 1 | PN (\$0 Copay for 6 months through 16 years of age) |
| sodium fluoride 5000 ppm 1.1 % paste | 1 | |
| sodium fluoride 5000 sensitive | 1 | |
| STEROIDS - MOUTH/THROAT/DENTAL | | |
| kourzeq | 1 | |
| oralone | 1 | |
| triamcinolone acetonide 0.1 % paste | 1 | |
| THROAT PRODUCTS - MISC. | | |
| cevimeline hcl | 1 | |
| EPISIL | 2 | |
| EVOXAC | 2 | |
| MUGARD | 2 | SP |
| pilocarpine hcl (5 mg tab, 7.5 mg tab) | 1 | |
| SALAGEN | 2 | |
| MULTIVITAMINS (CONTINUED) | | |
| B-COMPLEX VITAMINS | | |
| vitamin b complex 100 | 1 | |
| vitamin b-complex 100 | 1 | |
| B-COMPLEX W/ FOLIC ACID | | |
| b-plex | 1 | |
| dialyvite | 1 | |
| folbee plus | 1 | |
| FOLBEE PLUS CZ | 1 | |
| mynephron | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>nephronex tab</i> | 1 | |
| <i>renal</i> | 1 | |
| <i>reno caps</i> | 1 | |
| <i>tm-vite rx</i> | 1 | |
| <i>triphrocaps</i> | 1 | |
| <i>virt-caps</i> | 1 | |
| <i>vp-vite rx</i> | 1 | |
| <i>wescaps</i> | 1 | |
| IRON W/ VITAMINS | | |
| <i>vitafol</i> | 1 | |
| MULTIPLE VITAMINS W/ MINERALS | | |
| <i>b-plex plus</i> | 1 | |
| <i>biocel</i> | 1 | |
| CORVITA | 1 | |
| <i>corvite free</i> | 1 | |
| <i>lysiplex plus tab</i> | 1 | |
| <i>nutrifac zx</i> | 1 | |
| V-C FORTE | 1 | |
| VIC-FORTE | 1 | |
| <i>vita s forte</i> | 1 | |
| <i>vitacef</i> | 1 | |
| MULTIVITAMINS | | |
| <i>novite</i> | 1 | |
| PED MULTI VITAMINS W/FL & FE | | |
| <i>multi-vitamin/fluoride/iron</i> | 1 | |
| PED MV W/ FLUORIDE | | |
| <i>adc/f (0.5mg/ml)</i> | 1 | |
| <i>multi-vitamin/fluoride</i> | 1 | |
| MULTIVITAMIN W/FLUORIDE | 1 | |
| MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB) | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>tri-vite/fluoride</i> | 1 | |
| <i>vitamins acd-fluoride</i> | 1 | |
| PRENATAL VITAMINS | | |
| ELITE-OB | 1 | |
| INATAL GT | 1 | |
| MYNATAL | 1 | |
| MYNATAL ADVANCE | 1 | |
| PNV-DHA | 1 | |
| PNV-SELECT | 1 | |
| PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB) | 1 | |
| TRINATE | 1 | |
| SPECIALTY VITAMINS PRODUCTS | | |
| <i>urosex</i> | 1 | |
| MUSCULOSKELETAL THERAPY AGENTS (CONTINUED) | | |
| CENTRAL MUSCLE RELAXANTS | | |
| <i>baclofen (10 mg/20ml solution, 40 mg/20ml solution, 20000 mcg/20ml solution)</i> | 1 | SP |
| <i>baclofen (5 mg tab, 10 mg tab, 20 mg tab, 25 mg/5ml suspension)</i> | 1 | |
| BACLOFEN 10 MG/5ML SOLUTION | 1 | SP |
| BACLOFEN 5 MG/5ML SOLUTION | 1 | (16 ML / 1 day(s)), SP |
| BACLOFEN 50 MCG/ML SOLN PRSYR | 1 | SP |
| <i>carisoprodol 250 mg tab</i> | 1 | |
| <i>carisoprodol 350 mg tab</i> | 1 | |
| <i>chlorzoxazone (250 mg tab, 500 mg tab)</i> | 1 | |
| <i>chlorzoxazone (375 mg tab, 750 mg tab)</i> | 1 | |
| <i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i> | 1 | |
| <i>cyclobenzaprine hcl 7.5 mg tab</i> | 1 | |
| <i>cyclobenzaprine hcl er</i> | 1 | |
| LYVISPAH | 2 | |
| <i>metaxalone (400 mg tab, 800 mg tab)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>methocarbamol (500 mg tab, 750 mg tab, 1000 mg tab, 1000 mg/10ml solution)</i> | 1 | |
| <i>orphenadrine citrate</i> | 1 | |
| <i>orphenadrine citrate er</i> | 1 | |
| SKELAXIN | 2 | |
| <i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i> | 1 | |
| ZANAFLEX | 3 | |
| DIRECT MUSCLE RELAXANTS | | |
| DANTRIUM (25 MG CAP, 50 MG CAP) | 2 | |
| <i>dantrolene sodium (20 mg recon soln, 25 mg cap, 50 mg cap, 100 mg cap)</i> | 1 | |
| revonto | 1 | |
| MUSCLE RELAXANT COMBINATIONS | | |
| CARISOPRODOL-ASPIRIN-CODEINE | 1 | |
| VISCOSUPPLEMENTS | | |
| DUROLANE | 2 | (3 ML / 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL) |
| EUFLEXXA | 2 | (6 ML / 180 day(s)), SP, PN (34 DAYS SUPPLY PER FILL) |
| GELSYN-3 | 2 | SP, PN (180 DAYS SUPPLY PER FILL) |
| SUPARTZ FX | 2 | (12.5 ML / 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL) |
| NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED) | | |
| NASAL AGENT COMBINATIONS | | |
| <i>azelastine-fluticasone</i> | 1 | |
| NASAL ANTIALLERGY | | |
| <i>astepro</i> | 1 | |
| <i>astepro childrens</i> | 1 | |
| <i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i> | 1 | |
| <i>olopatadine hcl 0.6 % solution</i> | 1 | |
| PATANASE | 3 | |
| NASAL ANTICHOLINERGICS | | |
| <i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| NASAL STEROIDS | | |
| <i>allergy relief 50 mcg/act suspension</i> | 1 | |
| <i>allergy spray 24 hour</i> | 1 | |
| <i>clarispray</i> | 1 | |
| <i>cvs fluticasone propionate</i> | 1 | |
| <i>cvs nasal allergy spray</i> | 1 | |
| <i>eq allergy relief 50 mcg/act suspension</i> | 1 | |
| <i>eq nasal allergy</i> | 1 | |
| <i>eql fluticasone childrens</i> | 1 | |
| <i>eql fluticasone propionate</i> | 1 | |
| FLONASE ALLERGY RELIEF | 3 | |
| <i>flunisolide</i> | 1 | |
| <i>fluticasone propionate 50 mcg/act suspension</i> | 1 | |
| <i>ft allergy relief 24 hr</i> | 1 | |
| <i>gnp 24 hour nasal allergy</i> | 1 | |
| <i>gnp fluticasone propionate</i> | 1 | |
| <i>gnp fluticasone propionate chl</i> | 1 | |
| <i>goodsense 24-hr allergy nasal</i> | 1 | |
| <i>goodsense nasal allergy spray</i> | 1 | |
| <i>hm 24 hour nasal allergy</i> | 1 | |
| <i>hm allergy relief 50 mcg/act suspension</i> | 1 | |
| <i>kls aller-cort</i> | 1 | |
| <i>kls aller-flo</i> | 1 | |
| <i>mometasone furoate 50 mcg/act suspension</i> | 1 | |
| NASACORT ALLERGY 24HR | 3 | |
| NASACORT ALLERGY 24HR CHILDREN | 3 | |
| <i>nasal allergy 24 hour</i> | 1 | |
| <i>qc allergy relief 50 mcg/act suspension</i> | 1 | |
| <i>qc fluticasone propionate</i> | 1 | |
| <i>ra nasal allergy</i> | 1 | |
| <i>sm allergy relief 50 mcg/act suspension</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>triamcinolone acetonide 55 mcg/act aerosol</i> | 1 | |
| SYMPATHOMIMETIC DECONGESTANTS | | |
| <i>epinephrine hcl (nasal)</i> | 1 | |
| NEUROMUSCULAR AGENTS (CONTINUED) | | |
| ALS AGENTS | | |
| <i>riluzole</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| DEPOLARIZING MUSCLE RELAXANTS | | |
| SUCCINYLCHOLINE CHLORIDE (20 MG/ML SOLUTION, 100 MG/5ML SOLN PRSYR, 140 MG/7ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR) | 1 | |
| NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS | | |
| DYSPORT | 2 | SP, PN (90 DAYS SUPPLY PER FILL) |
| XEOMIN | 2 | SP, PN (90 DAYS SUPPLY PER FILL) |
| NONDEPOLARIZING MUSCLE RELAXANTS | | |
| <i>atracurium besylate</i> | 1 | |
| <i>cisatracurium besylate</i> | 1 | |
| <i>cisatracurium besylate (pf)</i> | 1 | |
| rocuronium bromide (50 mg/5ml soln prsyr, 50 mg/5ml solution, 75 mg/7.5ml soln prsyr, 100 mg/10ml soln prsyr, 100 mg/10ml solution) | 1 | |
| <i>vecuronium bromide (10 mg recon soln, 10 mg/10ml soln prsyr, 20 mg recon soln)</i> | 1 | |
| NUTRIENTS (CONTINUED) | | |
| CARBOHYDRATES | | |
| dextrose (5 % solution, 10 % solution, 50 % solution, 70 % solution, 250 mg/ml solution) | 1 | |
| PROTEINS | | |
| <i>aminoamrms</i> | 1 | |
| <i>aminoreliefrms</i> | 1 | |
| AMINOSYN II 10 % SOLUTION | 1 | |
| AMINOSYN II 15 % SOLUTION | 1 | |
| <i>clinisol sf</i> | 1 | |
| GLYCINE 50 MG/ML SOLUTION | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>plenamine</i> | 1 | |
| OPHTHALMIC AGENTS (CONTINUED) | | |
| BETA-BLOCKERS - OPHTHALMIC | | |
| BETAXOLOL HCL 0.5 % SOLUTION | 1 | |
| BETOPTIC-S | 2 | |
| <i>brimonidine tartrate-timolol</i> | 1 | |
| CARTEOLOL HCL | 1 | |
| COMBIGAN | 2 | |
| DORZOLAMIDE HCL-TIMOLOL MAL | 1 | |
| <i>dorzolamide hcl-timolol mal pf</i> | 1 | |
| LEVOBUNOLOL HCL | 1 | |
| <i>timolol maleate (0.25 % gel/soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel/soln, 0.5 % solution)</i> | 1 | |
| <i>timolol maleate oculose</i> | 1 | |
| <i>timolol maleate pf</i> | 1 | |
| CYCLOPLEGIC MYDRIATICS | | |
| <i>altafrin</i> | 1 | |
| ATROPINE SULFATE (0.01 % SOLUTION, 0.025 % SOLUTION, 0.05 % SOLUTION, 1 % OINTMENT, 1 % SOLUTION) | 1 | |
| ATROPINE SULFATE 1 % SOLUTION | 1 | |
| <i>cyclopentolate hcl</i> | 1 | |
| HOMATROPAIRE | 1 | |
| <i>phenylephrine hcl (1.5 % soln prsyr, 2.5 % solution, 10 % solution)</i> | 1 | |
| <i>tropicamide</i> | 1 | |
| MIOTICS | | |
| <i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i> | 1 | |
| OPHTHALMIC - ANGIOGENESIS INHIBITORS | | |
| BYOOVIZ | 2 | SP |
| CIMERLI | 2 | (0.1 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| EYLEA | 2 | (0.1 ML / 25 DAYS), SP, SUM3 (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| EYLEA HD | 2 | (0.14 ML / 21 DAYS), SP, SUM3 (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY) |
| LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR) | 2 | (0.1 ML / 28 DAYS), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY) |
| LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION) | 2 | (0.1 ML / 28 DAYS), SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY) |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| ALPHAGAN P | 2 | |
| APRACLONIDINE HCL | 1 | |
| <i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i> | 1 | |
| SIMBRINA | 2 | |
| OPHTHALMIC ANTI-INFECTIVES | | |
| <i>ak-poly-bac</i> | 1 | |
| BACITRACIN 500 UNIT/GM OINTMENT | 1 | |
| <i>bacitracin-polymyxin b</i> | 1 | |
| BESIVANCE | 2 | |
| BLEPH-10 | 3 | |
| <i>ciprofloxacin hcl 0.3 % solution</i> | 1 | |
| ERYTHROMYCIN 5 MG/GM OINTMENT | 1 | |
| <i>gatifloxacin</i> | 1 | |
| GENTAK | 1 | |
| <i>gentamicin sulfate 0.3 % solution</i> | 1 | |
| <i>levofloxacin (0.5 % solution, 1.5 % solution)</i> | 1 | |
| MITOMYCIN (0.02 % SOLN PRSYR, 0.04 % SOLN PRSYR) | 1 | |
| MOXIFLOXACIN HCL (0.16 % SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR, 0.5 % SOLN PRSYR, 0.5 % SOLUTION, 1 MG/ML SOLUTION, 5 MG/ML SOLUTION) | 1 | |
| MOXIFLOXACIN HCL (2X DAY) | 1 | |
| MOXIFLOXACIN HCL-BSS | 1 | |
| <i>neo-polycin</i> | 1 | |
| <i>neomycin-bacitracin zn-polymyx</i> | 1 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN | 1 | |
| OCUFLOX | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ofloxacin 0.3 % solution</i> | 1 | |
| <i>polycin</i> | 1 | |
| <i>polymyxin b-trimethoprim</i> | 1 | |
| POLYTRIM | 3 | |
| <i>sulfacetamide sodium (10 % ointment, 10 % solution)</i> | 1 | |
| <i>tobramycin 0.3 % solution</i> | 1 | |
| TOBREX (0.3 % OINTMENT, 0.3 % SOLUTION) | 3 | |
| TRIFLURIDINE | 1 | |
| VANCOMYCIN HCL 10 MG/ML SOLN PRSYR | 1 | |
| VIGAMOX | 3 | |
| OPHTHALMIC IMMUNOMODULATORS | | |
| <i>cyclosporine 0.05 % emulsion</i> | 1 | |
| RESTASIS | 2 | |
| RESTASIS MULTIDOSE | 2 | |
| OPHTHALMIC INTEGRIN ANTAGONISTS | | |
| XIIDRA | 2 | |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA | 2 | |
| ROCKLATAN | 2 | |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| <i>altacaine</i> | 1 | |
| <i>proparacaine hcl</i> | 1 | |
| <i>tetacaine</i> | 1 | |
| <i>tetracaine hcl 0.5 % solution</i> | 1 | |
| <i>tetravisc</i> | 1 | |
| <i>tetravisc forte</i> | 1 | |
| OPHTHALMIC STEROIDS | | |
| <i>bacitra-neomycin-polymyxin-hc</i> | 1 | |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION | 1 | |
| <i>difluprednate</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>fluorometholone</i> | 1 | |
| LOTEPREDNOL ETABONATE (0.5 % GEL, 0.5 % SUSPENSION) | 1 | |
| MAXITROL (0.1 % SUSPENSION, 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION) | 3 | |
| <i>neo-polycin hc</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 | |
| PREDNISOLON-GATIFLOX-BROMFENAC 1-0.5-0.075 % SOLUTION | 1 | |
| PREDNISOLON-MOXIFLOX-BROMFENAC | 1 | |
| PREDNISOLONE ACETATE | 1 | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | 1 | |
| PREDNISOLONE-BROMFENAC 1-0.075 % SOLUTION | 1 | |
| PREDNISOLONE-MOXIFLOXACIN | 1 | |
| SULFACETAMIDE-PREDNISOLONE | 1 | |
| TOBRADEX (0.3-0.1 % OINTMENT, 0.3-0.1 % SUSPENSION) | 2 | |
| <i>tobramycin-dexamethasone</i> | 1 | |
| OPHTHALMICS - MISC. | | |
| ACULAR | 3 | |
| ACULAR LS | 3 | |
| AK-FLUOR (10 % SOLUTION, 25 % SOLUTION) | 1 | |
| <i>altafluor benox</i> | 1 | |
| <i>azelastine hcl 0.05 % solution</i> | 1 | |
| <i>balanced salt</i> | 1 | |
| <i>bepotastine besilate</i> | 1 | |
| BIO GLO | 1 | |
| <i>brinzolamide</i> | 1 | |
| <i>bromfenac sodium (once-daily)</i> | 1 | |
| <i>bromfenac sodium 0.07 % solution</i> | 1 | |
| CROMOLYN SODIUM 4 % SOLUTION | 1 | |
| <i>cvs olopatadine hcl</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>diclofenac sodium 0.1 % solution</i> | 1 | |
| DORZOLAMIDE HCL | 1 | |
| <i>epinastine hcl</i> | 1 | |
| <i>eye allergy itch relief</i> | 1 | |
| <i>eye allergy itch/redness rel</i> | 1 | |
| <i>fluocaine</i> | 1 | |
| FLUOR-I-STRIPS A.T. | 1 | |
| <i>fluorescein</i> | 1 | |
| <i>fluorescein-benoxinate</i> | 1 | |
| FLURBIPROFEN SODIUM | 1 | |
| <i>ft eye allergy itch & redness</i> | 1 | |
| <i>ft eye allergy itch relief</i> | 1 | |
| <i>ful-glo (0.6 mg strip, 1 mg strip)</i> | 1 | |
| GLOSTRIPS 1 MG STRIP | 1 | |
| <i>gnp olopatadine hcl</i> | 1 | |
| <i>hm eye allergy itch relief</i> | 1 | |
| <i>hm eye allergy itch/red relief</i> | 1 | |
| ILEVRO | 2 | |
| <i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i> | 1 | |
| <i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i> | 1 | |
| PATADAY (0.1 % SOLUTION, 0.2 % SOLUTION) | 3 | |
| PROLENSA | 2 | |
| <i>proparacaine-fluorescein</i> | 1 | |
| <i>qc olopatadine hcl</i> | 1 | |
| <i>sm olopatadine hcl</i> | 1 | |
| ZADITOR | 2 | |
| PROSTAGLANDINS - OPHTHALMIC | | |
| LATANOPROST | 1 | |
| LUMIGAN | 2 | |
| <i>tafluprost (pf)</i> | 1 | |
| <i>travoprost (bak free)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| ZIOPTAN | 2 | |
| OTIC AGENTS (CONTINUED) | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| <i>acetic acid 2 % solution</i> | 1 | |
| OTIC ANTI-INFECTIVES | | |
| CIPROFLOXACIN HCL 0.2 % SOLUTION | 1 | |
| OTIC COMBINATIONS | | |
| <i>ciprofloxacin-dexamethasone</i> | 1 | |
| CORTIC-ND | 1 | |
| <i>neomycin-polymyxin-hc</i> | 1 | |
| OTIC STEROIDS | | |
| <i>flac</i> | 1 | |
| <i>fluocinolone acetonide 0.01 % oil</i> | 1 | |
| <i>hydrocortisone-acetic acid</i> | 1 | |
| OXYTOCICS (CONTINUED) | | |
| ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING | | |
| <i>carboprost tromethamine (250 mcg/ml soln prsyr, 250 mcg/ml solution)</i> | 1 | |
| OXYTOCICS | | |
| <i>methergine</i> | 1 | |
| <i>methylergonovine maleate (0.2 mg tab, 0.2 mg/ml solution)</i> | 1 | |
| <i>oxytocin</i> | 1 | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED) | | |
| IMMUNE SERUMS | | |
| CUTAQUIG | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| PENICILLINS (CONTINUED) | | |
| AMINOPENICILLINS | | |
| <i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ampicillin</i> | 1 | |
| <i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soh)</i> | 1 | |
| NATURAL PENICILLINS | | |
| <i>penicillin g potassium</i> | 1 | |
| PENICILLIN G SODIUM | 1 | |
| <i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i> | 1 | |
| PFIZERPEN | 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 | 1 | |
| AMPICILLIN-SULBACTAM SODIUM (1.5 (1-0.5) GM RECON SOLN, 3 (2-1) GM RECON SOLN) | 1 | |
| AUGMENTIN (125-31.25 MG/5ML RECON SUSP, 250-62.5 MG/5ML RECON SUSP, 500-125 MG TAB) | 3 | |
| AUGMENTIN ES-600 | 3 | |
| <i>piperacillin sod-tazobactam so</i> | 1 | |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| <i>dicloxacillin sodium</i> | 1 | |
| <i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i> | 1 | |
| <i>oxacillin sodium</i> | 1 | |
| OXACILLIN SODIUM IN DEXTROSE | 1 | |
| PHARMACEUTICAL ADJUVANTS (CONTINUED) | | |
| LIQUID VEHICLES | | |
| <i>diluent for treprostinil</i> | 1 | SP |
| <i>saline bacteriostatic</i> | 1 | |
| <i>sodium chloride bacteriostatic</i> | 1 | |
| <i>sterile diluent/epoprostenol</i> | 1 | SP |
| <i>sterile water for injection</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| SEMI SOLID VEHICLES | | |
| WHITE PETROLATUM OINTMENT | 1 | |
| PROGESTINS (CONTINUED) | | |
| PROGESTINS | | |
| AYGESTIN | 3 | |
| <i>hydroxyprogesterone caproate 250 mg/ml oil</i> | 1 | PN (34 DAYS SUPPLY PER FILL) |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | 1 | |
| <i>megestrol acetate 625 mg/5ml suspension</i> | 1 | |
| <i>norethindrone acetate</i> | 1 | |
| <i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i> | 1 | |
| PROVERA | 3 | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED) | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| <i>acamprosate calcium</i> | 1 | |
| <i>disulfiram</i> | 1 | |
| ANTI-CATALEPTIC AGENTS | | |
| LUMRYZ | 2 | (270 EA / 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL) |
| XYWAV | 2 | LA, (540 ML / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ANTIDEMENTIA AGENTS | | |
| ARICEPT | 3 | |
| <i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)</i> | 1 | |
| EXELON | 3 | |
| <i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i> | 1 | |
| <i>galantamine hydrobromide er</i> | 1 | |
| <i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)</i> | 1 | |
| <i>memantine hcl er</i> | 1 | |
| NAMZARIC | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>rivastigmine</i> | 1 | |
| <i>rivastigmine tartrate</i> | 1 | |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE | 1 | |
| <i>olanzapine-fluoxetine hcl</i> | 1 | |
| PERPHENAZINE-AMITRIPTYLINE | 1 | |
| MOVEMENT DISORDER DRUG THERAPY | | |
| AUSTEDO (9 MG TAB, 12 MG TAB) | 2 | (120 EA / 30 DAYS), SP |
| AUSTEDO 6 MG TAB | 2 | (60 EA / 30 DAYS), SP |
| AUSTEDO XR | 2 | SP |
| AUSTEDO XR PATIENT TITRATION | 2 | SP |
| INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP) | 2 | (30 EA / 30 DAYS), SP |
| INGREZZA 40 & 80 MG CAP THPK | 2 | (28 EA / 28 DAYS), SP |
| <i>tetrabenazine 12.5 mg tab</i> | 1 | (102 EA / 34 DAYS), SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>tetrabenazine 25 mg tab</i> | 1 | (136 EA / 34 DAYS), SP, PN (34 DAYS SUPPLY PER FILL) |
| MULTIPLE SCLEROSIS AGENTS | | |
| AUBAGIO | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| AVONEX PEN | 2 | (1 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| AVONEX PREFILLED | 2 | (1 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| BETASERON | 2 | (14 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| COPAXONE 20 MG/ML SOLN PRSYR | 2 | (30 ML / 30 DAYS), SP |
| COPAXONE 40 MG/ML SOLN PRSYR | 2 | (12 ML / 28 DAYS), SP |
| <i>dalfampridine er</i> | 1 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>dimethylfumarate 120 mg cap dr</i> | 1 | (14 EA / 7 DAYS), SP, PN (7 DAYS SUPPLY PER FILL) |
| <i>dimethylfumarate 240 mg cap dr</i> | 1 | (60 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| <i>dimethylfumarate starter pack</i> | 1 | (60 EA / 30 day(s)), SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>fingolimod hcl</i> | 1 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| GILENYA 0.25 MG CAP | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| GILENYA 0.5 MG CAP | 2 | (30 EA / 30 day(s)), SP |
| <i>glatiramer acetate 20 mg/ml soln prsyr</i> | 1 | (30 ML / 30 DAYS), SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>glatiramer acetate 40 mg/ml soln prsyr</i> | 1 | (12 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| <i>glatopa 20 mg/ml soln prsyr</i> | 1 | (30 ML / 30 DAYS), SP, PN (34 DAYS SUPPLY PER FILL) |
| <i>glatopa 40 mg/ml soln prsyr</i> | 1 | (12 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| KESIMPTA | 2 | (0.4 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| MAYZENT (1 MG TAB, 2 MG TAB) | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| MAYZENT 0.25 MG TAB | 2 | (140 EA / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| MAYZENT STARTER PACK 0.25 MG TAB THPK | 2 | (7 EA / 4 day(s)), SP, PN (4 DAY SUPPLY IN 180 DAYS) |
| MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK | 2 | (12 EA / 5 day(s)), SP, PN (5 DAY SUPPLY IN 180 DAYS) |
| OCREVUS | 2 | (20 EA / 180 day(s)), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY), PN (TWO 180 DAY SUPPLIES IN 365 DAYS) |
| REBIF | 2 | (6 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| REBIF REBIDOSE | 2 | (6 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| REBIF REBIDOSE TITRATION PACK | 2 | (4.2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| REBIF TITRATION PACK | 2 | (4.2 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| <i>teriflunomide</i> | 1 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| TYSABRI | 2 | SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY) |
| VUMERTY | 2 | (120 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ZEPOSIA | 2 | (30 EA / 30 DAYS), SP, PN (30 DAYS SUPPLY PER FILL) |
| ZEPOSIA 7-DAY STARTER PACK | 2 | (7 EA / 7 day(s)), SP, PN (7 DAY SUPPLY IN 180 DAYS) |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK | 2 | (37 EA / 37 day(s)), PN (37 DAY SUPPLY IN 180 DAYS) |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK | 2 | (28 EA / 28 DAYS), SP, PN (MAX 28 DAYS SUPPLY PER FILL) |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS | | |
| <i>gabapentin (once-daily)</i> | 1 | |
| GRALISE (300 MG TAB, 450 MG TAB, 600 MG TAB, 750 MG TAB, 900 MG TAB) | 2 | |
| <i>pregabalin er</i> | 1 | |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| FLUOXETINE HCL (PMDD) | 1 | SUM7 (ZERO) |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| ERGOLOID MESYLATES | 1 | |
| PIMOZIDE | 1 | |
| SMOKING DETERRENTS | | |
| CHANTIX | 0 | (2 EA / 1 DAYS) |
| CHANTIX CONTINUING MONTH PAK | 0 | (2 EA / 1 DAYS) |
| CHANTIX STARTING MONTH PAK | 0 | (53 EA / 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS) |
| NICODERM CQ | 2 | |
| NICOTROL | 0 | |
| NICOTROL NS | 0 | |
| <i>varenicline tartrate</i> | 1 | (2 EA / 1 DAYS) |
| <i>varenicline tartrate (starter)</i> | 1 | (53 EA / 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS) |
| <i>varenicline tartrate(continue)</i> | 1 | (2 EA / 1 DAYS) |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS | | |
| TEGSEDI | 2 | LA, (6 ML / 28 DAYS), SP, PN (28 DAYS SUPPLY PER FILL) |
| RESPIRATORY AGENTS - MISC. (CONTINUED) | | |
| ALPHA-PROTEINASE INHIBITOR (HUMAN) | | |
| PROLASTIN-C 1000 MG RECON SOLN | 2 | LA, SP, PN (34 DAYS SUPPLY PER FILL) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| PROLASTIN-C 1000 MG/20ML SOLUTION | 2 | LA, SP, PN (34 DAYS SUPPLY PER FILL) |
| ZEMAIRA (4000 MG RECON SOLN, 5000 MG RECON SOLN) | 2 | |
| ZEMAIRA 1000 MG RECON SOLN | 2 | SP, PN (34 DAYS SUPPLY PER FILL) |
| CYSTIC FIBROSIS AGENTS | | |
| PULMOZYME | 2 | SP, PN (30 DAYS SUPPLY PER FILL) |
| PULMONARY FIBROSIS AGENTS | | |
| ESBRIET | 2 | (270 EA / 30 DAYS), SP |
| OFEV | 2 | LA, (60 EA / 30 DAYS), SP |
| <i>pirfenidone (267 mg cap, 267 mg tab, 801 mg tab)</i> | 1 | (270 EA / 30 DAYS), SP |
| PIRFENIDONE 534 MG TAB | 1 | SP |
| SULFONAMIDES (CONTINUED) | | |
| SULFONAMIDES | | |
| SULFADIAZINE | 1 | |
| TETRACYCLINES (CONTINUED) | | |
| GLYCYLCYCLINES | | |
| TIGECYCLINE | 1 | |
| TETRACYCLINES | | |
| <i>avodox</i> | 1 | |
| <i>demeclacycline hcl</i> | 1 | |
| <i>doxy 100</i> | 1 | |
| <i>doxycycline hydiate (20 mg tab, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg recon soln, 150 mg tab)</i> | 1 | |
| <i>doxycycline hydiate (50 mg tab, 100 mg tab)</i> | 1 | |
| <i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg cap, 150 mg tab)</i> | 1 | |
| <i>minocycline hcl</i> | 1 | |
| <i>minocycline hcl er (45 mg cap er 24h, 55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 90 mg cap er 24h, 105 mg tab er 24h, 115 mg tab er 24h, 135 mg cap er 24h)</i> | 1 | |
| <i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i> | 1 | |
| <i>monodoxine nl</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>morgidox 100 mg cap</i> | 1 | |
| <i>okebo</i> | 1 | |
| <i>tetracycline hcl (250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab)</i> | 1 | |
| VIBRAMYCIN (25 MG/5ML RECON SUSP, 100 MG CAP) | 2 | |
| THYROID AGENTS (CONTINUED) | | |
| ANTITHYROID AGENTS | | |
| <i>methimazole</i> | 1 | |
| <i>propylthiouracil</i> | 1 | |
| THYROID HORMONES | | |
| <i>euthyrox</i> | 1 | |
| <i>levo-t</i> | 1 | |
| LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 25 MCG TAB, 50 MCG CAP, 50 MCG TAB, 75 MCG CAP, 75 MCG TAB, 88 MCG CAP, 88 MCG TAB, 100 MCG CAP, 100 MCG RECON SOLN, 100 MCG TAB, 100 MCG/5ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG CAP, 112 MCG TAB, 125 MCG CAP, 125 MCG TAB, 137 MCG CAP, 137 MCG TAB, 150 MCG CAP, 150 MCG TAB, 175 MCG CAP, 175 MCG TAB, 200 MCG CAP, 200 MCG RECON SOLN, 200 MCG TAB, 200 MCG/5ML SOLUTION, 300 MCG TAB, 500 MCG RECON SOLN, 500 MCG/5ML SOLUTION) | 1 | |
| <i>levoxyl</i> | 1 | |
| <i>liothyronine sodium (5 mcg tab, 10 mcg/ml solution, 25 mcg tab, 50 mcg tab)</i> | 1 | |
| NP THYROID | 1 | |
| SYNTHROID | 2 | |
| <i>unithroid</i> | 1 | |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED) | | |
| ANTISPASMODICS | | |
| ANASPAZ | 3 | |
| ATROPINE SULFATE (0.25 MG/5ML SOLN PRSYR, 0.4 MG/ML SOLUTION, 0.5 MG/5ML SOLN PRSYR, 0.8 MG/2ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 1 MG/2.5ML SOLN PRSYR, 1 MG/ML SOLUTION, 1.2 MG/3ML SOLN PRSYR, 8 MG/20ML SOLUTION) | 1 | |
| ATROPINE SULFATE (PF) | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>chlordiazepoxide-clidinium</i> | 1 | |
| <i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 10 mg/ml solution, 20 mg tab)</i> | 1 | |
| <i>ed-spaz</i> | 1 | |
| <i>glycopyrrolate (0.2 mg/ml solution, 0.4 mg/2ml solution, 0.6 mg/3ml soln prsyr, 1 mg tab, 1 mg/5ml soln prsyr, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution)</i> | 1 | |
| GLYCOPYRROLATE (PF) | 1 | |
| GLYCOPYRROLATE 1.5 MG TAB | 1 | |
| <i>glycopyrrolate pf</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, 0.5 mg/ml solution)</i> | 1 | |
| <i>hyoscyamine sulfate sl</i> | 1 | |
| <i>hyosyne</i> | 1 | |
| LEVSIN (0.125 MG TAB, 0.5 MG/ML SOLUTION) | 2 | |
| LEVSIN/SL | 2 | |
| <i>methscopolamine bromide</i> | 1 | |
| <i>nulev</i> | 1 | |
| <i>oscimin</i> | 1 | |
| <i>pb-hyoscy-atropine-scopolamine (16.2 mg tab, 16.2 mg/5ml elixir)</i> | 1 | |
| <i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i> | 1 | |
| <i>phenohytre (16.2 mg tab, 16.2 mg/5ml elixir)</i> | 1 | |
| <i>symax-sl</i> | 1 | |
| H-2 ANTAGONISTS | | |
| <i>acid control maximum strength 20 mg tab</i> | 1 | |
| <i>acid controller</i> | 1 | |
| <i>acid controller max st</i> | 1 | |
| <i>acid reducer 10 mg tab</i> | 1 | |
| <i>acid reducer maximum strength 20 mg tab</i> | 1 | |
| <i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i> | 1 | |
| <i>cimetidine 200</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| cimetidine acid reducer | 1 | |
| CIMETIDINE HCL (300 MG/5ML SOLUTION) | 1 | |
| cvs acid controller | 1 | |
| cvs acid controller max st | 1 | |
| cvs heartburn relief 200 mg tab | 1 | |
| eq acid reducer (10 mg tab, 200 mg tab) | 1 | |
| eq cimetidine | 1 | |
| eq famotidine max st | 1 | |
| eql heartburn prevention | 1 | |
| famotidine (10 mg tab, 20 mg tab, 40 mg tab, 40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution) | 1 | |
| famotidine (pf) | 1 | |
| famotidine maximum strength | 1 | |
| famotidine orig st | 1 | |
| FAMOTIDINE PREMIXED | 1 | |
| ft acid reducer 10 mg tab | 1 | |
| ft acid reducer max strength | 1 | |
| gnp acid reducer 10 mg tab | 1 | |
| gnp acid reducer max st | 1 | |
| gnp heartburn relief | 1 | |
| heartburn relief | 1 | |
| heartburn relief max st 20 mg tab | 1 | |
| hm famotidine | 1 | |
| kls acid controller max st | 1 | |
| mm acid-pep maximum strength | 1 | |
| mm famotidine | 1 | |
| NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP) | 1 | |
| PEPCID | 3 | |
| PEPCID AC | 3 | |
| PEPCID AC MAXIMUM STRENGTH | 3 | |
| px acid reducer (10 mg tab, 200 mg tab) | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>px acid reducer max st 20 mg tab</i> | 1 | |
| <i>qc acid controller</i> | 1 | |
| <i>qc acid controller max st</i> | 1 | |
| <i>qc famotidine acid reducer</i> | 1 | |
| <i>ra acid reducer 10 mg tab</i> | 1 | |
| <i>ra acid reducer max st 20 mg tab</i> | 1 | |
| <i>sb acid controller</i> | 1 | |
| <i>sb acid controller max st</i> | 1 | |
| <i>sb acid reducer 10 mg tab</i> | 1 | |
| <i>sb cimetidine</i> | 1 | |
| <i>sm acid reducer (10 mg tab, 200 mg tab)</i> | 1 | |
| <i>sm acid reducer max st 20 mg tab</i> | 1 | |
| TAGAMET HB | 3 | |
| TAGAMET HB 200 | 3 | |
| <i>zantac 360</i> | 1 | |
| <i>zantac 360 max st</i> | 1 | |
| MISC. ANTI-ULCER | | |
| <i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i> | 1 | |
| PROTON PUMP INHIBITORS | | |
| <i>esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)</i> | 1 | |
| <i>esomeprazole sodium</i> | 1 | |
| <i>lansoprazole</i> | 1 | |
| <i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i> | 1 | |
| <i>pantoprazole sodium</i> | 1 | |
| <i>rabeprazole sodium 20 mg tab dr</i> | 1 | |
| ULCER DRUGS - PROSTAGLANDINS | | |
| CYTOTEC 100 MCG TAB | 3 | |
| CYTOTEC 200 MCG TAB | 2 | |
| <i>misoprostol</i> | 1 | |
| ULCER THERAPY COMBINATIONS | | |
| <i>amoxicill-clarithro-lansopraz</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|------------------|----------------------------|
| <i>bis subcit-metronid-tetracyc</i> | 1 | |
| <i>bismuth/metronidaz/tetracyclin</i> | 1 | |
| <i>omeprazole-sodium bicarbonate</i> | 1 | |
| PYLERA | 2 | |
| TALICIA | 2 | (168 EA / 14 DAYS) |

URINARY ANTISPASMODICS (CONTINUED)

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

| | | |
|---|---|--|
| <i>darifenacin hydrobromide er</i> | 1 | |
| DETROL | 3 | |
| DITROPAN XL | 3 | |
| <i>fesoterodine fumarate er</i> | 1 | |
| <i>oxybutynin chloride (2.5 mg tab, 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 | |
| <i>solifenacin succinate</i> | 1 | |
| <i>tolterodine tartrate</i> | 1 | |
| <i>tolterodine tartrate er</i> | 1 | |
| TOVIAZ | 2 | |
| <i>trospium chloride</i> | 1 | |
| <i>trospium chloride er</i> | 1 | |

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

| | | |
|---------|---|--|
| GEMTESA | 2 | |
|---------|---|--|

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

| | | |
|-----------------------------|---|--|
| <i>bethanechol chloride</i> | 1 | |
|-----------------------------|---|--|

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

| | | |
|----------------------|---|--|
| <i>flavoxate hcl</i> | 1 | |
|----------------------|---|--|

VACCINES (CONTINUED)

VIRAL VACCINES

| | | |
|--|---|--|
| AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION) | 0 | |
| AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ENGERIX-B (20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION) | 0 | AL (20 to 999 yrs old) |
| ENGERIX-B 10 MCG/0.5ML SUSP PRSYR | 0 | AL (Up to 19 yrs old) |
| FLUAD | 0 | |
| FLUAD QUADRIVALENT | 0 | |
| FLUARIX QUADRIVALENT | 0 | |
| FLUBLOK QUADRIVALENT | 0 | |
| FLULALVAL QUADRIVALENT | 0 | |
| FLUMIST QUADRIVALENT | 0 | |
| FLUZONE QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSPENSION) | 0 | |
| FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION) | 0 | |
| GARDASIL 9 | 0 | AL (Up to 45 yrs old) |
| HAVRIX 1440 EL U/ML SUSPENSION | 0 | AL (19 to 999 yrs old) |
| HAVRIX 720 EL U/0.5ML SUSPENSION | 0 | AL (Up to 18 yrs old) |
| HEPLISAV-B | 0 | AL (18 to 999 yrs old) |
| IPOPOL | 0 | AL (Up to 18 yrs old) |
| PREHEVBRIOD | 0 | AL (18 to 999 yrs old) |
| RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION) | 0 | AL (11 to 999 yrs old) |
| RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION) | 0 | AL (Up to 19 yrs old) |
| RECOMBIVAX HB 40 MCG/ML SUSPENSION | 0 | AL (18 to 999 yrs old) |
| SHINGRIX | 0 | (2 EA / LIFETIME), AL (18 to 999 yrs old) |
| VAQTA 25 UNIT/0.5ML SUSPENSION | 0 | AL (Up to 18 yrs old) |
| VAQTA 50 UNIT/ML SUSPENSION | 0 | AL (19 to 999 yrs old) |

VAGINAL AND RELATED PRODUCTS (CONTINUED)

VAGINAL ANTI-INFECTIVES

| | | |
|---|---|--|
| CLEOCIN (2 % CREAM, 100 MG SUPPOS) | 2 | |
| <i>clindamycin phosphate 2 % cream</i> | 1 | |
| MICONAZOLE 3 200 MG SUPPOS | 1 | |
| <i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| VAGINAL CONTRACEPTIVE - PH MODULATORS | | |
| PHEXXI | 0 | |
| VAGINAL ESTROGENS | | |
| ESTRACE 0.1 MG/GM CREAM | 3 | |
| <i>estradiol 0.1 mg/gm cream</i> | 1 | |
| <i>estradiol 10 mcg tab</i> | 1 | |
| IMVEXXY MAINTENANCE PACK | 2 | |
| IMVEXXY STARTER PACK | 2 | |
| VAGIFEM | 2 | |
| VAGINAL PROGESTINS | | |
| CRINONE | 2 | SUM7 (INF) |
| ENDOMETRIN | 2 | SUM7 (INF) |
| VASOPRESSORS (CONTINUED) | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| AUVI-Q (0.1 MG/0.1ML SOLN A-INJ, 0.15 MG/0.15ML SOLN A-INJ) | 2 | (2 EA / FILL) |
| AUVI-Q 0.3 MG/0.3ML SOLN A-INJ | 2 | (2 EA / fill(s)) |
| <i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i> | 1 | (2 EA / FILL) |
| <i>epinephrine (anaphylaxis)</i> | 1 | |
| EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ | 1 | (2 EA / fill(s)) |
| EPIPEN 2-PAK | 2 | (2 EA / fill(s)) |
| EPIPEN JR 2-PAK | 2 | (2 EA / fill(s)) |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| <i>droxidopa</i> | 1 | SP |
| EPHEDRINE SULFATE (5 MG/ML SOLUTION, 25 MG/5ML SOLN PRSYR) | 1 | |
| EPHEDRINE SULFATE (PRESSORS) (25 MG/5ML SOLN PRSYR, 50 MG/10ML SOLN PRSYR, 50 MG/5ML SOLN PRSYR, 50 MG/ML SOLUTION) | 1 | |
| EPHEDRINE SULFATE (PRESSORS) 5 MG/ML SOLUTION | 1 | |
| EPHEDRINE SULFATE 50 MG/ML SOLUTION | 1 | |
| EPINEPHRINE (0.1 MG/10ML SOLN PRSYR, 0.2 MG/0.2ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 1 MG/10ML SOLUTION, 1 MG/ML SOLN PRSYR, 1 MG/ML SOLUTION, 10 MG/10ML SOLUTION) | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| EPINEPHRINE PF | 1 | |
| <i>midodrine hcl</i> | 1 | |
| <i>norepinephrine bitartrate</i> | 1 | |
| NOREPINEPHRINE-DEXTROSE | 1 | |
| NOREPINEPHRINE-SODIUM CHLORIDE | 1 | |
| PHENYLEPHRINE HCL (0.4 MG/10ML SOLN PRSYR, 0.8 MG/10ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 10 MG/ML SOLUTION) | 1 | |
| PHENYLEPHRINE HCL (1 MG/10ML SOLUTION, 10 MG/ML SOLUTION) | 1 | |
| PHENYLEPHRINE HCL (PRESSORS) (0.4 MG/10ML SOLUTION, 0.5 MG/5ML SOLN PRSYR, 0.8 MG/10ML SOLUTION, 1 MG/10ML SOLN PRSYR, 10 MG/ML SOLUTION) | 1 | |
| PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML SOLUTION | 1 | |
| PHENYLEPHRINE HCL-NACL | 1 | |

VITAMINS (CONTINUED)

OIL SOLUBLE VITAMINS

| | | |
|--|---|--|
| <i>ergocalciferol 1.25 mg (50000 ut) cap</i> | 1 | |
| <i>phytonadione (1 mg/0.5ml solution, 5 mg tab, 10 mg/ml solution)</i> | 1 | |
| <i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i> | 1 | |
| <i>vitamin k1</i> | 1 | |

WATER SOLUBLE VITAMINS

| | | |
|---|---|--|
| <i>ascorbic acid (500 mg/ml solution, 15000 mg/30ml solution)</i> | 1 | |
| <i>PYRIDOXINE HCL 100 MG/ML SOLUTION</i> | 1 | |
| <i>thiamine hcl (100 mg/ml solution, 200 mg/2ml solution)</i> | 1 | |

Appendix

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