



MARKETPLACE PLAN

**Kentucky
Drug Formulary**

2024

Introduction

Your Guide to Best-Cost Options

CareSource provides your prescription benefits. We understand benefits can be confusing and sometimes costly. To help, we have created a drug formulary; a list of drugs used to treat common health conditions. This list is your guide to best-cost options. The drugs are best-cost options because they can provide the same health benefits as more expensive drugs but cost less. Many conditions have treatment options that vary in cost. This list can make it easier for you and your doctor to choose effective, lower-cost drugs first.

Prior Authorizations

CareSource may require health partners to send us information about why a drug or a certain amount of a drug is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation “PA” is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

Prior Authorization Requests

Health care partners may make prior authorization requests by phone or fax. Providers, please call **1-855-852-5558** and follow the prompts, or fax to 1-866-930-0019.

If we receive the request before 5 p.m. on Friday, we will give a decision with 24 hours. It may take longer than 24 hours for requests received on weekends and most holidays. We may not approve a prior authorization request for a drug. If we don't, we will send you information about how to appeal our decision.

Quantity Limits on Opioid Analgesics

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance or a certain drug may not be effective for a member. The member and provider may decide that a drug that is not listed on the Formulary is a better choice for the member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the Formulary. The member or member's representative may make the request online or by calling Member Services.

To reach Member Services, call **1-833-230-2099** (TTY/TDD: 1-800-648-6056 or 711), Monday through Friday, 7 a.m. to 7 p.m. Eastern Time.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

CareSource will provide a decision no later than 72 hours after the request is received. If the member is suffering from a serious health condition, CareSource will provide a decision within 24 hours. As part of the process, CareSource will consider whether the requested drug is clinically appropriate.

Typically, our Formulary includes more than one drug for treating a condition. These medicines are called "alternative" drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

Using the Drug Formulary

Use the list to check if your current medicines are best-cost options. If not, ask your doctor if a drug on the list is right for you. Also, take the list with you each time you or your family visits a doctor.

PLEASE NOTE: This list is a guide to medicines used to treat common conditions only. It does not include all the drugs covered by your benefit plan. For a complete and updated list, visit CareSource.com/marketplace/KY or call the toll-free number on the back of your benefit ID card.

CareSource Online Formulary Search Tools Available

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit CareSource.com, and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on CareSource.com Health Partner Policies page.

About Generics

Today, there are many generic drugs to treat short and long-term conditions. It makes sense to try them because, for most people, they work just as well as higher-priced, brand-name drugs but cost less. Why pay more than you have to in order to stay healthy? Are you still unsure if generics are right for you? Consider these facts:

- Lower cost does not mean lower quality. The U.S. Food and Drug Administration (FDA) requires generics to have the same high quality, strength, purity and stability as brand name medicines.
- The research, development and advertising of new medicines cost a lot of money.
- Generics are lower cost because companies that make them don't have to start from scratch. They then pass the savings on to you, the consumer.
- All generics must meet the same FDA standards as brand names. Generic drugs have the same active ingredients and must perform the same as the brand name.
- Choosing a brand drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance.

About the Drug Formulary: Drugs are grouped into 2 parts

Part 1 -- Drug Formulary, sorted by which body system or condition they treat, and Part 2 -- Index, sorted by the alphabet, for quick reference.

- Many of the drugs are generics. Consider generics first. They are safe, effective and generally lowest cost.
- Generic medicines are in lowercase italics. For example, *diclofenac*.
- All generics available may not be listed. Generics not listed are still usually your best-cost option and should be considered before brand name drugs.
- If NO generic is available, the most effective and cost-effective brand-name medicine(s) are listed. They should be tried before other higher-cost brand names.
- Brand-name medicines are listed in all CAPs. For example, ENBREL.
- The Formulary can change at any time as new drugs come out and older drugs are available as generics. If a brand name becomes available as a generic, the brand name will no longer be considered a best-cost option. The generic version of that medicine will instead.
- Your actual plan may not cover certain treatments, even if they are on this list.

Part 1 -- Drug Formulary Drugs by body system or condition they commonly treat

Your best-cost options are listed below by body system or condition they commonly treat.

Some drugs may be used to treat other conditions. The list is divided into three columns:

- Column 1 is the drug name. Remember, generics are in lowercase italics and should be considered first.
- Column 2 is the drug's cost-sharing tier. Cost-sharing is the copay (coinsurance) amount you have to pay out-of-pocket for the drug. The tiers are 0, 1, 2, 3, and 4. In general, the copay amount increases as the tier number increase. Tier number 1 has the lowest copay amounts and tier number 4 has the highest. Visit CareSource.com/marketplace or call Member Services at the toll-free number on the back of your ID card to learn about your exact copay amounts.
- Column 3 lists the requirements or limits CareSource has for the medicine. Please review the Legend to learn about each requirement or limit.

Part 2 -- Index (drugs listed alphabetically for quick reference)

You can locate your best-cost options in the Index. Generic and brand names are listed together by the first letter of the medicine name. This list can help you find a drug if you are unsure what body system or condition to look under. If you are unable to find your current drug OR if it is not on this list, visit CareSource.com/marketplace/KY or call the Member Services number on the back of your ID card.

List of Abbreviations

ACA: Affordable Care Act

AR: Age Restriction. For certain drugs, the drug may be covered for members in a certain age range without a prior authorization.

OTC: Over-the-Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Kentucky Marketplace 2024 Drug Formulary

Table of Contents

ANTIHISTAMINE DRUGS.....	8
ANTI-INFECTIVE AGENTS.....	9
ANTINEOPLASTIC AGENTS.....	15
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES.....	17
AUTONOMIC DRUGS.....	19
BLOOD FORMATION, COAGULATION, THROMBOSIS.....	22
CARDIOVASCULAR DRUGS.....	25
CENTRAL NERVOUS SYSTEM AGENTS.....	36
DEVICES.....	51
DIAGNOSTIC AGENTS.....	67
ELECTROLYTIC, CALORIC, AND WATER BALANCE.....	68
ENZYMES.....	72
EYE, EAR, NOSE AND THROAT (EENT) PREPS.....	72
GASTROINTESTINAL DRUGS.....	75
HEAVY METAL ANTAGONISTS.....	79
HORMONES AND SYNTHETIC SUBSTITUTES.....	79
MISCELLANEOUS THERAPEUTIC AGENTS.....	93
NONHORMONAL CONTRACEPTIVES.....	98
OXYTOCICS.....	99
PHARMACEUTICAL AIDS.....	99
RESPIRATORY TRACT AGENTS.....	99
SKIN AND MUCOUS MEMBRANE AGENTS.....	104
SMOOTH MUSCLE RELAXANTS.....	112
VITAMINS.....	113

Drug Name	Tier	Restrictions/Limits
ANTIHISTAMINE DRUGS		
ETHANOLAMINE DERIVATIVES		
<i>clemastine oral tablet</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
<i>cyproheptadine</i>	Tier 1	
FIRST GENERATION ANTIHISTAMINES		
<i>carbinoxamine maleate</i>	Tier 1	
<i>clemastine oral tablet</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
<i>dexchlorpheniramine maleate</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
PHENOTHIAZINE DERIVATIVES		
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
<i>PROMETHAZINE VC</i>	Tier 1	
<i>PROMETHAZINE VC-CODEINE</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
<i>PROMETHEGAN</i>	Tier 1	
PIPERAZINE DERIVATIVES		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
PROPYLAMINE DERIVATIVES		
<i>dexchlorpheniramine maleate</i>	Tier 1	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>RYDEX</i>	Tier 1	
SECOND GENERATION ANTIHISTAMINES		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>levocetirizine oral solution</i>	Tier 1	
<i>levocetirizine oral tablet</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
ANTI-INFECTIVE AGENTS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefadroxil</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution</i>	Tier 1	
<i>cephalexin oral tablet 250 mg</i>	Tier 1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefdinir</i>	Tier 1	
ADAMANTANE ANTIVIRALS		
<i>amantadine hcl</i>	Tier 1	
<i>rimantadine</i>	Tier 1	
ALLYLAMINE ANTIFUNGALS		
<i>terbinafine hcl oral</i>	Tier 1	QL (1 EA per 1 day)
AMEBICIDES		
<i>metronidazole oral</i>	Tier 1	
AMINOGLYCOSIDE ANTIBIOTICS		
<i>neomycin</i>	Tier 1	
<i>tobramycin in 0.225 % nacl</i>	Tier 4	PA; QL (280 ML per 30 days)
<i>tobramycin inhalation</i>	Tier 4	PA; QL (224 ML per 30 days)
<i>tobramycin sulfate injection recon soln</i>	Tier 1	PA
<i>tobramycin sulfate injection solution 40 mg/ml</i>	Tier 1	PA
<i>tobramycin with nebulizer</i>	Tier 4	PA; QL (280 ML per 30 days)
AMINOPENICILLIN ANTIBIOTICS		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>ampicillin</i>	Tier 1	
ANTHELMINTICS		
<i>albendazole</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>EMVERM</i>	Tier 2	QL (6 EA per 30 days)
<i>ivermectin oral</i>	Tier 1	QL (20 EA per 30 days)
<i>praziquantel</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
ANTIFUNGALS, MISCELLANEOUS		
griseofulvin microsize	Tier 1	
griseofulvin ultramicrosize	Tier 1	
potassium iodide oral solution	Tier 1	
SSKI	Tier 2	
ANTIMALARIALS		
atovaquone-proguanil oral tablet 250-100 mg	Tier 1	QL (60 EA per 180 days)
atovaquone-proguanil oral tablet 62.5-25 mg	Tier 1	QL (180 EA per 180 days)
chloroquine phosphate	Tier 1	QL (1000 EA per 1 day)
COARTEM	Tier 2	QL (24 EA per 30 days)
hydroxychloroquine	Tier 1	
mefloquine	Tier 1	QL (13 EA per 180 days)
primaquine	Tier 2	QL (120 EA per 180 days)
pyrimethamine	Tier 4	PA
quinidine sulfate	Tier 1	
quinine sulfate	Tier 1	QL (42 EA per 30 days)
ANTIMYCOBACTERIALS, MISCELLANEOUS		
dapsone oral	Tier 1	
ANTIPROTOZOALS, MISCELLANEOUS		
atovaquone	Tier 1	
benznidazole oral tablet 100 mg	Tier 2	QL (120 EA per 30 days)
benznidazole oral tablet 12.5 mg	Tier 2	QL (720 EA per 365 days)
dapsone oral	Tier 1	
metronidazole oral	Tier 1	
nitazoxanide	Tier 1	QL (14 EA per 30 days)
pentamidine inhalation	Tier 1	PA; QL (1 EA per 28 days)
tinidazole oral tablet 250 mg	Tier 1	QL (40 EA per 30 days)
tinidazole oral tablet 500 mg	Tier 1	QL (20 EA per 30 days)
ANTITUBERCULOSIS AGENTS		
ciprofloxacin hcl oral	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	Tier 1	
clarithromycin	Tier 1	
cycloserine	Tier 1	
ethambutol	Tier 1	
isoniazid oral	Tier 1	
levofloxacin oral	Tier 1	
moxifloxacin oral	Tier 1	
PASER	Tier 2	PA

Drug Name	Tier	Restrictions/Limits
<i>pretomanid</i>	Tier 2	PA; QL (1 EA per 1 day)
PRIFTIN	Tier 3	
<i>pyrazinamide</i>	Tier 1	
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
ANTIVIRALS, MISCELLANEOUS		
PAXLOVID	Tier 2	QL (30 EA per 180 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 365 days)
AZOLE ANTIFUNGALS		
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 30 days)
<i>ketoconazole oral</i>	Tier 1	
<i>voriconazole oral</i>	Tier 1	PA
ERYTHROMYCIN ANTIBIOTICS		
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin oral</i>	Tier 1	
GLYCOPEPTIDE ANTIBIOTICS		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	PA; QL (300 ML per 30 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 2	PA; QL (450 ML per 30 days)
<i>vancomycin oral capsule 125 mg</i>	Tier 1	PA; QL (40 EA per 30 days)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	PA; QL (80 EA per 30 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	PA; QL (300 ML per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	PA; QL (450 ML per 30 days)
HCV POLYMERASE INHIBITOR ANTIVIRALS		
<i>sofosbuvir-velpatasvir</i>	Tier 4	PA
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET ORAL TABLET	Tier 4	PA; QL (3 EA per 1 day)
ZEPATIER	Tier 4	PA; QL (28 EA per 28 days)
HCV REPLICATION COMPLEX INHIBITORS		
MAVYRET ORAL TABLET	Tier 4	PA; QL (3 EA per 1 day)
<i>sofosbuvir-velpatasvir</i>	Tier 4	PA
ZEPATIER	Tier 4	PA; QL (28 EA per 28 days)
HIV ENTRY AND FUSION INHIBITORS		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION	Tier 2	QL (1840 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
DOVATO	Tier 2	QL (1 EA per 1 day)
GENVOYA	Tier 2	QL (1 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	Tier 2	QL (4 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 2	QL (6 EA per 1 day)
JULUCA	Tier 2	QL (1 EA per 1 day)
STRIBILD	Tier 2	QL (1 EA per 1 day)
TRIUMEQ	Tier 2	PA; QL (1 EA per 1 day)
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB.		
COMPLERA	Tier 2	QL (1 EA per 1 day)
DELSTRIGO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofovir disop</i>	Tier 1	
JULUCA	Tier 2	QL (1 EA per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	QL (40 ML per 1 day)
<i>nevirapine oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)
ODEFSEY	Tier 2	QL (1 EA per 1 day)
PIFELTRO	Tier 2	QL (1 EA per 1 day)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>abacavir-lamivudine</i>	Tier 1	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
COMPLERA	Tier 2	QL (1 EA per 1 day)
DELSTRIGO	Tier 2	QL (1 EA per 1 day)
DESCOVY	Tier 2	ST; QL (30 Tablets per 30 days)
DOVATO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofovir disop</i>	Tier 1	
<i>emtricitabine</i>	Tier 1	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>emtricitabine-tenofovir (tdf)</i>	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	Tier 2	QL (680 ML per 30 days)
GENVOYA	Tier 2	QL (1 EA per 1 day)
<i>lamivudine oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	Tier 1	QL (2 EA per 1 day)
ODEFSEY	Tier 2	QL (1 EA per 1 day)
STRIBILD	Tier 2	QL (1 EA per 1 day)
SYMTUZA	Tier 2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate</i>	Tier 1	QL (1 EA per 1 day)
TRIUMEQ	Tier 2	PA; QL (1 EA per 1 day)
VIREAD ORAL POWDER	Tier 2	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS	Tier 2	QL (4 EA per 1 day)
<i>atazanavir oral capsule 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	
EVOTAZ	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir</i>	Tier 1	QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution</i>	Tier 1	QL (13 ML per 1 day)
NORVIR ORAL POWDER IN PACKET	Tier 2	QL (6 EA per 180 days)
PAXLOVID	Tier 2	QL (30 EA per 180 days)
PREZCOBIX	Tier 2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	Tier 2	QL (1 ML per 1 day)
<i>ritonavir</i>	Tier 1	
SYMTUZA	Tier 2	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	Tier 2	QL (4 EA per 1 day)
INTERFERON ANTIVIRALS		
PEGASYS SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 ML per 28 days)
LINCOMYCIN ANTIBIOTICS		
<i>clindamycin hcl</i>	Tier 1	
CLINDAMYCIN PEDIATRIC	Tier 1	

Drug Name	Tier	Restrictions/Limits
MONOBACTAM ANTIBIOTICS		
CAYSTON	Tier 4	PA; QL (84 ML per 56 days)
NATURAL PENICILLIN ANTIBIOTICS		
<i>penicillin v potassium</i>	Tier 1	
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	Tier 1	QL (360 ML per 365 days)
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>adefovir</i>	Tier 1	
BARACLUDE ORAL SOLUTION	Tier 2	PA
<i>entecavir</i>	Tier 1	PA
<i>famciclovir oral tablet 125 mg, 500 mg</i>	Tier 1	QL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>	Tier 1	QL (60 EA per 30 days)
LAGEVRIO (EUA)	Tier 0	QL (40 EA per 180 days)
<i>ribavirin oral</i>	Tier 4	
SYMTUZA	Tier 2	QL (1 EA per 1 day)
<i>valacyclovir</i>	Tier 1	QL (30 EA per 30 days)
OTHER MACROLIDE ANTIBIOTICS		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>azithromycin oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET	Tier 2	PA
OXAZOLIDINONE ANTIBIOTICS		
<i>linezolid</i>	Tier 1	PA
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin</i>	Tier 1	
POLYENE ANTIFUNGALS		
<i>nystatin oral</i>	Tier 1	
PYRIMIDINE ANTIFUNGALS		
<i>flucytosine</i>	Tier 1	
QUINOLONE ANTIBIOTICS		
<i>ciprofloxacin hcl oral</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>moxifloxacin oral</i>	Tier 1	
<i>ofloxacin oral</i>	Tier 1	QL (2 EA per 1 day)
RIFAMYCIN ANTIBIOTICS		
<i>PRIFTIN</i>	Tier 3	
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
<i>XIFAXAN ORAL TABLET 200 MG</i>	Tier 2	PA; QL (9 EA per 30 days)
<i>XIFAXAN ORAL TABLET 550 MG</i>	Tier 2	PA; QL (60 EA per 30 days)
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
<i>sulfadiazine</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
<i>SULFATRIM</i>	Tier 1	
TETRACYCLINE ANTIBIOTICS		
<i>demeclocycline</i>	Tier 1	PA
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>tetracycline oral capsule</i>	Tier 1	
URINARY ANTI-INFECTIVES		
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
<i>trimethoprim</i>	Tier 1	
<i>URETRON D-S</i>	Tier 1	
<i>URO-SP</i>	Tier 1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone oral tablet 250 mg</i>	Tier 4	PA; QL (120 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>anastrozole</i>	Tier 0	
<i>bexarotene oral</i>	Tier 4	PA
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<i>bicalutamide</i>	Tier 1	
<i>capecitabine</i>	Tier 4	PA
CAPRELSA ORAL TABLET 100 MG	Tier 4	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 4	PA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	Tier 4	PA
<i>cyclophosphamide oral capsule</i>	Tier 1	PA
EMCYT	Tier 2	PA
ERIVEDGE	Tier 4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>etoposide oral</i>	Tier 1	
<i>exemestane</i>	Tier 0	
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 ML per 30 days)
GILOTrif	Tier 4	PA; QL (30 EA per 30 days)
<i>hydroxyurea</i>	Tier 1	
IBRANCE	Tier 4	PA; QL (21 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	Tier 4	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	Tier 4	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET	Tier 4	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	Tier 4	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	Tier 4	PA; QL (120 EA per 30 days)
JAKAFI	Tier 4	PA; QL (60 EA per 30 days)
<i>lapatinib</i>	Tier 4	PA; QL (180 EA per 30 days)
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	Tier 4	PA
<i>letrozole</i>	Tier 1	
LEUKERAN	Tier 2	PA
LYSODREN	Tier 4	
MATULANE	Tier 4	

Drug Name	Tier	Restrictions/Limits
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	Tier 1	
<i>megestrol oral tablet</i>	Tier 1	
MEKINIST ORAL TABLET 0.5 MG	Tier 4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>melphalan</i>	Tier 1	PA
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate sodium oral</i>	Tier 1	
MYLERAN	Tier 2	PA
<i>nilutamide</i>	Tier 1	PA
POMALYST	Tier 4	PA
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
<i>sorafenib</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
TAFINLAR ORAL CAPSULE	Tier 4	PA; QL (120 EA per 30 days)
<i>tamoxifen</i>	Tier 0	
<i>temozolomide</i>	Tier 4	PA
<i>toremifene</i>	Tier 1	PA
<i>tretinoin (antineoplastic)</i>	Tier 1	
TREXALL	Tier 2	
<i>valrubicin</i>	Tier 4	PA
VERZENIO	Tier 4	PA; QL (60 EA per 30 days)
VOTRIENT	Tier 4	PA; QL (120 EA per 30 days)
ZELBORAF	Tier 4	PA; QL (240 EA per 30 days)
ZOLINZA	Tier 4	PA
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
TOXOIDS		
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier 0	
BOOSTRIX TDAP	Tier 0	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier 0	
INFANRIX (DTAP) (PF)	Tier 0	
PEDIARIX (PF)	Tier 0	
TDVAX	Tier 0	
TENIVAC (PF)	Tier 0	
VACCINES		
ABRYSVO	Tier 2	

Drug Name	Tier	Restrictions/Limits
ACTHIB (PF)	Tier 0	
AREXVY (PF)	Tier 2	
AREXVY ADJUVANT COMPONENT (PF)	Tier 2	
AREXVY ANTIGEN COMPONENT	Tier 2	
<i>bcg vaccine, live (pf)</i>	Tier 0	
BEXSERO	Tier 0	
BIOTHRAX	Tier 0	
COMIRNATY 2023-24 (12Y UP)(PF)	Tier 0	
ENGERIX-B (PF)	Tier 0	
ENGERIX-B PEDIATRIC (PF)	Tier 0	
GARDASIL 9 (PF)	Tier 0	
HAVRIX (PF)	Tier 0	
HEPLISAV-B (PF)	Tier 0	
HIBERIX (PF)	Tier 0	
IMOVAX RABIES VACCINE (PF)	Tier 0	
IPOL	Tier 0	
IXIARO (PF)	Tier 0	
KINRIX (PF)	Tier 0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	Tier 0	
M-M-R II (PF)	Tier 0	
PEDIARIX (PF)	Tier 0	
PEDVAX HIB (PF)	Tier 0	
PENTACEL (PF)	Tier 0	
PENTACEL ACTHIB COMPONENT (PF)	Tier 0	
PNEUMOVAX-23	Tier 0	
PREHEVBRIOS (PF)	Tier 0	
PREVNAR 13 (PF)	Tier 0	
PREVNAR 20 (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
QUADRACEL (PF)	Tier 0	
RABAVER (PF)	Tier 0	
RECOMBIVAX HB (PF)	Tier 0	
ROTATEQ VACCINE	Tier 0	
SHINGRIX (PF)	Tier 0	
SPIKEVAX 2023-2024(12Y UP)(PF)	Tier 0	
STAMARIL (PF)	Tier 0	
TRUMENBA	Tier 0	

Drug Name	Tier	Restrictions/Limits
TWINRIX (PF)	Tier 0	
TYPHIM VI	Tier 0	
VAQTA (PF)	Tier 0	
VARIVAX (PF)	Tier 0	
VAXNEUVANCE (PF)	Tier 0	
VIVOTIF	Tier 0	
YF-VAX (PF)	Tier 0	
AUTONOMIC DRUGS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
brompheniramine-pseudoeph-dm	Tier 1	
epinephrine injection auto-injector 0.15 mg/0.15 ml	Tier 2	QL (2 EA per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL (2 EA per 30 days)
GUAIFENESIN DAC	Tier 1	
RYDEX	Tier 1	
ALPHA-ADRENERGIC AGONISTS		
clonidine	Tier 1	QL (4 EA per 30 days)
clonidine hcl oral tablet 0.1 mg, 0.2 mg	Tier 1	QL (10 EA per 1 day)
clonidine hcl oral tablet 0.3 mg	Tier 1	QL (8 EA per 1 day)
clonidine hcl oral tablet extended release 12 hr	Tier 1	QL (4 EA per 1 day)
methyldopa	Tier 1	
midodrine	Tier 1	
PROMETHAZINE VC	Tier 1	
PROMETHAZINE VC-CODEINE	Tier 1	
ANTIMUSCARINICS/ANTISPASMODICS		
ATROVENT HFA	Tier 2	QL (26 GM per 30 days)
chlordiazepoxide-clidinium	Tier 1	
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
dicyclomine oral	Tier 1	
diphenoxylate-atropine oral tablet	Tier 1	
ED-SPAZ	Tier 1	
glycopyrrolate oral solution	Tier 1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
HYDROMET	Tier 1	QL (4 ML per 1 day)
hyoscyamine sulfate oral	Tier 1	
hyoscyamine sulfate sublingual	Tier 1	
HYOSYNE	Tier 1	
ipratropium bromide inhalation	Tier 1	QL (10 ML per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>methscopolamine</i>	Tier 1	
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
SYMAX-SR	Tier 1	
ANTIPARKINSONIAN AGENTS		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT		
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>carisoprodol-aspirin-codeine</i>	Tier 1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
CYCLOTENS STARTER	Tier 2	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>tizanidine oral tablet</i>	Tier 1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
<i>dantrolene oral</i>	Tier 1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS		
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>dihydroergotamine nasal</i>	Tier 1	ST; QL (8 ML per 30 days)
<i>ergoloid</i>	Tier 1	PA
<i>ergotamine-caffeine</i>	Tier 1	
<i>phenoxybenzamine</i>	Tier 1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
<i>bethanechol chloride</i>	Tier 1	
<i>cevimeline</i>	Tier 1	ST
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>galantamine</i>	Tier 1	
<i>pilocarpine hcl oral</i>	Tier 1	
<i>pyridostigmine bromide oral syrup</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release</i>	Tier 1	
<i>rivastigmine tartrate</i>	Tier 1	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<i>labetalol oral</i>	Tier 1	
<i>silodosin</i>	Tier 1	
<i>tamsulosin</i>	Tier 1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	ST; QL (11 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>formoterol fumarate</i>	Tier 1	QL (120 ML per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	Tier 1	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ANTICOAGULANTS, MISCELLANEOUS		
ACD SOLUTION A	Tier 2	
ACD-A	Tier 2	
<i>anticoag citrate phos dextrose</i>	Tier 2	
<i>fondaparinux</i>	Tier 4	
COUMARIN DERIVATIVES		
JANTOVEN	Tier 1	
<i>warfarin</i>	Tier 1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	Tier 2	

Drug Name	Tier	Restrictions/Limits
ELIQUIS DVT-PE TREAT 30D START	Tier 2	
XARELTO DVT-PE TREAT 30D START	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA
XARELTO ORAL TABLET	Tier 2	
HEMATOPOIETIC AGENTS		
PROMACTA ORAL TABLET 12.5 MG	Tier 4	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	Tier 4	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	Tier 4	PA; QL (60 EA per 30 days)
ZARXIO	Tier 4	PA
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	Tier 1	
HEMOSTATICS		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin oral</i>	Tier 1	
MONSEL'S	Tier 2	
NOCDURNA (MEN)	Tier 3	PA; QL (30 EA per 30 days)
NOCDURNA (WOMEN)	Tier 3	PA; QL (30 EA per 30 days)
<i>tranexamic acid oral</i>	Tier 1	
HEPARINS		
<i>enoxaparin</i>	Tier 4	
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	Tier 1	
IRON PREPARATIONS		
CLASSIC PRENATAL	Tier 0	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>prenatal vit no.179-iron-folic</i>	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	

Drug Name	Tier	Restrictions/Limits
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
WESCAP-C DHA	Tier 1	
PLATELET-AGGREGATION INHIBITORS		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
<i>aspirin oral tablet</i>	Tier 0	
<i>aspirin oral tablet,chewable</i>	Tier 0	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
<i>aspirin,buffd-calcium carb-mag</i>	Tier 0	
<i>aspirin-dipyridamole</i>	Tier 1	ST
ASPIR-TRIN	Tier 0	
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BRILINTA	Tier 2	ST
BUFFERIN	Tier 0	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0	
<i>cilostazol</i>	Tier 1	
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
<i>prasugrel</i>	Tier 1	
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
TRI-BUFFERED ASPIRIN	Tier 0	
PLATELET-REDUCING AGENTS		
<i>anagrelide</i>	Tier 1	
THROMBOLYTIC AGENTS		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
<i>aspirin oral tablet</i>	Tier 0	
<i>aspirin oral tablet,chewable</i>	Tier 0	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
<i>aspirin,buffd-calcium carb-mag</i>	Tier 0	
ASPIR-TRIN	Tier 0	

Drug Name	Tier	Restrictions/Limits
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BUFFERIN	Tier 0	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
TRI-BUFFERED ASPIRIN	Tier 0	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>carvedilol</i>	Tier 1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>labetalol oral</i>	Tier 1	
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN)		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)		
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>candesartan</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>irbesartan</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>losartan</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>olmesartan</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>telmisartan</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>valsartan oral tablet</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>candesartan</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>ENTRESTO</i>	Tier 2	PA; QL (60 EA per 30 days)
<i>irbesartan</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>losartan</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>olmesartan</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>valsartan oral tablet</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN)		
<i>amlodipine-benazepril</i>	Tier 1	
<i>benazepril</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate oral solution</i>	Tier 1	ST
<i>enalapril maleate oral tablet</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
<i>amlodipine-benazepril</i>	Tier 1	
<i>benazepril</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate oral solution</i>	Tier 1	ST
<i>enalapril maleate oral tablet</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
ANTIARRHYTHMICS, MISCELLANEOUS		
<i>DIGITEK</i>	Tier 1	
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
ANTILIPIDEMIC AGENTS, MISCELLANEOUS		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	
<i>omega-3 acid ethyl esters</i>	Tier 1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN)		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (with sugar)</i>	Tier 1	
CHOLESTYRAMINE LIGHT	Tier 1	
<i>cholestyramine-aspartame</i>	Tier 1	
<i>colesevelam oral powder in packet</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	Tier 1	PA; QL (180 EA per 30 days)
<i>colestipol oral tablet</i>	Tier 1	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN)		
CARTIA XT	Tier 1	
<i>diltiazem hcl oral</i>	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	

Drug Name	Tier	Restrictions/Limits
verapamil oral capsule,ext rel. pellets 24 hr	Tier 1	
verapamil oral tablet 120 mg, 80 mg	Tier 1	
verapamil oral tablet 40 mg	Tier 1	QL (12 EA per 1 day)
verapamil oral tablet extended release	Tier 1	
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine	Tier 1	
amlodipine-benazepril	Tier 1	
amlodipine-olmesartan	Tier 1	
amlodipine-valsartan	Tier 1	
CARTIA XT	Tier 1	
diltiazem hcl oral	Tier 1	
DILT-XR	Tier 1	
felodipine	Tier 1	
MATZIM LA	Tier 1	
nifedipine	Tier 1	
olmesartan-amlodipin-hcthiazid	Tier 1	
TAZTIA XT	Tier 1	
telmisartan-amlodipine	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr	Tier 1	
verapamil oral tablet 120 mg, 80 mg	Tier 1	
verapamil oral tablet 40 mg	Tier 1	QL (12 EA per 1 day)
verapamil oral tablet extended release	Tier 1	
CALCIUM-CHANNEL BLOCKING AGENTS(HYPOTEN)		
CARTIA XT	Tier 1	
diltiazem hcl oral	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr	Tier 1	
verapamil oral tablet 120 mg, 80 mg	Tier 1	
verapamil oral tablet 40 mg	Tier 1	QL (12 EA per 1 day)
verapamil oral tablet extended release	Tier 1	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CARTIA XT	Tier 1	
diltiazem hcl oral	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	

Drug Name	Tier	Restrictions/Limits
TAZTIA XT	Tier 1	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN)		
acetazolamide	Tier 1	
CARDIAC DRUGS, MISCELLANEOUS		
<i>ranolazine</i>	Tier 1	
CARDIOTONIC AGENTS		
DIGITEK	Tier 1	
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
CENTRAL ALPHA-AGONISTS		
<i>clonidine</i>	Tier 1	QL (4 EA per 30 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	QL (4 EA per 1 day)
<i>guanfacine oral tablet</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr</i>	Tier 1	QL (1 EA per 1 day)
<i>methyldopa</i>	Tier 1	
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	Tier 1	
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	Tier 1	
NORPACE CR	Tier 2	
<i>quinidine sulfate</i>	Tier 1	
CLASS IB ANTIARRHYTHMICS		
DILANTIN	Tier 2	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
CLASS IC ANTIARRHYTHMICS		
<i>flecainide</i>	Tier 1	
<i>propafenone</i>	Tier 1	
CLASS II ANTIARRHYTHMICS		
<i>acebutolol</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>SOTALOL AF</i>	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
CLASS III ANTIARRHYTHMICS		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide</i>	Tier 1	
<i>PACERONE ORAL TABLET 200 MG, 400 MG</i>	Tier 1	
<i>SOTALOL AF</i>	Tier 1	
<i>sotalol oral</i>	Tier 1	
CLASS IV ANTIARRHYTHMICS		
<i>CARTIA XT</i>	Tier 1	
<i>diltiazem hcl oral</i>	Tier 1	
<i>DILT-XR</i>	Tier 1	
<i>MATZIM LA</i>	Tier 1	
<i>TAZTIA XT</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	
DIHYDROPYRIDINES		
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE)		
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
DIRECT VASODILATORS		
<i>hydralazine oral</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE)		
<i>ELIXOPHYLLIN</i>	Tier 2	
<i>THEO-24</i>	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate micronized oral capsule 90 mg</i>	Tier 2	ST
<i>fenofibrate nanocrystallized</i>	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	Tier 0	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	Tier 0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	Tier 0	QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>pravastatin</i>	Tier 0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	QL (30 EA per 30 days)
HYPOTENSIVE AGENTS, MISCELLANEOUS		
<i>acebutolol</i>	Tier 1	
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>phenoxybenzamine</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>SOTALOL AF</i>	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>timolol maleate oral</i>	Tier 1	
LOOP DIURETICS (HYPOTENSIVE AGENTS)		
<i>bumetanide oral</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>torsemide</i>	Tier 1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT)		
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
NITRATES AND NITRITES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
NITRO-DUR	Tier 2	
<i>nitroglycerin sublingual</i>	Tier 1	
<i>nitroglycerin transdermal</i>	Tier 1	
<i>nitroglycerin translingual</i>	Tier 1	
NITRO-TIME	Tier 1	
PCSK9 INHIBITORS		
REPATHA PUSHTRONEX	Tier 2	PA; QL (1 ML per 28 days)
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	Tier 4	PA; QL (2 EA per 1 day)
<i>cilostazol</i>	Tier 1	
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
POTASSIUM-SPARING DIURETICS (HYPOTEN)		
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC		
ENTRESTO	Tier 2	PA; QL (60 EA per 30 days)
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS)		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>olmesartan-amldipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT)		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
VASODILATING AGENTS, MISCELLANEOUS		
<i>ADEMPAS</i>	Tier 4	PA; QL (3 EA per 1 day)
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>aspirin-dipyridamole</i>	Tier 1	ST
<i>bosentan</i>	Tier 4	PA; QL (2 EA per 1 day)
<i>CARTIA XT</i>	Tier 1	
<i>diltiazem hcl oral</i>	Tier 1	
<i>DILT-XR</i>	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>MATZIM LA</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>ORENITRAM</i>	Tier 4	PA

Drug Name	Tier	Restrictions/Limits
TAZTIA XT	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
VENTAVIS	Tier 4	PA; QL (270 ML per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	
CENTRAL NERVOUS SYSTEM AGENTS		
ADAMANTANES (CNS)		
<i>amantadine hcl</i>	Tier 1	
AMPHETAMINES		
<i>amphetamine sulfate</i>	Tier 1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>methamphetamine</i>	Tier 1	
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
ANALGESICS AND ANTIPYRETICS, MISC.		
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>gabapentin oral solution</i>	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
ANTICONVULSANTS, MISCELLANEOUS		
<i>APTIOM</i>	Tier 3	PA
<i>carbamazepine</i>	Tier 1	
<i>divalproex</i>	Tier 1	
<i>EPITOL</i>	Tier 1	
<i>felbamate</i>	Tier 1	
<i>FYCOMPA</i>	Tier 2	ST
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>gabapentin oral solution</i>	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lacosamide oral tablet</i>	Tier 1	ST
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>levetiracetam oral</i>	Tier 1	
<i>oxcarbazepine</i>	Tier 1	
<i>OXTELLAR XR</i>	Tier 2	ST
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
ROWEEPRA	Tier 1	
ROWEEPRA XR	Tier 1	
<i>rufinamide oral tablet</i>	Tier 1	ST
<i>tiagabine</i>	Tier 1	
<i>topiramate oral capsule, sprinkle</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<i>zonisamide</i>	Tier 1	
ANTIDEPRESSANTS, MISCELLANEOUS		
<i>bupropion hcl (smoking deter)</i>	Tier 0	
<i>bupropion hcl oral tablet</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	Tier 1	QL (60 EA per 30 days)
<i>mirtazapine</i>	Tier 1	
ZURZUVAE	Tier 3	QL (28 EA per 14 days)
ANTIMANIC AGENTS		
ABILITY MAINTENA	Tier 2	
<i>aripiprazole oral tablet</i>	Tier 1	QL (30 EA per 30 days)
ARISTADA INITIO	Tier 2	QL (3 ML per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (4 ML per 60 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	QL (2 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	QL (3 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 30 days)
<i>carbamazepine</i>	Tier 1	
<i>divalproex</i>	Tier 1	
EPITOL	Tier 1	
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>lithium carbonate</i>	Tier 1	
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	QL (90 EA per 30 days)
quetiapine oral tablet 300 mg, 400 mg	Tier 1	QL (60 EA per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	Tier 1	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	Tier 1	QL (60 EA per 30 days)
RISPERDAL CONSTA	Tier 2	
risperidone oral solution	Tier 1	
risperidone oral tablet	Tier 1	QL (60 EA per 30 days)
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
valproic acid	Tier 1	
valproic acid (as sodium salt)	Tier 1	
ziprasidone hcl	Tier 1	QL (60 EA per 30 days)
ANTIMIGRAINE AGENTS, MISCELLANEOUS		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
aspirin oral tablet	Tier 0	
aspirin oral tablet, chewable	Tier 0	
aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg	Tier 0	
aspirin, buffd-calcium carb-mag	Tier 0	
ASPIR-TRIN	Tier 0	
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BUFFERIN	Tier 0	
butilbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Tier 1	PA
butilbital-acetaminophen-caff oral capsule 50-325-40 mg	Tier 1	QL (48 EA per 30 days)
butilbital-acetaminophen-caff oral tablet	Tier 1	QL (48 EA per 30 days)
butilbital-aspirin-caffeine oral capsule	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0	
dihydroergotamine nasal	Tier 1	ST; QL (8 ML per 30 days)
divalproex	Tier 1	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
ergotamine-caffeine	Tier 1	
propranolol oral	Tier 1	
ST JOSEPH ASPIRIN	Tier 0	

Drug Name	Tier	Restrictions/Limits
ST. JOSEPH ASPIRIN	Tier 0	
<i>timolol maleate oral</i>	Tier 1	
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
TRI-BUFFERED ASPIRIN	Tier 0	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
ANTIPSYCHOTICS, MISCELLANEOUS		
<i>loxpiprazine succinate</i>	Tier 1	
<i>pimozide</i>	Tier 1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
<i>buspirone</i>	Tier 1	
<i>eszopiclone</i>	Tier 1	PA; QL (15 EA per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHEGAN	Tier 1	
<i>ramelteon</i>	Tier 1	QL (15 EA per 30 days)
<i>zaleplon</i>	Tier 1	QL (15 EA per 30 days)
<i>zolpidem oral tablet</i>	Tier 1	QL (15 EA per 30 days)
ATYPICAL ANTIPSYCHOTICS		
ABILIFY MAINTENA	Tier 2	
<i>ariPIPRAZOLE oral tablet</i>	Tier 1	QL (30 EA per 30 days)
ARISTADA INITIO	Tier 2	QL (3 ML per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (4 ML per 60 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	QL (2 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	QL (3 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 30 days)
<i>clozapine oral tablet</i>	Tier 1	
FANAPT ORAL TABLET	Tier 3	PA; ST; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
INVEGA SUSTENNA	Tier 2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	Tier 2	QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	QL (3 ML per 90 days)
<i>lurasidone</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	ST
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
RISPERDAL CONSTA	Tier 2	
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	Tier 2	QL (1 EA per 365 days)
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
BARBITURATES (ANTICONVULSANTS)		
<i>phenobarbital</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>butilbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butilbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butilbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butilbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>phenobarbital</i>	Tier 1	
BENZODIAZEPINES (ANTICONVULSANTS)		
<i>clobazam</i>	Tier 1	PA

Drug Name	Tier	Restrictions/Limits
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)		
<i>alprazolam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>chlordiazepoxide hcl</i>	Tier 1	QL (4 EA per 1 day)
<i>chlordiazepoxide-clidinium</i>	Tier 1	
<i>clobazam</i>	Tier 1	PA
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>estazolam</i>	Tier 1	QL (15 EA per 30 days)
<i>flurazepam</i>	Tier 1	QL (15 EA per 30 Days)
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>midazolam (pf) injection solution</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection</i>	Tier 1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	Tier 2	
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
<i>oxazepam</i>	Tier 1	QL (4 EA per 1 day)
<i>quazepam</i>	Tier 1	QL (15 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (15 EA per 30 days)
<i>triazolam</i>	Tier 1	QL (15 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
BUTYROPHENONES		
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG AUTOINJECTOR	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY PEN	Tier 2	PA; QL (1 ML per 28 days)

Drug Name	Tier	Restrictions/Limits
EMGALITY SYRINGE	Tier 2	PA; QL (1 ML per 28 days)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<i>entacapone</i>	Tier 1	
<i>tolcapone</i>	Tier 1	PA
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate</i>	Tier 1	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>carbidopa</i>	Tier 1	PA
<i>guanfacine oral tablet</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr</i>	Tier 1	QL (1 EA per 1 day)
<i>memantine oral solution</i>	Tier 1	
<i>memantine oral tablet</i>	Tier 1	
<i>memantine oral tablets,dose pack</i>	Tier 2	
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
<i>celecoxib</i>	Tier 1	ST
DOPAMINE PRECURSORS		
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine</i>	Tier 1	
<i>cabergoline</i>	Tier 1	QL (8 EA per 30 days)
FIBROMYALGIA AGENTS		
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>SAVELLA ORAL TABLET</i>	Tier 2	ST; QL (60 EA per 30 days)
HYDANTOINS		
<i>DILANTIN</i>	Tier 2	
<i>phenytoin</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>phenytoin sodium extended</i>	Tier 1	
INHALATION ANESTHETICS		
<i>desflurane</i>	Tier 1	
FORANE	Tier 1	
<i>isoflurane</i>	Tier 1	
<i>sevoflurane</i>	Tier 1	
TERRELL	Tier 1	
MONOAMINE OXIDASE B INHIBITORS		
EMSAM	Tier 2	
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	Tier 2	
<i>phenelzine</i>	Tier 1	
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
<i>tranylcypromine</i>	Tier 1	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	Tier 2	ST
<i>pramipexole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg</i>	Tier 1	ST
OPIATE AGONISTS		
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>carisoprodol-aspirin-codeine</i>	Tier 1	PA
<i>codeine sulfate</i>	Tier 1	PA
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (15 EA per 30 days)
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	Tier 1	PA; QL (90 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL (10 EA per 1 day)
hydrocodone-chlorpheniramine	Tier 1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	Tier 1	PA
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 1	PA; QL (5 EA per 1 day)
HYDROMET	Tier 1	QL (4 ML per 1 day)
hydromorphone oral liquid	Tier 1	PA; QL (6 ML per 1 day)
hydromorphone oral tablet	Tier 1	PA; QL (6 EA per 1 day)
hydromorphone oral tablet extended release 24 hr	Tier 1	QL (60 EA per 30 days)
levorphanol tartrate	Tier 1	PA
MAXI-TUSS AC	Tier 1	
METHADONE INTENSOL	Tier 1	PA
methadone oral concentrate	Tier 1	PA
methadone oral solution 10 mg/5 ml	Tier 1	PA; QL (8.67 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	PA; QL (20 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	PA; QL (2 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	PA; QL (4 EA per 1 day)
morphine concentrate oral solution	Tier 1	PA; QL (6 ML per 1 day)
morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg	Tier 1	PA; QL (90 EA per 30 days)
morphine oral solution	Tier 1	PA; QL (30 ML per 1 day)
morphine oral tablet	Tier 1	PA; QL (6 EA per 1 day)
morphine oral tablet extended release	Tier 1	PA; QL (120 EA per 30 days)
morphine rectal	Tier 1	PA; QL (6 EA per 1 day)
oxycodone oral capsule	Tier 1	PA; QL (6 EA per 1 day)
oxycodone oral concentrate	Tier 1	PA; QL (6 ML per 1 day)
oxycodone oral solution	Tier 1	PA; QL (30 ML per 1 day)
oxycodone oral tablet	Tier 1	PA; QL (6 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr	Tier 2	PA; QL (90 EA per 30 days)
oxycodone-acetaminophen oral solution	Tier 1	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL (10 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-300 mg	Tier 1	
oxycodone-acetaminophen oral tablet 7.5-300 mg	Tier 1	PA
oxymorphone oral tablet	Tier 1	PA
oxymorphone oral tablet extended release 12 hr	Tier 1	PA; QL (90 EA per 30 days)
PROMETHAZINE VC-CODEINE	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>promethazine-codeine</i>	Tier 1	
RYDEX	Tier 1	
<i>tramadol oral tablet 50 mg</i>	Tier 1	PA; QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
VIRTUSSIN AC	Tier 1	
OPIATE ANTAGONISTS		
<i>nalmefene</i>	Tier 2	QL (2 Units per 1 Month)
<i>naloxone injection solution</i>	Tier 1	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naloxone nasal</i>	Tier 0	QL (2 EA per 30 days)
NARCAN	Tier 2	QL (2 EA per 30 days)
OPVEE	Tier 2	QL (2 EA per 30 Days)
VIVITROL	Tier 4	QL (1 EA per 30 days)
OPIATE PARTIAL AGONISTS		
<i>buprenorphine</i>	Tier 1	ST
<i>buprenorphine hcl injection solution</i>	Tier 1	
<i>buprenorphine hcl sublingual</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	Tier 3	QL (1 EA per 1 day)
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 30 days)
<i>diclofenac-misoprostol</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
EC-NAPROXEN	Tier 1	
<i>etodolac</i>	Tier 1	
<i>fenoprofen oral tablet</i>	Tier 1	ST
<i>flurbiprofen</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 EA per 1 day)
IBU	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>ibuprofen oral suspension</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ibuprofen-famotidine</i>	Tier 1	PA
<i>indomethacin oral capsule</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg</i>	Tier 1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 30 days)
<i>mefenamic acid</i>	Tier 1	
<i>meloxicam oral tablet 15 mg</i>	Tier 1	
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>nabumetone</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>oxaprozin oral tablet</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>sulindac</i>	Tier 1	
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
PHENOTHIAZINES		
<i>chlorpromazine oral</i>	Tier 1	
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>thioridazine</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	
RESPIRATORY AND CNS STIMULANTS		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>dexamethylphenidate oral capsule, er biphasic 50-50</i>	Tier 1	QL (1 EA per 1 day)
<i>dexamethylphenidate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dexamethylphenidate oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
METADATE ER	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 60 mg</i>	Tier 1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	Tier 1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable</i>	Tier 1	QL (3 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	Tier 2	ST; QL (1 EA per 1 day)
SALICYLATES		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
<i>aspirin oral tablet</i>	Tier 0	
<i>aspirin oral tablet, chewable</i>	Tier 0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
<i>aspirin, buffd-calcium carb-mag</i>	Tier 0	
<i>aspirin-dipyridamole</i>	Tier 1	ST
ASPIR-TRIN	Tier 0	
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BUFFERIN	Tier 0	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>carisoprodol-aspirin-codeine</i>	Tier 1	PA
CHILDREN'S ASPIRIN	Tier 0	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
ST JOSEPH ASPIRIN	Tier 0	

Drug Name	Tier	Restrictions/Limits
ST. JOSEPH ASPIRIN	Tier 0	
TRI-BUFFERED ASPIRIN	Tier 0	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
desvenlafaxine	Tier 2	ST; QL (30 EA per 30 days)
desvenlafaxine succinate	Tier 1	QL (30 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	Tier 1	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg, 40 mg	Tier 1	QL (30 EA per 30 days)
SAVELLA ORAL TABLET	Tier 2	ST; QL (60 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	Tier 1	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	Tier 1	QL (90 EA per 30 days)
venlafaxine oral tablet	Tier 1	QL (90 EA per 30 days)
SELECTIVE SEROTONIN AGONISTS		
almotriptan malate oral tablet 12.5 mg	Tier 1	QL (24 EA per 30 days)
almotriptan malate oral tablet 6.25 mg	Tier 1	QL (18 EA per 30 days)
eletriptan	Tier 1	QL (18 EA per 30 days)
frovatriptan	Tier 1	QL (27 EA per 30 days)
naratriptan	Tier 1	QL (18 EA per 30 days)
rizatriptan	Tier 1	QL (36 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	Tier 1	QL (36 EA per 30 days)
sumatriptan succinate oral	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	Tier 1	QL (8 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	Tier 1	QL (8 ML per 30 days)
sumatriptan succinate subcutaneous syringe	Tier 1	QL (8 ML per 30 days)
sumatriptan-naproxen	Tier 1	ST; QL (18 EA per 30 days)
zolmitriptan oral	Tier 1	QL (18 EA per 30 days)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
citalopram oral solution	Tier 1	
citalopram oral tablet	Tier 1	QL (30 EA per 30 days)
escitalopram oxalate oral solution	Tier 1	
escitalopram oxalate oral tablet	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>fluoxetine oral capsule 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	Tier 1	
<i>fluoxetine oral capsule 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>fluoxetine oral solution</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	Tier 1	ST
<i>fluvoxamine oral capsule,extended release 24hr</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	ST
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>sertraline oral concentrate</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	Tier 1	QL (45 EA per 30 days)
SEROTONIN MODULATORS		
<i>nefazodone</i>	Tier 1	QL (2 EA per 1 day)
<i>trazodone</i>	Tier 1	
<i>vilazodone</i>	Tier 1	PA; QL (30 EA per 30 days)
SUCCINIMIDES		
<i>ethosuximide</i>	Tier 1	
THIOXANTHENES		
<i>thiothixene</i>	Tier 1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>amoxapine</i>	Tier 1	
<i>clomipramine</i>	Tier 1	
<i>desipramine</i>	Tier 1	
<i>doxepin oral capsule</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>doxepin oral tablet</i>	Tier 1	ST; QL (15 EA per 30 days)
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>protriptyline</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
AUSTEDO XR	Tier 4	PA
AUSTEDO XR TITRATION KT(WK1-4)	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
WAKIX ORAL TABLET 17.8 MG	Tier 4	PA; QL (60 EA per 30 days)
WAKIX ORAL TABLET 4.45 MG	Tier 4	PA; QL (30 EA per 30 days)
DEVICES		
DEVICES		
2-IN-1 LANCET DEVICE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ACCU-CHEK FASTCLIX LANCING DEV	Tier 2	
ACCU-CHEK MULTICLIX LANCET	Tier 2	
ACCU-CHEK SAFE-T-PRO	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ACCU-CHEK SAFE-T-PRO PLUS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ACCU-CHEK SOFT DEV LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ACTI-LANCE LANCETS	Tier 1	QL (204 EA per 30 days)
ADJUSTABLE LANCING DEVICE	Tier 2	
ADVANCED LANCING DEVICE	Tier 2	
ADVANCED TRAVEL LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ADVOCATE LANCING DEVICE	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK	Tier 2	

Drug Name	Tier	Restrictions/Limits
AEROCHAMBER PLUS FLOW-VU,M MSK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK	Tier 2	
ALTERNATE SITE LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ALTERNATE SITE LANCING DEVICE	Tier 2	
AQUA LANCE LANCING DEVICE	Tier 2	
ASSURE LANCE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ASSURE LANCE PLUS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
AUTO-LANCET MINI	Tier 2	
AUTOLET IMPRESSION LANC DEV	Tier 2	
AUTOLET LANCING DEVICE	Tier 2	
BD ALLERGY SYRINGE	Tier 2	QL (400 EA per 30 days)
BD AUTOSHIELD DUO PEN NEEDLE	Tier 2	
BD BLUNT PLASTIC CANNULA	Tier 2	QL (400 EA per 30 days)
BD BULK SYRINGE SLIP TIP	Tier 2	QL (400 EA per 30 days)
BD ECCENTRIC TIP SYRINGE	Tier 2	QL (400 EA per 30 days)
BD ECLIPSE LUER-LOK NEEDLE	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 2	QL (400 EA per 30 days)
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1"	Tier 2	
BD FILTER NEEDLE 5-MICRON NOKO	Tier 2	
BD FILTER NEEDLE-5 MICRON	Tier 2	
BD INSULIN SYRINGE (HALF UNIT)	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE MICRO-FINE	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD INSULIN SYRINGE U-500	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
BD INTERLINK BLUNT PLASTIC CAN	Tier 2	QL (400 EA per 30 days)
BD INTERLINK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD INTRADERMAL BEVEL NEEDLES	Tier 2	
BD LO-DOSE MICRO-FINE IV	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD LUER-LOK BULK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD LUER-LOK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD LUER-LOK TIP CONTROL SYRINGE	Tier 2	QL (400 EA per 30 days)
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 2	
BD MICROTAINER LANCET 21 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
BD NOKOR ADMIX NEEDLE	Tier 2	
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
BD PRECISIONGLIDE	Tier 2	
BD PRECISIONGLIDE NON-STERILE	Tier 2	
BD QUINCKE SPINAL NEEDLE	Tier 2	
BD REGULAR BEVEL NEEDLES	Tier 2	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE NEEDLE	Tier 2	
BD SAFETYGLIDE SHIELDING REG	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE TB REG BEVEL	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE TUBERCULIN	Tier 2	QL (400 EA per 30 days)
BD SHORT BEVEL NEEDLES	Tier 2	
BD SHORT BEVEL THIN WALL	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 3 ML	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1"	Tier 2	
BD SYRINGE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE CATH TIP NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE CATHETER TIP	Tier 2	QL (400 EA per 30 days)
BD SYRINGE LUER-LOK NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE LUER-LOK STERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE SLIP TIP NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE TIP CAP	Tier 2	QL (400 EA per 30 days)
BD SYRINGE-DUAL CANNULA	Tier 2	QL (400 EA per 30 days)
BD TUBERCULIN SLIP-TIP	Tier 2	QL (400 EA per 30 days)
BD TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
BD ULTRA-FINE MICRO PEN NEEDLE	Tier 2	\$0 on Diabetic Plans
BD ULTRA-FINE MINI PEN NEEDLE	Tier 2	\$0 on Diabetic Plans
BD ULTRA-FINE ORIG PEN NEEDLE	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD ULTRA-FINE SHORT PEN NEEDLE	Tier 2	\$0 on Diabetic Plans
BD VEO INSULIN SYR (HALF UNIT)	Tier 2	QL (400 EA per 30 days)
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	QL (400 EA per 30 days)
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD VERITOR AT-HOME COVID19 TST	Tier 0	QL (8 EA per 30 days)
BINAXNOW COVD AG CARD HOME TST	Tier 0	QL (8 EA per 30 days)
BINAXNOW COVID-19 AG SELF TEST	Tier 0	QL (8 EA per 30 days)
BIOLON	Tier 1	
<i>blunt needle, disposable</i>	Tier 2	
BLUNT SPINAL NEEDLE	Tier 2	
BREATHERITE SPACER-MASK, NEO.	Tier 2	
BREATHERITE SPACER-MASK,ADULT	Tier 2	
BREATHERITE SPACER-MASK,CHILD	Tier 2	
BREATHERITE SPACER-MASK,INFANT	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD	Tier 2	
BULLSEYE MINI SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
BUTTERFLY TOUCH LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
CAREONE LANCING DEVICE	Tier 2	

Drug Name	Tier	Restrictions/Limits
CAREONE ULTRA THIN LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
CAREPOINT LUER LOCK SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CARESTART COVID-19 AG HOME TST	Tier 0	QL (8 EA per 30 days)
CARETOUCH LANCING DEVICE	Tier 2	
CARETOUCH LUER LOCK SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CARETOUCH TWIST LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
CELLTRION DIATRUST COV-19 HOME	Tier 0	QL (8 EA per 30 days)
CHEMO TRANSFER PIN	Tier 2	
CLEVER CHEK LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
CLEVER CHOICE CHAMBER-LRG MASK	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK	Tier 2	
CLINITEST COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
COAGUCHEK LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
COLOR LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
COMFORT EZ LANCETS 23 GAUGE	Tier 2	QL (204 EA per 30 days)
COMFORT EZ LANCETS 28 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
COMPACT SPACE CHAMBER-LRG MASK	Tier 2	
COMPACT SPACE CHAMBER-MED MASK	Tier 2	
COMPACT SPACE CHAMBER-SM MASK	Tier 2	
COVID-19 AT-HOME TEST	Tier 0	QL (8 EA per 30 days)
CYCLOTENS STARTER	Tier 2	
DAVOL IRRIGATION SYRINGE	Tier 2	QL (400 EA per 30 days)
DAVOL PISTON IRRIGATION	Tier 2	QL (400 EA per 30 days)
DEXCOM G6 RECEIVER	Tier 2	PA; \$0 on Diabetic Plans
DEXCOM G6 SENSOR	Tier 2	PA; QL (3 EA per 30 days); \$0 on Diabetic Plans
DEXCOM G6 TRANSMITTER	Tier 2	PA; QL (1 EA per 90 days); \$0 on Diabetic Plans
DEXCOM G7 RECEIVER	Tier 2	PA; \$0 on Diabetic Plans
DEXCOM G7 SENSOR	Tier 2	PA; \$0 on Diabetic Plans
DROPLET GENTEL LANCING DEVICE	Tier 2	
DROPLET LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
DROPLET LANCING DEVICE	Tier 2	

Drug Name	Tier	Restrictions/Limits
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	
EASY COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EASY MINI EJECT LANCING DEVICE	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE FLIPLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE SHEATHLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EASY TOUCH LANCING DEVICE	Tier 2	
EASY TOUCH SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EASY TOUCH SYRINGE	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TUBERCULIN SHEATHLK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TWIST LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EASY TWIST AND CAP LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ECLIPSE SYRINGE	Tier 2	QL (400 EA per 30 days)
ELLUME COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
EMBRACE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EMBRACE LANCING DEVICE	Tier 2	
EMBRACE PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	\$0 on Diabetic Plans
EMBRACE SAFETY LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EXCEL SYRINGE	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 2	
EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML	Tier 2	QL (400 EA per 30 days)
E-Z JECT LANCETS	Tier 1	QL (204 EA per 30 days); \$0 on Diabetic Plans
E-Z JECT THIN LANCETS	Tier 1	QL (204 EA per 30 days); \$0 on Diabetic Plans
EZ SMART LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
FASTEP COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
FEMCAP	Tier 0	QL (1 EA per 365 days)
<i>filter needles needle 18 gauge x 1 1/2"</i>	Tier 2	
FINGERSTIX LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
FLEXICHAMBER-LG CHILD MASK	Tier 2	
FLEXICHAMBER-SM ADULT MASK	Tier 2	
FLEXICHAMBER-SM CHILD MASK	Tier 2	
FLOW-EZE VENTED NEEDLE	Tier 2	
FLOWFLEX COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
FORA LANCING DEVICE	Tier 2	
FORACARE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
FREESTYLE CONTROL	Tier 2	QL (4 EA per 365 days)
FREESTYLE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; QL (1 EA per 1 Lifetime); \$0 on Diabetic Plans
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; QL (2 EA per 28 days); \$0 on Diabetic Plans
FREESTYLE LIBRE 2 READER	Tier 2	PA; QL (1 EA per 1 Lifetime); \$0 on Diabetic Plans
FREESTYLE LIBRE 2 SENSOR	Tier 2	PA; QL (2 EA per 28 days); \$0 on Diabetic Plans
FREESTYLE LIBRE 3 READER	Tier 2	QL (2 EA per 28 days)

Drug Name	Tier	Restrictions/Limits
FREESTYLE LIBRE 3 SENSOR	Tier 2	QL (2 EA per 28 days); \$0 on Diabetic Plans
FREESTYLE UNISTIK 2	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
GENABIO COVID-19 RAPID AT-HOME	Tier 0	QL (8 EA per 30 days)
GLUCOCOM LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
GLUCOSE KETONE CONTROL SOLN	Tier 2	QL (4 EA per 365 days)
GOJJI LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
GOJJI LANCING DEVICE	Tier 2	
HEALTHY ACCENTS AUTOLET	Tier 2	
HEALTHY ACCENTS UNILET LANCET	Tier 2	QL (204 EA per 30 days)
<i>huber safety needles (disp.)</i>	Tier 1	
HURRICANE LUER-LOCK DIS CAP	Tier 2	
HYPODERMIC NEEDLES	Tier 2	
HYPOLANCE AST LANCING	Tier 2	
IHEALTH COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
INCONTROL LANCING DEVICE	Tier 2	
INCONTROL SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
INCONTROL ULTRA THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
INDICAID COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
INJECT EASE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
INJECT-EASE	Tier 2	QL (400 EA per 30 days)
INSULIN SYRINGE MICROFINE	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
INTELISWAB COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
INTERLINK SYRINGE CANNULA	Tier 2	QL (400 EA per 30 days)
INVACARE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge</i>	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
LANCETS, SUPER THIN	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
LANCETS,THIN	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
LANCETS,ULTRA THIN	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans

Drug Name	Tier	Restrictions/Limits
<i>lancing device</i>	Tier 2	
<i>lancing device with lancets kit</i>	Tier 2	
LANCING SYSTEM	Tier 2	
LANZO LANCING DEVICE	Tier 2	
LIFESHIELD BLUNT CANNULA NEEDLE	Tier 2	
LIFESHIELD BLUNT CANNULA SYRINGE	Tier 2	QL (400 EA per 30 days)
LITE TOUCH-MEDIUM MASK	Tier 2	
LITETOUGH-LARGE MASK	Tier 2	
LITETOUGH-SMALL MASK	Tier 2	
LUER LOCK SYRINGE SYRINGE 30 ML	Tier 2	QL (400 EA per 30 days)
LUER-LOK TIP	Tier 2	QL (400 EA per 30 days)
MAGELLAN SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
MAGELLAN TUBERCULIN SAFETY SYR	Tier 2	QL (400 EA per 30 days)
MEDISENSE MID CONTROL	Tier 2	QL (4 EA per 365 days)
MEDISENSE THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MEDLANCE PLUS LANCETS	Tier 1	QL (204 EA per 30 days); \$0 on Diabetic Plans
MEDLANCE PLUS SPECIAL BLADE	Tier 2	
MICRO THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MICROLET 2 LANCING DEVICE	Tier 2	
MICROLET LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MICROLET NEXT LANCING DEVICE	Tier 2	
MINI LANCING DEVICE	Tier 2	
MINI TRANSFER PIN	Tier 2	
MINIMED QUICK-SERTER (MMT-395)	Tier 2	
MOBILE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT 140CC PISTON SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT 35CC SYRINGE CATH TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT 3CC SYR 25GX1"	Tier 2	QL (400 EA per 30 days)
MONOJECT ALLERGY TRAY	Tier 2	QL (400 EA per 30 days)
MONOJECT ALLERGY TRAY DETACH	Tier 2	QL (400 EA per 30 days)
MONOJECT BLOOD COLLECTION	Tier 2	
MONOJECT BLUNT CANNULAS	Tier 2	

Drug Name	Tier	Restrictions/Limits
MONOJECT CONTROL SYRINGE LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT DISPOSABLE SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT ECCENTRIC NON-STERILE	Tier 2	QL (400 EA per 30 days)
MONOJECT FILTER ASPIRATOR	Tier 2	
MONOJECT FILTER NEEDLE	Tier 2	
MONOJECT HYPODERMIC NEEDLES	Tier 2	
MONOJECT HYPODERMIC POLYPROPYL	Tier 2	
MONOJECT LUER-LOCK TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT MAGELLAN SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT MEDICATION TRANSF NDL	Tier 2	
MONOJECT PHARMACY TRAY LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT PHARMACY TRAY REG TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT PREFILL ADVANCED NS	Tier 1	
MONOJECT REG TIP NON-STERILE	Tier 2	QL (400 EA per 30 days)
MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY LUER LOCK TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY SYRINGES	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE ECCENTRI LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE LUER LOK	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE REGULAR LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE TOOMEY TYPE	Tier 2	QL (400 EA per 30 days)
MONOJECT TB	Tier 2	QL (400 EA per 30 days)
MONOJECT TB LUER LOK	Tier 2	QL (400 EA per 30 days)
MONOJECT TB REGULAR LUER TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT TB SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT TIP CAPS/FLEX/LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOLET LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MONOLET THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans

Drug Name	Tier	Restrictions/Limits
MOUTHPIECE	Tier 2	
MULTI-DRAW NEEDLE	Tier 2	
MULTI-LANCET DEVICE 2	Tier 2	
MYGLUCOHEALTH LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
needle (disp) 16 g	Tier 2	
needle (disp) 18 g	Tier 2	
needle (disp) 19 g	Tier 2	
needle (disp) 23 gauge	Tier 2	
needles, huber disposable	Tier 2	
NOKOR NEEDLE	Tier 2	
NORMAL SALINE FLUSH	Tier 1	
NOVA SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
NOVA SUREFLEX LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
NOVAMAX PLUS KETONE	Tier 2	
NOVOFINE 32	Tier 2	\$0 on Diabetic Plans
NOVOFINE AUTOCOVER	Tier 2	
NOVOFINE PLUS	Tier 2	\$0 on Diabetic Plans
OMNIPOD 5 G6 INTRO KIT (GEN 5)	Tier 2	PA
OMNIPOD 5 G6 PODS (GEN 5)	Tier 2	PA; QL (10 EA per 21 days)
OMNIPOD DASH INTRO KIT (GEN 4)	Tier 2	PA
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	PA
OMNIPOD DASH PODS (GEN 4)	Tier 2	PA; QL (10 EA per 21 days)
ON CALL LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ON CALL LANCING DEVICE	Tier 2	
ON CALL PLUS LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ON CALL PLUS LANCING DEVICE	Tier 2	
ONE WAY VALVED MOUTHPIECE	Tier 2	
ONETOUCH DELICA PLUS LANC DEV	Tier 2	
ONETOUCH DELICA PLUS LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ONETOUCH VERIO FLEX METER	Tier 2	QL (1 EA per 1 LIFETIME); \$0 on Diabetic Plans
ONETOUCH VERIO HIGH CONTROL	Tier 2	QL (4 EA per 365 days); \$0 on Diabetic Plans

Drug Name	Tier	Restrictions/Limits
ONETOUCH VERIO MID CONTROL	Tier 2	QL (4 EA per 365 days); \$0 on Diabetic Plans
ON-GO COVID-19 AG AT HOME TEST	Tier 0	QL (8 EA per 30 days)
ON-THE-GO LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
OPTICHAMBER ADULT MASK-LARGE	Tier 2	
OPTICHAMBER DIAMOND LG MASK	Tier 2	
OPTICHAMBER DIAMOND-MED MSK	Tier 2	
OPTICHAMBER DIAMOND-SML MASK	Tier 2	
PANDA MASK	Tier 2	
PEDIATRIC MEDIUM MASK	Tier 2	
PEDIATRIC PANDA MASK	Tier 2	
PEDIATRIC SMALL MASK	Tier 2	
PILOT COVID-19 AT-HOME TEST	Tier 0	QL (8 EA per 30 days)
PIP LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
POLY HUB NEEDLE	Tier 2	
PRECISION XTRA B-KETONE	Tier 2	
PRESSURE ACTIVATED LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PRO COMFORT LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PRO COMFORT SAFETY LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PRO COMFORT SPACER-ADULT MASK	Tier 2	
PROCARE SPACER WITH ADULT MASK	Tier 2	
PROCARE SPACER WITH CHILD MASK	Tier 2	
PRODIGY COUNT-A-DOSE	Tier 2	QL (400 EA per 30 days)
PRODIGY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PRODIGY LANCING DEVICE	Tier 2	
PRODIGY TWIST TOP LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PULMOSAL	Tier 1	
PURE COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PURE COMFORT SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PUSH BUTTON SAFETY LANCETS 28 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
QUICKVUE AT-HOME COVID-19 TEST	Tier 0	QL (8 EA per 30 days)
RELIAMED LANCET 28 GAUGE	Tier 2	QL (204 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
RELIAMED LANCET 30 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
RELIAMED MINI LANCING DEVICE	Tier 2	
RELIAMED SAFETY SEAL LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
RIGHTEST GD500 LANCING DEVICE	Tier 2	
RIGHTEST GL300 LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SAFESNAP SYRINGE SYRINGE 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)
SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
<i>safety needles</i>	Tier 2	
SAFETY SEAL LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SAFETY-LET LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SIDESTREAM PEDIATRIC FACE MASK	Tier 2	
SILICONE MASK - INFANT	Tier 2	
SILICONE MASK - PEDIATRIC	Tier 2	
SIL-SERTER	Tier 2	
SINGLE-LET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SMART SENSE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SMARTDIABETES VANTAGE	Tier 2	
SMARTTEST LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	Tier 1	QL (4 ML per 1 day)
SOFT TOUCH LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans

Drug Name	Tier	Restrictions/Limits
SOLUS V2 LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SOLUS V2 LANCING DEVICE	Tier 2	
SPACE CHAMBER WITH LARGE MASK	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK	Tier 2	
SPACE CHAMBER WITH SMALL MASK	Tier 2	
SPEEDYSWAB COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
STERILANCE TL	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SUPER THIN LANCETS 28 GAUGE	Tier 2	QL (204 EA per 30 days)
SUPER THIN LANCETS 30 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SURE COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SURE COMFORT LANCING PEN	Tier 2	
SUREFLEX DEVICE WITH LANCETS	Tier 2	
SUREFLEX LANCING DEVICE	Tier 2	
SURE-LANCE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SURE-LANCE ULTRA THIN	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SURE-PEN LANCING DEVICE	Tier 2	
SURE-TOUCH LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SURGIFOAM TOPICAL SPONGE 12-7 MM	Tier 1	
SURGUARD2 SAFETY NEEDLE	Tier 2	
SURGUARD2 SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
syringe (<i>disposable</i>)	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/20GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/21GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/21GX1-1/2"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/22GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/22GX3/4"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/25GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE TIP CONNECTOR	Tier 2	QL (400 EA per 30 days)
syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2"	Tier 2	QL (400 EA per 30 days)
SYRINGE WITHOUT NEEDLE	Tier 2	QL (400 EA per 30 days)
TECHLITE INSULIN SYRINGE	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
TECHLITE INSULN SYR(HALF UNIT)	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
TECHLITE LANCETS 28 GAUGE, 30 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
TECHLITE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 2	\$0 on Diabetic Plans
TECHLITE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	QL (200 EA per 30 days); \$0 on Diabetic Plans
TELCARE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TERUMO ALLERGY SYRINGE	Tier 2	QL (400 EA per 30 days)
TERUMO HYPODERMIC NEEDLE/SYRIN	Tier 2	QL (400 EA per 30 days)
TERUMO SYRINGE	Tier 2	QL (400 EA per 30 days)
THIN LANCETS	Tier 2	QL (204 EA per 30 days)
TOOMEY SYRINGE	Tier 2	QL (400 EA per 30 days)
TOPCARE UNIVERSAL1 LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TRANSFER PIN	Tier 2	
TRUE COMFORT LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TRUEDRAW LANCING DEVICE	Tier 2	
TRUEPLUS LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
<i>tuberculin-allergy syringes</i>	Tier 2	QL (400 EA per 30 days)
TWIST LANCETS 30 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TWIST LANCETS 32 GAUGE	Tier 2	QL (204 EA per 30 days)
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days)
ULTICARE TB SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
ULTI-LANCE	Tier 2	
ULTILET BASIC LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTILET CLASSIC LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTILET LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTILET SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA THIN II LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans

Drug Name	Tier	Restrictions/Limits
ULTRA THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA THIN PLUS LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA TLC LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA-CARE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRALANCE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA-THIN II LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNILET COMFORTOUCH LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNILET GP LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNILET LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNILET LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNILET SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK 2 DEVICE	Tier 2	
UNISTIK 2 NORMAL LANCET	Tier 2	
UNISTIK 3 COMFORT LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK 3 EXTRA LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK 3 GENTLE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK 3 NORMAL LANCET	Tier 2	QL (204 EA per 30 days)
UNISTIK COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK CZT LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK EXTRA LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK NORMAL LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK PRO LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK SAFETY	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans

Drug Name	Tier	Restrictions/Limits
UNISTIK TOUCH LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNIVERSAL 1 LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"	Tier 2	QL (400 EA per 30 days)
VANISHPOINT TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
VIVAGUARD LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
VIVAGUARD LANCING DEVICE	Tier 2	
VORTEX ADULT MASK	Tier 2	
VORTEX VHC FROG MASK-CHILD	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR	Tier 2	
YALE DISPOSABLE NEEDLES	Tier 2	
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
ONETOUCH VERIO TEST STRIPS	Tier 2	QL (50 EA per 30 days); \$0 on Diabetic Plans
DIAGNOSTIC AGENTS		
glucagon hcl injection recon soln 1 mg/ml	Tier 2	
KETONES		
KETONE CARE	Tier 2	\$0 on Diabetic Plans
KETONE URINE TEST	Tier 2	\$0 on Diabetic Plans
KETOSTIX	Tier 2	\$0 on Diabetic Plans
TRUEPLUS KETONE	Tier 2	
OCULAR DISORDERS		
BIOGLO	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
MD-GASTROVIEW	Tier 1	
SUGAR		
DAIStix	Tier 2	
URINE AND FECES CONTENTS		
CHEK-STIX CONTROL	Tier 2	
CHEMSTRIP 10 MD	Tier 2	

Drug Name	Tier	Restrictions/Limits
CHEMSTRIP 10/SG	Tier 2	
CHEMSTRIP 2 GP	Tier 2	
CHEMSTRIP 50B	Tier 2	
CHEMSTRIP 7	Tier 2	
CHEMSTRIP 9	Tier 2	
COMBISTIX REAGENT	Tier 2	
HEMA-COMBISTIX	Tier 2	
KETO-DIASTIX	Tier 2	
LABSTIX REAGENT	Tier 2	
MULTISTIX	Tier 2	
MULTISTIX 10 SG	Tier 2	
MULTISTIX 5	Tier 2	
MULTISTIX 7	Tier 2	
MULTISTIX 8 SG	Tier 2	
MULTISTIX 9	Tier 2	
MULTISTIX 9 SG	Tier 2	
URISTIX 4	Tier 2	
URISTIX REAGENT	Tier 2	

ELECTROLYTIC, CALORIC, AND WATER BALANCE

ALKALINIZING AGENTS

<i>potassium citrate oral tablet extended release</i>	Tier 1	
---	--------	--

AMMONIA DETOXICANTS

ENULOSE	Tier 1	
<i>lactulose oral solution</i>	Tier 1	

CALORIC AGENTS

ACD SOLUTION A	Tier 2	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML	Tier 2	
DEX4 GLUCOSE BITS	Tier 1	
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	Tier 1	
DEX4 GLUCOSE POUCH PACK	Tier 1	
DEX4 GLUCOSE QUICK DISSOLVE	Tier 1	
<i>dextrose oral gel</i>	Tier 1	
ENFAMIL GLUCOSE	Tier 2	
GLUCO BURST	Tier 1	
GLUCOSE BITS	Tier 1	
GLUCOSE GEL	Tier 1	
<i>glucose oral tablet,chewable 4 gram</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
GLUTOL GEL	Tier 2	
GLUTOSE-15	Tier 2	
GLUTOSE-45	Tier 2	
GLUTOSE-5	Tier 1	
RELION GLUCOSE	Tier 1	
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	Tier 1	
DIURETICS, MISCELLANEOUS		
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
IRRIGATING SOLUTIONS		
DELFLEX WITH 2.5 % DEXTROSE	Tier 1	
DELFLEX-LC/1.5% DEXTROSE	Tier 1	
DELFLEX-LC/2.5% DEXTROSE	Tier 1	
DELFLEX-LC/4.25% DEXTROSE	Tier 1	
EXTRANEAL 7.5 %	Tier 2	
GLYCINE UROLOGIC	Tier 1	
<i>glycine urologic solution</i>	Tier 1	
LOOP DIURETICS		
<i>bumetanide oral</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>torsemide</i>	Tier 1	
PHOSPHATE-REMOVING AGENTS		
AURYXIA	Tier 2	
<i>calcium acetate(phosphat bind)</i>	Tier 1	QL (360 EA per 30 days)
<i>lanthanum</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>sevelamer carbonate oral tablet</i>	Tier 1	PA; QL (270 EA per 30 days)
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
VELPHORO	Tier 3	QL (120 EA per 30 days)
POTASSIUM-REMOVING AGENTS		
<i>sodium polystyrene sulfonate</i>	Tier 1	
SPS (WITH SORBITOL)	Tier 1	

Drug Name	Tier	Restrictions/Limits
POTASSIUM-SPARING DIURETICS		
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
REPLACEMENT PREPARATIONS		
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
<i>cardioplegic soln</i>	Tier 1	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON 10	Tier 1	
KLOR-CON 8	Tier 1	
KLOR-CON M10	Tier 1	
KLOR-CON M15	Tier 1	
KLOR-CON M20	Tier 1	
KLOR-CON/EF	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT PREFILL ADVANCED NS	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NORMAL SALINE FLUSH	Tier 1	
ONE DAILY PRENATAL	Tier 0	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	
<i>potassium chloride oral liquid</i>	Tier 1	
<i>potassium chloride oral tablet extended release</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Tier 1	
PRENATAL COMPLETE	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL TABLET	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
PULMOSAL	Tier 1	

Drug Name	Tier	Restrictions/Limits
sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %	Tier 1	
sodium chloride inhalation solution for nebulization 10 %	Tier 1	QL (4 ML per 1 day)
THIAZIDE DIURETICS		
amiloride-hydrochlorothiazide	Tier 1	
benazepril-hydrochlorothiazide	Tier 1	
bisoprolol-hydrochlorothiazide	Tier 1	
candesartan-hydrochlorothiazide	Tier 1	
captopril-hydrochlorothiazide	Tier 1	
enalapril-hydrochlorothiazide	Tier 1	
fosinopril-hydrochlorothiazide	Tier 1	
hydrochlorothiazide	Tier 1	
irbesartan-hydrochlorothiazide	Tier 1	
lisinopril-hydrochlorothiazide	Tier 1	
losartan-hydrochlorothiazide	Tier 1	
metoprolol ta-hydrochlorothiazide	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide	Tier 1	
olmesartan-hydrochlorothiazide	Tier 1	
propranolol-hydrochlorothiazide	Tier 1	
quinapril-hydrochlorothiazide	Tier 1	
spironolactone-hydrochlorothiazide	Tier 1	
telmisartan-hydrochlorothiazide	Tier 1	
triamterene-hydrochlorothiazide oral capsule	Tier 1	
triamterene-hydrochlorothiazide oral tablet 37.5-25 mg	Tier 1	QL (1 EA per 1 day)
triamterene-hydrochlorothiazide oral tablet 75-50 mg	Tier 1	
valsartan-hydrochlorothiazide	Tier 1	
THIAZIDE-LIKE DIURETICS		
atenolol-chlorthalidone	Tier 1	
chlorthalidone	Tier 1	
indapamide	Tier 1	
metolazone	Tier 1	
URICOSURIC AGENTS		
probenecid	Tier 1	
probenecid-colchicine	Tier 1	ST
VASOPRESSIN ANTAGONISTS		
tolvaptan oral tablet 15 mg	Tier 4	PA; QL (30 EA per 30 days)
tolvaptan oral tablet 30 mg	Tier 4	PA; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
sapropterin	Tier 4	PA
ENZYMES		
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT)		
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	Tier 1	
brimonidine-timolol	Tier 1	PA
ANTIALLERGIC AGENTS		
ALOMIDE	Tier 2	PA
azelastine nasal aerosol,spray	Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol	Tier 1	
azelastine ophthalmic (eye)	Tier 1	
azelastine-fluticasone	Tier 1	ST; QL (23 GM per 30 days)
cromolyn ophthalmic (eye)	Tier 1	
epinastine	Tier 1	
LASTACAFIT ONCE DAILY RELIEF	Tier 3	
olopatadine nasal	Tier 1	QL (31 GM per 30 days)
olopatadine ophthalmic (eye)	Tier 1	
ZERVIATE	Tier 2	PA
ANTIBACTERIALS (EENT)		
AZASITE	Tier 2	
bacitracin ophthalmic (eye)	Tier 1	
bacitracin-polymyxin b	Tier 1	
CIPRO HC	Tier 3	
ciprofloxacin hcl ophthalmic (eye)	Tier 1	
ciprofloxacin hcl otic (ear)	Tier 1	
ciprofloxacin-dexamethasone	Tier 1	ST
ciprofloxacin-fluocinolone	Tier 2	
doxycycline hyclate oral tablet 20 mg	Tier 1	
erythromycin ophthalmic (eye)	Tier 1	
gatifloxacin	Tier 1	
gentamicin ophthalmic (eye)	Tier 1	
levofloxacin ophthalmic (eye)	Tier 1	
moxifloxacin ophthalmic (eye)	Tier 1	
neomycin-bacitracin-poly-hc	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>neomycin-polymyxin-hc</i>	Tier 1	
NEO-POLYCIN	Tier 1	
NEO-POLYCIN HC	Tier 1	
<i>ofloxacin ophthalmic (eye)</i>	Tier 1	QL (10 ML per 30 days)
<i>ofloxacin otic (ear)</i>	Tier 1	
POLYCIN	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
ANTIFUNGALS (EENT)		
NATACYN	Tier 2	QL (15 ML per 30 days)
ANTIVIRALS (EENT)		
<i>trifluridine</i>	Tier 1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>brimonidine-timolol</i>	Tier 1	PA
<i>carteolol</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>levobunolol</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	Tier 1	
<i>TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %</i>	Tier 2	
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide</i>	Tier 1	
<i>brinzolamide</i>	Tier 1	PA
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>methazolamide</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
CORTICOSTEROIDS (EENT)		
azelastine-fluticasone	Tier 1	ST; QL (23 GM per 30 days)
CIPRO HC	Tier 3	
ciprofloxacin-dexamethasone	Tier 1	ST
ciprofloxacin-fluocinolone	Tier 2	
dexamethasone sodium phosphate ophthalmic (eye)	Tier 1	
flunisolide	Tier 1	ST; QL (50 ML per 30 days)
fluocinolone acetonide oil	Tier 1	
fluorometholone	Tier 1	
fluticasone propionate nasal	Tier 1	QL (16 GM per 30 days)
hydrocortisone-acetic acid	Tier 1	QL (10 ML per 30 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 1	
mometasone nasal	Tier 1	ST; QL (17 GM per 30 days)
neomycin-bacitracin-poly-hc	Tier 1	
neomycin-polymyxin b-dexameth	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye)	Tier 1	
NEO-POLYCIN HC	Tier 1	
prednisolone acetate	Tier 1	
prednisolone sodium phosphate ophthalmic (eye)	Tier 1	
tobramycin-dexamethasone	Tier 1	
EENT ANTI-INFECTIVES, MISCELLANEOUS		
acetic acid otic (ear)	Tier 1	
chlorhexidine gluconate mucous membrane	Tier 1	
hydrocortisone-acetic acid	Tier 1	QL (10 ML per 30 days)
PAROEX ORAL RINSE	Tier 1	
PERIOGARD	Tier 1	
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
cyclosporine ophthalmic (eye)	Tier 1	QL (60 EA per 30 days)
EENT DRUGS, MISCELLANEOUS		
apraclonidine	Tier 1	PA
BALANCED SALT	Tier 1	
BSS	Tier 1	
IOPIDINE	Tier 2	PA
ipratropium bromide nasal	Tier 1	QL (30 ML per 30 days)
OCUCOAT	Tier 1	

Drug Name	Tier	Restrictions/Limits
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	
diclofenac sodium ophthalmic (eye)	Tier 1	
flurbiprofen sodium	Tier 1	
ketorolac ophthalmic (eye) drops 0.4 %	Tier 1	QL (5 ML per 30 days)
ketorolac ophthalmic (eye) drops 0.5 %	Tier 1	
LOCAL ANESTHETICS (EENT)		
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	Tier 1	
LIDOCAINE VISCOUS	Tier 1	QL (100 ML per 30 days)
proparacaine	Tier 1	
MIOTICS		
PHOSPHOLINE IODIDE	Tier 4	PA
pilocarpine hcl ophthalmic (eye)	Tier 1	
MOUTHWASHES AND GARGLES		
hydrogen peroxide	Tier 1	
MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	Tier 1	
atropine ophthalmic (eye) ointment	Tier 1	
cyclopentolate	Tier 1	
HOMATROPAIRE	Tier 1	
tropicamide	Tier 1	
PROSTAGLANDIN ANALOGS		
bimatoprost ophthalmic (eye)	Tier 1	ST
latanoprost	Tier 1	
tafluprost (pf)	Tier 1	ST
travoprost	Tier 1	ST
GASTROINTESTINAL DRUGS		
5-HT3 RECEPTOR ANTAGONISTS		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
gransetron hcl oral	Tier 1	QL (6 EA per 30 days)
ondansetron	Tier 1	QL (9 EA per 30 days)
ondansetron hcl oral solution	Tier 1	QL (100 ML per 30 days)
ondansetron hcl oral tablet	Tier 1	QL (9 EA per 30 days)
ANTIDIARRHEA AGENTS		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE	Tier 1	QL (2 EA per 1 day)
diphenoxylate-atropine oral tablet	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>loperamide oral capsule</i>	Tier 1	QL (2 EA per 1 day)
MOTOFEN	Tier 3	PA; QL (8 EA per 1 Day)
ANTIEMETICS, MISCELLANEOUS		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>dronabinol</i>	Tier 1	PA
<i>scopolamine base</i>	Tier 1	
ANTIHISTAMINES (GI DRUGS)		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>trimethobenzamide</i>	Tier 1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron</i>	Tier 1	PA
<i>balsalazide</i>	Tier 1	
DIPENTUM	Tier 2	PA
<i>mesalamine oral capsule (with del rel tablets)</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>mesalamine rectal enema</i>	Tier 1	
<i>mesalamine with cleansing wipe</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
CATHARTICS AND LAXATIVES		
<i>bisacodyl oral</i>	Tier 0	
CITRATE OF MAGNESIA	Tier 0	
CITROMA	Tier 0	
CLEARLAX ORAL POWDER	Tier 0	
CLENPIQ	Tier 0	
DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION	Tier 0	
GAVILAX ORAL POWDER	Tier 0	
GAVILYTE-C	Tier 0	
GAVILYTE-G	Tier 0	
GENTLE LAXATIVE (BISACODYL) ORAL	Tier 0	
GENTLELAX	Tier 0	
LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC)	Tier 0	
LAXATIVE PEG 3350	Tier 0	
<i>lubiprostone</i>	Tier 1	QL (60 EA per 30 days)
<i>magnesium citrate oral solution</i>	Tier 0	

Drug Name	Tier	Restrictions/Limits
magnesium hydroxide	Tier 0	
MILK OF MAGNESIA	Tier 0	
MILK OF MAGNESIA CONCENTRATED	Tier 0	
NATURA-LAX	Tier 0	
ORAL SALINE LAXATIVE	Tier 0	
peg 3350-electrolytes	Tier 0	
peg3350-sod sul-nacl-kcl-asb-c	Tier 1	
peg-electrolyte soln	Tier 0	
PHOSPHATE LAXATIVE	Tier 0	
polyethylene glycol 3350 oral powder	Tier 0	
POWDERLAX ORAL POWDER	Tier 0	
PURELAX ORAL POWDER	Tier 0	
SMOOTHLAX ORAL POWDER	Tier 0	
sodium,potassium,mag sulfates	Tier 0	
WOMEN'S GENTLE LAXATIVE(BISAC)	Tier 0	
CHOLELITHOLYTIC AGENTS		
ursodiol	Tier 1	
DIGESTANTS		
CREON	Tier 2	
VIOKACE	Tier 2	
GI DRUGS, MISCELLANEOUS		
adalimumab-adaz	Tier 4	PA
adalimumab-fkjp	Tier 4	PA
CIMZIA	Tier 4	PA; QL (2 EA per 28 days)
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	Tier 4	PA; QL (6 EA per 365 days)
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA
HADLIMA(CF)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH	Tier 4	PA
HUMIRA	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF)	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 4	PA; QL (2 EA per 365 days)
HUMIRA(CF) PEN	Tier 4	PA; QL (2 EA per 28 days)

Drug Name	Tier	Restrictions/Limits
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)
MOVANTIK	Tier 2	PA; QL (30 EA per 30 days)
TRULANCE	Tier 2	PA; QL (1 EA per 1 day)
HISTAMINE H2-ANTAGONISTS		
cimetidine	Tier 1	
famotidine oral suspension for reconstitution	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
ibuprofen-famotidine	Tier 1	PA
nizatidine	Tier 1	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
aprepitant oral capsule 125 mg, 40 mg	Tier 1	PA; QL (1 EA per 30 days)
aprepitant oral capsule 80 mg	Tier 1	PA; QL (2 EA per 30 days)
PROKINETIC AGENTS		
metoclopramide hcl oral	Tier 1	
PROSTAGLANDINS		
diclofenac-misoprostol	Tier 1	
misoprostol	Tier 1	QL (4 EA per 1 day)
PROTECTANTS		
sucralfate oral suspension	Tier 1	
sucralfate oral tablet	Tier 1	QL (4 EA per 1 day)
PROTON-PUMP INHIBITORS		
ACID REDUCER (OMEPRAZOLE)	Tier 1	
amoxicil-clarithromy-lansopraz	Tier 1	QL (112 EA per 30 days)
dexlansoprazole oral capsule,biphase delayed releas 30 mg	Tier 1	QL (60 EA per 30 days)
dexlansoprazole oral capsule,biphase delayed releas 60 mg	Tier 1	ST; QL (60 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	Tier 1	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Tier 1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	Tier 1	ST; QL (30 EA per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	Tier 1	ST
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	Tier 1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	Tier 1	
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>omeprazole magnesium oral capsule, delayed release(dr/ec)</i>	Tier 1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	Tier 1	PA
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	Tier 1	ST; QL (60 EA per 30 days)

HEAVY METAL ANTAGONISTS

HEAVY METAL ANTAGONISTS

<i>deferasirox oral tablet</i>	Tier 4	PA
<i>deferasirox oral tablet, dispersible</i>	Tier 4	PA
<i>D-PENAMINE</i>	Tier 2	PA
<i>penicillamine</i>	Tier 1	PA

HORMONES AND SYNTHETIC SUBSTITUTES

ADRENALS

<i>ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION</i>	Tier 3	QL (13 GM per 30 days)
<i>ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION</i>	Tier 3	QL (7 GM per 30 days)
<i>ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION</i>	Tier 2	QL (1 EA per 30 days)
<i>ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION</i>	Tier 2	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
<i>budesonide oral capsule, delayed, extend.release</i>	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	ST; QL (11 GM per 30 days)
<i>cortisone</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
EMFLAZA	Tier 4	PA
<i>fludrocortisone</i>	Tier 1	
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>hydrocortisone oral</i>	Tier 1	
<i>methylprednisolone</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISONE INTENSOL	Tier 1	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	Tier 2	QL (11 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	Tier 2	QL (22 GM per 30 days)
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	Tier 1	
<i>miglitol</i>	Tier 1	
AMYLINOMIMETICS		
SYMLINPEN 120	Tier 2	ST; QL (19 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
SYMLINPEN 60	Tier 2	ST; QL (11 ML per 30 days)
ANDROGENS		
COVARYX	Tier 1	
COVARYX H.S.	Tier 1	
<i>danazol</i>	Tier 1	
EEMT	Tier 1	
EEMT HS	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 1	
<i>methyltestosterone</i>	Tier 1	PA
<i>testosterone cypionate</i>	Tier 1	PA
<i>testosterone enanthate</i>	Tier 1	PA
<i>testosterone transdermal gel</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 1	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 1	PA; QL (30 GM per 30 days)
ANTIDIABETIC AGENTS, MISCELLANEOUS		
<i>colesevelam oral powder in packet</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	Tier 1	PA; QL (180 EA per 30 days)
ANTIESTROGENS		
<i>anastrozole</i>	Tier 0	
<i>exemestane</i>	Tier 0	
<i>letrozole</i>	Tier 1	
ANTIGONADTROPINS		
ORILISSA ORAL TABLET 150 MG	Tier 2	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	Tier 2	PA; QL (60 EA per 30 days)
ANTIPARATHYROID AGENTS		
<i>calcitonin (salmon) nasal</i>	Tier 1	
<i>cinacalcet</i>	Tier 1	PA
ANTITHYROID AGENTS		
<i>methimazole</i>	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
SSKI	Tier 2	
BIGUANIDES		
<i>alogliptin-metformin</i>	Tier 1	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
<i>glipizide-metformin</i>	Tier 1	\$0 on Diabetic Plans

Drug Name	Tier	Restrictions/Limits
glyburide-metformin oral tablet 1.25-250 mg	Tier 1	QL (260 EA per 30 days); \$0 on Diabetic Plans
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Tier 1	QL (5 EA per 1 day); \$0 on Diabetic Plans
metformin oral solution	Tier 1	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	\$0 on Diabetic Plans
metformin oral tablet extended release 24 hr 500 mg	Tier 1	QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	Tier 1	QL (60 EA per 30 days)
pioglitazone-metformin	Tier 1	QL (90 EA per 30 days); \$0 on Diabetic Plans
SEGLUROMET	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
CONTRACEPTIVES		
AFIRMELLE	Tier 0	
AFTER PILL	Tier 0	QL (1 EA per 30 days)
AFTERA	Tier 0	QL (1 EA per 30 days)
ALTAVERA (28)	Tier 0	
ALYACEN 1/35 (28)	Tier 0	
ALYACEN 7/7/7 (28)	Tier 0	
AMETHIA	Tier 0	QL (1 EA per 1 day)
AMETHYST (28)	Tier 0	QL (1 EA per 1 day)
APRI	Tier 0	
ARANELLE (28)	Tier 0	
ASHLYNA	Tier 0	QL (1 EA per 1 day)
AUBRA	Tier 0	
AUBRA EQ	Tier 0	
AUROVELA 1.5/30 (21)	Tier 0	
AUROVELA 1/20 (21)	Tier 0	
AUROVELA 24 FE	Tier 0	
AUROVELA FE 1.5/30 (28)	Tier 0	
AUROVELA FE 1-20 (28)	Tier 0	
AVIANE	Tier 0	

Drug Name	Tier	Restrictions/Limits
AYUNA	Tier 0	
AZURETTE (28)	Tier 0	
BALZIVA (28)	Tier 0	
BLISOVI 24 FE	Tier 0	
BLISOVI FE 1.5/30 (28)	Tier 0	
BLISOVI FE 1/20 (28)	Tier 0	
BRIELLYN	Tier 0	
CAMILA	Tier 0	
CAMRESE	Tier 0	QL (1 EA per 1 day)
CAMRESE LO	Tier 0	QL (1 EA per 1 day)
CAZIANT (28)	Tier 0	
CHARLOTTE 24 FE	Tier 0	
CHATEAL (28)	Tier 0	
CHATEAL EQ (28)	Tier 0	
CRYSELLE (28)	Tier 0	
CYRED	Tier 0	
CYRED EQ	Tier 0	
DASETTA 1/35 (28)	Tier 0	
DASETTA 7/7/7 (28)	Tier 0	
DAYSEE	Tier 0	QL (1 EA per 1 day)
DEBLITANE	Tier 0	
<i>desog-e.estradiol/e.estriadiol</i>	Tier 0	
<i>desogestrel-ethinyl estradiol</i>	Tier 0	
DOLISHALE	Tier 0	QL (1 EA per 1 day)
<i>drospirenone-e.estriadiol-Im.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	Tier 0	
<i>drospirenone-ethinyl estradiol</i>	Tier 0	
ECONTRA EZ	Tier 0	QL (1 EA per 30 days)
ECONTRA ONE-STEP	Tier 0	QL (1 EA per 30 days)
ELINEST	Tier 0	
ELLA	Tier 0	QL (1 EA per 30 days)
ELURYNG	Tier 0	
ENPRESSE	Tier 0	
ENSKYCE	Tier 0	
ERRIN	Tier 0	
ESTARYLLA	Tier 0	
<i>ethynodiol diac-eth estradiol</i>	Tier 0	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0	
FALMINA (28)	Tier 0	

Drug Name	Tier	Restrictions/Limits
FINZALA	Tier 0	
GEMMILY	Tier 0	
HAILEY	Tier 0	
HAILEY 24 FE	Tier 0	
HAILEY FE 1.5/30 (28)	Tier 0	
HAILEY FE 1/20 (28)	Tier 0	
HALOETTE	Tier 0	
HEATHER	Tier 0	
HER STYLE	Tier 0	QL (1 EA per 30 days)
ICLEVIA	Tier 0	QL (1 EA per 1 day)
INCASSIA	Tier 0	
ISIBLOOM	Tier 0	
JAIMIESS	Tier 0	QL (1 EA per 1 day)
JASMIEL (28)	Tier 0	
JENCYCLA	Tier 0	
JOLESSA	Tier 0	QL (1 EA per 1 day)
JULEBER	Tier 0	
JUNEL 1.5/30 (21)	Tier 0	
JUNEL 1/20 (21)	Tier 0	
JUNEL FE 1.5/30 (28)	Tier 0	
JUNEL FE 1/20 (28)	Tier 0	
JUNEL FE 24	Tier 0	
KAITLIB FE	Tier 0	
KALLIGA	Tier 0	
KARIVA (28)	Tier 0	
KELNOR 1/35 (28)	Tier 0	
KELNOR 1-50 (28)	Tier 0	
KURVELO (28)	Tier 0	
<i>I norgest/e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 0	QL (1 EA per 1 day)
<i>I norgest/e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcgl 0.15 mg-25 mcg</i>	Tier 0	
LARIN 1.5/30 (21)	Tier 0	
LARIN 1/20 (21)	Tier 0	
LARIN 24 FE	Tier 0	
LARIN FE 1.5/30 (28)	Tier 0	
LARIN FE 1/20 (28)	Tier 0	
LAYOLIS FE	Tier 0	

Drug Name	Tier	Restrictions/Limits
LEENA 28	Tier 0	
LESSINA	Tier 0	
LEVONEST (28)	Tier 0	
<i>levonorgestrel</i>	Tier 0	QL (1 EA per 30 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 0	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 0	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	Tier 0	
LEVORA-28	Tier 0	
LO LOESTRIN FE	Tier 0	ST
LOJAIMIESS	Tier 0	QL (1 EA per 1 day)
LORYNA (28)	Tier 0	
LOW-OGESTREL (28)	Tier 0	
LO-ZUMANDIMINE (28)	Tier 0	
LUTERA (28)	Tier 0	
LYLEQ	Tier 0	
LYZA	Tier 0	
MARLISSA (28)	Tier 0	
MERZEE	Tier 0	
MIBELAS 24 FE	Tier 0	
MICROGESTIN 1.5/30 (21)	Tier 0	
MICROGESTIN 1/20 (21)	Tier 0	
MICROGESTIN 24 FE	Tier 0	
MICROGESTIN FE 1.5/30 (28)	Tier 0	
MICROGESTIN FE 1/20 (28)	Tier 0	
MILI	Tier 0	
MONO-LINYAH	Tier 0	
MY CHOICE	Tier 0	QL (1 EA per 30 days)
MY WAY	Tier 0	QL (1 EA per 30 days)
NECON 0.5/35 (28)	Tier 0	
NEW DAY	Tier 0	QL (1 EA per 30 days)
NIKKI (28)	Tier 0	
NORA-BE	Tier 0	
<i>noreth-ethinyl estradiol-iron</i>	Tier 0	
<i>norethindrone (contraceptive)</i>	Tier 0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 0	

Drug Name	Tier	Restrictions/Limits
norethindrone-e.estradiol-iron	Tier 0	
norgestimate-ethinyl estradiol	Tier 0	
NORTREL 0.5/35 (28)	Tier 0	
NORTREL 1/35 (21)	Tier 0	
NORTREL 1/35 (28)	Tier 0	
NORTREL 7/7/7 (28)	Tier 0	
NYLIA 1/35 (28)	Tier 0	
NYLIA 7/7/7 (28)	Tier 0	
NYMYO	Tier 0	
OCELLA	Tier 0	
OPCICON ONE-STEP	Tier 0	QL (1 EA per 30 days)
OPTION-2	Tier 0	QL (1 EA per 30 days)
PHILITH	Tier 0	
PIMTREA (28)	Tier 0	
PLAN B ONE-STEP	Tier 0	QL (1 EA per 30 days)
PORTIA 28	Tier 0	
RECLIPSEN (28)	Tier 0	
RIVELSA	Tier 0	
SETLAKIN	Tier 0	QL (1 EA per 1 day)
SHAROBEL	Tier 0	
SIMLIYA (28)	Tier 0	
SIMPESSE	Tier 0	QL (1 EA per 1 day)
SPRINTEC (28)	Tier 0	
SRONYX	Tier 0	
SYEDA	Tier 0	
TAKE ACTION	Tier 0	QL (1 EA per 30 days)
TARINA 24 FE	Tier 0	
TARINA FE 1/20 (28)	Tier 0	
TARINA FE 1-20 EQ (28)	Tier 0	
TILIA FE	Tier 0	
TRI-ESTARYLLA	Tier 0	
TRI-LEGEST FE	Tier 0	
TRI-LINYAH	Tier 0	
TRI-LO-ESTARYLLA	Tier 0	
TRI-LO-MARZIA	Tier 0	
TRI-LO-MILI	Tier 0	
TRI-LO-SPRINTEC	Tier 0	
TRI-MILI	Tier 0	
TRI-NYMYO	Tier 0	

Drug Name	Tier	Restrictions/Limits
TRI-SPRINTEC (28)	Tier 0	
TRIVORA (28)	Tier 0	
TRI-VYLIBRA	Tier 0	
TRI-VYLIBRA LO	Tier 0	
TULANA	Tier 0	
TYDEMY	Tier 0	
VELIVET TRIPHASIC REGIMENT (28)	Tier 0	
VESTURA (28)	Tier 0	
VIENVA	Tier 0	
VIORELE (28)	Tier 0	
VOLNEA (28)	Tier 0	
VYFEMLA (28)	Tier 0	
VYLIBRA	Tier 0	
WERA (28)	Tier 0	
WYMZYA FE	Tier 0	
XULANE	Tier 0	
ZAFEMY	Tier 0	
ZARAH	Tier 0	
ZOVIA 1-35 (28)	Tier 0	
ZUMANDIMINE (28)	Tier 0	
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
<i>alogliptin</i>	Tier 1	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
<i>alogliptin-metformin</i>	Tier 1	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
<i>alogliptin-pioglitazone</i>	Tier 1	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
ESTROGEN AGONIST-ANTAGONISTS		
CLOMID	Tier 1	
<i>clomiphene citrate</i>	Tier 1	
DUAVEE	Tier 3	PA; QL (1 EA per 1 Day)
OSPHENA	Tier 3	PA; QL (1 EA per 1 Day)
<i>raloxifene</i>	Tier 0	
<i>tamoxifen</i>	Tier 0	
<i>toremifene</i>	Tier 1	PA
ESTROGENS		
COMBIPATCH	Tier 2	
COVARYX	Tier 1	
COVARYX H.S.	Tier 1	

Drug Name	Tier	Restrictions/Limits
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (8 EA per 30 days)
DUAVEE	Tier 3	PA; QL (1 EA per 1 Day)
EEMT	Tier 1	
EEMT HS	Tier 1	
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal patch semiweekly</i>	Tier 1	QL (8 EA per 30 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (4 EA per 30 days)
<i>estradiol vaginal tablet</i>	Tier 1	
<i>estradiol-norethindrone acet</i>	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 1	
FYAVOLV	Tier 1	
MIMVEY	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
GLYCOGENOLYTIC AGENTS		
BAQSIMI	Tier 2	ST; QL (2 EA per 30 days)
GLUCAGEN HYPOKIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	QL (2 EA per 30 days)
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
GONADOTROPINS		
SYNAREL	Tier 2	PA
INCRETIN MIMETICS		
MOUNJARO	Tier 2	PA; QL (2 ML per 28 days)
OZEMPIC	Tier 2	PA; QL (3 ML per 28 days)
RYBELSUS	Tier 2	PA; QL (30 EA per 30 days)
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRULICITY	Tier 2	PA; QL (2 ML per 28 days)
XULTOPHY 100/3.6	Tier 2	PA; QL (15 ML per 30 days)
INSULINS		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN R REGULAR U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN	Tier 2	

Drug Name	Tier	Restrictions/Limits
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
<i>insulin aspart u-100 subcutaneous insulin pen</i>	Tier 2	\$0 on Diabetic Plans
<i>insulin aspart u-100 subcutaneous solution</i>	Tier 2	\$0 on Diabetic Plans
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days)
NOVOLIN N FLEXPEN	Tier 2	QL (45 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days)
REZVOGLAR KWIKPEN	Tier 2	QL (1.5 ML per 1 Day); \$0 on Diabetic Plans
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); \$0 on Diabetic Plans
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
XULTOPHY 100/3.6	Tier 2	PA; QL (15 ML per 30 days)
INTERMEDIATE-ACTING INSULINS		
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days)
NOVOLIN N FLEXPEN	Tier 2	QL (45 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
LONG-ACTING INSULINS		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
REZVOGLAR KWIKPEN	Tier 2	QL (1.5 ML per 1 Day); \$0 on Diabetic Plans
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); \$0 on Diabetic Plans
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
XULTOPHY 100/3.6	Tier 2	PA; QL (15 ML per 30 days)
MEGLITINIDES		
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
PARATHYROID AGENTS		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA; QL (1 ML per 28 days)
PITUITARY		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin nasal spray with pump</i>	Tier 1	
<i>desmopressin oral</i>	Tier 1	
NOCDURNA (MEN)	Tier 3	PA; QL (30 EA per 30 days)
NOCDURNA (WOMEN)	Tier 3	PA; QL (30 EA per 30 days)
SKYTROFA	Tier 4	PA
PROGESTINS		
COMBIPATCH	Tier 2	
CRINONE VAGINAL GEL 4 %	Tier 2	
CRINONE VAGINAL GEL 8 %	Tier 4	
DEPO-SUBQ PROVERA 104	Tier 2	QL (1 ML per 90 days)
<i>estradiol-norethindrone acet</i>	Tier 1	
FYAVOLV	Tier 1	
<i>medroxyprogesterone intramuscular</i>	Tier 0	QL (1 ML per 90 days)
<i>medroxyprogesterone oral</i>	Tier 1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
megestrol oral tablet	Tier 1	
MIMVEY	Tier 1	
norethindrone acetate	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
progesterone micronized	Tier 1	
RAPID-ACTING INSULINS		
insulin asp prt-insulin aspart subcutaneous insulin pen	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
insulin asp prt-insulin aspart subcutaneous solution	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
insulin aspart u-100 subcutaneous insulin pen	Tier 2	\$0 on Diabetic Plans
insulin aspart u-100 subcutaneous solution	Tier 2	\$0 on Diabetic Plans
insulin lispro protamin-lispro	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
insulin lispro subcutaneous insulin pen	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
insulin lispro subcutaneous insulin pen, half-unit	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
insulin lispro subcutaneous solution	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
SHORT-ACTING INSULINS		
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN R REGULAR U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days)
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days)
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA	Tier 2	PA; QL (30 Tablets per 30 days); \$0 on Diabetic Plans
JARDIANCE	Tier 2	PA; QL (30 Tablets per 30 days); \$0 on Diabetic Plans
SEGLUROMET	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
STEGLATRO	Tier 2	PA; QL (30 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans

Drug Name	Tier	Restrictions/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
SULFONYLUREAS		
glimepiride	Tier 1	\$0 on Diabetic Plans
glipizide	Tier 1	\$0 on Diabetic Plans
glipizide-metformin	Tier 1	\$0 on Diabetic Plans
glyburide micronized oral tablet 1.5 mg	Tier 1	QL (8 EA per 1 day); \$0 on Diabetic Plans
glyburide micronized oral tablet 3 mg	Tier 1	QL (4 EA per 1 day); \$0 on Diabetic Plans
glyburide micronized oral tablet 6 mg	Tier 1	QL (2 EA per 1 day); \$0 on Diabetic Plans
glyburide oral tablet 1.25 mg	Tier 1	QL (16 EA per 1 day); \$0 on Diabetic Plans
glyburide oral tablet 2.5 mg	Tier 1	QL (8 EA per 1 day); \$0 on Diabetic Plans
glyburide oral tablet 5 mg	Tier 1	QL (4 EA per 1 day); \$0 on Diabetic Plans
glyburide-metformin oral tablet 1.25-250 mg	Tier 1	QL (260 EA per 30 days); \$0 on Diabetic Plans
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Tier 1	QL (5 EA per 1 day); \$0 on Diabetic Plans
pioglitazone-glimepiride	Tier 1	ST; QL (30 EA per 30 days)
THIAZOLIDINEDIONES		
alogliptin-pioglitazone	Tier 1	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
pioglitazone	Tier 1	QL (30 EA per 30 days); \$0 on Diabetic Plans
pioglitazone-glimepiride	Tier 1	ST; QL (30 EA per 30 days)
pioglitazone-metformin	Tier 1	QL (90 EA per 30 days); \$0 on Diabetic Plans
THYROID AGENTS		
EUTHYROX	Tier 1	
levothyroxine oral tablet	Tier 1	
LEVOXYL	Tier 1	
liothyronine oral	Tier 1	
NP THYROID	Tier 1	
UNITHROID	Tier 1	

Drug Name	Tier	Restrictions/Limits
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride	Tier 1	ST
dutasteride-tamsulosin	Tier 1	ST
finasteride oral tablet 5 mg	Tier 1	
ALCOHOL DETERRENTS		
disulfiram	Tier 1	
VIVITROL	Tier 4	QL (1 EA per 30 days)
ANTIDOTES		
BAQSIMI	Tier 2	ST; QL (2 EA per 30 days)
GLUCAGEN HYPOKIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	QL (2 EA per 30 days)
lanthanum	Tier 1	PA; QL (90 EA per 30 days)
leucovorin calcium oral	Tier 1	
naloxone injection solution	Tier 1	QL (2 ML per 30 days)
naloxone injection syringe 1 mg/ml	Tier 1	
naloxone nasal	Tier 0	QL (2 EA per 30 days)
NARCAN	Tier 2	QL (2 EA per 30 days)
phytonadione (vitamin k1) injection solution 1 mg/0.5 ml	Tier 2	
phytonadione (vitamin k1) injection solution 10 mg/ml	Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	Tier 1	QL (10 EA per 30 days)
potassium iodide oral solution	Tier 1	
sevelamer carbonate oral tablet	Tier 1	PA; QL (270 EA per 30 days)
sevelamer hcl oral tablet 400 mg	Tier 1	PA; QL (90 EA per 30 days)
sodium polystyrene sulfonate	Tier 1	
SPS (WITH SORBITOL)	Tier 1	
SSKI	Tier 2	
ANTIGOUT AGENTS		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
colchicine oral tablet	Tier 1	QL (1 EA per 1 day)
EC-NAPROXEN	Tier 1	
febuxostat	Tier 1	ST
indomethacin oral capsule	Tier 1	
naproxen oral tablet	Tier 1	
naproxen oral tablet,delayed release (dr/ec)	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	ST
BONE ANABOLIC AGENTS		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA; QL (1 ML per 28 days)
BONE RESORPTION INHIBITORS		
<i>alendronate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>calcitonin (salmon) nasal</i>	Tier 1	
<i>ibandronate oral</i>	Tier 1	QL (1 EA per 28 days)
<i>raloxifene</i>	Tier 0	
<i>risedronate oral tablet 150 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>risedronate oral tablet,delayed release (dr/ec)</i>	Tier 1	QL (4 EA per 30 days)
CARIOSTATIC AGENTS		
<i>DENTA 5000 PLUS</i>	Tier 1	
<i>fluoride (sodium) dental cream</i>	Tier 1	
<i>fluoride (sodium) dental gel</i>	Tier 1	
<i>fluoride (sodium) dental paste</i>	Tier 1	
<i>fluoride (sodium) oral</i>	Tier 0	
<i>LUDENT FLUORIDE</i>	Tier 0	
<i>MULTI-VIT WITH FLUORIDE-IRON</i>	Tier 1	
<i>MULTI-VITAMIN WITH FLUORIDE</i>	Tier 0	
<i>MVC-FLUORIDE</i>	Tier 0	
<i>SF</i>	Tier 1	
<i>SF 5000 PLUS</i>	Tier 1	
<i>SODIUM FLUORIDE 5000 DRY MOUTH</i>	Tier 1	
<i>SODIUM FLUORIDE 5000 PLUS</i>	Tier 1	
<i>TRI-VITAMIN WITH FLUORIDE</i>	Tier 0	
<i>TRI-VITE WITH FLUORIDE</i>	Tier 0	
<i>VITAMINS A,C,D AND FLUORIDE</i>	Tier 0	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
<i>ACTEMRA ACTPEN</i>	Tier 4	PA; QL (2 ML per 28 days)
<i>ACTEMRA SUBCUTANEOUS</i>	Tier 4	PA; QL (2 ML per 28 days)
<i>adalimumab-adaz</i>	Tier 4	PA
<i>adalimumab-fkjp</i>	Tier 4	PA

Drug Name	Tier	Restrictions/Limits
azathioprine	Tier 1	
CIMZIA	Tier 4	PA; QL (2 EA per 28 days)
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	Tier 4	PA; QL (6 EA per 365 days)
COSENTYX (2 SYRINGES)	Tier 4	PA
COSENTYX PEN	Tier 4	PA
COSENTYX PEN (2 PENS)	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
D-PENAMINE	Tier 2	PA
ENBREL MINI	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE	Tier 4	PA
ENBREL SURECLICK	Tier 4	PA
GENGRAF	Tier 1	
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA
HADLIMA(CF)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH	Tier 4	PA
HUMIRA	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF)	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)
<i>hydroxychloroquine</i>	Tier 1	
<i>leflunomide</i>	Tier 1	QL (30 EA per 30 days)
<i>methotrexate sodium oral</i>	Tier 1	
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
<i>penicillamine</i>	Tier 1	PA
RINVOQ	Tier 4	PA
STELARA INTRAVENOUS	Tier 4	PA; QL (104 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (45 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 4	PA; QL (90 MG per 90 days)

Drug Name	Tier	Restrictions/Limits
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (90 ML per 60 days)
sulfasalazine	Tier 1	
TREXALL	Tier 2	
IMMUNOMODULATORY AGENTS		
ACTEMRA ACTPEN	Tier 4	PA; QL (2 ML per 28 days)
ACTEMRA SUBCUTANEOUS	Tier 4	PA; QL (2 ML per 28 days)
adalimumab-adaz	Tier 4	PA
adalimumab-fkjp	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR	Tier 4	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 4	PA; QL (1 EA per 28 days)
azathioprine	Tier 1	
CIMZIA	Tier 4	PA; QL (2 EA per 28 days)
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	Tier 4	PA; QL (6 EA per 365 days)
cyclosporine modified	Tier 1	
cyclosporine oral	Tier 1	
dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg	Tier 1	PA; QL (60 EA per 30 days)
ENBREL MINI	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE	Tier 4	PA
ENBREL SURECLICK	Tier 4	PA
fingolimod	Tier 4	PA; QL (30 EA per 30 days)
GENGRAF	Tier 1	
glatiramer subcutaneous syringe 20 mg/ml	Tier 4	PA; QL (1 ML per 28 days)
glatiramer subcutaneous syringe 40 mg/ml	Tier 4	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 4	PA; QL (1 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 4	PA; QL (12 ML per 28 days)
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA
HADLIMA(CF)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH	Tier 4	PA
HUMIRA	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF)	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; QL (3 EA per 365 days)

Drug Name	Tier	Restrictions/Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 4	PA; QL (2 EA per 365 days)
HUMIRA(CF) PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)
<i>hydroxychloroquine</i>	Tier 1	
<i>leflunomide</i>	Tier 1	QL (30 EA per 30 days)
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>methotrexate sodium oral</i>	Tier 1	
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
POMALYST	Tier 4	PA
REBIF (WITH ALBUMIN)	Tier 4	PA; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; QL (5 ML per 30 days)
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
RINVOQ	Tier 4	PA
STELARA INTRAVENOUS	Tier 4	PA; QL (104 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (45 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 4	PA; QL (90 MG per 90 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (90 ML per 60 days)
<i>teriflunomide</i>	Tier 4	PA; QL (30 EA per 30 days)
THALOMID	Tier 4	PA; QL (30 EA per 30 days)
TREXALL	Tier 2	
VUMERTY	Tier 4	PA; QL (120 EA per 30 days)
ZEPOSIA	Tier 4	PA
ZEPOSIA STARTER PACK (7-DAY)	Tier 4	PA; QL (1 EA per 365 days)
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine</i>	Tier 1	
<i>cyclophosphamide oral capsule</i>	Tier 1	PA
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier 1	
GENGRAF	Tier 1	
<i>mercaptopurine</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>methotrexate sodium oral</i>	Tier 1	
<i>mycophenolate mofetil</i>	Tier 1	
<i>mycophenolate sodium</i>	Tier 1	
<i>sirolimus oral tablet</i>	Tier 1	
<i>tacrolimus oral</i>	Tier 1	
TREXALL	Tier 2	
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine</i>	Tier 1	
CRYOSERV	Tier 1	
CYSTAGON	Tier 4	PA
<i>dalfampridine</i>	Tier 4	PA; QL (60 EA per 30 days)
EVOTAZ	Tier 2	QL (1 EA per 1 day)
ISTURISA ORAL TABLET 1 MG	Tier 4	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	Tier 4	PA; QL (60 EA per 30 days)
PREZCOBIX	Tier 2	QL (1 EA per 1 day)
SYMTUZA	Tier 2	QL (1 EA per 1 day)
TYBOST	Tier 2	
XPHOZAH	Tier 3	QL (60 EA per 30 days)
PROTECTIVE AGENTS		
ELMIRON	Tier 2	
NONHORMONAL CONTRACEPTIVES		
NONHORMONAL CONTRACEPTIVES		
AIMSCO LATEX CONDOM	Tier 0	QL (24 EA per 30 days)
CAYA CONTOURED	Tier 0	QL (1 EA per 365 days)
FANTASY CONDOM	Tier 0	QL (24 EA per 30 days)
FC2 FEMALE CONDOM	Tier 0	QL (24 EA per 30 days)
FEMCAP	Tier 0	QL (1 EA per 365 days)
KIMONO CONDOMS(NON-LUBRICATED)	Tier 0	QL (24 EA per 30 days)
KIMONO MICROTHIN AQUA LUBE CON	Tier 0	QL (24 EA per 30 days)
KIMONO MICROTHIN CONDOMS	Tier 0	QL (24 EA per 30 days)
KIMONO MICROTHIN LARGE CONDOMS	Tier 0	QL (24 EA per 30 days)
KIMONO TEXTURED CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX LATEX CONDOM	Tier 0	QL (24 EA per 30 days)
TRUSTEX LUBRICATED CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX NON-LUB CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX-RIA LUB/SPERMICIDE	Tier 0	QL (24 EA per 30 days)
TRUSTEX-RIA LUBRICATED CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX-RIA NON-LUB CONDOMS	Tier 0	QL (24 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
VAGINAL CONTRACEPTIVE FILM	Tier 2	
VCF CONTRACEPTIVE FILM	Tier 2	
VCF CONTRACEPTIVE GEL	Tier 2	
WIDE-SEAL DIAPHRAGM 60	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95	Tier 0	QL (2 EA per 365 days)
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine oral</i>	Tier 1	QL (240 EA per 30 days)
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
<i>hydroxypropyl cellulose</i>	Tier 2	
<i>hypromellose</i>	Tier 2	
RESPIRATORY TRACT AGENTS		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR)		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	Tier 2	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (2 EA per 30 days)
<i>GUAIFENESIN DAC</i>	Tier 1	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT)		
<i>ATROVENT HFA</i>	Tier 2	QL (26 GM per 30 days)
<i>COMBIVENT RESPIMAT</i>	Tier 2	QL (8 GM per 30 days)
<i>ipratropium bromide inhalation</i>	Tier 1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>SPIRIVA RESPIMAT</i>	Tier 2	QL (4 GM per 30 days)
<i>STIOLTO RESPIMAT</i>	Tier 2	QL (4 GM per 30 days)
<i>TRELEGY ELLIPTA</i>	Tier 2	QL (60 EA per 30 days)
ANTIFIBROTIC AGENTS		
<i>OFEV</i>	Tier 4	PA; QL (60 EA per 30 days)
ANTITUSSIVES		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>benzonatate oral capsule 150 mg</i>	Tier 1	
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>codeine sulfate</i>	Tier 1	PA
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
HYDROMET	Tier 1	QL (4 ML per 1 day)
MAXI-TUSS AC	Tier 1	
PROMETHAZINE VC-CODEINE	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
RYDEX	Tier 1	
VIRTUSSIN AC	Tier 1	
CYSTIC FIBROSIS (CFTR) CORRECTORS		
ORKAMBI ORAL GRANULES IN PACKET	Tier 4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 4	PA; QL (84 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 4	PA; QL (56 EA per 30 days)
KALYDECO ORAL TABLET	Tier 4	PA; QL (60 EA per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	Tier 4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 4	PA; QL (84 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA
EXPECTORANTS		
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
MAXI-TUSS AC	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
SSKI	Tier 2	
VIRTUSSIN AC	Tier 1	

Drug Name	Tier	Restrictions/Limits
FIRST GENERATION ANTIHIST.(RESPIR TRACT)		
brompheniramine-pseudoeph-dm	Tier 1	
carbinoxamine maleate	Tier 1	
clemastine oral tablet	Tier 1	
cyproheptadine	Tier 1	
dexchlorpheniramine maleate	Tier 1	
diphenhydramine hcl oral capsule 50 mg	Tier 1	
diphenhydramine hcl oral elixir	Tier 1	
doxylamine-pyridoxine (vit b6)	Tier 1	PA; QL (120 EA per 30 days)
hydrocodone-chlorpheniramine	Tier 1	
promethazine oral	Tier 1	
PROMETHAZINE VC	Tier 1	
PROMETHAZINE VC-CODEINE	Tier 1	
promethazine-codeine	Tier 1	
promethazine-dm	Tier 1	
RYDEX	Tier 1	
LEUKOTRIENE MODIFIERS		
montelukast	Tier 1	
zafirlukast	Tier 1	ST
zileuton	Tier 1	ST
MAST-CELL STABILIZERS		
cromolyn inhalation	Tier 1	QL (8 ML per 1 day)
cromolyn ophthalmic (eye)	Tier 1	
cromolyn oral	Tier 1	PA
MUCOLYTIC AGENTS		
acetylcysteine	Tier 1	
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
NASAL PREPARATIONS (STEROIDS)		
azelastine-fluticasone	Tier 1	ST; QL (23 GM per 30 days)
flunisolide	Tier 1	ST; QL (50 ML per 30 days)
fluticasone propionate nasal	Tier 1	QL (16 GM per 30 days)
mometasone nasal	Tier 1	ST; QL (17 GM per 30 days)
ORALLY INHALED PREPARATIONS (STEROIDS)		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
<i>budesonide-formoterol</i>	Tier 2	ST; QL (11 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	Tier 2	QL (11 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	Tier 2	QL (22 GM per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
<i>roflumilast oral tablet 250 mcg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>roflumilast oral tablet 500 mcg</i>	Tier 1	PA; QL (1 EA per 1 Day)
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)		
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
SECOND GENERATION ANTIHIST(RESPIR TRACT)		
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	ST; QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>levocetirizine oral solution</i>	Tier 1	
<i>levocetirizine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR)		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	ST; QL (11 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>formoterol fumarate</i>	Tier 1	QL (120 ML per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADCIRCA	Tier 4	PA; QL (2 EA per 1 day)
ADEMPAS	Tier 4	PA; QL (3 EA per 1 day)
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>bosentan</i>	Tier 4	PA; QL (2 EA per 1 day)
ORENITRAM	Tier 4	PA
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
VENTAVIS	Tier 4	PA; QL (270 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
XANTHINE DERIVATIVES		
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>naftifine topical cream</i>	Tier 1	PA; QL (60 GM per 30 days)
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ALTABAX	Tier 3	ST; QL (30 GM per 30 days)
CABTREO	Tier 3	
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
CLINDACIN ETZ TOPICAL SWAB	Tier 1	
<i>clindamycin phosphate topical gel</i>	Tier 1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	Tier 1	QL (150 ML per 30 days)
<i>clindamycin phosphate topical lotion</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate vaginal</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>clindamycin-tretinoin</i>	Tier 1	
<i>dapsone topical gel</i>	Tier 1	
ERY PADS	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
<i>metronidazole vaginal</i>	Tier 1	QL (70 GM per 30 days)
<i>mupirocin</i>	Tier 1	QL (44 GM per 30 days)
ROSADAN TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	Tier 1	QL (45 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
XEPI	Tier 2	ST; QL (30 GM per 30 days)
ANTIPRURITICS AND LOCAL ANESTHETICS		
DERMACINRX PRIZOPAK	Tier 1	
<i>doxepin topical</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>lidocaine hcl laryngotracheal</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 1	
LIDOPIN TOPICAL CREAM 3 %	Tier 1	QL (30 GM per 30 days)
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir topical ointment</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>penciclovir</i>	Tier 1	ST; QL (5 GM per 30 days)
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole mucous membrane</i>	Tier 1	
<i>clotrimazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>econazole</i>	Tier 1	QL (85 GM per 30 days)
ERTACZO	Tier 2	QL (60 GM per 30 days)
GYNAZOLE-1	Tier 3	
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 30 days)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>luliconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<i>oxiconazole</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>sulconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<i>terconazole</i>	Tier 1	
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate topical lotion</i>	Tier 1	
BASIC OILS AND OTHER SOLVENTS		
MURI-LUBE	Tier 2	
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate topical cream</i>	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste</i>	Tier 2	
BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)		
MENTAX	Tier 2	ST; QL (30 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
CELL STIMULANTS AND PROLIFERANTS		
AVITA TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
AVITA TOPICAL GEL	Tier 2	QL (45 GM per 30 days)
<i>clindamycin-tretinoin</i>	Tier 1	
<i>tretinoin</i>	Tier 1	QL (45 GM per 30 days)
<i>tretinoin (emollient)</i>	Tier 1	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
ALA-CORT	Tier 1	QL (28.35 GM per 30 days)
<i>alclometasone</i>	Tier 1	QL (2 GM per 1 day)
BESER	Tier 1	ST; QL (4 ML per 1 day)
<i>betamethasone dipropionate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	Tier 1	QL (50 GM per 30 days)
<i>betamethasone, augmented topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>calcipotriene-betamethasone</i>	Tier 1	QL (60 GM per 30 days)
<i>clobetasol scalp</i>	Tier 1	ST; QL (100 ML per 30 days)
<i>clobetasol topical cream</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical gel</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>clobetasol topical shampoo</i>	Tier 1	ST; QL (236 ML per 30 days)
<i>clobetasol-emollient topical cream</i>	Tier 1	QL (120 GM per 30 days)
CLODAN	Tier 1	ST; QL (236 ML per 30 days)
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
CORTIFOAM	Tier 2	
<i>desonide topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>desonide topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>desoximetasone topical cream 0.05 %</i>	Tier 1	ST
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	ST; QL (2 GM per 1 day)
<i>desoximetasone topical gel</i>	Tier 1	ST
<i>desoximetasone topical ointment</i>	Tier 1	ST
<i>desoximetasone topical spray,non-aerosol</i>	Tier 1	ST
<i>diflorasone</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinolone and shower cap</i>	Tier 1	QL (1 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
fluocinolone topical cream 0.01 %	Tier 1	QL (120 GM per 30 days)
fluocinolone topical cream 0.025 %	Tier 1	QL (2 GM per 1 day)
fluocinolone topical oil	Tier 1	QL (120 ML per 30 days)
fluocinolone topical ointment	Tier 1	QL (2 GM per 1 day)
fluocinolone topical solution	Tier 1	QL (120 ML per 30 days)
fluocinonide topical cream 0.05 %	Tier 1	ST; QL (120 GM per 30 days)
fluocinonide topical gel	Tier 1	PA; QL (120 GM per 30 days)
fluocinonide topical ointment	Tier 1	ST; QL (120 GM per 30 days)
fluocinonide topical solution	Tier 1	QL (120 ML per 30 days)
FLUOCINONIDE-E	Tier 1	QL (120 GM per 30 days)
fluocinonide-emollient	Tier 1	QL (120 GM per 30 days)
flurandrenolide topical cream	Tier 1	ST; QL (120 GM per 30 days)
flurandrenolide topical lotion	Tier 1	ST; QL (120 ML per 30 days)
fluticasone propionate topical cream	Tier 1	QL (2 GM per 1 day)
fluticasone propionate topical lotion	Tier 1	ST; QL (4 ML per 1 day)
fluticasone propionate topical ointment	Tier 1	QL (2 GM per 1 day)
halcinonide	Tier 1	ST
halobetasol propionate topical cream	Tier 1	ST
halobetasol propionate topical foam	Tier 2	ST
hydrocortisone acetate rectal suppository 25 mg	Tier 1	
hydrocortisone butyrate topical cream	Tier 1	QL (120 GM per 30 days)
hydrocortisone butyrate topical ointment	Tier 1	ST; QL (45 GM per 30 days)
hydrocortisone butyrate topical solution	Tier 1	ST; QL (120 ML per 30 days)
hydrocortisone rectal	Tier 1	
hydrocortisone topical cream 1 %	Tier 1	QL (28.35 GM per 30 days)
hydrocortisone topical cream 2.5 %	Tier 1	QL (1 GM per 1 day)
hydrocortisone topical cream with perineal applicator	Tier 1	
hydrocortisone topical lotion 2.5 %	Tier 1	QL (118 ML per 30 days)
hydrocortisone topical ointment 1 %	Tier 1	
hydrocortisone topical ointment 2.5 %	Tier 1	QL (28.35 GM per 30 days)
hydrocortisone valerate topical cream	Tier 1	QL (2 GM per 1 day)
mometasone topical cream	Tier 1	QL (45 GM per 30 days)
mometasone topical ointment	Tier 1	QL (45 GM per 30 days)
mometasone topical solution	Tier 1	QL (2 ML per 1 day)
ORALONE	Tier 1	
prednicarbate topical cream	Tier 1	QL (2 GM per 1 day)
prednicarbate topical ointment	Tier 1	
PROCTO-MED HC	Tier 1	

Drug Name	Tier	Restrictions/Limits
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM TOPICAL CREAM 0.5 %	Tier 1	ST; QL (454 GM per 30 days)
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
CICLODAN TOPICAL CREAM	Tier 1	QL (90 GM per 30 days)
CICLODAN TOPICAL SOLUTION	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical cream</i>	Tier 1	QL (90 GM per 30 days)
<i>ciclopirox topical gel</i>	Tier 1	QL (45 GM per 30 days)
<i>ciclopirox topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>ciclopirox topical solution</i>	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension</i>	Tier 1	QL (60 ML per 30 days)
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
IMMUNOMODULATORY AGENT(S)		
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 4	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (1 ML per 84 days)
<i>tacrolimus topical</i>	Tier 1	QL (100 GM per 30 Days)
KERATOLYTIC AGENTS		
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
AVAR-E GREEN	Tier 2	ST
AVAR-E LS	Tier 2	ST; QL (57 GM per 30 days)
BPO TOPICAL GEL	Tier 1	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>salicylic acid topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical cream,extended release</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical lotion</i>	Tier 1	QL (473 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
salicylic acid topical lotion,extended release	Tier 1	QL (473 GM per 30 days)
salicylic acid topical shampoo	Tier 1	QL (177 ML per 30 days)
salicylic acid-ceramides no.1	Tier 1	
SALIMEZ	Tier 1	QL (454 GM per 30 days)
SSS 10-5 TOPICAL CREAM	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	Tier 1	QL (341 GM per 30 days)
sulfacetamide sodium-sulfur topical cleanser 9-4 %	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-2 %	Tier 1	QL (57 GM per 30 days)
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea	Tier 1	
SULFACEANSE 8-4	Tier 1	ST
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
ALCOHOL PADS	Tier 1	\$0 on Diabetic Plans
ALCOHOL PREP PADS	Tier 1	\$0 on Diabetic Plans
alcohol swabs	Tier 1	\$0 on Diabetic Plans
ALCOHOL WIPES	Tier 1	\$0 on Diabetic Plans
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
AVAR-E GREEN	Tier 2	ST
AVAR-E LS	Tier 2	ST; QL (57 GM per 30 days)
BD ALCOHOL SWABS	Tier 2	\$0 on Diabetic Plans
CARETOUCH ALCOHOL PREP PAD	Tier 2	\$0 on Diabetic Plans
CURITY ALCOHOL SWABS	Tier 2	\$0 on Diabetic Plans
DROPSAFE ALCOHOL PREP PADS	Tier 2	\$0 on Diabetic Plans
DY-O-DERM	Tier 1	
EASY COMFORT ALCOHOL PAD	Tier 2	\$0 on Diabetic Plans
EASY TOUCH ALCOHOL PREP PADS	Tier 2	\$0 on Diabetic Plans
guaiacol	Tier 2	
INCONTROL ALCOHOL PADS	Tier 2	\$0 on Diabetic Plans
INSTACLEAN	Tier 2	
isopropyl alcohol solution 70 %	Tier 2	

Drug Name	Tier	Restrictions/Limits
<i>isopropyl alcohol solution 99 %</i>	Tier 1	
IV PREP WIPES	Tier 2	
<i>mafenide acetate</i>	Tier 1	PA
PRO COMFORT ALCOHOL PADS	Tier 2	\$0 on Diabetic Plans
PURE COMFORT ALCOHOL PADS	Tier 2	\$0 on Diabetic Plans
<i>selenium sulfide topical lotion</i>	Tier 1	PA
<i>silver sulfadiazine</i>	Tier 1	
SSD	Tier 1	
SSS 10-5 TOPICAL CREAM	Tier 1	
<i>sulfacetamide sodium (acne)</i>	Tier 1	QL (118 ML per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (341 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Tier 1	QL (57 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
SULFACEANSE 8-4	Tier 1	ST
SURE COMFORT ALCOHOL PREP PADS	Tier 2	
SURE-PREP ALCOHOL PREP PADS	Tier 2	\$0 on Diabetic Plans
TRUE COMFORT ALCOHOL PADS	Tier 2	\$0 on Diabetic Plans
TRUE COMFORT PRO ALCOHOL PADS	Tier 2	\$0 on Diabetic Plans
ULESFIA	Tier 2	QL (227 GM per 30 days)
ULTILET ALCOHOL SWAB	Tier 2	\$0 on Diabetic Plans
WEBCOL	Tier 2	\$0 on Diabetic Plans
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)		
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 30 days)
POLYENES (SKIN AND MUCOUS MEMBRANE)		
NYAMYC	Tier 1	QL (180 GM per 30 days)
<i>nystatin topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>nystatin topical ointment</i>	Tier 1	QL (30 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>nystatin topical powder</i>	Tier 1	QL (180 GM per 30 days)
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 30 days)
NYSTOP	Tier 1	QL (180 GM per 30 days)
SCABICIDES AND PEDICULICIDES		
<i>ivermectin topical lotion</i>	Tier 1	
<i>malathion</i>	Tier 1	QL (59 ML per 30 days)
<i>permethrin</i>	Tier 1	QL (2 GM per 1 day)
<i>spinosad</i>	Tier 1	PA; QL (4 ML per 1 day)
ULESFIA	Tier 2	QL (227 GM per 30 days)
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
<i>acitretin</i>	Tier 1	
<i>adapalene topical lotion</i>	Tier 2	ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 1	
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<i>brimonidine topical</i>	Tier 1	PA
CABTREO	Tier 3	
<i>calcipotriene scalp</i>	Tier 1	QL (120 ML per 30 days)
<i>calcipotriene topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>calcipotriene topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>calcipotriene-betamethasone</i>	Tier 1	QL (60 GM per 30 days)
<i>calcitriol topical</i>	Tier 1	PA
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
COSENTYX (2 SYRINGES)	Tier 4	PA
COSENTYX PEN	Tier 4	PA
COSENTYX PEN (2 PENS)	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA
<i>dapsone topical gel</i>	Tier 1	
DUPIXENT PEN	Tier 4	PA
DUPIXENT SYRINGE	Tier 4	PA
ENBREL MINI	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE	Tier 4	PA
ENBREL SURECLICK	Tier 4	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	PA; QL (24 EA per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
<i>podofilox topical solution</i>	Tier 1	QL (1 ML per 30 days)
RECTIV	Tier 2	PA
SANTYL	Tier 2	QL (180 GM per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA; QL (1 ML per 84 days)
STELARA INTRAVENOUS	Tier 4	PA; QL (104 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (45 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 4	PA; QL (90 MG per 90 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (90 ML per 60 days)
TRI-CHLOR	Tier 1	
<i>trichloroacetic acid topical recon soln 20 %, 30 %, 35 %, 40 %, 50 %, 80 %, 85 %, 90 %</i>	Tier 2	
SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin</i>	Tier 1	PA
<i>flavoxate</i>	Tier 1	
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier 1	
<i>solifenacin</i>	Tier 1	
<i>tolterodine oral capsule,extended release 24hr</i>	Tier 1	ST
<i>tolterodine oral tablet</i>	Tier 1	
<i>trospium</i>	Tier 1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>ELIXOPHYLLIN</i>	Tier 2	
<i>THEO-24</i>	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 2	ST
VITAMINS		
MULTIVITAMIN PREPARATIONS		
CLASSIC PRENATAL	Tier 0	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
MULTI-VITAMIN WITH FLUORIDE	Tier 0	
MVC-FLUORIDE	Tier 0	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>prenatal vit no. 179-iron-folic</i>	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
WESCAP-C DHA	Tier 1	
VITAMIN A		
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
VITAMIN B COMPLEX		
B COMPLEX 1 (WITH FOLIC ACID)	Tier 0	
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0	
BALANCE B-100 (FOLIC ACID)	Tier 0	
BALANCE B-50 (WITH FOLIC ACID)	Tier 0	
BALANCED B-100 ORAL TABLET	Tier 0	
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	Tier 0	

Drug Name	Tier	Restrictions/Limits
CLASSIC PRENATAL	Tier 0	
<i>cyanocobalamin (vitamin b-12) injection</i>	Tier 1	
DIALYVITE 800 ORAL TABLET	Tier 0	
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 0	
FOLTABS 800	Tier 0	
FULL SPECTRUM B-VITAMIN C	Tier 0	
KOBEE	Tier 0	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>prenatal vit no.179-iron-folic</i>	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
RENA-VITE	Tier 0	
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
SUPER B MAXI COMPLEX	Tier 0	
SUPER QINTS	Tier 0	
<i>vitamin b complex-folic acid oral tablet</i>	Tier 0	
WESCAP-C DHA	Tier 1	
VITAMIN C		
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0	
DIALYVITE 800 ORAL TABLET	Tier 0	
FULL SPECTRUM B-VITAMIN C	Tier 0	
RENA-VITE	Tier 0	
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	

Drug Name	Tier	Restrictions/Limits
VITAMINS A,C,D AND FLUORIDE	Tier 0	
VITAMIN D		
<i>calcitriol oral</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	Tier 1	ST
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
RELION GLUCOSE	Tier 1	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMIN D2	Tier 1	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
VITAMIN E		
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
VITAMIN K ACTIVITY		
<i>phytonadione (vitamin k1) injection solution 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	QL (10 EA per 30 days)

Index

2-IN-1 LANCET DEVICE	51	ADVOCATE LANCING DEVICE	51	<i>amitriptyline</i>	50
<i>abacavir</i>	12	AEROCHAMBER PLUS FLOW-VU,L MSK.....	51	<i>amitriptyline-chlordiazepoxide</i>	42, 50
<i>abacavir-lamivudine</i>	12	AEROCHAMBER PLUS FLOW-VU,M MSK.....	52	<i>amlodipine</i>	29, 31, 32, 33, 35
ABILIFY MAINTENA.....	38, 40	AEROCHAMBER PLUS FLOW-VU,S MSK.....	52	<i>amlodipine-benazepril</i>	26, 27, 29, 31, 32, 33, 35
<i>abiraterone</i>	15	AEROCHAMBER PLUS AEROCHAMBER PLUS Z STAT LG MSK.....	52	<i>amlodipine-olmesartan</i>	25, 26, 29, 31, 32, 33, 35
ABRYNSVO.....	17	AEROCHAMBER PLUS AEROCHAMBER PLUS Z STAT MD MSK.....	52	<i>amlodipine-valsartan</i>	25, 26, 29, 31, 32, 33, 35
<i>acamprosate</i>	43	AEROCHAMBER PLUS AEROCHAMBER PLUS Z AEROCHAMBER PLUS Z STAT SM MSK.....	52	<i>ammonium lactate</i>	105
<i>acarbose</i>	80	AEROCHAMBER PLUS AEROCHAMBER PLUS Z AFTER PILL.....	82	<i>amoxapine</i>	50
ACCU-CHEK FASTCLIX LANCET DRUM.....	51	AEROCHAMBER PLUS AEROCHAMBER PLUS Z AIMOVIG AUTOINJECTOR.....	42	<i>amoxicil-clarithromy-lansopraz</i>	9, 14, 78
ACCU-CHEK FASTCLIX LANCING DEV.....	51	AIMSCO LATEX CONDOM.....	98	<i>amoxicillin</i>	9
ACCU-CHEK MULTICLIX LANCET.....	51	AKYNZEO (NETUPITANT) ..	75, 78	<i>amoxicillin-pot clavulanate</i>	9
ACCU-CHEK SAFE-T-PRO PLUS.....	51	ALA-CORT.....	106	<i>amphetamine sulfate</i>	36
ACCU-CHEK SOFT DEV LANCETS.....	51	<i>albendazole</i>	9	<i>ampicillin</i>	9
ACCU-CHEK SOFTCLIX LANCETS.....	51	<i>albuterol sulfate</i>	21, 103	<i>anagrelide</i>	24
ACD SOLUTION A.....	22, 68	<i>alclometasone</i>	106	<i>anastrozole</i>	16, 81
ACD-A.....	22, 68	ALCOHOL PADS.....	109	<i>anticoag citrate phos dextrose</i> ...	22
<i>acebutolol</i>	22, 27, 28, 30, 33	ALCOHOL PREP PADS.....	109	ANTI-DIARRHEAL (LOPERAMIDE).....	75
<i>acetaminophen-codeine</i>	36, 44	<i>alcohol swabs</i>	109	<i>apraclonidine</i>	74
<i>acetazolamide</i>	30, 69, 73	ALCOHOL WIPES.....	109	<i>aprepitant</i>	78
<i>acetic acid</i>	74	<i>alendronate</i>	94	APRI.....	82
<i>acetylcysteine</i>	98, 101	<i>alfuzosin</i>	21	APTIOM.....	37
ACID REDUCER (OMEPRAZOLE).....	78	<i>allopurinol</i>	93	APTIVUS.....	13
<i>acitretin</i>	111	<i>almotriptan malate</i>	49	AQUA LANCE LANCING DEVICE	52
ACTEMRA.....	94, 96	<i>alogliptin</i>	87	ARANELLE (28).....	82
ACTEMRA ACTPEN.....	94, 96	<i>alogliptin-metformin</i>	81, 87	AREXVY (PF).....	18
ACTHIB (PF).....	18	<i>alogliptin Pioglitazone</i>	87, 92	AREXVY ADJUVANT COMPONENT (PF).....	18
ACTI-LANCE LANCETS.....	51	ALOMIDE.....	72	AREXVY ANTIGEN COMPONENT	18
<i>acyclovir</i>	14, 105	<i>alosetron</i>	76	<i>ariprazole</i>	38, 40
ADACEL(TDAP		<i>alprazolam</i>	42	ARISTADA.....	38, 40
ADOLESN/ADULT)(PF).....	17	ALTABAX.....	104	ARISTADA INITIO.....	38, 40
<i>adalimumab-adaz</i>	77, 94, 96	ALTAVERA (28).....	82	<i>armodafinil</i>	51
<i>adalimumab-fkjp</i>	77, 94, 96	ALTERNATE SITE LANCET.....	52	ARNUITY ELLIPTA.....	79, 102
<i>adapalene</i>	111	ALTERNATE SITE LANCING DEVICE	52	ASHLYNA.....	82
<i>adapalene-benzoyl peroxide</i>	111	ALVESCO.....	79, 101	<i>aspirin</i>	24, 39, 48
ADCIRCA.....	34, 103	ALYACEN 1/35 (28).....	82	ASPIRIN CHILDRENS... <i>aspirin, buffd-calcium carb-mag</i>	24, 39, 48
<i>adefovir</i>	14	ALYACEN 7/7/7 (28).....	82	<i>aspirin-dipyridamole</i>	24, 35, 48
ADEMPAS.....	35, 103	<i>amantadine hcl</i>	9, 36	ASPIR-TRIN.....	24, 39, 48
ADJUSTABLE LANCING DEVICE	51	<i>ambrisentan</i>	35, 103	ASSURE LANCE.....	52
ADULT ASPIRIN REGIMEN	24, 39, 48	AMETHIA.....	82	ASSURE LANCE PLUS.....	52
ADVANCED LANCING DEVICE	51	AMETHYST (28).....	82	<i>atazanavir</i>	13
ADVANCED TRAVEL LANCETS.....	51	<i>amiloride</i>	34, 70, 71	<i>atenolol</i>	22, 27, 28, 31
ADVOCATE LANCET	51	<i>amiloride-hydrochlorothiazide</i>	34, 70, 71		
		<i>amiodarone</i>	31		

atenolol-chlorthalidone		BARACLUDE.....	14	BD SAFETYGLIDE
.....22, 27, 28, 31, 35, 71		BASAGLAR KWIKPEN U-100		ALLERGIST TRAY.....53
atomoxetine	43	INSULIN.....88, 90		BD SAFETYGLIDE INSULIN
atorvastatin	32	BAYER ASPIRIN.....24, 25, 39, 48		SYRINGE.....53
atovaquone	10	BAYER LOW DOSE ASPIRIN		BD SAFETYGLIDE NEEDLE.....53
atovaquone-proguanil	10	.....24, 25, 39, 48		BD SAFETYGLIDE
atropine	75	bcg vaccine, live (pf).....18		SHIELDING REG.....53
ATROVENT HFA	19, 99	B-COMPLEX WITH VITAMIN C		BD SAFETYGLIDE SYRINGE.....53
AUBRA	82	.....113		BD SAFETYGLIDE TB REG
AUBRA EQ	82	BD ALCOHOL SWABS.....109		BEVEL.....53
AUROVELA 1.5/30 (21)	82	BD ALLERGY SYRINGE.....52		BD SAFETYGLIDE
AUROVELA 1/20 (21)	82	BD AUTOSHIELD DUO PEN		TUBERCULIN.....53
AUROVELA 24 FE	82	NEEDLE.....52		BD SHORT BEVEL NEEDLES..53
AUROVELA FE 1.5/30 (28)	82	BD BLUNT PLASTIC		BD SHORT BEVEL THIN
AUROVELA FE 1-20 (28)	82	CANNULA.....52		WALL.....53
AURYXIA	69	BD BULK SYRINGE SLIP TIP...52		BD SLIP TIP SYRINGE.....53
AUSTEDO	51	BD ECCENTRIC TIP SYRINGE.52		BD SPECIALTY USE
AUSTEDO XR	51	BD ECLIPSE.....52		NEEDLES.....54
AUSTEDO XR TITRATION		BD ECLIPSE LUER-LOK.....52		BD SYRINGE.....54
KT(WK1-4)	51	BD FILTER NEEDLE 5-		BD SYRINGE CATH TIP
AUTO-LANCET MINI	52	MICRON NOKO.....52		NONSTERILE.....54
AUTOLET IMPRESSION LANC		BD FILTER NEEDLE-5		BD SYRINGE CATHETER TIP..54
DEV	52	MICRON.....52		BD SYRINGE LUER-LOK
AUTOLET LANCING DEVICE	52	BD INSULIN SYRINGE.....52		NONSTERILE.....54
AVAR	108, 109	BD INSULIN SYRINGE (HALF		BD SYRINGE LUER-LOK
AVAR-E	108, 109	UNIT).....52		STERILE.....54
AVAR-E GREEN	108, 109	BD INSULIN SYRINGE		BD SYRINGE SLIP TIP
AVAR-E LS	108, 109	MICRO-FINE.....52		NONSTERILE.....54
AVIANE	82	BD INSULIN SYRINGE U-500...52		BD SYRINGE TIP CAP.....54
AVITA	106	BD INSULIN SYRINGE		BD SYRINGE-DUAL
AVONEX	96	ULTRA-FINE.....52, 53		CANNULA.....54
AYUNA	83	BD INTEGRA SYRINGE.....53		BD TUBERCULIN SLIP-TIP.....54
AZASITE	72	BD INTERLINK BLUNT		BD TUBERCULIN SYRINGE.....54
azathioprine	95, 96, 97	PLASTIC CAN.....53		BD ULTRA-FINE MICRO PEN
azelastine	72	BD INTERLINK SYRINGE.....53		NEEDLE.....54
azelastine-fluticasone		BD INTRADERMAL BEVEL		BD ULTRA-FINE MINI PEN
.....72, 74, 101, 102		NEEDLES.....53		NEEDLE.....54
azithromycin	14	BD LO-DOSE MICRO-FINE IV..53		BD ULTRA-FINE ORIG PEN
AZURETTE (28)	83	BD LUER-LOK BULK		NEEDLE.....54
B COMPLEX 1 (WITH FOLIC		SYRINGE.....53		BD ULTRA-FINE SHORT PEN
ACID)	113	BD LUER-LOK SYRINGE.....53		NEEDLE.....54
b complex-vitamin c-folic acid		BD LUER-LOK TIP CONTROL		BD VEO INSULIN SYR (HALF
.....113, 114		SYRING.....53		UNIT).....54
bacitracin	72	BD MICROTAINER LANCET....53		BD VEO INSULIN SYRINGE
bacitracin-polymyxin b	72	BD NOKOR ADMIX NEEDLE....53		UF.....54
baclofen	20	BD POSIFLUSH NORMAL		BD VERITOR AT-HOME
BALANCE B-100 (FOLIC ACID)		SALINE 0.9.....53, 70		COVID19 TST.....54
.....113		BD PRECISIONGLIDE.....53		BELSOMRA.....46
BALANCE B-50 (WITH FOLIC		BD PRECISIONGLIDE NON-		benazepril.....26, 27
ACID)	113	STERILE.....53		benazepril-hydrochlorothiazide
BALANCED B-100	113	BD QUINCKE SPINAL		.....26, 27, 34, 71
BALANCED SALT	74	NEEDLE.....53		benznidazole.....10
balsalazide	76	BD REGULAR BEVEL		benzonatate.....99, 100
BALZIVA (28)	83	NEEDLES.....53		benztropine.....20, 37
BAQSIMI	88, 93			BESER.....106

<i>betamethasone dipropionate</i>	106	<i>bumetanide</i>	33, 69	<i>carisoprodol-aspirin-codeine</i>	
<i>betamethasone valerate</i>	106	<i>buprenorphine</i>	46	<i>carisoprodol-aspirin-codeine</i>	20, 44, 48
<i>betamethasone, augmented</i>	106	<i>buprenorphine hcl</i>	46	<i>carteolol</i>	73
<i>betaxolol</i>	73	<i>buprenorphine-naloxone</i>	46	<i>CARTIA XT</i>	28, 29, 31, 35
<i>bethanechol chloride</i>	21	<i>bupropion hcl</i>	38	<i>carvedilol</i>	20, 21, 25, 31
<i>bexarotene</i>	16, 111	<i>bupropion hcl (smoking deter)</i>	38	<i>CAYA CONTOURED</i>	98
<i>BEXSERO</i>	18	<i>buspirone</i>	40	<i>CAYSTON</i>	14
<i>bicalutamide</i>	16	<i>butalbital-acetaminop-caf-cod</i>		<i>CAZIANT (28)</i>	83
<i>BIKTARVY</i>	12	<i>.....36, 39, 41, 44, 47</i>		<i>cefadroxil</i>	9
<i>bimatoprost</i>	75	<i>butalbital-acetaminophen-caff</i>		<i>cefdinir</i>	9
<i>BINAXNOW COVID AG CARD</i>		<i>.....36, 39, 41, 47</i>		<i>cefprozil</i>	9
<i>HOME TST</i>	54	<i>butalbital-aspirin-caffeine</i>		<i>cefuroxime axetil</i>	9
<i>BINAXNOW COVID-19 AG</i>		<i>.....24, 25, 39, 41, 47, 48</i>		<i>celecoxib</i>	43
<i>SELF TEST</i>	54	<i>BUTTERFLY TOUCH LANCET</i>	54	<i>CELLTRION DIATRUST COV-</i>	
<i>BIOGLO</i>	67	<i>cabergoline</i>	43	<i>19 HOME</i>	55
<i>BIOLON</i>	54	<i>CABTREO</i>	104, 111	<i>cephalexin</i>	9
<i>BIOTHRAX</i>	18	<i>calcipotriene</i>	111	<i>cetirizine</i>	8, 102
<i>bisacodyl</i>	76	<i>calcipotriene-betamethasone</i>		<i>cevimeline</i>	21
<i>bisoprolol fumarate</i>	22, 27, 28, 31	<i>.....106, 111</i>		<i>CHARLOTTE 24 FE</i>	83
<i>bisoprolol-hydrochlorothiazide</i>		<i>calcitonin (salmon)</i>	81, 94	<i>CHATEAL (28)</i>	83
	22, 27, 28, 31, 34, 71	<i>calcitriol</i>	111, 115	<i>CHATEAL EQ (28)</i>	83
<i>BLISOVI 24 FE</i>	83	<i>calcium acetate(phosphat bind)</i>	69	<i>CHEK-STIX CONTROL</i>	67
<i>BLISOVI FE 1.5/30 (28)</i>	83	<i>CAMILA</i>	83	<i>CHEMO TRANSFER PIN</i>	55
<i>BLISOVI FE 1/20 (28)</i>	83	<i>CAMRESE</i>	83	<i>CHEMSTRIP 10 MD</i>	67
<i>blunt needle, disposable</i>	54	<i>CAMRESE LO</i>	83	<i>CHEMSTRIP 10/SG</i>	68
<i>BLUNT SPINAL NEEDLE</i>	54	<i>candesartan</i>	25, 26	<i>CHEMSTRIP 2 GP</i>	68
<i>BOOSTRIX TDAP</i>	17	<i>candesartan-hydrochlorothiazid</i>		<i>CHEMSTRIP 50B</i>	68
<i>bosentan</i>	35, 103	<i>.....25, 26, 34, 71</i>		<i>CHEMSTRIP 7</i>	68
<i>BPO</i>	108	<i>capecitabine</i>	16	<i>CHEMSTRIP 9</i>	68
<i>BREATHERITE SPACER-MASK, NEO</i>	54	<i>CAPRELSA</i>	16	<i>CHILDREN'S ASPIRIN</i>	
<i>BREATHERITE SPACER-MASK,ADULT</i>	54	<i>captopril</i>	26, 27	<i>.....24, 25, 39, 48</i>	
<i>BREATHERITE SPACER-MASK,CHILD</i>	54	<i>captopril-hydrochlorothiazide</i>		<i>chlordiazepoxide hcl</i>	42
<i>BREATHERITE SPACER-MASK,INFANT</i>	54	<i>.....26, 27, 34, 71</i>		<i>chlordiazepoxide-clidinium</i>	19, 42
<i>BREATHERITE SPACER-MASK,S.CHLD</i>	54	<i>carbamazepine</i>	37, 38	<i>chlorhexidine gluconate</i>	74
<i>BRIELLYN</i>	83	<i>carbidopa</i>	43	<i>chloroquine phosphate</i>	10
<i>BRILINTA</i>	24	<i>carbidopa-levodopa</i>	43	<i>chlorpromazine</i>	47
<i>brimonidine</i>	72, 111	<i>carbidopa-levodopa-</i>		<i>chlorthalidone</i>	35, 71
<i>brimonidine-timolol</i>	72, 73	<i>entacapone</i>	43	<i>chlorzoxazone</i>	20
<i>brinzolamide</i>	73	<i>carbinoxamine maleate</i>	8, 101	<i>cholestyramine (with sugar)</i>	28
<i>bromfenac</i>	75	<i>cardioplegic soln</i>	70	<i>CHOLESTYRAMINE LIGHT</i>	28
<i>bromocriptine</i>	43	<i>CAREONE LANCING DEVICE</i>	54	<i>cholestyramine-aspartame</i>	28
<i>brompheniramine-pseudoeph-dm</i>	19, 99, 100, 101	<i>CAREONE ULTRA THIN</i>		<i>CICLODAN</i>	108
<i>BSS</i>	74	<i>LANCET</i>	55	<i>CICLODAN KIT</i>	108, 111
<i>budesonide</i>	79, 102	<i>CAREPOINT LUER LOCK</i>		<i>ciclopirox</i>	108
<i>budesonide-formoterol</i>		<i>SYR-NEEDLE</i>	55	<i>ciclopirox-ure-camph-menth-euc</i>	108
	21, 79, 102, 103	<i>CARESTART COVID-19 AG</i>		<i>cilostazol</i>	24, 34
<i>BUFFERIN</i>	24, 25, 39, 48	<i>HOME TST</i>	55	<i>cimetidine</i>	78
<i>BULLSEYE MINI SAFETY LANCETS</i>	54	<i>CARETOUCH ALCOHOL PREP PAD</i>	109	<i>CIMZIA</i>	77, 95, 96
		<i>CARETOUCH LANCING DEVICE</i>	55	<i>CIMZIA POWDER FOR RECONST</i>	
		<i>CARETOUCH LUER LOCK</i>		<i>CIMZIA STARTER KIT</i>	77, 95, 96
		<i>SYR-NEEDLE</i>	55	<i>cinacalcet</i>	81
		<i>CARETOUCH TWIST LANCET</i>	55	<i>CIPRO HC</i>	72, 74
		<i>carisoprodol</i>	20	<i>ciprofloxacin</i>	10, 15

ciprofloxacin hcl	10, 14, 72	COMBIVENT RESPIMAT	19, 22, 99, 103	DAYSEE	83
ciprofloxacin-dexamethasone	72, 74	COMETRIQ	16	DEBLITANE	83
ciprofloxacin-fluocinolone	72, 74	COMFORT EZ LANCETS	55	deferasirox	79
citalopram	49	COMIRNATY 2023-24 (12Y UP)(PF)	18	DELFLEX WITH 2.5 % DEXTROSE	69
CITRATE OF MAGNESIA	76	COMPACT SPACE		DELFLEX-LC/1.5% DEXTROSE	69
CITROMA	76	CHAMBER-LRG MASK	55	DELFLEX-LC/2.5% DEXTROSE	69
clarithromycin	10, 14	COMPACT SPACE		DELFLEX-LC/4.25% DEXTROSE	69
CLASSIC PRENATAL	23, 113, 114	CHAMBER-MED MASK	55	DELSTRIGO	12
CLEARLAX	76	COMPACT SPACE		demeclocycline	15
clemastine	8, 101	CHAMBER-SM MASK	55	DENTA 5000 PLUS	94
CLENPIQ	76	COMPLERA	12	DEPO-SUBQ PROVERA 104	90
CLEOCIN	104	CORTIFOAM	106	DERMACINRX PRIZOPAK	105
CLEVER CHEK LANCETS	55	cortisone	79	DESCOVY	12
CLEVER CHOICE CHAMBER-LRG MASK	55	COSENTYX	95, 111	desflurane	44
CLEVER CHOICE CHAMBER-MED MASK	55	COSENTYX (2 SYRINGES)	95, 111	desipramine	50
CLEVER CHOICE CHAMBER-SM MASK	55	COSENTYX PEN	95, 111	desloratadine	8, 102
CLINDACIN ETZ	104	COSENTYX PEN (2 PENS)	95, 111	desmopressin	23, 90
clindamycin hcl	13	COVARYX	81, 87	desog-e.estradiol/e.estriol	83
CLINDAMYCIN PEDIATRIC	13	COVARYX H.S.	81, 87	desogestrel-ethinyl estradiol	83
clindamycin phosphate	104	COVID-19 AT-HOME TEST	55	desonide	106
clindamycin-benzoyl peroxide	104, 108	CREON	77	desoximetasone	106
clindamycin-tretinooin	104, 106	CRESEMDA	11	desvenlafaxine	49
CLINITEST COVID-19 HOME TEST	55	CRINONE	90	desvenlafaxine succinate	49
clobazam	41, 42	cromolyn	72, 101	DEX4 GLUCOSE	68
clobetasol	106	CRYOSERV	98	DEX4 GLUCOSE BITS	68
clobetasol-emollient	106	CRYSELLE (28)	83	DEX4 GLUCOSE POUCH	
CLODAN	106	CURITY ALCOHOL SWABS	109	PACK	68
CLOMID	87	cyanocobalamin (vitamin b-12)	114	DEX4 GLUCOSE QUICK	
clomiphene citrate	87	cyclobenzaprine	20	DISSOLVE	68
clomipramine	50	cyclopentolate	75	dexamethasone	80
clonazepam	42	cyclophosphamide	16, 97	DEXAMETHASONE	
clonidine	19, 30	cycloserine	10	INTENSOL	80
clonidine hcl	19, 30	cyclosporine	74, 95, 96, 97	dexamethasone sodium	
clopidogrel	24	cyclosporine modified	95, 96, 97	phosphate	74
clorazepate dipotassium	42	CYCLOTENS STARTER	20, 55	dexchlorpheniramine maleate	
clotrimazole	105	coproheptadine	8, 101	8, 101	
clotrimazole-betamethasone	105, 106	CYRED	83	DEXCOM G6 RECEIVER	55
clozapine	40	CYRED EQ	83	DEXCOM G6 SENSOR	55
COAGUCHEK LANCETS	55	CYSTAGON	98	DEXCOM G6 TRANSMITTER	55
COARTEM	10	dalfampridine	98	DEXCOM G7 RECEIVER	55
codeine sulfate	44, 100	danazol	81	DEXCOM G7 SENSOR	55
colchicine	93	dantrolene	20	dexlansoprazole	78
colesevelam	28, 81	dapsone	10, 104, 111	dexamethylphenidate	47
colestipol	28	DAPTACEL (DTAP PEDIATRIC) (PF)	17	dextroamphetamine sulfate	36
COLOR LANCETS	55	darifenacin	112	dextroamphetamine-	
COMBIPATCH	87, 90	DASETTA 1/35 (28)	83	amphetamine	36
COMBISTIX REAGENT	68	DASETTA 7/7/7 (28)	83	dextrose	68
		DAVOL IRRIGATION		DIALYVITE 800	114
		SYRINGE	55	DASTIX	67
		DAVOL PISTON IRRIGATION	55	diazepam	42
				diclofenac potassium	46

<i>diclofenac sodium</i>	46, 75, 110	DY-O-DERM	109	ELMIRON	98
<i>diclofenac-misoprostol</i>	46, 78	EASIVENT MASK LARGE	56	ELURYNG	83
<i>dicloxacillin</i>	14	EASIVENT MASK MEDIUM	56	EMBRACE LANCETS	56
<i>dicyclomine</i>	19	EASIVENT MASK SMALL	56	EMBRACE LANCING DEVICE	56
<i>DIFICID</i>	14	EASY COMFORT ALCOHOL		EMBRACE PEN NEEDLE	56
<i>diflorasone</i>	106	PAD	109	EMBRACE SAFETY LANCET	56
<i>dilflunisal</i>	46	EASY COMFORT LANCETS	56	EMCYT	16
<i>DIGITEK</i>	27, 30	EASY MINI EJECT LANCING		EMFLAZA	80
<i>digoxin</i>	27, 30	DEVICE	56	EMGALITY PEN	42
<i>dihydroergotamine</i>	21, 39	EASY TOUCH	56	EMGALITY SYRINGE	43
<i>DILANTIN</i>	30, 43	EASY TOUCH ALCOHOL		EMSAM	44
<i>diltiazem hcl</i>	28, 29, 31, 35	PREP PADS	109	<i>emtricitabine</i>	12
<i>DLIT-XR</i>	28, 29, 31, 35	EASY TOUCH FLIPLOCK		<i>emtricitabine-tenofovir (tdf)</i>	13
<i>dimethyl fumarate</i>	96	SYRINGE	56	EMTRIVA	13
<i>DIPENTUM</i>	76	EASY TOUCH FLURINGE	56	EMVERM	9
<i>diphenhydramine hcl</i>	8, 101	EASY TOUCH FLURINGE		<i>enalapril maleate</i>	26, 27
<i>diphenoxylate-atropine</i>	19, 75	FLIPLOCK	56	<i>enalapril-hydrochlorothiazide</i>	
<i>dipyridamole</i>	24, 35	EASY TOUCH FLURINGE		.....	26, 27, 34, 71
<i>disopyramide phosphate</i>	30	SHEATHLOCK	56	ENBREL	95, 96, 111
<i>disulfiram</i>	93	EASY TOUCH LANCETS	56	ENBREL MINI	95, 96, 111
<i>divalproex</i>	37, 38, 39	EASY TOUCH LANCING		ENBREL SURECLICK	95, 96, 111
<i>dofetilide</i>	31	DEVICE	56	ENDOCET	36, 44
<i>DOLISHALE</i>	83	EASY TOUCH SAFETY		ENFAMIL GLUCOSE	68
<i>donepezil</i>	21	LANCETS	56	ENGERIX-B (PF)	18
<i>dorzolamide</i>	73	EASY TOUCH TUBERCULIN		ENGERIX-B PEDIATRIC (PF)	18
<i>dorzolamide-timolol</i>	73	FLIPLOCK	56	<i>enoxaparin</i>	23
<i>dorzolamide-timolol (pf)</i>	73	EASY TOUCH TUBERCULIN		ENPRESSE	83
<i>DOTTI</i>	88	SHEATHLK	56	ENSKYCE	83
<i>DOVATO</i>	12	EASY TOUCH TWIST		<i>entacapone</i>	43
<i>doxazosin</i>	20, 25, 33	LANCETS	56	<i>entecavir</i>	14
<i>doxepin</i>	50, 105	EASY TWIST AND CAP		ENTRESTO	26, 34
<i>doxercalciferol</i>	115	LANCETS	56	ENULOSE	68
<i>doxycycline hyclate</i>	15, 72	ECLIPSE SYRINGE	56	<i>epinastine</i>	72
<i>doxycycline monohydrate</i>	15	EC-NAPROXEN	46, 93	<i>epinephrine</i>	19, 99
<i>doxylamine-pyridoxine (vit b6)</i>		econazole	105	EPITOL	37, 38
	76, 101, 114	ECONTRA EZ	83	<i>eplerenone</i>	33, 34
<i>D-PENAMINE</i>	79, 95	ECONTRA ONE-STEP	83	<i>ergocalciferol (vitamin d2)</i>	115
<i>dronabinol</i>	76	ECOTRIN	24, 25, 39, 48	<i>ergoloid</i>	21
<i>DROPLET GENTEL</i>		ECOTRIN LOW STRENGTH		<i>ergotamine-caffeine</i>	21, 39
<i>LANCING DEVICE</i>	55	.....	24, 25, 39, 48	ERIVEDGE	16
<i>DROPLET LANCETS</i>	55	ED-SPAZ	19	<i>erlotinib</i>	16
<i>DROPLET LANCING DEVICE</i>	55	EEMT	81, 88	ERRIN	83
<i>DROPSAFE ALCOHOL PREP</i>		EEMT HS	81, 88	ERTACZO	105
<i>PADS</i>	109	efavirenz	12	ERY PADS	104
<i>drospirenone-e.estradiol-lm.fa</i>	83	effeR-K	70	ERYTHROCIN (AS	
<i>drospirenone-ethinyl estradiol</i>	83	eletriptan	49	STEARATE)	11
<i>DUAVEE</i>	87, 88	ELINEST	83	<i>erythromycin</i>	11, 72
<i>DULCOLAX (MAGNESIUM</i>		ELIQUIS	22	<i>erythromycin ethylsuccinate</i>	11
<i>HYDROXIDE)</i>	76	ELIQUIS DVT-PE TREAT 30D		<i>erythromycin with ethanol</i>	104
<i>DULERA</i>	22, 80, 102, 103	START	23	<i>erythromycin-benzoyl peroxide</i>	104
<i>duloxetine</i>	43, 49	ELIXOPHYLLIN	32, 69, 104, 112	<i>escitalopram oxalate</i>	49
<i>DUPIXENT PEN</i>	111	ELLA	83	<i>esomeprazole magnesium</i>	78
<i>DUPIXENT SYRINGE</i>	111	ELLUME COVID-19 HOME		ESTARYLLA	83
<i>dutasteride</i>	93	TEST	56	<i>estazolam</i>	42
<i>dutasteride-tamsulosin</i>	21, 93			<i>estradiol</i>	88

estradiol-norethindrone acet.	88, 90	FLEXICHAMBER-SM CHILD		FREESTYLE LIBRE 3	
estrogens-methyltestosterone	81, 88	MASK	57	READER	57
eszopiclone	40	FLOW-EZE VENTED NEEDLE	57	FREESTYLE LIBRE 3	
ethambutol	10	FLOWFLEX COVID-19 AG		SENSOR	58
ethosuximide	50	HOME TEST	57	FREESTYLE UNISTIK 2	58
ethynodiol diac-eth estradiol	83	fluconazole	11	frovatriptan	49
etodolac	46	flucytosine	14	FULL SPECTRUM B-VITAMIN C	114
etonogestrel-ethinyl estradiol	83	fludrocortisone	80	furosemide	33, 69
etoposide	16	flunisolide	74, 101	FYAVOLV	88, 90
EUTHYROX	92	fluocinolone	107	FYCOMPA	37
everolimus		fluocinolone acetonide oil	74	G TUSSIN AC	44, 100
(immunosuppressive)	97	fluocinolone and shower cap	106	gabapentin	36, 37
EVOTAZ	13, 98	fluocinonide	107	galantamine	21
EXCEL SYRINGE	56	FLUOCINONIDE-E	107	GARDASIL 9 (PF)	18
EXEL HYPODERMIC NEEDLES	57	fluocinonide-emollient	107	gatifloxacin	72
EXEL SYRINGE	57	fluoride (sodium)	94	GAVILAX	76
exemestane	16, 81	fluorometholone	74	GAVILYTE-C	76
EXTRANEAL 7.5 %	69	fluorouracil	16, 111	GAVILYTE-G	76
E-Z JECT LANCETS	57	fluoxetine	50	gemfibrozil	32
E-Z JECT THIN LANCETS	57	fluphenazine decanoate	47	GEMMILY	84
EZ SMART LANCETS	57	fluphenazine hcl	47	GENABIO COVID-19 RAPID	
ezetimibe	30	flurandrenolide	107	AT-HOME	58
ezetimibe-simvastatin	30, 32	flurazepam	42	GENGRAF	95, 96, 97
FALMINA (28)	83	flurbiprofen	46	gentamicin	72, 104
famciclovir	14	flurbiprofen sodium	75	GENTLE LAXATIVE	
famotidine	78	fluticasone furoate-vilanterol		(BISACODYL)	76
FANAPT	40	fluticasone propionate		GENTLELAX	76
FANTASY CONDOM	98	fluticasone propion-salmeterol		GENVOYA	12, 13
FARXIGA	91	fluvastatin	32	GILOTRIF	16
FASTEP COVID-19 AG HOME TEST	57	fluvoxamine	50	glatiramer	96
FC2 FEMALE CONDOM	98	folic acid	114	GLATOPA	96
febuxostat	93	FOLTABS 800	114	glimepiride	92
felbamate	37	fondaparinux	22	glipizide	92
felodipine	29, 31, 32, 33, 35	FORA LANCING DEVICE	57	glipizide-metformin	81, 92
FEMCAP	57, 98	FORACARE LANCETS	57	GLOSTRIPS	67
fenofibrate	32	FORANE	44	GLUCAGEN HYPOKIT	88, 93
fenofibrate micronized	32	formoterol fumarate	22, 103	GLUCAGON (HCL)	
fenofibrate nanocrystallized	32	fosamprenavir	13	EMERGENCY KIT	88, 93
fenoprofen	46	fosinopril	26, 27	GLUCAGON EMERGENCY KIT (HUMAN)	88, 93
fentanyl	44	fosinopril-hydrochlorothiazide		glucagon hcl	67, 88
filter needles	57	26, 27, 34, 71		GLUCO BURST	68
finasteride	93	FREESTYLE CONTROL	57	GLUCOCOM LANCETS	58
FINGERSTIX LANCETS	57	FREESTYLE LANCETS	57	glucose	68
fingolimod	96	FREESTYLE LIBRE 14 DAY		GLUCOSE BITS	68
FINZALA	84	READER	57	GLUCOSE GEL	68
FIRVANQ	11	FREESTYLE LIBRE 14 DAY		GLUCOSE KETONE CONTROL SOLN	58
flavoxate	112	SENSOR	57	GLUTOL GEL	69
flecainide	30	FREESTYLE LIBRE 2		GLUTOSE-15	69
FLEXICHAMBER-LG CHILD MASK	57	READER	57	GLUTOSE-45	69
FLEXICHAMBER-SM ADULT MASK	57	FREESTYLE LIBRE 2		GLUTOSE-5	69
		SENSOR	57	glyburide	92
				glyburide micronized	92

glyburide-metformin	82, 92	HUMULIN 70/30 U-100	IMOVAX RABIES VACCINE
GLYCINE UROLOGIC	69	INSULIN	(PF) 18
glycine urologic solution	69	HUMULIN 70/30 U-100	INCASSIA 84
glycopyrrolate	19	KWIKPEN	INCONTROL ALCOHOL PADS
GOJJI LANCETS	58	HUMULIN N NPH INSULIN	..... 109
GOJJI LANCING DEVICE	58	KWIKPEN	INCONTROL LANCING
granisetron hcl	75	HUMULIN N NPH U-100	DEVICE 58
griseofulvin microsize	10	INSULIN	INCONTROL SUPER THIN
griseofulvin ultramicrosize	10	HUMULIN R REGULAR U-100	LANCETS 58
guaiacol	109	INSULN	INCONTROL ULTRA THIN
GUAIFENESIN AC	44, 100	HUMULIN R U-500 (CONC)	LANCETS 58
GUAIFENESIN DAC	19, 44, 99, 100	INSULIN	indapamide 35, 71
guanfacine	30, 43	HUMULIN R U-500 (CONC)	INDICAID COVID-19 AG
GYNAZOLE-1	105	KWIKPEN	HOME TEST 58
HADLIMA	77, 95, 96	HURRICANE LUER-LOCK DIS	indomethacin 47, 93
HADLIMA PUSHTOUCH	77, 95, 96	CAP	INFANRIX (DTAP) (PF) 17
HADLIMA(CF)	77, 95, 96	hydralazine	INJECT EASE LANCETS 58
HADLIMA(CF) PUSHTOUCH	77, 95, 96	hydrochlorothiazide	INJECT-EASE 58
HAILEY	84	hydrocodone bitartrate	INLYTA 16
HAILEY 24 FE	84	hydrocodone-acetaminophen	INSTACLEAN 109
HAILEY FE 1.5/30 (28)	84	..... 37, 45	insulin asp prt-insulin aspart. 89, 91
HAILEY FE 1/20 (28)	84	hydrocodone-chlorpheniramine	insulin aspart u-100 89, 91
halcinonide	107	..... 8, 45, 100, 101	insulin lispro 89, 91
halobetasol propionate	107	hydrocodone-ibuprofen	insulin lispro protamin-lispro. 89, 91
HALOETTE	84	hydrocortisone	INSULIN SYRINGE
haloperidol	42	hydrocortisone acetate	MICROFINE 58
haloperidol lactate	42	hydrocortisone butyrate	INTEGRA SYRINGE 58
HAVRIX (PF)	18	hydrocortisone valerate	INTELISWAB COVID-19
HEALTHY ACCENTS		hydrocortisone-acetic acid	HOME TEST 58
AUTOLET	58	hydrogen peroxide	INTERLINK SYRINGE
HEALTHY ACCENTS UNILET		HYDROMET	CANNULA 58
LANCET	58	hydromorphone	INVACARE LANCETS 58
HEATHER	84	hydroxychloroquine	INVEGA SUSTENNA 41
HEMA-COMBISTIX	68	hydroxypropyl cellulose	INVEGA TRINZA 41
heparin (porcine)	23	hydroxyurea	IOPIDINE 74
HEPLISAV-B (PF)	18	hydroxyzine hcl	IPOL 18
HER STYLE	84	hydroxyzine pamoate	ipratropium bromide 19, 74, 99
HIBERIX (PF)	18	hyoscymine sulfate	..... 20, 22, 99, 103
HOMATROPAIRE	75	HYOSYNE	irbesartan 25, 26
huber safety needles (disp.)	58	HYPODERMIC NEEDLES	irbesartan-hydrochlorothiazide
HUMIRA	77, 95, 96	HYPOLANCE AST LANCING	..... 25, 26, 35, 71
HUMIRA PEN	77, 95, 96	hypromellose	ISENTRESS 12
HUMIRA(CF)	77, 95, 96	ibandronate	ISIBLOOM 84
HUMIRA(CF) PEDI CROHNS		IBRANCE	isoflurane 44
STARTER	77, 95, 96, 97	IBU	isoniazid 10
HUMIRA(CF) PEN	77, 95, 97	ibuprofen	isopropyl alcohol 109, 110
HUMIRA(CF) PEN CROHNS-		ibuprofen-famotidine	isosorbide dinitrate 34
UC-HS	78, 95, 97	ICLEVIA	isosorbide mononitrate 34
HUMIRA(CF) PEN PEDIATRIC		IHEALTH COVID-19 AG HOME	isotretinoin 111
UC	78, 95, 97	TEST	ISTURISA 98
HUMIRA(CF) PEN PSOR-UV-		imatinib	IV PREP WIPES 110
ADOL HS	78, 95, 97	IMBRUVICA	ivermectin 9, 111
		imipramine hcl	IXIARO (PF) 18
		imipramine pamoate	JAIMIESS 84
		imiquimod	

JAKAFI.....	16	LANCETS, SUPER THIN	58	LITETOUCH-LARGE MASK.....	59
JANTOVEN.....	22	LANCETS,THIN.....	58	LITETOUCH-SMALL MASK.....	59
JARDIANCE.....	91	LANCETS,ULTRA THIN.....	58	<i>lithium carbonate</i>	38
JASMIEL (28).....	84	<i>lancing device</i>	59	LO LOESTRIN FE.....	85
JENCYCLA.....	84	<i>lancing device with lancets</i>	59	LOJAIMIESS.....	85
JOLESSA.....	84	LANCING SYSTEM.....	59	<i>loperamide</i>	76
JULEBER.....	84	<i>lansoprazole</i>	78, 79	<i>lopinavir-ritonavir</i>	13
JULUCA.....	12	<i>lanthanum</i>	69, 93	<i>lorazepam</i>	42
JUNEL 1.5/30 (21).....	84	LANZO LANCING DEVICE.....	59	LORYNA (28).....	85
JUNEL 1/20 (21).....	84	<i>lapatinib</i>	16	<i>losartan</i>	25, 26
JUNEL FE 1.5/30 (28).....	84	LARIN 1.5/30 (21).....	84	<i>losartan-hydrochlorothiazide</i>	25, 26, 35, 71
JUNEL FE 1/20 (28).....	84	LARIN 1/20 (21).....	84	<i>loteprednol etabonate</i>	74
JUNEL FE 24.....	84	LARIN 24 FE.....	84	<i>lovastatin</i>	32
KAITLIB FE.....	84	LARIN FE 1.5/30 (28).....	84	LOW-OGESTREL (28).....	85
KALLIGA.....	84	LARIN FE 1/20 (28).....	84	<i>loxapine succinate</i>	40
KALYDECO.....	100	LASTACRAFT ONCE DAILY		LO-ZUMANDIMINE (28).....	85
KARIVA (28).....	84	RELIEF	72	<i>lubiprostone</i>	76
KELNOR 1/35 (28).....	84	<i>latanoprost</i>	75	LUIDENT FLUORIDE.....	94
KELNOR 1-50 (28).....	84	LAXATIVE (BISACODYL).....	76	LUER LOCK SYRINGE.....	59
<i>ketoconazole</i>	11, 105	LAXATIVE PEG 3350.....	76	LUER-LOK TIP	59
KETO-DIASTIX.....	68	LAYOLIS FE.....	84	<i>luliconazole</i>	105
KETONE CARE.....	67	LEENA 28.....	85	<i>lurasidone</i>	41
KETONE URINE TEST.....	67	<i>leflunomide</i>	95, 97	LUTERA (28).....	85
<i>ketoprofen</i>	47	<i>lenalidomide</i>	16, 97	LYLEQ	85
<i>ketorolac</i>	47, 75	LENVIMA	16	LYSODREN	16
KETOSTIX.....	67	LESSINA.....	85	LYZA	85
KIMONO CONDOMS(NON-LUBRICATED).....	98	<i>letrozole</i>	16, 81	<i>mafenide acetate</i>	110
KIMONO MICROTHIN AQUA		<i>leucovorin calcium</i>	93	MAGELLAN SAFETY	
LUBE CON.....	98	LEUKERAN	16	SYRINGE	59
KIMONO MICROTHIN CONDOMS.....	98	<i>levalbuterol tartrate</i>	22, 103	MAGELLAN SYRINGE	59
KIMONO MICROTHIN LARGE CONDOMS.....	98	<i>levetiracetam</i>	37	MAGELLAN TUBERCULIN	
KIMONO TEXTURED CONDOMS.....	98	<i>levobunolol</i>	73	SAFETY SYR	59
KINRIX (PF).....	18	<i>levocetirizine</i>	8, 103	<i>magnesium citrate</i>	76
KLOR-CON 10.....	70	<i>levofloxacin</i>	10, 15, 72	<i>magnesium hydroxide</i>	77
KLOR-CON 8.....	70	LEVONEST (28).....	85	<i>malathion</i>	111
KLOR-CON M10.....	70	<i>levonorgestrel</i>	85	<i>maraviroc</i>	11
KLOR-CON M15.....	70	<i>levonorgestrel-ethinyl estrad</i>	85	MARLISSA (28).....	85
KLOR-CON M20.....	70	<i>levonorg-eth estrad triphasic</i>	85	MATULANE	16
KLOR-CON/EF	70	LEVORA-28.....	85	MATZIM LA.....	28, 29, 31, 35
KOBEE.....	114	<i>levorphanol tartrate</i>	45	MAVYRET	11
KURVELO (28).....	84	<i>levothyroxine</i>	92	MAXI-TUSS AC	45, 100
<i>l norgest/e.estradiol-e.estrad</i>	84	LEVOXYL.....	92	MD-GASTROVIEW	67
<i>labetalol</i>	20, 21, 25, 27, 28, 31	<i>lidocaine</i>	105	<i>meclizine</i>	8, 76
LABSTIX REAGENT	68	<i>lidocaine hcl</i>	75, 105	MEDISENSE MID CONTROL.....	59
<i>lacosamide</i>	37	LIDOCAINE VISCOUS	75	MEDISENSE THIN LANCETS ..	59
<i>lactulose</i>	68	<i>lidocaine-prilocaine</i>	105	MEDLANCE PLUS LANCETS ..	59
LAGEVRIO (EUA).....	14	LIDOPIN	105	MEDLANCE PLUS SPECIAL	
<i>lamivudine</i>	13	LIFESHIELD BLUNT		BLADE	59
<i>lamivudine-zidovudine</i>	13	CANNULA	59	<i>medroxyprogesterone</i>	90
<i>lamotrigine</i>	37, 38	<i>linezolid</i>	14	<i>mefenamic acid</i>	47
<i>lancets</i>	58	<i>liothyronine</i>	92	<i>mefloquine</i>	10
		<i>lisinopril</i>	26, 27	<i>megestrol</i>	17, 90, 91
		<i>lisinopril-hydrochlorothiazide</i>	26, 27, 35, 71	MEKINIST	17
		LITE TOUCH-MEDIUM MASK...59		<i>meloxicam</i>	47

<i>melphalan</i>	17	MINI LANCING DEVICE	59	MONOJECT SAFETY	
<i>memantine</i>	43	MINI TRANSFER PIN	59	SYRINGES	60
MENTAX	105	MINIMED QUICK-SERTER	59	MONOJECT SYRINGE	60
MENVEO A-C-Y-W-135-DIP (PF)	18	(MMT-395)	59	MONOJECT SYRINGE	
<i>meprobamate</i>	40	<i>minocycline</i>	15	ECCENTRI LUER	60
<i>mercaptopurine</i>	17, 97	<i>minoxidil</i>	32	MONOJECT SYRINGE LUER	
MERZEE	85	<i>mirtazapine</i>	38	LOK	60
<i>mesalamine</i>	76	<i>misoprostol</i>	78	MONOJECT SYRINGE	
<i>mesalamine with cleansing wipe</i>	76	M-M-R II (PF)	18	REGULAR LUER	60
METADATE ER	48	MOBILE LANCETS	59	MONOJECT SYRINGE	
<i>metaxalone</i>	20	<i>modafinil</i>	51	TOOMEY TYPE	60
<i>metformin</i>	82	<i>mometasone</i>	74, 101, 107	MONOJECT TB	60
<i>methadone</i>	45	MONOJECT 0.9% SODIUM CHLORIDE	59, 70	MONOJECT TB LUER LOK	60
METHADONE INTENSOL	45	MONOJECT 140CC PISTON SYRINGE	59	MONOJECT TB REGULAR	
<i>methamphetamine</i>	36	MONOJECT 35CC SYRINGE	59	LUER TIP	60
<i>methazolamide</i>	73	CATH TIP	59	MONOJECT TB SAFETY SYRINGE	60
<i>methimazole</i>	81	MONOJECT 3CC SYR 25GX1"	59	MONOJECT TIP	
<i>methocarbamol</i>	20	MONOJECT ALLERGY TRAY	59	CAPS/FLEX/LUER	60
<i>methotrexate sodium</i>	17, 95, 97, 98	MONOJECT ALLERGY TRAY DETACH	59	MONOJECT TUBERCULIN SYRINGE	60
<i>methscopolamine</i>	20	MONOJECT BLOOD COLLECTION	59	MONOLET LANCETS	60
<i>methyldopa</i>	19, 30	MONOJECT BLUNT	59	MONOLET THIN LANCETS	60
<i>methylergonovine</i>	99	CANNULAS	59	MONO-LINYAH	85
<i>methylphenidate hcl</i>	48	MONOJECT CONTROL SYRINGE LUER	60	MONSEL'S	23
<i>methylprednisolone</i>	80	MONOJECT DISPOSABLE SYRINGE	60	<i>montelukast</i>	101
<i>methyltestosterone</i>	81	MONOJECT ECCENTRIC NON-STERILE	60	<i>morphine</i>	45
<i>metoclopramide hcl</i>	78	MONOJECT FILTER	60	<i>morphine concentrate</i>	45
<i>metolazone</i>	35, 71	ASPIRATOR	60	MOTOFEN	76
<i>metoprolol succinate</i>	22, 27, 28, 31	MONOJECT FILTER NEEDLE	60	MOUNJARO	88
<i>metoprolol ta-hydrochlorothiaz</i>	22, 27, 28, 31, 35, 71	MONOJECT HYPODERMIC	60	MOUTHPIECE	61
<i>metoprolol tartrate</i>	22, 28, 31	NEEDLES	60	MOVANTIK	78
<i>metronidazole</i>	9, 10, 104	MONOJECT HYPODERMIC POLYPROPYL	60	<i>moxifloxacin</i>	10, 15, 72
MIBELAS 24 FE	85	MONOJECT LUER-LOCK TIP	60	MULTI-DRAW NEEDLE	61
MICRO THIN LANCETS	59	MONOJECT MAGELLAN SYRINGE	60	MULTI-LANCET DEVICE 2	61
MICROGESTIN 1.5/30 (21)	85	MONOJECT MEDICATION	60	MULTISTIX	68
MICROGESTIN 1/20 (21)	85	TRANSF NDL	60	MULTISTIX 10 SG	68
MICROGESTIN 24 FE	85	MONOJECT PHARMACY	60	MULTISTIX 5	68
MICROGESTIN FE 1.5/30 (28)	85	TRAY LUER	60	MULTISTIX 7	68
MICROGESTIN FE 1/20 (28)	85	MONOJECT PHARMACY TRAY REG TIP	60	MULTISTIX 8 SG	68
MICROLET 2 LANCING DEVICE	59	MONOJECT PREFILL	60	MULTISTIX 9	68
MICROLET LANCET	59	ADVANCED NS	60, 70	MULTISTIX 9 SG	68
MICROLET NEXT LANCING DEVICE	59	MONOJECT REG TIP NON- STERILE	60	MULTI-VIT WITH FLUORIDE- IRON	23, 94, 113
<i>midazolam</i>	42	MONOJECT REGULAR LUER	60	MULTI-VITAMIN WITH FLUORIDE	94, 113
<i>midazolam (pf)</i>	42	MONOJECT SAFETY LUER LOCK TIP	60	<i>mupirocin</i>	104
<i>midodrine</i>	19			MURI-LUBE	105
<i> miglitol</i>	80			MVC-FLUORIDE	94, 113
MILI	85			MY CHOICE	85
MILK OF MAGNESIA	77			MY WAY	85
MILK OF MAGNESIA CONCENTRATED	77			<i>mycophenolate mofetil</i>	98
MIMVEY	88, 91			<i>mycophenolate sodium</i>	98
				MYGLUCOHEALTH LANCETS	61
				MYLERAN	17

MYRBETRIQ	113	<i>norethindrone ac-eth estradiol</i>	OMNIPOD 5 G6 PODS (GEN
<i>nabumetone</i>	47	.....85, 88, 91	5).....61
<i>nadolol</i>	20, 28, 31	<i>norethindrone-e.estradiol-iron</i>....86	OMNIPOD DASH INTRO KIT
<i>naftifine</i>	104	<i>norgestimate-ethinyl estradiol</i>....86	(GEN 4).....61
<i>nalmefene</i>	46	NORMAL SALINE FLUSH...61, 70	OMNIPOD DASH PDM KIT
<i>naloxone</i>	46, 93	NORPACE CR.....30	(GEN 4).....61
<i>naproxen</i>	47, 93	NORTREL 0.5/35 (28).....86	OMNIPOD DASH PODS (GEN
<i>naproxen sodium</i>	47, 94	NORTREL 1/35 (21).....86	4).....61
<i>naproxen-esomeprazole</i>	47, 79	NORTREL 1/35 (28).....86	ON CALL LANCET.....61
<i>naratriptan</i>	49	NORTREL 7/7/7 (28).....86	ON CALL LANCING DEVICE.....61
<i>NARCAN</i>	46, 93	<i>nortriptyline</i>.....50	ON CALL PLUS LANCET.....61
<i>NATACYN</i>	73	NORVIR.....13	ON CALL PLUS LANCING
<i>nateglinide</i>	90	NOVA SAFETY LANCETS.....61	DEVICE.....61
<i>NATURA-LAX</i>	77	NOVA SUREFLEX LANCETS....61	<i>ondansetron</i>.....75
<i>NAYZILAM</i>	42	NOVAMAX PLUS KETONE.....61	<i>ondansetron hcl</i>.....75
<i>NEBUSAL</i>	61, 70	NOVOFINE 32.....61	ONE DAILY PRENATAL
<i>NECON 0.5/35 (28)</i>	85	NOVOFINE AUTOCOVER.....61	.....23, 70, 113, 114
<i>needle (disp) 16 g</i>	61	NOVOFINE PLUS.....61	ONE WAY VALVED
<i>needle (disp) 18 g</i>	61	NOVOLIN 70/30 U-100	MOUTHPIECE.....61
<i>needle (disp) 19 g</i>	61	INSULIN.....89, 91	ONETOUCH DELICA PLUS
<i>needle (disp) 23 gauge</i>	61	NOVOLIN 70-30 FLEXPEN U-	LANC DEV.....61
<i>needles, huber disposable</i>	61	100.....89, 90, 91	ONETOUCH DELICA PLUS
<i>nefazodone</i>	50	NOVOLIN N FLEXPEN.....89, 90	LANCET.....61
<i>neomycin</i>	9	NOVOLIN N NPH U-100	ONETOUCH VERIO FLEX
<i>neomycin-bacitracin-poly-hc</i> .72, 74		INSULIN.....89, 90	METER.....61
<i>neomycin-bacitracin-polymyxin</i> ..73		NOVOLIN R REGULAR U100	ONETOUCH VERIO HIGH
<i>neomycin-polymyxin b-</i>		INSULIN.....89, 91	CONTROL.....61
<i>dexameth</i>	73, 74	NP THYROID.....92	ONETOUCH VERIO MID
<i>neomycin-polymyxin-gramicidin</i>	73	NYAMYC.....110	CONTROL.....62
<i>neomycin-polymyxin-hc</i>.....73, 74		NYLIA 1/35 (28).....86	ONETOUCH VERIO TEST
<i>NEO-POLYCIN</i>	73	NYLIA 7/7/7 (28).....86	STRIPS.....67
<i>NEO-POLYCIN HC</i>	73, 74	NYMYO.....86	ON-GO COVID-19 AG AT
<i>NEUPRO</i>	44	<i>nystatin</i>.....14, 110, 111	HOME TEST.....62
<i>nevirapine</i>	12	<i>nystatin-triamcinolone</i>.....111	ON-THE-GO LANCETS.....62
<i>NEW DAY</i>	85	NYSTOP.....111	OPCICON ONE-STEP.....86
<i>niacin</i>	27	OCELLA.....86	OPTICHAMBER ADULT
<i>nifedipine</i>	29, 31, 32, 33, 35	OCUCOAT.....74	MASK-LARGE.....62
<i>NIKKI (28)</i>	85	ODEFSEY.....12, 13	OPTICHAMBER DIAMOND LG
<i>nilutamide</i>	17	OFEV.....99	MASK.....62
<i>nitazoxanide</i>	10	ofloxacin.....15, 73	OPTICHAMBER DIAMOND-
<i>NITRO-DUR</i>	34	olanzapine.....38, 41	MED MSK.....62
<i>nitrofurantoin</i>	15	olanzapine-fluoxetine.....41, 50	OPTICHAMBER DIAMOND-
<i>nitrofurantoin macrocrystal</i>	15	olmesartan.....25, 26	SML MASK.....62
<i>nitrofurantoin monohyd/m-cryst</i> ..15		olmesartan-amlodipin-hcthiazid	OPTION-2.....86
<i>nitroglycerin</i>	34	.....25, 26, 29, 32, 35, 71	OPVEE.....46
<i>NITRO-TIME</i>	34	olmesartan-hydrochlorothiazide	ORAL SALINE LAXATIVE.....77
<i>nizatidine</i>	78	.....25, 26, 35, 71	ORALONE.....107
<i>NOCDURNA (MEN)</i>	23, 90	olopatadine.....72	ORENITRAM.....35, 103
<i>NOCDURNA (WOMEN)</i>	23, 90	<i>omega-3 acid ethyl esters</i>.....27	ORILISSA.....81
<i>NOKOR NEEDLE</i>	61	omeprazole.....79	ORKAMBI.....100
<i>NORA-BE</i>	85	omeprazole magnesium.....79	OSCIMIN.....20
<i>noreth-ethinyl estradiol-iron</i>	85	omeprazole-sodium	OSCIMIN SL.....20
<i>norethindrone (contraceptive)</i>	85	bicarbonate.....79	oseltamivir.....14
<i>norethindrone acetate</i>	91	OMNIPOD 5 G6 INTRO KIT	OSPHENA.....87
		(GEN 5).....61	OTEZLA.....95, 97, 112

oxaprozin.....	47	pioglitazone.....	92	PRESSURE ACTIVATED
oxazepam.....	42	pioglitazone-glimepiride.....	92	LANCETS.....
oxcarbazepine.....	37	pioglitazone-metformin.....	82, 92	11 pretomanid.....
oxiconazole.....	105	PIP LANCET.....	62	PREVNAR 13 (PF).....
OXTELLAR XR.....	37	piroxicam.....	47	18 PREVNAR 20 (PF).....
oxybutynin chloride.....	112	PLAN B ONE-STEP.....	86	18 PREZCOBIX.....
oxycodone.....	45	PNEUMOVAX-23.....	18	13 PREZISTA.....
oxycodone-acetaminophen ..	37, 45	pnv cmb#95-ferrous fumarate-fa.....	23, 113, 114	13 PRIFTIN.....
oxymorphone.....	45	podofilox.....	112	11, 15 primaquine.....
OZEMPI.....	88	POLY HUB NEEDLE.....	62	41 primidone.....
PACERONE.....	31	POLYCIN.....	73	18 PRIORIX (PF).....
paliperidone.....	41	polyethylene glycol 3350.....	77	PRO COMFORT ALCOHOL
PANDA MASK.....	62	polymyxin b sulf-trimethoprim.....	73	PADS.....
pantoprazole.....	79	POMALYST.....	17, 97	110 PRO COMFORT LANCET.....
PAROEX ORAL RINSE.....	74	PORTIA 28.....	86	62 PRO COMFORT SAFETY
paroxetine hcl.....	50	potassium chloride.....	70	LANCET.....
PASER.....	10	potassium citrate.....	68	62 PRO COMFORT SPACER-
PAXLOVID.....	11, 13	potassium iodide....	10, 81, 93, 100	ADULT MASK.....
PEDIARIX (PF).....	17, 18	POWDERLAX.....	77	62 probenecid.....
PEDIATRIC MEDIUM MASK.....	62	pramipexole.....	44	71, 94 probenecid-colchicine.....
PEDIATRIC PANDA MASK.....	62	prasugrel.....	24	62 PROCARE SPACER WITH
PEDIATRIC SMALL MASK.....	62	pravastatin.....	33	ADULT MASK.....
PEDVAX HIB (PF).....	18	praziquantel.....	9	62 PROCARE SPACER WITH
peg 3350-electrolytes.....	77	prazosin.....	21, 25	CHILD MASK.....
peg3350-sod sul-nacl-kcl-asb-c.	77	PRECISION XTRA B-KETONE ..	62	62 prochlorperazine maleate....
PEGASYS.....	13	prednicarbate.....	107	47, 76 PROCTO-MED HC.....
peg-electrolyte soln.....	77	prednisolone.....	80	107 PROCTOSOL HC.....
penciclovir.....	105	prednisolone acetate.....	74	108 PROCTOZONE-HC.....
penicillamine.....	79, 95	prednisolone sodium phosphate		62 PRODIGY COUNT-A-DOSE.....
penicillin v potassium.....	14	.....	74, 80	62 PRODIGY LANCETS.....
PENTACEL (PF).....	18	prednisone.....	80	62 PRODIGY LANCING DEVICE ..
PENTACEL ACTHIB COMPONENT (PF).....	18	PREDNISONE INTENSOL.....	80	62 PRODIGY TWIST TOP
pentamidine.....	10	pregabalin.....	37, 38, 43	LANCET.....
pentoxifylline.....	23	PREHEVBRIOP (PF).....	18	62 progesterone micronized.....
PERIOGARD.....	74	PRENATAL.....	23, 113, 114	91 PROMACTA.....
permethrin.....	111	PRENATAL COMPLETE		23 promethazine.....
perphenazine.....	47	.....	23, 70, 113, 114	8, 40, 101
perphenazine-amitriptyline ...	47, 51	PRENATAL MULTI-DHA		101 PROMETHAZINE VC.....
phenazopyridine.....	105	(ALGAL OIL).....	23, 113, 114	8, 19, 45, 100, 101 promethazine-codeine
phenelzine.....	44	PRENATAL MULTIVITAMINS		46, 100, 101 promethazine-dm.....
phenobarbital.....	41	.....	23, 113, 114	8, 40, 101 PROMETHEGAN.....
phenoxybenzamine.....	21, 33	PRENATAL ONE DAILY		30 propafenone.....
phenytoin.....	30, 43	.....	23, 70, 113, 114	75 proparacaine.....
phenytoin sodium extended .	30, 44	PRENATAL TABLET		20, 28, 31, 33, 39 propranolol.....
PHILITH.....	86	.....	23, 70, 113, 114	20, 28, 31, 35, 71 propranolol-hydrochlorothiazid
PHOSPHATE LAXATIVE.....	77	prenatal vit no.179-iron-folic		81 propylthiouracil.....
PHOSPHOLINE IODIDE.....	75	.....	23, 113, 114	18 PROQUAD (PF).....
phytonadione (vitamin k1) ..	93, 115	PRENATAL VITAMIN		51 protriptyline.....
PIFELTRO.....	12	.....	23, 70, 113, 114	62, 70 PULMOSAL.....
pilocarpine hcl.....	21, 75	PRENATAL VITAMIN WITH		72, 101 PULMOZYME.....
PILOT COVID-19 AT-HOME TEST	62	MINERALS	23, 70, 113, 114	110 PURE COMFORT ALCOHOL
pimozide.....	40	prenatal vit-iron fum-folic ac		110 PADS.....
PIMTREA (28).....	86	.....	23, 70, 113, 114	62 PURE COMFORT LANCETS.....

PURE COMFORT SAFETY		
LANCETS	62	<i>rivastigmine tartrate</i> 21
PURELAX	77	RIVELSA 86
PUSH BUTTON SAFETY		<i>rizatriptan</i> 49
LANCETS	62	<i>roflumilast</i> 102
<i>pyrazinamide</i> 11		<i>ropinirole</i> 44
<i>pyridostigmine bromide</i> 21		ROSADAN 104
<i>pyrimethamine</i> 10		<i>rosuvastatin</i> 33
QUADRACEL (PF)	18	ROTATEQ VACCINE 18
<i>quazepam</i> 42		ROWEEPRA 38
<i>quetiapine</i> 39, 41		ROWEEPRA XR 38
QUICKVUE AT-HOME COVID-19 TEST	62	<i>rufinamide</i> 38
<i>quinapril</i> 26, 27		RYBELSUS 88
<i>quinapril-hydrochlorothiazide</i> 26, 27, 35, 71		RYDEX 8, 19, 46, 100, 101
<i>quinidine sulfate</i> 10, 30		SAFESNAP SYRINGE 63
<i>quinine sulfate</i> 10		SAFETY LANCETS 63
QVAR REDIHALER	80, 102	<i>safety needles</i> 63
RABAVERT (PF)	18	SAFETY SEAL LANCETS 63
<i>rabeprazole</i> 79		SAFETY-LET LANCETS 63
<i>raloxifene</i> 87, 94		<i>salicylic acid</i> 108, 109
<i>ramelteon</i> 40		<i>salicylic acid-ceramides no. 1</i> 109
<i>ramipril</i> 27		SALIMEZ 109
<i>ranolazine</i> 30		SANTYL 112
<i>rasagiline</i> 44		<i>sapropterin</i> 72
REBIF (WITH ALBUMIN)	97	SAVELLA 43, 49
REBIF REBIDOSE	97	<i>scopolamine base</i> 76
RECLIPSEN (28)	86	SECUADO 39, 41
RECOMBIVAX HB (PF)	18	SEGLUROMET 82, 91
RECTIV	112	<i>selegiline hcl</i> 44
RELEXXII	48	<i>selenium sulfide</i> 110
RELIAMED LANCET	62, 63	SELZENTRY 11
RELIAMED MINI LANCING DEVICE	63	SEREVENT DISKUS 22, 103
RELIAMED SAFETY SEAL LANCETS	63	<i>sertraline</i> 50
RELION GLUCOSE	69, 115	SETLAKIN 86
RENA-VITE	114	<i>sevelamer carbonate</i> 69, 93
<i>repaglinide</i> 90		<i>sevelamer hcl</i> 69, 93
REPATHA PUSHTRONEX	34	<i>sevoflurane</i> 44
REVLIMID	17, 97	SF 94
REZVOGLAR KWIKPEN	89, 90	SF 5000 PLUS 94
<i>ribavirin</i> 14		SHAROBEL 86
<i>rifabutin</i> 11, 15		SHINGRIX (PF) 18
<i>rifampin</i> 11, 15		SIDESTREAM PEDIATRIC
RIGHTEST GD500 LANCING DEVICE	63	FACE MASK 63
RIGHTEST GL300 LANCETS	63	<i>sildenafil (pulm. hypertension)</i> 34, 102, 103
<i>rimantadine</i> 9		SILICONE MASK - INFANT 63
RINVOQ	95, 97	SILICONE MASK - PEDIATRIC 63
<i>risedronate</i> 94		<i>silodosin</i> 21
RISPERDAL CONSTA	39, 41	SIL-SERTER 63
<i>risperidone</i> 39, 41		<i>silver sulfadiazine</i> 110
<i>ritonavir</i> 13		SIMLIYA (28) 86
		SIMPESSE 86
		<i>simvastatin</i> 33
		SINGLE-LET 63
		<i>sirolimus</i> 98
		SKYRIZI 108, 112
		SKYTROFA 90
		SMART SENSE LANCETS 63
		SMARTDIABETES VANTAGE 63
		SMARTTEST LANCET 63
		SMOOTHLAX 77
		<i>sodium chloride</i> 63, 71
		SODIUM FLUORIDE 5000
		DRY MOUTH 94
		SODIUM FLUORIDE 5000
		PLUS 94
		<i>sodium polystyrene sulfonate</i> 69, 93
		<i>sodium, potassium, mag sulfates</i> 77
		<i>sofosbuvir-velpatasvir</i> 11
		SOFT TOUCH LANCETS 63
		<i>solifenacin</i> 112
		SOLIQUA 100/33 88, 89, 90
		SOLUS V2 LANCETS 64
		SOLUS V2 LANCING DEVICE 64
		<i>sorafenib</i> 17
		<i>sotalol</i> 20, 28, 31, 33
		SOTALOL AF 20, 28, 31, 33
		SPACE CHAMBER WITH LARGE MASK 64
		SPACE CHAMBER WITH MEDIUM MASK 64
		SPACE CHAMBER WITH SMALL MASK 64
		SPEEDYSWAB COVID-19 HOME TEST 64
		SPIKEVAX 2023-2024(12Y UP)(PF) 18
		<i>spinosad</i> 111
		SPIRIVA RESPIMAT 20, 99
		<i>spironolactone</i> 33, 34, 70
		<i>spironolacton-hydrochlorothiaz</i> 33, 34, 35, 70, 71
		SPRINTEC (28) 86
		SPS (WITH SORBITOL) 69, 93
		SRONYX 86
		SSD 110
		SSKI 10, 81, 93, 100
		SSS 10-5 109, 110
		ST JOSEPH ASPIRIN 24, 25, 39, 48
		ST. JOSEPH ASPIRIN 24, 25, 40, 49
		STAMARIL (PF) 18
		STEGLATRO 91
		STELARA 95, 96, 97, 112
		STERILANCE TL 64
		STIOLTO RESPIMAT 20, 22, 99, 103
		STRESS FORMULA WITH IRON 24, 114, 115

STRESS FORMULA WITH IRON(SULF).....	24, 114, 115	SYRINGE 3CC/22GX3/4".....	64	<i>timolol maleate</i>	
STRIBILD.....	12, 13	SYRINGE 3CC/25GX1".....	64	.....20, 28, 31, 33, 40, 73
STRIVERDI RESPIMAT	22, 103	SYRINGE TIP CONNECTOR	64	<i>timolol maleate (pf)</i>.....73	
sucralfate.....	78	<i>syringe with needle</i>	64	TIMOPTIC OCUDOSE (PF).....73	
suconaazole.....	105	SYRINGE WITHOUT NEEDLE	64	<i>tinidazole</i>.....10	
sulfacetamide sodium.....	73	<i>tacrolimus</i>	98, 108	<i>tizanidine</i>.....20	
sulfacetamide sodium (acne) ...	110	TAFINLAR.....	17	<i>tobramycin</i>.....9, 73	
sulfacetamide sodium-sulfur	109, 110	<i>tafluprost (pf)</i>	75	<i>tobramycin in 0.225 % nacl</i>.....9	
sulfacetamide sod-sulfur-urea	109, 110	TAKE ACTION.....	86	<i>tobramycin sulfate</i>.....9	
sulfacetamide-prednisolone.....	73	<i>tamoxifen</i>	17, 87	<i>tobramycin with nebulizer</i>.....9	
SULFACLEANSE 8-4	109, 110	<i>tamsulosin</i>	21	<i>tobramycin-dexamethasone</i> ..73, 74	
sulfadiazine.....	15	TARINA 24 FE.....	86	<i>tolcapone</i>.....43	
sulfamethoxazole-trimethoprim..	15	TARINA FE 1/20 (28).....	86	<i>tolterodine</i>.....112	
sulfasalazine.....	15, 76, 96	TARINA FE 1-20 EQ (28).....	86	<i>tolvaptan</i>.....71	
SULFATRIM.....	15	TAZTIA XT	28, 29, 30, 31, 36	TOOMEY SYRINGE	65
sulindac.....	47	TDVAX.....	17	TOPCARE UNIVERSAL1	
sumatriptan.....	49	TECHLITE INSULIN SYRINGE ..64		LANCET	65
sumatriptan succinate.....	49	TECHLITE INSULN SYR(HALF		<i>topiramate</i>.....38	
sumatriptan-naproxen.....	47, 49	UNIT).....	64	<i>toremifene</i>.....17, 87	
sunitinib malate.....	17	TECHLITE LANCETS	65	<i>torsemide</i>.....33, 69	
SUPER B MAXI COMPLEX....	114	TECHLITE PEN NEEDLE	65	<i>tramadol</i>.....46	
SUPER QINTS.....	114	TEL CARE LANCETS	65	<i>tramadol-acetaminophen</i> ..37, 40, 46	
SUPER THIN LANCETS.....	64	<i>telmisartan</i>	26	<i>trandolapril</i>.....27	
SURE COMFORT ALCOHOL PREP PADS.....	110	<i>telmisartan-amlodipine</i>	26, 29, 32, 36	<i>tranexamic acid</i>.....23	
SURE COMFORT LANCETS....	64	<i>telmisartan-hydrochlorothiazid</i>	26, 35, 71	TRANSFER PIN	65
SURE COMFORT LANCING PEN.....	64	<i>temazepam</i>	42	<i>tranylcypromine</i>.....44	
SUREFLEX DEVICE WITH LANCETS	64	<i>temozolomide</i>	17	<i>travoprost</i>.....75	
SUREFLEX LANCING DEVICE	64	TENIVAC (PF).....	17	<i>trazodone</i>.....50	
SURE-LANCE	64	<i>tenofovir disoproxil fumarate</i>	13	TRELEGY ELLIPTA...99, 102, 103	
SURE-LANCE ULTRA THIN	64	<i>terazosin</i>	21, 25, 33	TRESIBA FLEXTOUCH U-100	
SURE-PEN LANCING DEVICE	64	<i>terbinafine hcl</i>	9	.....89, 90
SURE-PREP ALCOHOL PREP PADS	110	<i>terbutaline</i>	22, 103	TRESIBA FLEXTOUCH U-200	
SURE-TOUCH LANCET	64	<i>terconazole</i>	105	.....89, 90
SURGIFOAM	64	<i>teriflunomide</i>	97	TRESIBA U-100 INSULIN	89, 90
SURGUARD2 SAFETY	64	<i>teriparatide</i>	90, 94	<i>tretinoin</i>	106
SYEDA.....	86	TERRELL	44	<i>tretinoin (antineoplastic)</i>	17
SYMAX-SR.....	20	TERUMO ALLERGY SYRINGE ..65		<i>tretinoin (emollient)</i>	106
SYMLINPEN 120.....	80	TERUMO HYPODERMIC		TREXALL	17, 96, 97, 98
SYMLINPEN 60.....	81	NEEDLE/SYRIN	65	<i>triamicinolone acetonide</i>	108
SYMTUZA.....	13, 14, 98	TERUMO SYRINGE	65	<i>triaterene-hydrochlorothiazid</i>	
SYNAREL.....	88	<i>testosterone</i>	81	34, 35, 70, 71	
SYNJARDY	82, 91	<i>testosterone cypionate</i>	81	<i>triazolam</i>.....42	
SYNJARDY XR.....	82, 92	<i>testosterone enanthate</i>	81	TRI-BUFFERED ASPIRIN	
syringe (disposable)	64	<i>tetrabenazine</i>	51	24, 25, 40, 49	
SYRINGE 3CC/20GX1"	64	<i>tetracycline</i>	15	TRI-CHLOR	112
SYRINGE 3CC/21GX1"	64	THALOMID	97	<i>trichloroacetic acid</i>	112
SYRINGE 3CC/21GX1-1/2"	64	THEO-24	32, 69, 104, 112	TRIDERM	108
SYRINGE 3CC/22GX1"	64	<i>theophylline</i>	32, 69, 104, 112	TRI-ESTARYLLA	86

TRI-LO-MARZIA	86	ULTICARE TB SAFETY		VANDAZOLE	104
TRI-LO-MILI	86	SYRINGE	65	VANISHPOINT SYRINGE	67
TRI-LO-SPRINTEC	86	ULTI-LANCE	65	VANISHPOINT TUBERCULIN	
<i>trimethobenzamide</i>	76	ULTILET ALCOHOL SWAB	110	SYRINGE	67
<i>trimethoprim</i>	15	ULTILET BASIC LANCETS	65	VAQTA (PF)	19
TRI-MILI	86	ULTILET CLASSIC LANCETS	65	VARIVAX (PF)	19
<i>trimipramine</i>	51	ULTILET LANCETS	65	VAXNEUVANCE (PF)	19
TRI-NYMYO	86	ULTILET SAFETY LANCETS	65	VCF CONTRACEPTIVE FILM	99
TRI-SPRINTEC (28)	87	ULTRA THIN II LANCETS	65	VCF CONTRACEPTIVE GEL	99
TRIUMEQ	12, 13	ULTRA THIN LANCETS	66	VELIVET TRIPHASIC	
TRI-VITAMIN WITH FLUORIDE		ULTRA THIN PLUS LANCETS	66	REGIMEN (28)	87
.....94, 113, 114, 115		ULTRA TLC LANCETS	66	VELPHORO	69
TRI-VITE WITH FLUORIDE		ULTRA-CARE LANCETS	66	<i>venlafaxine</i>	49
.....94, 113, 114, 115		ULTRALANCE LANCETS	66	VENTAVIS	36, 103
TRIVORA (28)	87	ULTRA-THIN II LANCETS	66	<i>verapamil</i>	29, 30, 31, 36
TRI-VYLIBRA	87	UNILET COMFORTOUCH		VERZENIO	17
TRI-VYLIBRA LO	87	LANCET	66	VESTURA (28)	87
<i>tropicamide</i>	75	UNILET GP LANCET	66	VIENVA	87
<i>trospium</i>	112	UNILET LANCET	66	<i>vilazodone</i>	50
TRUE COMFORT ALCOHOL		UNILET LANCETS	66	VIOKACE	77
PADS	110	UNILET SUPER THIN		VIORELE (28)	87
TRUE COMFORT LANCET	65	LANCETS	66	VIRACEPT	13
TRUE COMFORT PRO		UNISTIK 2 DEVICE	66	VIREAD	13
ALCOHOL PADS	110	UNISTIK 2 NORMAL LANCET	66	VIRTUSSIN AC	46, 100
TRUEDRAW LANCING		UNISTIK 3 COMFORT		<i>vitamin b complex-folic acid</i>	114
DEVICE	65	LANCET	66	VITAMIN D2	115
TRUEPLUS KETONE	67	UNISTIK 3 EXTRA LANCET	66	VITAMINS A,C,D AND	
TRUEPLUS LANCETS	65	UNISTIK 3 GENTLE	66	FLUORIDE	94, 113, 115
TRULANCE	78	UNISTIK 3 NORMAL LANCET	66	VIVAGUARD LANCET	67
TRULICITY	88	UNISTIK COMFORT LANCETS	66	VIVAGUARD LANCING	
TRUMENBA	18	UNISTIK CZT LANCET	66	DEVICE	67
TRUSTEX LATEX CONDOM	98	UNISTIK EXTRA LANCETS	66	VIVITROL	46, 93
TRUSTEX LUBRICATED		UNISTIK NORMAL LANCETS	66	VIVOTIF	19
CONDOMS	98	UNISTIK PRO LANCET	66	VOLNEA (28)	87
TRUSTEX NON-LUB		UNISTIK SAFETY	66	<i>voriconazole</i>	11
CONDOMS	98	UNISTIK TOUCH LANCETS	67	VORTEX ADULT MASK	67
TRUSTEX-RIA		UNITHROID	92	VORTEX VHC FROG MASK-	
LUB/SPERMICIDE	98	UNIVERSAL 1 LANCETS	67	CHILD	67
TRUSTEX-RIA LUBRICATED		URETRON D-S	15	VORTEX VHC LADYBUG	
CONDOMS	98	URISTIX 4	68	MASK-TODDLR	67
TRUSTEX-RIA NON-LUB		URISTIX REAGENT	68	VOTRIENT	17
CONDOMS	98	URO-SP	15	VRAYLAR	41
TUBERCULIN SYRINGE	65	URISTIX 4	14	VUMERITY	97
<i>tuberculin-allergy syringes</i>	65	URISTIX REAGENT	68	VYFEMLA (28)	87
TULANA	87	URO-SP	15	VYLIBRA	87
TWINRIX (PF)	19	URISTIX 4	14	WAKIX	51
TWIST LANCETS	65	URISTIX REAGENT	68	<i>warfarin</i>	22
TYBOST	98	URO-SP	15	WEBCOL	110
TYDEMY	87	URISTIX 4	14	WERA (28)	87
TYPHIM VI	19	URISTIX REAGENT	68	WESCAP-C DHA	24, 113, 114
ULESFIA	110, 111	URO-SP	15	WIDE-SEAL DIAPHRAGM 60	99
ULTICARE	65	URISTIX 4	14	WIDE-SEAL DIAPHRAGM 65	99
ULTICARE LOW DEAD		URISTIX 4	14	WIDE-SEAL DIAPHRAGM 70	99
SPACE SYRING	65	URISTIX 4	14	WIDE-SEAL DIAPHRAGM 75	99
		URISTIX 4	14	WIDE-SEAL DIAPHRAGM 80	99

WIDE-SEAL DIAPHRAGM	85....99
WIDE-SEAL DIAPHRAGM	90....99
WIDE-SEAL DIAPHRAGM	95....99
WOMEN'S GENTLE	
LAXATIVE(BISAC).....	77
WYMZYA FE.....	87
XARELTO.....	23
XARELTO DVT-PE TREAT	
30D START.....	23
XEPI.....	105
XIFAXAN.....	15
XOFLUZA.....	11
XPHOZAH.....	98
XULANE.....	87
XULTOPHY 100/3.6.....	88, 89, 90
YALE DISPOSABLE NEEDLES	67
YF-VAX (PF).....	19
ZAFEMY.....	87
<i>zafirlukast</i>	101
<i>zaleplon</i>	40
ZARAH.....	87
ZARXIO.....	23
ZELBORAF.....	17
ZENZEDI.....	36
ZEPATIER.....	11
ZEPOSIA.....	97
ZEPOSIA STARTER PACK (7-DAY).....	97
ZERVIASTE.....	72
<i>zileuton</i>	101
<i>zinc oxide</i>	105
<i>ziprasidone hcl</i>	39, 41
ZOLINZA.....	17
<i>zolmitriptan</i>	49
<i>zolpidem</i>	40
<i>zonisamide</i>	38
ZOVIA 1-35 (28).....	87
ZUMANDIMINE (28).....	87
ZURZUVAE.....	38



ENGLISH - Language assistance services, free of charge, are available to you. Call:
1-833-230-2099 (TTY: 711).

SPANISH - Servicios gratuitos de asistencia lingüística, sin cargo, disponibles para usted. Llame al: 1-833-230-2099 (TTY: 711).

NEPALI - तपाईंका निम्निति निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। फोन गर्नुहोस्: 1-833-230-2099 (TTY: 711).

KOREAN - 언어 지원 서비스가 무료로 제공됩니다. 전화: 1-833-230-2099 (TTY: 711).

FRENCH - Services d'aide linguistique offerts sans frais. Composez le 1-833-230-2099 (TTY: 711).

GERMAN - Es stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Anrufen unter: 1-833-230-2099 (TTY: 711).

SIMPLIFIED CHINESE -

可为您提供免费的语言协助服务。请致电: 1-833-230-2099 (TTY: 711).

TELUGU - భాషా సాయం సరీస్కులు, ముకు ఛచ్చితంగా లభ్యమవుతాయి. కాల్ చేయండి: 1-833-230-2099 (TTY: 711).

BURMESE - ဘာသာစကားဆိုင်ရာအကူအညီဝန်ဆောင်မှု များအား သင့်အတွက် အခမဲ့ ရရှိနိုင်ပါသည်။ ဖုန်းခေါ်နှင့် 1-833-230-2099 (TTY: 711).

NOTICE OF NON-DISCRIMINATION

CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status.

CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille, or audio at no charge. Please call Member Services at the number on your CareSource ID card if you need any of these services.

If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

ARABIC - تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم: 1-833-230-2099 (هاتف نصي: 711).

URDU - زبان کی معاونتی ترجمانی خدمات، آپ کے لیے بالکل مفت یا - فری آف چارج دستیاب ہیں۔ کال کریں 1-833-230-2099 (TTY: 711).

PENNSYLVANIA DUTCH - Mir kenne dich Hilf griege mit Deitsch, unni as es dich ennich eppes koschte zellt. Ruf 1-833-230-2099 (TTY: 711) uff.

RUSSIAN - Вам доступны бесплатно услуги языкового сопровождения. Позвоните по номеру: 1-833-230-2099 (TTY: 711).

TAGALOG - May mga serbisyong tulong sa wika, na walang bayad, na magagamit mo. Tumawag sa: 1-833-230-2099 (TTY: 711).

VIETNAMESE - Dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi: 1-833-230-2099 (TTY: 711).

GUJARATI - ભાષા સહાય સેવાઓ તમારા માટે નાખ્યાલ ઉપલ છે. 1-833-230-2099 (TTY: 711) પર કોલ કરો.

PORTUGUESE - Serviços linguísticos gratuitos disponíveis para você. Ligue para: 1-833-230-2099 (TTY: 711).

MARSHALLESE - Jerbal in jibañ ikijen kajin, ejelok onean, ej bellok ñan eok. Kurlok: 1-833-230-2099 (TTY: 711).

Mail: CareSource, Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401

Email: CivilRightsCoordinator@CareSource.com

Phone: 1-844-539-1732

Fax: 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Mail: U.S. Dept. of Health and Human Services
200 Independence Ave, SW Room 509F
HHH Building Washington, D.C. 20201

Phone: 1-800-368-1019 (TTY: 1-800-537-7697)

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are found at:
www.hhs.gov/ocr/office/file/index.html.



KY-EXC-M-2362832-V.2

© 2023 CareSource. All Rights Reserved.