



Kaiser Permanente Colorado Commercial Marketplace Formulary (List of Covered Drugs)

Please Read: This document contains information about the drugs we cover when you participate in a Kaiser Permanente Colorado Commercial Individual and Small group plan being offered on or off the Colorado health insurance marketplace, *Connect for Health Colorado*. 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 **303-338-3800 (TTY 711)** or toll free at 1-800-632-9700.

What is the Kaiser Permanente Colorado Commercial Marketplace 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 allows 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 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 Supply 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.

Table of Contents

Allergy.....	3
Antiemesis/Antivertigo.....	3
Asthma And Copd.....	4
Autonomic Nervous System Disorders.....	7
Behavioral Health - Antidepressants.....	8
Behavioral Health - Other.....	9
Cardiovascular Disease - Arrhythmia.....	13
Cardiovascular Disease - Cardiac Stimulant.....	14
Cardiovascular Disease - Hypertension.....	14
Cardiovascular Disease - Lipid Irregularity.....	18
Cardiovascular Disease - Miscellaneous Agents.....	20
Cardiovascular Disease - Vasodilation.....	20
Contraception/Oxytocics.....	21
Cough And Cold.....	27
Dermatology - Acne.....	28
Dermatology - Antiinfective.....	29
Dermatology - Antiinflammatory.....	30
Dermatology - Miscellaneous.....	32
Dermatology - Psoriasis/Eczema.....	33
Diabetes.....	33
Ear - General Disorders.....	53
Electrolyte Regulation.....	54
Endocrine Disorder - Fertility.....	55
Endocrine Disorder - Other.....	56
Endocrine Disorder - Thyroid.....	57
Eye - General Disorders.....	58
Eye - Glaucoma.....	60
Eye - Miscellaneous.....	61
Fluid Replacement.....	62
Gout And Related Diseases.....	62
Hematological Disorders.....	62
Hormonal Deficiency.....	66
Immunization.....	67
Immunosuppression/Modulation.....	67
Infectious Disease - Bacterial.....	68
Infectious Disease - Fungal.....	73
Infectious Disease - Miscellaneous.....	73
Infectious Disease - Parasitic.....	74
Infectious Disease - Viral.....	75
Inflammatory Disease.....	79
Local Anesthesia.....	82
Lower Gastrointestinal Disorders - Bowel Inflammat.....	83
Lower Gastrointestinal Disorders - Other.....	84
Medical Supplies.....	85
Miscellaneous Agents.....	98
Neoplastic Disease.....	99
Neurological Disease - Miscellaneous.....	103

Oral/Pharyngeal Disorders	104
Other Drugs	104
Other Respiratory Disorders	111
Pain Management - Analgesics	112
Parkinsons Disease	114
Seizure Disorder	115
Skeletal Muscle Disorder	117
Smoking Cessation	117
Upper Gastrointestinal Disorders - Digestive	118
Upper Gastrointestinal Disorders - Spastic Disease	118
Upper Gastrointestinal Disorders - Ulcer Disease	118
Urinary Tract - Functional Disorders	119
Vaginal Disorders	120
Vitamin And/Or Mineral Deficiency	120
Weight Reduction	121

CURRENT AS OF 1/1/2026

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Allergy		
Antihistamines - 1St Generation		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 2	
<i>cyproheptadine 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	
Antiemetic/Antivertigo Agents		
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Tier 3	
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	MO
Anticholinergics, Orally Inhaled Long Acting		
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	MO
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 2	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 2	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 2	MO
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 2	MO
<i>terbutaline subcutaneous solution 1 mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 2	MO
<i>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</i>	Tier 2	MO
<i>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</i>	Tier 2	MO
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 2	MO
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 3	MO
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	MO
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 3	PA; MO
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	Tier 3	MO
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 3	PA; MO
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Tier 2	PA; MO
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	MO
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 3	PA; MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	Tier 3	PA; 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<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(IL-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(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5	PA; DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 2	MO
Xanthines		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 2	MO
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<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>physostigmine salicylate injection solution 1 mg/ml</i>	Tier 2	
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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		
MARPLAN ORAL TABLET 10 MG	Tier 3	MO
<i>phenelzine oral tablet 15 mg</i>	Tier 2	MO
<i>tranylcypromine oral tablet 10 mg</i>	Tier 2	MO
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 2	MO
<i>venlafaxine oral tablet 100 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
Tricyclic Antidepressant/Benzodiazepine Combinations		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg</i>	Tier 2	DS
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>amoxapine oral tablet 25 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<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>bupirone 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
Antipsychotic- Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 5	DS
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 5	DS
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
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 5	DS; QL
REXULTI ORAL TABLET 3 MG, 4 MG	Tier 5	DS
Antipsychotics, Dopamine & Serotonin Antagonists		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO; QL
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	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>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 2	MO; QL
<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
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
<i>naloxone injection syringe 1 mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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>flurazepam oral capsule 15 mg</i>	Tier 2	DS
<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
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 3	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		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	MO
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	MO
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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>phentolamine injection recon soln 5 mg</i>	Tier 2	RB; QL
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<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; Age
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
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; Age
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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 injection syringe 10 mg/ml</i>	Tier 2	
<i>furosemide oral solution 10 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>torseamide 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
DYRENIUM ORAL CAPSULE 100 MG	Tier 3	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; Age
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	MO
<i>spironolactone-hydrochlorothiazide oral tablet 25-25 mg</i>	Tier 2	MO
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	MO
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; PR
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 2	RB; PR; QL
<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; Age

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; DS
Pulmonary Antihypertensives, Prostacyclin-Type		
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i>	Tier 5	DS
<i>epoprostenol intravenous recon soln 1.5 mg</i>	Tier 5	DS
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 6	DS
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 6	DS
VELETRI INTRAVENOUS RECON SOLN 1.5 MG	Tier 5	DS
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	Tier 3	DS
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
Cardiovascular Disease - Lipid Irregularity		
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>atorvastatin oral tablet</i> 40 mg, 80 mg	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 365 DAYS	<i>rosuvastatin oral tablet</i> 10 mg, 5 mg	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 120 DAYS
<i>lovastatin oral tablet</i> 10 mg, 20 mg, 40 mg	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 120 DAYS	<i>rosuvastatin oral tablet</i> 20 mg, 40 mg	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 365 DAYS
<i>pravastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 120 DAYS	<i>simvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVAS CULAR DISEASE PREVENTIO N MEDICATION S IN 120 DAYS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>simvastatin oral tablet 80 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 365 DAYS
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 2	MO
QUESTRAN ORAL POWDER 4 GRAM	Tier 3	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
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 Receptor-Nepriylsin 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	MO
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	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
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO; QL
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO; QL
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	MO; QL
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO; QL
Contraceptives, Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 6	MO
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	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
DEBLITANE ORAL TABLET 0.35 MG	Tier 1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	Tier 1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ELLA ORAL TABLET 30 MG	Tier 1	MO
EMOQUETTE ORAL TABLET 0.15-0.03 MG	Tier 1	MO
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
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
GIANVI (28) ORAL TABLET 3-0.02 MG	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
KELNOR 1/50 (28) ORAL TABLET 1-50 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
LARISSIA ORAL TABLET 0.1-20 MG- MCG	Tier 1	MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	MO
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 1	MO
LILLOW (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
NORLYDA ORAL TABLET 0.35 MG	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
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
NYMYO ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
OCELLA ORAL TABLET 3-0.03 MG	Tier 1	MO
ORQUIDEA ORAL TABLET 0.35 MG	Tier 1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	Tier 1	MO
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	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
SRONYX ORAL TABLET 0.1-20 MG-MCG	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
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	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-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-SPRINTEC (28) 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
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	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
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 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
Narcotic Antitussive-Expectorant Combination		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 2	DS; Age
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	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
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age
Nose Preparations, Vasoconstrictors (Rx)		
<i>epinephrine hcl nasal solution 1 mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
AVITA TOPICAL CREAM 0.025 %	Tier 2	PA; MO
AVITA TOPICAL GEL 0.025 %	Tier 2	PA; MO
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	Tier 3	PA; MO
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	Tier 3	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 2	PA; MO
Dermatology - Antiinfective		
Topical Antibiotics		
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 2	MO
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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/Anti-inflammatory, Steroid 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>ketconazole topical cream 2 %</i>	Tier 2	
<i>ketconazole topical shampoo 2 %</i>	Tier 2	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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 butyr-emollient topical cream 0.1 %</i>	Tier 2	MO
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	MO
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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 0.1 %, 0.5 %	Tier 2	MO
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		
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
AQUA CARE STERILE WATER IRRIGATION SOLUTION	Tier 2	
<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	
Topical Local Anesthetics		
<i>ethyl chloride topical aerosol, 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	MO
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 3	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
Topical Immunosuppressive Agents		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 2	MO
Diabetes		
Antihypergly, 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		
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
Antihyperglycemic, Dpp-4 Inhibitors		
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	PA; MO
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	MO
<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, Sglt-2 & Dpp-4 Inhibitor Comb.		
STEGLUJAN ORAL TABLET 15-100 MG	Tier 3	PA; MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
Antihyperglycemic, Insulin-Rel Stim.& Biguanide Cmb		
<i>glyburide-metformin oral tablet 5-500 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
ADVANCED GLUC METER TEST STRIP STRIP	Tier 7	MO
ADVOCATE REDI-CODE PLUS STRIP	Tier 7	MO
ADVOCATE REDI-CODE STRIP	Tier 7	MO
ADVOCATE TEST STRIPS STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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
CLEVER CHOICE PRO STRIP	Tier 7	MO
CLEVER CHOICE TALK TEST STRIP	Tier 7	MO
CLEVER CHOICE TEST STRIPS STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
COOL GLUCOSE TEST STRIP STRIP	Tier 7	MO
DIATRUE PLUS TEST STRIP STRIP	Tier 7	MO
EASY GLUCO G2 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 PLUS 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
EZ SMART TEST STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
FIFTY50 TEST STRIP 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 D15G STRIPS STRIP	Tier 7	MO
FORA D20 STRIP	Tier 7	MO
FORA D40-G31 TEST STRIPS STRIP	Tier 7	MO
FORA G20 STRIP	Tier 7	MO
FORA G30-PREMIUM V10 TEST STRP 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
FORA V12 GLUCOSE STRIP	Tier 7	MO
FORA V20 STRIP	Tier 7	MO
FORA V30A STRIP	Tier 7	MO
FORACARE GD20 STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
FORACARE GD40 TEST STRIPS STRIP	Tier 7	MO
FORTISCARE G1 TEST STRIP STRIP	Tier 7	MO
FORTISCARE GLUCOSE 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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
IGLUCOSE TEST STRIP STRIP	Tier 7	MO
IHEALTH GLUCOSE TEST STRIP STRIP	Tier 7	MO
INFINITY TEST STRIPS STRIP	Tier 7	MO
INFINITY VOICE TEST STRIP 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
ON CALL PLUS TEST STRIP STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ON CALL VIVID 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
OPTIUM TEST STRIP	Tier 7	MO
OPTUMRX 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 PCX PLUS TEST STRIP	Tier 7	MO
PRECISION PCX TEST STRIP	Tier 7	MO
PRECISION POINT OF CARE TEST STRIP	Tier 7	MO
PRECISION Q-I-D TEST STRIP	Tier 7	MO
PRECISION XTRA TEST STRIP	Tier 7	MO
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
TEST N'GO TEST STRIP	Tier 7	MO
TRUE METRIX 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ULTRATRAK STRIP	Tier 7	MO
ULTRATRAK ULTIMATE STRIP	Tier 7	MO
UNISTRIP1 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
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ADVANCED ALL-IN-ONE METER KIT	Tier 7	MO
ADVANCED GLUCOSE METER	Tier 7	MO
ADVANCED LANCING DEVICE KIT	Tier 7	MO
ADVOCATE BLOOD GLUCOSE MONITOR	Tier 7	MO
ADVOCATE CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO
ADVOCATE DUO DEVICE	Tier 7	
ADVOCATE LANCING DEVICE	Tier 7	
ADVOCATE LOW CONTROL SOLUTION	Tier 7	MO
ADVOCATE RAPID-SAFE LANCING	Tier 7	
ADVOCATE REDI-CODE DUO METER DEVICE	Tier 7	
ADVOCATE REDI-CODE GLU MONITOR	Tier 7	MO
ADVOCATE REDI-CODE GLU MONITOR KIT	Tier 7	MO
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 AMP GLUC MONITOR SYS	Tier 7	MO
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 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
AUTO-LANCET MINI	Tier 7	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
AUTOLET IMPRESSION LANC DEV KIT	Tier 7	MO
AUTOLET LANCING DEVICE	Tier 7	
AUTOLET LITE	Tier 7	
AUTOLET PLUS LANCING DEVICE	Tier 7	
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
CAREONE LANCING DEVICE	Tier 7	MO
CARESENS CONTROL A AND B SOLUTION	Tier 7	MO
CARESENS CONTROL A NORMAL 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 KIT	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
CARETOUCH GLUCOSE MONITORING KIT	Tier 7	MO
CARETOUCH LANCING DEVICE	Tier 7	
CHOICE DM CLARUS NORM CONTROL SOLUTION	Tier 7	MO
CHOICEDM CLARUS	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
CONTOUR METER	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 METER	Tier 7	MO
CONTOUR NEXT ONE METER	Tier 7	MO
CONTOUR PLUS BLUE METER	Tier 7	MO
CONTROL AST MONITORING SYSTEM	Tier 7	MO
COOL BLOOD GLUCOSE METER	Tier 7	MO
COOL BLOOD GLUCOSE METER KIT	Tier 7	MO
COOL CONTROL A SOLUTION SOLUTION	Tier 7	MO
COOL CONTROL B SOLUTION SOLUTION	Tier 7	MO
DIATRUE CONTROL SOLN NORMAL SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
EASYGLUCO METER KIT	Tier 7	MO
EASYGLUCO MONITORING SYSTEM KIT	Tier 7	MO
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	Tier 7	MO
EMBRACE TALK GLUCOSE MONITOR	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
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
FORA D10 KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
FORA D15 GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
FORA D20 KIT	Tier 7	MO
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
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 VOICE METER	Tier 7	MO
FORA V10 KIT	Tier 7	MO
FORA V12 BLOOD GLUCOSE SYSTEM	Tier 7	MO
FORA V12 BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
FORA V20 KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
FORA V30A	Tier 7	MO
FORA V30A KIT	Tier 7	MO
FORACARE GD20 GLUCOSE METER	Tier 7	MO
FORACARE GD40A GLUCOSE METER	Tier 7	MO
FORACARE GD40B GLUCOSE METER	Tier 7	MO
FORACARE GDH HIGH CONTROL SOLUTION	Tier 7	MO
FORACARE GDH LOW CONTROL SOLUTION	Tier 7	MO
FORACARE GDH NORMAL CONTROL SOLUTION	Tier 7	MO
FORTISCARE HIGH SOLUTION	Tier 7	MO
FORTISCARE LOW SOLUTION	Tier 7	MO
FORTISCARE NORMAL SOLUTION	Tier 7	MO
FORTISCARE T1 BLOOD GLUC SYS	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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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	
GUARDIAN REAL-TIME GLU MONITOR	Tier 7	MO
HEALTHPRO GLUCOSE MONITOR	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
HEALTHPRO HIGH-LOW CONTROL SOLUTION	Tier 7	MO
HEALTHY ACCENTS AUTOLET	Tier 7	
HYPOLANCE AST LANCING KIT	Tier 7	MO
IGLUOSE BLOOD GLUCOSE MONITOR KIT	Tier 7	MO
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION	Tier 7	MO
IHEALTH GLUCO PLUS METER KIT	Tier 7	MO
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
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	Tier 7	MO
INFINITY VOICE GLUCOSE MONITOR	Tier 7	MO
<i>lancing device</i>	Tier 7	
LANCING DEVICE WITH LANCETS	Tier 7	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>lancing device with lancets kit</i>	Tier 7	MO
LANCING SYSTEM	Tier 7	
LANZO LANCING DEVICE KIT	Tier 7	MO
LITE TOUCH LANCING DEVICE	Tier 7	
MEDISENSE COMBO PACK	Tier 7	MO
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK	Tier 7	MO
MEDISENSE GLUCOSE KETONE COMBO PACK	Tier 7	MO
MEDISENSE MID CONTROL SOLUTION	Tier 7	MO
MEDPOINT NORMAL CONTROL SOLUTION	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
MICROLET NEXT LANCING DEVICE KIT	Tier 7	MO
MINI LANCING DEVICE	Tier 7	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
MULTI-LANCET DEVICE 2 KIT	Tier 7	MO
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	Tier 7	MO
MYGLUCOHEALTH KIT	Tier 7	MO
NOVAMAX PLUS GLU-KET SOLUTION	Tier 7	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	
ON CALL PLUS CONTROL SOLUTION	Tier 7	MO
ON CALL PLUS LANCING DEVICE	Tier 7	
ON CALL PLUS METER	Tier 7	MO
ON CALL PLUS METER KIT	Tier 7	MO
ON CALL VIVID CONTROL SOLUTION	Tier 7	MO
ON CALL VIVID METER	Tier 7	MO
ON CALL VIVID METER KIT	Tier 7	MO
ON CALL VIVID PAL METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ON CALL VIVID PAL METER KIT	Tier 7	MO
ONETOUCH DELICA PLUS LANC DEV KIT	Tier 7	MO
ONETOUCH SOLUTIONS COMPLETE KIT	Tier 7	MO
ONETOUCH SOLUTIONS FIT KIT	Tier 7	MO
ONETOUCH SOLUTIONS STARTER KIT	Tier 7	MO
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
OPTUMRX	Tier 7	MO
OPTUMRX KIT	Tier 7	MO
OPTUMRX SOLUTION	Tier 7	MO
PHARMACIST CHOICE GLUCOSE SYS	Tier 7	MO
PIP BLOOD GLUCOSE MONITOR	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	Tier 7	MO
POGO AUTOMATIC BLOOD GLUC SYS	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 MONITOR	Tier 7	MO
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
PRESTO PRO BLOOD GLUCOSE METER	Tier 7	MO
PRO VOICE V8 GLUCOSE MONITOR	Tier 7	MO
PRO VOICE V9 GLUCOSE MONITOR	Tier 7	MO
PRODIGY AUTOCODE METER KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
SAFE-CLIP BY MAIL DEVICE	Tier 7	MO
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	Tier 7	MO
SMART CARESENS N KIT	Tier 7	MO
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
SURE-TEST EASYPLUS MINI METER	Tier 7	MO
SURE-TEST EASYPLUS MINI SOLUTION	Tier 7	MO
TD GOLD LEVEL 1 CONTROL SOLUTION	Tier 7	MO
TD GOLD LEVEL 2 CONTROL SOLUTION	Tier 7	MO
TELCARE BGM KIT	Tier 7	MO
TELCARE BLOOD GLUCOSE KIT KIT	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
TRUE METRIX AIR GLUCOSE METER KIT	Tier 7	MO
TRUE METRIX GLUCOSE METER	Tier 7	MO
TRUE METRIX GLUCOSE METER KIT	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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
TRUECONTROL LEVEL 0 SOLUTION	Tier 7	MO
TRUECONTROL LEVEL 1 SOLUTION	Tier 7	MO
TRUEDRAW LANCING DEVICE	Tier 7	
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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
UNISTIK 2 COMFORT LANCET 28 GAUGE	Tier 7	MO
UNISTIK 2 DEVICE KIT	Tier 7	MO
UNISTIK 2 EXTRA LANCET 21 GAUGE	Tier 7	MO
UNISTIK 2 NORMAL LANCET 21 GAUGE	Tier 7	MO
UNISTIK 3 DUAL LANCET 18 GAUGE	Tier 7	MO
UNISTRIP HIGH CONTROL SOLUTION	Tier 7	MO
UNISTRIP LOW CONTROL SOLUTION	Tier 7	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	
WAVESENSE AMP KIT	Tier 7	MO
WAVESENSE PRESTO KIT	Tier 7	MO

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
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	PA
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
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	MO
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>	Tier 3	PA
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 2	MO
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 2	MO
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 2	PA
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	
Urine Glucose Test Aids		
DIASTIX STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Urine Glucose/Acetone Test Aids, Strips		
KETO-DIASTIX STRIP	Tier 7	MO
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Otic Preparations, Anti-Inflammatory-Antibiotics		
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	Tier 2	
Electrolyte Regulation		
Bicarbonate Producing/Containing Agents		
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	Tier 2	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 50 meq/50 ml (8.4 %), 7.5 % (0.9 meq/ml)</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
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 5	DS; PR; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 3	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	
<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	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	Tier 2	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 2	
<i>sodium chloride intravenous solution 4 meq/ml</i>	Tier 2	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	RB; QL
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	RB; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	RB; QL
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	Tier 3	RB; QL
<i>tadalafil oral tablet 10 mg</i>	Tier 2	RB; QL
<i>tadalafil oral tablet 20 mg</i>	Tier 2	MO; QL
Fertility Stimulating Preparations, Non-Fsh		
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 2	RB
MILOPHENE ORAL TABLET 50 MG	Tier 2	RB
Follicle Stim./Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	DS; RB
Follicle-Stimulating Hormone (Fsh)		
GONAL-F RFF REDJECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	Tier 5	DS; RB
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	DS; RB

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 5	DS; RB
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 5	DS; RB
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	DS; RB
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5	MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5	MO
VABRINTY (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5	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>pamidronate intravenous recon soln 90 mg</i>	Tier 6	
<i>raloxifene oral tablet 60 mg</i>	Tier 2	MO
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; DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 3	PA
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORLISSA ORAL TABLET 150 MG, 200 MG	Tier 5	PA; DS
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 3	DS; RB; QL
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
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	
PRED-G OPTHALMIC (EYE) DROPS,SUSPENSIO N 0.3-1 %	Tier 3	
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	
FML FORTE OPTHALMIC (EYE) DROPS,SUSPENSIO N 0.25 %	Tier 3	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 2	
PRED FORTE OPTHALMIC (EYE) DROPS,SUSPENSIO N 1 %	Tier 3	MO
PRED MILD OPTHALMIC (EYE) DROPS,SUSPENSIO N 0.12 %	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
ALTACAINE 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	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 2	
Eye Sulfonamides		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	Tier 2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	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
Ophthalmic Preparations, Miscellaneous		
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<i>atropine ophthalmic (eye) ointment 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 0.5 %, 1 %, 2 %</i>	Tier 2	
HOMATROPAIRE OPTHALMIC (EYE) DROPS 5 %	Tier 2	MO
ISOPTO ATROPINE OPTHALMIC (EYE) DROPS 1 %	Tier 3	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		
Artificial Tears		
LACRISERT OPTHALMIC (EYE) INSERT 5 MG	Tier 3	MO
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	
Eye Irrigations		
BALANCED SALT INTRAOCULAR SOLUTION	Tier 2	
Ophth Vasc. Endothelial Growth Factor Antagonists		
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 6	MO
Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	Tier 6	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
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	ST; MO; QL
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	MO
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	DS
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 500-1,200 UNIT	Tier 5	DS
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 5	DS
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	DS
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	DS
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) 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, 2.5 MG	Tier 3	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 5	DS
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 500 (+/-) 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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	Tier 2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 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	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 2	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 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		
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	DS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	DS; WITHOUT NEEDLEGUARD

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
Thrombolytic Enzymes		
ACTIVASE INTRAVENOUS RECON SOLN 100 MG	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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		
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 3	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100	Tier 3	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM	Tier 3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50	Tier 3	
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 5	DS
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>oxandrolone oral tablet 2.5 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	
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
EEMT ORAL TABLET 1.25-2.5 MG	Tier 2	MO
ESTRATEST F.S. 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
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	MO
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	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
<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	MO

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	MO
<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	MO
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 intramuscular oil 50 mg/ml</i>	Tier 2	RB
<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	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	Tier 6	DS
Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn		
SIMULECT INTRAVENOUS RECON SOLN 10 MG	Tier 6	
Immunosuppressive s		
<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
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 6	MO
<i>sirolimus oral solution 1 mg/ml</i>	Tier 5	MO
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
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, 10 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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2	
<i>cefotaxime injection recon soln 2 gram</i>	Tier 2	
<i>cefpodoxime 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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
CLAFORAN INJECTION RECON SOLN 2 GRAM	Tier 3	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	Tier 3	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	Tier 2	
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM	Tier 3	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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 ORAL TABLET 400 MG	Tier 2	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
ZITHROMAX ORAL PACKET 1 GRAM	Tier 3	MO
Nitrofurans Derivatives		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	Tier 2	
<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
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	Tier 5	DS
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	Tier 2	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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 NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	Tier 3	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
<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 (dr/ec) 100 mg</i>	Tier 5	DS
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	Age
<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	
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>pyrimethamine oral tablet 25 mg</i>	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Tier 2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 2	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 2	
<i>rimantadine oral tablet 100 mg</i>	Tier 2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 2	MO
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 5	DS
<i>valganciclovir oral tablet 450 mg</i>	Tier 5	DS
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 5	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>darunavir oral tablet 600 mg</i>	Tier 5	MO
<i>darunavir oral tablet 800 mg</i>	Tier 2	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
DESCOVY ORAL TABLET 200-25 MG	Tier 5	MO; \$0 COPAY IF USED FOR PREVENTION OF HIV
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 2	MO; \$0 COPAY IF USED FOR PREVENTION OF HIV
TEMIXYS ORAL TABLET 300-300 MG	Tier 5	MO
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 5	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 2	MO
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 5	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
SELZENTRY ORAL TABLET 25 MG, 75 MG	Tier 5	MO
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 5	MO
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 2	MO
<i>efavirenz oral tablet 600 mg</i>	Tier 2	MO
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 5	MO
INTELENCE ORAL TABLET 25 MG	Tier 3	MO
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 2	MO
<i>nevirapine oral tablet 200 mg</i>	Tier 2	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 2	MO
PIFELTRO ORAL TABLET 100 MG	Tier 5	MO
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i>	Tier 2	MO
<i>abacavir oral tablet 300 mg</i>	Tier 2	MO
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 2	MO
<i>emtricitabine oral capsule 200 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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, 30 mg, 40 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 solution 400-100 mg/5 ml</i>	Tier 5	MO
<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
CRIXIVAN ORAL CAPSULE 200 MG	Tier 2	MO
<i>fosamprenavir oral tablet 700 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>ritonavir oral tablet 100 mg</i>	Tier 2	MO
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 10 MG, 25 MG, 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-raltegravir-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i>	Tier 5	MO
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5	MO
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 5	MO
SYMFI ORAL TABLET 600-300-300 MG	Tier 5	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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	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
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	DS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 2	DS
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 3	MO
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 5	PA; DS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5	PA; DS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA; DS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	Tier 6	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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Antiinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	Tier 5	DS
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
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 5	DS; QL
Glucocorticoids		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 2	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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 sod succinate injection recon soln 100 mg</i>	Tier 2	
KENALOG INJECTION SUSPENSION 10 MG/ML	Tier 6	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG	Tier 3	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	Tier 6	
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		
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA; DS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 6	DS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 6	PA; DS
Janus Kinase (Jak) Inhibitors		
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA; DS
XELJANZ ORAL TABLET 10 MG	Tier 3	DS; QL
XELJANZ ORAL TABLET 5 MG	Tier 5	PA; DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	Tier 5	PA; DS
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
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<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	
<i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml)</i>	Tier 2	
<i>bupivacaine hcl injection solution 0.5 % (5 mg/ml)</i>	Tier 6	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	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 Inflammat		
Chronic Inflamm. Colon Dx, 5-A-Salicylat, 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 Inflamm. Colon Dx, 5-Aminosalicilat		
<i>balsalazide oral capsule 750 mg</i>	Tier 2	MO
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>mesalamine oral tablet, delayed release (dr/ec) 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 (dr/ec) 500 mg</i>	Tier 2	MO
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 5	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, 8 mcg</i>	Tier 2	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 2	
Medical Supplies		
Diabetic Supplies		
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 7	MO
UNISTIK 3 COMFORT LANCET 28 GAUGE	Tier 7	MO
Durable Medical Equipment,Misc(Group 1)		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 7	MO
2-IN-1 LANCET DEVICE 30 GAUGE	Tier 7	MO
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 7	MO
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 7	MO
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 7	MO
ACCU-CHEK SOFTCLIX LANCETS	Tier 7	MO
ACTI-LANCE LANCETS 23 GAUGE, 28 GAUGE	Tier 7	MO
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 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 HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 28 GAUGE	Tier 7	MO
ASSURE LANCE 28 GAUGE	Tier 7	MO
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE	Tier 7	MO
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	Tier 7	MO
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 7	MO
BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 7	MO
CAREONE THIN LANCET	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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO
CHOSEN LANCET 30 GAUGE	Tier 7	MO
CHOSEN SAFETY LANCET 28 GAUGE	Tier 7	MO
CLEVER CHEK LANCETS 30 GAUGE	Tier 7	MO
COAGUCHEK LANCETS	Tier 7	MO
COLOR LANCETS 21 GAUGE	Tier 7	MO
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	Tier 7	MO
COMFORT LANCETS	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
EASY COMFORT LANCETS 30 GAUGE	Tier 7	MO
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 7	MO
E-Z JECT THIN LANCETS 28 GAUGE	Tier 7	MO
EZ SMART LANCETS 28 GAUGE	Tier 7	MO
EZ-LETS 26 GAUGE	Tier 7	MO
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 7	MO
FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 7	MO
FINGERSTIX LANCETS	Tier 7	MO
FORACARE LANCETS 30 GAUGE	Tier 7	MO
FREESTYLE LANCETS 28 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
FREESTYLE UNISTIK 2	Tier 7	MO
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO
GOJJI LANCETS 30 GAUGE	Tier 7	MO
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 7	MO
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 7	MO
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 7	MO
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO
INVACARE LANCETS 30 GAUGE	Tier 7	MO
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 7	MO
LANCETS, SUPER THIN	Tier 7	MO
LANCETS, THIN , 23 GAUGE, 28 GAUGE	Tier 7	MO
LANCETS, ULTRA THIN , 26 GAUGE	Tier 7	MO
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO
MEDISENSE THIN LANCETS 28 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	Tier 7	MO
MICRO THIN LANCETS 33 GAUGE	Tier 7	MO
MICROLET LANCET	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
ON CALL PLUS LANCET 30 GAUGE	Tier 7	MO
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 7	MO
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 7	MO
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	Tier 7	MO
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	Tier 7	MO
ONETOUCH ULTRASOFT LANCETS	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
PUSH BUTTON SAFETY LANCETS 28 GAUGE	Tier 7	MO
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
RELIAMED LANCET 28 GAUGE, 30 GAUGE	Tier 7	MO
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO
RELION THIN LANCETS 26 GAUGE	Tier 7	MO
RELION ULTRA THIN PLUS LANCETS	Tier 7	MO
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 7	MO
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 7	MO
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO
SAFETY-LET LANCETS 30 GAUGE	Tier 7	MO
SINGLE-LET	Tier 7	MO
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	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
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 7	MO
TRUE COMFORT LANCET 30 GAUGE	Tier 7	MO
TRUEPLUS LANCETS 26 GAUGE, 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ULTRA THIN II LANCETS 30 GAUGE	Tier 7	MO
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE	Tier 7	MO
ULTRA THIN PLUS LANCETS 33 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 EXCELITE II LANCET	Tier 7	MO
UNILET EXCELITE LANCET	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 3 EXTRA LANCET 21 GAUGE	Tier 7	MO
UNISTIK 3 GENTLE 30 GAUGE	Tier 7	MO
UNISTIK 3 LANCETS 21 GAUGE	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 7	MO
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, 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 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 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 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 X 1/2", 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 INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 7	MO
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 7	MO
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 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"	Tier 7	MO
BD INSULIN SYRINGE ULTRA-FINE 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
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 7	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 7	MO
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 7	MO
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
BD VEO INSULIN SYRINGE UF 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
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 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 31 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 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 31 GAUGE X 5/16"	Tier 7	MO
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 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 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 7	MO
EASY COMFORT 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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 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 UNISLIP 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
FREESTYLE PRECISION SYRINGE 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
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
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO
<i>insulin syringe needleless syringe 1 ml</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 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, 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 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 15/64"</i>	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
LITE TOUCH 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, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 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
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
MINIMED SYRINGE RESERVOIR 1.8 ML	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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"	Tier 7	MO
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	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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
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 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 5/16, 1/2 ML 28 GAUGE X 1/2"	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 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	Tier 7	MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	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
TOPCARE ULTRA COMFORT 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 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 7	MO
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	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 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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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", 0.3 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, 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
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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-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-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 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
Miscellaneous Agents		
Anaphylaxis Therapy Agents		
ADYPHREN AMP INJECTION KIT 1 MG/ML	Tier 3	
ADYPHREN INJECTION KIT 1 MG/ML	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML	Tier 2	
<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
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
<i>sapropterin oral powder in packet 100 mg</i>	Tier 2	DS
<i>sapropterin oral tablet, soluble 100 mg</i>	Tier 2	DS
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram</i>	Tier 6	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 3	
<i>hydroxyurea oral capsule 500 mg</i>	Tier 2	MO
IFEX INTRAVENOUS RECON SOLN 3 GRAM	Tier 6	
<i>ifosfamide intravenous recon soln 3 gram</i>	Tier 6	
LEUKERAN ORAL TABLET 2 MG	Tier 3	
<i>melfalan oral tablet 2 mg</i>	Tier 2	
MYLERAN ORAL TABLET 2 MG	Tier 3	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	Tier 5	DS
<i>temozolomide oral capsule 20 mg, 5 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>thiotepa injection recon soln 15 mg</i>	Tier 5	DS
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
<i>flutamide oral capsule 125 mg</i>	Tier 2	MO
XTANDI ORAL CAPSULE 40 MG	Tier 5	DS
XTANDI ORAL TABLET 80 MG	Tier 5	DS
Antibiotic Antineoplastics		
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	Tier 6	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 6	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 6	
<i>doxorubicin intravenous recon soln 50 mg</i>	Tier 6	
<i>mitomycin intravenous recon soln 40 mg, 5 mg</i>	Tier 6	
MUTAMYCIN INTRAVENOUS RECON SOLN 40 MG, 5 MG	Tier 6	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Anti-Cd20 (B Lymphocyte) Monoclonal Antibody		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	Tier 6	
Antimetabolites		
<i>azacitidine injection recon soln 100 mg</i>	Tier 6	
<i>capecitabine oral tablet 150 mg</i>	Tier 2	
<i>capecitabine oral tablet 500 mg</i>	Tier 2	MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	Tier 6	
<i>cytarabine injection solution 20 mg/ml</i>	Tier 6	
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml</i>	Tier 6	
<i>gemcitabine intravenous recon soln 200 mg</i>	Tier 6	
<i>mercaptopurine oral suspension 20 mg/ml</i>	Tier 5	DS
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	MO
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 6	MO
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 6	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	MO
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	Tier 6	MO
TABLOID ORAL TABLET 40 MG	Tier 3	MO
Antineoplast Egf Receptor Blocker Rcmb Mc Antibody		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	Tier 6	
KANJINTI INTRAVENOUS RECON SOLN 420 MG	Tier 6	MO
Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody		
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 6	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
Antineoplastic - Braf Kinase Inhibitors		
ZELBORAF ORAL TABLET 240 MG	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 5	DS
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 3	DS
BRUKINSA ORAL CAPSULE 80 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
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
LYNPARZA ORAL TABLET 100 MG	Tier 5	DS; QL
LYNPARZA ORAL TABLET 150 MG	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, 80 MG	Tier 5	DS
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	DS; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	DS
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	DS
Antineoplastic, Anti-Programmed Death-1 (Pd-1) Mab		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 6	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
Antineoplastics, Miscellaneous		
<i>dacarbazine intravenous recon soln 100 mg</i>	Tier 6	
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 6	MO
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	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
<i>toremifene oral tablet 60 mg</i>	Tier 2	MO
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Tier 5	DS
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Vinca Alkaloids		
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	Tier 6	
<i>vincristine intravenous solution 1 mg/ml</i>	Tier 6	
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	Tier 6	
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(dr/ec) 120 mg, 240 mg</i>	Tier 2	MO
<i>fingolimod oral capsule 0.5 mg</i>	Tier 2	MO; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 2	DS
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
Amyotrophic Lateral Sclerosis Agents		
<i>riluzole oral tablet 50 mg</i>	Tier 2	MO
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	PA; MO
Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 5	DS
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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,Proges terone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Metallic Poison, Agents To Treat		
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 5	DS
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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 7	MO
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 7	MO
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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 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", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
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 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	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 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
DROPLET 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 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	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"	Tier 7	MO
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 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 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
HEALTHY ACCENTS UNIFINE PENTIP 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
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
INSUPEN 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 5/16", 32 GAUGE X 5/32"	Tier 7	MO
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 7	MO
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	Tier 7	MO
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	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 AUTOCOVER NEEDLE 30 GAUGE X 1/3"	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
<i>pen needle, diabetic 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 3/16", 32 gauge x 5/16", 32 gauge x 5/32"</i>	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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 5/32"	Tier 7	MO
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	Tier 7	MO
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	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 5/32"	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 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	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 3/16", 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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 5/32"	Tier 7	MO
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 7	MO
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"	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 3/16", 32 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"	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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Neuromuscular Blocking Agents		
BOTOX INJECTION RECON SOLN 100 UNIT	Tier 6	
<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	MO
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
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 2	MO
Suspending Agents		
GELFILM IMPLANT FILM	Tier 3	
Urine Acetone Test Aids		
KETONE CARE STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	Tier 2	
<i>water for inject, bacteriostat injection solution</i>	Tier 2	
<i>water for injection, sterile injection solution</i>	Tier 2	
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
Analgesics Narcotic, Anesthetic Adjunct Agents		
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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 solution 1 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
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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 15 mg, 30 mg</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>oxycodone oral capsule 5 mg</i>	Tier 2	DS
<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, 5 mg</i>	Tier 2	DS
<i>tramadol oral tablet 50 mg</i>	Tier 2	DS; Age

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</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
ENDOCET ORAL TABLET 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 5-325 mg</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
PERCOCET ORAL TABLET 5-325 MG	Tier 2	DS
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 2	DS
<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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
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
DIASTAT RECTAL KIT 2.5 MG	Tier 3	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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 capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 2	MO
<i>carbamazepine oral tablet 200 mg</i>	Tier 2	MO
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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 (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 2	MO
EPITOL ORAL TABLET 200 MG	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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 2	MO
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 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 100 mg/4 ml, 125 mg/5 ml</i>	Tier 2	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 2	MO
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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; Age
<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; Age
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
Skeletal Muscle Disorder		
Skeletal Muscle Relaxants		
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 5	DS; Age
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 2	
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	Tier 3	PA; MO; Age
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>orphenadrine citrate injection solution 30 mg/ml</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	Tier 3	MO
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine intramuscular solution 10 mg/ml</i>	Tier 2	
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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 3	MO
Proton-Pump Inhibitors		
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i>	Tier 2	MO
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Urinary Tract Analgesic Agents		
RIMSO-50 INTRAVESICAL SOLUTION 50 %	Tier 6	
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	
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)	Tier 2	
Vaginal Estrogen Preparations		
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 2	MO
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		
ADDAMEL N INTRAVENOUS SOLUTION 5.33-0.34-0.54 MCG-MG-MG/ML	Tier 2	
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	

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	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	
Weight Reduction		
Anorexic Agents		
<i>diethylpropion oral tablet 25 mg</i>	Tier 2	DS; RB
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 2	DS; RB
<i>phentermine oral capsule 15 mg</i>	Tier 2	RB
<i>phentermine oral tablet 37.5 mg</i>	Tier 2	RB
<i>phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	Tier 2	PA; MO; RB
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Tier 3	PA; MO; RB

Index

1ST TIER UNIFINE PENTIPS..... 106	ACCUTREND GLUCOSE TEST STRIPS..... 34	ADVOCATE REDI-CODE.....34
1ST TIER UNIFINE PENTIPS PLUS..... 106	<i>acebutolol</i> 15	ADVOCATE REDI-CODE DUO METER..... 39
1ST TIER UNILET COMFORTOUCH.....85	<i>acetaminophen-codeine</i> 114	ADVOCATE REDI-CODE GLU MONITOR..... 39
2-IN-1 LANCET DEVICE..... 85	<i>acetazolamide</i> 60	ADVOCATE REDI-CODE PLUS..... 34, 39
2TEK CONTROL (HIGH- NORMAL)..... 39	<i>acetazolamide sodium</i>60	ADVOCATE REDI-CODE PLUS CTRL L.....39
2TEK GLUCOSE/BLOOD PRESSURE.....39	<i>acetic acid</i>53	ADVOCATE REDI-CODE+ CTRL HIGH..... 39
<i>abacavir</i> 77	<i>acetylcysteine</i> 112	ADVOCATE SYRINGES..... 90
<i>abacavir-lamivudine</i>76	<i>acitretin</i> 33	ADVOCATE TEST STRIPS...34
<i>abiraterone</i> 100	ACTHAR.....56	ADYPHREN.....98
ABIRTEGA..... 100	ACTI-LANCE LANCETS.....85	ADYPHREN AMP.....98
ABOUTTIME PEN NEEDLE 106	ACTIVASE.....65	AFIRMELLE.....21
<i>acamprosate</i>9	<i>acyclovir</i>75, 76	AGAMATRIX AMP GLUC MONITOR SYS..... 40
<i>acarbose</i>34	<i>acyclovir sodium</i> 76	AGAMATRIX AMP TEST STRIPS.....35
ACCU-CHEK AVIVA CONTROL SOLN..... 39	<i>adapalene</i>29	AGAMATRIX CONTROL SOLN-HIGH.....40
ACCU-CHEK AVIVA PLUS TEST STRP.....34	ADBRY..... 30	AGAMATRIX CONTROL SOLN-NORMAL..... 40
ACCU-CHEK FASTCLIX LANCET DRUM.....85	ADDAMEL N.....120	AGAMATRIX CONTROL SOLN-NORM-HI.....40
ACCU-CHEK FASTCLIX LANCING DEV..... 39	<i>adefovir</i>78	AGAMATRIX JAZZ TEST STRIPS.....35
ACCU-CHEK GUIDE GLUCOSE METER..... 39	<i>adenosine</i> 13	AGAMATRIX JAZZ WIRELESS 2 MNTR.....40
ACCU-CHEK GUIDE L1-L2 CTRL SOL.....39	ADJUSTABLE LANCING DEVICE..... 39	AGAMATRIX PRESTO SYSTEM.....40
ACCU-CHEK GUIDE ME GLUCOSE MTR..... 39	ADRENALIN..... 14	AGAMATRIX PRESTO TEST STRIPS..... 35
ACCU-CHEK GUIDE TEST STRIPS.....34	ADRIAMYCIN..... 100	AGAMATRIX ULTRA-THIN LANCET..... 85
ACCU-CHEK SAFE-T-PRO.. 85	ADVAIR HFA..... 5	A-HYDROCORT.....80
ACCU-CHEK SAFE-T-PRO PLUS..... 85	ADVANCED ALL-IN-ONE METER..... 39	AJOVY AUTOINJECTOR... 113
ACCU-CHEK SMARTVIEW CONTRL SOL.....39	ADVANCED GLUC METER TEST STRIP.....34	AJOVY SYRINGE..... 113
ACCU-CHEK SMARTVIEW TEST STRIP.....34	ADVANCED GLUCOSE METER..... 39	<i>albendazole</i> 75
ACCU-CHEK SOFT DEV LANCETS..... 39	ADVANCED LANCING DEVICE..... 39	ALBUSTIX REAGENT..... 111
ACCU-CHEK SOFTCLIX LANCETS..... 85	ADVANCED TRAVEL LANCETS..... 85	<i>albuterol sulfate</i> 4
ACCU-CHEK SOFTCLIX LANCETS..... 85	ADVATE..... 62	ALCAINE..... 59
ACCUTANE.....28	ADVOCATE BLOOD GLUCOSE MONITOR..... 39	<i>alclometasone</i> 30
ACCUTREND GLUCOSE CONTROL..... 39	ADVOCATE CONTROL SOLUTION HIGH..... 39	ALECENSA..... 101
	ADVOCATE DUO..... 39	<i>alendronate</i>57
	ADVOCATE LANCET.....85	<i>alfuzosin</i> 119
	ADVOCATE LANCING DEVICE..... 39	<i>allopurinol</i> 62
	ADVOCATE LOW CONTROL..... 39	
	ADVOCATE PEN NEEDLE. 106	
	ADVOCATE RAPID-SAFE LANCING.....39	

ALPHANINE SD.....	63	AQUA CARE STERILE		AUROVELA FE 1-20 (28).....	22
<i>alprazolam</i>	10	WATER.....	32	AUTO-LANCET MINI.....	40
ALTACAINE.....	59	AQUA LANCE LANCING		AUTOLET IMPRESSION	
ALTAFLUOR BENOX.....	59	DEVICE.....	40	LANC DEV.....	40
ALTAVERA (28).....	21	AQUASOL A.....	121	AUTOLET LANCING	
ALTERNATE SITE LANCET.	85	ARANELLE (28).....	22	DEVICE.....	40
ALTERNATE SITE		<i>arformoterol</i>	5	AUTOLET LITE.....	40
LANCING DEVICE.....	40	<i>aripiprazole</i>	10	AUTOLET PLUS LANCING	
ALVAIZ.....	65	<i>armodafinil</i>	12	DEVICE.....	40
ALVESCO.....	6	<i>asenapine maleate</i>	11	AUVI-Q.....	99
ALYACEN 1/35 (28).....	21	ASMANEX HFA.....	6	AVELOX IN NAACL (ISO-	
ALYACEN 7/7/7 (28).....	21	ASMANEX TWISTHALER.....	6	OSMOTIC).....	72
ALYFTREK.....	111	<i>aspirin-dipyridamole</i>	65	AVIANE.....	22
ALYQ.....	17	ASSURE 4 CONTROL		AVITA.....	29
<i>amantadine hcl</i>	114	SOLUTION.....	40	AVONEX.....	103
AMBISOME.....	73	ASSURE 4 STRIPS.....	35	AYUNA.....	22
<i>ambrisentan</i>	18	ASSURE DOSE NORMAL		<i>azacitidine</i>	100
AMICAR.....	62	CONTROL.....	40	<i>azathioprine</i>	67
<i>amikacin</i>	73	ASSURE DOSE NORM-HI		<i>azelastine</i>	3
<i>amiloride</i>	17	CONTROL.....	40	<i>azithromycin</i>	70
<i>amiloride-</i>		ASSURE HAEMOLANCE		<i>aztreonam</i>	68
<i>hydrochlorothiazide</i>	17	PLUS.....	85	<i>bacitracin</i>	59
<i>aminocaproic acid</i>	62	ASSURE LANCE.....	85	<i>bacitracin-polymyxin b</i>	59
<i>amiodarone</i>	13	ASSURE LANCE PLUS.....	85	<i>baclofen</i>	117
<i>amitriptyline</i>	9	ASSURE PLATINUM		BAL IN OIL.....	106
<i>amitriptyline-</i>		GLUCOSE METER.....	40	BALANCED SALT.....	61
<i>chlordiazepoxide</i>	9	ASSURE PLATINUM TEST		<i>balsalazide</i>	83
AMJEVITA(CF).....	79	STRIP.....	35	BALZIVA (28).....	22
AMJEVITA(CF)		ASSURE PRISM CONTROL		BAQSIMI.....	52
AUTOINJECTOR.....	79	1-2 SOLN.....	40	BAVENCIO.....	103
<i>amlodipine</i>	16	ASSURE PRISM MULTI		BD ECLIPSE LUER-LOK.....	90
AMNESTEEM.....	28	METER.....	40	BD INSULIN SYRINGE.....	91
<i>amoxapine</i>	9	ASSURE PRISM MULTI		BD INSULIN SYRINGE	
<i>amoxicillin</i>	70, 71	STRIP.....	35	(HALF UNIT).....	90
<i>amoxicillin-pot clavulanate</i>	71	<i>atazanavir</i>	77	BD INSULIN SYRINGE	
AMPHADASE.....	33	<i>atenolol</i>	15	MICRO-FINE.....	90
<i>amphotericin b</i>	73	<i>atenolol-chlorthalidone</i>	16	BD INSULIN SYRINGE SLIP	
<i>amphotericin b liposome</i>	73	<i>atomoxetine</i>	13	TIP.....	90
<i>ampicillin</i>	71	<i>atorvastatin</i>	18, 19	BD INSULIN SYRINGE	
<i>ampicillin sodium</i>	71	<i>atovaquone</i>	75	ULTRA-FINE.....	91
<i>ampicillin-sulbactam</i>	71	<i>atovaquone-proguanil</i>	75	BD LO-DOSE MICRO-FINE	
<i>anagrelide</i>	65	<i>atropine</i>	61, 118	IV.....	91
<i>anastrozole</i>	101	AUBRA.....	22	BD LO-DOSE ULTRA-FINE..	91
ANUCORT-HC.....	84	AUBRA EQ.....	22	BD MICROTAINER	
APRI.....	22	AUGMENTIN.....	71	LANCET.....	85
APTIVUS.....	76	<i>auranofin</i>	81	BD NANO 2ND GEN PEN	
AQINJECT PEN NEEDLE... 106		AUROVELA 1.5/30 (21).....	22	NEEDLE.....	106
AQUA CARE SODIUM		AUROVELA 1/20 (21).....	22	BD POSIFLUSH NORMAL	
CHLORIDE.....	32	AUROVELA FE 1.5/30 (28)...	22	SALINE 0.9.....	55

BD PRE-FILLED NORMAL SALINE.....	55	BLISOVI FE 1/20 (28).....	22	BYOOVIZ.....	61
BD PRE-FILLED SALINE		<i>blood glucose contrl hi,normal</i>	40	<i>cabergoline</i>	57
BLUNT CAN.....	55	<i>blood glucose control, normal</i>	40	<i>calcipotriene</i>	33
BD SAFETYGLIDE INSULIN SYRINGE.....	91	BLOOD GLUCOSE MONITORING.....	40	<i>calcitonin (salmon)</i>	57
BD SAFETYGLIDE SYRINGE.....	91	BLOOD GLUCOSE TEST.....	35	<i>calcitriol</i>	121
BD ULTRA-FINE MINI PEN NEEDLE.....	106	<i>blood-glucose meter</i>	40	<i>calcium acetate(phosphat bind)</i>	54
BD ULTRA-FINE NANO PEN NEEDLE.....	106	BLULINK DIABETIC TEST BUNDLE.....	40	CALQUENCE (ACALABRUTINIB MAL).....	101
BD ULTRA-FINE ORIG PEN NEEDLE.....	106	BLULINK GLUCOSE MONITOR SYSTEM.....	40	CAMILA.....	22
BD ULTRA-FINE SHORT PEN NEEDLE.....	106	BLULINK GLUCOSE TEST STRIP.....	35	<i>capecitabine</i>	100
BD VEO INSULIN SYR (HALF UNIT).....	91	<i>bosentan</i>	18	<i>captopril</i>	15
BD VEO INSULIN SYRINGE UF.....	91	BOTOX.....	111	<i>carbamazepine</i>	115
<i>benazepril</i>	15	BREEZE 2 CONTROL SOLUTION, LOW.....	40	<i>carbidopa</i>	115
<i>benzonatate</i>	27	BREEZE 2 CONTROL SOLUTION, NML.....	40	<i>carbidopa-levodopa</i>	114, 115
<i>benztropine</i>	114	BREEZE 2 CONTROL SOLUTION,HIGH.....	40	<i>carboprost tromethamine</i>	27
<i>betamethasone acet,sod phos</i>	80	BREO ELLIPTA.....	5	CAREFINE PEN NEEDLE...	107
<i>betamethasone dipropionate</i>	30	BREVITAL.....	105	CAREONE LANCING DEVICE.....	41
<i>betamethasone valerate</i>	30	BREYNA.....	5	CAREONE THIN LANCET...	85
<i>betamethasone, augmented</i> ..	30	BREZTRI AEROSPHERE.....	6	CAREONE ULTRA THIN LANCET.....	85
BETASERON.....	103	BRIELLYN.....	22	CARESENS CONTROL A AND B.....	41
<i>betaxolol</i>	60	<i>brimonidine</i>	60	CARESENS CONTROL A NORMAL.....	41
<i>bethanechol chloride</i>	99	<i>bromocriptine</i>	114	CARESENS LANCETS.....	85
<i>bicalutamide</i>	100	BRUKINSA.....	101	CARESENS N.....	41
BICILLIN L-A.....	71	<i>budesonide</i>	6, 80	CARESENS N FELIZ BT GLUC METER.....	41
BIKTARVY.....	78	BULLSEYE MINI SAFETY LANCETS.....	85	CARESENS N FELIZ GLUCOSE METER.....	41
BIOGLO.....	61	<i>bumetanide</i>	17	CARESENS N PLUS BT.....	41
BIOLON.....	60	<i>bupivacaine (pf)</i>	82	CARESENS N TEST STRIPS.....	35
BIONIME RIGHTEST GM300 SYSTEM.....	40	<i>bupivacaine hcl</i>	82	CARESENS N VOICE.....	41
BIONIME RIGHTEST TEST STRIPS.....	35	<i>bupivacaine-epinephrine</i>	83	CARESENS S CONTROL A AND B.....	41
BIOTEL CARE BGM-4 METER.....	40	<i>bupivacaine-epinephrine (pf)</i>	83	CARESENS S FIT BT GLUCOSE MTR.....	41
<i>bisoprolol fumarate</i>	15	<i>buprenorphine</i>	112	CARESENS S FIT GLUCOSE METER.....	41
<i>bisoprolol-hydrochlorothiazide</i>	16	<i>buprenorphine hcl</i>	114	CARESENS S TEST STRIP..	35
<i>bleomycin</i>	100	<i>buprenorphine-naloxone</i>	114	CARETOUCH CONTROL SOLN L2-L3.....	41
BLEPH-10.....	59	<i>bupropion hcl</i>	8	CARETOUCH GLUCOSE MONITORING.....	41
BLEPHAMIDE S.O.P.....	59	<i>bupropion hcl (smoking deter)</i>	117	CARETOUCH INSULIN SYRINGE.....	91
BLISOVI FE 1.5/30 (28).....	22	<i>buspirone</i>	10		
		<i>butorphanol</i>	112		
		BUTTERFLY TOUCH LANCET.....	85		

CARETOUCH LANCING DEVICE.....	41	<i>cholestyramine (with sugar)</i> ...20	CLEVER CHOICE VOICE PLUS TEST.....	35
CARETOUCH PEN NEEDLE.....	107	CHOLESTYRAMINE LIGHT ..20	CLICKFINE PEN NEEDLE..	107
CARETOUCH SAFETY LANCETS.....	85	<i>chorionic gonadotropin, human</i>	CLIMARA.....	66
CARETOUCH TEST STRIP ..	35	CHOSEN LANCET	<i>clindamycin hcl</i>	74
CARETOUCH TWIST LANCET.....	86	CHOSEN LANCING DEVICE.....	<i>clindamycin palmitate hcl</i>	74
CARTIA XT.....	16	CHOSEN SAFETY LANCET..	<i>clindamycin phosphate</i>	29, 74, 120
<i>carvedilol</i>	14	<i>ciclopirox</i>	<i>clindamycin-benzoyl peroxide</i>	28
<i>caspofungin</i>	73	<i>cilostazol</i>	CLINISOL SF 15 %.....	111
CATHFLO ACTIVASE.....	65	CILOXAN.....	<i>clobazam</i>	115
CAVERJECT.....	55	CIMDUO.....	<i>clobetasol</i>	30
CAVERJECT IMPULSE.....	55	<i>cimetidine hcl</i>	<i>clobetasol-emollient</i>	30
CAYSTON.....	68	<i>cinacalcet</i>	CLOBEX.....	31
<i>cefazolin</i>	68	CIPRO.....	CLODAN.....	31
<i>cefazolin in dextrose (iso-os)</i> ..	68	<i>ciprofloxacin</i>	<i>clomiphene citrate</i>	56
<i>cefdinir</i>	69	<i>ciprofloxacin hcl</i>	<i>clomipramine</i>	9
<i>cefepime</i>	69	<i>ciprofloxacin in 5 % dextrose</i> ..	<i>clonazepam</i>	115
<i>cefixime</i>	69	<i>ciprofloxacin-</i>	<i>clonidine hcl</i>	15
<i>cefotaxime</i>	69	<i>dexamethasone</i>	<i>clopidogrel</i>	65
<i>cefotetan</i>	68	<i>cialopram</i>	<i>clotrimazole</i>	73
<i>cefpodoxime</i>	69	CLAFORAN.....	<i>clotrimazole-betamethasone</i> ..	29
<i>ceftazidime</i>	69	CLARAVIS.....	<i>clozapine</i>	11
<i>ceftriaxone</i>	69	CLARITHROMYCIN.....	COAGUCHEK LANCETS.....	86
<i>ceftriaxone in dextrose,iso-os</i>	69	CLEVER CHEK BLOOD GLUCOSE.....	<i>codeine sulfate</i>	112
<i>cefuroxime axetil</i>	69	CLEVER CHEK BLOOD GLUCOSE SYST.....	<i>codeine-guaifenesin</i>	28
<i>cefuroxime sodium</i>	69	CLEVER CHEK LANCETS....	<i>colchicine</i>	62
<i>celecoxib</i>	82	CLEVER CHOICE BLOOD GLUC SYS.....	<i>colesevelam</i>	20
<i>cephalexin</i>	68	CLEVER CHOICE GLUCOSE MONITOR.....	<i>colestipol</i>	20
CHANTIX CONTINUING MONTH BOX.....	117	CLEVER CHOICE LEVEL 1 CONTROL.....	COLOR LANCETS.....	86
CHATEAL EQ (28).....	22	CLEVER CHOICE LEVEL 2 CONTROL.....	COMFORT EZ INSULIN SYRINGE.....	91
CHEMET.....	106	CLEVER CHOICE LEVEL 3 CONTROL.....	COMFORT EZ LANCETS.....	86
CHEMSTRIP 2.....	111	CLEVER CHOICE MICRO....	COMFORT EZ PEN NEEDLES.....	107
CHEMSTRIP MICRAL.....	111	CLEVER CHOICE MICRO TEST STRIP	COMFORT LANCETS.....	86
<i>chlordiazepoxide hcl</i>	10	CLEVER CHOICE MICRO TEST STRIP	COMFORT TOUCH PEN NEEDLE.....	107
<i>chlordiazepoxide-clidinium</i> ..	118	CLEVER CHOICE PRO..	COMFORT TOUCH PLUS SAFETY LANC.....	86
<i>chlorhexidine gluconate</i>	104	CLEVER CHOICE TALK GLUCOSE SYS.....	COMFORT TOUCH ULT THIN LANCETS.....	86
<i>chloroquine phosphate</i>	75	CLEVER CHOICE TALK TEST.....	COMPRO.....	3
<i>chlorpromazine</i>	11	CLEVER CHOICE TEST STRIPS.....	CONSTULOSE.....	84
<i>chlorthalidone</i>	18		CONTOUR CONTROL SOLUTION, HIGH.....	41
<i>chlorzoxazone</i>	117			
CHOICE DM CLARUS NORM CONTROL.....	41			
CHOICEDM CLARUS.....	35, 41			
<i>cholecalciferol (vitamin d3)</i> ..	121			

CONTOUR CONTROL SOLUTION, LOW.....	41	<i>cromolyn</i>	7, 60	<i>desogestrel-ethinyl estradiol</i> ..	22
CONTOUR CONTROL SOLUTION, NML.....	41	<i>cupric chloride</i>	120	<i>desonide</i>	31
CONTOUR METER.....	42	<i>cyanocobalamin (vitamin b-12)</i>	121	<i>desoximetasone</i>	31
CONTOUR NEXT EZ METER.....	42	CYCLAFEM 1/35 (28).....	22	<i>dexamethasone</i>	80
CONTOUR NEXT GEN METER.....	42	CYCLAFEM 7/7/7 (28).....	22	DEXAMETHASONE INTENSOL.....	80
CONTOUR NEXT GLUCOSE METER.....	42	<i>cyclobenzaprine</i>	117	<i>dexamethasone sodium phosphate</i>	58, 80
CONTOUR NEXT LEV 1 CONTROL SOL.....	42	CYCLOGYL.....	61	<i>dexmethylphenidate</i>	12
CONTOUR NEXT LEV 2 CONTROL SOL.....	42	CYCLOMYDRIL.....	61	<i>dextroamphetamine sulfate</i>	9
CONTOUR NEXT METER.....	42	<i>cyclopentolate</i>	61	<i>dextroamphetamine-amphetamine</i>	9
CONTOUR NEXT ONE METER.....	42	<i>cyclophosphamide</i>	99	<i>dextrose 5 % in water (d5w)</i> ..	62
CONTOUR NEXT TEST STRIPS.....	35	<i>cyclosporine</i>	60	<i>dextrose 5%-0.2 % sod chloride</i>	62
CONTOUR PLUS BLUE METER.....	42	<i>cyclosporine modified</i>	67	DIASTAT.....	115
CONTOUR PLUS TEST STRIP.....	35	<i>cyproheptadine</i>	3	DIASTIX.....	53
CONTOUR TEST STRIPS.....	35	CYRED.....	22	DIATRUE CONTROL SOLN NORMAL.....	42
CONTROL AST MONITORING SYSTEM.....	42	CYRED EQ.....	22	DIATRUE CONTROL SOLUTION HIGH.....	42
COOL BLOOD GLUCOSE METER.....	42	CYSTAGON.....	119	DIATRUE CONTROL SOLUTION LOW.....	42
COOL CONTROL A SOLUTION.....	42	<i>cytarabine</i>	100	DIATRUE PLUS BLOOD GLUCOSE MET.....	42
COOL CONTROL B SOLUTION.....	42	<i>cytarabine (pf)</i>	100	DIATRUE PLUS TEST STRIP.....	35
COOL GLUCOSE TEST STRIP.....	35	D5 % (D-GLUCOSE)-0.9 % SODCHLR.....	62	<i>diazepam</i>	10, 115
COPPER CHLORIDE.....	120	<i>d5 % and 0.9 % sodium chloride</i>	62	<i>diclofenac sodium</i>	58
CORDRAN TAPE LARGE ROLL.....	31	<i>d5 %-0.45 % sodium chloride</i>	62	<i>dicloxacillin</i>	71
<i>cortisone</i>	80	<i>dabigatran etexilate</i>	65	<i>dicyclomine</i>	118
CORTISPORIN-TC.....	53	<i>dacarbazine</i>	102	<i>didanosine</i>	77
CORTROPHIN GEL.....	56	<i>dalfampridine</i>	104	<i>diethylpropion</i>	121
COSENTYX.....	33	<i>danazol</i>	57	DIGITEK.....	14
COSENTYX (2 SYRINGES).....	33	<i>dantrolene</i>	117	DIGOX.....	14
COSENTYX PEN (2 PENS).....	33	<i>dapsone</i>	74	<i>digoxin</i>	14
COTELLIC.....	101	<i>darunavir</i>	76	<i>dihydroergotamine</i>	113
COVARYX.....	66	<i>dasatinib</i>	101	DILANTIN.....	115
COVARYX H.S.....	66	DASETTA 1/35 (28).....	22	DILANTIN INFATABS.....	115
CREON.....	118	DASETTA 7/7/7 (28).....	22	<i>diltiazem hcl</i>	16
CRIXIVAN.....	77	<i>daunorubicin</i>	100	DILT-XR.....	16
		DEBLITANE.....	22	<i>dimenhydrinate</i>	3
		DECARA.....	121	<i>dimethyl fumarate</i>	103
		<i>deferasirox</i>	106	<i>diphenhydramine hcl</i>	3
		<i>deferoxamine</i>	106	<i>diphenoxylate-atropine</i>	84
		DEPO-ESTRADIOL.....	66	<i>dipyridamole</i>	65
		DEPO-MEDROL.....	80	<i>disopyramide phosphate</i>	13
		DEPO-SUBQ PROVERA 104.....	21	<i>disulfiram</i>	9
		DEPO-TESTOSTERONE.....	66	<i>divalproex</i>	116
		DESCOVY.....	76		
		<i>desflurane</i>	105		
		<i>desipramine</i>	9		
		<i>desmopressin</i>	56		

DODEX.....	121	EASY PLUS II BLOOD		EASY TOUCH PEN	
<i>dofetilide</i>	13	GLUCOSE MET.....	42	NEEDLE.....	107
<i>donepezil</i>	7	EASY PLUS II HIGH		EASY TOUCH SAFETY	
<i>doxolamide</i>	60	CONTROL.....	42	LANCETS.....	86
<i>doxolamide-timolol</i>	60	EASY PLUS II LOW		EASY TOUCH SAFETY	
DOTTI.....	66	CONTROL.....	42	PEN NEEDLE.....	107
DOVATO.....	75	EASY PLUS II TEST.....	35	EASY TOUCH TEST STRIP.....	35
<i>doxazosin</i>	14	EASY STEP.....	35	EASY TOUCH TWIST	
<i>doxepin</i>	9	EASY STEP BLOOD		LANCETS.....	86
<i>doxorubicin</i>	100	GLUCOSE METER.....	42	EASY TOUCH UNI-SLIP.....	92
DOXY-100.....	72	EASY STEP HIGH		EASY TRAK BLOOD	
<i>doxycycline hyclate</i>	72, 104	CONTROL SOLN.....	42	GLUCOSE METER.....	43
<i>doxycycline monohydrate</i>	72	EASY STEP LOW		EASY TRAK GLUCOSE	
DRITHOCREME HP.....	33	CONTROL SOLUTION.....	42	TEST.....	35
<i>dronabinol</i>	3	EASY STEP NORMAL		EASY TRAK HIGH	
<i>droperidol</i>	11	CONTROL SOLN.....	42	CONTROL.....	43
DROPLET GENTEEL		EASY TALK BLOOD		EASY TRAK II BLOOD	
LANCING DEVICE.....	42	GLUCOSE METER.....	42	GLUCOSE MTR.....	43
DROPLET INSULIN		EASY TALK GLUCOSE		EASY TRAK II CTRL SOLN-	
SYR(HALF UNIT).....	92	TEST.....	35	NORMAL.....	43
DROPLET INSULIN		EASY TALK HIGH		EASY TRAK II TEST STRIP.....	35
SYRINGE.....	92	CONTROL.....	43	EASY TRAK LOW	
DROPLET LANCETS.....	86	EASY TALK LOW		CONTROL.....	43
DROPLET LANCING		CONTROL.....	43	EASY TWIST AND CAP	
DEVICE.....	42	EASY TALK PLUS II HIGH		LANCETS.....	86
DROPLET PEN NEEDLE.....	107	CONTROL.....	43	EASYGLUCO METER.....	43
DROPSAFE ACTI-LANCE.....	86	EASY TALK PLUS II LOW		EASYGLUCO	
<i>drospirenone-ethinyl</i>		CONTROL.....	43	MONITORING SYSTEM.....	43
<i>estradiol</i>	22	EASY TALK PLUS II TEST		EASYGLUCO PLUS.....	35
<i>droxidopa</i>	20	STRIP.....	35	EASYGLUCO PLUS	
DRYSOL.....	32	EASY TOUCH.....	107	NORMAL CONTROL.....	43
DRYSOL DAB-O-MATIC.....	32	EASY TOUCH BLU CTRL		EASYGLUCO TEST.....	35
DULERA.....	5	SOLN-L1,L3.....	43	EASYMAX.....	36
<i>duloxetine</i>	8	EASY TOUCH BLULINK		EASYMAX 15 LEVEL 2.....	43
DUPIXENT PEN.....	6	GLUC SYST.....	43	EASYMAX 15 TEST	
DUPIXENT SYRINGE.....	6	EASY TOUCH BLULINK		STRIPS.....	36
DYRENIUM.....	17	TEST STRIP.....	35	EASYMAX NG.....	43
E.E.S. 400.....	70	EASY TOUCH GLUCOSE		EASYMAX NORMAL	
EASY COMFORT INSULIN		MONITOR.....	43	CONTROL.....	43
SYRINGE.....	92	EASY TOUCH HIGH-LOW		EASYMAX T1.....	43
EASY COMFORT		CONTROL.....	43	EASYMAX V SPEAKING	
LANCETS.....	86	EASY TOUCH INSULIN		GLUCOSE SYS.....	43
EASY COMFORT PEN		SYRINGE.....	92	EASY-TOUCH BLOOD	
NEEDLES.....	107	EASY TOUCH LANCETS.....	86	GLUCOSE METER.....	43
EASY GLIDE INSULIN		EASY TOUCH LANCING		EDEX.....	56
SYRINGE.....	92	DEVICE.....	43	EDURANT.....	77
EASY GLUCO G2.....	35	EASY TOUCH LUER LOCK		EEMT.....	66
EASY MINI EJECT		INSULIN.....	92	EEMT HS.....	66
LANCING DEVICE.....	42			<i>efavirenz</i>	77

<i>efavirenz-lamivu-tenofov</i>	EMBRACE TALK BLOOD	ERGOMAR.....	113
<i>disop</i>	GLUCOSE SYS.....	<i>ergotamine-caffeine</i>	113
ELEMENT COMPACT	EMBRACE TALK	<i>erlotinib</i>	101
GLUCOSE METER.....	CONTROL-HIGH (L2).....	ERRIN.....	23
ELEMENT COMPACT HIGH	EMBRACE TALK	<i>ertapenem</i>	68
CONTROL.....	CONTROL-LOW (L1).....	ERY-TAB.....	70
ELEMENT COMPACT	EMBRACE TALK	ERYTHROCIN.....	70
NORMAL CONTROL.....	GLUCOSE MONITOR.....	<i>erythromycin</i>	59, 70
ELEMENT COMPACT TEST	EMBRACE TALK TEST	<i>erythromycin ethylsuccinate</i> ..	70
STRIPS.....	STRIPS.....	<i>erythromycin lactobionate</i>	70
ELEMENT COMPACT V	EMBRACE WAVE	<i>erythromycin with ethanol</i>	29
GLUCOSE MTR.....	GLUCOSE TEST STRP.....	<i>escitalopram oxalate</i>	8
ELEMENT HIGH CONTROL..	EMBRACE WAVE PLUS	ESTARYLLA.....	23
ELEMENT LOW CONTROL..	GLUCOSE MTR.....	ESTRACE.....	120
ELEMENT NORMAL	EMCYT.....	<i>estradiol</i>	66, 67, 120
CONTROL.....	EMOQUETTE.....	<i>estradiol valerate</i>	67
ELEMENT PLUS BLOOD	<i>emtricitabine</i>	ESTRATEST F.S.....	66
GLUCOSE KIT.....	<i>emtricitabine-tenofovir (tdf)</i>	<i>estrogens-</i>	
ELEMENT TEST STRIPS.....	<i>emtricitabine-tenofovir (tdf)</i>	<i>methyltestosterone</i>	66
<i>eletriptan</i>	EMZAHH.....	<i>ethacrynate sodium</i>	17
ELIGARD (4 MONTH).....	ENBREL.....	<i>ethambutol</i>	74
ELIGARD (6 MONTH).....	ENBREL SURECLICK.....	<i>ethosuximide</i>	116
ELIXOPHYLLIN.....	ENDOCET.....	<i>ethyl chloride</i>	32
ELLA.....	ENILLORING.....	<i>ethynodiol diac-eth estradiol</i> ..	23
ELURYNG.....	<i>enoxaparin</i>	<i>etodolac</i>	82
EMBRACE BLOOD	ENPRESSE.....	<i>etonogestrel-ethinyl estradiol</i> ..	21
GLUCOSE SYSTEM.....	ENSKYCE.....	<i>etoposide</i>	102
EMBRACE EVO BLOOD	<i>entacapone</i>	<i>etravirine</i>	77
GLUCOSE KIT.....	<i>entecavir</i>	EUTHYROX.....	58
EMBRACE EVO GLUCOSE	ENTYVIO PEN.....	EVENCARE.....	44
MONITOR.....	ENULOSE.....	EVENCARE G2.....	36, 44
EMBRACE EVO LEVEL 1.....	EPINEPHINE	EVENCARE G3 CONTROL..	44
EMBRACE EVO TEST	PROFESSIONAL EMS.....	EVENCARE G3 GLUCOSE	
STRIPS.....	<i>epinephrine</i>	METER.....	44
EMBRACE GLUCOSE	<i>epinephrine hcl</i>	EVENCARE G3 TEST.....	36
CONTROL HIGH.....	EPINEPHRINE	EVENCARE MINI	
EMBRACE GLUCOSE	PROFESSIONAL.....	GLUCOSE TEST STR.....	36
CONTROL LOW.....	EPINEPHRINESNAP.....	EVENCARE MINI	
EMBRACE LANCETS.....	EPINEPHRINESNAP-EMS...	MONITOR SYSTEM.....	44
EMBRACE LANCING	EPINEPHRINESNAP-V.....	EVENCARE PROVIEW	
DEVICE.....	EPITOL.....	TEST STRIP.....	36
EMBRACE PEN NEEDLE...	EPIVIR HBV.....	EVENCARE TEST.....	36
EMBRACE PRO.....	<i>eplerenone</i>	<i>everolimus (antineoplastic)</i> ..	101
EMBRACE PRO GLUCOSE	EPOGEN.....	EVOLUTION BLOOD	
METER.....	<i>epoprostenol</i>	GLUCOSE METER.....	44
EMBRACE PRO TEST	<i>epoprostenol (glycine)</i>	EVOLUTION NORMAL	
STRIPS.....	ERBITUX.....	CONTROL.....	44
EMBRACE SAFETY	<i>ergocalciferol (vitamin d2)</i> ...	EVOLUTION TEST STRIPS..	36
LANCET.....	<i>ergoloid</i>	EXEL INSULIN.....	93

<i>exemestane</i>	101	<i>fluorouracil</i>	32, 100	FORA TN'G ADV VOICE	
EYLEA.....	61	<i>fluoxetine</i>	8	KETO STRIP.....	105
E-Z JECT LANCETS.....	86	<i>fluphenazine decanoate</i>	11	FORA TN'G ADVAN PRO	
E-Z JECT THIN LANCETS....	86	<i>fluphenazine hcl</i>	11, 12	TEST STRIP.....	36
EZ SMART CONTROL.....	44	<i>flurazepam</i>	12	FORA TN'G VOICE METER..	45
EZ SMART LANCETS.....	86	<i>flurbiprofen sodium</i>	58	FORA TN'G VOICE TEST	
EZ SMART PLUS SYSTEM..	44	<i>flutamide</i>	100	STRIPS.....	36
EZ SMART PLUS TEST.....	36	<i>fluticasone furoate-vilanterol</i>	5	FORA V10.....	36, 45
EZ SMART SYSTEM.....	44	<i>fluticasone propionate</i>	6	FORA V10-V12-D10-D20	
EZ SMART TEST.....	36	<i>fluticasone propion-</i>		STRIPS.....	36
<i>ezetimibe</i>	20	<i>salmeterol</i>	5	FORA V12 BLOOD	
EZ-LETS.....	86	<i>fluvoxamine</i>	8	GLUCOSE SYSTEM.....	45
FALMINA (28).....	23	FML FORTE.....	58	FORA V12 GLUCOSE.....	36
<i>famciclovir</i>	76	<i>folic acid</i>	120	FORA V20.....	36, 45
<i>famotidine</i>	119	FORA 6 CONNECT		FORA V30A.....	36, 45
<i>famotidine (pf)</i>	118	GLUCOSE STRIP.....	36	FORACARE GD20.....	36
<i>famotidine (pf)-nacl (iso-os)</i>	119	FORA 6CONN-GTEL-TN'G		FORACARE GD20	
FASENRA PEN.....	6	ADV STRIP.....	36	GLUCOSE METER.....	45
<i>febuxostat</i>	62	FORA D10.....	44	FORACARE GD40 TEST	
FEIRZA.....	23	FORA D15 GLUCOSE-BP		STRIPS.....	37
<i>felbamate</i>	116	MONITOR.....	45	FORACARE GD40A	
<i>felodipine</i>	16	FORA D15G STRIPS.....	36	GLUCOSE METER.....	45
FEMYNOR.....	23	FORA D20.....	36, 45	FORACARE GD40B	
<i>fenofibrate</i>	20	FORA D40D GLUCOSE-BP		GLUCOSE METER.....	45
<i>fentanyl</i>	112	MONITOR.....	45	FORACARE GDH HIGH	
<i>fentanyl citrate (pf)</i>	112	FORA D40G GLUCOSE-BP		CONTROL.....	45
FIFTY50 SAFETY SEAL		MONITOR.....	45	FORACARE GDH LOW	
LANCETS.....	86	FORA D40-G31 TEST		CONTROL.....	45
FIFTY50 TEST STRIP.....	36	STRIPS.....	36	FORACARE GDH NORMAL	
<i>finasteride</i>	119	FORA G20.....	36, 45	CONTROL.....	45
FINE 30 UNIVERSAL		FORA G30A.....	45	FORACARE LANCETS.....	86
LANCETS.....	86	FORA G30-PREMIUM V10		FORTISCARE G1 TEST	
FINGERSTIX LANCETS.....	86	TEST STRP.....	36	STRIP.....	37
<i> fingolimod</i>	103	FORA GD50 BLOOD		FORTISCARE GLUCOSE	
FIRVANQ.....	74	GLUCOSE SYSTEM.....	45	TEST STRIPS.....	37
<i>flecainide</i>	13	FORA GD50 TEST STRIPS..	36	FORTISCARE HIGH.....	45
<i>fluconazole</i>	73	FORA GTEL GLUCOSE		FORTISCARE LOW.....	45
<i>fluconazole in nacl (iso-osm)</i> ..	73	TEST STRIP.....	36	FORTISCARE NORMAL.....	45
<i>flucytosine</i>	73	FORA GTEL KETONE		FORTISCARE T1 BLOOD	
<i>fludrocortisone</i>	82	TEST STRIP.....	105	GLUC SYS.....	45
FLUMADINE.....	76	FORA HIGH CONTROL.....	45	<i>fosamprenavir</i>	77
<i>fluocinolone</i>	31	FORA LANCING DEVICE....	45	<i>fosaprepitant</i>	3
<i>fluocinolone and shower cap</i> ..	31	FORA LOW CONTROL.....	45	<i>foscarnet</i>	76
<i>fluocinonide</i>	31	FORA NORMAL CONTROL..	45	FOSCAVIR.....	76
FLUOCINONIDE-E.....	31	FORA PREMIUM V10		<i>fosfomycin tromethamine</i>	69
<i>fluocinonide-emollient</i>	31	GLUCOSE METER.....	45	FREESTYLE CONTROL.....	45
<i>fluorescein</i>	61	FORA TEST N'GO VOICE		FREESTYLE FLASH	
<i>fluorescein-proparacaine</i>	59	METER.....	45	SYSTEM.....	45
<i>fluorometholone</i>	58	FORA TEST STRIP.....	36	FREESTYLE FREEDOM.....	45

FREESTYLE FREEDOM	GENGRAF	67	GLUCOCOM CONTROL
LITE	GENTAK	59	NORMAL
FREESTYLE INSULINX ..	<i>gentamicin</i>	29, 60, 74	GLUCOCOM GLUCOSE
FREESTYLE INSULINX	<i>gentamicin sulfate (ped) (pf)</i> ..	74	GLUCOCOM LANCETS
TEST STRIPS	GENVOYA	78	GLUCOSE CONTROL
FREESTYLE LANCETS	GIANVI (28)	23	GLUCOSE KETONE
FREESTYLE LITE METER ...	<i>glatiramer</i>	103	CONTROL SOLN
FREESTYLE LITE STRIPS ...	GLATOPA	103	<i>glyburide</i>
FREESTYLE PRECISION	GLEOSTINE	99	<i>glyburide-metformin</i>
FREESTYLE PRECISION	<i>glimepiride</i>	34	<i>glycopyrrolate</i>
NEO METER	<i>glipizide</i>	34	GM100
FREESTYLE PRECISION	GLOSTRIPS	61	GOJJI BLOOD GLUCOSE
NEO STRIPS	GLUCAGON EMERGENCY		TEST STRIP
FREESTYLE SIDEKICK II	KIT (HUMAN)	52	GOJJI BLOOD KETONE
FREESTYLE SYSTEM KIT ...	GLUCO NAVII GLUCOSE		TEST STRIP
FREESTYLE TEST	MONITOR	46	GOJJI GLUCOSE CNTRL
FREESTYLE UNISTIK 2	GLUCO NAVII TEST STRIP ..	37	SOL-NORMAL
<i>furosemide</i>	GLUCOCARD 01 HI-		GOJJI LANCETS
G TUSSIN AC	NORMAL CONTROL	46	GOJJI LANCING DEVICE
<i>gabapentin</i>	GLUCOCARD 01 METER	46	GONAL-F
<i>galantamine</i>	GLUCOCARD 01 NORMAL		GONAL-F RFF
GALLIFREY	CONTROL	46	GONAL-F RFF REDI-JECT ...
<i>gatifloxacin</i>	GLUCOCARD 01 SENSOR		<i>granisetron hcl</i>
GAVILYTE-C	PLUS	37	GRANIX
GAVILYTE-G	GLUCOCARD		<i>griseofulvin microsize</i>
GDRIVE	EXPRESSION	37, 46	<i>griseofulvin ultramicrosize</i>
GE100 BLOOD GLUCOSE	GLUCOCARD SHINE	46	GUAIFENESIN AC
SYSTEM	GLUCOCARD SHINE		<i>guanfacine</i>
GE100 BLOOD GLUCOSE	CONNEX METER	46	GUARDIAN REAL-TIME
TEST STRIP	GLUCOCARD SHINE		GLU MONITOR
GE100 CONTROL	EXPRESS METER	46	HAILEY
SOLUTION NORMAL	GLUCOCARD SHINE		HAILEY FE 1.5/30 (28)
GE333 BLOOD GLUCOSE	METER	46	HAILEY FE 1/20 (28)
SYSTEM	GLUCOCARD SHINE		<i>halobetasol propionate</i>
GE333 BLOOD GLUCOSE	METER KIT	46	HALOETTE
TEST STRIP	GLUCOCARD SHINE TEST		<i>haloperidol</i>
<i>gefitinib</i>	STRIPS	37	<i>haloperidol decanoate</i>
GELFILM	GLUCOCARD SHINE XL		<i>haloperidol lactate</i>
GELFOAM COMPRESSED	METER	46	HARMONY GLUCOSE
SIZE 100	GLUCOCARD VITAL	46	TEST STRIP
GELFOAM SPONGE SIZE	GLUCOCARD VITAL		HEALON PRO
100	SENSOR	37	HEALTHPRO GLUCOSE
GELFOAM SPONGE SIZE	GLUCOCARD VITAL TEST		MONITOR
12-7MM	STRIPS	37	HEALTHPRO HIGH-LOW
GELFOAM SPONGE SIZE	GLUCOCOM BLOOD		CONTROL
50	GLUCOSE	46	HEALTHPRO TEST STRIPS 37
<i>gemcitabine</i>	GLUCOCOM CONTROL		HEALTHWISE INSULIN
<i>gemfibrozil</i>	HIGH	46	SYRINGE
GENERLAC			

HEALTHWISE PEN NEEDLE.....	108	<i>hydrocortisone butyr- emollient</i>	31	INFINITY CONTROL SOLUTION NORM.....	47
HEALTHY ACCENTS AUTOLET.....	47	<i>hydrocortisone sod succinate</i>	80	INFINITY METER KIT.....	47
HEALTHY ACCENTS UNIFINE PENTIP.....	108	<i>hydrocortisone-acetic acid</i>	53	INFINITY STARTER KIT.....	47
HEALTHY ACCENTS UNILET LANCET.....	87	<i>hydrocortisone-iodoquinol</i>	29	INFINITY TEST STRIPS.....	37
HEATHER.....	23	HYDROMET.....	28	INFINITY VOICE CTRL SOLN-LVL 2.....	47
HEMABATE.....	27	<i>hydromorphone</i>	112	INFINITY VOICE GLUCOSE MONITOR.....	47
HEMOPIL M HIGH.....	62	<i>hydromorphone (pf)</i>	112	INFINITY VOICE TEST STRIP.....	37
HEP FLUSH-10 (PF).....	64	<i>hydroxychloroquine</i>	75	INFLECTRA.....	79
<i>heparin (porcine)</i>	64	<i>hydroxyurea</i>	99	INFUVITE ADULT.....	120
<i>heparin (porcine) in 5 % dex</i> ..	64	<i>hydroxyzine hcl</i>	3	INJECT EASE LANCETS.....	87
<i>heparin lock flush (porcine)</i> ..	64	HYPERTET (PF).....	67	<i>insulin degludec</i>	53
HEPARIN LOCKFLUSH(PORCINE)(PF).....	64	HYPOLANCE AST LANCING.....	47	<i>insulin glargine-yfgn</i>	53
<i>heparin, porcine (pf)</i>	64	IBRANCE.....	102	<i>insulin lispro</i>	53
<i>hetastarch 6 % in 0.9 % nacl</i> ..	65	IBU.....	82	INSULIN SYRINGE.....	93
HOMATROPAIRE.....	61	<i>ibuprofen</i>	82	INSULIN SYRINGE MICROFINE.....	93
HUMALOG JUNIOR KWIKPEN U-100.....	52	<i>icatibant</i>	80	<i>insulin syringe needleless</i>	93
HUMALOG U-100 INSULIN..	52	IFEX.....	99	<i>insulin syringe-needle u-100</i> ..	93
HUMATE-P.....	63	<i>ifosfamide</i>	99	INSUPEN PEN NEEDLE.....	108
HUMATIN.....	74	IGLUCOSE BLOOD GLUCOSE MONITOR.....	47	INTELENCE.....	77
HUMULIN 70/30 U-100 INSULIN.....	52	IGLUCOSE TEST STRIP.....	37	INTRON A.....	67
HUMULIN N NPH INSULIN KWIKPEN.....	52	IHEALTH CONTROL SOLN LEVEL 2.....	47	INVACARE LANCETS.....	87
HUMULIN N NPH U-100 INSULIN.....	52	IHEALTH GLUCO PLUS METER.....	47	<i>ipratropium bromide</i>	4, 104
HUMULIN R REGULAR U- 100 INSULN.....	52	IHEALTH GLUCOSE TEST STRIP.....	37	<i>ipratropium-albuterol</i>	5
HUMULIN R U-500 (CONC) INSULIN.....	53	<i>imatinib</i>	102	ISENTRESS.....	78
HUMULIN R U-500 (CONC) KWIKPEN.....	53	IMBRUVICA.....	102	ISIBLOOM.....	23
<i>hydralazine</i>	15	IMFINZI.....	103	<i>isoflurane</i>	105
<i>hydrochlorothiazide</i>	18	<i>imipenem-cilastatin</i>	68	<i>isoniazid</i>	74
<i>hydrocodone- acetaminophen</i>	114	<i>imipramine hcl</i>	9	ISOPTO ATROPINE.....	61
<i>hydrocodone- chlorpheniramine</i>	27	<i>imiquimod</i>	67	<i>isosorbide dinitrate</i>	20
<i>hydrocodone-homatropine</i>	28	INCASSIA.....	23	<i>isosorbide mononitrate</i>	21
<i>hydrocortisone</i>	31, 80, 84	INCONTROL LANCING DEVICE.....	47	<i>isosorbide-hydralazine</i>	18
<i>hydrocortisone acetate</i>	84	INCONTROL PEN NEEDLE	108	<i>isotretinoin</i>	28
<i>hydrocortisone butyrate</i>	31	INCONTROL SUPER THIN LANCETS.....	87	<i>ivermectin</i>	75
		INCONTROL ULTRA THIN LANCETS.....	87	JANTOVEN.....	62
		<i>indomethacin</i>	82	JARDIANCE.....	33
		INFINITY CONTROL SOLUTION HIGH.....	47	JASMIEL (28).....	23
		INFINITY CONTROL SOLUTION LOW.....	47	JENCYCLA.....	23
				JULEBER.....	23
				JULUCA.....	75
				JUNEL 1.5/30 (21).....	23
				JUNEL 1/20 (21).....	23
				JUNEL FE 1.5/30 (28).....	23
				JUNEL FE 1/20 (28).....	23
				KALLIGA.....	23

KANJINTI.....	101	<i>lapatinib</i>	102	<i>lithium carbonate</i>	10
KATERZIA.....	16	LARIN 1.5/30 (21).....	24	<i>lithium citrate</i>	10
KELNOR 1/35 (28).....	24	LARIN 1/20 (21).....	24	LOESTRIN 1/20 (21).....	24
KELNOR 1/50 (28).....	24	LARIN FE 1.5/30 (28).....	24	LOKELMA.....	54
KENALOG.....	80	LARIN FE 1/20 (28).....	24	<i>lopinavir-ritonavir</i>	77
<i>ketamine</i>	105	LARISSIA.....	24	<i>lorazepam</i>	10
<i>ketoconazole</i>	29, 73	<i>latanoprost</i>	60	LORAZEPAM INTENSOL.....	10
KETO-DIASTIX.....	53	<i>ledipasvir-sofosbuvir</i>	78	LORYNA (28).....	24
KETONE CARE.....	111	LEENA 28.....	24	<i>losartan</i>	15
KETONE URINE TEST.....	111	<i>leflunomide</i>	79	<i>losartan-hydrochlorothiazide</i>	15
<i>ketoprofen</i>	82	<i>lenalidomide</i>	101	<i>lovastatin</i>	19
<i>ketorolac</i>	58, 82	LESSINA.....	24	LOVENOX.....	64
KETOSTIX.....	111	<i>letrozole</i>	101	<i>loxapine succinate</i>	10
KEYTRUDA.....	102	<i>leucovorin calcium</i>	103	LO-ZUMANDIMINE (28).....	24
KINERET.....	79	LEUKERAN.....	99	<i>lubiprostone</i>	85
KIONEX (WITH SORBITOL).....	54	<i>levabuterol hcl</i>	4	LUIZZA.....	24
KIRSTY.....	53	<i>levabuterol tartrate</i>	4	<i>lurasidone</i>	11
KIRSTY PEN.....	53	<i>levetiracetam</i>	116	LUTERA (28).....	24
KISQALI.....	102	<i>levobunolol</i>	61	LYLEQ.....	24
KLAYESTA.....	29	<i>levocarnitine</i>	105	LYLLANA.....	67
KLOR-CON 10.....	54	<i>levocarnitine (with sugar)</i>	105	LYNPARZA.....	102
KLOR-CON 8.....	54	<i>levofloxacin</i>	72	LYSODREN.....	102
KLOR-CON M10.....	54	<i>levofloxacin in d5w</i>	72	LYVISPAH.....	117
KLOR-CON M20.....	54	LEVONEST (28).....	24	LYZA.....	24
KOATE.....	63	<i>levonorgestrel-ethinyl estrad</i>	24	<i>magnesium sulfate</i>	120
KOGENATE FS.....	63	<i>levonorg-eth estrad triphasic</i>	24	<i>maraviroc</i>	76
KOVALTRY.....	63	LEVORA-28.....	24	MARCAINE-EPINEPHRINE.....	83
K-PHOS ORIGINAL.....	119	<i>levothyroxine</i>	58	MARLISSA (28).....	24
K-TAB.....	55	<i>lidocaine</i>	32	MARPLAN.....	8
KURVELO (28).....	24	<i>lidocaine (pf)</i>	13, 83	MATULANE.....	102
<i>labetalol</i>	14	<i>lidocaine hcl</i>	83	MAXICOMFORT II PEN	
<i>lacosamide</i>	116	LIDOCAINE VISCOUS.....	83	NEEDLE.....	108
LACRISERT.....	61	<i>lidocaine-epinephrine</i>	83	MAXICOMFORT INSULIN	
<i>lactated ringers</i>	32, 54	<i>lidocaine-prilocaine</i>	32	SYRINGE.....	94
<i>lactulose</i>	84	LIKMEZ.....	75	MAXI-COMFORT INSULIN	
<i>lamivudine</i>	77, 79	LILLOW (28).....	24	SYRINGE.....	94
<i>lamivudine-zidovudine</i>	76	<i>linezolid</i>	70	MAXICOMFORT SAFETY	
<i>lamotrigine</i>	116	LIOMNY.....	58	PEN NEEDLE.....	108
<i>lancets</i>	87	<i>liothyronine</i>	58	MAXI-TUSS AC.....	28
LANCETS, SUPER THIN.....	87	<i>liraglutide</i>	33	MEDISENSE.....	47
LANCETS, THIN.....	87	<i>lisinopril</i>	15	MEDISENSE CONTROLS	
LANCETS, ULTRA THIN.....	87	<i>lisinopril-hydrochlorothiazide</i>	14	1-HI 1-LO.....	47
<i>lancing device</i>	47	LITE TOUCH INSULIN PEN		MEDISENSE GLUCOSE	
LANCING DEVICE WITH		NEEDLES.....	108	KETONE.....	47
LANCETS.....	47	LITE TOUCH INSULIN		MEDISENSE MID	
<i>lancing device with lancets</i>	47	SYRINGE.....	94	CONTROL.....	47
LANCING SYSTEM.....	47	LITE TOUCH LANCETS.....	87	MEDISENSE THIN	
<i>lansoprazole</i>	119	LITE TOUCH LANCING		LANCETS.....	87
LANZO LANCING DEVICE.....	47	DEVICE.....	47		

MEDLANCE PLUS		MONOJECT SYRINGE.....	94
LANCETS.....	87	MONOJECT ULTRA	
MEDPOINT NORMAL		COMFORT INSULIN.....	94
CONTROL.....	47	MONOLET LANCETS.....	87
MEDROL.....	80	MONOLET THIN LANCETS..	87
<i>medroxyprogesterone</i>	67	MONO-LINYAH.....	25
<i>mefloquine</i>	75	<i>montelukast</i>	7
<i>megestrol</i>	103, 105	<i>morphine</i>	113
MELEYA.....	24	<i>morphine concentrate</i>	113
<i>meloxicam</i>	82	<i>moxifloxacin</i>	60, 72
<i>melphalan</i>	99	<i>moxifloxacin-</i>	
<i>memantine</i>	7	<i>sod.chloride(iso)</i>	72
MENOPUR.....	56	MULTI-LANCET DEVICE 2...	48
<i>mercaptopurine</i>	100	<i>mupirocin</i>	29
<i>mesalamine</i>	83, 84	<i>mupirocin calcium</i>	29
<i>mesna</i>	103	MUSE.....	56
MESNEX.....	103	MUTAMYCIN.....	100
MESTINON.....	7	MVASI.....	101
METADATE ER.....	13	<i>mycophenolate mofetil</i>	68
METER-CHECK.....	47	MYGLUCOHEALTH.....	37, 48
<i>metformin</i>	34	MYGLUCOHEALTH	
<i>methadone</i>	113	CONTROL SOLUTION.....	48
METHADONE INTENSOL...	112	MYGLUCOHEALTH	
METHADOSE.....	113	LANCETS.....	87
<i>methazolamide</i>	60	MYLERAN.....	99
<i>methenamine hippurate</i>	69	MYORISAN.....	28
<i>methimazole</i>	57	<i>nabumetone</i>	82
METHITEST.....	66	<i>nadolol</i>	15
<i>methocarbamol</i>	117	<i>naloxone</i>	12
<i>methohexital</i>	105	<i>naltrexone</i>	12
<i>methotrexate sodium</i> ...	100, 101	NANO 2ND GEN PEN	
<i>methotrexate sodium (pf)</i>	100	NEEDLE.....	108
<i>methoxsalen</i>	33	NANO PEN NEEDLE.....	108
<i>methsuximide</i>	116	<i>naproxen</i>	82
<i>methyl dopa</i>	15	<i>naratriptan</i>	113
<i>methylergonovine</i>	27	NAYZILAM.....	115
<i>methylphenidate hcl</i>	13	NEBUPENT.....	75
<i>methylprednisolone</i>	80, 81	NEBUSAL.....	105
<i>methylprednisolone acetate</i> ..	80	NECON 0.5/35 (28).....	25
<i>methylprednisolone sodium</i>		<i>nefazodone</i>	8
<i>succ</i>	81	<i>neomycin</i>	74
<i>methyltestosterone</i>	66	<i>neomycin-polymyxin b-</i>	
<i>metoclopramide hcl</i>	119	<i>dexameth</i>	58
<i>metolazone</i>	18	<i>neomycin-polymyxin-hc</i> ...	53, 58
METOPIRONE.....	105	NESACAINE.....	83
<i>metoprolol succinate</i>	15	NEUTEK 2TEK TEST	
<i>metoprolol tartrate</i>	15	STRIPS.....	37
<i>metronidazole</i>	28, 75, 120	<i>nevirapine</i>	77
<i>mexiletine</i>	13	<i>nifedipine</i>	16
MICRO BLOOD GLUCOSE..	37		
MICRO THIN LANCETS.....	87		
MICRODOT BLOOD			
GLUCOSE SYSTEM.....	37, 47		
MICRODOT HIGH-LOW			
CONTROL.....	47		
MICRODOT INSULIN PEN			
NEEDLE.....	108		
MICRODOT NORMAL			
CONTROL.....	47		
MICRODOT XTRA BLOOD			
GLUCOSE.....	37		
MICROGESTIN 1.5/30 (21)...	24		
MICROGESTIN 1/20 (21).....	25		
MICROGESTIN FE 1.5/30			
(28).....	25		
MICROGESTIN FE 1/20			
(28).....	25		
MICROLET 2 LANCING			
DEVICE.....	47		
MICROLET LANCET.....	87		
MICROLET NEXT LANCING			
DEVICE.....	47		
<i>midazolam</i>	105		
<i>midazolam (pf)</i>	105		
<i>midodrine</i>	20		
MIFEPREX.....	104		
<i>mifepristone</i>	104		
MIGERGOT.....	113		
MILI.....	25		
MILOPHENE.....	56		
MINI LANCING DEVICE.....	47		
MINI ULTRA-THIN II.....	108		
MINIMED SYRINGE			
RESERVOIR.....	94		
MINITRAN.....	21		
<i>minocycline</i>	72, 73		
<i>minoxidil</i>	15		
<i>mirtazapine</i>	8		
<i>misoprostol</i>	118		
<i>mitomycin</i>	100		
MOBILE LANCETS.....	87		
<i>modafinil</i>	12		
<i>mometasone</i>	31		
MONDOXYNE NL.....	73		
MONOJECT INSULIN			
SAFETY SYRING.....	94		
MONOJECT INSULIN			
SYRINGE.....	94		

NIKKI (28).....	25	<i>omeprazole</i>	119	ONETOUCH ULTRASOFT	
<i>nimodipine</i>	16	OMNITROPE.....	57	LANCETS.....	87
NITRO-BID.....	21	ON CALL EXPRESS		ONETOUCH VERIO FLEX	
NITRO-DUR.....	21	CONTROL.....	48	METER.....	48
<i>nitrofurantoin</i>	70	ON CALL EXPRESS		ONETOUCH VERIO HIGH	
<i>nitrofurantoin macrocrystal</i>	70	METER.....	48	CONTROL.....	48
<i>nitrofurantoin monohydr/m-</i>		ON CALL EXPRESS TEST		ONETOUCH VERIO MID	
<i>cryst</i>	70	STRIP.....	37	CONTROL.....	48
<i>nitroglycerin</i>	21	ON CALL LANCET.....	87	ONETOUCH VERIO	
NORA-BE.....	25	ON CALL LANCING		REFLECT METER.....	48
<i>norethindrone</i>		DEVICE.....	48	ONETOUCH VERIO TEST	
(<i>contraceptive</i>).....	25	ON CALL PLUS CONTROL..	48	STRIPS.....	38
<i>norethindrone acetate</i>	67	ON CALL PLUS LANCET.....	87	ON-THE-GO LANCETS.....	88
<i>norethindrone ac-eth</i>		ON CALL PLUS LANCING		OPSUMIT.....	18
<i>estradiol</i>	25	DEVICE.....	48	OPTIMAL D3.....	121
<i>norethindrone-e.estradiol-</i>		ON CALL PLUS METER.....	48	OPTIUM EZ.....	38
<i>iron</i>	25	ON CALL PLUS TEST		OPTIUM TEST.....	38
<i>norgestimate-ethinyl</i>		STRIP.....	37	OPTUMRX.....	38, 48
<i>estradiol</i>	25	ON CALL VIVID CONTROL..	48	ORALONE.....	104
NORLYDA.....	25	ON CALL VIVID METER.....	48	ORENCIA.....	80
NORMAL SALINE FLUSH.....	55	ON CALL VIVID PAL		ORENCIA (WITH	
NORPACE CR.....	13	METER.....	48	MALTOSE).....	80
NORTREL 0.5/35 (28).....	25	ON CALL VIVID TEST		ORENCIA CLICKJECT.....	80
NORTREL 1/35 (21).....	25	STRIP.....	38	ORILISSA.....	57
NORTREL 1/35 (28).....	25	<i>ondansetron</i>	3	<i>orphenadrine citrate</i>	117
NORTREL 7/7/7 (28).....	25	<i>ondansetron hcl</i>	3	ORQUIDEA.....	25
<i>nortriptyline</i>	9	<i>ondansetron hcl (pf)</i>	3	ORSYTHIA.....	25
NOVA MAX GLUCOSE		ONETOUCH DELICA PLUS		<i>oseltamivir</i>	76
TEST.....	37	LANC DEV.....	48	OSPHENA.....	57
NOVA SAFETY LANCETS....	87	ONETOUCH DELICA PLUS		OTEZLA.....	79
NOVA SUREFLEX		LANCET.....	87	OTEZLA STARTER.....	79
LANCETS.....	87	ONETOUCH DELICA		<i>oxacillin in dextrose(iso-</i>	
NOVAMAX PLUS GLU-KET..	48	SAFETY LANCET.....	87	<i>osm)</i>	71
NOVAMAX PLUS KETONE	105	ONETOUCH SOLUTIONS		<i>oxandrolone</i>	66
NOVOFINE AUTOCOVER..	108	COMPLETE.....	48	<i>oxazepam</i>	10
NOVOLIN N FLEXPEN.....	53	ONETOUCH SOLUTIONS		<i>oxcarbazepine</i>	116
NULOJIX.....	68	FIT.....	48	<i>oxybutynin chloride</i>	120
NYAMYC.....	29	ONETOUCH SOLUTIONS		<i>oxycodone</i>	113
NYLIA 1/35 (28).....	25	STARTER.....	48	<i>oxycodone-acetaminophen</i> ..	114
NYLIA 7/7/7 (28).....	25	ONETOUCH SURESOFT		<i>oxytocin</i>	27
NYMYO.....	25	LANCING DEV.....	85, 87	OZEMPIC.....	33
<i>nystatin</i>	29, 73	ONETOUCH ULTRA		PACERONE.....	13
<i>nystatin-triamcinolone</i>	30	CONTROL.....	48	<i>paliperidone</i>	11
NYSTOP.....	30	ONETOUCH ULTRA TEST...	38	<i>pamidronate</i>	57
OCELLA.....	25	ONETOUCH ULTRA2		<i>pantoprazole</i>	119
<i>octreotide acetate</i>	111	METER.....	48	PARADIGM RESERVOIR....	94
ODEFSEY.....	78	ONETOUCH ULTRASOFT 2		<i>paroxetine hcl</i>	8
<i>ofloxacin</i>	53, 60	LANCET.....	87	PAXLOVID.....	75
<i>olanzapine</i>	11			<i>pazopanib</i>	102

<i>peg 3350-electrolytes</i>	85	PIP PEN NEEDLE.....	109	<i>pregabalin</i>	116
PEGASYS.....	79	<i>piperacillin-tazobactam</i>	72	PREGNYL.....	56
<i>pemetrexed disodium</i>	101	<i>pirfenidone</i>	111	PREMARIN.....	67
PEN NEEDLE.....	108	PIRMELLA.....	26	PREMIER BLU GLUCOSE	
<i>pen needle, diabetic</i>	108	PITOCIN.....	27	METER.....	49
<i>penicillamine</i>	79	PLATINUM TEST STRIP.....	38	PREMIER CLASSIC	
<i>penicillin g potassium</i>	71	<i>podofilox</i>	32	GLUCOSE METER.....	49
<i>penicillin g procaine</i>	71	POGO AUTOMATIC		PREMIER COMPACT	
<i>penicillin g sodium</i>	71	BLOOD GLUC SYS.....	49	GLUCOSE METER.....	49
<i>penicillin v potassium</i>	71	POLYCIN.....	60	PREMIER TEST STRIP.....	38
<i>pentamidine</i>	75	<i>polymyxin b sulf-</i>		PREMIER VOICE	
PENTASA.....	84	<i>trimethoprim</i>	60	GLUCOSE METER.....	49
PENTIPS PEN NEEDLE....	109	PORTIA 28.....	26	PREMIUM BLOOD	
<i>pentoxifylline</i>	63	<i>posaconazole</i>	73	GLUCOSE MONITOR.....	49
PERCOCET.....	114	<i>potassium chlorid-d5-</i>		PREMIUM V10.....	38, 49
PERFECT POINT SAFETY		<i>0.45%nacl</i>	55	PRESSURE ACTIVATED	
LANCETS.....	88	<i>potassium chloride</i>	55	LANCETS.....	88
PERIOGARD.....	104	<i>potassium citrate</i>	119	PRESTO PRO BLOOD	
<i>permethrin</i>	30	<i>potassium iodide</i>	57	GLUCOSE METER.....	49
<i>perphenazine</i>	12	<i>pramipexole</i>	115	PREVALITE.....	20
PFIZERPEN-G.....	71	<i>prasugrel hcl</i>	65	PREVIFEM.....	26
PHARMACIST CHOICE.....	38	<i>pravastatin</i>	19	PREZISTA.....	76
PHARMACIST CHOICE		<i>praziquantel</i>	75	<i>primidone</i>	116
GLUCOSE SYS.....	48	<i>prazosin</i>	14	PRIMSOL.....	69
<i>phenelzine</i>	8	PRECISION.....	49	PRO COMFORT INSULIN	
<i>phenobarbital</i>	12	PRECISION GLUCOSE		SYRINGE.....	95
<i>phenoxybenzamine</i>	14	CONTROL SOLN.....	49	PRO COMFORT LANCET....	88
<i>phentermine</i>	121	PRECISION		PRO COMFORT PEN	
<i>phentermine-topiramate</i>	121	GLUCOSE/KETONE		NEEDLE.....	109
<i>phentolamine</i>	14	CONTR.....	49	PRO COMFORT SAFETY	
<i>phenylephrine hcl</i>	59	PRECISION PCX PLUS		LANCET.....	88
<i>phenytoin</i>	116	TEST.....	38	PRO VOICE V8 GLUCOSE	
<i>phenytoin sodium</i>	116	PRECISION PCX TEST.....	38	MONITOR.....	49
<i>phenytoin sodium extended</i>	116	PRECISION POINT OF		PRO VOICE V8-V9 TEST	
PHILITH.....	26	CARE TEST.....	38	STRIP.....	38
PHOSPHOLINE IODIDE.....	61	PRECISION Q-I-D TEST.....	38	PRO VOICE V9 GLUCOSE	
<i>physostigmine salicylate</i>	7	PRECISION XTRA B-		MONITOR.....	49
<i>phytonadione (vitamin k1)</i>	65, 66	KETONE.....	105	<i>probenecid</i>	62
PIFELTRO.....	77	PRECISION XTRA		<i>procainamide</i>	13
<i>pilocarpine hcl</i>	61, 99	MONITOR.....	49	<i>prochlorperazine</i>	3
<i>pimozide</i>	10	PRECISION XTRA TEST.....	38	<i>prochlorperazine edisylate</i>	3
<i>pioglitazone</i>	34	PRED FORTE.....	58	<i>prochlorperazine maleate</i>	3
PIP BLOOD GLUCOSE		PRED MILD.....	58	PROCRIT.....	63
MONITOR.....	48	PRED-G.....	58	PROCTO-MED HC.....	31
PIP BLOOD GLUCOSE		<i>prednisolone</i>	81	PROCTOSOL HC.....	32
TEST STRIP.....	38	<i>prednisolone acetate</i>	59	PROCTOZONE-HC.....	32
PIP GLUCOSE CONTROL		<i>prednisolone sodium</i>		PRODIGY AUTOCODE	
SOLN L1-L2.....	49	<i>phosphate</i>	59, 81	METER.....	49
PIP LANCET.....	88	<i>prednisone</i>	81		

PRODIGY AUTOCODE	QUINTET BLOOD	RIGHTEST GD500
MONITOR SYST..... 49	GLUCOSE METER..... 49	LANCING DEVICE..... 50
PRODIGY CONTROL	QUINTET GLUCOSE TEST	RIGHTEST GL300
SOLUTION, LOW..... 49	STRIPS.....38	LANCETS.....88
PRODIGY CONTROL	<i>raloxifene</i> 57	RIGHTEST GM550
SOLUTION,HIGH..... 49	READYLANCE SAFETY	SYSTEM.....50
PRODIGY INSULIN	LANCETS.....88	RIGHTEST GS550 TEST
SYRINGE..... 95	RECLIPSEN (28).....26	STRIPS.....38
PRODIGY LANCETS..... 88	RECOMBINATE..... 63	RIGHTEST GT333
PRODIGY LANCING	REFUAH PLUS..... 38	GLUCOSE METER..... 50
DEVICE..... 49	REFUAH PLUS GLUCOSE	RIGHTEST GT333 TEST
PRODIGY NO CODING..... 38	CONTROL..... 49	STRIP..... 38
PRODIGY POCKET METER.49	REFUAH PLUS GLUCOSE	<i>riluzole</i> 104
PRODIGY TWIST TOP	MONITOR.....49	<i>rimantadine</i>76
LANCET..... 88	RELIAMED LANCET..... 88	RIMSO-50.....120
PRODIGY VOICE	RELIAMED MINI LANCING	<i>ringer's</i>32, 54
GLUCOSE METER..... 49	DEVICE..... 49	<i>risperidone</i> 11
PROFILNINE.....63	RELIAMED SAFETY SEAL	<i>ritonavir</i>78
<i>progesterone</i> 67	LANCETS.....88	<i>rivaroxaban</i>63
<i>progesterone micronized</i>67	RELION ALL-IN-ONE	<i>rizatriptan</i> 113
<i>promethazine</i>3	METER..... 49	<i>ropinirole</i> 115
PROMETHEGAN..... 3	RELION CONFIRM..... 49	ROSDAN.....28
<i>propafenone</i> 13	RELION CONFIRM-MICRO.. 38	<i>rosuvastatin</i> 19
<i>proparacaine</i>59	RELION MICRO GLUCOSE	<i>sacubitril-valsartan</i>20
<i>propranolol</i>15, 16	MONITOR.....49	SAFE-CLIP BY MAIL.....50
<i>propylthiouracil</i> 57	RELION NEEDLES..... 109	SAFE-CLIP NEEDLE
PROVISC..... 60	RELION PEN NEEDLES..... 109	STORAGE DEV.....50
<i>prucalopride</i> 119	RELION PRIME METER..... 49	SAFESNAP INSULIN
PULMOZYME..... 112	RELION PRIME TEST	SYRINGE..... 95
PURE COMFORT	STRIPS.....38	SAFETY LANCETS..... 88
LANCETS..... 88	RELION THIN LANCETS..... 88	SAFETY SEAL LANCETS.....88
PURE COMFORT PEN	RELION ULTIMA..... 38	SAFETY-LET LANCETS..... 88
NEEDLE..... 109	RELION ULTRA THIN PLUS	SAJAZIR.....80
PURE COMFORT SAFETY	LANCETS.....88	<i>salsalate</i> 112
LANCETS.....88	REMODULIN..... 18	SANTYL.....33
PUSH BUTTON SAFETY	<i>repaglinide</i>34	<i>sapropterin</i>99
LANCETS..... 88	RETIN-A..... 29	SAVELLA.....104
<i>pyrazinamide</i> 74	REVEAL BLOOD	<i>scopolamine base</i>3
<i>pyridostigmine bromide</i> 7	GLUCOSE METER..... 50	<i>selegiline hcl</i> 115
<i>pyridoxine (vitamin b6)</i> 121	REVEAL TEST STRIP.....38	<i>selenium sulfide</i>32
<i>pyrimethamine</i> 75	REXULTI..... 10	SELZENTRY..... 77
QBRELIS..... 15	RIABNI.....100	SENSORCAINE-
QSYMIA.....121	<i>ribavirin</i> 79	EPINEPHRINE..... 83
QUESTRAN.....20	RIDAURA..... 81	SENSORCAINE-MPF.....83
<i>quetiapine</i> 11	<i>rifampin</i>74	SENSORCAINE-
<i>quinidine gluconate</i>13	RIGHTEST CONTROL	MPF/EPINEPHRINE.....83
<i>quinidine sulfate</i>13	SOLUTION HIGH..... 50	<i>sertraline</i>8
QUINTET AC.....38, 49	RIGHTEST CONTROL	<i>sevelamer carbonate</i> 54
	SOLUTION NORM..... 50	<i>sevoflurane</i> 105

SHAROBEL.....	26	SOLU-CORTEF.....	81	<i>sunitinib malate</i>	102
<i>sildenafil</i>		SOLU-CORTEF ACT-O-		SUPER THIN LANCETS.....	88
(<i>pulm.hypertension</i>).....	17	VIAL (PF).....	81	SURE COMFORT INS.	
<i>silver sulfadiazine</i>	30	SOLU-MEDROL.....	81	SYR. U-100.....	95
SIMPLI PEN NEEDLE.....	109	SOLU-MEDROL (PF).....	81	SURE COMFORT INSULIN	
SIMULECT.....	67	SOLUS V2 AUDIBLE		SYRINGE.....	95
<i>simvastatin</i>	19, 20	METER.....	50	SURE COMFORT	
SINGLE-LET.....	88	SOLUS V2 CONTROL		LANCETS.....	88
<i>sirolimus</i>	68	SOLUTION, LOW.....	50	SURE COMFORT LANCING	
<i>sitagliptin</i>	34	SOLUS V2 CONTROL		PEN.....	50
SMART CARESENS N.....	50	SOLUTION,HIGH.....	50	SURE COMFORT PEN	
SMART SENSE LANCETS...	88	SOLUS V2 LANCETS.....	88	NEEDLE.....	109
SMART SENSE		SOLUS V2 LANCING		SURE-FINE PEN NEEDLES	
MONITORING SYSTEM.....	50	DEVICE.....	50	109
SMART SENSE TEST		SOLUS V2 TEST STRIPS.....	38	SUREFLEX DEVICE WITH	
STRIPS.....	38	SORINE.....	16	LANCETS.....	50
SMARTDIABETES		<i>sotalol</i>	16	SUREFLEX LANCING	
VANTAGE.....	50	SOTALOL AF.....	16	DEVICE.....	50
SMARTTEST CONTROL.....	50	SOVALDI.....	78	SURE-JECT INSULIN	
SMARTTEST EJECT.....	50	SPIRIVA RESPIMAT.....	4	SYRINGE.....	95
SMARTTEST LANCET.....	88	<i>spironolactone</i>	17	SURE-LANCE.....	89
SMARTTEST PERSONA		<i>spironolacton-</i>		SURE-LANCE ULTRA THIN.	89
GLUCOSE METER.....	50	<i>hydrochlorothiaz</i>	17	SURE-PEN LANCING	
SMARTTEST PERSONA		SPRINTEC (28).....	26	DEVICE.....	50
STARTER.....	50	SPS (WITH SORBITOL).....	54	SURE-TEST EASYPLUS	
SMARTTEST PRONTO		SRONYX.....	26	MINI.....	38, 51
GLUCOSE METER.....	50	SSD.....	30	SURE-TEST EASYPLUS	
SMARTTEST PRONTO		SSKI.....	57	MINI METER.....	51
STARTER.....	50	<i>stavudine</i>	77	SURE-TOUCH LANCET.....	89
SMARTTEST PROTEGE.....	50	STEGLUJAN.....	34	SURGIFOAM.....	65
SMARTTEST SMART CODE		STERILANCE TL.....	88	SYEDA.....	26
METER.....	50	STERILE WATER FOR		SYMFI.....	78
SMARTTEST TALKING		INJECTION.....	111	SYMFI LO.....	78
METER.....	50	STIOLTO RESPIMAT.....	5	SYNAREL.....	57
SMARTTEST TEST.....	38	<i>streptomycin</i>	74	TABLOID.....	101
<i>sodium bicarbonate</i>	54	STRIVERDI RESPIMAT.....	5	<i>tacrolimus</i>	33, 68
<i>sodium chlor 0.9%</i>		SUBVENITE.....	117	<i>tadalafil</i>	56
<i>bacteriostat</i>	55	<i>succinylcholine chloride</i>	111	<i>tadalafil (pulm. hypertension)</i>	17
<i>sodium chloride</i>	32, 55, 105	<i>sucralfate</i>	118	TADLIQ.....	17
<i>sodium chloride 0.45 %</i>	55	<i>sulfacetamide sodium</i>	59	TAGRISSO.....	102
<i>sodium chloride 0.9 %</i>	55	<i>sulfacetamide sodium (acne)</i> .28		<i>tamoxifen</i>	103
<i>sodium chloride 0.9 %</i>		<i>sulfacetamide-prednisolone</i> ...59		<i>tamsulosin</i>	119
(<i>flush</i>).....	55	<i>sulfamethoxazole-</i>		TARINA FE 1/20 (28).....	26
<i>sodium nitroprusside</i>	15	<i>trimethoprim</i>	68	TARINA FE 1-20 EQ (28).....	26
<i>sodium polystyrene</i>		<i>sulfasalazine</i>	84	<i>tazarotene</i>	33
<i>sulfonate</i>	54	SULFATRIM.....	68	TAZICEF.....	69
<i>sodium thiosulfate</i>	106	<i>sulindac</i>	82	TAZORAC.....	33
<i>sofosbuvir-velpatasvir</i>	78	<i>sumatriptan</i>	113	TD GOLD LEVEL 1	
<i>solifenacin</i>	120	<i>sumatriptan succinate</i>	114	CONTROL.....	51

TD GOLD LEVEL 2	TIVICAY	78	TRIVORA (28).....	27
CONTROL.....	TIVICAY PD.....	78	TRI-VYLIBRA.....	27
TECHLITE INSULIN	<i>tizanidine</i>	117	TRI-VYLIBRA LO.....	27
SYRINGE.....	<i>tobramycin</i>	60	<i>tropicamide</i>	61
TECHLITE INSULN	<i>tobramycin in 0.225 % nacl</i> ...	74	<i>tropium</i>	120
SYR(HALF UNIT).....	<i>tobramycin sulfate</i>	74	TRUE COMFORT INSULIN	
TECHLITE LANCETS.....	TOBREX.....	60	SYRINGE.....	96
TECHLITE PEN NEEDLE... 109	TOPCARE CLICKFINE.....	109	TRUE COMFORT LANCET..	89
TECHLITE PLUS PEN	TOPCARE ULTRA		TRUE COMFORT PEN	
NEEDLE.....	COMFORT.....	96	NEEDLE.....	109
TELCARE BGM.....	TOPCARE UNIVERSAL1		TRUE COMFORT PRO INS	
TELCARE BLOOD	LANCET.....	89	SYRINGE.....	96
GLUCOSE KIT.....	<i>topiramate</i>	117	TRUE METRIX AIR	
TELCARE CONTROL.....	<i>toremifene</i>	103	GLUCOSE METER.....	51
TELCARE LANCETS.....	TORPENZ.....	101	TRUE METRIX GLUCOSE	
TELCARE TEST STRIPS.....	<i>torseamide</i>	17	METER.....	51
<i>temazepam</i>	<i>tramadol</i>	113	TRUE METRIX GLUCOSE	
TEMIXYS.....	<i>tranexamic acid</i>	62	TEST STRIP.....	38
<i>temozolomide</i>	TRANSDERM-SCOP.....	4	TRUE METRIX GO	
<i>tenofovir disoproxil fumarate</i> ..	<i>tranylcypromine</i>	8	GLUCOSE METER.....	51
<i>terazosin</i>	TRAVASOL 10 %.....	111	TRUE METRIX LEVEL 1.....	51
<i>terbinafine hcl</i>	<i>trazodone</i>	8	TRUE METRIX LEVEL 2.....	51
<i>terbutaline</i>	TRELEGY ELLIPTA.....	6	TRUE METRIX LEVEL 3.....	51
<i>teriflunomide</i>	<i>treprostinil sodium</i>	18	TRUE2GO BLOOD	
TERRELL.....	<i>tretinoin</i>	29	GLUCOSE SYSTEM.....	51
TERUMO INSULIN	<i>tretinoin (antineoplastic)</i>	102	TRUECONTROL LEVEL 0... 51	
SYRINGE.....	TRI FEMYNOR.....	26	TRUECONTROL LEVEL 1... 51	
TEST N'GO BLOOD	<i>triamcinolone acetanide</i>		TRUEDRAW LANCING	
GLUCOSE SYSTEM.....	32, 81, 104	DEVICE.....	51
TEST N'GO TEST.....	<i>triamterene</i>	17	TRUEPLUS INSULIN.....	97
<i>testosterone</i>	<i>triamterene-</i>		TRUEPLUS KETONE.....	111
<i>testosterone cypionate</i>	<i>hydrochlorothiazid</i>	17	TRUEPLUS LANCETS.....	89
<i>tetrabenazine</i>	<i>triazolam</i>	12	TRUEPLUS PEN NEEDLE..	109
<i>tetracaine hcl</i>	TRIDERM.....	32	TRUERESULT BLOOD	
<i>tetracycline</i>	TRI-ESTARYLLA.....	26	GLUCOSE SYSTM.....	51
THALOMID.....	<i>trifluoperazine</i>	12	TRUETEST TEST STRIPS... 38	
THEO-24.....	<i>trifluridine</i>	59	TRUETRACK BLOOD	
<i>theophylline</i>	<i>trihexyphenidyl</i>	114	GLUCOSE SYSTEM.....	51
<i>thiamine hcl (vitamin b1)</i>	TRIKAFTA.....	112	TRUETRACK SMART	
THIN LANCETS.....	TRI-LINYAH.....	26	SYSTEM.....	51
THINPRO INSULIN	TRI-LO-ESTARYLLA.....	26	TRUETRACK TEST.....	38
SYRINGE.....	TRI-LO-MARZIA.....	26	TRULANCE.....	84
<i>thioridazine</i>	TRI-LO-MILI.....	26	TUKYSA.....	102
<i>thiotepa</i>	TRI-LO-SPRINTEC.....	26	TULANA.....	27
<i>thiothixene</i>	<i>trimethoprim</i>	69	TWIST LANCETS.....	89
THROMBIN-JMI.....	TRI-MILI.....	26	TYENNE.....	81
<i>ticagrelor</i>	TRI-NYMYO.....	26	TYENNE AUTOINJECTOR... 81	
<i>timolol maleate</i>	TRI-PREVIFEM (28).....	26	TYSABRI.....	104
<i>tiopronin</i>	TRI-SPRINTEC (28).....	26	ULTICARE.....	97

ULTICARE PEN NEEDLE... 110	ULTRATRAK..... 39	UNISTRIP HIGH CONTROL.. 52
ULTI-LANCE.....51	ULTRATRAK GLUCOSE	UNISTRIP LOW CONTROL.. 52
ULTILET BASIC LANCETS...89	METER..... 51	UNISTRIP1 TEST STRIP..... 39
ULTILET CLASSIC	ULTRATRAK HIGH-LOW	UNIVERSAL 1 LANCETS.....90
LANCETS..... 89	CONTROL..... 51	UROQID-ACID NO.2..... 119
ULTILET INSULIN	ULTRATRAK NORMAL	<i>ursodiol</i> 84
SYRINGE..... 97	CONTROL..... 51	VABRINTY (6 MONTH)..... 57
ULTILET LANCETS.....89	ULTRATRAK ULTIMATE 39, 51	<i>valacyclovir</i> 76
ULTILET PEN NEEDLE..... 110	UNIFINE OTC PEN	<i>valganciclovir</i> 76
ULTILET SAFETY	NEEDLE..... 110	<i>valproic acid</i> 117
LANCETS..... 89	UNIFINE PEN NEEDLE..... 110	<i>valproic acid (as sodium</i>
ULTIMA MONITOR..... 51	UNIFINE PENTIPS..... 110	<i>salt)</i> 117
ULTIMA TEST STRIPS..... 38	UNIFINE PENTIPS PLUS... 110	VALTOCO..... 115
ULTOMIRIS..... 64	UNIFINE ULTRA PEN	VALTYA.....27
ULTRA CMFT INS SYR	NEEDLE..... 110	<i>vancomycin</i>74
(HALF UNIT).....97	UNILET COMFORTOUCH	<i>vancomycin in dextrose 5 %</i> ..74
ULTRA COMFORT INSULIN	LANCET..... 89	VANDAZOLE..... 120
SYRINGE..... 97	UNILET EXCELITE II	VANISHPOINT SYRINGE.... 98
ULTRA FLO INSUL	LANCET..... 89	<i>varenicline tartrate</i> 117
SYR(HALF UNIT)..... 97	UNILET EXCELITE	VELETRI..... 18
ULTRA FLO INSULIN	LANCET..... 89	VENCLEXTA..... 102
SYRINGE..... 97	UNILET GP LANCET..... 89	VENCLEXTA STARTING
ULTRA FLO PEN NEEDLE. 110	UNILET LANCET.....89	PACK..... 102
ULTRA THIN II LANCETS....89	UNILET LANCETS..... 89	<i>venlafaxine</i> 9
ULTRA THIN LANCETS.....89	UNILET SUPER THIN	VENTAVIS..... 18
ULTRA THIN PEN NEEDLE 110	LANCETS..... 89	<i>verapamil</i> 16, 17
ULTRA THIN PLUS	UNISTIK 2 COMFORT	VERIFINE INSULIN
LANCETS..... 89	LANCET..... 52	SYRINGE..... 98
ULTRA TLC LANCETS..... 89	UNISTIK 2 DEVICE..... 52	VERIFINE PEN NEEDLE.... 110
ULTRACARE INSULIN	UNISTIK 2 EXTRA LANCET. 52	VERIFINE PLUS PEN
SYRINGE..... 98	UNISTIK 2 NORMAL	NEEDLE..... 110
ULTRA-CARE LANCETS..... 89	LANCET..... 52	VERIFINE SAFETY
ULTRACARE PEN NEEDLE	UNISTIK 3 COMFORT	LANCET MINI.....90
..... 110	LANCET..... 85	VERIFINE UNIVERSAL
ULTRA-FINE INS SYR	UNISTIK 3 DUAL LANCET52	LANCET..... 90
(HALF UNIT).....98	UNISTIK 3 EXTRA LANCET. 89	VERZENIO..... 102
ULTRA-FINE INSULIN	UNISTIK 3 GENTLE..... 89	VESTURA (28)..... 27
SYRINGE..... 98	UNISTIK 3 LANCETS.....89	VIENVA..... 27
ULTRA-FINE PEN NEEDLE 110	UNISTIK 3 NORMAL	<i>vilazodone</i> 9
ULTRALANCE LANCETS.... 89	LANCET..... 90	VINCASAR PFS..... 103
ULTRA-THIN II (SHORT)	UNISTIK COMFORT	<i>vincristine</i> 103
INS SYR..... 98	LANCETS..... 90	<i>vinorelbine</i> 103
ULTRA-THIN II (SHORT)	UNISTIK CZT LANCET..... 90	VIRACEPT.....78
PEN NDL..... 110	UNISTIK EXTRA LANCETS..90	VIRTUSSIN AC..... 28
ULTRA-THIN II INS PEN	UNISTIK NORMAL	VITAMIN D2..... 121
NEEDLES..... 110	LANCETS..... 90	VITAMIN K1.....66
ULTRA-THIN II INSULIN	UNISTIK PRO LANCET..... 90	VIVAGUARD INO CTRL
SYRINGE..... 98	UNISTIK SAFETY..... 90	SOLN-L1,2,3.....52
ULTRA-THIN II LANCETS....89	UNISTIK TOUCH LANCETS. 90	

VIVAGUARD INO CTRL SOLN-L1,L3.....	52	ZONISADE.....	117
VIVAGUARD INO CTRL SOLN-L2.....	52	<i>zonisamide</i>	117
VIVAGUARD INO GLUCOSE METER.....	52	ZOSYN IN DEXTROSE (ISO-OSM).....	72
VIVAGUARD INO SMART GLUC METER.....	52	ZOVIA 1/35E (28).....	27
VIVAGUARD INO TEST STRIP.....	39	ZOVIA 1-35 (28).....	27
VIVAGUARD LANCET.....	90	ZUMANDIMINE (28).....	27
VIVAGUARD LANCING DEVICE.....	52	ZYDELIG.....	102
VIVAGUARD SAFETY LANCET.....	90	ZYVOX.....	70
<i>voriconazole</i>	73		
VOSEVI.....	78		
VRAYLAR.....	10		
VYFEMLA (28).....	27		
VYLIBRA.....	27		
<i>warfarin</i>	62		
<i>water for inject, bacteriostat</i>	111		
<i>water for injection, sterile</i>	111		
<i>water for irrigation, sterile</i>	32		
WAVESENSE AMP.....	52		
WAVESENSE PRESTO.....	52		
WEEKLY-D.....	121		
WERA (28).....	27		
WIXELA INHUB.....	6		
XARELTO.....	63		
XARELTO DVT-PE TREAT 30D START.....	63		
XELJANZ.....	81		
XELJANZ XR.....	82		
XOPENEX.....	4		
XOPENEX HFA.....	4		
XTANDI.....	100		
XYLOCAINE-MPF.....	83		
YESINTEK.....	82		
ZARAH.....	27		
ZELBORAF.....	101		
ZENATANE.....	28		
ZENPEP.....	118		
<i>zidovudine</i>	77		
<i>zinc sulfate</i>	121		
<i>ziprasidone hcl</i>	11		
ZITHROMAX.....	70		
<i>zolmitriptan</i>	114		
<i>zolpidem</i>	12		

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no-cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY **711**)።

لغة عربية (Arabic) ملحوظة: إذا لم تتحدث بحديث عربي فإن خدمات المساعدة لعدة اللغوي متوفرة لك مجاناً.
تلصل برفق **1-800-632-9700** (TTY **711**)

Bàsòò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké n̄ Bàsòò-wùdù-po-nyò jũ ní, níí, à wùdù kà kò dò po-poò béin n̄ gbo kpáa. Đá **1-800-632-9700** (TTY **711**)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY **711**)。

فارسى (Farsi) توجه: اگر بھ زبان فارسی سیکھتے ہو میکی خدمت سہولت زیل ویب سورت ویاگنا برای
ش مہر ام میبٹن دبا 1-800-632-9700 (TTY 711) تہا بگی ری د.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700 (TTY 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700 (TTY 711)**.

Igbo (Igbo) NRUBAMA: O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi.
Kpọọ **1-800-632-9700 (TTY 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-632-9700 (TTY 711)** まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700 (TTY 711)** 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kóji' hódíílnih **1-800-632-9700 (TTY 711)**.

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700 (TTY: 711)** (फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700 (TTY 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700 (TTY 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700 (TTY 711)**.

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700 (TTY 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700 (TTY 711)**.

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700 (TTY 711)**.