



Kaiser Permanente Nevada Commercial Formulary

(List of Covered Drugs)

Please Read: This document contains information about the drugs we cover when you participate in a Kaiser Permanente Nevada Commercial plan. The listing does not provide information regarding specific coverage, including specific exclusions, copays, or coinsurances. That information can be found by referring to the *Evidence of Coverage* or *Individual Membership Agreement*. If you have specific questions about your prescription benefits, please contact Member Services at **855-937-5768** (TTY 711).

What is the Kaiser Permanente Nevada Commercial Drug Formulary?

A formulary is a list of covered drugs chosen by a group of Kaiser Permanente physicians and pharmacists known as the Pharmacy and Therapeutics Committee. This committee meets regularly to evaluate and select the safest, most effective medications for our members. Kaiser Permanente may add or remove drugs from the formulary during the year. Our Pharmacy and Therapeutics Committee thoroughly reviews medical literature and selects drugs for our formulary based on how safe and effective they are, among other factors.

What drugs are covered?

Kaiser Permanente will generally cover brand name (when no generic is available), generic and specialty tier drugs listed on our formulary, if the drug is medically necessary, the prescription is filled at a Kaiser Permanente or a participating network pharmacy, and other plan rules are followed.

Drugs listed on the formulary are covered by your prescription drug benefit when dispensed for use in an outpatient setting. Some drugs have restrictions. Using drugs on the formulary helps maintain quality care for our members while keeping the cost of prescription drugs affordable.

What is a generic drug?

A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name and specialty tier drugs. In most cases, a generic equivalent is dispensed when available. Members will be notified at the time of service when a generic equivalent is dispensed in place of a brand name drug.

What is a brand name drug?

Brand name drugs are manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand name drug expires, other drug companies may

manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices.

What is a specialty tier drug?

Drugs listed as a specialty tier drug are very high-cost drugs.

Are Over-the-Counter (OTC) items covered on the formulary?

Generally, most plans exclude drugs that are also available over-the-counter. Your plan may allow for the following types of over-the-counter items to be covered:

Aspirin – Covered when used for the prevention of cardiovascular disease, when the potential harm of an increase in gastrointestinal hemorrhage is outweighed by a potential benefit of a reduction in myocardial infarctions (men aged 45-79 years; women age 55 to 79 years). Covered after 12 weeks of gestation in women who are at high risk for preeclampsia.

Oral Fluoride – Covered for dental caries in preschool children and should be prescribed at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride.

Folic Acid – Covered for woman planning or capable of getting pregnant.

Iron Supplements – Covered for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.

Contraceptives – Covered over-the-counter items such as spermicides, condoms, and sponges.

Colonoscopy (bowel) preparation medications – Covered when medically necessary when associated with a preventive colonoscopy between the age of 45-75.

Nicotine Replacement – Covered over-the-counter items for tobacco cessation products such as nicotine patches, gum or lozenges if your plan allows.

What drugs are not covered?

Drugs not listed on the formulary are referred to as non-preferred or non-formulary drugs and are not covered unless Kaiser Permanente determines that they are medically necessary through the formulary exception process. Prescriptions for non-preferred or non-formulary medications that are determined not to be medically necessary may be filled at Kaiser Permanente or a participating network pharmacy for the full retail price.

Are there any restrictions on the drugs covered on the formulary?

Some covered drugs may have additional requirements or limits on coverage. For these drugs, Kaiser Permanente may require you or your provider to get an approval from us before you fill your prescription. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed. These restriction types are noted in the formulary list within this document.

The type of restrictions that may require an approval or may be limited include:

Restriction Type	Guidelines	Description
AGE	Age Limits	A drug that is restricted to a specific age or age range.
PR	Physician Restrictions	A drug that is required to be written by a provider specialized in the treatment of certain conditions. For example, a drug used for cancer may be restricted to providers specialized in Oncology.
PA	Prior Authorization	A drug that requires specific medical criteria be met and requires approval by the plan prior to being dispensed for benefit.
RB	Restricted to Benefit	A drug that is restricted to a certain benefit for coverage and the cost share may be different than the tier listed.
QL	Quantity Limits	A drug that has a quantity limit.
DS	Day Supply Limits	A drug that is limited to a specific day supply.
ST	Step Therapy	A drug that requires a similar therapy be tried prior to dispensing this drug for prescription benefit.
MO	Maintenance Medication	A drug that is considered to be a maintenance medication. Note: Not all maintenance medications can be mailed from our mail order pharmacy such as high-cost drugs or drugs that require special handling.

How to request an exception to a drug not covered on the formulary or a drug that has a restriction or limitation?

You should contact us to ask for an initial coverage decision for a formulary or restriction exception. When requesting an exception, we will need a statement from your provider supporting the request. Generally, we must make our decision within 48-72 hours of getting your providers supporting statement.

What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs (such as high-cost drugs or drugs that require special handling) may not be eligible for mailing. Drugs cannot be mailed outside the United States.

Your prescription drug plan may allow you to receive an extended day supply (e.g., 90-day supply) of maintenance medications for only one or two copayments if you use the mail order pharmacy. A maintenance medication is one that Kaiser Permanente has determined would be taken long term and for chronic conditions for most of the population. These medications are noted with a MO in the formulary list within this document.

You can order refills through our mail-order service online at kp.org/refill or by phone or mobile app. There is no extra charge for mail order. The appropriate cost share will apply.

Kaiser Permanente Formulary

The formulary list within this document provides the drugs covered under your plan and notes any restrictions or limits required for a drug.

The first column of the chart lists the drug name.

- Generic drugs are listed by their generic name (in *italics*) (e.g., atorvastatin oral tablet 10 mg, 20 mg)
- Some generic drugs have a proprietary (brand) name and are listed in CAPITAL letters (e.g., JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG)
- Brand drugs are listed by their brand name in CAPITAL letters (e.g., JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG)

The second column, "Drug Tier," will indicate what tier number the drug is in. Drugs on our formulary are categorized in one of seven tiers.

Tier Value	Guideline	Description
1	Tier 1	Preventive drugs under the Affordable Care Act
2	Tier 2	Preferred Generic Drugs
3	Tier 3	Preferred Brand Drugs

4	Tier 4	Non-Preferred Generic and Brand Drugs
5	Tier 5	Specialty Drugs
6	Tier 6	Medical Service Drugs administered in a medical office
7	Tier 7	Diabetic Supplies allowed under the prescription benefit

Note: Not all plans have a different cost share for each tier designated. Also, some drugs are required to be covered at no cost to members. Refer to your *Evidence of Coverage* or *Individual Membership Agreement* for information on specific drug coverage for your plan.

The third column of the chart will indicate any restrictions or limits for that drug.

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CURRENT AS OF 1/1/2027

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Allergy		
Antihistamines - 1St Generation		
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	Tier 2	
<i>ciproheptadine oral tablet 4 mg</i>	Tier 2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 2	
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	Tier 2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>promethazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	
Nasal Antihistamine		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	Tier 2	MO
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Antiemetic/Antivertigo Agents		
<i>COMPRO RECTAL SUPPOSITORY 25 MG</i>	Tier 2	
<i>dimenhydrinate injection solution 50 mg/ml</i>	Tier 2	
<i>fosaprepitant intravenous recon soln 150 mg</i>	Tier 2	
<i>granisetron hcl oral tablet 1 mg</i>	Tier 2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	Tier 2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 2	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	Tier 2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 2	
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 2	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Tier 3	
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
ipratropium bromide inhalation solution 0.02 %	Tier 2	MO
Anticholinergics, Orally Inhaled Long Acting		
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	MO
Beta-Adrenergic Agents		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 2	MO
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 2	MO
terbutaline oral tablet 2.5 mg, 5 mg	Tier 2	MO
terbutaline subcutaneous solution 1 mg/ml	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Beta-Adrenergic Agents, Inhaled, Short Acting		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Tier 2	8.5gm/Pkg; MO
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	Tier 2	MO
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 2	MO
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	Tier 2	MO
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 3	MO
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 5	DS
Beta-Adrenergic And Anticholinergic Combinations		
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 2	MO
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3	MO
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 3	PA; MO
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 2	MO
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	MO
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	MO
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 3	ST; MO
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3	ST; MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 2	MO
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 2	MO; Age
Interleukin-4(II-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; MO
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; MO
Interleukin-5(II-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5	PA; DS
Leukotriene Receptor Antagonists		
<i>montelukast oral tablet 10 mg</i>	Tier 2	MO
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 2	MO
Xanthines		
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 300 MG	Tier 3	MO
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 2	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 2	MO
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	Tier 2	MO
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>memantine oral tablets, dose pack 5-10 mg</i>	Tier 2	
Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 2	MO
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	MO
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 3	MO
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 2	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 2	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 2	MO
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 2	MO
Maois - Non-Selective & Irreversible		
<i>phenelzine oral tablet 15 mg</i>	Tier 2	MO
<i>tranylcypromine oral tablet 10 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 2	MO
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 2	MO
Selective Serotonin Reuptake Inhibitor (Ssris)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 2	MO
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	MO
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	MO
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	MO
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	MO
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 2	MO
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 2	MO
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 2	MO
Ssri & 5Ht1a Partial Agonist Antidepressant		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	MO
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	DS
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 2	DS
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 2	DS
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 2	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	MO
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	Tier 5	DS
Anti-Anxiety - Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	DS
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	DS
<i>diazepam injection solution 5 mg/ml</i>	Tier 2	DS
<i>diazepam injection syringe 5 mg/ml</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 2	DS
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 2	DS
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 2	DS
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	DS
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 2	DS
Anti-Anxiety Drugs		
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 2	MO
Anti-Mania Drugs		
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	Tier 2	MO
<i>lithium carbonate oral tablet 300 mg</i>	Tier 2	MO
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 2	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2	MO
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 2 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	MO
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	Tier 5	DS
Antipsychotics, Dopamine & Serotonin Antagonists		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	MO
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	DS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 5	DS
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	MO
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	MO
<i>risperidone oral solution 1 mg/ml</i>	Tier 2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	MO
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	MO
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>droperidol injection solution 2.5 mg/ml</i>	Tier 2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	Tier 2	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	MO
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 2	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 2	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	MO
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	MO
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2	MO
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 2	MO
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	DS
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 2	DS
Narcotic Antagonists		
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>naloxone injection syringe 1 mg/ml</i>	Tier 2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 2	
<i>naltrexone oral tablet 50 mg</i>	Tier 2	MO
Sedative-Hypnotics - Benzodiazepines		
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 2	DS
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 2	DS
Sedative-Hypnotics, Non-Barbiturate		
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 2	DS
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	MO
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 2	DS
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 2	DS
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 2	DS
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	DS
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 2	DS
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 2	DS
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>adenosine intravenous syringe 3 mg/ml</i>	Tier 2	
<i>amiodarone intravenous solution 50 mg/ml</i>	Tier 2	
<i>amiodarone oral tablet 200 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 2	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 2	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	MO
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	Tier 2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	MO
PACERONE ORAL TABLET 200 MG	Tier 2	MO
<i>procainamide injection solution 100 mg/ml</i>	Tier 2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	MO
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 2	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)	Tier 3	
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	Tier 2	
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 2	
Digitalis Glycosides		
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	Tier 2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	MO
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 2	MO
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	MO
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	MO
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	MO
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	MO
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 2	MO
Antihypertensives, Ace Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 2	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 2	MO
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	MO
Antihypertensives, Angiotensin Receptor Antagonist		
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
Antihypertensives, Miscellaneous		
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	Tier 2	
Antihypertensives, Sympatholytic		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 2	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	MO
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 2	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 2	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 2	MO
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 2	MO
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 2	MO
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	Tier 2	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 2	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 2	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 2	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 2	MO
<i>nimodipine oral capsule 30 mg</i>	Tier 2	
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2	MO
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	Tier 5	DS
<i>furosemide injection solution 10 mg/ml</i>	Tier 2	
<i>furosemide oral solution 10 mg/ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	MO
Potassium Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	Tier 2	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 2	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 2	MO
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG	Tier 2	MO
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 2	DS
<i>tadalafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 2	MO
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 5	DS
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 2	MO
<i>macitentan oral tablet 10 mg</i>	Tier 5	PA; MO
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; DS
Pulmonary Antihypertensives, Prostacyclin-Type		
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 6	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 6	
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
Vasodilators, Combination		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Cardiovascular Disease - Lipid Irregularity		
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 2	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 2	MO
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 2	MO
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 2	MO
<i>colesevelam oral tablet 625 mg</i>	Tier 2	MO
<i>colestipol oral granules 5 gram</i>	Tier 2	MO
<i>colestipol oral packet 5 gram</i>	Tier 2	MO
<i>colestipol oral tablet 1 gram</i>	Tier 2	MO
PREVALITE ORAL POWDER 4 GRAM	Tier 2	MO
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 2	MO
Lipotropics		
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 2	MO
<i>gemfibrozil oral tablet 600 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 5	DS
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	Tier 2	MO
Cardiovascular Disease - Vasodilation		
Vasodilators,Coronary		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 2	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 2	MO
<i>nitroglycerin transdermal ointment 2 %</i>	Tier 2	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 2	MO
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 2	MO
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 2	MO
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	MO
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Contraceptives, Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
APRI ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	MO
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
AYUNA ORAL TABLET 0.15-0.03 MG	Tier 1	MO
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
CAMILA ORAL TABLET 0.35 MG	Tier 1	MO
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
CYRED EQ ORAL TABLET 0.15-0.03 MG	Tier 1	MO
CYRED ORAL TABLET 0.15-0.03 MG	Tier 1	MO
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
DEBLITANE ORAL TABLET 0.35 MG	Tier 1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 1	MO
ELLA ORAL TABLET 30 MG	Tier 1	
EMZAHH ORAL TABLET 0.35 MG	Tier 1	MO
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	MO
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ERRIN ORAL TABLET 0.35 MG	Tier 1	MO
ESTARYLLA ORAL TABLET 0.25-0.035 MG	Tier 1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 1	MO
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
HAILEY ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
HEATHER ORAL TABLET 0.35 MG	Tier 1	MO
INCASSIA ORAL TABLET 0.35 MG	Tier 1	MO
ISIBLOOM ORAL TABLET 0.15-0.03 MG	Tier 1	MO
JASMIEL (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
JENCYCLA ORAL TABLET 0.35 MG	Tier 1	MO
JULEBER ORAL TABLET 0.15-0.03 MG	Tier 1	MO
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
KALLIGA ORAL TABLET 0.15-0.03 MG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
KURVELO (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	MO
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
LORYNA (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
LUIZZA ORAL TABLET 1-20 MG-MCG, 1.5-30 MG-MCG	Tier 1	MO
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LYLEQ ORAL TABLET 0.35 MG	Tier 1	MO
LYZA ORAL TABLET 0.35 MG	Tier 1	MO
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
MELEYA ORAL TABLET 0.35 MG	Tier 1	MO
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
MILI ORAL TABLET 0.25-0.035 MG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	Tier 1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
NIKKI (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
NORA-BE ORAL TABLET 0.35 MG	Tier 1	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	Tier 1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
ORQUIDEA ORAL TABLET 0.35 MG	Tier 1	MO
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 1	MO
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
SHAROBEL ORAL TABLET 0.35 MG	Tier 1	MO
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	Tier 1	MO
SYEDA ORAL TABLET 3-0.03 MG	Tier 1	MO
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 1	MO
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 1	MO
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 1	MO
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 1	MO
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 1	MO
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 1	MO
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 1	MO
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TULANA ORAL TABLET 0.35 MG	Tier 1	MO
VALTYA ORAL TABLET 1-35 MG-MCG, 1-50 MG-MCG	Tier 1	MO
VESTURA (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
VYLIBRA ORAL TABLET 0.25-0.035 MG	Tier 1	MO
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
ZARAH ORAL TABLET 3-0.03 MG	Tier 1	MO
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Tier 1	MO
Oxytocics		
<i>carboprost tromethamine intramuscular solution 250 mcg/ml</i>	Tier 5	DS
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	Tier 2	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 2	
<i>oxytocin injection solution 10 unit/ml</i>	Tier 3	
PITOCIN INJECTION SOLUTION 10 UNIT/ML	Tier 3	
Cough And Cold		
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 2	
Narcotic Antitussive-1st Generation Antihistamine		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 2	DS; Age
Narcotic Antitussive-Anticholinergic Comb.		
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	Tier 2	DS; Age
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	Tier 2	DS; Age

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Narcotic Antitussive-Expectorant Combination		
<i>codeine-guaifen 10-100 mg/5 ml (otc)</i>	Tier 2	DS; Age
<i>codeine-guaifen 10-100 mg/5 ml d/f (otc)</i>	Tier 2	DS; Age
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age
<i>guaifen-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml</i>	Tier 2	DS; Age
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age
Dermatology - Acne		
Acne Agents, Systemic		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Acne Agents, Topical		
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 2	MO
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 2	MO
Rosacea Agents, Topical		
<i>metronidazole topical cream 0.75 %</i>	Tier 2	
<i>metronidazole topical gel 0.75 %</i>	Tier 2	
ROSADAN TOPICAL CREAM 0.75 %	Tier 2	
Topical Preparations, Antibacterials		
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 2	
Vitamin A Derivatives		
<i>adapalene topical gel 0.3 %</i>	Tier 2	MO
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; MO
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; MO
Dermatology - Antiinfective		
Topical Antibiotics		
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>clindamycin phosphate topical solution 1 %</i>	Tier 2	MO
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 2	MO
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 2	MO
<i>gentamicin topical cream 0.1 %</i>	Tier 2	
<i>gentamicin topical ointment 0.1 %</i>	Tier 2	
<i>mupirocin calcium topical cream 2 %</i>	Tier 2	
<i>mupirocin topical ointment 2 %</i>	Tier 2	
Topical Antifungal/Antiinflammmatory,Steriod Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
Topical Antifungals		
<i>ciclopirox topical cream 0.77 %</i>	Tier 2	
<i>ciclopirox topical solution 8 %</i>	Tier 2	
<i>ketoconazole topical cream 2 %</i>	Tier 2	
<i>ketoconazole topical shampoo 2 %</i>	Tier 2	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
Topical Antiparasitics		
<i>permethrin topical cream 5 %</i>	Tier 2	
Topical Sulfonamides		
<i>silver sulfadiazine topical cream 1 %</i>	Tier 2	
SSD TOPICAL CREAM 1 %	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Dermatology - Antiinflammatory		
Interleukin-13 (IL-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 5	PA; MO
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; MO
Topical Anti-Inflammatory Steroidal		
<i>alclometasone topical ointment 0.05 %</i>	Tier 2	MO
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	MO
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	MO
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	MO
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	MO
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2	MO
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2	MO
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	MO
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 2	MO
<i>clobetasol scalp solution 0.05 %</i>	Tier 2	MO
<i>clobetasol topical cream 0.05 %</i>	Tier 2	MO
<i>clobetasol topical gel 0.05 %</i>	Tier 2	MO
<i>clobetasol topical ointment 0.05 %</i>	Tier 2	MO
<i>clobetasol topical shampoo 0.05 %</i>	Tier 2	MO
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 2	MO
CLOBEX TOPICAL SHAMPOO 0.05 %	Tier 3	MO
CLODAN TOPICAL SHAMPOO 0.05 %	Tier 3	MO
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	MO
<i>desonide topical cream 0.05 %</i>	Tier 2	MO
<i>desonide topical ointment 0.05 %</i>	Tier 2	MO
<i>desoximetasone topical cream 0.25 %</i>	Tier 2	MO
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 2	MO
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>fluocinolone topical oil 0.01 %</i>	Tier 2	MO
<i>fluocinolone topical ointment 0.025 %</i>	Tier 2	MO
<i>fluocinolone topical solution 0.01 %</i>	Tier 2	MO
<i>fluocinonide topical cream 0.05 %</i>	Tier 2	MO
<i>fluocinonide topical gel 0.05 %</i>	Tier 2	MO
<i>fluocinonide topical ointment 0.05 %</i>	Tier 2	MO
<i>fluocinonide topical solution 0.05 %</i>	Tier 2	MO
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 2	MO
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 2	MO
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 2	MO
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 2	MO
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 2	MO
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 2	MO
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 2	MO
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	Tier 2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	MO
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	MO
<i>mometasone topical cream 0.1 %</i>	Tier 2	MO
<i>mometasone topical ointment 0.1 %</i>	Tier 2	MO
<i>mometasone topical solution 0.1 %</i>	Tier 2	MO
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	MO
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	MO
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	MO
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 2	MO
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	MO
TRIDERM TOPICAL CREAM 0.5 %	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 3	MO
DRYSOL TOPICAL SOLUTION 20 %	Tier 3	MO
Antiseborrheic Agents		
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
Irrigants		
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>ringer's irrigation solution</i>	Tier 2	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
<i>water for irrigation, sterile irrigation solution</i>	Tier 2	
Keratolytics		
<i>podofilox topical solution 0.5 %</i>	Tier 2	MO
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>fluorouracil topical cream 5 %</i>	Tier 2	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Topical Local Anesthetics		
<i>ethyl chloride spray 100 %</i>	Tier 3	
<i>ethyl chloride spray coarse spray 100 %</i>	Tier 2	
<i>ethyl chloride spray fine stream 100 %</i>	Tier 2	
<i>ethyl chloride spray fine-spray 100 %</i>	Tier 2	
<i>ethyl chloride spray medium stream 100 %</i>	Tier 2	
<i>ethyl chloride spray medium-spray 100 %</i>	Tier 2	
<i>lidocaine topical ointment 5 %</i>	Tier 2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	MO
Topical/Mucous Membr./Subcut. Enzymes		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	Tier 5	DS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin oral capsule 10 mg, 25 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; MO
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; MO
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 5	PA; DS
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 2	
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	MO
<i>calcipotriene topical cream 0.005 %</i>	Tier 2	MO
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	MO
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 3	MO
PELLIX SCALP SOLUTION 0.005 %	Tier 2	MO
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	Tier 2	MO
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 2	MO
TAZORAC TOPICAL CREAM 0.05 %	Tier 3	MO
TRILITAS TOPICAL GEL 0.1 %	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Topical Immunosuppressive Agents		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 2	MO
Diabetes		
Antihyperglycemic, Incretin Mimetic (Glp-1 Recep. Agonist)		
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	Tier 2	PA; MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	PA; DS
Antihyperglycemic-Sod/Gluc Cotransport2 (SglT2) Inhib		
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	Tier 2	MO
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 2	MO
Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)		
<i>metformin oral solution 500 mg/5 ml</i>	Tier 2	MO
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 2	MO
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 2	MO
Blood Sugar Diagnostics		
ACCU-CHEK AVIVA PLUS TEST STRIP STRIP	Tier 7	MO
ACCU-CHEK GUIDE TEST STRIPS STRIP	Tier 7	MO
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	Tier 7	MO
ACCUTREND GLUCOSE TEST STRIPS STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ADVANCED GLUC METER TEST STRIP STRIP	Tier 7	MO
ADVOCATE REDI-CODE PLUS STRIP	Tier 7	MO
AGAMATRIX AMP TEST STRIPS STRIP	Tier 7	MO
AGAMATRIX JAZZ TEST STRIPS STRIP	Tier 7	MO
AGAMATRIX PRESTO TEST STRIPS STRIP	Tier 7	MO
ASSURE 4 STRIPS STRIP	Tier 7	MO
ASSURE PLATINUM TEST STRIP STRIP	Tier 7	MO
ASSURE PRISM MULTI STRIP STRIP	Tier 7	MO
ASSURE TITANIUM TEST STRIP STRIP	Tier 7	MO
BIONIME RIGHTEST TEST STRIPS STRIP	Tier 7	MO
BLOOD GLUCOSE TEST STRIP	Tier 7	MO
BLULINK GLUCOSE TEST STRIP STRIP	Tier 7	MO
CARESENS N TEST STRIPS STRIP	Tier 7	MO
CARESENS S TEST STRIP STRIP	Tier 7	MO
CARETOUCH TEST STRIP STRIP	Tier 7	MO
CHOICEDM CLARUS STRIP	Tier 7	MO
CLEVER CHOICE MICRO TEST STRIP STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CLEVER CHOICE PRO STRIP	Tier 7	MO
CLEVER CHOICE TALK TEST STRIP	Tier 7	MO
CLEVER CHOICE TEST STRIPS STRIP	Tier 7	MO
CLEVER CHOICE VOICE PLUS TEST STRIP	Tier 7	MO
CONTOUR NEXT TEST STRIPS STRIP	Tier 7	MO
CONTOUR PLUS TEST STRIP STRIP	Tier 7	MO
CONTOUR TEST STRIPS STRIP	Tier 7	MO
DIATRUE PLUS TEST STRIP STRIP	Tier 7	MO
EASY PLUS II TEST STRIP	Tier 7	MO
EASY STEP STRIP	Tier 7	MO
EASY TALK GLUCOSE TEST STRIP	Tier 7	MO
EASY TALK PLUS II TEST STRIP STRIP	Tier 7	MO
EASY TOUCH BLULINK TEST STRIP STRIP	Tier 7	MO
EASY TOUCH TEST STRIP STRIP	Tier 7	MO
EASY TRAK GLUCOSE TEST STRIP	Tier 7	MO
EASY TRAK II TEST STRIP STRIP	Tier 7	MO
EASYGLUCO TEST STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EASYMAX 15 TEST STRIPS STRIP	Tier 7	MO
EASYMAX STRIP	Tier 7	MO
ELEMENT COMPACT TEST STRIPS STRIP	Tier 7	MO
ELEMENT TEST STRIPS STRIP	Tier 7	MO
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	Tier 7	MO
EMBRACE EVO TEST STRIPS STRIP	Tier 7	MO
EMBRACE PRO TEST STRIPS STRIP	Tier 7	MO
EMBRACE TALK TEST STRIPS STRIP	Tier 7	MO
EMBRACE WAVE GLUCOSE TEST STRIP STRIP	Tier 7	MO
EVENCARE G2 STRIP	Tier 7	MO
EVENCARE G3 TEST STRIP	Tier 7	MO
EVENCARE MINI GLUCOSE TEST STR STRIP	Tier 7	MO
EVENCARE PROVIEW TEST STRIP STRIP	Tier 7	MO
EVENCARE TEST STRIP	Tier 7	MO
EVOLUTION TEST STRIPS STRIP	Tier 7	MO
EZ SMART PLUS TEST STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EZ SMART TEST STRIP	Tier 7	MO
FORA 6 CONNECT GLUCOSE STRIP STRIP	Tier 7	MO
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	Tier 7	MO
FORA D40-G31 TEST STRIPS STRIP	Tier 7	MO
FORA G20 STRIP	Tier 7	MO
FORA GD50 TEST STRIPS STRIP	Tier 7	MO
FORA GTEL GLUCOSE TEST STRIP STRIP	Tier 7	MO
FORA TEST STRIP STRIP	Tier 7	MO
FORA TN'G ADVAN PRO TEST STRIP STRIP	Tier 7	MO
FORA TN'G VOICE TEST STRIPS STRIP	Tier 7	MO
FORA V10 STRIP	Tier 7	MO
FORA V10-V12-D10-D20 STRIPS STRIP	Tier 7	MO
FORACARE GD20 STRIP	Tier 7	MO
FORACARE GD40 TEST STRIPS STRIP	Tier 7	MO
FREESTYLE INSULINX STRIP	Tier 7	MO
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 7	MO
FREESTYLE LITE STRIPS STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 7	MO
FREESTYLE TEST STRIP	Tier 7	MO
GE100 BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO
GE333 BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO
GLUCO NAVII TEST STRIP STRIP	Tier 7	MO
GLUCOCARD 01 SENSOR PLUS STRIP	Tier 7	MO
GLUCOCARD EXPRESSION STRIP	Tier 7	MO
GLUCOCARD SHINE TEST STRIPS STRIP	Tier 7	MO
GLUCOCARD VITAL SENSOR STRIP	Tier 7	MO
GLUCOCARD VITAL TEST STRIPS STRIP	Tier 7	MO
GLUCOCOM GLUCOSE STRIP	Tier 7	MO
GM100 STRIP	Tier 7	MO
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO
HARMONY GLUCOSE TEST STRIP STRIP	Tier 7	MO
HEALTHPRO TEST STRIPS STRIP	Tier 7	MO
IHEALTH GLUCOSE TEST STRIP STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
INFINITY TEST STRIPS STRIP	Tier 7	MO
MICRO BLOOD GLUCOSE STRIP	Tier 7	MO
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	Tier 7	MO
MICRODOT XTRA BLOOD GLUCOSE STRIP	Tier 7	MO
MYGLUCOHEALTH STRIP	Tier 7	MO
NEUTEK 2TEK TEST STRIPS STRIP	Tier 7	MO
NOVA MAX GLUCOSE TEST STRIP	Tier 7	MO
ON CALL EXPRESS TEST STRIP STRIP	Tier 7	MO
ONETOUCH ULTRA TEST STRIP	Tier 7	MO
ONETOUCH VERIO TEST STRIPS STRIP	Tier 7	MO
OPTIUM EZ STRIP	Tier 7	MO
PHARMACIST CHOICE STRIP	Tier 7	MO
PIP BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO
PLATINUM TEST STRIP STRIP	Tier 7	MO
PRECISION POINT OF CARE TEST STRIP	Tier 7	MO
PRECISION XTRA TEST STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PREMIER TEST STRIP STRIP	Tier 7	MO
PREMIUM V10 STRIP	Tier 7	MO
PRO VOICE V8-V9 TEST STRIP STRIP	Tier 7	MO
PRODIGY NO CODING STRIP	Tier 7	MO
QUINTET AC STRIP	Tier 7	MO
QUINTET GLUCOSE TEST STRIPS STRIP	Tier 7	MO
REFUAH PLUS STRIP	Tier 7	MO
RELION CONFIRM-MICRO STRIP	Tier 7	MO
RELION PRIME TEST STRIPS STRIP	Tier 7	MO
RELION ULTIMA STRIP	Tier 7	MO
REVEAL TEST STRIP STRIP	Tier 7	MO
RIGHTEST GS550 TEST STRIPS STRIP	Tier 7	MO
RIGHTEST GT333 TEST STRIP STRIP	Tier 7	MO
SMART SENSE TEST STRIPS STRIP	Tier 7	MO
SMARTEST TEST STRIP	Tier 7	MO
SOLUS V2 TEST STRIPS STRIP	Tier 7	MO
SURE-TEST EASYPLUS MINI STRIP	Tier 7	MO
TELCARE TEST STRIPS STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TEST N'GO TEST STRIP	Tier 7	MO
TRUE METRIX GLUCOSE TEST STRIP STRIP	Tier 7	MO
TRUE METRIX PRO TEST STRIP STRIP	Tier 7	MO
TRUENESS GLUCOSE TEST STRIP STRIP	Tier 7	MO
TRUETEST TEST STRIPS STRIP	Tier 7	MO
TRUETRACK TEST STRIP	Tier 7	MO
ULTIMA TEST STRIPS STRIP	Tier 7	MO
ULTRATRAK STRIP	Tier 7	MO
ULTRATRAK ULTIMATE STRIP	Tier 7	MO
UNISTRIPI1 TEST STRIP STRIP	Tier 7	MO
VIVAGUARD INO TEST STRIP STRIP	Tier 7	MO
Diabetic Supplies		
2TEK CONTROL (HIGH-NORMAL) SOLUTION	Tier 7	MO
2TEK GLUCOSE/BLOOD PRESSURE KIT	Tier 7	MO
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	Tier 7	MO
ACCU-CHEK FASTCLIX LANCING DEV KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ACCU-CHEK GUIDE GLUCOSE METER	Tier 7	MO
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	Tier 7	MO
ACCU-CHEK GUIDE ME GLUCOSE MTR	Tier 7	MO
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	Tier 7	MO
ACCU-CHEK SOFT DEV LANCETS KIT	Tier 7	MO
ACCUTREND GLUCOSE CONTROL SOLUTION	Tier 7	MO
ADJUSTABLE LANCING DEVICE	Tier 7	
ADVANCED ALL-IN-ONE METER KIT	Tier 7	MO
ADVANCED GLUCOSE METER	Tier 7	MO
ADVANCED LANCING DEVICE KIT	Tier 7	MO
ADVOCATE LANCING DEVICE	Tier 7	
ADVOCATE REDI-CODE PLUS	Tier 7	MO
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	Tier 7	MO
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
AGAMATRIX CONTROL SOLN-HIGH SOLUTION	Tier 7	MO
AGAMATRIX CONTROL SOLN-NORMAL SOLUTION	Tier 7	MO
AGAMATRIX CONTROL SOLN-NORM-HI SOLUTION	Tier 7	MO
AGAMATRIX JAZZ WIRELESS 2 MNTR KIT	Tier 7	MO
AGAMATRIX PRESTO SYSTEM	Tier 7	MO
ALTERNATE SITE LANCING DEVICE	Tier 7	
AQUA LANCE LANCING DEVICE	Tier 7	
ASSURE 4 CONTROL SOLUTION COMBO PACK	Tier 7	MO
ASSURE CONTROL SOLUTION L2-L3 SOLUTION	Tier 7	MO
ASSURE DOSE NORMAL CONTROL SOLUTION	Tier 7	MO
ASSURE DOSE NORM-HI CONTROL SOLUTION	Tier 7	MO
ASSURE PLATINUM GLUCOSE METER	Tier 7	MO
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	Tier 7	MO
ASSURE PRISM MULTI METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ASSURE TITANIUM GLUCOSE SYSTEM	Tier 7	MO
AT HOME A1C DEVICE	Tier 7	MO
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 7	PA; MO
AUTOLET IMPRESSION LANC DEV KIT	Tier 7	MO
AUTOLET LANCING DEVICE	Tier 7	
AUTOLET LITE	Tier 7	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 7	PA; MO
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 7	PA; MO
BIONIME RIGHTEST GM300 SYSTEM KIT	Tier 7	MO
BIOTEL CARE BGM-4 METER	Tier 7	MO
<i>blood glucose contrl hi,normal solution</i>	Tier 7	MO
<i>blood glucose control, normal solution</i>	Tier 7	MO
BLOOD GLUCOSE MONITORING KIT	Tier 7	MO
<i>blood-glucose meter</i>	Tier 7	MO
<i>blood-glucose meter kit</i>	Tier 7	MO
BLULINK DIABETIC TEST BUNDLE KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
BLULINK GLUCOSE MONITOR SYSTEM	Tier 7	MO
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO
BREEZE 2 CONTROL SOLUTION, NML SOLUTION	Tier 7	MO
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	Tier 7	MO
CAREONE LANCING DEVICE	Tier 7	MO
CARESENS CONTROL A AND B SOLUTION	Tier 7	MO
CARESENS N	Tier 7	MO
CARESENS N FELIZ BT GLUC METER	Tier 7	MO
CARESENS N FELIZ GLUCOSE METER	Tier 7	MO
CARESENS N PLUS BT KIT	Tier 7	MO
CARESENS N VOICE	Tier 7	MO
CARESENS S CONTROL A AND B SOLUTION	Tier 7	MO
CARESENS S FIT BT GLUCOSE MTR	Tier 7	MO
CARESENS S FIT GLUCOSE METER	Tier 7	MO
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CARETOUCH GLUCOSE MONITORING KIT	Tier 7	MO
CARETOUCH LANCING DEVICE	Tier 7	
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	Tier 7	MO
CHOICE DM CLARUS NORM CONTROL SOLUTION	Tier 7	MO
CHOICEDM CLARUS	Tier 7	MO
CHOSEN LANCING DEVICE	Tier 7	
CLEVER CHEK BLOOD GLUCOSE	Tier 7	MO
CLEVER CHEK BLOOD GLUCOSE SYST KIT	Tier 7	MO
CLEVER CHOICE BLOOD GLUC SYS	Tier 7	MO
CLEVER CHOICE GLUCOSE MONITOR	Tier 7	MO
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	Tier 7	MO
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	Tier 7	MO
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	Tier 7	MO
CLEVER CHOICE MICRO	Tier 7	MO
CLEVER CHOICE PRO	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CLEVER CHOICE TALK GLUCOSE SYS	Tier 7	MO
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	Tier 7	MO
CONTOUR CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO
CONTOUR CONTROL SOLUTION, NML SOLUTION	Tier 7	MO
CONTOUR NEXT EZ METER	Tier 7	MO
CONTOUR NEXT GEN METER	Tier 7	MO
CONTOUR NEXT GEN METER KIT	Tier 7	MO
CONTOUR NEXT GLUCOSE METER KIT	Tier 7	MO
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION	Tier 7	MO
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	Tier 7	MO
CONTOUR NEXT LINK 2.4 KIT	Tier 7	MO
CONTOUR NEXT LINK KIT	Tier 7	MO
CONTOUR NEXT METER	Tier 7	MO
CONTOUR NEXT ONE METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CONTOUR NEXT ONE METER KIT	Tier 7	MO
CONTOUR PLUS BLUE METER	Tier 7	MO
CONTOUR PLUS LEVEL 1 CTRL SOLN SOLUTION	Tier 7	MO
CONTOUR PLUS LEVEL 2 CTRL SOLN SOLUTION	Tier 7	MO
DIATRUE CONTROL SOLN NORMAL SOLUTION	Tier 7	MO
DIATRUE CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO
DIATRUE CONTROL SOLUTION LOW SOLUTION	Tier 7	MO
DIATRUE PLUS BLOOD GLUCOSE MET	Tier 7	MO
DROPLET GENTEEL LANCING DEVICE	Tier 7	
DROPLET LANCING DEVICE	Tier 7	
EASY MINI EJECT LANCING DEVICE	Tier 7	
EASY PLUS II BLOOD GLUCOSE MET	Tier 7	MO
EASY PLUS II HIGH CONTROL SOLUTION	Tier 7	MO
EASY PLUS II LOW CONTROL SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EASY STEP BLOOD GLUCOSE METER	Tier 7	MO
EASY STEP HIGH CONTROL SOLN SOLUTION	Tier 7	MO
EASY STEP LOW CONTROL SOLUTION SOLUTION	Tier 7	MO
EASY STEP NORMAL CONTROL SOLN SOLUTION	Tier 7	MO
EASY TALK BLOOD GLUCOSE METER	Tier 7	MO
EASY TALK HIGH CONTROL SOLUTION	Tier 7	MO
EASY TALK LOW CONTROL SOLUTION	Tier 7	MO
EASY TALK PLUS II HIGH CONTROL SOLUTION	Tier 7	MO
EASY TALK PLUS II LOW CONTROL SOLUTION	Tier 7	MO
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	Tier 7	MO
EASY TOUCH BLULINK GLUC SYST	Tier 7	MO
EASY TOUCH GLUCOSE MONITOR	Tier 7	MO
EASY TOUCH HEALTHPRO SYSTEM KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH HIGH-LOW CONTROL SOLUTION	Tier 7	MO
EASY TOUCH LANCING DEVICE	Tier 7	
EASY TRAK BLOOD GLUCOSE METER	Tier 7	MO
EASY TRAK HIGH CONTROL SOLUTION	Tier 7	MO
EASY TRAK II BLOOD GLUCOSE MTR	Tier 7	MO
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	Tier 7	MO
EASY TRAK LOW CONTROL SOLUTION	Tier 7	MO
EASYGLUCO METER KIT	Tier 7	MO
EASYMAX 15 LEVEL 2 SOLUTION	Tier 7	MO
EASYMAX NG	Tier 7	MO
EASYMAX NG KIT	Tier 7	MO
EASYMAX NORMAL CONTROL SOLUTION	Tier 7	MO
EASYMAX T1 KIT	Tier 7	MO
EASYMAX V SPEAKING GLUCOSE SYS	Tier 7	MO
EASY-TOUCH BLOOD GLUCOSE METER	Tier 7	MO
ELEMENT COMPACT GLUCOSE METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ELEMENT COMPACT HIGH CONTROL SOLUTION	Tier 7	MO
ELEMENT COMPACT NORMAL CONTROL SOLUTION	Tier 7	MO
ELEMENT COMPACT V GLUCOSE MTR	Tier 7	MO
ELEMENT HIGH CONTROL SOLUTION	Tier 7	MO
ELEMENT LOW CONTROL SOLUTION	Tier 7	MO
ELEMENT NORMAL CONTROL SOLUTION	Tier 7	MO
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	Tier 7	MO
EMBRACE BLOOD GLUCOSE SYSTEM	Tier 7	MO
EMBRACE EVO BLOOD GLUCOSE KIT KIT	Tier 7	MO
EMBRACE EVO GLUCOSE MONITOR	Tier 7	MO
EMBRACE EVO LEVEL 1 SOLUTION	Tier 7	MO
EMBRACE GLUCOSE CONTROL HIGH SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EMBRACE GLUCOSE CONTROL LOW SOLUTION	Tier 7	MO
EMBRACE LANCING DEVICE	Tier 7	
EMBRACE PRO GLUCOSE METER	Tier 7	MO
EMBRACE PRO SOLUTION	Tier 7	MO
EMBRACE TALK BLOOD GLUCOSE SYS KIT	Tier 7	MO
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION	Tier 7	MO
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	Tier 7	MO
EMBRACE TALK GLUCOSE MONITOR	Tier 7	MO
EMBRACE WAVE CONTROL-HIGH (L2) SOLUTION	Tier 7	MO
EMBRACE WAVE PLUS GLUCOSE MTR	Tier 7	MO
EVENCARE G2	Tier 7	MO
EVENCARE G2 SOLUTION	Tier 7	MO
EVENCARE G3 CONTROL SOLUTION	Tier 7	MO
EVENCARE G3 GLUCOSE METER KIT	Tier 7	MO
EVENCARE KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EVENCARE MINI MONITOR SYSTEM	Tier 7	MO
EVENCARE SOLUTION	Tier 7	MO
EVOLUTION BLOOD GLUCOSE METER KIT	Tier 7	MO
EVOLUTION NORMAL CONTROL SOLUTION	Tier 7	MO
EZ SMART CONTROL SOLUTION	Tier 7	MO
EZ SMART PLUS SYSTEM KIT	Tier 7	MO
EZ SMART SYSTEM KIT	Tier 7	MO
FONDCIRCLE BLOOD GLUCOSE MONTR KIT	Tier 7	MO
FONDCIRCLE CONTROL SOLUTION SOLUTION	Tier 7	MO
FONDCIRCLE LANCING DEVICE	Tier 7	
FORA D40D GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
FORA D40G GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
FORA G20 KIT	Tier 7	MO
FORA G30A	Tier 7	MO
FORA GD50 BLOOD GLUCOSE SYSTEM	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	Tier 7	MO
FORA HIGH CONTROL SOLUTION	Tier 7	MO
FORA LANCING DEVICE	Tier 7	
FORA LOW CONTROL SOLUTION	Tier 7	MO
FORA NORMAL CONTROL SOLUTION	Tier 7	MO
FORA PREMIUM V10 GLUCOSE METER	Tier 7	MO
FORA TEST N'GO VOICE METER	Tier 7	MO
FORA TN'G ADV MOBILE MULTI MTR DEVICE	Tier 7	MO
FORA TN'G ADVANCE MULTI-FN MTR DEVICE	Tier 7	MO
FORA TN'G ADVANCE PRO MONITOR DEVICE	Tier 7	MO
FORA TN'G VOICE METER	Tier 7	MO
FORA V12 BLOOD GLUCOSE SYSTEM	Tier 7	MO
FORACARE GD20 GLUCOSE METER	Tier 7	MO
FORACARE GD40B GLUCOSE METER	Tier 7	MO
FORACARE GDH HIGH CONTROL SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FORACARE GDH LOW CONTROL SOLUTION	Tier 7	MO
FORACARE GDH NORMAL CONTROL SOLUTION	Tier 7	MO
FREESTYLE CONTROL SOLUTION	Tier 7	MO
FREESTYLE FLASH SYSTEM KIT	Tier 7	MO
FREESTYLE FREEDOM KIT	Tier 7	MO
FREESTYLE FREEDOM LITE KIT	Tier 7	MO
FREESTYLE INSULINX	Tier 7	MO
FREESTYLE LITE METER KIT	Tier 7	MO
FREESTYLE PRECISION NEO METER	Tier 7	MO
FREESTYLE SIDEKICK II KIT	Tier 7	MO
FREESTYLE SYSTEM KIT KIT	Tier 7	MO
GDRIVE KIT	Tier 7	MO
GE100 BLOOD GLUCOSE SYSTEM	Tier 7	MO
GE100 BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
GE100 CONTROL SOLUTION NORMAL SOLUTION	Tier 7	MO
GE333 BLOOD GLUCOSE SYSTEM	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
GENTEEL VACUUM LANCING DEVICE COMBO PACK	Tier 7	MO
GLUCO NAVII GLUCOSE MONITOR KIT	Tier 7	MO
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION	Tier 7	MO
GLUCOCARD 01 METER KIT	Tier 7	MO
GLUCOCARD 01 NORMAL CONTROL SOLUTION	Tier 7	MO
GLUCOCARD EXPRESSION	Tier 7	MO
GLUCOCARD EXPRESSION KIT	Tier 7	MO
GLUCOCARD EXPRESSION SOLUTION	Tier 7	MO
GLUCOCARD SHINE CONNEX METER	Tier 7	MO
GLUCOCARD SHINE EXPRESS METER	Tier 7	MO
GLUCOCARD SHINE METER	Tier 7	MO
GLUCOCARD SHINE METER KIT KIT	Tier 7	MO
GLUCOCARD SHINE SOLUTION	Tier 7	MO
GLUCOCARD SHINE XL METER	Tier 7	MO
GLUCOCARD VITAL KIT	Tier 7	MO
GLUCOCOM BLOOD GLUCOSE KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
GLUCOCOM CONTROL HIGH SOLUTION	Tier 7	MO
GLUCOCOM CONTROL NORMAL SOLUTION	Tier 7	MO
GLUCOSE CONTROL SOLUTION	Tier 7	MO
GLUCOSE KETONE CONTROL SOLN SOLUTION	Tier 7	MO
GM100 KIT	Tier 7	MO
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	Tier 7	MO
GOJJI LANCING DEVICE	Tier 7	
GOJJI MULTI-FUNCTIONAL METER DEVICE	Tier 7	MO
GOJJI MULTI-FUNCTIONAL METER KIT	Tier 7	MO
HEALTHPRO GLUCOSE MONITOR	Tier 7	MO
HEALTHPRO HIGH-LOW CONTROL SOLUTION	Tier 7	MO
HYPOLANCE AST LANCING KIT	Tier 7	MO
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION	Tier 7	MO
IHEALTH GLUCO PLUS METER KIT	Tier 7	MO
ILET INSULIN PUMP	Tier 7	PA

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
INCONTROL LANCING DEVICE	Tier 7	
INFINITY CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO
INFINITY CONTROL SOLUTION LOW SOLUTION	Tier 7	MO
INFINITY CONTROL SOLUTION NORM SOLUTION	Tier 7	MO
INFINITY METER KIT KIT	Tier 7	MO
INFINITY STARTER KIT KIT	Tier 7	MO
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 7	PA; MO
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 7	PA; MO
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 7	PA; MO
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 7	PA; MO
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 7	PA; MO
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 7	PA; MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>lancing device</i>	Tier 7	
LANCING DEVICE WITH LANCETS	Tier 7	
<i>lancing device with lancets kit</i>	Tier 7	MO
LANCING SYSTEM	Tier 7	
LANZO LANCING DEVICE KIT	Tier 7	MO
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK	Tier 7	MO
MEDISENSE GLUCOSE KETONE COMBO PACK	Tier 7	MO
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 7	MO
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 7	MO
MEDTRONIC EXT INFUSION SET 43" INFUSION SET	Tier 7	MO
METER-CHECK SOLUTION	Tier 7	MO
MICRODOT BLOOD GLUCOSE SYSTEM	Tier 7	MO
MICRODOT HIGH-LOW CONTROL SOLUTION	Tier 7	MO
MICRODOT NORMAL CONTROL SOLUTION	Tier 7	MO
MICROLET 2 LANCING DEVICE KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
MICROLET NEXT LANCING DEVICE KIT	Tier 7	MO
MINI LANCING DEVICE	Tier 7	
MINIMED 780G INSULIN PUMP	Tier 7	PA
MINIMED MIO ADVANCE INF SET 23" INFUSION SET	Tier 7	MO
MINIMED MIO ADVANCE INF SET 43" INFUSION SET	Tier 7	MO
MINIMED QUICK SET 18" INFUSION SET	Tier 7	MO
MINIMED QUICK SET 23" INFUSION SET	Tier 7	MO
MINIMED QUICK SET 32" INFUSION SET	Tier 7	MO
MINIMED QUICK SET 43" INFUSION SET	Tier 7	MO
MINIMED SILHOUETTE 18" INFUSION SET	Tier 7	MO
MINIMED SILHOUETTE 23" INFUSION SET	Tier 7	MO
MINIMED SILHOUETTE 32" INFUSION SET	Tier 7	MO
MINIMED SILHOUETTE 43" INFUSION SET	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
MINIMED SURE T 18" INFUSION SET	Tier 7	MO
MINIMED SURE T 23" INFUSION SET	Tier 7	MO
MINIMED SURE T 32" INFUSION SET	Tier 7	MO
MULTI-LANCET DEVICE 2 KIT	Tier 7	MO
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	Tier 7	MO
MYGLUCOHEALTH KIT	Tier 7	MO
NOVA MAX PLUS GLUC-KETON METER DEVICE	Tier 7	MO
NOVA MAX PLUS GLUC-KETON METER KIT	Tier 7	MO
NOVAMAX PLUS GLU-KET SOLUTION	Tier 7	MO
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 7	PA; MO
ON CALL EXPRESS CONTROL SOLUTION	Tier 7	MO
ON CALL EXPRESS METER	Tier 7	MO
ON CALL EXPRESS METER KIT	Tier 7	MO
ON CALL LANCING DEVICE	Tier 7	
ONETOUCH DELICA PLUS LANC DEV KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ONETOUCH ULTRA CONTROL SOLUTION	Tier 7	MO
ONETOUCH ULTRA2 METER	Tier 7	MO
ONETOUCH VERIO FLEX METER	Tier 7	MO
ONETOUCH VERIO HIGH CONTROL SOLUTION	Tier 7	MO
ONETOUCH VERIO MID CONTROL SOLUTION	Tier 7	MO
ONETOUCH VERIO REFLECT METER	Tier 7	MO
PHARMACIST CHOICE GLUCOSE SYS	Tier 7	MO
PIP BLOOD GLUCOSE MONITOR	Tier 7	MO
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	Tier 7	MO
PRECISION	Tier 7	MO
PRECISION GLUCOSE CONTROL SOLN COMBO PACK	Tier 7	MO
PRECISION GLUCOSE/KETONE CONTR COMBO PACK	Tier 7	MO
PRECISION XTRA KETONE-GLUCOSE KIT	Tier 7	MO
PRECISION XTRA MONITOR	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PREMIER BLU GLUCOSE METER	Tier 7	MO
PREMIER CLASSIC GLUCOSE METER	Tier 7	MO
PREMIER COMPACT GLUCOSE METER KIT	Tier 7	MO
PREMIER VOICE GLUCOSE METER	Tier 7	MO
PREMIUM BLOOD GLUCOSE MONITOR	Tier 7	MO
PREMIUM V10	Tier 7	MO
PRO VOICE V9 GLUCOSE MONITOR	Tier 7	MO
PRODIGY AUTOCODE METER KIT	Tier 7	MO
PRODIGY AUTOCODE MONITOR SYST	Tier 7	MO
PRODIGY CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	Tier 7	MO
PRODIGY LANCING DEVICE	Tier 7	
PRODIGY POCKET METER KIT	Tier 7	MO
PRODIGY VOICE GLUCOSE METER KIT	Tier 7	MO
QUINTET AC	Tier 7	MO
QUINTET BLOOD GLUCOSE METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
REFUAH PLUS GLUCOSE CONTROL SOLUTION	Tier 7	MO
REFUAH PLUS GLUCOSE MONITOR KIT	Tier 7	MO
RELIAMED MINI LANCING DEVICE	Tier 7	
RELION ALL-IN-ONE METER KIT	Tier 7	MO
RELION CONFIRM KIT	Tier 7	MO
RELION MICRO GLUCOSE MONITOR	Tier 7	MO
RELION MICRO GLUCOSE MONITOR KIT	Tier 7	MO
RELION PRIME METER	Tier 7	MO
REVEAL BLOOD GLUCOSE METER KIT	Tier 7	MO
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO
RIGHTEST CONTROL SOLUTION NORM SOLUTION	Tier 7	MO
RIGHTEST GD500 LANCING DEVICE	Tier 7	
RIGHTEST GM550 SYSTEM KIT	Tier 7	MO
RIGHTEST GT333 GLUCOSE METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SMART SENSE MONITORING SYSTEM	Tier 7	MO
SMARTDIABETES VANTAGE	Tier 7	
SMARTEST CONTROL SOLUTION	Tier 7	MO
SMARTEST EJECT KIT	Tier 7	MO
SMARTEST PERSONA GLUCOSE METER	Tier 7	MO
SMARTEST PERSONA STARTER KIT	Tier 7	MO
SMARTEST PRONTO GLUCOSE METER	Tier 7	MO
SMARTEST PRONTO STARTER KIT	Tier 7	MO
SMARTEST PROTEGE KIT	Tier 7	MO
SMARTEST SMART CODE METER KIT	Tier 7	MO
SMARTEST TALKING METER KIT	Tier 7	MO
SOLUS V2 AUDIBLE METER	Tier 7	MO
SOLUS V2 AUDIBLE METER KIT	Tier 7	MO
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	Tier 7	MO
SOLUS V2 LANCING DEVICE KIT	Tier 7	MO
SURE COMFORT LANCING PEN	Tier 7	
SUREFLEX DEVICE WITH LANCETS KIT	Tier 7	MO
SUREFLEX LANCING DEVICE	Tier 7	
SURE-PEN LANCING DEVICE	Tier 7	
SURE-TEST EASYPLUS MINI METER	Tier 7	MO
SURE-TEST EASYPLUS MINI SOLUTION	Tier 7	MO
T:SLIM X2 CONTROL-IQ	Tier 7	PA
TANDEM MOBI SYSTEM	Tier 7	PA
TANDEM T:SLIM X2 STARTER KIT	Tier 7	PA
TD GOLD LEVEL 1 CONTROL SOLUTION	Tier 7	MO
TD GOLD LEVEL 2 CONTROL SOLUTION	Tier 7	MO
TELCARE CONTROL SOLUTION	Tier 7	MO
TEST N'GO BLOOD GLUCOSE SYSTEM	Tier 7	MO
TRUE METRIX AIR GLUCOSE METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TRUE METRIX AIR GLUCOSE METER KIT	Tier 7	MO
TRUE METRIX GLUCOSE METER	Tier 7	MO
TRUE METRIX GO GLUCOSE METER	Tier 7	MO
TRUE METRIX LEVEL 1 SOLUTION	Tier 7	MO
TRUE METRIX LEVEL 2 SOLUTION	Tier 7	MO
TRUE METRIX LEVEL 3 SOLUTION	Tier 7	MO
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
TRUEDRAW LANCING DEVICE	Tier 7	
TRUENESS BLOOD GLUCOSE MONITOR	Tier 7	MO
TRUERESULT BLOOD GLUCOSE SYSTM KIT	Tier 7	MO
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
TRUETRACK SMART SYSTEM KIT	Tier 7	MO
ULTI-LANCE	Tier 7	
ULTI-LANCE KIT	Tier 7	MO
ULTIMA MONITOR	Tier 7	MO
ULTRATRAK GLUCOSE METER	Tier 7	MO
ULTRATRAK GLUCOSE METER KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ULTRATRAK HIGH-LOW CONTROL SOLUTION	Tier 7	MO
ULTRATRAK NORMAL CONTROL SOLUTION	Tier 7	MO
ULTRATRAK ULTIMATE	Tier 7	MO
ULTRATRAK ULTIMATE SOLUTION	Tier 7	MO
UNISTIK 2 DEVICE KIT	Tier 7	MO
UNISTRIP LOW CONTROL SOLUTION	Tier 7	MO
V-GO 20 DEVICE	Tier 7	PA; MO
V-GO 30 DEVICE	Tier 7	PA; MO
V-GO 40 DEVICE	Tier 7	PA; MO
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	Tier 7	MO
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Tier 7	MO
VIVAGUARD INO CTRL SOLN-L2 SOLUTION	Tier 7	MO
VIVAGUARD INO GLUCOSE METER	Tier 7	MO
VIVAGUARD INO SMART GLUC METER	Tier 7	MO
VIVAGUARD LANCING DEVICE	Tier 7	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	
Insulins		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 3	PA; MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	PA; MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	PA; MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	MO
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	MO
<i>insulin glargine-yfgh subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 2	MO
<i>insulin glargine-yfgh subcutaneous solution 100 unit/ml</i>	Tier 2	MO
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 2	PA; MO
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO
Urine Glucose Test Aids		
DIASTIX STRIP	Tier 7	MO
Urine Glucose/Acetone Test Aids, Strips		
KETO-DIASTIX STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Ear - General Disorders		
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	MO
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 2	
Ear Preparations, Antibiotics		
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2	
Otic Preparations, Anti-Inflammatory-Antibiotics		
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Electrolyte Regulation		
Bicarbonate Producing/Containing Agents		
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	Tier 2	
<i>sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)</i>	Tier 2	
Electrolyte Depleters		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 2	MO
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 2	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 5	DS; QL
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	Tier 2	MO
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 2	MO
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	Tier 2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
Electrolyte Maintenance		
<i>lactated ringers intravenous parenteral solution</i>	Tier 3	
<i>ringer's intravenous parenteral solution</i>	Tier 2	
Potassium Replacement		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 3	MO
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 2	MO
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 2	MO
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 2	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i>	Tier 2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 2	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	MO
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	Tier 2	MO
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Tier 2	
NORMAL SALINE FLUSH INJECTION SYRINGE	Tier 2	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 2	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 2	
<i>sodium chloride 0.9 % injection solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>sodium chloride intravenous solution 4 meq/ml</i>	Tier 2	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 2	MO
Follicle Stim./Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	DS
Follicle-Stimulating Hormone (Fsh)		
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	Tier 5	DS
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	Tier 5	DS
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 5	DS
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Endocrine Disorder - Other		
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5	PA; DS
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 5	PA; DS
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 2	
<i>desmopressin nasal spray with pump 10 mcg/spray non-refrig (0.1 ml)</i>	Tier 2	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray refrig (0.1 ml)</i>	Tier 2	MO
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 2	MO
Bone Resorption Inhibitors		
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 2	MO
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 2	MO
<i>raloxifene oral tablet 60 mg</i>	Tier 2	MO
<i>risedronate oral tablet 35 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 5	DS
Growth Hormones		
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 3	PA; MO
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 3	PA
Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 5	PA; DS
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	MO
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	MO
Iodine Containing Agents		
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 2	
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 2	
Thyroid Hormones		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	MO
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 2	MO
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 2	MO
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Eye - General Disorders		
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	
Eye Antiinflammatory Agents		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2	MO
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 2	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	MO
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	MO
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
Eye Local Anesthetics		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 2	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 %	Tier 2	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 2	
Eye Sulfonamides		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 2	
Ophthalmic Antibiotics		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 2	DS; QL
Ophthalmic Mast Cell Stabilizers		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Ophthalmic Preparations, Miscellaneous		
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	MO
<i>acetazolamide sodium injection recon soln 500 mg</i>	Tier 2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	MO
Miotics/Other Intraoc. Pressure Reducers		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 2	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	MO
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %	Tier 3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2	MO
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 2	MO
CYCLOGYL OPTHALMIC (EYE) DROPS 0.5 %, 2 %	Tier 3	
CYCLOMYDRIL OPTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 2	
HOMATROPAIRE OPTHALMIC (EYE) DROPS 5 %	Tier 2	MO
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Eye - Miscellaneous		
Eye Diagnostic Agents		
BIOGLO OPTHALMIC (EYE) STRIP 1 MG	Tier 2	
<i>fluorescein ophthalmic (eye) strip 1 mg</i>	Tier 2	
GLOSTRIPS OPTHALMIC (EYE) STRIP 1 MG	Tier 2	
Fluid Replacement		
Iv Solutions: Dextrose-Saline		
D5 % (D-GLUCOSE)-0.9 % SODCHLR INTRAVENOUS PARENTERAL SOLUTION	Tier 2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	Tier 2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	Tier 2	
Iv Solutions: Dextrose-Water		
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Gout And Related Diseases		
Colchicine		
<i>colchicine oral tablet 0.6 mg</i>	Tier 2	MO
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 2	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 2	MO; QL
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 2	MO
Hematological Disorders		
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	MO
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 2	MO
Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	Tier 3	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 2	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	MO
Antihemophilic Factors		
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 500-1,200 UNIT	Tier 5	DS
Direct Factor Xa Inhibitors		
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 2	MO; QL
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3	
XARELTO ORAL TABLET 10 MG, 15 MG	Tier 3	MO; QL
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 5	DS
Hematinics, Other		
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	DS
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	MO
Heparin And Related Preparations		
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 2	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	Tier 3	MO
Human Monoclonal Antibody Complement(C5) Inhibitor		
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Tier 3	MO
Leukocyte (Wbc) Stimulants		
FILKRI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; DS; WITHOUT NEEDLE GUARD
Plasma Expanders		
<i>hetastarch 6 % in 0.9 % nacl intravenous solution 6 %</i>	Tier 2	
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	MO
<i>clopidogrel oral tablet 75 mg</i>	Tier 2	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 2	MO
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 2	MO
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Thrombolytic Enzymes		
ACTIVASE INTRAVENOUS RECON SOLN 100 MG	Tier 3	
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG	Tier 3	
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 9 MG	Tier 5	DS; QL
ALVAIZ ORAL TABLET 36 MG, 54 MG	Tier 5	DS
Topical Hemostatics		
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50	Tier 3	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 2	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 5	DS
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Hormonal Deficiency		
Androgenic Agents		
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Tier 3	DS
METHITEST ORAL TABLET 10 MG	Tier 3	MO
<i>methyltestosterone oral capsule 10 mg</i>	Tier 2	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 2	DS
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 2	MO
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 2	MO
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 2	MO
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 2	MO
EEMT ORAL TABLET 1.25-2.5 MG	Tier 2	MO
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Estrogenic Agents		
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 3	DS
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	DS
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	Tier 2	DS
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 2	DS
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 2	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	DS
PREMARIN INJECTION RECON SOLN 25 MG	Tier 3	
Progestational Agents		
GALLIFREY ORAL TABLET 5 MG	Tier 2	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Immunization		
Antisera		
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	Tier 3	
Immunosuppression /Modulation		
Immunomodulators		
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	
Immunosuppressives		
<i>azathioprine oral tablet 50 mg</i>	Tier 2	MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Tier 2	MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 2	MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 2	MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 2	MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 2	MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 2	MO
<i>sirolimus oral solution 1 mg/ml</i>	Tier 5	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 2	MO
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 2	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 2	MO
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 2	MO
Betalactams		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	Tier 2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 5	DS
Carbapenems (Thienamycins)		
<i>ertapenem injection recon soln 1 gram</i>	Tier 5	DS
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Cephalosporins - 1St Generation		
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	Tier 2	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	Tier 2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
Cephalosporins - 2Nd Generation		
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	Tier 2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	Tier 2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	Tier 2	
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2	
<i>cefixime oral tablet 400 mg</i>	Tier 2	
<i>cefotaxime injection recon soln 2 gram</i>	Tier 2	
<i>cefepodoxime oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i>	Tier 2	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	Tier 2	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	Tier 2	
TAZICEF 1 GM ADD-VANTAGE VIAL P/F, SUV, INNER 1 GRAM	Tier 3	
TAZICEF 1 GM ADD-VANTAGE VIAL P/F, SUV, OUTER 1 GRAM	Tier 2	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Cephalosporins - 4Th Generation		
<i>cefepime injection recon soln 1 gram, 2 gram</i>	Tier 2	
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 2	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 3	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
Macrolides		
<i>azithromycin oral packet 1 gram</i>	Tier 2	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	MO
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 2	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
E.E.S. 400 MG TABLET	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
E.E.S. 400 MG TABLET	Tier 3	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG	Tier 2	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	Tier 3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 2	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	Tier 2	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 2	
Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>nitrofurantoin monohydrate/m-cryst oral capsule 100 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 2	
Oxazolidinones		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 5	DS
<i>linezolid oral tablet 600 mg</i>	Tier 2	DS
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i>	Tier 2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	Tier 2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	Tier 2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	Tier 3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	Tier 2	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>penicillin g sodium injection recon soln 5 million unit</i>	Tier 2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT	Tier 2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	Tier 2	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	Tier 3	
Quinolones		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	Tier 3	
CIPRO ORAL SUSPENSION, MICR OCAPSULE RECON 250 MG/5 ML	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	Tier 2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	Tier 2	
Tetracyclines		
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	Tier 2	MO
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	Tier 2	MO
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier 2	MO
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 2	MO
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 2	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 2	MO
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>minocycline oral tablet 100 mg</i>	Tier 2	MO
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 2	MO
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 2	
Infectious Disease - Fungal		
Antifungal Agents		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	Tier 2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 5	DS
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	Tier 5	DS
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	MO
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 2	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 2	
Antifungal Antibiotics		
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	Tier 5	DS
<i>amphotericin b injection recon soln 50 mg</i>	Tier 5	DS
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	Tier 5	DS
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	Tier 5	DS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	
Infectious Disease - Miscellaneous		
Aminoglycosides		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 2	
<i>gentamicin injection solution 40 mg/ml</i>	Tier 2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	Tier 2	
<i>neomycin oral tablet 500 mg</i>	Tier 2	
<i>streptomycin intramuscular recon soln 1 gram</i>	Tier 2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 2	DS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 2	
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 3	DS
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 2	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	
Antitubercular Antibiotics		
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 2	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	Tier 2	
Vancomycin And Derivatives		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml</i>	Tier 2	
<i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg</i>	Tier 2	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 2	
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	Tier 2	
Infectious Disease - Parasitic		
Amebacides		
HUMATIN ORAL CAPSULE 250 MG	Tier 5	DS
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	
<i>metronidazole oral capsule 375 mg</i>	Tier 2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 2	
<i>ivermectin oral tablet 3 mg</i>	Tier 2	
<i>praziquantel oral tablet 600 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Antimalarial Drugs		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 2	MO
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2	
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 2	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 2	MO
<i>mefloquine oral tablet 250 mg</i>	Tier 2	MO
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 3	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 5	DS
Antiprotozoal Drugs, Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 5	DS
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 3	MO
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 2	MO
<i>pentamidine injection recon soln 300 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Infectious Disease - Viral		
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 5	MO
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 3	MO
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)-100 MG (10), 300 MG (150 MG X 2)-100 MG	Tier 3	QL; Age
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 2	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	MO
FLUMADINE ORAL TABLET 100 MG	Tier 3	
<i>foscarnet intravenous solution 24 mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Tier 3	
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	Tier 2	
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 2	
rimantadine oral tablet 100 mg	Tier 2	
valacyclovir oral tablet 1 gram, 500 mg	Tier 2	MO
valganciclovir oral recon soln 50 mg/ml	Tier 5	DS
valganciclovir oral tablet 450 mg	Tier 5	DS
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 5	MO
darunavir oral tablet 600 mg, 800 mg	Tier 5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 5	MO
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 5	MO
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	Tier 2	MO; \$0 COPAY IF USED FOR PREVENTION OF HIV

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
abacavir-lamivudine oral tablet 600-300 mg	Tier 5	MO
lamivudine-zidovudine oral tablet 150-300 mg	Tier 2	MO
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
maraviroc oral tablet 150 mg, 300 mg	Tier 5	MO
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
efavirenz oral tablet 600 mg	Tier 2	MO
etravirine oral tablet 100 mg, 200 mg	Tier 5	MO
INTELENCE ORAL TABLET 25 MG	Tier 3	MO
nevirapine oral suspension 50 mg/5 ml	Tier 2	MO
nevirapine oral tablet 200 mg	Tier 2	MO
nevirapine oral tablet extended release 24 hr 400 mg	Tier 2	MO
rilpivirine hcl oral tablet 25 mg	Tier 5	MO
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
abacavir oral solution 20 mg/ml	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>abacavir oral tablet 300 mg</i>	Tier 2	MO
<i>emtricitabine oral capsule 200 mg</i>	Tier 2	MO
<i>lamivudine oral solution 10 mg/ml</i>	Tier 2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 2	MO
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 2	MO
<i>zidovudine oral capsule 100 mg</i>	Tier 2	MO
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 2	MO
<i>zidovudine oral tablet 300 mg</i>	Tier 2	MO
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 2	MO
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 5	MO
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 2	MO
<i>fosamprenavir oral tablet 700 mg</i>	Tier 2	MO
<i>ritonavir oral tablet 100 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5	MO
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS ORAL TABLET 400 MG	Tier 5	MO
TIVICAY ORAL TABLET 50 MG	Tier 5	MO
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 5	MO
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 2	MO
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i>	Tier 5	MO
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5	MO
SYMFI ORAL TABLET 600-300-300 MG	Tier 5	MO
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5	MO
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 3	PA; DS
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Tier 5	PA; DS
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 5	PA; DS
Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL TABLET 400 MG	Tier 3	PA; DS
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i>	Tier 2	DS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO
<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	DS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>ribavirin oral capsule 200 mg</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
<i>penicillamine oral capsule 250 mg</i>	Tier 2	MO
Anti-Flam. Interleukin-1 Receptor Antagonist		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 5	DS
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 3	MO
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 3	MO
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5	PA; DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA; DS
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 2	MO
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 5	DS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	Tier 5	DS
Antinflammatory, Sel. Costim. Mod., T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 5	PA; MO
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 5	PA; MO
Bradykinin B2 Receptor Antagonists		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 5	DS; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 5	DS; QL
Glucocorticoids		
<i>betamethasone acet, sod phos injection suspension 6 mg/ml</i>	Tier 2	
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	Tier 2	
<i>cortisone oral tablet 25 mg</i>	Tier 2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 80 MG/ML	Tier 3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Tier 2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	MO
<i>hydrocortisone sodium succinate injection recon soln 100 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
MEDROL ORAL TABLET 2 MG	Tier 3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 2	
<i>methylprednisolone oral tablet 16 mg, 4 mg</i>	Tier 2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	Tier 2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier 2	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	MO
<i>prednisone oral tablets, dose pack 5 mg</i>	Tier 2	MO
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	Tier 3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML	Tier 3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG	Tier 3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Tier 2	
Gold Salts		
<i>auranofin oral capsule 3 mg</i>	Tier 5	DS
RIDAURA ORAL CAPSULE 3 MG	Tier 5	DS
Interleukin-6 (IL-6) Receptor Inhibitors		
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA; MO
AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA; MO
Janus Kinase (Jak) Inhibitors		
<i>tofacitinib oral solution 1 mg/ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>tofacitinib oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>tofacitinib oral tablet extended release 24 hr 11 mg</i>	Tier 2	MO
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	MO
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 3	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 3	PA; MO
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 3	PA; MO
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 2	MO
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 2	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 2	MO
ORUDIS ORAL CAPSULE 75 MG	Tier 3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	
Local Anesthesia		
Local Anesthetics		
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i>	Tier 2	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	Tier 2	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	Tier 2	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %)</i>	Tier 2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	Tier 2	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 2	MO
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	Tier 2	
MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000	Tier 2	
NESACAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SENSORCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.5 %-1:200,000	Tier 2	
SENSORCAINE-MPF INJECTION SOLUTION 0.75 % (7.5 MG/ML)	Tier 2	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000	Tier 2	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation. Colon Dx, 5-Aminosalicylate, Rectal Tx		
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 2	MO
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 2	MO
Drug Tx-Chronic Inflammation. Colon Dx, 5-Aminosalicylate		
<i>balsalazide oral capsule 750 mg</i>	Tier 2	MO
<i>mesalamine oral capsule, extended release 250 mg, 500 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	Tier 2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 3	MO
<i>sulfasalazine oral tablet 500 mg</i>	Tier 2	MO
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	Tier 2	MO
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 5	PA; DS
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
TRULANCE ORAL TABLET 3 MG	Tier 3	PA; MO
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 2	MO
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 2	MO
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)		
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	MO
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 2	MO
Antidiarrheals		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
Bile Salts		
<i>ursodiol oral capsule 300 mg</i>	Tier 2	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 2	MO
Laxatives And Cathartics		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	MO
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 2	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 2	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>lubiprostone oral capsule 24 mcg</i>	Tier 2	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	Tier 2	
Medical Supplies		
Diabetic Supplies		
UNISTIK 3 DUAL LANCET 18 GAUGE	Tier 7	MO
Durable Medical Equipment,Misc(Group 1)		
2-IN-1 LANCET DEVICE 30 GAUGE	Tier 7	MO
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 7	MO
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 7	MO
ACCU-CHEK SOFTCLIX LANCETS	Tier 7	MO
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 7	MO
ADVANCED TRAVEL LANCETS 28 GAUGE	Tier 7	MO
ADVANTAGE SAFETY LANCET 28 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	Tier 7	MO
ALTERNATE SITE LANCET 26 GAUGE	Tier 7	MO
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 7	MO
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 7	MO
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 7	MO
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 7	MO
BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 7	MO
CAREONE ULTRA THIN LANCET	Tier 7	MO
CARESENS LANCETS 30 GAUGE	Tier 7	MO
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 7	MO
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO
CHOSEN LANCET 30 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CHOSEN SAFETY LANCET 28 GAUGE	Tier 7	MO
CLEVER CHEK LANCETS 30 GAUGE	Tier 7	MO
COAGUCHEK LANCETS	Tier 7	MO
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	Tier 7	MO
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 7	MO
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 7	MO
DROPLET LANCETS 30 GAUGE	Tier 7	MO
DROPSAFE ACTI-LANCE 23 GAUGE	Tier 7	MO
DROPSAFE MEDLANCE PLUS 30 GAUGE	Tier 7	MO
EASY COMFORT LANCETS 30 GAUGE	Tier 7	MO
EASY COMFORT SAFETY LANCET 30 GAUGE	Tier 7	MO
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 7	MO
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 7	MO
EMBRACE LANCETS 30 GAUGE	Tier 7	MO
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	Tier 7	MO
EZ SMART LANCETS 28 GAUGE	Tier 7	MO
FINGERSTIX LANCETS	Tier 7	MO
FONDCIRCLE LANCET 30 GAUGE	Tier 7	MO
FORACARE LANCETS 30 GAUGE	Tier 7	MO
FREESTYLE LANCETS 28 GAUGE	Tier 7	MO
FREESTYLE UNISTIK 2	Tier 7	MO
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO
GOJJI LANCET-GLUCOSE TEST STRP COMBO PACK 30 GAUGE	Tier 7	MO
GOJJI LANCETS 30 GAUGE	Tier 7	MO
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 7	MO
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO
INVACARE LANCETS 30 GAUGE	Tier 7	MO
<i>lancets , 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 7	MO
LANCETS, THIN 28 GAUGE	Tier 7	MO
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 7	MO
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 7	MO
MICRO THIN LANCETS 33 GAUGE	Tier 7	MO
MICROLET LANCET	Tier 7	MO
MICROLET NEXT LANCET 28 GAUGE	Tier 7	MO
MOBILE LANCETS 30 GAUGE	Tier 7	MO
MONOLET LANCETS 21 GAUGE	Tier 7	MO
MONOLET THIN LANCETS 28 GAUGE	Tier 7	MO
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 7	MO
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 7	MO
NOVA SUREFLEX LANCETS	Tier 7	MO
ON CALL LANCET 30 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 7	MO
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 7	MO
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	Tier 7	MO
ON-THE-GO LANCETS 30 GAUGE	Tier 7	MO
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 7	MO
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 7	MO
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 7	MO
PRO COMFORT SAFETY LANCET 30 GAUGE	Tier 7	MO
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 7	MO
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 7	MO
PURE COMFORT LANCETS 30 GAUGE	Tier 7	MO
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PUSH BUTTON SAFETY LANCETS 28 GAUGE	Tier 7	MO
RELIAMED LANCET 28 GAUGE, 30 GAUGE	Tier 7	MO
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO
RIGHTTEST GL300 LANCETS 30 GAUGE	Tier 7	MO
SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 7	MO
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO
SAFETY-LET LANCETS 30 GAUGE	Tier 7	MO
SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 7	MO
SINGLE-LET	Tier 7	MO
SMARTEST LANCET	Tier 7	MO
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 7	MO
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 7	MO
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 7	MO
SURE-TOUCH LANCET	Tier 7	MO
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO
TELCARE LANCETS 30 GAUGE	Tier 7	MO
THIN LANCETS 26 GAUGE	Tier 7	MO
TRUE COMFORT LANCET 30 GAUGE	Tier 7	MO
TRUE-COMFORT SAFETY LANCET 30 GAUGE	Tier 7	MO
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 7	MO
ULTILET BASIC LANCETS 30 GAUGE	Tier 7	MO
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO
ULTILET SAFETY LANCETS 23 GAUGE	Tier 7	MO
ULTRA THIN II LANCETS 30 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE	Tier 7	MO
ULTRA TLC LANCETS	Tier 7	MO
ULTRA-CARE LANCETS 30 GAUGE	Tier 7	MO
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 7	MO
ULTRA-THIN II LANCETS 28 GAUGE	Tier 7	MO
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 7	MO
UNILET GP LANCET	Tier 7	MO
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 7	MO
UNILET LANCETS 30 GAUGE	Tier 7	MO
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 7	MO
UNISTIK 2 EXTRA LANCET 21 GAUGE	Tier 7	MO
UNISTIK 2 NORMAL LANCET 21 GAUGE	Tier 7	MO
UNISTIK 3 COMFORT LANCET 28 GAUGE	Tier 7	MO
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 7	MO
UNISTIK 3 GENTLE 30 GAUGE	Tier 7	MO
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
UNISTIK COMFORT LANCETS 28 GAUGE	Tier 7	MO
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 7	MO
UNISTIK EXTRA LANCETS 21 GAUGE	Tier 7	MO
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 7	MO
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 7	MO
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 7	MO
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO
UNIVERSAL 1 LANCETS 26 GAUGE	Tier 7	MO
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO
VIVAGUARD LANCET 30 GAUGE	Tier 7	MO
VIVAGUARD SAFETY LANCET 28 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Syringes And Accessories		
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 7	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 7	MO
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64"	Tier 7	MO
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 29 X5/16 ", 1/2 ML 32 GAUGE X 5/16"	Tier 7	MO
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 7	MO
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 7	MO
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 7	MO
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 7	MO
EASY TOUCH UNI-SLIP SYRINGE 1 ML	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO
EXTENDED RESERVOIR 3 ML	Tier 7	MO
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO
<i>insulin syrlndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 7	MO
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 27 gauge x 5/8", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Tier 7	MO
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 7	MO
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 7	MO
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 7	MO
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 7	MO
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 7	MO
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 7	MO
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 7	MO
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 7	MO
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 7	MO
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 7	MO
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 7	MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 7	MO
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 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", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 7	MO
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 7	MO
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 7	MO
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 7	MO
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 7	MO
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 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 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 7	MO
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 7	MO
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE	Tier 7	MO	ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 7	MO	ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	Tier 7	MO
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 7	MO	ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 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 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 7	MO
VANISHPOINT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 3/16"	Tier 7	MO
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 7	MO
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Miscellaneous Agents		
Anaphylaxis Therapy Agents		
ADYPHREN AMP INJECTION KIT 1 MG/ML	Tier 3	
ADYPHREN INJECTION KIT 1 MG/ML	Tier 3	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Tier 3	DS; QL
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 2	QL
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	Tier 2	
EPINEPHRINESNAP INJECTION KIT 1 MG/ML	Tier 3	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	Tier 3	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	Tier 2	
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 2	MO
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 500 MG	Tier 5	DS
<i>sapropterin oral powder in packet 100 mg</i>	Tier 2	DS
<i>sapropterin oral powder in packet 500 mg</i>	Tier 5	DS
<i>sapropterin oral tablet, soluble 100 mg</i>	Tier 2	DS
ZELVYSIA ORAL POWDER IN PACKET 500 MG	Tier 5	DS
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>hydroxyurea oral capsule 500 mg</i>	Tier 2	MO
LEUKERAN ORAL TABLET 2 MG	Tier 3	
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 5	DS
MYLERAN ORAL TABLET 2 MG	Tier 3	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>temozolomide oral capsule 20 mg, 5 mg</i>	Tier 2	
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg</i>	Tier 2	DS
ABIRTEGA ORAL TABLET 250 MG	Tier 2	DS
<i>bicalutamide oral tablet 50 mg</i>	Tier 2	MO
XTANDI ORAL CAPSULE 40 MG	Tier 5	DS
XTANDI ORAL TABLET 80 MG	Tier 5	DS
Antimetabolites		
<i>capecitabine oral tablet 150 mg</i>	Tier 2	
<i>capecitabine oral tablet 500 mg</i>	Tier 2	MO
<i>mercaptopurine oral suspension 20 mg/ml</i>	Tier 5	DS
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	MO
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	MO
TABLOID ORAL TABLET 40 MG	Tier 3	MO
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i>	Tier 2	MO
<i>exemestane oral tablet 25 mg</i>	Tier 2	MO
<i>letrozole oral tablet 2.5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Antineoplastic - Braf Kinase Inhibitors		
ZELBORAF ORAL TABLET 240 MG	Tier 5	DS
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA; DS
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 3	DS
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	DS
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 5	DS
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 5	DS
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 3	DS
BRUKINSA ORAL TABLET 160 MG	Tier 5	DS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	DS
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 2	PA; DS
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 2	DS
<i>gefitinib oral tablet 250 mg</i>	Tier 5	DS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	DS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	DS
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 2	DS
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA; DS
IMBRUVICA ORAL TABLET 420 MG	Tier 5	PA; DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 5	DS
<i>lapatinib oral tablet 250 mg</i>	Tier 5	DS
<i>pazopanib oral tablet 200 mg</i>	Tier 5	DS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 5	DS
TAGRISSO ORAL TABLET 40 MG	Tier 5	DS; QL
TAGRISSO ORAL TABLET 80 MG	Tier 5	DS
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	DS; QL
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	DS
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5	DS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Antineoplastics,Miscellaneous		
<i>etoposide oral capsule 50 mg</i>	Tier 2	
LYSODREN ORAL TABLET 500 MG	Tier 3	DS
MATULANE ORAL CAPSULE 50 MG	Tier 5	DS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 2	DS
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium injection recon soln 50 mg</i>	Tier 2	
<i>leucovorin calcium oral tablet 25 mg</i>	Tier 2	
<i>leucovorin calcium oral tablet 5 mg</i>	Tier 2	MO
<i>mesna oral tablet 400 mg</i>	Tier 5	DS
MESNEX ORAL TABLET 400 MG	Tier 5	DS
Selective Estrogen Receptor Modulators (Serm)		
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 2	MO
Steroid Antineoplastics		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5	PA; DS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 5	PA; DS
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	DS
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 240 mg</i>	Tier 2	MO
<i> fingolimod 0.5 mg capsule</i>	Tier 2	MO; QL
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	Tier 2	DS
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 2	DS
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 2	MO
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Amyotrophic Lateral Sclerosis Agents		
<i>riluzole oral tablet 50 mg</i>	Tier 2	MO
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
<i>milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 2	PA; MO
Movement Disorders(Drug Therapy)		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	MO
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 2	
ORALONE DENTAL PASTE 0.1 %	Tier 2	MO
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Nose Preparations, Miscellaneous (Rx)		
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	Tier 2	ST; MO
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	Tier 2	ST
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	MO
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 2	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 2	MO
Blood Testing Preparations, In-Vitro		
FORA GTEL KETONE TEST STRIP STRIP	Tier 7	MO
FORA TN'G ADV VOICE KETO STRIP STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
GOJJI BLOOD KETONE TEST STRIP STRIP	Tier 7	MO
NOVAMAX PLUS KETONE STRIP	Tier 7	MO
PRECISION XTRA B-KETONE STRIP	Tier 7	MO
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 2	DS; QL
<i>midazolam injection solution 5 mg/ml</i>	Tier 2	DS; QL
General Anesthetics, Inhalant		
<i>desflurane inhalation liquid 100 %</i>	Tier 2	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 2	
<i>sevoflurane inhalation liquid 99.97 %</i>	Tier 2	
TERRELL INHALATION LIQUID 99.9 %	Tier 2	
General Anesthetics, Injectable		
BREVITAL INJECTION RECON SOLN 500 MG	Tier 3	
<i>ketamine injection solution 100 mg/ml</i>	Tier 2	
<i>methohexital injection recon soln 500 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
General Inhalation Agents		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 2	
Metabolic Deficiency Agents		
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 2	MO
<i>levocarnitine oral tablet 330 mg</i>	Tier 2	MO
Metabolic Function Diagnostics		
METOPIRONE ORAL CAPSULE 250 MG	Tier 3	
Metallic Poison, Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 2	MO
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 2	MO
<i>deferoxamine injection recon soln 500 mg</i>	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i>	Tier 2	
Needles/Needleless Devices		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 7	MO
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16"	Tier 7	MO
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 7	MO
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 7	MO
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 7	MO
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 7	MO
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 7	MO
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 7	MO
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16"	Tier 7	MO
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 7	MO
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 7	MO
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 7	MO
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 7	MO
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 7	MO
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 7	MO
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 7	MO
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 7	MO
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i>	Tier 7	MO
<i>pen needle, diabetic, safety needle 31 gauge x 3/16"</i>	Tier 7	MO
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 7	MO
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 7	MO
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16"	Tier 7	MO
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 7	MO
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 7	MO
SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 7	MO
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 7	MO
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 7	MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 7	MO
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
TOPFINE INSULIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 7	MO
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TRUE-COMFORT PRO PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 7	MO
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 7	MO
ULTIGUARD SAFEPAK-PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 7	MO
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 7	MO
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 7	MO
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 7	MO
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 7	MO
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 7	MO
UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 7	MO
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 7	MO
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 7	MO
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 7	MO
UNIFINE ULTRA PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 7	MO
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
Neuromuscular Blocking Agents		
<i>succinylcholine chloride injection solution 20 mg/ml</i>	Tier 2	
Parenteral Amino Acid Solutions And Combinations		
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 3	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	
Somatostatic Agents		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 2	MO
Urine Acetone Test Aids		
KETONE CARE STRIP	Tier 7	MO
KETONE URINE TEST STRIP	Tier 7	MO
KETOSTIX STRIP	Tier 7	MO
TRUEPLUS KETONE STRIP	Tier 7	MO
Urine Test Aids,Miscellaneous		
ALBUSTIX REAGENT STRIP	Tier 7	
CHEMSTRIP 2 STRIP	Tier 7	
CHEMSTRIP MICRAL STRIP	Tier 7	
Water		
STERILE WATER FOR INJECTION INJECTION SOLUTION 100 %	Tier 2	
<i>water for inject, bacteriostat injection solution</i>	Tier 2	
<i>water for injection, sterile injection solution 100 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 2	DS
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 5	PA; DS
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 5	PA; DS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 5	PA; DS
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	DS
Pain Management - Analgesics		
Analgesic/Antipyretics, Salicylates		
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Analgesics Narcotic, Anesthetic Adjunct Agents		
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	Tier 2	DS
Analgesics, Narcotics		
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 2	PA; DS
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 2	DS
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 2	DS; Age
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 2	DS
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	Tier 2	DS
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 2	DS
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 2	DS
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	Tier 2	DS
<i>hydromorphone rectal suppository 3 mg</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 2	DS
<i>methadone oral concentrate 10 mg/ml</i>	Tier 2	DS
<i>methadone oral solution 5 mg/5 ml</i>	Tier 2	DS
<i>methadone oral tablet 10 mg, 5 mg</i>	Tier 2	DS
<i>methadone oral tablet, soluble 40 mg</i>	Tier 2	DS
METHADOSE ORAL TABLET, SOLUBLE 40 MG	Tier 2	DS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	DS
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 2	DS
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	DS
<i>morphine sulfate ir 15 mg tab</i>	Tier 2	DS
<i>morphine sulfate ir 15 mg tab</i>	Tier 3	DS
<i>morphine sulfate ir 30 mg tab</i>	Tier 2	DS
<i>morphine sulfate ir 30 mg tab</i>	Tier 3	DS
<i>morphine sulfate ir 30 mg tab u-d 4x25, blister</i>	Tier 3	DS
<i>oxycodone oral capsule 5 mg</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	DS
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	DS
<i>oxycodone oral tablet 10 mg, 15 mg, 5 mg</i>	Tier 2	DS
<i>tramadol hcl 50 mg tablet</i>	Tier 2	DS; Age
<i>tramadol hcl 50 mg tablet f/c</i>	Tier 2	DS; Age
Antimigraine Preparations		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	ST; MO
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	ST; MO
CAFERGOT ORAL TABLET 1-100 MG	Tier 3	QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 2	QL
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 5	ST; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 2	QL
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 2	QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 3	QL
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2	QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 2	QL
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	QL
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 2	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 2	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 2	QL
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg</i>	Tier 2	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 2	QL
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 2	DS; Age
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 2	DS; Age

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	Tier 2	DS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 2	DS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	DS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	DS
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	Tier 2	DS
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 2	DS
Parkinsons Disease		
Antiparkinsonism Drugs, Anticholinergic		
<i>benztropine injection solution 1 mg/ml</i>	Tier 2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Antiparkinsonism Drugs, Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2	MO
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	MO
<i>bromocriptine oral capsule 5 mg</i>	Tier 2	MO
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
<i>entacapone oral tablet 200 mg</i>	Tier 2	MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	MO
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	MO
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	MO
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	MO
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 2	MO
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	DS
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	DS
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 2	DS
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	PA; DS
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	PA; DS
Anticonvulsants		
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 2	MO
<i>carbamazepine oral tablet 200 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 2	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 2	MO
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	Tier 3	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 2	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 2	MO
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	Tier 2	MO
<i>ethosuximide oral capsule 250 mg</i>	Tier 2	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 2	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 2	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>lacosamide oral solution 10 mg/ml</i>	Tier 2	MO
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 2	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 2	MO
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 2	MO
<i>methsuximide oral capsule 300 mg</i>	Tier 2	MO
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 2	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 2	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 2	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>phenytoin sodium extended oral capsule 100 mg</i>	Tier 2	MO
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	MO
RELGAABI ORAL CAPSULE 300 MG, 400 MG	Tier 2	MO
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 2	MO
<i>topiramate oral solution 25 mg/ml</i>	Tier 2	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 2	MO
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Skeletal Muscle Disorder		
Skeletal Muscle Relaxants		
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 5	DS
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 2	MO
Smoking Cessation		
Smoking Deterrent- Nicotinic Recept.Partial Agonist		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	Tier 1	
<i>varenicline tartrate oral tablet 1 mg</i>	Tier 1	
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Upper Gastrointestinal Disorders - Digestive		
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	Tier 3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 3	MO
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Ant ispasmodics		
<i>dicyclomine intramuscular solution 10 mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2	MO
<i>dicyclomine oral tablet 20 mg</i>	Tier 2	MO
Belladonna Alkaloids		
<i>atropine injection solution 0.4 mg/ml</i>	Tier 2	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics, Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 2	DS
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Tier 2	MO
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	MO
Anti-Ulcer Preparations		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 2	MO
<i>sucralfate oral tablet 1 gram</i>	Tier 2	MO
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	Tier 2	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	Tier 2	
<i>famotidine intravenous solution 10 mg/ml</i>	Tier 2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 2	MO
Intestinal Motility Stimulants		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	Tier 2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>prucalopride oral tablet 1 mg, 2 mg</i>	Tier 2	MO
Proton-Pump Inhibitors		
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	Tier 2	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>pantoprazole oral tablet, delayed release (dr/lec) 20 mg, 40 mg</i>	Tier 2	MO
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 2	MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 2	MO
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	MO
Kidney Stone Agents		
<i>tiopronin oral tablet 100 mg</i>	Tier 5	DS
Urinary Ph Modifiers		
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 2	MO
<i>tropium oral tablet 20 mg</i>	Tier 2	MO
Vaginal Disorders		
Vaginal Antibiotics		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 2	
Vaginal Estrogen Preparations		
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Tier 3	MO
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Vitamin And/Or Mineral Deficiency		
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Tier 2	
<i>folic acid oral tablet 1 mg</i>	Tier 2	MO
Magnesium Salts Replacement		
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	Tier 2	
Mineral Replacement, Miscellaneous		
COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML	Tier 2	
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	Tier 2	
Multivitamin Preparations		
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML	Tier 3	
<i>mvi, adult no.4 with vit k intravenous solution 3,300 unit- 150 mcg/10 ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
Vitamin A Preparations		
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML	Tier 5	DS
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 2	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 2	MO
DODEX INJECTION SOLUTION 1,000 MCG/ML	Tier 2	MO
Vitamin B6 Preparations		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 2	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	MO
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	MO
OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	MO
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
Zinc Replacement		
<i>zinc sulfate intravenous solution 5 mg/ml</i>	Tier 2	

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Attn: Kaiser Permanente Civil Rights Coordinator

Member Relations Grievance Operations

10315 Professional Circle

Reno, Nevada 89521

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- **By mail:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Complaint forms are available at:

<https://www.hhs.gov/ocr/office/file/index.html>

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- Medicare, including D-SNP: **1-888-775-7003 or 775-982-3112 (TTY 711)**, Monday through Friday, 7:00 a.m. to 8:00 p.m.
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- يمكن الاتصال ببرنامج Medicare، ويشمل ذلك D-SNP: **1-888-775-7003 أو 775-982-3112** (خدمة الهاتف النصي (TTY 711))، من الاثنين إلى الجمعة، من 7:00 صباحًا إلى 8:00 مساءً
- جميع البرامج الأخرى: **1-855-937-5768 (TTY 711)**، من الاثنين إلى الجمعة، من 7:00 صباحًا إلى 8:00 مساءً

Armenian: Ուշադրութեամբ: Ժամանակին տրամադրվող լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ կամ թարգմանված նյութեր: Դուք կարող եք նաև խնդրել նյութեր այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք դիմել օժանդակ աջակցության և սարքերի համար մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման բաժին: Անդամների սպասարկման բաժինը (Member Services) փակ է հիմնական տոն օրերին:

- Medicare, ներառյալ D-SNP՝ **1-888-775-7003 կամ 775-982-3112 (TTY 711)**, երկուշաբթիից ուրբաթ, 7 a.m.-ից 8 p.m.-ը
- Մյուս բոլորը՝ **1-855-937-5768 (TTY 711)**, երկուշաբթիից ուրբաթ, 7 a.m.-ից 8 p.m.-ը

Chinese: 请注意。我们可及时提供免费语言协助。您可以要求使用口译员（包括手语翻译）或翻译资料。您还可以要求获取其他格式的资料，如盲文、音频或大字版。您可以要求使用我们设施中的语言辅助工具和设备。请联系会员服务部 (Member Services) 以获取帮助。重要节假日期间会员服务不开放。

- 联邦医疗保险计划 (Medicare), 包括 D-SNP: **1-888-775-7003**或 **775-982-3112** (TTY 711), 周一至周五, 上午7点至晚上8点
- 所有其他保险计划: **1-855-937-5768** (TTY 711), 周一至周五, 上午7点至晚上8点

Farsi: توجه. امکان بهره‌مندی از مساعدت زبانی بموقع به طور رایگان برای شما وجود دارد. می‌توانید خدمات ترجمه شفاهی را درخواست کنید، از جمله مترجمان زبان اشاره، یا مطالب ترجمه شده. همچنین می‌توانید مطالب را در قالب‌های جایگزین درخواست کنید، از جمله خط بریل، فایل صوتی، یا چاپ با حروف درشت. می‌توانید امکانات و دستگاه‌های کمکی را از مراکز ما درخواست کنید. برای دریافت کمک، با خدمات اعضای (Member Services) ما تماس بگیرید. خدمات اعضاء، در تعطیلات رسمی بسته است.

- Medicare، شامل D-SNP: با شماره **1-888-775-7003** یا شماره **775-982-3112** (TTY 711)، روزهای دوشنبه تا جمعه از 7:00 صبح تا 8:00 عصر، تماس بگیرید
- همه موارد دیگر: با شماره **1-855-937-5768** (TTY 711)، روزهای دوشنبه تا جمعه از 7:00 صبح تا 8:00 عصر، تماس بگیرید

French: ATTENTION. Une assistance linguistique est disponible pour vous gratuitement. Vous pouvez demander un interprète, notamment spécialiste du langage des signes, ou des documents traduits. Vous pouvez également demander des documents dans d'autres formats, par exemple en braille, en version audio ou en gros caractères. Vous pouvez demander des appareils et des aides auxiliaires dans nos établissements. Pour toute aide, appelez notre Direction des services aux adhérents (Member Services). Les services aux adhérents sont fermés pendant les jours fériés.

- Medicare, y compris D-SNP : **1-888-775-7003 ou 775-982-3112** (TTY 711), du lundi au vendredi, de 7 h à 20 h.
- Tous les autres services : **1-855-937-5768** (TTY 711), du lundi au vendredi, de 7 h à 20 h.

German: HINWEIS! Wir stellen Ihnen kostenlos eine schnelle Sprachunterstützung zur Verfügung. Sie können um einen Dolmetscher bitten, darunter auch in Gebärdensprache, oder um übersetzte Dokumente. Sie können darum bitten, dass Ihnen das Material in alternativen Formaten zur Verfügung gestellt wird, darunter Brailleschrift, Audioformate oder Großdruck. In unseren Einrichtungen können Sie auch um Hilfsmittel und unterstützende Geräte bitten. Wenn Sie Hilfe benötigen, wenden Sie sich an unsere Abteilung für Mitgliederdienste (Member Services). Die Abteilung für Mitgliederdienste ist an Hauptfeiertagen geschlossen.

- Medicare, einschließlich D-SNP: **1-888-775-7003 oder 775-982-3112** (TTY 711), Montag bis Freitag, 7:00 bis 20:00 Uhr
- Alle anderen: **1-855-937-5768** (TTY 711), Montag bis Freitag 7:00 bis 20:00 Uhr

Italian: ATTENZIONE. Sono disponibili servizi di assistenza linguistica, forniti gratuitamente e in modo tempestivo. Può richiedere servizi di interpretariato, compreso interpretariato nella lingua dei segni, oppure materiale tradotto. Inoltre, può richiedere

materiali in altri formati, come braille, audio o stampa a caratteri ingranditi. Presso le nostre strutture è possibile richiedere ausili e strumenti di supporto alla comunicazione. Per richiedere assistenza, contatti il nostro ufficio Servizi Assistiti (Member Services). L'ufficio Servizi Assistiti è chiuso nei principali giorni festivi.

- Medicare, compresi i piani D-SNP: **1-888-775-7003 oppure 775-982-3112 (TTY 711)**, dal lunedì al venerdì, dalle ore 7:00 alle ore 20:00.
- Per tutti gli altri piani: **1-855-937-5768 (TTY 711)**, dal lunedì al venerdì, dalle ore 7:00 alle ore 20:00.

Japanese: ご注意。タイムリーな言語サポートは無料でご利用いただけます。手話を含む通訳者や翻訳された資料をご依頼いただけます。点字、大型活字、または録音音声など、別のフォーマットの資料も求めることができます。当社の施設では、補助器具や機器をご依頼いただけます。支援が必要な方は、メンバーサービス部門 (Member Services) にお電話ください。メンバーサービス部門は主要な祝日には休業となります。

- D-SNP を含む Medicare : **1-888-775-7003、または 775-982-3112 (TTY 711)**、月曜日から金曜日まで、午前7時から午後8時までです。
- その他 : **1-855-937-5768 (TTY 711)**、月曜日から金曜日まで、午前7時から午後8時までです。

Korean: 참조. 시기적절한 언어 지원이 무료로 제공됩니다. 수화를 포함한 통역사, 또는 번역 자료를 요청하실 수 있습니다. 또한, 한국어로 점자, 오디오 또는 큰 글씨와 같은 대체 형식의 자료를 요청할 수 있습니다. 저희 시설에서 보조 기구와 장치를 요청할 수 있습니다. 가입자 서비스 (Member Services) 부서에 도움을 요청하시기 바랍니다. 가입자 서비스부는 주요 공휴일에는 운영하지 않습니다.

- Medicare (D-SNP 포함): **1-888-775-7003 또는 775-982-3112 (TTY 711)**, 월요일~금요일, 오전 7시 ~ 오후 8시.
- 기타 모두: **1-855-937-5768 (TTY 711)**, 월요일~금요일, 오전 7시~오후 8시.

Portuguese: **ATENÇÃO.** Assistência linguística gratuita disponível para você sempre que precisar. Você pode solicitar intérpretes, incluindo de linguagem de sinais, ou materiais traduzidos. Você também pode solicitar materiais em formatos alternativos, como braille, áudio ou impressão ampliada. Você pode solicitar dispositivos e assistências alternativas em nossas instalações. Ligue para o nosso departamento de Atendimento ao Cliente (Member Services) para obter ajuda. O Atendimento ao Cliente estará fechado nos principais feriados.

- Medicare, incluindo D-SNP: **1-888-775-7003 ou 775-982-3112 (TTY 711)**, de segunda a sexta-feira, das 7h às 20h.
- Todos os outros: **1-855-937-5768 (TTY 711)**, de segunda a sexta-feira, das 7h às 20h.

Russian: **Внимание!** Вы можете своевременно получить бесплатные услуги

перевода. Вы можете попросить предоставить Вам услуги переводчика, в том числе сурдопереводчика, или переведенные материалы. Вы также можете запросить материалы в альтернативных форматах, например шрифтом Брайля, крупным шрифтом или в аудиоформате. Вы также можете запросить дополнительные приспособления и вспомогательные устройства в наших учреждениях. Если Вам нужна помощь, позвоните в отдел обслуживания участников (Member Services). Отдел обслуживания участников закрыт в дни государственных праздников.

- Программа Medicare, включая D-SNP: **1-888-775-7003 или 775-982-3112 (TTY 711)**, с понедельника по пятницу, с 7:00 до 20:00.
- Для всех остальных: **1-855-937-5768 (TTY 711)**, с понедельника по пятницу, с 7:00 до 20:00.

Spanish: ATENCIÓN. Se ofrece ayuda oportuna en otros idiomas sin ningún costo para usted. Puede solicitar intérpretes, incluyendo intérpretes de lengua de señas, o materiales traducidos. También puede solicitar materiales en formatos alternativos, como braille, audio o letra grande. Puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Llame al Departamento de Servicio a los Miembros (Member Services) para pedir ayuda. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-888-775-7003 o 775-982-3112 (TTY 711)**, de lunes a viernes, de 7:00 a. m. a 8:00 p. m.
- Todos los otros: **1-855-937-5768 (TTY 711)**, de lunes a viernes, de 7:00 a. m. a 8:00 p. m.

Tagalog: PAUNAWA May magagamit na napapanahong tulong sa wika na wala kang babayaran. Maaari kang humingi ng mga tagapagsalin, kasama ang sign language, o isinaling mga babasahin. Maaari ka ring humingi ng mga babasahin sa mga alternatibong format, na tulad ng braille, audio, o malalaking titik. Maaari kang humiling ng mga karagdagang tulong at kagamitan sa aming mga pasilidad. Tawagan ang aming departamento ng Mga Serbisyo sa Miyembro (Member Services) para sa tulong. Sarado ang Mga Serbisyo sa Miyembro sa mga pangunahing holiday.

- Medicare, kasama ang D-SNP: **1-888-775-7003 o 775-982-3112 (TTY 711)**, Lunes hanggang Biyernes, 7:00 a.m. hanggang 8:00 p.m.
- Lahat ng iba: **1-855-937-5768 (TTY 711)**, Lunes hanggang Biyernes, 7:00 a.m. hanggang 8:00 p.m.

Ukrainian: УВАГА! Своєчасні послуги перекладача надаються безкоштовно. Ви можете зробити запит на послуги усного перекладу, зокрема мовою жестів, або перекладені матеріали. Ви можете зробити запит на отримання матеріалів в альтернативних форматах, як-от надрукованим шрифтом Брайля чи великим шрифтом, а також у звуковому форматі. Ви можете зробити запит на отримання

допоміжних засобів і пристроїв у закладах нашої мережі компаній. Якщо вам потрібна допомога, зателефонуйте у відділ обслуговування клієнтів (Member Services). Відділ обслуговування клієнтів зачинений у державні свята.

- Medicare, зокрема D-SNP: **1-888-775-7003 або 775-982-3112 (TTY 711)**, з понеділка по п'ятницю, з 07:00 до 20:00.
- Усі інші надавачі послуг: **1-855-937-5768 (TTY 711)**, з понеділка по п'ятницю, з 07:00 до 20:00.

Vietnamese: CHÚ Ý. Dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí, kịp thời cho quý vị Quý vị có thể yêu cầu thông dịch viên, bao gồm cả thông dịch viên ngôn ngữ ký hiệu, hoặc các tài liệu đã được dịch. Quý vị cũng có thể yêu cầu các tài liệu theo định dạng thay thế, chẳng hạn như chữ nổi Braille, băng đĩa thu âm hoặc bản in khổ chữ lớn. Quý vị có thể yêu cầu các phương tiện và công cụ hỗ trợ tại các cơ sở của chúng tôi. Gọi cho ban Dịch Vụ Hội Viên (Member Services) của chúng tôi để được trợ giúp. Ban Dịch Vụ Hội Viên không làm việc vào những ngày lễ lớn.

- Medicare, bao gồm cả D-SNP: **1-888-775-7003 hoặc 775-982-3112 (TTY 711)**, Thứ Hai đến Thứ Sáu, 7 giờ sáng đến 8 giờ tối.
- Tất cả các chương trình khác: **1-855-937-5768 (TTY 711)**, Thứ Hai đến Thứ Sáu, 7 giờ sáng đến 8 giờ tối.