

A photograph of two men playing basketball outdoors at sunset. The man on the left is wearing a white t-shirt and has his right arm raised, holding a basketball. The man on the right is wearing a dark green t-shirt and is also smiling. The background shows a basketball court with a wooden floor and a brick wall, with the sun low on the horizon, creating a warm, golden glow.

Geisinger Marketplace Plans

Geisinger
HEALTH PLAN

2025

List of covered drugs

General Formulary Information

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

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 was designed to be a useful tool for prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be found 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

Tiers

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

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

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

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

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

A few things 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.
- Most brand name medications with a generic equivalent require prior authorization. Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exception process. Non-formulary medications requiring prior authorization will be available at the Tier 5 copayment/coinsurance level.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 4.
- Most non-prescription (over-the-counter) medications are not covered unless required by 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 3 copay level if the primary ingredient is generic or the Tier 5 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization if more than a 10-day supply if required for an adult or more than a 5-day supply for a member under 18 years of age.

Specialty Vendor Medication Program

- Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Customer 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.

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. Other day supply limits may apply.
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column require the use of a specialty pharmacy vendor.
- This formulary is accurate as of January 1, 2025 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following quarterly publications: “Member Update” for members and “Healthcare Provider Update” for providers. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.com.
- **Restrictions in medication availability may result from use of a formulary**

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

Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column.
- Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied if approved for coverage.
- A maximum of a 34-day supply may be dispensed for medications in Tier 6 and medications provided by a specialty vendor unless a shorter duration is specified in the formulary or in your specific benefit documents.

Step Therapy

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

What is a medication formulary?

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

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

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication, or you may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. We respond to such requests within 48 hours of receiving all necessary information. If an exception is approved, you will be charged at the Tier 4 copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

Formulary exclusions

There are certain medications that your plan will not cover under any circumstance. These are called exclusions.

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational, or unproven therapies
- Used for weight loss and weight management
- Used for cosmetic purposes
- Used for sexual dysfunction

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

Health Care Reform

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

- Aspirin Products – Low dose (81 mg) aspirin products
 - For the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50-59 years who have a 10 percent or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years and are willing to take low-dose aspirin daily for at least 10 years.
 - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives – For females
- Bowel Preparations for Colonoscopy – Brands with no generic and generic products
 - In preparation of a screening colonoscopy for members 45-75 years of age.
- Breast Cancer Prevention – Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
 - For females who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic Acid Supplements – Generic folic acid 0.4 mg and 0.8 mg tablets
 - All females who are planning or capable of pregnancy.
- Fluoride Supplements – Fluoride drops and chewable tablets
 - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV Pre-Exposure Prophylaxis – Apretude 600 mg/3 mL injection, Descovy 200-25 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.

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

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

Formulary development

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

What are generics?

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

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

Notes for providers

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

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

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

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

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

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

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

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

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

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

Sources:

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

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

Discrimination is against the law

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

Geisinger Health Plan:

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

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

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

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

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

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

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

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

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 (телефакс: 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).

ملاحظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 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).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો ભિ:શુલ્ક 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).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, អេកសេវាជំនួយភាសាដោយឥតគិតថ្លៃសម្រាប់អ្នកមានការបំប្រែភាសា ឬ ភ្លេចភ្នែក 800-447-4000 (TTY: 711)។

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

LEGEND

1 \$0 Copay

2 Generic Preferred

3 Generic Non-Preferred

4 Brand Preferred

5 Brand Non-Preferred

6 Specialty

QL Quantity Limit

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

PA Prior Authorization

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

PA-NSO Prior Authorization - New Starts Only

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

ST Step Therapy

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

AL Age Limit

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

PN Note

This drug has unique PA restrictions

PN Note

This drug has unique PA restrictions

PN Note

This drug has unique restrictions.

SP Specialty Drug

Specialty Vendor Medication Program

PN Note

This drug has unique restrictions

LA Limited Access

Drugs that are only available at certain pharmacies

PN Note

This drug has unique restrictions

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Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine er</i>	3	
<i>amphetamine-dextroamphetamine</i>	3	
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab)</i>	3	
<i>dextroamphetamine sulfate er</i>	3	
<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>	3	PA, QL (1 ea per 1 day(s))
<i>methamphetamine hcl</i>	3	
ANALECTICS		
<i>caffeine citrate</i>	3	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	3	
<i>guanfacine hcl er</i>	3	
QELBREE 100 MG CAP ER 24H	5	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	5	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	5	PA, QL (3 ea per 1 days)
STIMULANTS - MISC.		
<i>armodafinil</i>	3	PA
<i>dexmethylphenidate hcl</i>	3	
<i>dexmethylphenidate hcl er</i>	3	
<i>methylphenidate</i>	3	PA
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i>	3	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	3	
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	3	
<i>methylphenidate hcl er (cd)</i>	3	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	3	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	3	
<i>modafinil</i>	3	PA
QUILLIVANT XR	5	PA
AMINOGLYCOSIDES (CONTINUED)		
AMINOGLYCOSIDES		
<i>neomycin sulfate</i>	3	
<i>paramomycin sulfate</i>	3	
<i>tobramycin 300 mg/4ml nebu soln</i>	3	PA, QL (224 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/5ml nebu soln</i>	3	PA, QL (280 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-FKJP (2 PEN)	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ADALIMUMAB-FKJP (2 SYRINGE) 20 MG/0.4ML PEF SY KT	6	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ADALIMUMAB-FKJP (2 SYRINGE) 40 MG/0.8ML PEF SY KT	6	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	6	QL (0.8 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 20 MG/0.2ML SOLN PRSYR	6	QL (0.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 80 MG/0.8ML SOLN A-INJ	6	QL (2.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.4ML SOLN PRSYR	6	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.8ML SOLN PRSYR	6	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	6	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	6	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SIMPONI 100 MG/ML SOLN A-INJ	6	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI 100 MG/ML SOLN PRSYR	6	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN A-INJ	6	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN PRSYR	6	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
YUSIMRY	6	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	6	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	6	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAY SUPPLY PER FILL)
XELJANZ (5 MG TAB, 10 MG TAB)	6	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	6	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	6	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INTERLEUKIN-1 BLOCKERS		
ARCALYST	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA 162 MG/0.9ML SOLN PRSYR	6	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN	6	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TOFIDENCE	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements/Limits
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	6	QL (3.6 ml per 28 day(s)), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib</i>	3	
<i>diclofenac potassium 50 mg tab</i>	3	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	3	
<i>diclofenac sodium er</i>	3	
<i>diclofenac-misoprostol</i>	3	
<i>ec-naproxen</i>	3	
<i>etodolac</i>	3	
<i>etodolac er</i>	3	
FENOPROFEN CALCIUM (200 MG CAP, 600 MG TAB)	3	
<i>flurbiprofen 100 mg tab</i>	3	
<i>ibu</i>	2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	2	
<i>ibuprofen 100 mg/5ml suspension</i>	3	
<i>indocin 50 mg suppos</i>	5	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap, 50 mg suppos)</i>	3	
<i>indomethacin er</i>	3	
<i>ketorolac tromethamine 10 mg tab</i>	3	QL (20 ea per fill)
MECLOFENAMATE SODIUM	3	
<i>mefenamic acid</i>	3	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	2	
<i>nabumetone</i>	3	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	3	
<i>naproxen dr</i>	3	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	3	
<i>oxaprozin 600 mg tab</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam</i>	3	
SPRIX	3	PA
<i>sulindac</i>	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	6	QL (55 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	6	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	3	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	6	QL (8 ea per 28 days), PA-NSO, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	6	QL (8 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	6	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
<i>bac</i>	3	
<i>butalbital-acetaminophen 50-325 mg tab</i>	3	
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg tab)</i>	3	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	3	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SALICYLATES		
<i>adult aspirin regimen</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>goodsense aspirin low dose</i>	1	
<i>h-e-b aspirin</i>	1	
<i>hm aspirin 81 mg chew tab</i>	1	
<i>hm aspirin ec low dose</i>	1	
<i>kls aspirin low dose</i>	1	
<i>kp aspirin</i>	1	
<i>miniprin low dose</i>	1	
<i>mm aspirin</i>	1	
<i>px aspirin 81 mg chew tab</i>	1	
<i>px enteric aspirin 81 mg tab dr</i>	1	
<i>qc aspirin low dose</i>	1	
<i>qc childrens aspirin</i>	1	
<i>ra aspirin adult low dose</i>	1	
<i>ra aspirin adult low strength</i>	1	
<i>ra aspirin childrens</i>	1	
<i>ra aspirin ec 81 mg tab dr</i>	1	
<i>ra aspirin ec adult low st</i>	1	
<i>salsalate</i>	3	
<i>sb aspirin 81 mg tab dr</i>	1	
<i>sb aspirin adult low strength</i>	1	
<i>sb childrens aspirin</i>	1	
<i>sb low dose asa ec</i>	1	
<i>sm aspirin adult low strength</i>	1	
<i>sm aspirin ec low strength</i>	1	
<i>sm aspirin low dose</i>	1	
<i>sm childrens aspirin</i>	1	
<i>st joseph aspirin</i>	1	
<i>st joseph low dose</i>	1	
<i>tgt aspirin (81 mg chew tab, 81 mg tab dr)</i>	1	
<i>tgt aspirin low dose</i>	1	
<i>tgt childrens aspirin</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	3	
<i>fentanyl</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	3	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	6	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
<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>	6	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
HYDROCODONE BITARTRATE ER (10 MG CAP ER 12H, 15 MG CAP ER 12H, 20 MG CAP ER 12H, 30 MG CAP ER 12H, 40 MG CAP ER 12H, 50 MG CAP ER 12H)	3	PA
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	3	
<i>hydromorphone hcl er</i>	3	PA
LAZANDA (100 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION)	5	PA
<i>levorphanol tartrate</i>	3	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	3	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	3	PA
<i>methadone hcl intensol</i>	3	PA
<i>methadose 40 mg tab sol</i>	3	PA
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)</i>	3	
<i>morphine sulfate (concentrate)</i>	3	
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	3	PA
MORPHINE SULFATE ER BEADS	3	PA
NUCYNTA	5	PA
NUCYNTA ER	5	PA
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	3	PA
OXYCONTIN	5	PA
<i>oxymorphone hcl</i>	3	
OXYMORPHONE HCL ER	3	PA
SUBSYS	6	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	3	
TRAMADOL HCL (ER BIPHASIC)	3	PA
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	3	PA
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)</i>	3	
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	4	
<i>ascomp-codeine</i>	3	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	3	
<i>butalbital-asa-caff-codeine</i>	3	
<i>endocet</i>	3	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)</i>	3	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	3	
<i>lorcet</i>	3	
<i>lorcet hd</i>	3	
NALOCET	3	
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-300 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab)</i>	3	
<i>tramadol-acetaminophen</i>	3	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	6	QL (1.28 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	6	QL (1.92 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements/Limits
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	6	QL (2.56 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	6	QL (0.64 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 128 MG/0.36ML SOLN PRSYR	6	QL (0.36 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 64 MG/0.18ML SOLN PRSYR	6	QL (0.18 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 96 MG/0.27ML SOLN PRSYR	6	QL (0.27 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
<i>buprenorphine</i>	3	PA, QL (0.143 ea per 1 days)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl-naloxone hcl</i>	2	PN (34 DAYS SUPPLY PER FILL)
<i>butorphanol tartrate 10 mg/ml solution</i>	3	
<i>pentazocine-naloxone hcl</i>	3	
SUBLOCADE	6	SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)

ANDROGENS-ANABOLIC (CONTINUED)

ANDROGENS

AVEED	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>danazol</i>	3	
<i>depo-testosterone</i>	3	
<i>methyltestosterone</i>	3	PA
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	3	
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	3	
TESTOSTERONE ENANTHATE	3	

ANORECTAL AND RELATED PRODUCTS (CONTINUED)

INTRARECTAL STEROIDS

<i>hydrocortisone 100 mg/60ml enema</i>	3	
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RECTAL COMBINATIONS

<i>hydrocort-pramoxine (perianal)</i>	3	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-hydrocort (perianal)</i>	3	
LIDOCAINE-HYDROCORTISONE ACE (2-2 % KIT, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	3	
<i>lidocort</i>	3	
RECTAL STEROIDS		
<i>anucort-hc</i>	3	
<i>anusol-hc 25 mg suppos</i>	3	
<i>hemmorex-hc 25 mg suppos</i>	3	
<i>hydrocortisone (perianal)</i>	3	
<i>hydrocortisone acetate 25 mg suppos</i>	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc</i>	3	
<i>proctozone-hc</i>	3	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	3	PA
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole</i>	3	QL (4 tablet(s) per fill(s))
EMVERM	5	PA, QL (6 ea per fill)
<i>ivermectin 3 mg tab</i>	3	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS)
<i>praziquantel</i>	3	PA
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	5	PA, QL (12 ea per 3 days), PN (3 DAYS SUPPLY PER FILL)
<i>metronidazole (250 mg tab, 500 mg tab)</i>	3	
<i>pentamidine isethionate</i>	3	
<i>tinidazole</i>	3	
<i>trimethoprim</i>	3	
XIFAXAN 550 MG TAB	6	PA

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)</i>	3	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	2	
<i>sulfatrim pediatric</i>	3	
<i>urelle</i>	3	
<i>uretron d/s</i>	4	
<i>uro-458</i>	3	
<i>uro-mp</i>	3	
<i>ustell</i>	3	
<i>vilamit mb</i>	3	
<i>vilevev mb</i>	3	
XACDURO	6	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	4	
<i>atovaquone</i>	3	
NITAZOXANIDE	3	
CYCLIC LIPOPEPTIDES		
<i>daptomycin 350 mg recon soln</i>	3	
<i>daptomycin 500 mg recon soln</i>	3	PN (34 DAYS SUPPLY PER FILL)
GLYCOPEPTIDES		
KIMYRSA	6	PA, QL (1 ea per fill)
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	3	
<i>vancomycin hcl 10 gm recon soln</i>	3	PA
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	3	
LINCOSAMIDES		
<i>clindamycin hcl</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl</i>	3	
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	3	PA
<i>linezolid 600 mg tab</i>	3	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)
SIVEXTRO 200 MG TAB	6	PA, QL (6 ea per 6 day(s)), PN (6 DAYS SUPPLY IN 365 DAYS)
PLEUROMUTILINS		
XENLETA 600 MG TAB	6	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	3	PA
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate</i>	3	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	3	
<i>nitrofurantoin macrocrystal</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	3	PA
NITRATES		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	4	
NITRO-TIME	3	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	3	
ANTIANXIETY AGENTS (CONTINUED)		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl (5 mg tab, 10 mg tab)</i>	2	

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

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

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Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA	4	
<i>ipratropium bromide 0.02 % solution</i>	3	
SPIRIVA HANDIHALER	4	
SPIRIVA RESPIMAT	4	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	3	
<i>zafirlukast</i>	3	
<i>zileuton er</i>	3	PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	3	PA
STEROID INHALANTS		
ARNUITY ELLIPTA	4	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	3	
FLUTICASONE PROPIONATE DISKUS	4	
FLUTICASONE PROPIONATE HFA	4	
PULMICORT FLEXHALER	4	
QVAR REDIHALER	5	
SYMPATHOMIMETICS		
ADVAIR HFA	4	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	3	
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	2	
<i>albuterol sulfate hfa</i>	3	
ANORO ELLIPTA	4	
<i>arformoterol tartrate</i>	3	PA
BREO ELLIPTA	4	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	4	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol</i>	3	QL (1.02 gm per 1 day(s))
<i>budesonide-formoterol fumarate 80-4.5 mcg/act aerosol</i>	3	QL (1.02 gm per 1 days)
COMBIVENT RESPIMAT	4	

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Drug Name	Drug Tier	Requirements/Limits
DULERA	4	
<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>	3	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	4	QL (1 ea per 30 days)
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	4	QL (1 ea per 30 day(s))
<i>formoterol fumarate</i>	3	PA
<i>ipratropium-albuterol</i>	3	
<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>	3	
LEVALBUTEROL TARTRATE	3	
SEREVENT DISKUS	4	
STIOLTO RESPIMAT	4	
STRIVERDI RESPIMAT	4	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	3	
TRELEGY ELLIPTA	4	QL (2 ea per 1 days)
<i>wixela inhub</i>	3	QL (2 ea per 1 days)
XANTHINES		
<i>elixophyllin</i>	3	
THEO-24	5	
<i>theophylline</i>	3	
<i>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)</i>	3	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	3	
<i>warfarin sodium</i>	2	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	4	QL (2 ea per 1 days)
ELIQUIS 5 MG TAB	4	QL (4 ea per 1 days)
ELIQUIS DVT/PE STARTER PACK	4	QL (74 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
XARELTO (10 MG TAB, 20 MG TAB)	4	QL (1 ea per 1 days)
XARELTO (2.5 MG TAB, 15 MG TAB)	4	QL (2 ea per 1 days)
XARELTO 1 MG/ML RECON SUSP	4	QL (20 ml per 1 days)
XARELTO STARTER PACK	4	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (100 mg/ml soln prsy, 150 mg/ml soln prsy)</i>	3	QL (60 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>enoxaparin sodium (80 mg/0.8ml soln prsy, 120 mg/0.8ml soln prsy)</i>	3	QL (48 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	3	QL (18 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>enoxaparin sodium 300 mg/3ml solution</i>	3	PN (30 DAYS SUPPLY PER FILL)
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	3	QL (24 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	3	QL (36 ml per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	6	QL (22.4 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	6	QL (14 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	6	QL (11.2 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	6	QL (16.8 ml per 28 days), PN (34 DAYS SUPPLY PER FILL)
FRAGMIN (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION)	6	PA, PN (34 DAYS SUPPLY PER FILL)
HEPARIN SODIUM (PORCINE) (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLN PRSYR, 5000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	3	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution, 5000 unit/ml solution)</i>	3	
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)	6	PA, QL (1 ea per 1 days)

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA 0.5 MG/ML SUSPENSION	6	PA, QL (24 ml per 1 days)
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	3	
<i>clonazepam</i>	3	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	3	
LIBERVANT	4	QL (10 ea per 30 day(s)), AL (2 to 5 yrs old)
SYMPAZAN	5	PA, QL (2 ea per 1 days)
VALTOCO 10 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 15 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 20 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 5 MG DOSE	4	QL (10 ea per 30 days), AL (6 to 999 yrs old)
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	5	PA, QL (1 ea per 1 days)
APTIOM (600 MG TAB, 800 MG TAB)	5	PA, QL (2 ea per 1 days)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg/10ml suspension)</i>	3	
<i>carbamazepine 200 mg tab</i>	2	
<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>	3	
CARBATROL	5	
DIACOMIT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EPIDIOLEX	5	PA, SP
<i>epitol</i>	3	
EPRONTIA	5	PA, QL (16 ml per 1 days)
FINTEPLA	6	PA, LA, QL (360 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	3	
KEPPRA (100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB)	5	

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Drug Name	Drug Tier	Requirements/Limits
KEPPRA XR	5	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	3	PA
<i>lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	3	PA
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	3	
<i>lamotrigine er</i>	3	
<i>lamotrigine starter kit-blue</i>	3	
<i>lamotrigine starter kit-green</i>	3	
<i>lamotrigine starter kit-orange</i>	3	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	3	
<i>levetiracetam er</i>	3	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	3	
<i>oxcarbazepine er</i>	3	PA
OXTELLAR XR	5	PA
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	3	
<i>primidone (50 mg tab, 250 mg tab)</i>	3	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	3	PA
<i>subvenite</i>	3	
<i>subvenite starter kit-blue</i>	3	
<i>subvenite starter kit-green</i>	3	
<i>subvenite starter kit-orange</i>	3	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	5	
TEGRETOL-XR (200 MG TAB ER 12H, 400 MG TAB ER 12H)	5	
<i>topiramate</i>	3	
<i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	3	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	5	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	3	
<i>methsuximide</i>	3	
VALPROIC ACID		
DEPAKOTE	5	
DEPAKOTE ER	5	
DEPAKOTE SPRINKLES	5	
<i>divalproex sodium</i>	3	
<i>divalproex sodium er</i>	3	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	3	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	3	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	5	PA, QL (2 ea per 1 days)
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl</i>	3	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr)</i>	3	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	3	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	3	PA, QL (1 ea per 1 day(s))
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZURZUVAE (20 MG CAP, 25 MG CAP)	6	QL (28 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
ZURZUVAE 30 MG CAP	6	QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	5	PA
MARPLAN	5	PA
PHENELZINE SULFATE	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate</i>	3	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SPRAVATO (84 MG DOSE)	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	2	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	3	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap)</i>	2	
<i>fluoxetine hcl (20 mg/5ml solution, 60 mg tab)</i>	3	
<i>fluvoxamine maleate</i>	3	
<i>fluvoxamine maleate er</i>	3	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2	
<i>paroxetine hcl 10 mg/5ml suspension</i>	3	
<i>paroxetine hcl er</i>	3	
PEXEVA	5	PA
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>sertraline hcl 20 mg/ml conc</i>	3	
SEROTONIN MODULATORS		
NEFAZODONE HCL	3	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>trazodone hcl 300 mg tab</i>	3	
<i>vilazodone hcl</i>	3	PA, QL (1 ea per 1 days)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	3	QL (1 ea per 1 days)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	3	
FETZIMA	5	PA
FETZIMA TITRATION	5	PA
<i>venlafaxine hcl</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>	3	
<i>venlafaxine hcl er (37.5 mg tab er 24h, 75 mg tab er 24h, 150 mg tab er 24h, 225 mg tab er 24h)</i>	5	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	3	
<i>clomipramine hcl</i>	3	
<i>desipramine hcl</i>	3	
<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>	3	
<i>imipramine hcl</i>	3	
<i>imipramine pamoate</i>	3	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	3	
<i>protriptyline hcl</i>	3	
<i>trimipramine maleate</i>	3	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	3	
MIGLITOL	4	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl</i>	3	
<i>glyburide-metformin</i>	3	
GLYXAMBI	4	QL (1 ea per 1 days)
JENTADUETO	4	QL (2 ea per 1 days)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	4	QL (2 ea per 1 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	4	QL (1 ea per 1 days)
<i>pioglitazone hcl-glimepiride</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-metformin hcl</i>	3	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	3	PA, QL (1 ea per 1 day(s))
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	3	PA, QL (2 ea per 1 day(s))
SYNJARDY	4	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	4	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	4	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	4	QL (1 ea per 1 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	4	QL (2 ea per 1 days)
XULTOPHY	4	ST, QL (0.5 ml per 1 days)
ANTIDIABETIC-ANTIBODIES		
TZIELD	6	PA, LA, SP, PN (14 DAYS SUPPLY PER FILL)
BIGUANIDES		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	2	
<i>metformin hcl 500 mg/5ml solution</i>	3	PA
<i>metformin hcl er</i>	3	
DIABETIC OTHER		
BAQSIMI ONE PACK	4	QL (2 ea per fill)
BAQSIMI TWO PACK	4	QL (2 ea per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	4	
CVS SOFT GLUCOSE	4	
DEX4	4	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	4	
DEX4 NATURALS	4	
DEX4 POUCH PACK	4	
DEX4 QUICK DISSOLVE GLUCOSE	4	
<i>diazoxide</i>	3	
GLUCAGEN HYPOKIT	4	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	4	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCO TO GO	4	
GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	4	
GLUCOSE INSTANT ENERGY	4	
GNP GLUCOSE	4	
GNP QUICK DISSOLVE GLUCOSE	4	
GOODSENSE GLUCOSE	4	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	4	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	4	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	4	QL (0.4 ml per fill)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	4	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
HY-VEE GLUCOSE	4	
KROGER GLUCOSE	4	
LEADER GLUCOSE	4	
LEADER QUICK DISSOLVE GLUCOSE	4	
LONGS GLUCOSE	4	
MEIJER GLUCOSE	4	
<i>mifepristone 300 mg tab</i>	6	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PREFERRED PLUS GLUCOSE	4	
PX GLUCOSE	4	
RA GLUCOSE	4	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	4	
SM GLUCOSE	4	
SMART SENSE GLUCOSE	4	
TGT GLUCOSE	4	

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Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS GLUCOSE 4 GM CHEW TAB	4	
TRUEPLUS GLUCOSE ON THE GO	4	
UP & UP GLUCOSE	4	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	4	
WALGREENS GLUCOSE	4	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>saxagliptin hcl 2.5 mg tab</i>	3	PA, QL (1 ea per 1 day(s))
<i>saxagliptin hcl 5 mg tab</i>	3	PA, QL (1 ea per 1 day(s))
TRADJENTA	4	QL (1 ea per 1 days)
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	5	PA
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)	4	PA, QL (2 ml per 28 days)
MOUNJARO 2.5 MG/0.5ML SOLN PEN	4	PA, QL (2 ml per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	4	PA, QL (0.11 ml per 1 days)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	4	PA, QL (0.11 ml per 1 days)
OZEMPIC (2 MG/DOSE)	4	PA, QL (0.11 ml per 1 days)
RYBELSUS (7 MG TAB, 14 MG TAB)	4	PA, QL (1 ea per 1 days)
RYBELSUS 3 MG TAB	4	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY	4	PA, QL (0.072 ml per 1 days)
VICTOZA	4	PA, QL (0.3 ml per 1 day(s))
INSULIN		
ADMELOG	5	PA
ADMELOG SOLOSTAR	5	PA
APIDRA	5	PA
APIDRA SOLOSTAR	5	PA
FIASP	5	PA
FIASP FLEXTOUCH	5	PA

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Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL	5	PA
HUMALOG 100 UNIT/ML SOLUTION	5	PA
HUMALOG TEMPO PEN	5	PA
INSULIN ASP PROT & ASP FLEXPEN	3	
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	
INSULIN ASPART PROT & ASPART	3	
INSULIN DEGLUDEC	4	
INSULIN DEGLUDEC FLEXTOUCH	4	
INSULIN GLARGINE MAX SOLOSTAR	4	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	4	
LANTUS	4	
LANTUS SOLOSTAR	4	
LEVEMIR	4	
LEVEMIR FLEXPEN	4	
LEVEMIR FLEXTOUCH	4	
NOVOLIN 70/30	4	
NOVOLIN 70/30 FLEXPEN	4	
NOVOLIN 70/30 FLEXPEN RELION	4	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	4	
NOVOLIN N FLEXPEN	4	
NOVOLIN N FLEXPEN RELION	4	
NOVOLIN N RELION	4	
NOVOLIN R	4	
NOVOLIN R FLEXPEN	4	
NOVOLIN R FLEXPEN RELION	4	
NOVOLIN R RELION	4	
NOVOLOG	4	
NOVOLOG 70/30 FLEXPEN RELION	4	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN	4	
NOVOLOG FLEXPEN RELION	4	
NOVOLOG MIX 70/30	4	
NOVOLOG MIX 70/30 FLEXPEN	4	
NOVOLOG MIX 70/30 RELION	4	
NOVOLOG PENFILL	4	
NOVOLOG RELION	4	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	3	
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	3	
<i>repaglinide</i>	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE	4	QL (1 ea per 1 days)
SULFONYLUREAS		
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	2	
<i>glipizide (5 mg tab, 10 mg tab)</i>	2	
<i>glipizide er</i>	3	
<i>glipizide xl</i>	3	
<i>glyburide</i>	2	
GLYBURIDE MICRONIZED	2	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	3	
<i>loperamide hcl 2 mg cap</i>	3	
<i>opium</i>	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
CHEMET	5	PA
<i>deferasirox</i>	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox granules</i>	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferiprone 500 mg tab</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRAXBIND	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPIOID ANTAGONISTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)</i>	3	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	4	
<i>naltrexone hcl</i>	2	
VIVITROL	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	3	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	3	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab, 24 mg tab)</i>	3	
SANCUSO	5	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	3	
<i>scopolamine</i>	3	
<i>trimethobenzamide hcl</i>	3	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	5	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
<i>doxylamine-pyridoxine</i>	3	QL (4 ea per 1 days)
<i>dronabinol</i>	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
CINVANTI	5	PA, SP
EMEND 125 MG/5ML RECON SUSP	5	
ANTIFUNGALS (CONTINUED)		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
REZZAYO	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIFUNGALS		
<i>flucytosine</i>	6	PN (34 DAYS SUPPLY PER FILL)
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
<i>nystatin 500000 unit tab</i>	3	
<i>terbinafine hcl 250 mg tab</i>	3	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	6	PA, PN (34 DAYS SUPPLY PER FILL)
<i>fluconazole (40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	3	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	3	PA
<i>ketoconazole 200 mg tab</i>	3	
<i>posaconazole 100 mg tab dr</i>	6	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
<i>posaconazole 40 mg/ml suspension</i>	6	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)
<i>voriconazole (50 mg tab, 200 mg tab)</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
ANTIHIISTAMINES (CONTINUED)		
ANTIHIISTAMINES - ETHANOLAMINES		
CLEMASTINE FUMARATE 2.68 MG TAB	3	
<i>di-phen</i>	3	
<i>diphen 12.5 mg/5ml elixir</i>	3	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	3	
ANTIHIISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	3	
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	3	
ANTIHYPERLIPIDEMICS (CONTINUED)		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	4	PA, QL (1 ea per 1 days)
ANGIOPHOTIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	3	PA
NEXLIZET	4	PA, QL (1 ea per 1 days)
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl 0.5 gm cap</i>	3	PA, QL (8 ea per 1 days)
<i>icosapent ethyl 1 gm cap</i>	3	PA, QL (4 ea per 1 days)
<i>omega-3-acid ethyl esters</i>	3	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	3	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	3	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	3	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	3	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	3	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	3	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	3	
<i>gemfibrozil</i>	3	
HMG COA REDUCTASE INHIBITORS		
ALTOPREV (20 MG TAB ER 24H, 60 MG TAB ER 24H)	5	PA, PN (\$0 copay for members age 40-75)
ALTOPREV 40 MG TAB ER 24H	5	PA, PN (\$0 copay for members age 40-75)

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Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	3	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	3	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 10 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 20 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	2	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 20 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 80 mg tab</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	3	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium 5 mg tab</i>	3	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	2	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	2	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 20 mg tab</i>	2	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	2	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	5	PA, QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
ZYPITAMAG 1 MG TAB	5	PA, QL (1 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	3	
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	3	
NIACOR	3	

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Drug Name	Drug Tier	Requirements/Limits
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRALUENT	4	PA, QL (0.072 ml per 1 days)
REPATHA	4	PA, QL (0.072 ml per 1 days)
REPATHA PUSHTRONEX SYSTEM	4	PA, QL (0.125 ml per 1 days)
REPATHA SURECLICK	4	PA, QL (0.072 ml per 1 days)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITORS		
<i>benazepril hcl</i>	2	
<i>captopril</i>	2	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>fosinopril sodium</i>	3	
<i>lisinopril</i>	2	
<i>moexipril hcl</i>	3	
PERINDOPRIL ERBUMINE (2 MG TAB, 8 MG TAB)	4	
<i>perindopril erbumine 4 mg tab</i>	3	
<i>quinapril hcl</i>	3	
<i>ramipril</i>	3	
<i>trandolapril</i>	3	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl</i>	3	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	3	
<i>irbesartan</i>	3	
<i>losartan potassium</i>	3	
<i>olmesartan medoxomil</i>	3	
<i>telmisartan</i>	3	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	3	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl</i>	2	
<i>doxazosin mesylate</i>	2	
<i>guanfacine hcl</i>	2	
METHYLDOPA	3	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	2	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	3	
<i>amlodipine besylate-valsartan</i>	3	PA
<i>amlodipine-olmesartan</i>	3	PA
<i>atenolol-chlorthalidone</i>	3	
<i>benazepril-hydrochlorothiazide</i>	3	
<i>bisoprolol-hydrochlorothiazide</i>	3	
<i>candesartan cilexetil-hctz</i>	3	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	3	
<i>enalapril-hydrochlorothiazide</i>	3	
<i>fosinopril sodium-hctz</i>	3	
<i>irbesartan-hydrochlorothiazide</i>	3	
<i>lisinopril-hydrochlorothiazide</i>	3	
<i>losartan potassium-hctz</i>	3	
<i>metoprolol-hydrochlorothiazide</i>	3	
<i>olmesartan medoxomil-hctz</i>	3	
<i>olmesartan-amlodipine-hctz</i>	3	PA
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-25 mg tab)</i>	3	
<i>telmisartan-hctz</i>	3	
TRANDOLAPRIL-VERAPAMIL HCL ER	3	
<i>valsartan-hydrochlorothiazide</i>	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	3	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil</i>	3	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	3	
COARTEM	5	PA, QL (24 ea per fill)
ANTIMALARIALS		
ARTESUNATE	6	SP, PN (34 DAYS SUPPLY PER FILL)
<i>chloroquine phosphate</i>	3	
<i>hydroxychloroquine sulfate 200 mg tab</i>	3	
<i>mefloquine hcl</i>	3	
<i>primaquine phosphate</i>	5	QL (14 ea per 14 day(s)), PN (14 DAYS SUPPLY IN 180 DAYS)
<i>pyrimethamine</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>quinine sulfate</i>	3	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	6	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	3	
<i>pyridostigmine bromide er</i>	3	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine</i>	3	
<i>ethambutol hcl</i>	3	
ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, 300 MG TAB)	3	
PRETOMANID	5	PA, QL (1 ea per 1 days)
PRIFTIN	5	PA
<i>pyrazinamide</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i>	3	
<i>rifampin (150 mg cap, 300 mg cap)</i>	3	
TRECTOR	5	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
BELRAPZO	6	SP, PN (34 DAYS SUPPLY PER FILL)
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	6	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	6	SP, PN (34 DAYS SUPPLY PER FILL)
BENDEKA	6	SP, PN (34 DAYS SUPPLY PER FILL)
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	SP
GLEOSTINE	1	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	1	SP
MELPHALAN	1	
MYLERAN	1	SP
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION, 200 MG/40ML SOLUTION)	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>temozolomide</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIVIMUSTA	6	SP, PN (34 DAYS SUPPLY PER FILL)
YONDELIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEPZELCA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIMETABOLITES		
<i>capecitabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>clofarabine</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>decitabine</i>	6	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN 20 MG/ML SOLUTION	6	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN 40 MG/2ML SOLUTION	6	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mercaptopurine</i>	1	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION, 1000 MG/40ML SOLUTION)	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium (pf)</i>	3	
<i>nelarabine</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONUREG	1	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED	6	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)	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEMFEXY	6	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE 20 MG/ML SOLUTION	6	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE 40 MG/2ML SOLUTION	6	SP, PN (34 DAYS SUPPLY PER FILL)
TABLOID	1	PA, SP
TREXALL	5	PA
XATMEP	5	PA, SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYRAMZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FRUZAQLA 1 MG CAP	1	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
FRUZAQLA 5 MG CAP	1	PA, QL (21 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
INLYTA 1 MG TAB	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (14 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (18 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA (24 MG DAILY DOSE)	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
MVASI	6	SP, PN (34 DAYS SUPPLY PER FILL)
ZALTRAP	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN	6	SP, PN (34 DAYS SUPPLY PER FILL)
HERZUMA	6	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	6	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	6	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT	6	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	6	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	6	SP, PN (34 DAYS SUPPLY PER FILL)
TUKYSA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARZERRA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPOUSA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLENREP	6	PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
COLUMVI 10 MG/10ML SOLUTION	6	PA, QL (30 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
COLUMVI 2.5 MG/2.5ML SOLUTION	6	PA, QL (30 ml per 21 day(s)), SP, PN (MAX 21 DAYS SUPPLY PER FILL)
DANYELZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DARZALEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELREXFIO	6	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
EMPLICITI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
GAZYVA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMDELLTRA	6	PA, SP, PN (28 DAY SUPPLY PER FILL)
IMFINZI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMJUDO 25 MG/1.25ML SOLUTION	6	PA, QL (375 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
IMJUDO 300 MG/15ML SOLUTION	6	PA, QL (15 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
JEMPERLI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KADCYLA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEYTRUDA	6	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LIBTAYO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LOQTORZI	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
LUNSUMIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONJUVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MYLOTARG	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVANT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SARCLISA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TALVEY	6	PA, SP, PN (34 DAY SUPPLY PER FILL)
TECENTRIQ	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECVAYLI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
TIVDAK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
UNITUXIN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
YERVOY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEVALIN Y-90	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNYZ	6	PA, QL (20 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 100 MG TAB	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 50 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA STARTING PACK	1	QL (42 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
PROVENGE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX	6	SP, PN (34 DAYS SUPPLY PER FILL)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>erlotinib hcl 25 mg tab</i>	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EXKIVITY	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>gefitinib</i>	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PORTRAZZA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAGRISSO	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VECTIBIX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
DAURISMO 25 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERIVEDGE	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ODOMZO	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 100-500 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 50-500 MG TAB	5	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>anastrozole</i>	1	PN (\$0 copay for women)
<i>bicalutamide</i>	1	QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
CAMCEVI	6	SP, PN (168 DAYS SUPPLY PER FILL)
ELIGARD 22.5 MG KIT	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	6	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT	1	SP
ERLEADA 240 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EULEXIN	1	SP
<i>exemestane</i>	1	PN (\$0 copay for women)
FIRMAGON	5	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	5	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements/Limits
<i>fulvestrant</i>	6	SP, PN (34 DAYS SUPPLY PER FILL)
FULVESTRANT	6	SP, PN (34 DAYS SUPPLY PER FILL)
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>letrozole</i>	1	PN (\$0 copay for women)
<i>leuprolide acetate</i>	3	
LUPRON DEPOT (1-MONTH)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH)	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH)	6	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH)	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN	1	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	1	
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	3	
<i>nilutamide</i>	1	SP
NUBEQA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORGOVYX	1	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 345 MG TAB	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 86 MG TAB	1	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>tamoxifen citrate</i>	1	PN (\$0 copay for women)
<i>toremifene citrate</i>	1	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI (40 MG CAP, 40 MG TAB)	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
ZOLADEX 10.8 MG IMPLANT	6	SP, PN (84 DAYS SUPPLY PER FILL)
ZOLADEX 3.6 MG IMPLANT	6	SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	1	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	1	QL (21 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	1	QL (24 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	1	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	1	QL (32 per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO	6	PA, LA, QL (17 ea per lifetime), SP
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
HERCEPTIN HYLECTA	6	SP, PN (34 DAYS SUPPLY PER FILL)
INQOVI	1	QL (5 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (200 MG DOSE)	1	QL (49 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE)	1	QL (70 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE)	1	QL (91 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	1	QL (100 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	1	QL (80 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG	6	PA, QL (40 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PHESGO	6	SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN HYCELA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYXEOS	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	1	QL (240 ea per 30 days), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALIQOPA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO	1	QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BALVERSA 3 MG TAB	1	LA, QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 4 MG TAB	1	LA, QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 5 MG TAB	1	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BELEODAQ	6	PA, SP, PN (34 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)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF (400 MG TAB, 500 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 100 MG TAB	1	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 300 MG TAB	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COMETRIQ (100 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (140 MG DAILY DOSE)	1	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (60 MG DAILY DOSE)	1	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COPIKTRA	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	1	QL (90 ea per 30 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>dasatinib (50 mg tab, 70 mg tab, 100 mg tab, 140 mg tab)</i>	1	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>dasatinib 20 mg tab</i>	1	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>dasatinib 80 mg tab</i>	1	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<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	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
FOTIVDA	1	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
FYARRO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAVRETO	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
GLEEVEC 100 MG TAB	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 400 MG TAB	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 30 MG TAB)	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICLUSIG (15 MG TAB, 45 MG TAB)	1	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IDHIFA	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 420 MG TAB)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	1	QL (216 ml per 36 days), PA-NSO, SP, PN (36 DAYS SUPPLY PER FILL)
INREBIC	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 100 MG TAB	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 50 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	1	QL (42 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	1	QL (63 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	1	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
KOSELUGO 25 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KYPROLIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>lapatinib ditosylate</i>	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 100 MG TAB	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 25 MG TAB	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	1	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 320 MG TAB	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LYTGOBI (12 MG DAILY DOSE)	1	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (16 MG DAILY DOSE)	1	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (20 MG DAILY DOSE)	1	QL (140 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MEKINIST 0.05 MG/ML RECON SOLN	1	PA, QL (1200 ml per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
MEKINIST 0.5 MG TAB	1	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 2 MG TAB	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NERLYNX	1	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	1	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	1	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OJEMDA 100 MG TAB	1	PA, LA, QL (24 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
OJEMDA 25 MG/ML RECON SUSP	1	PA, LA, QL (96 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJJAARA	1	PA, LA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pazopanib hcl</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PEMAZYRE	1	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PIQRAY (200 MG DAILY DOSE)	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (250 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (300 MG DAILY DOSE)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	1	LA, QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	1	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 40 MG CAP	1	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 40 MG TAB	1	QL (90 ea per 60 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
REZLIDHIA	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	1	PA, QL (336 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	1	QL (224 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SCEMBLIX (20 MG TAB, 40 MG TAB)	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SCEMBLIX 100 MG TAB	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i>	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (50 MG TAB, 70 MG TAB, 100 MG TAB, 140 MG TAB)	1	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 20 MG TAB	1	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 80 MG TAB	1	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	1	QL (84 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>sunitinib malate</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR (50 MG CAP, 75 MG CAP)	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR 10 MG TAB SOL	1	PA, QL (900 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TASIGNA (150 MG CAP, 200 MG CAP)	1	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 50 MG CAP	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAZVERIK	1	LA, QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>temsirolimus</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEPMETKO	1	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TIBSOVO	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>torpenz</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP	1	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TURALIO 125 MG CAP	1	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA	1	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
VERZENIO (50 MG TAB, 150 MG TAB, 200 MG TAB)	1	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO 100 MG TAB	1	QL (56 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VITRAKVI 100 MG CAP	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	1	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VONJO	1	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (200 MG CAP, 250 MG CAP)	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI 150 MG CAP SPRINK	1	QL (180 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	1	PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	1	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	1	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYMES		
ASPARLAS	6	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	6	LA, SP, PN (34 DAYS SUPPLY PER FILL)
RYLAZE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AZEDRA THERAPEUTIC	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUTATHERA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
PLUVICTO	6	PA, SP, PN (42 DAYS SUPPLY PER FILL)
XOFIGO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTICS MISC.		
ACTIMMUNE	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
BESREMI	6	LA, QL (112 ea per 14 days), PA-NSO, SP, PN (14 DAYS SUPPLY PER FILL)
<i>bexarotene 75 mg cap</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>hydroxyurea</i>	1	
MATULANE	1	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>tretinoin 10 mg cap</i>	1	SP
TRISENOX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY ADJUNCTS		
ELITEK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	6	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IWILFIN	1	LA, QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	3	
MESNEX 400 MG TAB	6	SP, PN (34 DAYS SUPPLY PER FILL)
PEDMARK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VORAXAZE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MITOTIC INHIBITORS		
ABRAXANE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>eribulin mesylate</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ETOPOSIDE 50 MG CAP	1	SP
HALAVEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IXEMPRA KIT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JEVTANA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MARQIBO	6	PA, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
PACLITAXEL PROTEIN-BOUND PART	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONCOLYTIC VIRAL AGENTS		
IMLYGIC	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	1	SP, PN (34 DAYS SUPPLY PER FILL)
ONIVYDE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TRODELVY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa</i>	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	3	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone</i>	3	
ONGENTYS	5	ST, QL (1 ea per 1 days)
<i>tolcapone</i>	3	ST
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	3	
<i>apomorphine hcl</i>	3	ST, SP, PN (34 DAYS SUPPLY PER FILL)
<i>bromocriptine mesylate</i>	3	
CARBIDOPA-LEVODOPA (10-100 MG TAB DISP, 25-100 MG TAB DISP, 25-250 MG TAB DISP)	4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	3	
<i>carbidopa-levodopa er</i>	3	
<i>carbidopa-levodopa-entacapone</i>	3	
INBRIJA	6	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	6	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
KYNMOBI TITRATION KIT	6	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>pramipexole dihydrochloride</i>	3	
<i>pramipexole dihydrochloride er</i>	3	PA
<i>ropinirole hcl</i>	3	
<i>ropinirole hcl er</i>	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	3	
<i>selegiline hcl</i>	3	
ZELAPAR	5	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium</i>	3	
<i>lithium carbonate</i>	3	
<i>lithium carbonate er</i>	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	6	PA, QL (1 ea per 1 days)
EQUETRO	5	PA
<i>lurasidone hcl</i>	3	PA
NUPLAZID	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR	5	PA, QL (1 ea per 1 days)
<i>ziprasidone hcl</i>	3	
BENZISOXAZOLES		
FANAPT	6	PA
FANAPT TITRATION PACK	6	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	6	PA, QL (3.5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	6	PA, QL (5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	6	PA, QL (0.75 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	6	PA, QL (1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	6	PA, QL (1.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	6	PA, QL (0.25 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	6	PA, QL (0.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	6	PA, QL (0.88 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	6	PA, QL (1.32 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	6	PA, QL (1.75 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	6	PA, QL (2.63 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>paliperidone er</i>	3	PA
PERSERIS	6	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA	6	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>risperidone (0.25 mg tab, 0.25 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>	3	
<i>risperidone microspheres er</i>	6	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO	6	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 100 MG/0.28ML SUSP PRSYR	6	PA, QL (0.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 125 MG/0.35ML SUSP PRSYR	6	PA, QL (0.35 ml per 28 day(s)), SP, PN (Max 28 days per fill)
UZEDY 150 MG/0.42ML SUSP PRSYR	6	PA, QL (0.42 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 200 MG/0.56ML SUSP PRSYR	6	PA, QL (0.56 ml per 58 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 250 MG/0.7ML SUSP PRSYR	6	PA, QL (0.7 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 50 MG/0.14ML SUSP PRSYR	6	PA, QL (0.14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY 75 MG/0.21ML SUSP PRSYR	6	PA, QL (0.21 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BUTYROPHENONES		
<i>haloperidol</i>	3	
<i>haloperidol decanoate</i>	3	
<i>haloperidol lactate</i>	3	
DIBENZAPINES		
<i>asenapine maleate</i>	3	PA
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	3	
<i>loxapine succinate</i>	3	
<i>olanzapine</i>	3	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	3	
<i>quetiapine fumarate er</i>	3	
SECUADO	5	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV	6	PA, QL (2 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	3	
<i>compro</i>	3	
<i>fluphenazine decanoate</i>	3	
<i>fluphenazine hcl (2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	3	
<i>fluphenazine hcl 1 mg tab</i>	2	
<i>perphenazine</i>	3	
<i>prochlorperazine</i>	3	
<i>prochlorperazine maleate</i>	3	
<i>thioridazine hcl</i>	3	
<i>trifluoperazine hcl</i>	3	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	6	PA, QL (2.4 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	6	PA, QL (3.2 ml per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY MAINTENA	6	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	3	
ARISTADA 1064 MG/3.9ML PRSYR	6	PA, QL (3.9 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	6	PA, QL (1.6 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	6	PA, QL (2.4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	6	PA, QL (3.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO	6	PA, QL (2.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
THIOXANTHENES		
<i>thiothixene</i>	3	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	3	QL (30 ml per 1 days)
<i>abacavir sulfate 300 mg tab</i>	3	QL (2 ea per 1 days)
<i>abacavir sulfate-lamivudine</i>	3	QL (1 ea per 1 days)
APRETUDE	1	QL (3 ml per fill(s))
APTIVUS 250 MG CAP	4	QL (4 ea per 1 days)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	3	QL (2 ea per 1 days)
<i>atazanavir sulfate 300 mg cap</i>	3	QL (1 ea per 1 days)
BIKTARVY	4	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	4	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	4	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	4	QL (1 ea per 1 day(s))
COMPLERA	4	QL (1 ea per 1 days)
<i>darunavir 600 mg tab</i>	3	QL (2 ea per 1 day(s))

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Drug Name	Drug Tier	Requirements/Limits
<i>darunavir 800 mg tab</i>	3	QL (1 ea per 1 day(s))
DELSTRIGO	4	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	4	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	4	QL (1 ea per 1 days)
DOVATO	4	QL (1 ea per 1 days)
EDURANT	4	QL (2 ea per 1 days)
EFAVIRENZ 200 MG CAP	3	QL (2 ea per 1 days)
EFAVIRENZ 50 MG CAP	3	QL (3 ea per 1 days)
<i>efavirenz 600 mg tab</i>	3	QL (1 ea per 1 days)
<i>efavirenz-emtricitab-tenofo df</i>	3	QL (1 ea per 1 days)
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (1 ea per 1 days)
<i>emtricitabine</i>	3	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	3	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	3	QL (1 ea per 1 days), PN (\$0 Copay for pre-exposure prophylaxis)
EMTRIVA 10 MG/ML SOLUTION	4	QL (24 ml per 1 days)
<i>etravirine</i>	3	QL (2 ea per 1 days)
EVOTAZ	4	QL (1 ea per 1 days)
<i>fosamprenavir calcium</i>	3	QL (4 ea per 1 days)
FUZEON	4	QL (2 ea per 1 days), SP
GENVOYA	4	QL (1 ea per 1 days)
INTELENCE 25 MG TAB	4	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	4	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	4	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	4	QL (4 ea per 1 days)
ISENTRESS HD	4	QL (2 ea per 1 days)
JULUCA	4	QL (1 ea per 1 days)
<i>lamivudine 10 mg/ml solution</i>	3	QL (30 ml per 1 days)
<i>lamivudine 150 mg tab</i>	3	QL (2 ea per 1 days)
<i>lamivudine 300 mg tab</i>	3	QL (1 ea per 1 days)
<i>lamivudine-zidovudine</i>	3	QL (2 ea per 1 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir 100-25 mg tab</i>	3	QL (8 ea per 1 days)
<i>lopinavir-ritonavir 200-50 mg tab</i>	3	QL (4 ea per 1 days)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	3	QL (14 ml per 1 days)
<i>maraviroc 150 mg tab</i>	3	QL (2 ea per 1 days)
<i>maraviroc 300 mg tab</i>	3	QL (4 ea per 1 days)
<i>nevirapine 200 mg tab</i>	3	QL (2 ea per 1 days)
NEVIRAPINE 50 MG/5ML SUSPENSION	3	QL (40 ml per 1 days)
NEVIRAPINE ER 100 MG TAB ER 24H	3	QL (3 ea per 1 days)
<i>nevirapine er 400 mg tab er 24h</i>	3	QL (1 ea per 1 days)
NORVIR 100 MG PACKET	4	QL (24 ea per fill)
ODEFSEY	4	QL (1 ea per 1 days)
PIFELTRO	4	QL (2 ea per 1 days)
PREZCOBIX	4	QL (1 ea per 1 days)
PREZISTA 100 MG/ML SUSPENSION	4	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	4	QL (6 ea per 1 days)
PREZISTA 75 MG TAB	4	QL (2 ea per 1 days)
REYATAZ 50 MG PACKET	4	QL (6 ea per 1 days)
<i>ritonavir</i>	3	QL (12 ea per 1 days)
RUKOBIA	4	QL (2 ea per 1 days)
SELZENTRY 20 MG/ML SOLUTION	4	QL (60 ml per 1 days)
<i>stavudine</i>	3	QL (2 ea per 1 days)
STRIBILD	4	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	4	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	6	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	4	QL (5 ea per 8 day(s)), PN (8 DAYS SUPPLY IN 180 DAYS)
SYMTUZA	4	QL (1 ea per 1 days)
<i>tenofovir disoproxil fumarate</i>	3	QL (1 ea per 1 days)
TIVICAY 50 MG TAB	4	QL (2 ea per 1 days)
TIVICAY PD	4	QL (12 ea per 1 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ	4	QL (1 ea per 1 days)
TRIUMEQ PD	4	QL (6 ea per 1 days)
TYBOST	4	QL (1 ea per 1 days)
VIRACEPT 250 MG TAB	4	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	4	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	4	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	4	QL (8 gm per 1 days)
VOCABRIA	4	QL (1 ea per 1 days), PN (\$0 Copay for pre-exposure prophylaxis)
<i>zidovudine 100 mg cap</i>	3	QL (6 ea per 1 days)
<i>zidovudine 300 mg tab</i>	3	QL (120 ea per 30 days)
<i>zidovudine 50 mg/5ml syrup</i>	3	QL (6 ml per 1 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	1	QL (20 ea per fill(s))
PAXLOVID (300/100)	5	QL (30 ea per fill(s))
CMV AGENTS		
LIVTENCITY	6	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PREVYMIS (240 MG TAB, 480 MG TAB)	6	PA, QL (1 ea per 1 days)
<i>valganciclovir hcl 450 mg tab</i>	3	PN (34 DAYS SUPPLY PER FILL)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	6	PN (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	6	SP, PN (34 DAYS SUPPLY PER FILL)
<i>entecavir</i>	3	
<i>lamivudine 100 mg tab</i>	3	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	4	PA, QL (84 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY), PN (28 DAYS SUPPLY PER FILL)
MAVYRET 50-20 MG PACKET	4	PA, QL (168 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY), PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	6	QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	6	QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
RIBAVIRIN (200 MG CAP, 200 MG TAB)	4	SP
VEMLIDY	4	QL (1 ea per 1 days)
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	3	
<i>famciclovir</i>	3	
<i>valacyclovir hcl</i>	3	
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 45 mg cap</i>	3	QL (48 ea per 180 days), 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>	3	QL (540 ml per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	3	QL (42 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	3	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	5	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	5	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	5	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	5	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
MISC. ANTIVIRALS		
LAGEVRIO	5	QL (40 ea per fill(s))
TPOXX 200 MG CAP	1	QL (9 ea per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	1	QL (80 ml per 14 days), PN (14 DAYS SUPPLY IN 365 DAYS)
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin 6 gm recon soln</i>	4	SP

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Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	2	
<i>carvedilol phosphate er</i>	3	PA
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	3	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	3	
<i>atenolol</i>	2	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	3	
<i>bisoprolol fumarate</i>	3	
<i>metoprolol succinate er</i>	3	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	2	
<i>nebivolol hcl</i>	3	ST
BETA BLOCKERS NON-SELECTIVE		
INDERAL XL	4	
INNOPRAN XL	4	
<i>nadolol</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)</i>	3	
<i>propranolol hcl er</i>	3	
<i>sorine</i>	3	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	3	
<i>sotalol hcl (af)</i>	3	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	3	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	2	
<i>cartia xt</i>	3	
<i>dilt-xr</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2	
<i>diltiazem hcl er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	3	
<i>diltiazem hcl er beads</i>	3	
<i>diltiazem hcl er coated beads</i>	3	
<i>felodipine er</i>	3	
<i>isradipine</i>	3	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	3	
<i>nifedipine</i>	3	
<i>nifedipine er</i>	3	
<i>nifedipine er osmotic release</i>	3	
<i>nimodipine</i>	3	
NYMALIZE 6 MG/ML SOLUTION	5	PA, SP
<i>taztia xt</i>	3	
<i>tiadylt er</i>	3	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	3	
<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>	3	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2	
DIGOXIN 0.05 MG/ML SOLUTION	4	
LANOXIN (125 MCG TAB, 250 MCG TAB)	4	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO 24-26 MG TAB	4	QL (6 ea per 1 days)

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO 49-51 MG TAB	4	QL (3 ea per 1 days)
ENTRESTO 97-103 MG TAB	4	QL (2 ea per 1 days)
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO	5	PA, QL (1 ea per 1 day(s))
IMPOTENCE AGENTS		
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	3	PA, QL (1 ea per 1 day(s))
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>treprostinil</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TYVASO	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT	6	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	6	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	6	PA, QL (224 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	6	PA, QL (196 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	6	PA, QL (252 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO REFILL	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER	6	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan</i>	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
OPSUMIT	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate 10 mg/ml recon susp</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 20 mg tab</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tadalafil (pah)</i>	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
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)	6	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	6	PA, QL (60 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 200 & 800 MCG TAB THPK	6	PA, QL (200 ea per 180 days), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	6	PA, QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	6	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	5	PA, QL (2 ea per 1 day(s))
CORLANOR 5 MG/5ML SOLUTION	5	PA, QL (20 ml per 1 days)
<i>ivabradine hcl</i>	3	PA, QL (2 ea per 1 day(s))
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VYNDAQEL	6	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	3	
<i>cephalexin (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	3	
<i>cephalexin (250 mg cap, 500 mg cap)</i>	2	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	3	
CEFACLOR ER	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	3	
<i>cefuroxime axetil</i>	3	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	3	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	6	PA, PN (34 DAYS SUPPLY PER FILL)
CONTRACEPTIVES (CONTINUED)		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethia lo</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>balziva</i>	1	
<i>bekyree</i>	1	
BEYAZ	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>brielllyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>charlotte 24 fe</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>delyla</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospiren-eth estrad-levomefol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
NATAZIA	1	
<i>necon 0.5/35 (28)</i>	1	
NEXTSTELLIS	1	
<i>nikki</i>	1	
<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>	1	
<i>norethin-eth estradiol-fe</i>	1	
<i>norethindron-ethinyl estrad-fe</i>	1	
<i>norethindrone acet-ethinyl est</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits
EMERGENCY CONTRACEPTIVES		
<i>aftera</i>	1	
<i>afterpill</i>	1	
<i>curae</i>	1	
<i>econtra ez</i>	1	
<i>econtra one-step</i>	1	
ELLA	1	
<i>her style</i>	1	
<i>levonorgestrel</i>	1	
<i>my choice</i>	1	
<i>my way</i>	1	
<i>new day</i>	1	
<i>opcicon one-step</i>	1	
<i>option 2</i>	1	
PLAN B ONE-STEP	1	
<i>react</i>	1	
<i>take action</i>	1	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION)	1	
DEPO-SUBQ PROVERA 104	1	PN (84 DAYS SUPPLY PER FILL)
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	1	PN (84 DAYS SUPPLY PER FILL)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
MIRENA (52 MG)	1	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	
<i>deblitane</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
OPILL	1	
<i>sharobel</i>	1	
SLYND	1	
<i>tulana</i>	1	

CORTICOSTEROIDS (CONTINUED)

GLUCOCORTICOSTEROIDS

<i>budesonide 3 mg cp dr part</i>	3	
CORTISONE ACETATE	3	
<i>decadron (4 mg tab, 6 mg tab)</i>	3	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	3	
DEXAMETHASONE INTENSOL	5	PA
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	3	
<i>methylprednisolone</i>	3	
<i>methylprednisolone sodium succ</i>	3	
<i>millipred</i>	5	PA
<i>prednisolone 15 mg/5ml solution</i>	3	
<i>prednisolone 5 mg tab</i>	3	PA
PREDNISOLONE SODIUM PHOSPHATE (10 MG TAB DISP, 15 MG TAB DISP, 30 MG TAB DISP)	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	3	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 20 MG TAB, 50 MG TAB)	3	
PREDNISONE INTENSOL	5	PA
RAYOS	5	PA
SOLU-CORTEF	4	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF)	4	PN (34 DAYS SUPPLY PER FILL)
MINERALOCORTICIDS		
<i>fludrocortisone acetate</i>	3	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 200 mg cap)</i>	3	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	3	
<i>hydromet</i>	3	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	3	
<i>g tussin ac</i>	3	
<i>guaiaatussin ac</i>	3	
<i>guaifenesin ac</i>	3	
<i>guaifenesin-codeine</i>	3	
HYDROCOD POLI-CHLORPHE POLI ER	3	
<i>maxi-tuss ac</i>	3	
<i>promethazine vc</i>	3	
PROMETHAZINE VC/CODEINE	3	
<i>promethazine-codeine</i>	3	
<i>promethazine-dm</i>	3	
<i>promethazine-phenyleph-codeine</i>	3	
<i>promethazine-phenylephrine</i>	3	
<i>pseudoeph-bromphen-dm</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>virtussin a/c</i>	3	
<i>virtussin ac w/alc</i>	3	
EXPECTORANTS		
<i>potassium iodide</i>	3	
SSKI	3	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	5	
<i>nebusal 3 % nebu soln</i>	3	
<i>pulmosal</i>	3	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	3	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	3	
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
<i>accutane</i>	6	PN (30 DAYS SUPPLY PER FILL)
<i>adapalene (0.1 % gel, 0.3 % gel)</i>	3	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	3	
<i>amnesteam</i>	6	PN (30 DAYS SUPPLY PER FILL)
<i>avar cleanser</i>	3	
<i>avar-e emollient</i>	3	
<i>avar-e green</i>	3	
<i>avita</i>	3	AL (Up to 30 yrs old)
AZELEX	5	PA
BENZOYL PEROXIDE 9.8 % FOAM	3	
<i>benzoyl peroxide-erythromycin</i>	3	
<i>claravis</i>	6	PN (30 DAYS SUPPLY PER FILL)
<i>clindacin etz 1 % swab</i>	3	
<i>clindacin-p</i>	3	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	3	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	3	
<i>clindamycin-tretinoin</i>	3	PA
<i>erythromycin (2 % gel, 2 % solution)</i>	3	
FABIOR	5	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	6	PN (30 DAYS SUPPLY PER FILL)
<i>myorisan</i>	6	PN (30 DAYS SUPPLY PER FILL)
<i>neuac 1.2-5 % gel</i>	3	
<i>sss 10-5 (10-5 % cream, 10-5 % foam)</i>	3	
<i>sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % kit, 9-4.5 % liquid)</i>	3	
<i>sulfacetamide sodium (acne)</i>	3	
<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>	3	
SULFACETAMIDE-SULFUR IN UREA	3	
<i>sulfacleanse 8/4</i>	3	
TAZAROTENE 0.1 % FOAM	3	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	3	AL (Up to 30 yrs old)
<i>zenatane</i>	6	PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	5	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	3	PA, QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 1 % gel</i>	3	QL (10 gm per 1 days)
<i>diclofenac sodium 1.5 % solution</i>	3	PA
ANTIBIOTICS - TOPICAL		
ALTABAX	5	PA
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	3	
<i>mupirocin</i>	3	
<i>mupirocin calcium</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
XEPI	5	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	3	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	3	
<i>clotrimazole (1 % cream, 1 % solution)</i>	3	
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	3	
<i>econazole nitrate</i>	3	
ERTACZO	5	PA
EXELDERM (1 % CREAM, 1 % SOLUTION)	5	PA
<i>ketokonazole (2 % cream, 2 % shampoo)</i>	3	
KETODAN 2 % KIT	3	
<i>klayesta</i>	3	
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	3	
<i>nyamyc</i>	3	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	3	
<i>nystatin-triamcinolone</i>	3	
<i>nystop</i>	3	
<i>oxiconazole nitrate</i>	3	PA
OXISTAT 1 % LOTION	5	PA
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	5	PA
XOLEGEL	5	PA, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>fluorouracil (5 % cream, 5 % solution)</i>	3	
FLUOROURACIL 2 % SOLUTION	4	
KLISYRI	5	PA, QL (5 ea per fill)
PANRETIN	5	PA, SP
VALCHLOR	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl 5 % cream</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIPSORIATICS		
<i>acitretin</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	3	
<i>calcitrene</i>	3	
COSENTYX (300 MG DOSE)	6	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	6	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX SENSOREADY (300 MG)	6	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	6	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	6	PA, QL (2 ml per 28 day(s)), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
METHOXSALLEN RAPID	3	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	6	QL (1 ea per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	6	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN	6	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO 450 MG/7.5ML SOLUTION	6	PA, LA, QL (15 ml per fill), SP
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	3	
TREMFYA (100 MG/ML SOLN PEN, 100 MG/ML SOLN PRSYR)	6	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide</i>	3	
<i>sodium sulfacetamide 10 % shampoo</i>	3	
<i>sodium sulfacetamide wash</i>	3	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	3	
<i>sulfacetamide sodium (cleans)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % ointment</i>	3	QL (15 gm per fill)
<i>penciclovir</i>	3	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	5	PA
BURN PRODUCTS		
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
SULFAMYLON 85 MG/GM CREAM	5	PA
CAUTERIZING AGENTS		
SILVER NITRATE	3	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	3	
<i>ala-cort</i>	3	
<i>alclometasone dipropionate</i>	3	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	3	
APEXICON E	5	PA
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	3	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	3	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	3	
<i>calcipotriene-betameth diprop</i>	3	PA
CAPEX	5	PA
<i>clobetasol prop emollient base</i>	3	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	3	
<i>clobetasol propionate 0.05 % liquid</i>	3	PA
<i>clobetasol propionate e</i>	3	
<i>clobetasol propionate emulsion</i>	3	
<i>clodan 0.05 % shampoo</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
CORDRAN 4 MCG/SQCM TAPE	5	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	3	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	3	
<i>diflorasone diacetate 0.05 % ointment</i>	3	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	3	
<i>fluocinonide emulsified base</i>	3	
FLURANDRENOLIDE (0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT)	3	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	3	
<i>halcinonide</i>	3	PA
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	3	
<i>hydrocortisone (1 % cream, 1 % ointment, 2 % lotion, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	3	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	3	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	3	
<i>hydrocortisone butyrate 0.1 % lotion</i>	3	PA
<i>hydrocortisone valerate</i>	3	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	3	
PANDEL	5	PA
PREDNICARBATE	3	
TEXACORT	5	PA
<i>tovet 0.05 % foam</i>	3	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	3	
<i>triamcinolone in absorbbase</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trianex</i>	3	
<i>triderm</i>	3	
<i>tritocin</i>	3	
VERDESO	5	PA
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ADBRY 300 MG/2ML SOLN A-INJ	6	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT (200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR)	6	PA, QL (2.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT (300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	6	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea (35 % foam, 39 % cream, 40 % cream, 40 % lotion, 45 % cream, 47 % cream)</i>	3	
UREA HYDRATING	3	
<i>urea nail</i>	3	
<i>uredeb</i>	3	
<i>uremez-40</i>	3	
<i>xurea</i>	3	
ENZYMES - TOPICAL		
SANTYL	4	PA
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY	6	PA, QL (3 ea per 84 day(s)), SP, PN (84 DAYS SUPPLY PER FILL)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 3.75 % cream</i>	3	PA
<i>imiquimod 5 % cream</i>	3	
<i>imiquimod pump</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR	6	PA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pimecrolimus</i>	3	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	3	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN	6	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	3	
<i>salicylic acid (6 % foam, 6 % gel, 6 % lotion, 6 % shampoo, 26 % solution, 27.5 % liquid)</i>	3	
<i>salicylic acid wart remover</i>	3	
SALIMEZ	3	
SALYCIM	3	
YCANTH	6	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
LOCAL ANESTHETICS - TOPICAL		
<i>glydo</i>	3	
<i>lidocaine 5 % ointment</i>	3	
<i>lidocaine 5 % patch</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidocaine hcl 4 % solution</i>	3	
LIDOCAINE HCL URETHRAL/MUCOSAL (2 % GEL, 2 % PRSYR)	3	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	3	
<i>lidocan</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidopac</i>	3	
<i>moxicaine</i>	3	
<i>premium lidocaine</i>	3	
QUTENZA	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (2 PATCH)	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH)	6	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SYNERA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tridacaine ii</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tridacaine iii</i>	3	PA, PN (34 DAYS SUPPLY PER FILL)
MISC. TOPICAL		
<i>alcohol wipes</i>	4	
<i>cvs isopropyl alcohol wipes</i>	4	
DRYSOL	3	
<i>isopropyl alcohol 70 % misc</i>	4	
<i>isopropyl alcohol wipes</i>	4	
<i>medpura alcohol pads</i>	4	
QBREXZA	4	PA, QL (1 ea per 1 days)
<i>qc alcohol</i>	4	
<i>ra isopropyl alcohol wipes</i>	4	
XERAC AC	3	
PROTECTIVES AGAINST UV RADIATION		
SCENESSE	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROSACEA AGENTS		
<i>azelaic acid</i>	3	
<i>brimonidine tartrate 0.33 % gel</i>	3	PA, QL (30 gm per fill)
FINACEA 15 % FOAM	5	PA
<i>ivermectin 1 % cream</i>	3	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	3	
NORITATE	5	PA
<i>rosadan (0.75 % cream, 0.75 % cream kit, 0.75 % gel)</i>	3	
SCABICIDES PEDICULICIDES		
IVERMECTIN 0.5 % LOTION	3	PA
LINDANE	3	
<i>malathion</i>	3	
NATROBA	4	PA
<i>permethrin</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
SPINOSAD	4	PA
WOUND CARE PRODUCTS		
VYJUVEK	6	PA, LA, QL (10 ml per 8 days), SP, PN (28 DAYS SUPPLY PER FILL)
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC DRUGS		
MACRILEN	6	PN (34 DAYS SUPPLY PER FILL)
THYROGEN	6	SP, PN (34 DAYS SUPPLY PER FILL)
DIAGNOSTIC TESTS		
CHEMSTRIP K	4	QL (100 ea per fill)
CHEMSTRIP UGK	4	QL (100 ea per fill)
CVS KETONE CARE	4	QL (100 ea per fill)
KETO-DIASTIX	4	QL (100 ea per fill)
KETONE TEST	4	QL (100 ea per fill)
KETOSTIX	4	QL (100 ea per fill)
ONETOUCH ULTRA	4	QL (200 strips per 30 days)
ONETOUCH ULTRA TEST	4	QL (200 strips per 30 days)
ONETOUCH VERIO STRIP	4	QL (200 strips per 30 days)
RELION KETONE TEST	4	QL (100 ea per fill)
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	4	
PANCREAZE	5	PA
PERTZYE	5	PA
SUCRAID	6	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE	5	PA
ZENPEP	5	PA
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide er</i>	3	
<i>methazolamide</i>	3	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	3	
<i>spironolactone-hctz</i>	3	
<i>triamterene-hctz</i>	3	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>ethacrynic acid</i>	3	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	3	
<i>toremide</i>	3	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	3	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	3	
<i>triamterene</i>	3	PA
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	3	
DIURIL	4	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
<i>metolazone</i>	3	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
<i>alendronate sodium (10 mg tab, 70 mg/75ml solution)</i>	3	
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	2	
BINOSTO	5	PA
<i>calcitonin (salmon) 200 unit/act solution</i>	3	
<i>ibandronate sodium 150 mg tab</i>	3	QL (1 ea per 30 days)
PROLIA	6	PA, SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	3	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	6	PA, QL (2.48 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS	6	PA, QL (1.56 ml per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC)	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>zoledronic acid 5 mg/100ml solution</i>	3	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN	3	PA, PN (34 DAYS SUPPLY PER FILL)
FOLLISTIM AQ	6	PA, PN (34 DAYS SUPPLY PER FILL)
GONAL-F	6	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF	6	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF REDIJECT	6	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	6	PN (34 DAYS SUPPLY PER FILL)
NOVAREL	6	PA, PN (34 DAYS SUPPLY PER FILL)
OVIDREL	6	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	6	PN (34 DAYS SUPPLY PER FILL)
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate</i>	3	PN (34 DAYS SUPPLY PER FILL)
<i>ganirelix acetate</i>	4	
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GROWTH HORMONES		
GENOTROPIN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NGENLA	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPPO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 10	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 20	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 5	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZEN 8.8 MG RECON SOLN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZENPREP	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SEROSTIM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	6	PA, SP, PN (34 DAY SUPPLY PER FILL)
ZOMACTON	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (FOR ZOMA-JET 10)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HORMONE RECEPTOR MODULATORS		
OSPHENA	5	PA, QL (1 ea per 1 day(s))
<i>raloxifene hcl</i>	1	PN (\$0 copay for women)
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH)	6	PA, QL (1 ea per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	6	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	6	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	6	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
TRIPTODUR	6	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
<i>betaine</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRINEURA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	3	
<i>carglumic acid</i>	5	PA, LA, SP
<i>cinacalcet hcl</i>	3	
CRYSVITA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	3	
ELAPRASE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO 20 MG/10ML SOLUTION	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO 5 MG/2.5ML SOLUTION	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
FABRAZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>javygtor (100 mg tab, 500 mg packet)</i>	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>javygtor 100 mg packet</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KANUMA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LAMZEDE	6	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	3	
<i>levocarnitine sf</i>	3	
LUMIZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MEPSEVII	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NAGLAZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NEXVIAZYME	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NULIBRY	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	3	
PARSABIV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride 100 mg packet</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sodium phenylbutyrate 500 mg tab</i>	3	PA, SP
STRENSIQ	6	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
VIMIZIM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 20 MG RECON SOLN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
XENPOZYME 4 MG RECON SOLN	6	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
XPHOZAH	6	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
NATRIURETIC PEPTIDES		
VOXZOGO	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	3	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 1.5 mg/ml solution)</i>	3	
<i>desmopressin acetate spray</i>	3	
TERLIVAZ	6	PA, SP, PN (14 DAYS SUPPLY PER FILL)
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	3	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	3	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>lanreotide acetate</i>	6	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<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>	3	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR LAR	6	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	6	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan</i>	3	PA, SP

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Drug Name	Drug Tier	Requirements/Limits
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	3	
ANGELIQ	5	
BIJUVA	5	PA, QL (1 ea per 1 days)
COMBIPATCH	4	
<i>covaryx</i>	5	
<i>covaryx hs</i>	3	
<i>eemt</i>	5	
<i>eemt hs</i>	3	
<i>est estrogens-methyltest 0.625-1.25 mg tab</i>	3	
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	5	
<i>est estrogens-methyltest ds</i>	5	
<i>est estrogens-methyltest hs</i>	3	
<i>estradiol-norethindrone acet</i>	3	
<i>estratest f.s.</i>	5	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>lopreeza</i>	3	
<i>mimvey</i>	3	
MYFEMBREE	6	PA, QL (28 ea per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
<i>norethindrone-eth estradiol</i>	3	
PREMPHASE	4	
PREMPRO	4	
ESTROGENS		
<i>dotti</i>	3	
ELESTRIN	5	
<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/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg/gm gel, 1.25 mg/1.25gm gel)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>estradiol 0.75 mg/1.25 gm (0.06%) gel</i>	3	PA
<i>estradiol valerate</i>	3	
ESTROGEL	5	PA
EVAMIST	5	PA
<i>lyllana</i>	2	
MENOSTAR	5	PA
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	4	
FLUROQUINOLONES (CONTINUED)		
FLUROQUINOLONES		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	4	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	3	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	3	
<i>moxifloxacin hcl 400 mg tab</i>	3	
OFLOXACIN (300 MG TAB, 400 MG TAB)	3	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM	6	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	3	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	3	QL (2 ea per 1 days)
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	3	
METOCLOPRAMIDE HCL 5 MG TAB DISP	3	PA
HEPATOTROPICS		
REZDIFFRA	6	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)

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
INFLAMMATORY BOWEL AGENTS		
AVSOLA	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>balsalazide disodium</i>	3	
CIMZIA	6	QL (1 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
CIMZIA (2 SYRINGE)	6	QL (1 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA STARTER KIT	6	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM	5	PA, QL (4 ea per 1 days)
ENTYVIO 108 MG/0.68ML SOLN PEN	6	PA, QL (1.36 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ENTYVIO 300 MG RECON SOLN	6	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
INFLECTRA	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)</i>	3	
<i>mesalamine er 0.375 gm cap er 24h</i>	3	PA
<i>mesalamine er 500 mg cap er</i>	3	
<i>mesalamine-cleanser</i>	3	
OMVOH 100 MG/ML SOLN A-INJ	6	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH 300 MG/15ML SOLUTION	6	PA, QL (45 ml per 56 day(s)), SP, PN (56 DAYS SUPPLY PER FILL)
REMICADE	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLXIS	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	6	QL (2.4 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	6	PA, SP, PN (56 DAYS SUPPLY PER FILL)
<i>sulfasalazine</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
INTESTINAL ACIDIFIERS		
<i>enulose</i>	3	
<i>generlac</i>	3	
<i>lactulose encephalopathy</i>	3	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alose tron hcl</i>	3	
LINZESS	4	QL (1 ea per 1 days)
LIVE FECAL MICROBIOTA		
REBYOTA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	4	QL (1 ea per 1 days)
PHOSPHATE BINDER AGENTS		
AURYXIA	6	PA, QL (408 ea per 34 days), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate (phos binder)</i>	3	
<i>calcium acetate 667 mg tab</i>	3	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	4	
<i>lanthanum carbonate</i>	3	
PHOSLYRA	5	PA
<i>sevelamer carbonate</i>	3	
<i>sevelamer hcl</i>	3	PA
VELPHORO	6	PA, PN (34 DAYS SUPPLY PER FILL)
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX	6	PA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	6	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
CYTRA K CRYSTALS	3	

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Drug Name	Drug Tier	Requirements/Limits
CYTRA-3	3	
<i>cytra-k</i>	3	
ORACIT	4	
ORAL CITRATE	4	
<i>pot & sod cit-cit ac</i>	3	
<i>potassium citrate er</i>	3	
<i>potassium citrate-citric acid</i>	3	
<i>sod citrate-citric acid</i>	3	
<i>tricitrates</i>	3	
CYSTINOSIS AGENTS		
CYSTAGON	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
HYPEROXALURIA AGENTS		
OXLUMO	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI 200 MG TAB	6	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
FILSPARI 400 MG TAB	6	PA, QL (30 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	5	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	3	
CARDURA XL	5	PA
<i>dutasteride</i>	3	
<i>dutasteride-tamsulosin hcl</i>	3	PA
<i>finasteride 5 mg tab</i>	2	
<i>silodosin</i>	3	PA
<i>tamsulosin hcl</i>	3	
URINARY STONE AGENTS		
LITHOSTAT	4	

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Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	3	
GOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	2	
<i>colchicine 0.6 mg tab</i>	3	
<i>febuxostat</i>	3	PA, QL (1 ea per 1 days)
KRYSTEXXA	6	PA, LA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
URICOSURICS		
<i>probenecid</i>	3	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIHEMOPHILIC PRODUCTS		
ADVATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AFSTYLA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE/VWF COMPLEX/HUMAN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALTUVIIIIO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELOCTATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMGENIX	6	PA, LA, QL (1 ea per lifetime), SP
HEMLIBRA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMOFIL M	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATE-P	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KCENTRA	6	SP, PN (34 DAYS SUPPLY PER FILL)
KOATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOATE-DVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
NOVOEIGHT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OBIZUR	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RECOMBINATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
WILATE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	6	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sajazir</i>	6	PA, LA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
COMPLEMENT INHIBITORS		
BERINERT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
CINRYZE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPAVELI	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ENJAYMO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FABHALTA	6	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HAEGARDA 2000 UNIT RECON SOLN	6	PA, SP, PN (8 WEIGHT BASED DOSES / FILL; 28 DAYS SUPPLY PER FILL)
HAEGARDA 3000 UNIT RECON SOLN	6	PA, SP, PN (8 WEIGHT BASED DOSES / 28 DAYS; 28 DAYS SUPPLY PER FILL)
RUCONEST	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOLIRIS	6	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VEOPOZ	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE	6	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ORLADEYO	6	PA, LA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	6	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	6	PA, QL (2 ml per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	3	SP
<i>aspirin-dipyridamole er</i>	3	
BRILINTA	5	
CABLIVI	6	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>cilostazol</i>	3	
<i>clopidogrel bisulfate</i>	3	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	3	
<i>prasugrel hcl</i>	3	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PYRUKYND TAPER PACK	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CEREZYME	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELELYSO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>miglustat</i>	6	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VPRIV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>yargesa</i>	6	PA, LA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENDARI	6	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>l-glutamine 5 gm packet</i>	6	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
FOLIC ACID/FOLATES		
<i>cvs folic acid</i>	1	
<i>folate</i>	1	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	1	
<i>folic acid 1 mg tab</i>	3	
<i>ft folic acid</i>	1	
<i>gnp folic acid</i>	1	
<i>hm folic acid</i>	1	
<i>kp folic acid 800 mcg tab</i>	1	
<i>px folic acid</i>	1	
<i>qc folic acid</i>	1	
<i>ra folic acid</i>	1	
<i>sm folic acid</i>	1	
<i>true folic acid 400 mcg tab</i>	1	
<i>yl folic acid</i>	1	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DOPTELET	6	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FULPHILA	6	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	6	PA, QL (0.043 ml per 1 day(s)), SP, PN (MAX 14 DAYS SUPPLY PER FILL)
LEUKINE	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	6	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
MIRCERA 120 MCG/0.3ML SOLN PRSYR	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEULASTA	6	PA, QL (56 ea per 28 days), SP
NEULASTA ONPRO	6	PA, QL (28 ea per 28 days), SP
NEUPOGEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	6	PA, QL (0.043 ml per 1 days), SP
PROCRIT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
REBLOZYL	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROLVEDON	6	PA, QL (0.043 ml per 1 day(s)), SP, PN (MAX 14 DAYS SUPPLY PER FILL)
STIMUFEND	6	PA, QL (0.043 ml per 1 day(s)), SP, PN (MAX 14 DAYS SUPPLY PER FILL)
UDENYCA	6	PA, QL (0.043 ml per 1 days), SP
UDENYCA ONBODY	6	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	6	PA, QL (0.043 ml per 1 days), SP
IRON		
<i>ferumoxytol</i>	6	LA, SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER	6	SP, PN (34 DAYS SUPPLY PER FILL)
STEM CELL MOBILIZERS		
APHEXDA	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
MOZOBIL	6	SP, PN (30 DAYS SUPPLY PER FILL)
XOLREMDI	6	PA, LA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
<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>	3	

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Drug Name	Drug Tier	Requirements/Limits
SEZABY	6	PN (5 DAYS SUPPLY PER FILL)
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	3	
NON-BARBITURATE HYPNOTICS		
EDLUAR	5	PA
<i>estazolam</i>	3	
<i>eszopiclone</i>	3	
<i>midazolam hcl 2 mg/ml syrup</i>	3	
QUAZEPAM	3	
<i>temazepam</i>	3	
<i>triazolam</i>	3	
<i>zaleplon</i>	3	
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	3	PA
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	3	
<i>zolpidem tartrate er</i>	3	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon</i>	3	ST
LAXATIVES (CONTINUED)		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	5	PN (\$0 copay for members age 45-75 years)
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	5	PN (\$0 copay for members age 45-75 years)
GAVILYTE-C	3	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-g</i>	3	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	3	PN (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	3	PN (\$0 copay for members age 45-75 years)
<i>peg 3350-kcl-na bicarb-nacl</i>	3	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	3	PN (\$0 copay for members age 45-75 years)

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Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/electrolytes/ascorbat</i>	3	PN (\$0 copay for members age 45-75 years)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	3	PN (\$0 copay for members age 45-75 years)
<i>trilyte</i>	3	PN (\$0 copay for members age 45-75 years)
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	3	
KRISTALOSE	4	PA
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	3	
LACTULOSE 10 GM PACKET	3	PA
SALINE LAXATIVES		
OSMOPREP	5	PA, PN (\$0 copay for members age 45-75 years)
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	3	
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	3	
ERYTHROMYCINS		
E.E.S. 400	3	
<i>ery-tab</i>	3	
ERYTHROCIN STEARATE	3	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	3	
<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>	3	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	3	
FIDAXOMICIN		
DIFICID 200 MG TAB	5	PA, QL (20 ea per fill)
DIFICID 40 MG/ML RECON SUSP	5	PA, QL (150 ml per fill)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
CAYA	1	

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

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Drug Name	Drug Tier	Requirements/Limits
AIMSCO TWIST LANCETS 32G	4	
AIMSCO TWIST LANCETS 33G	4	
ALTERNATE SITE LANCING DEVICE	4	
AQUA LANCE ADJUSTABLE LANCING	4	
AQUALANCE LANCETS 30G	4	
ASSURE COMFORT LANCETS 28G	4	
ASSURE HAEMOLANCE PLUS HIGH	4	
ASSURE HAEMOLANCE PLUS LOW	4	
ASSURE HAEMOLANCE PLUS MICRO	4	
ASSURE HAEMOLANCE PLUS NORMAL	4	
ASSURE HAEMOLANCE PLUS PED	4	
ASSURE LANCE LANCETS	4	
ASSURE LANCE LANCETS 21G	4	
ASSURE LANCE PLUS SAFETY 25G	4	
ASSURE LANCE PLUS SAFETY 30G	4	
ASSURE LANCE SAFETY LANCET 28G	4	
ASSURE LANCETS	4	
AURORA LANCET SUPER THIN 30G	4	
AURORA LANCET THIN 23G	4	
AUTO-LANCET	4	
AUTO-LANCET MINI	4	
AUTOLET LANCING DEVICE	4	
AUTOLET LITE CLINISAFE	4	
AUTOLET MINI	4	
AUTOLET PLATFORMS	4	
AUTOLET PLUS	4	
BD LANCET ULTRAFINE 30G	4	
BD LANCET ULTRAFINE 33G	4	
BD MICROTAINER LANCETS	4	
BULLSEYE MINI SAFETY LANCETS	4	
BULLSEYE SAFETY LANCETS	4	

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Drug Name	Drug Tier	Requirements/Limits
CARDIOCOM LANCING DEVICE	4	
CAREONE ADVANCED LANCING DEV	4	
CAREONE LANCET SUPER THIN 30G	4	
CAREONE LANCET THIN 23G	4	
CARESENS LANCETS	4	
CARESENS LANCETS 30G	4	
CARETOUCH LANCING/EJECTOR	4	
CARETOUCH SAFETY LANCETS	4	
CARETOUCH SAFETY LANCETS 26G	4	
CARETOUCH TWIST LANCETS 28G	4	
CARETOUCH TWIST LANCETS 30G	4	
CARETOUCH TWIST LANCETS 33G	4	
CARETOUCH TWIST MC LANCETS 30G	4	
CHOSEN LANCETS 30G	4	
CHOSEN LANCING DEVICE	4	
CHOSEN SAFETY LANCETS 28G	4	
CLEANLET LANCETS 28G	4	
CLEVER CHEK LANCETS	4	
CLEVER CHOICE COMFORT EZ MISC	4	
CLEVER CHOICE LANCETS 21G	4	
CLEVER CHOICE LANCETS 23G	4	
CLEVER CHOICE LANCETS 28G	4	
COAGUCHEK LANCETS	4	
COMFORT ASSURED LANCETS 28G	4	
COMFORT ASSURED LANCETS 33G	4	
COMFORT LANCETS	4	
COMFORT TOUCH LANCETS 31G	4	
COMFORT TOUCH PLUS LANCETS 28G	4	
COMFORT TOUCH PLUS LANCETS 30G	4	
COMFORT TOUCH TWIST LANCET 30G	4	
CVS LANCETS 21G	4	

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
CVS LANCETS MICRO THIN 33G	4	
CVS LANCETS ORIGINAL	4	
CVS LANCETS THIN 26G	4	
CVS LANCETS ULTRA THIN 30G	4	
CVS LANCETS ULTRA-THIN 30G	4	
CVS LANCING DEVICE	4	
CVS ULTRA THIN LANCETS	4	
DEXCOM G6 RECEIVER	4	QL (1 ea per 730 days)
DEXCOM G6 SENSOR	4	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	4	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 RECEIVER	4	QL (1 ea per 730 days)
DEXCOM G7 SENSOR	4	QL (0.1 ea per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30	4	
DIATHRIVE LANCETS	4	
DIATHRIVE LANCING DEVICE	4	
DROPLET GENTEEL LANCING DEVICE	4	
DROPLET LANCETS ULTRA THIN 30G	4	
DROPLET LANCING DEVICE	4	
DROPLET PERSONAL LANCETS 30G	4	
DRUG MART LANCETS THIN 26G	4	
DRUG MART LANCING DEVICE	4	
DRUG MART ON-THE-GO LANCET 30G	4	
DRUG MART UNILET LANCETS 28G	4	
DRUG MART UNILET LANCETS 30G	4	
DRUG MART UNILET LANCETS 33G	4	
E-Z JECT LANCET MICRO-THIN 33G	4	
E-Z JECT LANCET SUPER THIN 30G	4	
E-Z JECT LANCETS	4	
E-Z JECT LANCETS 21G	4	
E-Z JECT LANCETS THIN 26G	4	

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
EASY COMFORT LANCETS	4	
EASY COMFORT LANCETS TWIST TOP	4	
EASY MINI EJECT LANCING DEVICE	4	
EASY MINI LANCING DEVICE	4	
EASY TOUCH LANCETS 21G	4	
EASY TOUCH LANCETS 23G	4	
EASY TOUCH LANCETS 26G	4	
EASY TOUCH LANCETS 28G	4	
EASY TOUCH LANCETS 28G/TWIST	4	
EASY TOUCH LANCETS 30G	4	
EASY TOUCH LANCETS 30G/TWIST	4	
EASY TOUCH LANCETS 32G	4	
EASY TOUCH LANCETS 32G/TWIST	4	
EASY TOUCH LANCETS 33G/TWIST	4	
EASY TOUCH LANCING DEVICE	4	
EASY TOUCH SAFETY LANCETS 21G	4	
EASY TOUCH SAFETY LANCETS 23G	4	
EASY TOUCH SAFETY LANCETS 26G	4	
EASY TOUCH SAFETY LANCETS 28G	4	
EASY TWIST & CAP LANCETS	4	
EMBRACE LANCETS ULTRA THIN 30G	4	
EMBRACE LANCING DEVICE/EJECTOR	4	
EMBRACE PRESSURE ACTIVATED 21G	4	
EMBRACE PRESSURE ACTIVATED 28G	4	
EQL COLOR LANCETS 21G	4	
EQL COLOR LANCETS MICRO 33G	4	
EQL SUPER THIN LANCETS 30G	4	
EQL THIN LANCETS 26G	4	
EZ-LETS LANCETS 21G	4	
EZ-LETS LANCETS 26G	4	
EZ-LETS LANCETS 28G	4	

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
EZ-LETS LANCETS 30G	4	
FIFTY50 SAFETY SEAL LANCETS	4	
FIFTY50 UNILET LANCETS 33G	4	
FINE 30	4	
FINGERSTIX LANCETS	4	
FORA LANCETS	4	
FORA LANCING DEVICE	4	
FREDS PHARMACY AUTOLET LANCING	4	
FREDS PHARMACY UNILET LANC 28G	4	
FREDS PHARMACY UNILET LANC 30G	4	
FREESTYLE LANCETS	4	
FREESTYLE LIBRE 14 DAY READER	4	QL (1 ea per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	4	QL (1 ea per 730 days)
FREESTYLE LIBRE 2 SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 PLUS SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 READER	4	QL (1 ea per 730 day(s))
FREESTYLE LIBRE 3 SENSOR	4	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	4	QL (1 ea per 730 days)
FREESTYLE LIBRE SENSOR SYSTEM	4	QL (0.072 ea per 1 day(s))
FREESTYLE UNISTICK II LANCETS	4	
GENTEEL BUTTERFLY TOUCH LANCET	4	
GENTEEL LANCING DEVICE (GOLD)	4	
GENTEEL LANCING DEVICE(PLATNM)	4	
GENTEEL LANCING DEVICE(SILVER)	4	
GENTEEL LANCING KIT (BLUE)	4	
GENTEEL PLUS LANCING (BLACK)	4	
GENTEEL PLUS LANCING (PURPLE)	4	
GENTEEL PLUS LANCING (WHITE)	4	
GENTEEL PLUS LANCING DEV(BLUE)	4	
GENTEEL PLUS LANCING DEV(PINK)	4	

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Drug Name	Drug Tier	Requirements/Limits
GENTLE-LET GP LANCETS	4	
GENTLE-LET LANCETS	4	
GLOBAL INJECT EASE LANCETS 28G	4	
GLOBAL INJECT EASE LANCETS 30G	4	
GLOBAL LANCING DEVICE	4	
GLUCOCOM LANCETS 28G	4	
GLUCOCOM LANCETS 30G	4	
GLUCOCOM LANCETS 33G	4	
GNP LANCETS 21G	4	
GNP LANCETS THIN	4	
GNP LANCETS THIN 26G	4	
GNP LANCING SYSTEM DEVICE	4	
GNP STERILE LANCETS 28G	4	
GNP STERILE LANCETS 30G	4	
GNP STERILE LANCETS 33G	4	
GOJJI LANCING DEVICE/CLEAR CAP	4	
GOJJI STERILE LANCETS	4	
GOODSENSE COLOR LANCETS 33G	4	
GOODSENSE LANCETS 26G UNIV	4	
GOODSENSE LANCETS 30G	4	
GOODSENSE LANCETS 30G UNIV	4	
GOODSENSE LANCETS 33G	4	
GOODSENSE LANCETS 33G UNIV	4	
GOODSENSE LANCING DEVICE	4	
H-E-B INCONTROL ADV LANCING	4	
H-E-B INCONTROL LANCETS 28G	4	
H-E-B INCONTROL LANCETS 30G	4	
H-E-B INCONTROL LANCETS 33G	4	
HAEMOLANCE	4	
HAEMOLANCE LOW FLOW LANCETS	4	
HAEMOLANCE PLUS	4	

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Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE PLUS HIGH FLOW	4	
HAEMOLANCE PLUS LOW FLOW	4	
HAEMOLANCE PLUS MAX FLOW	4	
HAEMOLANCE PLUS PEDIATRIC FLOW	4	
HEALTH CARE LANCING DEVICE	4	
HEALTHY ACCENTS LANCING DEVICE	4	
HEALTHY ACCENTS UNILET LANCETS	4	
HY-VEE LANCETS	4	
HY-VEE THIN LANCETS	4	
HYPOLANCE AST LANCING	4	
IN TOUCH LANCING DEVICE	4	
IN TOUCH STERILE LANCETS 30G	4	
KINNEY LANCETS	4	
KINNEY THIN LANCETS	4	
KROGER AUTOLET LANCING DEVICE	4	
KROGER HEALTHPRO LANCET 26G	4	
KROGER LANCETS	4	
KROGER LANCETS 21G	4	
KROGER LANCETS MICRO THIN 33G	4	
KROGER LANCETS SUPER THIN	4	
KROGER LANCETS THIN	4	
KROGER LANCETS THIN 26G	4	
KROGER LANCETS ULTRATHIN 30G	4	
KROGER LANCING DEVICE	4	
LANCET DEVICE	4	
LANCET DEVICE WITH EJECTOR	4	
LANCET TRANSPORTER CASE	4	
LANCETS	4	
LANCETS 28G	4	
LANCETS 30G	4	
LANCETS 33G	4	

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Drug Name	Drug Tier	Requirements/Limits
LANCETS MICRO THIN 33G	4	
LANCETS SUPER THIN	4	
LANCETS SUPER THIN 28G	4	
LANCETS THIN	4	
LANCETS ULTRA FINE	4	
LANCETS ULTRA THIN	4	
LANCETS ULTRA THIN 30G	4	
LANCING DEVICE	4	
LANZO	4	
LEADER ADVANCED LANCING DEVICE	4	
LIBERTY MEDICAL LANCETS	4	
LIBERTY MINI LANCING DEVICE	4	
LIFESCAN UNISTIK 2	4	
LIFESCAN UNISTIK II LANCETS	4	
LITE TOUCH LANCETS	4	
LITE TOUCH LANCING PEN	4	
LITETOUCH LANCETS	4	
LIVE BETTER ADV LANCING DEVICE	4	
LIVE BETTER LANCET SUPER THIN	4	
LIVE BETTER LANCET ULTRA THIN	4	
LONGS LANCETS STANDARD	4	
LONGS LANCETS THIN	4	
LONGS LANCETS ULTRA THIN	4	
MEDICHOICE SAFETY LANCET	4	
MEDICHOICE SAFETY LANCET EXTRA	4	
MEDICHOICE SAFETY LANCET NORM	4	
MEDISENSE THIN LANCETS	4	
MEDLANCE EXTRA 21G	4	
MEDLANCE LITE 25G	4	
MEDLANCE PLUS EXTRA 21G	4	
MEDLANCE PLUS LANCETS	4	

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Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLUS LITE 25G	4	
MEDLANCE PLUS SPECIAL 0.8MM	4	
MEDLANCE PLUS SUPERLITE 30G	4	
MEDLANCE PLUS UNIVERSAL 21G	4	
MEDLANCE UNIVERSAL 21G	4	
MEIJER LANCETS	4	
MEIJER LANCETS THIN	4	
MEIJER LANCETS UNIVERSAL 21G	4	
MEIJER LANCETS UNIVERSAL 30G	4	
MEIJER LANCETS UNIVERSAL 33G	4	
MEIJER SUPER THIN LANCETS	4	
MICROLET LANCETS	4	
MICROLET NEXT LANCING DEVICE	4	
MINI LANCING DEVICE	4	
MM LANCING DEVICE	4	
MM TWIST LANCETS	4	
MONOLET LANCETS	4	
MONOLET OPD LANCETS	4	
MONOLETTOR SAFETY LANCETS	4	
MPD SAFETY LANCET 21G	4	
MPD SAFETY LANCET 23G	4	
MPD SAFETY LANCET 28G	4	
MPD SAFETY LANCET 30G	4	
MULTI-LANCET DEVICE	4	
MULTI-LANCET DEVICE 2	4	
MYGLUCOHEALTH LANCETS 30G	4	
NOVA SAFETY LANCETS 23G	4	
NOVA SAFETY LANCETS 28G	4	
NOVA SUREFLEX LANCETS	4	
NOVA SUREFLEX LANCING DEVICE	4	
OMNIPOD 5 G6 INTRO (GEN 5)	4	

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
OMNIPOD 5 G6 PODS (GEN 5)	4	
OMNIPOD 5 G7 INTRO (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	
OMNIPOD 5 LIBRE2 PLUS G6	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	
OMNIPOD 5 PACK	4	
OMNIPOD CLASSIC PDM (GEN 3)	4	
OMNIPOD DASH INTRO (GEN 4)	4	
OMNIPOD DASH PDM (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
ON CALL LANCETS	4	
ON CALL LANCING DEVICE	4	
ON CALL PLUS LANCETS	4	
ON CALL PLUS LANCING DEVICE	4	
ONETOUCH CLUB LANCETS FINE PT	4	
ONETOUCH DELICA LANCETS 30G	4	
ONETOUCH DELICA LANCETS 33G	4	
ONETOUCH DELICA LANCING DEV	4	
ONETOUCH DELICA PLUS LANCET30G	4	
ONETOUCH DELICA PLUS LANCET33G	4	
ONETOUCH DELICA PLUS LANCING	4	
ONETOUCH DELICA SAFETY LANCING	4	
ONETOUCH FINEPOINT LANCETS	4	
ONETOUCH SURESOFT LANCING DEV	4	
ONETOUCH ULTRA 2	1	QL (1 meter per 2 years)
ONETOUCH ULTRA MINI	1	QL (1 meter per 2 years)
ONETOUCH ULTRASOFT 2 LANCETS	4	
ONETOUCH ULTRASOFT LANCETS	4	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	1	QL (1 meter per 2 years)
ONETOUCH VERIO REFLECT	1	QL (1 meter per 2 years)
ONETOUCH VERIO W/DEVICE KIT	1	QL (1 meter per 2 years)

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Drug Name	Drug Tier	Requirements/Limits
PC LANCETS SUPER THIN 30G	4	
PERFECT LANCETS 28G	4	
PERFECT LANCETS 30G	4	
PERFECT POINT SAFETY LANCETS	4	
PHARMACIST CHOICE LANCETS	4	
PHARMACY COUNTER LANCETS	4	
PIP LANCETS 28G	4	
PIP LANCETS 30G	4	
PRECISION THINS GP LANCETS	4	
PREFERRED PLUS LANCETS COLORED	4	
PREFERRED PLUS LANCETS THIN	4	
PRESSURE ACTIVAT SAFETY LANCET	4	
PRO COMFORT LANCETS 30G	4	
PRO COMFORT LANCETS 31G	4	
PRO COMFORT SAFETY LANCETS 30G	4	
PRODIGY LANCETS 28G	4	
PRODIGY LANCING DEVICE	4	
PRODIGY SAFETY LANCETS 26G	4	
PRODIGY TWIST TOP LANCETS 28G	4	
PSS SELECT GP LANCETS	4	
PSS SELECT SAFETY LANCETS	4	
PURE COMFORT LANCETS 30G	4	
PUSH BUTTON SAFETY LANCETS	4	
PUSH BUTTON SAFETY LANCETS 28G	4	
PX ADVANCED LANCING DEVICE	4	
PX LANCET AUTO INJECTOR	4	
PX LANCETS MICROTHIN 33G	4	
PX LANCETS ULTRA THIN	4	
PX LANCETS ULTRA THIN 28G	4	
QC ADVANCED LANCING DEVICE	4	
QC LANCETS SUPER THIN 30G	4	

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
QC LANCETS ULTRA THIN	4	
QC UNILET LANCETS 28G	4	
QC UNILET LANCETS MICRO THIN	4	
RA E-ZJECT LANCETS 28G	4	
RA E-ZJECT LANCETS THIN 26G	4	
RA E-ZJECT LANCETS THIN 28G	4	
RA E-ZJECT LANCETS ULTRA THIN	4	
READYLANCE SAFETY LANCETS	4	
REALITY LANCETS	4	
REALITY TRIGGER LANCETS	4	
RELION LANCET DEVICES 30G	4	
RELION LANCETS	4	
RELION LANCETS MICRO-THIN 33G	4	
RELION LANCETS THIN 26G	4	
RELION LANCETS ULTRA-THIN 30G	4	
RELION LANCING DEVICE	4	
RELION ULTRA THIN LANCETS 30G	4	
RELION ULTRA THIN PLUS LANCETS	4	
REXALL LANCETS ULTRA THIN 30G	4	
RIGHTTEST GD500 LANCING DEVICE	4	
RIGHTTEST GL300 LANCETS	4	
SAFE-T-LANCE	4	
SAFE-T-LANCE PLUS	4	
SAFETY LANCET 21G/PRESSURE ACT	4	
SAFETY LANCET 23G/PRESSURE ACT	4	
SAFETY LANCET 28G/PRESSURE ACT	4	
SAFETY LANCET 30G/PRESSURE ACT	4	
SAFETY LANCETS	4	
SAFETY LANCETS 21G	4	
SAFETY LANCETS 23G	4	
SAFETY LANCETS 28G	4	

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

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
SURE COMFORT LANCETS 18G	4	
SURE COMFORT LANCETS 21G	4	
SURE COMFORT LANCETS 23G	4	
SURE COMFORT LANCETS 28G	4	
SURE COMFORT LANCETS 30G	4	
SURE COMFORT LANCING PEN	4	
SURE-LANCE FLAT LANCETS	4	
SURE-LANCE LANCETS 26G	4	
SURE-LANCE THIN LANCETS 28G	4	
SURE-LANCE ULTRA THIN LANCETS	4	
SURE-PEN	4	
SURE-TOUCH LANCETS UNIVERSAL	4	
SURELITE LANCETS	4	
TECHLITE AST LANCETS	4	
TECHLITE LANCETS	4	
TECHLITE LANCETS 26G	4	
TECHLITE LANCETS 30G	4	
TGT LANCET MICRO THIN 33G	4	
TGT LANCET THIN 26G	4	
TGT LANCET ULTRA THIN 30G	4	
TGT LANCING DEVICE	4	
THINLETS GP LANCETS	4	
TODAYS HEALTH LANCING DEVICE	4	
TODAYS HEALTH THIN LANCETS 28G	4	
TODAYS HEALTH THIN LANCETS 30G	4	
TOPCARE LANCETS MICRO-THIN 33G	4	
TRAVEL LANCETS	4	
TRAVEL LANCETS ADVANCED 28G	4	
TRUE COMFORT SAFETY LANCETS	4	
TRUE COMFORT TWIST TOP LANCETS	4	
TRUEDRAW LANCING DEVICE	4	

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
TRUEPLUS LANCETS 26G	4	
TRUEPLUS LANCETS 28G	4	
TRUEPLUS LANCETS 30G	4	
TRUEPLUS LANCETS 33G	4	
TRUEPLUS SAFETY LANCETS 28G	4	
TWIST TOP LANCETS 30G	4	
ULTI-LANCE AUTOMATIC	4	
ULTILET CLASSIC LANCETS	4	
ULTILET LANCETS	4	
ULTILET SAFETY LANCETS	4	
ULTILET SAFETY LANCETS 23G	4	
ULTRA THIN LANCETS 31G	4	
ULTRA-CARE LANCETS 30G	4	
ULTRA-THIN II AUTO LANCET	4	
ULTRA-THIN II LANCETS	4	
ULTRALANCE	4	
UNILET COMFORTOUCH LANCET	4	
UNILET EXCELITE	4	
UNILET EXCELITE II	4	
UNILET G.P. LANCET	4	
UNILET G.P. SUPERLITE LANCET	4	
UNILET GP 28 ULTRA THIN	4	
UNILET LANCET	4	
UNILET MICRO-THIN 33G	4	
UNILET SUPER-THIN 30G	4	
UNILET SUPERLITE LANCET	4	
UNILET ULTRA-THIN 28G	4	
UNISTIK 1	4	
UNISTIK 2	4	
UNISTIK 2 COMFORT	4	
UNISTIK 2 EXTRA	4	

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
UNISTIK 2 NEONATAL	4	
UNISTIK 2 NORMAL	4	
UNISTIK 2 SUPER	4	
UNISTIK 3	4	
UNISTIK 3 COMFORT	4	
UNISTIK 3 EXTRA	4	
UNISTIK 3 GENTLE	4	
UNISTIK 3 NEONATAL	4	
UNISTIK 3 NORMAL	4	
UNISTIK CZT COMFORT	4	
UNISTIK CZT NORMAL	4	
UNISTIK NORMAL	4	
UNISTIK PRO SAFETY LANCET	4	
UNISTIK SAFETY LANCETS 28G	4	
UNISTIK SAFETY LANCETS 30G	4	
UNISTIK TOUCH SAFETY LANC 21G	4	
UNISTIK TOUCH SAFETY LANC 23G	4	
UNISTIK TOUCH SAFETY LANC 28G	4	
UNISTIK TOUCH SAFETY LANC 30G	4	
UNIVERSAL 1 LANCETS THIN 26G	4	
UNIVERSAL 1 LANCETS THIN 33G	4	
UNIVERSAL 1 LANCETS ULTRA THIN	4	
V-GO 20	4	QL (1 ea per 1 days)
V-GO 30	4	QL (1 ea per 1 days)
V-GO 40	4	QL (1 ea per 1 days)
VALUE PLUS LANCET STANDARD 21G	4	
VALUE PLUS LANCETS SUPER THIN	4	
VALUE PLUS LANCETS THIN 26G	4	
VALUE PLUS LANCING DEVICE	4	
VALUMARK LANCET SUPER THIN 30G	4	
VALUMARK LANCET ULTRA THIN 28G	4	

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
VERIFINE SAFE LANCET MINI 21G	4	
VERIFINE SAFE LANCET MINI 23G	4	
VERIFINE SAFE LANCET MINI 28G	4	
VERIFINE SAFE LANCET MINI 30G	4	
VERIFINE UNIVERSAL LANCETS 28G	4	
VERIFINE UNIVERSAL LANCETS 30G	4	
VERIFINE UNIVERSAL LANCETS 33G	4	
VIDA MIA AUTOLET LANCING DEV	4	
VIDA MIA UNILET LANCETS 28G	4	
VIDA MIA UNILET LANCETS 30G	4	
VIVAGUARD LANCETS	4	
VIVAGUARD LANCETS 30G	4	
VIVAGUARD LANCING DEVICE	4	
VIVAGUARD SAFETY LANCETS 28G	4	
WALGREENS ADV TRAVEL LANCETS	4	
WALGREENS LANCETS	4	
WALGREENS LANCETS MICRO THIN	4	
WALGREENS LANCETS SUPER THIN	4	
WALGREENS THIN LANCETS	4	
WALGREENS ULTRA THIN LANCETS	4	
ZEV RX TWIST TOP LANCETS 30G	4	
MISC. DEVICES		
ADVOCATE ALCOHOL PREP PADS	4	
ALCOH-GLOVE CONTOURED WIPE	4	
ALCOH-WIPE	4	
ALCOHOL PADS	4	
ALCOHOL PREP	4	
ALCOHOL PREP PADS	4	
ALCOHOL PREPS	4	
ALCOHOL SWABS	4	
ALCOHOL SWABSTICK	4	

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
APLICARE ALCOHOL SWABSTICK	4	
AUM ALCOHOL PREP PADS	4	
BD SWAB SINGLE USE REGULAR	4	
BD SWABS SINGLE USE BUTTERFLY	4	
CARETOUCH ALCOHOL PREP	4	
COMFORT TOUCH ALCOHOL PREP	4	
CURITY ALCOHOL PREPS	4	
CVS ALCOHOL PREP PADS	4	
CVS PREP	4	
DROPSAFE ALCOHOL PREP	4	
EASY COMFORT ALCOHOL PADS	4	
EASY TOUCH ALCOHOL PREP MEDIUM	4	
EQL ALCOHOL SWABS	4	
ESSENTRA WIPES 9X9"	4	
FIFTY50 ALCOHOL PREP	4	
GLOBAL ALCOHOL PREP EASE	4	
GNP ALCOHOL SWABS	4	
H-E-B INCONTROL ALCOHOL	4	
HM STERILE ALCOHOL PREP	4	
MEIJER ALCOHOL SWABS	4	
PHARMACIST CHOICE ALCOHOL	4	
PRO COMFORT ALCOHOL	4	
PURE COMFORT ALCOHOL PREP	4	
QC ALCOHOL SWABS	4	
RA ALCOHOL SWABS	4	
REALITY SWABS	4	
RELION ALCOHOL SWABS	4	
SAPS CARE ALCOHOL PREP	4	
SAPS HEALTH ALCOHOL PREP	4	
SAPS HEALTH CARE ALCOHOL PREP	4	
SB ALCOHOL PREP	4	

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
SHOPKO ALCOHOL SWABS	4	
SM ALCOHOL PREP (70 % PAD, PAD)	4	
SURE COMFORT ALCOHOL PREP	4	
SURE-PREP ALCOHOL PREP	4	
TGT ALCOHOL SWABS	4	
TRUE COMFORT ALCOHOL PREP PADS	4	
TRUE COMFORT PRO ALCOHOL PREP	4	
ULTICARE ALCOHOL SWABS	4	
ULTILET ALCOHOL SWABS	4	
ULTRA-CARE ALCOHOL PREP PADS	4	
WEBCOL ALCOHOL PREP LARGE	4	
WEBCOL ALCOHOL PREP MEDIUM	4	
ZEVX STERILE ALCOHOL PREP PAD	4	
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO OCULAR IMPLANT	6	PA, QL (2 ea per lifetime), SP
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS	4	
1ST TIER UNIFINE PENTIPS PLUS	4	
ABOUTTIME PEN NEEDLE	4	
ADVOCATE INSULIN PEN NEEDLE	4	
ADVOCATE INSULIN PEN NEEDLES	4	
ADVOCATE INSULIN SYRINGE	4	
AQ INSULIN SYRINGE	4	
AQINJECT PEN NEEDLE	4	
ASSURE ID DUO PRO PEN NEEDLES	4	
ASSURE ID INSULIN SAFETY SYR	4	
ASSURE ID PRO PEN NEEDLES	4	
ASSURE ID SAFETY PEN NEEDLES	4	
AUM INSULIN SAFETY PEN NEEDLE	4	
AUM MINI INSULIN PEN NEEDLE	4	
AUM PEN NEEDLE	4	

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Drug Name	Drug Tier	Requirements/Limits
AUM READYGARD DUO PEN NEEDLE	4	
AUM SAFETY PEN NEEDLE	4	
AURORA PEN NEEDLES	4	
AURORA UNIFINE PENTIPS	4	
BD AUTOSHIELD	4	
BD AUTOSHIELD DUO	4	
BD INSULIN SYR ULTRAFINE II	4	
BD INSULIN SYRINGE	4	
BD INSULIN SYRINGE HALF-UNIT	4	
BD INSULIN SYRINGE MICROFINE	4	
BD INSULIN SYRINGE U-500	4	
BD INSULIN SYRINGE U/F	4	
BD INSULIN SYRINGE U/F 1/2UNIT	4	
BD INSULIN SYRINGE ULTRAFINE	4	
BD LUER-LOK SYRINGE 20G X 1" 1 ML MISC	4	
BD PEN NEEDLE MICRO U/F	4	
BD PEN NEEDLE MINI U/F	4	
BD PEN NEEDLE NANO 2ND GEN	4	
BD PEN NEEDLE NANO U/F	4	
BD PEN NEEDLE ORIGINAL U/F	4	
BD PEN NEEDLE SHORT U/F	4	
BD SAFETY-LOK INSULIN SYRINGE	4	
BD SAFETYGLIDE INSULIN SYRINGE	4	
BD VEO INSULIN SYR U/F 1/2UNIT	4	
BD VEO INSULIN SYRINGE U/F	4	
CAREFINE PEN NEEDLES	4	
CAREONE INSULIN SYRINGE	4	
CAREONE UNIFINE PENTIPS	4	
CAREONE UNIFINE PENTIPS PLUS	4	
CARETOUCH INSULIN SYRINGE	4	
CARETOUCH PEN NEEDLES	4	

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Drug Name	Drug Tier	Requirements/Limits
CEQR SIMPLICITY 2U	4	QL (10 ea per 30 days), AL (21 to 999 yrs old)
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	4	
CLICKFINE PEN NEEDLES	4	
COMFORT ASSIST INSULIN SYRINGE	4	
COMFORT EZ INSULIN SYRINGE	4	
COMFORT EZ MICRO PEN NEEDLES	4	
COMFORT EZ PEN NEEDLES	4	
COMFORT EZ PRO PEN NEEDLES	4	
COMFORT EZ SHORT PEN NEEDLES	4	
COMFORT TOUCH INSULIN PEN NEED	4	
DIATHRIVE PEN NEEDLE	4	
DROPLET INSULIN SYRINGE	4	
DROPLET MICRON	4	
DROPLET PEN NEEDLES	4	
DROPSAFE SAFETY PEN NEEDLES	4	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	4	
DRUG MART UNIFINE PENTIPS	4	
DRUG MART UNIFINE PENTIPS PLUS	4	
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" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	4	
EASY COMFORT PEN NEEDLES	4	
EASY GLIDE PEN NEEDLES	4	
EASY TOUCH FLIPLOCK INSULIN SY	4	
EASY TOUCH INSULIN SAFETY SYR	4	
EASY TOUCH INSULIN SYRINGE	4	
EASY TOUCH PEN NEEDLES	4	
EASY TOUCH SAFETY PEN NEEDLES	4	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	4	

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Drug Name	Drug Tier	Requirements/Limits
ELITE-THIN INSULIN SYRINGE	4	
EMBRACE PEN NEEDLES	4	
EQL INSULIN SYRINGE	4	
EXEL COMFORT POINT INSULIN SYR	4	
EXEL COMFORT POINT PEN NEEDLE	4	
FIFTY50 PEN NEEDLES	4	
FIFTY50 SUPERIOR COMFORT SYR	4	
FREDS PHARMACY UNIFINE PENTIP+	4	
FREDS PHARMACY UNIFINE PENTIPS	4	
FREESTYLE PRECISION INS SYR	4	
GLOBAL EASE INJECT PEN NEEDLES	4	
GLOBAL EASY GLIDE INSULIN SYR	4	
GLOBAL EASY GLIDE PEN NEEDLES	4	
GLOBAL INJECT EASE INSULIN SYR	4	
GLOBAL INSULIN SYRINGES	4	
GLUCOPRO INSULIN SYRINGE	4	
GNP CLICKFINE PEN NEEDLES	4	
GNP INSULIN SYRINGE	4	
GNP INSULIN SYRINGES	4	
GNP INSULIN SYRINGES 28GX1/2"	4	
GNP INSULIN SYRINGES 29GX1/2"	4	
GNP INSULIN SYRINGES 30GX5/16"	4	
GNP INSULIN SYRINGES 31GX5/16"	4	
GNP ULTICARE PEN NEEDLES	4	
GNP ULTIGUARD SAFEPACK NEEDLE	4	
GNP ULTRA COM INSULIN SYRINGE	4	
GOODSENSE CLICKFINE PEN NEEDLE	4	
GOODSENSE PEN NEEDLE PENFINE	4	
H-E-B INCONTROL PEN NEEDLES	4	
H-E-B INCONTROL UNIFINE PENTIP	4	
HEALTHWISE INSULIN SYR/NEEDLE	4	

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Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE MICRON PEN NEEDLES	4	
HEALTHWISE MINI PEN NEEDLES	4	
HEALTHWISE PEN NEEDLES	4	
HEALTHWISE SHORT PEN NEEDLES	4	
HEALTHWISE UNIFINE PENTIPS	4	
HEALTHY ACCENTS UNIFINE PENTIP	4	
HM ULTICARE INSULIN SYRINGE	4	
HM ULTICARE MINI PEN NEEDLES	4	
HM ULTICARE SHORT PEN NEEDLES	4	
INCONTROL ULTICARE PEN NEEDLES	4	
INSULIN SYRINGE	4	
INSULIN SYRINGE-NEEDLE U-100	4	
INSULIN SYRINGE/NEEDLE	4	
INSUPEN PEN NEEDLES	4	
INSUPEN SENSITIVE	4	
INSUPEN ULTRAFIN	4	
KINRAY INSULIN SYRINGE	4	
KMART VALU INSULIN SYRINGE 29G	4	
KMART VALU INSULIN SYRINGE 30G	4	
KROGER INSULIN SYRINGE	4	
KROGER PEN NEEDLES	4	
LEADER INSULIN SYRINGE	4	
LEADER UNIFINE PENTIPS	4	
LEADER UNIFINE PENTIPS PLUS	4	
LITETOUCH INSULIN SYRINGE	4	
LITETOUCH PEN NEEDLES	4	
LONGS INSULIN SYRINGE	4	
MAGELLAN INSULIN SAFETY SYR	4	
MARATHON MEDICAL PENTIPS	4	
MAXI-COMFORT INSULIN SYRINGE	4	
MAXI-COMFORT SAFETY PEN NEEDLE	4	

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Drug Name	Drug Tier	Requirements/Limits
MAXICOMFORT II PEN NEEDLE	4	
MAXICOMFORT SYR 27G X 1/2"	4	
MEDIC INSULIN SYRINGE	4	
MEDICINE SHOPPE PEN NEEDLES	4	
MEIJER PEN NEEDLES	4	
MICRODOT PEN NEEDLE	4	
MM INSULIN SYRINGE/NEEDLE	4	
MM PEN NEEDLES	4	
MONOJECT INSULIN SYRINGE	4	
MONOJECT ULTRA COMFORT SYRINGE	4	
MS INSULIN SYRINGE	4	
NOVOFINE AUTOCOVER PEN NEEDLE	4	
NOVOFINE PEN NEEDLE	4	
NOVOFINE PLUS PEN NEEDLE	4	
NOVOTWIST PEN NEEDLE	4	
PC UNIFINE PENTIPS	4	
PEN NEEDLES	4	
PEN NEEDLES 3/16"	4	
PEN NEEDLES 5/16"	4	
PENTIPS	4	
PIP PEN NEEDLES 31G X 5MM	4	
PIP PEN NEEDLES 32G X 4MM	4	
PRECISION SURE-DOSE SYRINGE	4	
PRECISION SUREDOSE PLUS SYR	4	
PREFERRED PLUS INSULIN SYRINGE	4	
PREFERRED PLUS UNIFINE PENTIPS	4	
PREVENT DROPSAFE PEN NEEDLES	4	
PREVENT SAFETY PEN NEEDLES	4	
PRO COMFORT INSULIN SYRINGE	4	
PRO COMFORT PEN NEEDLES	4	
PRODIGY INSULIN SYRINGE	4	

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Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NEEDLE	4	
PURE COMFORT SAFETY PEN NEEDLE	4	
PX EXTRA SHORT PEN NEEDLES	4	
PX INSULIN SYRINGE	4	
PX MINI PEN NEEDLES	4	
PX PEN NEEDLE	4	
PX SHORTLENGTH PEN NEEDLES	4	
QC PEN NEEDLES	4	
QC UNIFINE PENTIPS	4	
RA INSULIN SYRINGE	4	
RA PEN NEEDLES	4	
RAYA SURE PEN NEEDLE	4	
REALITY INSULIN SYRINGE	4	
RELION INSULIN SYRINGE	4	
RELION MINI PEN NEEDLES	4	
RELION PEN NEEDLES	4	
RELION SHORT PEN NEEDLES	4	
SAFESNAP INSULIN SYRINGE	4	
SAFETY INSULIN SYRINGES	4	
SAFETY PEN NEEDLES	4	
SB INSULIN SYRINGE	4	
SECURESAFE INSULIN SYRINGE	4	
SECURESAFE SAFETY PEN NEEDLES	4	
SHOPKO UNIFINE PENTIPS	4	
SHOPKO UNIFINE PENTIPS PLUS	4	
SURE COMFORT INSULIN SYRINGE	4	
SURE COMFORT PEN NEEDLES	4	
SURE-FINE PEN NEEDLES	4	
SURE-JECT INSULIN SYRINGE	4	
TECHLITE INSULIN SYRINGE	4	
TECHLITE PEN NEEDLES	4	

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE PLUS PEN NEEDLES	4	
TODAYS HEALTH MINI PEN NEEDLES	4	
TODAYS HEALTH PEN NEEDLES	4	
TODAYS HEALTH SHORT PEN NEEDLE	4	
TOPCARE CLICKFINE PEN NEEDLES	4	
TOPCARE ULTRA COMFORT INS SYR	4	
TRUE COMFORT INSULIN SYRINGE	4	
TRUE COMFORT PEN NEEDLES	4	
TRUE COMFORT PRO INSULIN SYR	4	
TRUE COMFORT PRO PEN NEEDLES	4	
TRUEPLUS 5-BEVEL PEN NEEDLES	4	
TRUEPLUS INSULIN SYRINGE	4	
TRUEPLUS PEN NEEDLES	4	
ULTICARE INSULIN SAFETY SYR	4	
ULTICARE INSULIN SYR 1/2 UNIT	4	
ULTICARE INSULIN SYRINGE	4	
ULTICARE MICRO PEN NEEDLES	4	
ULTICARE MINI PEN NEEDLES	4	
ULTICARE PEN NEEDLES	4	
ULTICARE SHORT PEN NEEDLES	4	
ULTIGUARD SAFEPACK PEN NEEDLE	4	
ULTIGUARD SAFEPACK SYR/NEEDLE	4	
ULTILET INSULIN SYRINGE	4	
ULTILET INSULIN SYRINGE SHORT	4	
ULTILET PEN NEEDLE	4	
ULTRA COMFORT INSULIN SYRINGE	4	
ULTRA FLO INSULIN PEN NEEDLES	4	
ULTRA FLO INSULIN SYR 1/2 UNIT	4	
ULTRA FLO INSULIN SYRINGE	4	
ULTRA THIN PEN NEEDLES	4	
ULTRA-THIN II INS SYR SHORT	4	

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Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE	4	
ULTRA-THIN II MINI PEN NEEDLE	4	
ULTRA-THIN II PEN NEEDLE SHORT	4	
ULTRA-THIN II PEN NEEDLES	4	
ULTRACARE INSULIN SYRINGE	4	
ULTRACARE PEN NEEDLES	4	
UNIFINE PEN NEEDLES	4	
UNIFINE PENTIPS	4	
UNIFINE PENTIPS PLUS	4	
UNIFINE PROTECT PEN NEEDLE	4	
UNIFINE SAFECONTROL PEN NEEDLE	4	
UNIFINE ULTRA PEN NEEDLE	4	
VALUE HEALTH INSULIN SYRINGE	4	
VALUMARK PEN NEEDLES	4	
VANISHPOINT INSULIN SYRINGE	4	
VERIFINE INSULIN PEN NEEDLE	4	
VERIFINE INSULIN SYRINGE	4	
VERIFINE PLUS PEN NEEDLE	4	
VIDA MIA UNIFINE PENTIPS	4	
VP INSULIN SYRINGE	4	
WEGMANS UNIFINE PENTIPS PLUS	4	
ZEV RX INSULIN SYRINGE	4	
ZEV RX PEN NEEDLES	4	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK LARGE	4	
OPTICHAMBER DIAMOND MISC	4	
OPTICHAMBER DIAMOND-LG MASK	4	
OPTICHAMBER DIAMOND-MD MASK	4	
OPTICHAMBER DIAMOND-SM MASK	4	
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	4	PA, QL (1 ml per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY	4	PA, QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	4	PA, QL (3 ml per 28 days)
NURTEC	4	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	4	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	4	PA, QL (30 ea per 30 days)
UBRELVY	4	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	3	
MIGERGOT	3	
<i>sumatriptan-naproxen sodium</i>	3	PA, QL (16 ea per 28 days)
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate</i>	3	
SEROTONIN AGONISTS		
<i>almotriptan malate</i>	3	PA, QL (16 ea per 28 days)
<i>eletriptan hydrobromide</i>	3	PA, QL (16 ea per 28 days)
<i>frovatriptan succinate</i>	3	PA, QL (16 ea per 28 days)
<i>naratriptan hcl</i>	3	QL (16 ea per 28 days)
<i>rizatriptan benzoate</i>	3	QL (16 ea per 28 days)
<i>sumatriptan</i>	3	QL (16 ea per 28 days)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	3	QL (16 ea per 28 day(s))
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	3	QL (8 ml per 28 days)
SUMATRIPTAN SUCCINATE REFILL	3	QL (8 ml per 28 days)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	3	QL (16 ea per 28 days)
<i>zolmitriptan 5 mg solution</i>	3	PA, QL (16 ea per 28 days)
<i>zomig (2.5 mg tab, 5 mg tab)</i>	3	QL (16 ea per 28 days)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	3	
<i>nafrinse</i>	3	PN (\$0 Copay for 6 months through 16 years of age)

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Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE (0.5 MG/ML SOLUTION, 1.1 (0.5 F) MG/ML SOLUTION)	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
PHOSPHATE		
<i>phospha 250 neutral</i>	3	
<i>phospho-trin 250 neutral</i>	3	
<i>phospho-trin k500</i>	4	
<i>phosphorous</i>	3	
<i>virt-phos 250 neutral</i>	3	
<i>wes-phos 250 neutral</i>	3	
POTASSIUM		
<i>effer-k 25 meq effer tab</i>	3	
<i>k-prime</i>	3	
<i>klor-con</i>	3	
<i>klor-con 10</i>	3	
<i>klor-con m10</i>	3	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	3	
<i>klor-con sprinkle</i>	3	
<i>klor-con/ef</i>	3	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	3	
<i>potassium chloride crys er</i>	3	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	3	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine 250 mg cap</i>	3	PA, SP
<i>penicillamine 250 mg tab</i>	3	SP
<i>trientine hcl 250 mg cap</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENZYMES		
XIAFLEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
JOENJA	6	PA, LA, QL (12 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
THALOMID	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART HYTRULO	6	PA, QL (22.4 ml per 50 days), SP, PN (50 DAYS SUPPLY PER FILL)
IMMUNOSUPPRESSIVE AGENTS		
<i>azasan</i>	3	PA
<i>azathioprine (75 mg tab, 100 mg tab)</i>	3	PA
<i>azathioprine 50 mg tab</i>	3	
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	3	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	3	
ENSPRYNG	6	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ENVARBUS XR	5	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)</i>	3	PA, QL (28 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
<i>everolimus 1 mg tab</i>	3	PA
GAMIFANT	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	3	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	3	
<i>mycophenolate sodium</i>	3	
<i>mycophenolic acid</i>	3	
NULOJIX	6	PA, PN (34 DAYS SUPPLY PER FILL)
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	5	
SANDIMMUNE 100 MG/ML SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	3	
<i>sirolimus 1 mg/ml solution</i>	3	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	3	
UPLIZNA	6	PA, QL (30 ml per 180 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYMPHATIC AGENTS		
SYLVANT	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	6	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG PACKET	6	PA, QL (28 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG TAB THPK	6	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	3	
LOKELMA 10 GM PACKET	5	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	5	PA, QL (1 ea per 1 days)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	3	
<i>sps</i>	3	
PROGERIA TREATMENT AGENTS		
ZOKINVY	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BENLYSTA 200 MG/ML SOLN A-INJ	6	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	6	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SAPHNELO	6	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UREMIC PRURITUS AGENTS		
KORSUVA	6	PA, PN (34 DAYS SUPPLY PER FILL)
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
FIRST-MOUTHWASH BLM	5	

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
LIDOCAINE HCL 4 % SOLUTION	3	
<i>lidocaine viscous hcl</i>	3	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	3	
<i>nystatin 100000 unit/ml suspension</i>	3	
ORAVIG	5	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	3	
<i>paroex</i>	3	
<i>periogard</i>	3	
DENTAL PRODUCTS		
<i>cavarest</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>denta 5000 plus</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
DENTA 5000 PLUS SENSITIVE	3	
<i>dentagel</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
FLUORIDEX SENSITIVITY RELIEF	3	
FLUORIMAX 5000 SENSITIVE	3	
<i>fraiche 5000 dental</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>just right 5000 1.1 % gel</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 5000 plus</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sod fluoride-potassium nitrate</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.2 % solution, 1.1 % cream, 1.1 % gel)</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 enamel</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 plus</i>	3	PN (\$0 Copay for 6 months through 16 years of age)

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 sensitive</i>	3	PN (\$0 Copay for 6 months through 16 years of age)
STERIODS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	3	
<i>oralone</i>	3	
<i>triamcinolone acetonide 0.1 % paste</i>	3	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	3	PA
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	3	
MULTIVITAMINS (CONTINUED)		
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/iron/fluoride</i>	3	
<i>multi-vitamin/fluoride/iron</i>	3	
<i>multivitamin/fluoride/iron</i>	3	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	3	
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE	3	
MULTIVITAMIN + FLUORIDE	3	
<i>multivitamin select/fluoride</i>	3	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	3	
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	3	
TRI-VI-FLOR	3	
TRI-VI-FLORO	3	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	3	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	3	

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Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	3	
PRENATAL VITAMINS		
ATABEX EC	3	
ATABEX OB	3	
AZESCO	3	
BAL-CARE DHA	3	
C-NATE DHA	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL B-CALM	3	
CITRANATAL BLOOM	3	
CITRANATAL BLOOM DHA	3	
CITRANATAL DHA	3	
CITRANATAL HARMONY	3	
CITRANATAL RX	3	
COMPLETE NATAL DHA	3	
COMPLETENATE	3	
CONCEPT DHA	3	
CONCEPT OB	3	
DUET DHA 400	3	
DUET DHA BALANCED	3	
ELITE-OB	3	
ENBRACE HR	3	
FOLIVANE-OB	3	
INATAL GT	3	
KOSHER PRENATAL PLUS IRON	3	
M-NATAL PLUS	3	
MULTI-MAC	3	
NATACHEW	3	

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Drug Name	Drug Tier	Requirements/Limits
NEEVO DHA	3	
NEONATAL COMPLETE 27-1 MG TAB	3	
NEONATAL PLUS	3	
NESTABS	3	
NESTABS DHA	3	
NESTABS ONE	3	
NIVA-PLUS	3	
O-CAL PRENATAL	3	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OBSTETRIX EC (WITH DOCUSATE)	3	
OBSTETRIX ONE (WITH DOCUSATE)	3	
ONE VITE WOMENS PLUS	3	
PNV TABS 29-1	3	
PNV-DHA	3	
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PR NATAL 400	3	
PR NATAL 400 EC	3	
PR NATAL 430	3	
PR NATAL 430 EC	3	
PREMESISRX	3	
PRENA 1 TRUE	3	
PRENA1	3	
PRENA1 PEARL	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS	3	

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Drug Name	Drug Tier	Requirements/Limits
PRENATABS FA	3	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS	3	
PRENATAL PLUS IRON	3	
PRENATAL PLUS VITAMIN/MINERAL	3	
PRENATAL VITAMIN PLUS LOW IRON	3	
PRENATAL-U	3	
PRENATE	3	
PRENATE AM	3	
PRENATE DHA	3	
PRENATE ELITE	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATRIX	3	
PRENATRYL	3	
PREPLUS	3	
PRETAB	3	
PRIMACARE	3	
PROVIDA OB	3	
R-NATAL OB	3	
RELNATE DHA	3	
SE-NATAL 19	3	
SELECT-OB	3	
SELECT-OB+DHA	3	
TARON-C DHA	3	
TARON-PREX	3	

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Drug Name	Drug Tier	Requirements/Limits
THRIVITE RX	3	
TRI-TABS DHA	3	
TRICARE	3	
TRICARE PRENATAL DHA ONE	3	
TRINATAL RX 1	3	
TRINATE	3	
TRISTART DHA	3	
TRIVEEN-DUO DHA	3	
VINATE DHA RF	3	
VINATE II	3	
VINATE ONE	3	
VIRT-C DHA	3	
VIRT-NATE DHA	3	
VIRT-PN DHA	3	
VIRT-PN PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-NANO	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
VITATRUE	3	
VIVA DHA	3	
VOL-PLUS	3	
VOL-TAB RX	3	
VP-PNV-DHA	3	
WESCAP-C DHA	3	

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Drug Name	Drug Tier	Requirements/Limits
WESCAP-PN DHA	3	
WESNATAL DHA COMPLETE	3	
WESNATE DHA	3	
WESTAB PLUS	3	
WESTGEL DHA	3	
ZALVIT	3	
ZATEAN-PN DHA	3	
ZATEAN-PN PLUS	3	
ZIPHEX	3	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	3	
BACLOFEN 5 MG/5ML SOLUTION	3	PA, QL (16 ml per 1 day(s))
<i>carisoprodol</i>	3	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	2	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	3	
<i>cyclobenzaprine hcl er</i>	3	PA
<i>metaxalone</i>	3	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	3	
<i>orphenadrine citrate er</i>	3	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	3	
<i>vanadom</i>	3	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	3	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1.5 MG CAP, 10 MG CAP)	6	PA, LA, QL (2 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 1 MG CAP	6	PA, LA, QL (4 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 2.5 MG CAP	6	PA, LA, QL (3 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 5 MG CAP	6	PA, LA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL-ASPIRIN-CODEINE	3	
VISCOSUPPLEMENTS		
DUROLANE	6	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
EUFLEXXA	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GEL-ONE	6	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GENVISC 850	6	PA, QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLN PRSYR	6	PA, QL (20 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYMOVIS	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
MONOVISC	6	PA, QL (8 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
ORTHOVISC	6	PA, QL (16 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SODIUM HYALURONATE	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SUPARTZ FX	6	QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNOJOYNT	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC ONE	6	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRILURON	6	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRIVISC	6	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
VISCO-3	6	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENT COMBINATIONS		
<i>azelastine-fluticasone</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	3	
<i>olopatadine hcl 0.6 % solution</i>	3	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	3	
NASAL STEROIDS		
<i>flunisolide</i>	3	
<i>fluticasone propionate 50 mcg/act suspension</i>	3	
<i>mometasone furoate 50 mcg/act suspension</i>	3	
OMNARIS	5	PA
QNASL	5	PA
QNASL CHILDRENS	5	PA
ZETONNA	5	PA
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
<i>edaravone</i>	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
QALSODY	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
RADICAVA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	6	PA, QL (70 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	6	PA, QL (70 ml per 28 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
RELYVRIO	6	PA, QL (12 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>riluzole</i>	3	PN (34 DAYS SUPPLY PER FILL)
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS	6	PA, LA, QL (90 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45	6	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
EXONDYS 51	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
VILTEPSO	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VYONDYS 53	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPORE	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	6	PA, SP, PN (90 DAYS SUPPLY PER FILL)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI	6	PA, LA, QL (6.67 ml per 1 days), SP
SPINRAZA	6	PA, LA, SP, PN (MIN 120 DAY SUPPLY; MAX 120 DAY SUPPLY)
NUTRIENTS (CONTINUED)		
LIPIDS		
DOJOLVI	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMIC AGENTS (CONTINUED)		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT	5	PA
BETA-BLOCKERS - OPTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	3	
BETIMOL	5	PA
BETOPTIC-S	4	
<i>brimonidine tartrate-timolol</i>	3	PA
CARTEOLOL HCL	3	
<i>dorzolamide hcl-timolol mal</i>	3	
LEVOBUNOLOL HCL	3	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	3	
<i>timolol maleate (once-daily)</i>	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	3	
<i>cyclopentolate hcl</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tropicamide</i>	3	
MIOTICS		
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	3	
VUITY	5	PA, QL (2.5 ml per 25 day(s))
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	6	PA, QL (0.1 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
BEOVU 6 MG/0.05ML SOLUTION	6	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL)
BYOOVIZ	6	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
CIMERLI	6	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	6	PA, QL (0.1 ml per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	6	PA, QL (0.14 ml per 21 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	6	PA, QL (0.1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	6	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT 1ST FILL)	6	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL)	6	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
VABYSMO 6 MG/0.05ML SOLN PRSYR	6	PA, QL (0.1 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
VABYSMO 6 MG/0.05ML SOLUTION	6	PA, QL (0.1 ml per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL	4	
<i>brimonidine tartrate (0.1 % solution, 0.2 % solution)</i>	3	
IOPIDINE	5	PA
SIMBRINZA	5	PA
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
AZASITE	5	
BACITRACIN 500 UNIT/GM OINTMENT	3	
<i>bacitracin-polymyxin b</i>	3	
BESIVANCE	5	PA
CILOXAN 0.3 % OINTMENT	4	
<i>ciprofloxacin hcl 0.3 % solution</i>	3	
<i>erythromycin 5 mg/gm ointment</i>	3	
GENTAK	3	
<i>gentamicin sulfate 0.3 % solution</i>	3	
<i>levofloxacin 0.5 % solution</i>	3	
MOXIFLOXACIN HCL (2X DAY)	3	
<i>moxifloxacin hcl 0.5 % solution</i>	3	
NATACYN	4	
<i>neo-polycin</i>	3	
<i>neomycin-bacitracin zn-polymyx</i>	3	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	
<i>ofloxacin 0.3 % solution</i>	3	
<i>polycin</i>	3	
<i>polymyxin b-trimethoprim</i>	3	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	3	
<i>tobramycin 0.3 % solution</i>	3	
TOBREX 0.3 % OINTMENT	5	PA
TRIFLURIDINE	4	
XDEMVY	6	PA, QL (10 ml per 42 days), SP, PN (42 DAYS SUPPLY PER FILL)
ZIRGAN	5	PA
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY	6	PA, QL (0.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SYFOVRE	6	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	5	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	6	PA, LA, QL (56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	6	SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc</i>	3	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	5	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	3	
<i>difluprednate</i>	3	PA
FLAREX	4	
<i>fluorometholone</i>	3	
FML FORTE	4	
ILUVIEN	6	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
LOTEMAX 0.5 % OINTMENT	5	PA
<i>loteprednol etabonate 0.2 % suspension</i>	3	PA
MAXIDEX	4	
<i>neo-polycin hc</i>	3	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	3	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	3	
PRED MILD	5	PA
PRED-G	4	
PREDNISOLONE ACETATE	3	
PREDNISOLONE ACETATE P-F	3	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	
SULFACETAMIDE-PREDNISOLONE	3	
TOBRADEX 0.3-0.1 % OINTMENT	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone</i>	3	
XIPERE	6	LA, SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMICS - MISC.		
ALOCRIL	5	PA
ALOMIDE	5	PA
<i>azelastine hcl 0.05 % solution</i>	3	
<i>balanced salt</i>	3	
<i>bepotastine besilate</i>	3	PA
<i>brinzolamide</i>	3	
<i>bromfenac sodium (once-daily)</i>	3	
CROMOLYN SODIUM 4 % SOLUTION	3	
CYSTARAN	5	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 0.1 % solution</i>	3	
<i>dorzolamide hcl</i>	3	
<i>epinastine hcl</i>	3	
FLURBIPROFEN SODIUM	3	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	3	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	3	
PROSTAGLANDINS - OPTHALMIC		
<i>bimatoprost</i>	3	ST
DURYSTA	6	PA, QL (2 ea per lifetime), SP
<i>latanoprost</i>	3	
LUMIGAN	5	ST
<i>tafluprost (pf)</i>	3	PA
<i>travoprost (bak free)</i>	3	
VYZULTA	5	ST
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	3	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	4	

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
OTIC COMBINATIONS		
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	3	
CORTISPORIN-TC	5	PA
<i>neomycin-polymyxin-hc</i>	3	
OTIC STEROIDS		
<i>flac</i>	3	
<i>fluocinolone acetonide 0.01 % oil</i>	3	
<i>hydrocortisone-acetic acid</i>	3	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
<i>methylergonovine maleate 0.2 mg tab</i>	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
ALYGLO	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ASCENIV	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYTOGAM	6	SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	6	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYPERRHO S/D 1500 UNIT SOLN PRSYR	4	SP
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
OCTAGAM 25 GM/500ML SOLUTION	6	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RHOGAM ULTRA-FILTERED PLUS	4	SP, PN (34 DAYS SUPPLY PER FILL)
RHOPHYLAC	4	SP, PN (34 DAYS SUPPLY PER FILL)
WINRHO SDF	6	SP, PN (34 DAYS SUPPLY PER FILL)
XEMBIFY	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONOCLONAL ANTIBODIES		
SYNAGIS	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZINPLAVA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	6	PA, 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 chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg tab, 875 mg tab)</i>	3	
<i>amoxicillin (250 mg cap, 500 mg cap)</i>	2	
<i>ampicillin</i>	3	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	2	
PENICILLIN COMBINATIONS		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	3	
PROGESTINS (CONTINUED)		
PROGESTINS		
<i>gallifrey</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
LILETTA (52 MG)	1	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
NEXPLANON	1	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
<i>norethindrone acetate</i>	3	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	3	
<i>disulfiram</i>	3	
<i>lofexidine hcl</i>	6	QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
LUCEMYRA	6	QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	6	PA, QL (270 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
SODIUM OXYBATE	6	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	6	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ANTIDEMENTIA AGENTS		
<i>donepezil hcl</i>	3	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	3	
<i>galantamine hydrobromide er</i>	3	
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	3	
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	3	PA
<i>memantine hcl er</i>	3	PA
<i>rivastigmine</i>	3	PA
<i>rivastigmine tartrate</i>	3	
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	3	

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
PERPHENAZINE-AMITRIPTYLINE	3	
FIBROMYALGIA AGENTS		
SAVELLA	5	PA, QL (2 ea per 1 days)
SAVELLA TITRATION PACK	5	PA, QL (55 ea per 28 days)
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine 12.5 mg tab</i>	3	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>tetrabenazine 25 mg tab</i>	3	PA, QL (136 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	6	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
AVONEX PREFILLED	6	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BETASERON	6	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIUMVI	6	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
<i>dalfampridine er</i>	3	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 120 mg cap dr</i>	6	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 240 mg cap dr</i>	6	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate starter pack</i>	6	QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>fingolimod hcl</i>	3	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	6	QL (30 days supply per fill(s)), SP, PN (34 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	6	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	6	QL (0.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
LEMTRADA	6	PA, QL (6 ml per 365 day(s)), SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
MAYZENT (1 MG TAB, 2 MG TAB)	6	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT 0.25 MG TAB	6	QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 0.25 MG TAB THPK	6	QL (7 ea per 4 day(s)), SP, PN (4 DAY SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	6	QL (12 ea per 5 day(s)), SP, PN (5 DAY SUPPLY IN 180 DAYS)
OCREVUS	6	PA, QL (20 ml per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
PLEGRIDY	6	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK	6	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF 44 MCG/0.5ML SOLN PRSYR	6	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	6	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	6	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	6	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>teriflunomide 14 mg tab</i>	3	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>teriflunomide 7 mg tab</i>	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	6	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
ZEPOSIA	6	PA, QL (30 ea per 30 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	6	PA, QL (7 ea per 7 day(s)), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	6	PA, QL (37 ea per 37 day(s)), PN (PA REQUIRED FOR ULCERATIVE COLITIS), PN (37 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	6	PA, QL (28 ea per 28 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (28 DAYS SUPPLY PER FILL)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE 300 (9) & 600(24) MG MISC	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	3	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	6	PA, QL (2 ea per 1 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	3	
PIMOZIDE	3	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT	5	PA
SMOKING DETERRENTS		
APO-VARENICLINE	1	QL (2 ea per 1 days)
CHANTIX	1	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	1	QL (2 ea per 1 days)
CHANTIX STARTING MONTH PAK	1	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
<i>cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	
<i>cvs nicotine polacrilex</i>	1	
<i>eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	
<i>eq nicotine polacrilex</i>	1	
<i>eq nicotine step 3</i>	1	
<i>eql nicotine polacrilex</i>	1	
<i>ft nicotine</i>	1	
<i>ft nicotine mini</i>	1	
<i>gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	
<i>gnp nicotine mini</i>	1	
<i>gnp nicotine polacrilex</i>	1	
<i>goodsense nicotine</i>	1	
<i>habitrol</i>	1	
<i>hm nicotine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hm nicotine polacrilex</i>	1	
<i>kls quit2</i>	1	
<i>kls quit4</i>	1	
NICODERM CQ	5	
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR, 21-14-7 MG/24HR KIT)	1	
<i>nicotine mini</i>	1	
<i>nicotine polacrilex</i>	1	
<i>nicotine polacrilex mini</i>	1	
<i>nicotine step 1</i>	1	
<i>nicotine step 2</i>	1	
<i>nicotine step 3</i>	1	
NICOTROL	1	
NICOTROL NS	1	
<i>px stop smoking aid</i>	1	
<i>qc nicotine transdermal system</i>	1	
<i>ra mini nicotine</i>	1	
<i>ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	
<i>ra nicotine gum</i>	1	
<i>ra nicotine polacrilex</i>	1	
<i>sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	1	
<i>sm nicotine polacrilex</i>	1	
<i>tgt nicotine</i>	1	
<i>tgt nicotine polacrilex</i>	1	
<i>tgt nicotine step one</i>	1	
<i>tgt nicotine step three</i>	1	
<i>tgt nicotine step two</i>	1	
<i>thrive</i>	1	
<i>varenicline tartrate</i>	1	QL (2 ea per 1 days)
<i>varenicline tartrate (starter)</i>	1	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate(continue)</i>	1	QL (2 ea per 1 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA	6	PA, QL (0.5 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ONPATTRO	6	PA, SP, PN (21 DAY SUPPLY PER FILL)
TEGSEDI	6	PA, LA, QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GLASSIA	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C	6	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA 1000 MG RECON SOLN	6	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KALYDECO 13.4 MG PACKET	6	PA, LA, QL (60 ea per 30 day(s)), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
KALYDECO 150 MG TAB	6	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	6	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMOZYME	6	PA, SP, PN (30 DAYS SUPPLY PER FILL)
SYMDEKO	6	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	6	PA, LA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	6	PA, LA, QL (56 ea per 28 day(s)), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
PULMONARY FIBROSIS AGENTS		
OFEV	6	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pirfenidone (267 mg tab, 801 mg tab)</i>	6	PA, QL (270 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

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Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone 267 mg cap</i>	3	PA, QL (270 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
SULFADIAZINE	3	
TETRACYCLINES (CONTINUED)		
TETRACYCLINES		
<i>avidoxy</i>	3	
<i>demeclocycline hcl</i>	3	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	3	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	3	
<i>lymepak</i>	3	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	3	
<i>mondoxyne nl 100 mg cap</i>	3	
<i>morgidox 100 mg cap</i>	3	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	3	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole</i>	3	
<i>propylthiouracil</i>	3	
THYROID HORMONES		
ARMOUR THYROID	5	
<i>euthyrox</i>	3	
<i>levo-t</i>	4	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	2	
<i>levothyroxine sodium 300 mcg tab</i>	4	
<i>levoxyl</i>	4	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
NP THYROID	3	
SYNTHROID	4	
THYROID 90 MG TAB	3	
<i>unithroid</i>	4	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL	1	
BOOSTRIX	1	
DAPTACEL	1	
DIPHTHERIA-TETANUS TOXOIDS DT	1	
INFANRIX	1	
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	AL (Up to 4 yrs old)
QUADRACEL	1	
TDVAX	1	
TENIVAC	1	
TETANUS-DIPHTHERIA TOXOIDS TD	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
BELLADONNA ALKALOIDS-OPIUM	3	
<i>chlordiazepoxide-clidinium</i>	3	
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	2	
<i>dicyclomine hcl 10 mg/5ml solution</i>	3	
<i>glycopyrrolate (1 mg tab, 1 mg/5ml solution, 1.5 mg tab, 2 mg tab)</i>	3	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	3	
<i>hyoscyamine sulfate er</i>	3	
<i>hyosyne</i>	3	
<i>methscopolamine bromide</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nulev</i>	3	
<i>oscimin 0.125 mg tab</i>	3	
<i>pb-hyoscy-atropine-scopolamine (16.2 mg tab, 16.2 mg/5ml elixir)</i>	3	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	3	
<i>phenohydro (16.2 mg tab, 16.2 mg/5ml elixir)</i>	3	
H-2 ANTAGONISTS		
<i>cimetidine</i>	3	
<i>famotidine (20 mg tab, 40 mg tab)</i>	2	
<i>famotidine 40 mg/5ml recon susp</i>	3	
NIZATIDINE 150 MG CAP	4	PA, QL (2 ea per 1 days)
NIZATIDINE 300 MG CAP	4	PA, QL (1 ea per 1 days)
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	3	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	3	ST, QL (1 ea per 1 day(s))
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	3	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	3	
<i>lansoprazole</i>	3	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	5	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	3	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	3	
<i>pantoprazole sodium 40 mg packet</i>	3	PA
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	3	PA
<i>rabeprazole sodium 20 mg tab dr</i>	3	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	3	
ULCER THERAPY COMBINATIONS		
<i>omeprazole-sodium bicarbonate</i>	3	ST
UNCATEGORIZED (CONTINUED)		
UNCLASSIFIED		
FEMLYV	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
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	3	ST
<i>fesoterodine fumarate er</i>	3	ST
GELNIQUE	5	PA
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	3	
<i>oxybutynin chloride er</i>	3	
OXYTROL	5	ST
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	ST
<i>trospium chloride</i>	3	
<i>trospium chloride er</i>	3	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	4	QL (1 ea per 1 day(s))
MYRBETRIQ 8 MG/ML SRER	4	QL (10 ml per 1 days), AL (3 to 18 yrs old)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	3	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	3	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB	1	
BEXSERO	1	
HIBERIX	1	
MENVEO (RECON SOLN, SOLUTION)	1	
PEDVAX HIB	1	
PENBRAYA	1	QL (2 ea per lifetime)
PNEUMOVAX 23	1	
PREVNAR 20	1	QL (0.5 ml per lifetime)

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
TRUMENBA	1	
VAXNEUVANCE	1	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	4	QL (4 ea per fill)
VIRAL VACCINES		
ABRYSVO	1	AL (60 to 999 yrs old)
ACAM2000	1	
AFLURIA	1	
AFLURIA PRESERVATIVE FREE	1	
AFLURIA QUADRIVALENT	1	
AREXVY	1	QL (1 ea per lifetime), AL (60 to 999 yrs old)
COMIRNATY	1	
ENGERIX-B	1	
FLUAD	1	
FLUAD QUADRIVALENT	1	
FLUARIX	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX	1	
FLUCELVAX QUADRIVALENT	1	
FLULAVAL	1	
FLULAVAL QUADRIVALENT	1	
FLUMIST	1	
FLUMIST QUADRIVALENT	1	
FLUZONE	1	
FLUZONE HIGH-DOSE	1	
FLUZONE HIGH-DOSE QUADRIVALENT	1	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	1	
GARDASIL 9	1	AL (Up to 45 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
HAVRIX 1440 EL U/ML SUSPENSION	1	AL (19 to 99 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	1	AL (Up to 18 yrs old)
HEPLISAV-B	1	
IPOL	1	
JYNNEOS	1	AL (18 to 999 yrs old)
M-M-R II	1	
MODERNA COVID-19 VAC (BOOSTER)	1	
MODERNA COVID-19 VAC 6M-11Y	1	
NOVAVAX COVID-19 VACCINE	1	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	1	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	1	
PFIZER-BIONT COVID-19 VAC-TRIS	1	
PREHEVBRIO	1	
PRIORIX	1	
PROQUAD	1	
RECOMBIVAX HB	1	
SHINGRIX	1	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX	1	
TWINRIX	1	AL (18 to 99 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	1	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	1	AL (19 to 99 yrs old)
VARIVAX	1	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
SPERMICIDES		
OPTIONS GYNOL II CONTRACEPTIVE	1	
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 12.5 % FOAM, 28 % FILM)	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate 2 % cream</i>	3	
GYNAZOLE-1	5	PA
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	3	
VANDAZOLE	5	PA
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI	1	
VAGINAL ESTROGENS		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	3	
ESTRING	4	
PREMARIN 0.625 MG/GM CREAM	4	
<i>yuvafem</i>	3	
VAGINAL PROGESTINS		
ENDOMETRIN	4	
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	4	QL (2 ea per fill), AL (Up to 3 yrs old)
<i>epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	3	QL (2 ea per fill)
<i>midodrine hcl</i>	3	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>d3-50</i>	3	
<i>decara (1.25 mg (50000 ut) cap, 625 mcg (25000 ut) cap)</i>	5	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	3	
<i>optimal d3</i>	3	
<i>phytonadione 5 mg tab</i>	3	
<i>true vitamin d3 1.25 mg (50000 ut) cap</i>	3	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	3	
<i>vitamin d3 1.25 mg (50000 ut) cap</i>	3	
<i>weekly-d</i>	3	

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HERCEPTIN HYLECTA	55	hydromorphone hcl er	19
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HIBERIX	171	HYDROXYPROGESTERONE CAPROATE	54
HIZENTRA	160	hydroxyurea	63
hm aspirin	18	hydroxyzine hcl	25
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hm folic acid	110	HYDROXYZINE PAMOATE	25
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indocin	15	isopropyl alcohol wipes	95
indomethacin	15	isosorbide dinitrate	24
indomethacin er	15	isosorbide mononitrate	24
INFANRIX	169	isosorbide mononitrate er	24
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labetalol hcl	73	larin 1/20	79
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LACRISERT	155	larin fe 1.5/30	80
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LENVIMA (14 MG DAILY DOSE)	49	lidocaine hcl	94
LENVIMA (18 MG DAILY DOSE)	49	LIDOCAINE HCL	146
LENVIMA (20 MG DAILY DOSE)	49	LIDOCAINE HCL URETHRAL/MUCOSAL	94
LENVIMA (24 MG DAILY DOSE)	50	lidocaine viscous hcl	146
LENVIMA (4 MG DAILY DOSE)	50	lidocaine-hydrocort (perianal)	22
LENVIMA (8 MG DAILY DOSE)	50	LIDOCAINE-HYDROCORTISONE ACE	22
LEQVIO	45	lidocaine-prilocaine	94
lessina	80	lidocan	94
letrozole	54	lidocort	22
leucovorin calcium	63	lidopac	94
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LEVALBUTEROL TARTRATE	28	LINDANE	95
LEVEMIR	39	linezolid	24
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levocarnitine sf	100	LITETOUCH INSULIN SYRINGE	137
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levonorgest-eth est & eth est	80	lithium carbonate	65
levonorgest-eth estrad 91-day	80	lithium carbonate er	65
levonorgest-eth estradiol-iron	80	LITHOSTAT	106
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loestrin 1/20 (21)	80	LUPRON DEPOT-PED (1-MONTH)	99
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loestrin fe 1/20	80	LUPRON DEPOT-PED (6-MONTH)	99
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lojaimiess	80	LUTATHERA	62
LOKELMA	145	lutra	80
LONGS GLUCOSE	37	lyleq	85
LONGS INSULIN SYRINGE	137	lyllana	103
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loperamide hcl	40	LYTGOBI (16 MG DAILY DOSE)	59
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lovastatin	44	MARPLAN	33
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lubiprostone	103	MAVYRET	71
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MEDICHOICE SAFETY LANCET EXTRA	122	merzee	80
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MEDLANCE PLUS EXTRA 21G	122	metformin hcl	36
MEDLANCE PLUS LANCETS	122	metformin hcl er	36
MEDLANCE PLUS LITE 25G	123	methadone hcl	19
MEDLANCE PLUS SPECIAL 0.8MM	123	methadone hcl intensol	19
MEDLANCE PLUS SUPERLITE 30G	123	methadose	19
MEDLANCE PLUS UNIVERSAL 21G	123	methamphetamine hcl	12
MEDLANCE UNIVERSAL 21G	123	methazolamide	97
medpura alcohol pads	95	methenamine hippurate	24
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mefenamic acid	15	methimazole	168
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MEIJER ALCOHOL SWABS	132	methotrexate sodium (pf)	49
MEIJER GLUCOSE	37	METHOXSALEN RAPID	90
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MEIJER LANCETS THIN	123	methsuximide	33
MEIJER LANCETS UNIVERSAL 21G	123	METHYLDOPA	46
MEIJER LANCETS UNIVERSAL 30G	123	methylergonovine maleate	160
MEIJER LANCETS UNIVERSAL 33G	123	methylphenidate	12
MEIJER PEN NEEDLES	138	methylphenidate hcl	12
MEIJER SUPER THIN LANCETS	123	METHYLPHENIDATE HCL ER	12
MEKINIST	59	methylphenidate hcl er (cd)	12
MEKTOVI	59	methylphenidate hcl er (la)	12,13
melodetta 24 fe	80	methylphenidate hcl er (osm)	13
meloxicam	15	methylprednisolone	85
MELPHALAN	48	methylprednisolone sodium succ	85
memantine hcl	162	methyltestosterone	21
memantine hcl er	162	metoclopramide hcl	103
MENOPUR	98	METOCLOPRAMIDE HCL	103
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metoprolol tartrate	73	mometasone furoate	92,154
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my way	84	neomycin-bacitracin zn-polymyx	157
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norethindrone	85	NOVOLOG FLEXPEN RELION	40
norethindrone acet-ethinyl est	81	NOVOLOG MIX 70/30	40
norethindrone acetate	162	NOVOLOG MIX 70/30 FLEXPEN	40
norethindrone-eth estradiol	102	NOVOLOG MIX 70/30 RELION	40
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nortrel 1/35 (21)	81	NUCYNTA	19
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OB COMPLETE PREMIER	149	OMVOH	104
OB COMPLETE/DHA	149	ON CALL LANCETS	124
OBIZUR	108	ON CALL LANCING DEVICE	124
OBSTETRIX EC (WITH DOCUSATE)	149	ON CALL PLUS LANCETS	124
OBSTETRIX ONE (WITH DOCUSATE)	149	ON CALL PLUS LANCING DEVICE	124
ocella	81	ONCASPAR	62
OCREVUS	164	ondansetron	41
OCTAGAM	160,161	ondansetron hcl	41
octreotide acetate	101	ONE VITE WOMENS PLUS	149
ODEFSEY	70	ONETOUCH CLUB LANCETS FINE PT	124
ODOMZO	53	ONETOUCH DELICA LANCETS 30G	124
OFEV	167	ONETOUCH DELICA LANCETS 33G	124
OFLOXACIN	103	ONETOUCH DELICA LANCING DEV	124
ofloxacin	157	ONETOUCH DELICA PLUS LANCET30G	124
OGIVRI	50	ONETOUCH DELICA PLUS LANCET33G	124
OGSIVEO	59	ONETOUCH DELICA PLUS LANCING	124
OJEMDA	59,60	ONETOUCH DELICA SAFETY LANCING	124
OJJAARA	60	ONETOUCH FINEPOINT LANCETS	124
olanzapine	67	ONETOUCH SURESOFT LANCING DEV	124
olmesartan medoxomil	45	ONETOUCH ULTRA	96
		ONETOUCH ULTRA 2	124

ONETOUCH ULTRA MINI	124	OVIDREL	98
ONETOUCH ULTRA TEST	96	OXALIPLATIN	48
ONETOUCH ULTRASOFT 2 LANCETS	124	oxaprozin	15
ONETOUCH ULTRASOFT LANCETS	124	oxazepam	25
ONETOUCH VERIO	96,124	oxcarbazepine	31
ONETOUCH VERIO FLEX SYSTEM	124	oxcarbazepine er	31
ONETOUCH VERIO REFLECT	124	OXERVATE	158
ONGENTYS	64	oxiconazole nitrate	89
ONIVYDE	64	OXISTAT	89
ONPATTRO	167	OXLUMO	106
ONTRUZANT	50	OXTELLAR XR	31
ONUREG	49	oxybutynin chloride	171
opcicon one-step	84	oxybutynin chloride er	171
OPDIVO	51	oxycodone hcl	19
OPDUALAG	56	OXYCODONE HCL ER	20
OPILL	85	oxycodone-acetaminophen	20
opium	40	OXYCONTIN	20
OPSUMIT	75	oxymorphone hcl	20
OPTICHAMBER DIAMOND	141	OXYMORPHONE HCL ER	20
OPTICHAMBER DIAMOND-LG MASK	141	OXYTROL	171
OPTICHAMBER DIAMOND-MD MASK	141	OZEMPIC (0.25 OR 0.5 MG/DOSE)	38
OPTICHAMBER DIAMOND-SM MASK	141	OZEMPIC (1 MG/DOSE)	38
optimal d3	174	OZEMPIC (2 MG/DOSE)	38
option 2	84		
OPTIONS GYNOL II CONTRACEPTIVE	173	P	
ORACIT	106	pacerone	26
ORAL CITRATE	106	PACLITAXEL PROTEIN-BOUND PART	64
oralone	147	PADCEV	51
ORAVIG	146	paliperidone er	66
ORGOVYX	54	PANCREAZE	96
ORKAMBI	167	PANDEL	92
ORLADEYO	109	PANRETIN	89
orphenadrine citrate er	152	pantoprazole sodium	170
ORSERDU	54	PANZYGA	161
orsythia	81	PARAGARD INTRAUTERINE COPPER	83
ORTHOVISC	153	paricalcitol	100
oscimin	170	paroex	146
oseltamivir phosphate	72	paromomycin sulfate	13
OSMOPREP	113	paroxetine hcl	34
OSPHENA	99	paroxetine hcl er	34
OTEZLA	16	PARSABIV	100

PAXLOVID (150/100)	71	PERSERIS	66
PAXLOVID (300/100)	71	PERTZYE	96
pazopanib hcl	60	PEXEVA	34
pb-hyoscy-atropine-scopolamine	170	PFIZER COVID-19 VAC-TRIS 5-11Y	173
PC LANCETS SUPER THIN 30G	125	PFIZER COVID-19 VAC-TRIS 6M-4Y	173
PC UNIFINE PENTIPS	138	PFIZER-BIONT COVID-19 VAC-TRIS	173
PEDIARIX	169	PHARMACIST CHOICE ALCOHOL	132
PEDMARK	63	PHARMACIST CHOICE LANCETS	125
PEDVAX HIB	171	PHARMACY COUNTER LANCETS	125
peg 3350-kcl-na bicarb-nacl	112	PHENELZINE SULFATE	33
peg-3350/electrolytes	112	phenobarbital	111
peg-3350/electrolytes/ascorbat	113	phenobarbital-belladonna alk	170
peg-kcl-nacl-nasulf-na asc-c	113	phenohydro	170
PEGASYS	71	phenoxybenzamine hcl	45
PEMAZYRE	60	phenytek	32
PEMETREXED	49	phenytoin	32
PEMETREXED DISODIUM	49	phenytoin infatabs	32
PEMETREXED DITROMETHAMINE	49	phenytoin sodium extended	32
PEMFEXY	49	PHESGO	56
PEN NEEDLES	138	PHEXXI	174
PEN NEEDLES 3/16"	138	philith	81
PEN NEEDLES 5/16"	138	PHOSLYRA	105
PENBRAYA	171	phospha 250 neutral	143
penciclovir	91	phospho-trin 250 neutral	143
penicillamine	143	phospho-trin k500	143
PENICILLIN V POTASSIUM	161	PHOSPHOLINE IODIDE	156
PENTACEL	169	phosphorous	143
pentamidine isethionate	22	phytonadione	174
pentazocine-naloxone hcl	21	PIFELTRO	70
PENTIPS	138	pilocarpine hcl	147,156
pentoxifylline er	108	pimecrolimus	94
PERFECT LANCETS 28G	125	PIMOZIDE	165
PERFECT LANCETS 30G	125	pimtrea	81
PERFECT POINT SAFETY LANCETS	125	pindolol	73
PERINDOPRIL ERBUMINE	45	pioglitazone hcl	40
perindopril erbumine	45	pioglitazone hcl-glimepiride	35
periogard	146	pioglitazone hcl-metformin hcl	36
PERJETA	50	PIP LANCETS 28G	125
permethrin	95	PIP LANCETS 30G	125
perphenazine	67	PIP PEN NEEDLES 31G X 5MM	138
PERPHENAZINE-AMITRIPTYLINE	163	PIP PEN NEEDLES 32G X 4MM	138

PIQRAY (200 MG DAILY DOSE)	60	pramipexole dihydrochloride	65
PIQRAY (250 MG DAILY DOSE)	60	pramipexole dihydrochloride er	65
PIQRAY (300 MG DAILY DOSE)	60	prasugrel hcl	109
pirfenidone	167,168	pravastatin sodium	44
pirmella 1/35	81	PRAXBIND	41
pirmella 7/7/7	81	praziquantel	22
piroxicam	16	prazosin hcl	46
PLAN B ONE-STEP	84	PRECISION SURE-DOSE SYRINGE	138
PLEGRIDY	164	PRECISION SUREDOSE PLUS SYR	138
PLEGRIDY STARTER PACK	164	PRECISION THINS GP LANCETS	125
PLUVICTO	63	PRED MILD	158
PNEUMOVAX 23	171	PRED-G	158
PNV TABS 29-1	149	PREDNICARBATE	92
PNV-DHA	149	prednisolone	85
PNV-DHA+DOCUSATE	149	PREDNISOLONE ACETATE	158
PNV-OMEGA	149	PREDNISOLONE ACETATE P-F	158
PNV-SELECT	149	PREDNISOLONE SODIUM PHOSPHATE	85,158
podofilox	94	prednisolone sodium phosphate	86
POLIVY	51	PREDNISON	86
POLY-VI-FLOR	147	PREDNISON INTENSOL	86
POLY-VI-FLOR/IRON	147	PREFERRED PLUS GLUCOSE	37
polycin	157	PREFERRED PLUS INSULIN SYRINGE	138
polymyxin b-trimethoprim	157	PREFERRED PLUS LANCETS COLORED	125
POMALYST	55	PREFERRED PLUS LANCETS THIN	125
portia-28	81	PREFERRED PLUS UNIFINE PENTIPS	138
PORTRAZZA	52	pregabalin	31
posaconazole	42	PREGNYL	98
pot & sod cit-cit ac	106	PREHEVBRIO	173
potassium chloride	143	PREMARIN	103,174
potassium chloride crys er	143	PREMESISRX	149
potassium chloride er	143	premium lidocaine	94
potassium citrate er	106	PREMPHASE	102
potassium citrate-citric acid	106	PREMPRO	102
potassium iodide	87	PRENA 1 TRUE	149
POTELIGEO	51	PRENA1	149
PR NATAL 400	149	PRENA1 PEARL	149
PR NATAL 400 EC	149	PRENAISSANCE	149
PR NATAL 430	149	PRENAISSANCE PLUS	149
PR NATAL 430 EC	149	PRENATABS FA	150
PRALATREXATE	49	PRENATAL	150
PRALUENT	45	PRENATAL 19	150

PRENATAL PLUS	150	probenecid	107
PRENATAL PLUS IRON	150	prochlorperazine	67
PRENATAL PLUS VITAMIN/MINERAL	150	prochlorperazine maleate	67
PRENATAL VITAMIN PLUS LOW IRON	150	PROCRT	111
PRENATAL-U	150	procto-med hc	22
PRENATE	150	procto-pak	22
PRENATE AM	150	proctosol hc	22
PRENATE DHA	150	proctozone-hc	22
PRENATE ELITE	150	PROCYSBI	106
PRENATE ENHANCE	150	PRODIGY INSULIN SYRINGE	138
PRENATE ESSENTIAL	150	PRODIGY LANCETS 28G	125
PRENATE MINI	150	PRODIGY LANCING DEVICE	125
PRENATE PIXIE	150	PRODIGY SAFETY LANCETS 26G	125
PRENATE RESTORE	150	PRODIGY TWIST TOP LANCETS 28G	125
PRENATRIX	150	progesterone	162
PRENATRYL	150	PROGRAF	144
PREPLUS	150	PROLASTIN-C	167
PRESSURE ACTIVAT SAFETY LANCET	125	PROLIA	97
PRETAB	150	PROMACTA	111
PRETOMANID	47	promethazine hcl	42
prevalite	43	promethazine vc	86
PREVENT DROPSAFE PEN NEEDLES	138	PROMETHAZINE VC/CODEINE	86
PREVENT SAFETY PEN NEEDLES	138	promethazine-codeine	86
previfem	81	promethazine-dm	86
PREVNAR 20	171	promethazine-phenyleph-codeine	86
PREVYMIS	71	promethazine-phenylephrine	86
PREZCOBIX	70	promethegan	42
PREZISTA	70	propafenone hcl	25
PRIALT	16	propafenone hcl er	26
PRIFTIN	47	propranolol hcl	73
PRIMACARE	150	propranolol hcl er	73
primaquine phosphate	47	propylthiouracil	168
primidone	31	PROQUAD	173
PRIORIX	173	protiptryline hcl	35
PRIVIGEN	161	PROVENGE	52
PRO COMFORT ALCOHOL	132	PROVIDA OB	150
PRO COMFORT INSULIN SYRINGE	138	pseudoeph-bromphen-dm	86
PRO COMFORT LANCETS 30G	125	PSS SELECT GP LANCETS	125
PRO COMFORT LANCETS 31G	125	PSS SELECT SAFETY LANCETS	125
PRO COMFORT PEN NEEDLES	138	PULMICORT FLEXHALER	27
PRO COMFORT SAFETY LANCETS 30G	125	pulmosal	87

PULMOZYME	167	QC PEN NEEDLES	139
PURE COMFORT ALCOHOL PREP	132	QC UNIFINE PENTIPS	139
PURE COMFORT LANCETS 30G	125	QC UNILET LANCETS 28G	126
PURE COMFORT PEN NEEDLE	139	QC UNILET LANCETS MICRO THIN	126
PURE COMFORT SAFETY PEN NEEDLE	139	QELBREE	12
PUSH BUTTON SAFETY LANCETS	125	QINLOCK	60
PUSH BUTTON SAFETY LANCETS 28G	125	QNASL	154
PX ADVANCED LANCING DEVICE	125	QNASL CHILDRENS	154
px aspirin	18	QUADRACEL	169
px enteric aspirin	18	QUAZEPAM	112
PX EXTRA SHORT PEN NEEDLES	139	quetiapine fumarate	67
px folic acid	110	quetiapine fumarate er	67
PX GLUCOSE	37	QUILLIVANT XR	13
PX INSULIN SYRINGE	139	quinapril hcl	45
PX LANCET AUTO INJECTOR	125	quinapril-hydrochlorothiazide	46
PX LANCETS MICROTHIN 33G	125	quinidine gluconate er	25
PX LANCETS ULTRA THIN	125	QUINIDINE SULFATE	25
PX LANCETS ULTRA THIN 28G	125	quinine sulfate	47
PX MINI PEN NEEDLES	139	QULIPTA	142
PX PEN NEEDLE	139	QUTENZA	94
PX SHORTLENGTH PEN NEEDLES	139	QUTENZA (2 PATCH)	94
px stop smoking aid	166	QUTENZA (4 PATCH)	94
pyrazinamide	47	QVAR REDIHALER	27
pyridostigmine bromide	47		
pyridostigmine bromide er	47	R	
primethamine	47	R-NATAL OB	150
PYRUKYND	109	RA ALCOHOL SWABS	132
PYRUKYND TAPER PACK	109	ra aspirin adult low dose	18
		ra aspirin adult low strength	18
Q		ra aspirin childrens	18
QALSODY	154	ra aspirin ec	18
QBREXZA	95	ra aspirin ec adult low st	18
QC ADVANCED LANCING DEVICE	125	RA E-ZJECT LANCETS 28G	126
qc alcohol	95	RA E-ZJECT LANCETS THIN 26G	126
QC ALCOHOL SWABS	132	RA E-ZJECT LANCETS THIN 28G	126
qc aspirin low dose	18	RA E-ZJECT LANCETS ULTRA THIN	126
qc childrens aspirin	18	ra folic acid	110
qc folic acid	110	RA GLUCOSE	37
QC LANCETS SUPER THIN 30G	125	RA INSULIN SYRINGE	139
QC LANCETS ULTRA THIN	126	ra isopropyl alcohol wipes	95
qc nicotine transdermal system	166	ra mini nicotine	166

ra nicotine	166	RELION LANCING DEVICE	126
ra nicotine gum	166	RELION MINI PEN NEEDLES	139
ra nicotine polacrilex	166	RELION PEN NEEDLES	139
RA PEN NEEDLES	139	RELION SHORT PEN NEEDLES	139
RABEPRAZOLE SODIUM	170	RELION ULTRA THIN LANCETS 30G	126
rabeprazole sodium	170	RELION ULTRA THIN PLUS LANCETS	126
RADICAVA	154	RELNATE DHA	150
RADICAVA ORS	154	RELYVRIO	154
RADICAVA ORS STARTER KIT	154	REMICADE	104
raloxifene hcl	99	RENFLEXIS	104
ramelteon	112	repaglinide	40
ramipril	45	REPATHA	45
ranolazine er	24	REPATHA PUSHTRONEX SYSTEM	45
rasagiline mesylate	65	REPATHA SURECLICK	45
RAYA SURE PEN NEEDLE	139	RETACRIT	111
RAYOS	86	RETEVMO	60
react	84	REXALL LANCETS ULTRA THIN 30G	126
READYLANCE SAFETY LANCETS	126	REYATAZ	70
REALITY INSULIN SYRINGE	139	REZDIFFRA	103
REALITY LANCETS	126	REZLIDHIA	60
REALITY SWABS	132	REZZAYO	42
REALITY TRIGGER LANCETS	126	RHOGAM ULTRA-FILTERED PLUS	161
REBIF	164	RHOPHYLAC	161
REBIF REBIDOSE	164	RIABNI	51
REBIF REBIDOSE TITRATION PACK	164	RIBAVIRIN	72
REBIF TITRATION PACK	164	ribavirin	72
REBLOZYL	111	rifabutin	48
REBYOTA	105	rifampin	48
reclipsen	82	RIGHTEST GD500 LANCING DEVICE	126
RECOMBINATE	108	RIGHTEST GL300 LANCETS	126
RECOMBIVAX HB	173	riluzole	154
RELEUKO	111	RIMANTADINE HCL	72
RELION ALCOHOL SWABS	132	RINVOQ	14
RELION GLUCOSE	37	risedronate sodium	98
RELION INSULIN SYRINGE	139	RISPERDAL CONSTA	66
RELION KETONE TEST	96	risperidone	66
RELION LANCET DEVICES 30G	126	risperidone microspheres er	66
RELION LANCETS	126	ritonavir	70
RELION LANCETS MICRO-THIN 33G	126	RITUXAN	51
RELION LANCETS THIN 26G	126	RITUXAN HYCELA	56
RELION LANCETS ULTRA-THIN 30G	126	rivastigmine	162

rivastigmine tartrate	162	SAIZENPREP	99
rivelsa	82	sajazir	108
rizatriptan benzoate	142	salicylic acid	94
roflumilast	27	salicylic acid wart remover	94
ROLVEDON	111	SALIMEZ	94
ROMIDEPSIN	60	salsalate	18
ropinirole hcl	65	SALYCIM	94
ropinirole hcl er	65	SANCUSO	41
rosadan	95	SANDIMMUNE	144
rosuvastatin calcium	44	SANDOSTATIN LAR DEPOT	101
ROZLYTREK	60	SANTYL	93
RUBRACA	60	SAPHNELO	145
RUCONEST	108	sapropterin dihydrochloride	100
rufinamide	31	SAPS CARE ALCOHOL PREP	132
RUKOBIA	70	SAPS HEALTH ALCOHOL PREP	132
RUXIENCE	51	SAPS HEALTH CARE ALCOHOL PREP	132
RYBELSUS	38	SAPS HEALTH PLUS LANCETS	127
RYBREVANT	51	SAPS HEALTH TWIST TOP LANCETS	127
RYDAPT	60	SAPS TWIST TOP LANCETS	127
RYKINDO	66	SAPSCARE TWIST TOP LANCETS	127
RYLAZE	62	SARCLISA	51
RYPLAZIM	109	SAVELLA	163
		SAVELLA TITRATION PACK	163
S		saxagliptin hcl	38
SAFE-T-LANCE	126	saxagliptin-metformin er	36
SAFE-T-LANCE PLUS	126	SB ALCOHOL PREP	132
SAFESNAP INSULIN SYRINGE	139	sb aspirin	18
SAFETY INSULIN SYRINGES	139	sb aspirin adult low strength	18
SAFETY LANCET 21G/PRESSURE ACT	126	sb childrens aspirin	18
SAFETY LANCET 23G/PRESSURE ACT	126	SB INSULIN SYRINGE	139
SAFETY LANCET 28G/PRESSURE ACT	126	SB LANCETS THIN	127
SAFETY LANCET 30G/PRESSURE ACT	126	SB LANCETS ULTRA THIN	127
SAFETY LANCETS	126	sb low dose asa ec	18
SAFETY LANCETS 21G	126	SCSEMBLIX	60
SAFETY LANCETS 23G	126	SCENESSE	95
SAFETY LANCETS 28G	126	scopolamine	41
SAFETY LET LANCETS	127	SE-NATAL 19	150
SAFETY PEN NEEDLES	139	SECUADO	67
SAFETY SEAL LANCETS	127	SECURESAFE INSULIN SYRINGE	139
SAFYRAL	82	SECURESAFE SAFETY PEN NEEDLES	139
SAIZEN	99	SELECT-LITE DEVICE/LANCETS	127

SELECT-LITE LANCING DEVICE	127	SKYLA	84
SELECT-OB	150	SKYRIZI	90,104
SELECT-OB+DHA	150	SKYRIZI (150 MG DOSE)	90
selegiline hcl	65	SKYRIZI PEN	90
selenium sulfide	90	SKYTROFA	99
SELZENTRY	70	SLYND	85
SEREVENT DISKUS	28	SM ALCOHOL PREP	133
SEROSTIM	99	sm aspirin adult low strength	18
sertraline hcl	34	sm aspirin ec low strength	18
setlakin	82	sm aspirin low dose	18
sevelamer carbonate	105	sm childrens aspirin	18
sevelamer hcl	105	sm folic acid	110
SEZABY	112	SM GLUCOSE	37
sf	146	SM LANCETS 33G	127
sf 5000 plus	146	sm nicotine	166
sharobel	85	sm nicotine polacrilex	166
SHINGRIX	173	SM TRUEDRAW LANCING DEVICE	127
SHOPKO ALCOHOL SWABS	133	SMART DIABETES VANTAGE LANCING	127
SHOPKO AUTOLET LANCING DEVICE	127	SMART SENSE COLOR LANCETS 33G	127
SHOPKO ON-THE-GO LANCETS 30G	127	SMART SENSE GLUCOSE	37
SHOPKO UNIFINE PENTIPS	139	SMART SENSE STANDARD LANCETS	127
SHOPKO UNIFINE PENTIPS PLUS	139	SMART SENSE SUPER THIN LANCETS	127
SHOPKO UNILET LANCETS 28G	127	SMART SENSE THIN LANCETS 26G	127
SHOPKO UNILET LANCETS 30G	127	SMARTEST LANCETS 28G	127
SIDE BUTTON SAFETY LANCET	127	sod citrate-citric acid	106
SIGNIFOR LAR	101	sod fluoride-potassium nitrate	146
sildenafil citrate	76	sodium chloride	87
silodosin	106	SODIUM FLUORIDE	143
SILVER NITRATE	91	sodium fluoride	143,146
silver sulfadiazine	91	sodium fluoride 5000 enamel	146
SIMBRINZA	156	sodium fluoride 5000 plus	146
simliya	82	sodium fluoride 5000 ppm	147
simpesse	82	sodium fluoride 5000 sensitive	147
SIMPLE DIAGNOSTICS LANCING DEV	127	SODIUM HYALURONATE	153
SIMPONI	13,14	SODIUM OXYBATE	162
SIMPONI ARIA	14	sodium phenylbutyrate	100
simvastatin	44	sodium polystyrene sulfonate	145
SINGLE-LET	127	sodium sulfacetamide	90
sirolimus	145	sodium sulfacetamide wash	90
SIVEXTRO	24	SOGROYA	99
SKYCLARYS	154	SOHONOS	152

solifenacin succinate	171	STRIBILD	70
SOLIRIS	108	STRIVERDI RESPIMAT	28
SOLU-CORTEF	86	SUBLOCADE	21
SOLU-MEDROL (PF)	86	SUBSYS	20
SOLUS V2 LANCETS 28G	127	subvenite	31
SOLUS V2 LANCING DEVICE	127	subvenite starter kit-blue	31
SOLUS V2 TWIST LANCETS 30G	127	subvenite starter kit-green	31
SOMATULINE DEPOT	101	subvenite starter kit-orange	31
SOMAVERT	98	SUCRAID	96
sorafenib tosylate	61	sucrafate	170
sorine	73	SULCONAZOLE NITRATE	89
sotalol hcl	73	sulfacetamide sod-sulfur wash	88
sotalol hcl (af)	73	sulfacetamide sodium	90,157
SPEVIGO	90	sulfacetamide sodium (acne)	88
SPIKEVAX	173	sulfacetamide sodium (cleans)	90
SPINOSAD	96	sulfacetamide sodium-sulfur	88
SPINRAZA	155	SULFACETAMIDE-PREDNISOLONE	158
SPIRIVA HANDIHALER	27	SULFACETAMIDE-SULFUR IN UREA	88
SPIRIVA RESPIMAT	27	sulfacleanse 8/4	88
spironolactone	97	SULFADIAZINE	168
spironolactone-hctz	97	sulfamethoxazole-trimethoprim	23
SPRAVATO (56 MG DOSE)	34	SULFAMYLON	91
SPRAVATO (84 MG DOSE)	34	sulfasalazine	104
sprintec 28	82	sulfatrim pediatric	23
SPRIX	16	sulindac	16
SPRYCEL	61	sumatriptan	142
sps	145	sumatriptan succinate	142
sronyx	82	SUMATRIPTAN SUCCINATE REFILL	142
ssd	91	sumatriptan-naproxen sodium	142
SSKI	87	sunitinib malate	61
sss 10-5	88	SUNLENCA	70
st joseph aspirin	18	SUPARTZ FX	153
st joseph low dose	18	SUPER THIN LANCETS	127
stavudine	70	SUPPRELIN LA	99
STELARA	104	SURE COMFORT ALCOHOL PREP	133
STERILANCE PA	127	SURE COMFORT INSULIN SYRINGE	139
STERILANCE TL	127	SURE COMFORT LANCETS 18G	128
STIMUFEND	111	SURE COMFORT LANCETS 21G	128
STIOLTO RESPIMAT	28	SURE COMFORT LANCETS 23G	128
STIVARGA	61	SURE COMFORT LANCETS 28G	128
STRENSIQ	100	SURE COMFORT LANCETS 30G	128

SURE COMFORT LANCING PEN	128	TAGRISSE	52
SURE COMFORT PEN NEEDLES	139	take action	84
SURE-FINE PEN NEEDLES	139	TAKHZYRO	109
SURE-JECT INSULIN SYRINGE	139	TALVEY	51
SURE-LANCE FLAT LANCETS	128	TALZENNA	61
SURE-LANCE LANCETS 26G	128	tamoxifen citrate	54
SURE-LANCE THIN LANCETS 28G	128	tamsulosin hcl	106
SURE-LANCE ULTRA THIN LANCETS	128	tarina 24 fe	82
SURE-PEN	128	tarina fe 1/20	82
SURE-PREP ALCOHOL PREP	133	tarina fe 1/20 eq	82
SURE-TOUCH LANCETS UNIVERSAL	128	TARON-C DHA	150
SURELITE LANCETS	128	TARON-PREX	150
SUSTOL	41	TASIGNA	61
SUSVIMO (IMPLANT 1ST FILL)	156	TAVALISSE	108
SUSVIMO (IMPLANT REFILL)	156	taysofy	82
SUSVIMO OCULAR IMPLANT	133	TAYTULLA	82
syeda	82	TAZAROTENE	88
SYFOVRE	157	tazarotene	90
SYLVANT	145	taztia xt	74
SYMDEKO	167	TAZVERIK	61
SYMLINPEN 120	35	TDVAX	169
SYMLINPEN 60	35	TECENTRIQ	51
SYMPAZAN	30	TECHLITE AST LANCETS	128
SYMTUZA	70	TECHLITE INSULIN SYRINGE	139
SYNAGIS	161	TECHLITE LANCETS	128
SYNERA	94	TECHLITE LANCETS 26G	128
SYNJARDY	36	TECHLITE LANCETS 30G	128
SYNJARDY XR	36	TECHLITE PEN NEEDLES	139
SYNOJOYNT	153	TECHLITE PLUS PEN NEEDLES	140
SYNTHROID	169	TECVAYLI	51
SYNVISC	153	TEGRETOL	31
SYNVISC ONE	153	TEGRETOL-XR	31
		TEGSEDI	167
		telmisartan	45
T		telmisartan-hctz	46
TABLOID	49	temazepam	112
TABRECTA	61	temozolomide	48
tacrolimus	94,145	temsirolimus	61
tadalafil	75	TENIVAC	169
tadalafil (pah)	76	tenofovir disoproxil fumarate	70
TAFINLAR	61	TEPEZZA	99
tafluprost (pf)	159		

TEPMETKO	61	THYROID	169
terazosin hcl	46	tiadylt er	74
terbinafine hcl	42	tiagabine hcl	32
terbutaline sulfate	28	TIBSOVO	61
terconazole	174	tilia fe	82
teriflunomide	164	timolol maleate	73,155
TERIPARATIDE (RECOMBINANT)	98	timolol maleate (once-daily)	155
TERLIVAZ	101	tinidazole	22
testosterone	21	TIVDAK	52
TESTOSTERONE CYPIONATE	21	TIVICAY	70
TESTOSTERONE ENANTHATE	21	TIVICAY PD	70
TETANUS-DIPHTHERIA TOXOIDS TD	169	tizanidine hcl	152
tetrabenazine	163	TOBRADEX	158
tetracycline hcl	168	tobramycin	13,157
TEXACORT	92	tobramycin-dexamethasone	159
TEZSPIRE	26	TOBREX	157
TGT ALCOHOL SWABS	133	TODAY SPONGE	173
tgt aspirin	18	TODAYS HEALTH LANCING DEVICE	128
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tgt childrens aspirin	18	TODAYS HEALTH PEN NEEDLES	140
TGT GLUCOSE	37	TODAYS HEALTH SHORT PEN NEEDLE	140
TGT LANCET MICRO THIN 33G	128	TODAYS HEALTH THIN LANCETS 28G	128
TGT LANCET THIN 26G	128	TODAYS HEALTH THIN LANCETS 30G	128
TGT LANCET ULTRA THIN 30G	128	TOFIDENCE	14
TGT LANCING DEVICE	128	tolcapone	64
tgt nicotine	166	tolterodine tartrate	171
tgt nicotine polacrilex	166	tolterodine tartrate er	171
tgt nicotine step one	166	tolvaptan	101
tgt nicotine step three	166	TOPCARE CLICKFINE PEN NEEDLES	140
tgt nicotine step two	166	TOPCARE LANCETS MICRO-THIN 33G	128
THALOMID	144	TOPCARE ULTRA COMFORT INS SYR	140
THEO-24	28	topiramate	31
theophylline	28	topiramate er	31
theophylline er	28	toremifene citrate	54
THINLETS GP LANCETS	128	torpenz	61
thioridazine hcl	67	toremide	97
thiotepa	48	tovet	92
thiothixene	68	TPOXX	72
thrive	166	TRADJENTA	38
THRIVITE RX	151	tramadol hcl	20
THYROGEN	96	TRAMADOL HCL (ER BIPHASIC)	20

tramadol hcl er	20	triazolam	112
tramadol-acetaminophen	20	TRICARE	151
trandolapril	45	TRICARE PRENATAL DHA ONE	151
TRANDOLAPRIL-VERAPAMIL HCL ER	46	tricitrates	106
tranexamic acid	111	tridacaine ii	95
tranylcypromine sulfate	34	tridacaine iii	95
TRAVEL LANCETS	128	triderm	93
TRAVEL LANCETS ADVANCED 28G	128	trientine hcl	143
travoprost (bak free)	159	trifluoperazine hcl	67
TRAZIMERA	50	TRIFLURIDINE	157
trazodone hcl	34	trihexyphenidyl hcl	64
TRECTOR	48	TRIJARDY XR	36
TRELEGY ELLIPTA	28	TRIKAFTA	167
TRELSTAR MIXJECT	54	TRILEPTAL	31
TREMFYA	90	TRILURON	153
treprostinil	75	trilyte	113
tretinoin	63,88	trimethobenzamide hcl	41
TREXALL	49	trimethoprim	22
tri femynor	82	trimipramine maleate	35
tri-estarylla	82	TRINATAL RX 1	151
tri-legest fe	82	TRINATE	151
tri-linyah	82	TRIPTODUR	99
tri-lo-estarylla	82	TRISENOX	63
tri-lo-marzia	82	TRISTART DHA	151
tri-lo-mili	82	tritocin	93
tri-lo-sprintec	82	TRIUMEQ	71
tri-mili	82	TRIUMEQ PD	71
tri-nymyo	82	TRIVEEN-DUO DHA	151
tri-previfem	82	TRIVISC	153
tri-sprintec	82	trivora (28)	82
TRI-TABS DHA	151	TRODELVY	64
TRI-VI-FLOR	147	tropicamide	156
TRI-VI-FLORO	147	tropium chloride	171
TRI-VITE/FLUORIDE	147	tropium chloride er	171
tri-vylibra	82	TRUE COMFORT ALCOHOL PREP PADS	133
tri-vylibra lo	82	TRUE COMFORT INSULIN SYRINGE	140
triamcinolone acetonide	92,147	TRUE COMFORT PEN NEEDLES	140
triamcinolone in absorbbase	92	TRUE COMFORT PRO ALCOHOL PREP	133
triamterene	97	TRUE COMFORT PRO INSULIN SYR	140
triamterene-hctz	97	TRUE COMFORT PRO PEN NEEDLES	140
trianex	93	TRUE COMFORT SAFETY LANCETS	128

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true folic acid	110	ULTI-LANCE AUTOMATIC	129
true vitamin d3	174	ULTICARE ALCOHOL SWABS	133
TRUEDRAW LANCING DEVICE	128	ULTICARE INSULIN SAFETY SYR	140
TRUEPLUS 5-BEVEL PEN NEEDLES	140	ULTICARE INSULIN SYR 1/2 UNIT	140
TRUEPLUS GLUCOSE	38	ULTICARE INSULIN SYRINGE	140
TRUEPLUS GLUCOSE ON THE GO	38	ULTICARE MICRO PEN NEEDLES	140
TRUEPLUS INSULIN SYRINGE	140	ULTICARE MINI PEN NEEDLES	140
TRUEPLUS LANCETS 26G	129	ULTICARE PEN NEEDLES	140
TRUEPLUS LANCETS 28G	129	ULTICARE SHORT PEN NEEDLES	140
TRUEPLUS LANCETS 30G	129	ULTIGUARD SAFEPACK PEN NEEDLE	140
TRUEPLUS LANCETS 33G	129	ULTIGUARD SAFEPACK SYR/NEEDLE	140
TRUEPLUS PEN NEEDLES	140	ULTILET ALCOHOL SWABS	133
TRUEPLUS SAFETY LANCETS 28G	129	ULTILET CLASSIC LANCETS	129
TRULICITY	38	ULTILET INSULIN SYRINGE	140
TRUMENBA	172	ULTILET INSULIN SYRINGE SHORT	140
TRUQAP	61	ULTILET LANCETS	129
TUKYSA	50	ULTILET PEN NEEDLE	140
tulana	85	ULTILET SAFETY LANCETS	129
TURALIO	61	ULTILET SAFETY LANCETS 23G	129
turqoz	82	ULTOMIRIS	108
TWINRIX	173	ULTRA COMFORT INSULIN SYRINGE	140
TWIRLA	83	ULTRA FLO INSULIN PEN NEEDLES	140
TWIST TOP LANCETS 30G	129	ULTRA FLO INSULIN SYR 1/2 UNIT	140
TYBLUME	83	ULTRA FLO INSULIN SYRINGE	140
TYBOST	71	ULTRA THIN LANCETS 31G	129
tydemy	83	ULTRA THIN PEN NEEDLES	140
TYENNE	15	ULTRA-CARE ALCOHOL PREP PADS	133
TYMLOS	98	ULTRA-CARE LANCETS 30G	129
TYSABRI	164	ULTRA-THIN II AUTO LANCET	129
TYVASO	75	ULTRA-THIN II INS SYR SHORT	140
TYVASO DPI INSTITUTIONAL KIT	75	ULTRA-THIN II INSULIN SYRINGE	141
TYVASO DPI MAINTENANCE KIT	75	ULTRA-THIN II LANCETS	129
TYVASO DPI TITRATION KIT	75	ULTRA-THIN II MINI PEN NEEDLE	141
TYVASO REFILL	75	ULTRA-THIN II PEN NEEDLE SHORT	141
TYVASO STARTER	75	ULTRA-THIN II PEN NEEDLES	141
TZIELD	36	ULTRACARE INSULIN SYRINGE	141
		ULTRACARE PEN NEEDLES	141
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U		UNIFINE PEN NEEDLES	141
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UNIFINE SAFECONTROL PEN NEEDLE	141	UP & UP GLUCOSE	38
UNIFINE ULTRA PEN NEEDLE	141	UPLIZNA	145
UNILET COMFORTOUCH LANCET	129	UPTRAVI	76
UNILET EXCELITE	129	urea	93
UNILET EXCELITE II	129	UREA HYDRATING	93
UNILET G.P. LANCET	129	urea nail	93
UNILET G.P. SUPERLITE LANCET	129	uredeb	93
UNILET GP 28 ULTRA THIN	129	urelle	23
UNILET LANCET	129	uremez-40	93
UNILET MICRO-THIN 33G	129	uretron d/s	23
UNILET SUPER-THIN 30G	129	uro-458	23
UNILET SUPERLITE LANCET	129	uro-mp	23
UNILET ULTRA-THIN 28G	129	ursodiol	103
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UNISTIK 2 EXTRA	129	V	
UNISTIK 2 NEONATAL	130	V-GO 20	130
UNISTIK 2 NORMAL	130	V-GO 30	130
UNISTIK 2 SUPER	130	V-GO 40	130
UNISTIK 3	130	VABYSMO	156
UNISTIK 3 COMFORT	130	valacyclovir hcl	72
UNISTIK 3 EXTRA	130	VALCHLOR	89
UNISTIK 3 GENTLE	130	valganciclovir hcl	71
UNISTIK 3 NEONATAL	130	valproic acid	33
UNISTIK 3 NORMAL	130	valsartan	45
UNISTIK CZT COMFORT	130	valsartan-hydrochlorothiazide	46
UNISTIK CZT NORMAL	130	VALTOCO 10 MG DOSE	30
UNISTIK NORMAL	130	VALTOCO 15 MG DOSE	30
UNISTIK PRO SAFETY LANCET	130	VALTOCO 20 MG DOSE	30
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UNISTIK TOUCH SAFETY LANC 28G	130	VALUE PLUS LANCETS SUPER THIN	130
UNISTIK TOUCH SAFETY LANC 30G	130	VALUE PLUS LANCETS THIN 26G	130
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VANDAZOLE	174	vienna	83
VANFLYTA	61	vigabatrin	32
VANISHPOINT INSULIN SYRINGE	141	vigadrone	32
VAQTA	173	vigpoder	32
varenicline tartrate	166	VIJOICE	145
varenicline tartrate (starter)	166	vilamit mb	23
varenicline tartrate(continue)	167	vilazodone hcl	34
VARIVAX	173	vilevov mb	23
VAXNEUVANCE	172	VILTEPSO	155
VCF VAGINAL CONTRACEPTIVE	173	VIMIZIM	100
VECTIBIX	52	VINATE DHA RF	151
VELIVET	83	VINATE II	151
VELPHORO	105	VINATE ONE	151
VEMLIDY	72	VIOKACE	96
VENCLEXTA	52	viorele	83
VENCLEXTA STARTING PACK	52	VIRACEPT	71
venlafaxine hcl	34	VIREAD	71
venlafaxine hcl er	35	VIRT-C DHA	151
VENTAVIS	75	VIRT-NATE DHA	151
VEOPOZ	108	virt-phos 250 neutral	143
verapamil hcl	74	VIRT-PN DHA	151
verapamil hcl er	74	VIRT-PN PLUS	151
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VERIFINE SAFE LANCET MINI 28G	131	VITAFOL-OB	151
VERIFINE SAFE LANCET MINI 30G	131	VITAFOL-OB+DHA	151
VERIFINE UNIVERSAL LANCETS 28G	131	VITAFOL-ONE	151
VERIFINE UNIVERSAL LANCETS 30G	131	VITAMEDMD ONE RX/QUATREFOLIC	151
VERIFINE UNIVERSAL LANCETS 33G	131	VITAMEDMD REDICHEW RX	151
VERZENIO	62	vitamin d (ergocalciferol)	174
vestura	83	vitamin d3	174
VICTOZA	38	VITAMINS ACD-FLUORIDE	147
VIDA MIA AUTOLET LANCING DEV	131	VITAPEARL	151

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VITATRUE	151	WALGREENS THIN LANCETS	131
VITRAKVI	62	WALGREENS ULTRA THIN LANCETS	131
VIVA DHA	151	warfarin sodium	28
VIVAGUARD LANCETS	131	WEBCOL ALCOHOL PREP LARGE	133
VIVAGUARD LANCETS 30G	131	WEBCOL ALCOHOL PREP MEDIUM	133
VIVAGUARD LANCING DEVICE	131	weekly-d	174
VIVAGUARD SAFETY LANCETS 28G	131	WEGMANS UNIFINE PENTIPS PLUS	141
VIVIMUSTA	48	WELIREG	55
VIVITROL	41	wera	83
VIVOTIF	172	wes-phos 250 neutral	143
VIZIMPRO	52	WESCAP-C DHA	151
VOCABRIA	71	WESCAP-PN DHA	152
VOL-PLUS	151	WESNATAL DHA COMPLETE	152
VOL-TAB RX	151	WESNATE DHA	152
volnea	83	WESTAB PLUS	152
VONJO	62	WESTGEL DHA	152
VORAXAZE	63	WIDE-SEAL DIAPHRAGM 60	114
voriconazole	42	WIDE-SEAL DIAPHRAGM 65	114
VOXZOGO	101	WIDE-SEAL DIAPHRAGM 70	114
VP INSULIN SYRINGE	141	WIDE-SEAL DIAPHRAGM 75	114
VP-PNV-DHA	151	WIDE-SEAL DIAPHRAGM 80	114
VPRIV	109	WIDE-SEAL DIAPHRAGM 85	114
VRAYLAR	65	WIDE-SEAL DIAPHRAGM 90	114
VUITY	156	WIDE-SEAL DIAPHRAGM 95	114
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VYJUVEK	96	WINRHO SDF	161
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VYNDAMAX	76	wymzya fe	83
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VYONDYS 53	155	X	
VYVGART	144	XACDURO	23
VYVGART HYTRULO	144	XALKORI	62
VYXEOS	56	XARELTO	29
VYZULTA	159	XARELTO STARTER PACK	29
		XATMEP	49
W		XCOPRI	32
WALGREENS ADV TRAVEL LANCETS	131	XCOPRI (250 MG DAILY DOSE)	32
WALGREENS GLUCOSE	38	XCOPRI (350 MG DAILY DOSE)	32
WALGREENS LANCETS	131	XDEMVIY	157
WALGREENS LANCETS MICRO THIN	131	XELJANZ	14

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XENLETA	24
XENPOZYME	100,101
XEOMIN	155
XEPI	89
XERAC AC	95
XERESE	91
XERMELO	105
XGEVA	98
XIAFLEX	143
XIFAXAN	22
XIIDRA	158
XIPERE	159
XOFIGO	63
XOFLUZA (40 MG DOSE)	72
XOFLUZA (80 MG DOSE)	72
XOLAIR	26
XOLEGEL	89
XOLREMDI	111
XOSPATA	62
XPHOZAH	101
XPOVIO (100 MG ONCE WEEKLY)	55
XPOVIO (40 MG ONCE WEEKLY)	55
XPOVIO (40 MG TWICE WEEKLY)	55
XPOVIO (60 MG ONCE WEEKLY)	55
XPOVIO (60 MG TWICE WEEKLY)	55
XPOVIO (80 MG ONCE WEEKLY)	55
XPOVIO (80 MG TWICE WEEKLY)	55
XTANDI	54
xulane	83
XULTOPHY	36
xurea	93
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yargesa	109
YASMIN 28	83
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YERVOY	52
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YONDELIS	48
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zafemy	83
zafirlukast	27
zaleplon	112
ZALTRAP	50
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zarah	83
ZATEAN-PN DHA	152
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ZEJULA	62
ZELAPAR	65
ZELBORAF	62
ZEMAIRA	167
zenatane	88
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ZEPOSIA	164
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ZETONNA	154
ZEVALIN Y-90	52
ZEVXR INSULIN SYRINGE	141
ZEVXR PEN NEEDLES	141
ZEVXR STERILE ALCOHOL PREP PAD	133
ZEVXR TWIST TOP LANCETS 30G	131
zidovudine	71
ZIEXTENZO	111
zileuton er	27
ZINPLAVA	161
ZIPHEX	152
ziprasidone hcl	65
ZIRGAN	157
ZOKINVY	145
ZOLADEX	55

ZOLEDRONIC ACID	98
zoledronic acid	98
ZOLINZA	62
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ZOLPIDEM TARTRATE	112
zolpidem tartrate	112
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ZOMACTON	99
ZOMACTON (FOR ZOMA-JET 10)	99
zomig	142
zonisamide	32
zovia 1/35 (28)	83
zovia 1/35e (28)	83
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ZULRESSO	33
zumandimine	83
ZURZUVAE	33
ZYDELIG	62
ZYKADIA	62
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ZYPITAMAG	44
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