



AlaskaCare Retiree DC Plan Medicare Part D and Non-Part D Drug Formulary

Effective Jan. 1, 2023

Please read: this document contains information about the drugs we cover in this plan.

This Comprehensive formulary is a complete list of Part D and wrap supplemental (Non-Part D) drugs covered by our plan. For more recent information or if you have questions, please contact:

Optum Rx Member Services



Phone (toll-free): **1-855-409-6999**

TTY users: **711**

Hours of operation: 24 hours a day, 7 days a week



Visit optumrx.com or log on to the Optum Rx app to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Note to existing members: This formulary has changed since last year. Please review this document to make sure it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Optum Rx. When it refers to “plan” or “our plan,” it means AlaskaCare.

Understanding your formulary

What is the Comprehensive Formulary?

A formulary is the plan's drug list selected by AlaskaCare in consultation with Optum Rx and a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. This includes both the Part D and supplemental wrap (non-Part D) medications. This plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, and other plan rules are followed. Please note: the amount you pay for a drug will depend on if the prescription is filled at an Optum Rx network pharmacy, or not. If you fill a prescription out-of-network, you may have to pay the full price of the drug, then submit a claim for reimbursement.

Can the formulary (drug list) change?

Yes. If you are taking a drug on our 2023 formulary that is covered at the beginning of the year, we will continue coverage of the drug during the 2023 coverage year except when new adverse information about the safety or effectiveness of a drug is released.

If we make a change to our formulary (i.e. add prior authorization, quantity limit, and/or move a drug to a higher cost-sharing tier, if applicable), we must notify affected members. Members will receive a notice regarding the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug. The member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe, or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of Dec. 1, 2022. To get updated information about covered drugs, please contact Optum Rx. Our contact information is shown on the front and back cover pages. You may also visit our website at optumrx.com where you will find the most up-to-date information about our list of covered drugs (formulary) by using the "Drug Information" tool (found under the "Member Tools" tab).



About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

How do I use the formulary?

There are 2 ways to find your drug within the formulary:

- **Medical condition**

The drugs in this formulary are grouped into categories depending on the type of medical condition(s) they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list. Then, look under the category name for your drug.

- **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

Formulary design

The formulary structure features generic drugs and preferred brand-name drugs.

Drug tier	Helpful tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs and may include some specialty or high-cost drugs*.

* High-Cost (and some Specialty) drugs are those that cost \$830 or more for up to a 30-day maximum supply.

Please refer to your *Evidence of Coverage* for more information.

Medication tips

What are generic drugs?

Your plan covers both brand-name drugs and generic drugs. 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 drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization (PA)	You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, the drug may not be covered.
Quantity Limits (QL)	For certain drugs, there is a limit on the amount of the drug we will cover.

To find out if your drug has any additional requirements or limits, look in the formulary. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling Optum Rx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask Optum Rx to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. See the section “How do I request an exception to the formulary?” for additional information.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Optum Rx and ask if your drug is covered. Our contact information is shown on the front and back cover pages.

If your drug is not covered, you have 2 options:

- You can ask Optum Rx for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.
- You can ask Optum Rx to make an exception and cover your drug. See below for information about how to request an exception.

AlaskaCare offers enhanced supplemental coverage on **some** prescription drugs not normally covered under Medicare Part D and/or Part B. This formulary includes those supplemental medications. Please contact Optum Rx for any questions regarding your enhanced supplemental benefits.

How do I request an exception to the formulary?

You can ask Optum Rx to make an exception to the coverage rules. There are 2 types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, the drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

Note: If we grant your request to cover a drug that is not on the formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, we will only approve your request for an exception if the drug is included on the plan’s formulary, or if additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact Optum Rx for an initial coverage decision for a formulary, tier, or utilization restriction exception.

When you request a formulary, tier, or utilization restriction exception, you must submit a statement from your doctor (or other prescriber) supporting your request.

Generally, we must make our decision within 72 hours of getting your doctor's (or other prescriber's) supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor (or other prescriber).

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in the AlaskaCare Retiree Medicare Prescription Drug Plan, you may be taking drugs that are not on the formulary, not covered under the AlaskaCare enhanced supplemental benefits, or your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor (or other prescriber) to decide if you should switch to an alternative drug that is covered or request a formulary exception. While you talk to your doctor (or other prescriber) to determine the right course of action for you, the plan may cover your drug in certain cases during the first 90 days you are a member of the plan.

For each of your drugs not on the formulary, under the AlaskaCare enhanced supplemental benefits, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, the plan will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, the plan will allow you to refill your prescription until you have been provided with a 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. The plan will cover more than one refill of these drugs for the first 90 days you are a member of the plan.

The plan will cover a 31-day emergency supply of a drug (unless you have a prescription for fewer days) while you get a formulary exception for the following:

- If you need a drug that is not on the Part D formulary
- If you need a drug that is not covered under the AlaskaCare enhanced supplemental benefits
- If your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan

If you are a current member with a level-of-care change and you need a drug that is not on the plan formulary, or if your ability to get your drugs is limited, the plan will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek a formulary exception. If you are in the process of seeking an exception, the plan will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call Optum Rx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.



Questions

If you have general questions about Medicare prescription drug coverage: please call Medicare at **1-800-MEDICARE** (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**. You may also visit [medicare.gov](https://www.medicare.gov).

Reading your formulary

The formulary below provides coverage information about some of your covered drugs on both the Part D and Non-Part D (supplemental wrap) benefits. If you have trouble finding your drug in the list, turn to the Index for assistance.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., atenolol). The following abbreviations listed in the “Requirements/Limits” column let you know if there are any special requirements for coverage of your drug.

Requirements/Limits	Helpful tips
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PA	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
PV	Preventive medication. This medication may be available at zero copay.
NDS	Non-Extended Days’ Supply. This prescription drugs is not available for an extended days’ supply.

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Drug Name	Drug Tier	Requirements /Limits
Analgesics		
Non-FRF		
acetaminophen intravenous solution	1	
OFIRMEV INTRAVENOUS SOLUTION	3	
Nonsteroidal Anti-inflammatory Drugs		
ACETYL SALICYLIC ACID POWDER	2	
ACTIVE-KETOPROFEN EXTERNAL CREAM	2	
ACTIVE-PREP KIT I EXTERNAL CREAM	2	
ACTIVE-PREP KIT II EXTERNAL CREAM	2	
ACTIVE-PREP KIT III EXTERNAL CREAM	2	
adult aspirin regimen oral tablet delayed release	1	PV
AIF #2 DRUG PREPARATION KIT EXTERNAL CREAM	2	
AIF #3 DRUG PREPARATION KIT EXTERNAL CREAM	2	
ANAPROX DS ORAL TABLET	3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	
aspirin 81 oral tablet chewable	1	PV
aspirin 81 oral tablet delayed release	1	PV
aspirin adult low dose oral tablet delayed release	1	PV

Drug Name	Drug Tier	Requirements /Limits
aspirin adult low strength oral tablet delayed release	1	PV
aspirin childrens oral tablet chewable	1	PV
aspirin ec adult low strength oral tablet delayed release	1	PV
aspirin ec low dose oral tablet delayed release	1	PV
aspirin ec low strength oral tablet delayed release	1	PV
aspirin ec oral tablet delayed release	1	PV
aspirin low dose oral tablet chewable	1	PV
aspirin low dose oral tablet delayed release	1	PV
aspirin oral tablet	1	PV
aspirin oral tablet chewable	1	PV
aspirin oral tablet delayed release	1	PV
ASPIRIN POWDER	2	
aspirin regimen oral tablet delayed release	1	PV
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET	1	PV
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE	1	PV
BAYER ASPIRIN ORAL TABLET	1	PV
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE	1	PV
BAYER LOW DOSE ORAL TABLET CHEWABLE	1	PV

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

Drug Name	Drug Tier	Requirements /Limits
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE	1	PV
CALDOLOR INTRAVENOUS SOLUTION	3	
CAMBIA ORAL PACKET	3	
CATAFLAM ORAL TABLET	3	
CELEBREX ORAL CAPSULE	3	
celecoxib oral capsule	1	
childrens aspirin low strength oral tablet chewable	1	PV
childrens aspirin oral tablet chewable	1	PV
cvs aspirin adult low dose oral tablet chewable	1	PV
cvs aspirin adult low strength oral tablet delayed release	1	PV
cvs aspirin ec oral tablet delayed release	1	PV
cvs aspirin low dose oral tablet delayed release	1	PV
cvs aspirin low strength oral tablet delayed release	1	PV
cvs aspirin oral tablet	1	PV
cvs aspirin oral tablet delayed release	1	PV
cvs genuine aspirin oral tablet	1	PV
DAYPRO ORAL TABLET	3	
DICLOFENAC EPOLAMINE EXTERNAL PATCH	1	PA

Drug Name	Drug Tier	Requirements /Limits
DICLOFENAC ORAL CAPSULE	3	
diclofenac potassium oral capsule	1	
diclofenac potassium oral tablet	1	
diclofenac sodium er oral tablet extended release 24 hour	1	
diclofenac sodium external gel	1	
diclofenac sodium external solution	1	
diclofenac sodium oral tablet delayed release	1	
diclofenac-misoprostol oral tablet delayed release	1	
DICLOFONO EXTERNAL GEL	2	
DICLONA EXTERNAL GEL	3	
diflunisal oral tablet	1	
DIFLUNISAL POWDER	2	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	2	
DUEXIS ORAL TABLET	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE	3	
ec-naproxen oral tablet delayed release	1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE	1	PV
ECOTRIN ORAL TABLET DELAYED RELEASE	2	PV

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Drug Name	Drug Tier	Requirements /Limits
ecpirin oral tablet delayed release	1	PV
ELYXYB ORAL SOLUTION	3	
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM	2	
ENOVARX-IBUPROFEN EXTERNAL CREAM	2	
ENOVARX-NAPROXEN EXTERNAL CREAM	2	
eq aspirin adult low dose oral tablet delayed release	1	PV
eq aspirin low dose oral tablet chewable	1	PV
eq aspirin oral tablet	1	PV
eql aspirin ec oral tablet delayed release	1	PV
eql aspirin low dose oral tablet chewable	1	PV
eql aspirin low dose oral tablet delayed release	1	PV
etodolac er oral tablet extended release 24 hour	1	
etodolac oral capsule	1	
etodolac oral tablet	1	
FBL KIT EXTERNAL CREAM	2	
FELDENE ORAL CAPSULE	3	
fenoprofen calcium oral capsule	1	
fenoprofen calcium oral tablet	1	
FENOPROFEN CALCIUM POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
fenortho oral capsule	1	
FLECTOR EXTERNAL PATCH	3	PA
flurbiprofen oral tablet	1	
FLURBIPROFEN POWDER	2	
FROTEK EXTERNAL CREAM	2	
GABAPENTIN-NAPROXEN CMPD KIT EXTERNAL CREAM	2	
genuine aspirin oral tablet	1	PV
gnp adult aspirin low strength oral tablet chewable	1	PV
gnp aspirin low dose oral tablet delayed release	1	PV
gnp aspirin oral tablet	1	PV
gnp aspirin oral tablet delayed release	1	PV
goodsense aspirin adult low st oral tablet chewable	1	PV
goodsense aspirin adults oral tablet	1	PV
goodsense aspirin low dose oral tablet delayed release	1	PV
goodsense aspirin oral tablet	1	PV
goodsense aspirin oral tablet chewable	1	PV
goodsense aspirin oral tablet delayed release	1	PV
h-e-b aspirin oral tablet delayed release	1	PV
hm adult aspirin oral tablet	1	PV

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Drug Name	Drug Tier	Requirements /Limits
hm aspirin ec low dose oral tablet delayed release	1	PV
hm aspirin ec oral tablet delayed release	1	PV
hm aspirin oral tablet	1	PV
hm aspirin oral tablet chewable	1	PV
hm aspirin oral tablet delayed release	1	PV
ibu oral tablet	1	
ibuprofen lysine intravenous solution	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet	1	
IBUPROFEN POWDER	2	
ibuprofen-famotidine oral tablet	1	
INDOCIN ORAL SUSPENSION	3	
INDOCIN RECTAL SUPPOSITORY	3	
indomethacin er oral capsule extended release	1	
indomethacin oral capsule	1	
INDOMETHACIN POWDER	2	
indomethacin sodium intravenous solution reconstituted	1	
K.B.G.L IN TERODERM EXTERNAL CREAM	2	
KETOPHENE RAPIDPAQ EXTERNAL CREAM	2	

Drug Name	Drug Tier	Requirements /Limits
ketoprofen er oral capsule extended release 24 hour	1	
ketoprofen oral capsule	1	
KETOROLAC TROMETHAMINE EXTERNAL GEL	2	
ketorolac tromethamine injection solution	1	
ketorolac tromethamine intramuscular solution	1	
KETOROLAC TROMETHAMINE NASAL SOLUTION	1	
ketorolac tromethamine oral tablet	1	
kls aspirin ec oral tablet delayed release	1	PV
kls aspirin low dose oral tablet delayed release	1	PV
kp aspirin oral tablet delayed release	1	PV
LICART EXTERNAL PATCH 24 HOUR	3	
LODINE ORAL TABLET	3	
LOFENA ORAL TABLET	3	
meclofenamate sodium oral capsule	1	
MECLOFENAMATE SODIUM POWDER	2	
mefenamic acid oral capsule	1	
MEFENAMIC ACID POWDER	2	
meijer aspirin ec oral tablet delayed release	1	PV
meloxicam oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
MELOXICAM ORAL SUSPENSION	3	
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	PV
MOBIC ORAL TABLET	3	
nabumetone oral tablet	1	
NALFON ORAL CAPSULE	3	
NALFON ORAL TABLET	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
NAPRO EXTERNAL CREAM	2	
NAPROSYN ORAL SUSPENSION	3	
NAPROSYN ORAL TABLET	3	
naproxen oral suspension	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
NAPROXEN POWDER	2	
naproxen sodium er oral tablet extended release 24 hour	1	
naproxen sodium oral tablet	1	
NAPROXEN SODIUM POWDER	2	
naproxen-esomeprazole mg oral tablet delayed release	1	
NEOPROFEN INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
NP #2 DRUG PREPARATION KIT EXTERNAL CREAM	2	
oxaprozin oral tablet	1	
PENNSAID EXTERNAL SOLUTION	3	
PHENYLBUTAZONE POWDER	2	
piroxicam oral capsule	1	
PIROXICAM POWDER	2	
px aspirin oral tablet	1	PV
px aspirin oral tablet chewable	1	PV
px enteric aspirin oral tablet delayed release	1	PV
qc aspirin low dose oral tablet chewable	1	PV
qc aspirin low dose oral tablet delayed release	1	PV
qc aspirin oral tablet	1	PV
qc aspirin oral tablet delayed release	1	PV
qc childrens aspirin oral tablet chewable	1	PV
qc enteric aspirin oral tablet delayed release	1	PV
QMIIZ ODT ORAL TABLET DISPERSIBLE	3	
ra aspirin adult low dose oral tablet chewable	1	PV
ra aspirin adult low strength oral tablet chewable	1	PV
ra aspirin childrens oral tablet chewable	1	PV
ra aspirin ec adult low st oral tablet delayed release	1	PV

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Drug Name	Drug Tier	Requirements /Limits
ra aspirin ec oral tablet delayed release	1	PV
ra aspirin oral tablet	1	PV
ra pain relief aspirin oral tablet	1	PV
RELAFEN DS ORAL TABLET	3	
RELAFEN ORAL TABLET	3	
REXAPHENAC EXTERNAL CREAM	3	
salsalate oral tablet	1	
sb aspirin adult low strength oral tablet delayed release	1	PV
sb aspirin ec oral tablet delayed release	1	PV
sb aspirin oral tablet	1	PV
sb aspirin oral tablet delayed release	1	PV
sb childrens aspirin oral tablet chewable	1	PV
sb low dose asa ec oral tablet delayed release	1	PV
sm aspirin adult low strength oral tablet chewable	1	PV
sm aspirin adult low strength oral tablet delayed release	1	PV
sm aspirin ec low strength oral tablet delayed release	1	PV
sm aspirin ec oral tablet delayed release	1	PV
sm aspirin low dose oral tablet chewable	1	PV
sm aspirin low dose oral tablet delayed release	1	PV
sm aspirin oral tablet	1	PV

Drug Name	Drug Tier	Requirements /Limits
sm childrens aspirin oral tablet chewable	1	PV
SODIUM SALICYLATE POWDER	2	
SPRIX NASAL SOLUTION	3	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE	1	PV
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	1	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	1	PV
sulindac oral tablet	1	
SULINDAC POWDER	2	
TIVORBEX ORAL CAPSULE	3	
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet	1	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM	2	
VIMOVO ORAL TABLET DELAYED RELEASE	3	
VIVLODEX ORAL CAPSULE	3	
VOLTAREN EXTERNAL GEL	3	
VP FC KIT EXTERNAL CREAM	2	
VP GKL KIT EXTERNAL CREAM	2	
ZIPSOR ORAL CAPSULE	3	
ZORVOLEX ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements /Limits
Opioid Analgesics, Long-acting		
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT	3	NDS
BELBUCA BUCCAL FILM	3	NDS
buprenorphine transdermal patch weekly	1	NDS
BUTRANS TRANSDERMAL PATCH WEEKLY	3	NDS
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	NDS
DILAUDID INJECTION SOLUTION	3	NDS
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR	3	NDS
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR	3	NDS
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR	3	NDS
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR	3	NDS
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR	3	NDS
fentanyl transdermal patch 72 hour	1	NDS
hydrocodone bitartrate er oral capsule extended release 12 hour	1	NDS
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	NDS

Drug Name	Drug Tier	Requirements /Limits
hydromorphone hcl er oral tablet extended release 24 hour	1	NDS
hydromorphone hcl injection solution	1	NDS
HYDROMORPHONE HCL INTRAVENOUS SOLUTION	2	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	NDS
INFUMORPH 200 INJECTION SOLUTION	3	B/D; NDS
INFUMORPH 500 INJECTION SOLUTION	3	B/D; NDS
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	NDS
levorphanol tartrate oral tablet	1	NDS
methadone hcl injection solution	1	NDS
methadone hcl intensol oral concentrate	1	NDS
methadone hcl oral concentrate	1	NDS
methadone hcl oral solution	1	NDS
methadone hcl oral tablet	1	NDS
METHADONE HCL POWDER	2	
METHADONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	

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Drug Name	Drug Tier	Requirements /Limits
METHADOSE ORAL CONCENTRATE	1	NDS
METHADOSE SUGAR-FREE ORAL CONCENTRATE	1	NDS
mitigo injection solution	1	B/D; NDS
morphine sulfate er beads oral capsule extended release 24 hour	1	NDS
morphine sulfate er oral capsule extended release 24 hour	1	NDS
morphine sulfate er oral tablet extended release	1	NDS
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	NDS
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	NDS
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	1	NDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	NDS
oxymorphone hcl er oral tablet extended release 12 hour	1	NDS
ROXYBOND ORAL TABLET ABUSE-DETERRENT	3	
tramadol hcl er (biphasic) oral tablet extended release 24 hour	1	NDS
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	NDS

Drug Name	Drug Tier	Requirements /Limits
tramadol hcl er oral tablet extended release 24 hour	1	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	2	NDS
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen-codeine #2 oral tablet	1	NDS
acetaminophen-codeine #3 oral tablet	1	NDS
acetaminophen-codeine #4 oral tablet	1	NDS
acetaminophen-codeine oral solution	1	NDS
acetaminophen-codeine oral tablet	1	NDS
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; NDS
alfentanil hcl intravenous solution	1	
APADAZ ORAL TABLET	3	NDS
apap-caff-dihydrocodeine oral capsule	1	NDS
apap-caff-dihydrocodeine oral tablet	1	NDS
ascomp-codeine oral capsule	1	NDS
BENZHYDROCODON E-ACETAMINOPHEN ORAL TABLET	3	
butalbital-apap-caff-cod oral capsule	1	NDS

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Drug Name	Drug Tier	Requirements /Limits
butalbital-asa-caff-codeine oral capsule	1	NDS
butorphanol tartrate injection solution	1	NDS
butorphanol tartrate nasal solution	1	NDS
CODEINE PHOSPHATE POWDER	2	
codeine sulfate oral tablet	1	NDS
DEMEROL INJECTION SOLUTION	3	NDS
DILAUDID INJECTION SOLUTION	3	NDS
DILAUDID ORAL LIQUID	3	NDS
DILAUDID ORAL TABLET	3	NDS
DURAMORPH INJECTION SOLUTION	1	NDS
endocet oral tablet	1	NDS
FENTANYL CITRATE (BULK) SOLUTION	2	
fentanyl citrate (pf) injection solution	1	B/D; NDS
fentanyl citrate (pf) injection solution cartridge	1	B/D; NDS
fentanyl citrate buccal lozenge on a handle	1	PA; NDS
FENTANYL CITRATE BUCCAL TABLET	1	PA; NDS
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE	1	B/D; NDS
FENTANYL CITRATE INTRAVENOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
fentanyl citrate pf injection solution prefilled syringe	1	B/D; NDS
FENTANYL CITRATE POWDER	2	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION	2	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE	2	
FENTORA BUCCAL TABLET	3	PA; NDS
FIORICET/CODEINE ORAL CAPSULE	3	NDS
FIORINAL/CODEINE #3 ORAL CAPSULE	3	NDS
hydrocodone-acetaminophen oral solution	1	NDS
hydrocodone-acetaminophen oral tablet	1	NDS
hydrocodone-ibuprofen oral tablet	1	NDS
HYDROMORPHONE HCL (BULK) SOLUTION	2	
hydromorphone hcl injection solution	1	NDS
HYDROMORPHONE HCL INTRAVENOUS SOLUTION	2	
hydromorphone hcl oral liquid	1	NDS
hydromorphone hcl oral tablet	1	NDS

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Drug Name	Drug Tier	Requirements /Limits
hydromorphone hcl pf injection solution	1	NDS
HYDROMORPHONE HCL POWDER	2	
hydromorphone hcl rectal suppository	1	NDS
HYDROMORPHONE HCL-NACL INJECTION SOLUTION	2	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE	2	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION	2	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
LAZANDA NASAL SOLUTION	3	PA; NDS
LORTAB ORAL ELIXIR	3	NDS
meperidine hcl injection solution	1	NDS
meperidine hcl oral solution	1	NDS
meperidine hcl oral tablet	1	NDS
MEPERIDINE HCL POWDER	2	
MORPHINE SULFATE (BULK) SOLUTION	2	
morphine sulfate (concentrate) oral solution	1	NDS
morphine sulfate (pf) injection solution	1	NDS
morphine sulfate (pf) intravenous solution	1	NDS

Drug Name	Drug Tier	Requirements /Limits
morphine sulfate injection solution	1	NDS
MORPHINE SULFATE INTRAVENOUS SOLUTION	1	B/D; NDS
morphine sulfate oral solution	1	NDS
morphine sulfate oral tablet	1	NDS
MORPHINE SULFATE POWDER	2	
morphine sulfate rectal suppository	1	NDS
MORPHINE SULFATE-NACL INJECTION SOLUTION PREFILLED SYRINGE	2	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION	2	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
nalbuphine hcl injection solution	1	NDS
NALOCET ORAL TABLET	3	NDS
NORCO ORAL TABLET	3	NDS
NUCYNTA ORAL TABLET	3	NDS
OXAYDO ORAL TABLET	3	NDS
oxycodone hcl oral capsule	1	NDS
oxycodone hcl oral concentrate	1	NDS
oxycodone hcl oral solution	1	NDS
oxycodone hcl oral tablet	1	NDS

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Drug Name	Drug Tier	Requirements /Limits
OXYCODONE HCL POWDER	2	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	1	NDS
oxycodone-acetaminophen oral tablet	1	NDS
oxycodone-aspirin oral tablet	1	NDS
oxymorphone hcl oral tablet	1	NDS
pentazocine-naloxone hcl oral tablet	1	NDS
PERCOCET ORAL TABLET	3	NDS
PROLATE ORAL SOLUTION	3	NDS
PROLATE ORAL TABLET	3	NDS
QDOLO ORAL SOLUTION	3	NDS
remifentanil hcl intravenous solution reconstituted	1	
ROXICODONE ORAL TABLET	3	NDS
SEGLENTIS ORAL TABLET	3	NDS
SUBSYS SUBLINGUAL LIQUID	3	PA; NDS
SUFENTANIL CITRATE (BULK) SOLUTION	2	
sufentanil citrate intravenous solution	1	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED	2	
TRAMADOL HCL ORAL SOLUTION	3	
tramadol hcl oral tablet	1	NDS

Drug Name	Drug Tier	Requirements /Limits
tramadol-acetaminophen oral tablet	1	NDS
TREZIX ORAL CAPSULE	3	NDS
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED	2	
ULTRACET ORAL TABLET	3	NDS
ULTRAM ORAL TABLET	3	NDS
Anesthetics		
Local Anesthetics		
ANACAINE EXTERNAL OINTMENT	3	
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE	3	
bupivacaine fisiopharma injection solution	1	
BUPIVACAINE HCL (BULK) SOLUTION	2	
bupivacaine hcl (pf) injection solution	1	
bupivacaine hcl injection solution	1	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	2	
BUPIVACAINE HCL POWDER	2	
bupivacaine in dextrose intrathecal solution	1	
bupivacaine spinal intrathecal solution	1	

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Drug Name	Drug Tier	Requirements /Limits
bupivacaine-epinephrine (pf) injection solution	1	
bupivacaine-epinephrine injection solution	1	
CAPSAICIN POWDER	2	
CARBOCAINE INJECTION SOLUTION	3	
chloroprocaine hcl (pf) injection solution	1	
CLOROTEKAL INTRATHECAL SOLUTION	3	
COCAINE HCL POWDER	2	
DERMACINRX LIDOGEL EXTERNAL GEL	3	
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM	2	
ethyl chloride external aerosol	1	
EXPAREL INJECTION SUSPENSION	2	
GEBAUERS PAIN EASE EXTERNAL AEROSOL	2	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	2	
GEN7T EXTERNAL LOTION	3	
GEN7T EXTERNAL PATCH	3	
GEN7T PLUS EXTERNAL LOTION	3	
glydo external prefilled syringe	1	PA
L.E.T. EXTERNAL GEL	2	

Drug Name	Drug Tier	Requirements /Limits
L.E.T. EXTERNAL SOLUTION	2	
LETS KIT	2	
lidocaine external ointment	1	PA
lidocaine external patch	1	PA
LIDOCAINE HCL (BUFFERED) INJECTION SOLUTION PREFILLED SYRINGE	2	
lidocaine hcl (pf) injection solution	1	
lidocaine hcl external cream	1	
lidocaine hcl external lotion	1	
lidocaine hcl external solution	1	PA
lidocaine hcl injection solution	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	2	
lidocaine hcl urethral/mucosal external gel	1	PA
lidocaine hcl urethral/mucosal external prefilled syringe	1	PA
LIDOCAINE-EPINEPHRINE (3 ML) INJECTION SOLUTION PREFILLED SYRINGE	2	
lidocaine-epinephrine injection solution	1	
lidocaine-prilocaine external cream	1	PA

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Drug Name	Drug Tier	Requirements /Limits
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE	2	
LIDOCAINE-TETRACAINE EXTERNAL CREAM	1	PA
LIDODERM EXTERNAL PATCH	3	PA
LIDO-EPINEPHRINE-TETRACAINE EXTERNAL SOLUTION	2	
LIDOMAR INJECTION SOLUTION	3	
lidopin external cream	1	
LIDOREX EXTERNAL GEL	3	
LIDORX EXTERNAL GEL	3	
LIDO-SORB EXTERNAL LOTION	3	
LIDOTRAL EXTERNAL CREAM	3	
LIDOTRAN EXTERNAL CREAM	3	
LIDTOPIC MAX EXTERNAL CREAM	2	
LYDEXA EXTERNAL CREAM	3	
MARCAINE INJECTION SOLUTION	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION	3	
MARCAINE SPINAL INTRATHECAL SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
MARCAINE/EPINEPHRINE INJECTION SOLUTION	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION	3	
MEPIVACAINE HCL POWDER	2	
MONOJECT BONE MARROW BIOPSY INJECTION KIT	2	
NAROPIN INJECTION SOLUTION	3	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
ORABLOC INJECTION SOLUTION CARTRIDGE	3	
PLIAGLIS EXTERNAL CREAM	3	PA
polocaine injection solution	1	
polocaine-mpf injection solution	1	
PRAMOX EXTERNAL GEL	3	
PRAMOXINE HCL POWDER	2	
premium lidocaine external ointment	1	PA
PREPIV SUPPLY COMBINATION KIT	2	
PROCAINE HCL CRYSTALS	2	
PROCAINE HCL POWDER	2	
QUTENZA (2 PATCH) EXTERNAL KIT	3	

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Drug Name	Drug Tier	Requirements /Limits
QUTENZA (4 PATCH) EXTERNAL KIT	3	
QUTENZA EXTERNAL KIT	3	
RECTIV RECTAL OINTMENT	3	
RENOVO EXTERNAL PATCH	3	
ROPIVACAINE HCL EPIDURAL SOLUTION	2	
ropivacaine hcl injection solution	1	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	2	
SENSORCAINE INJECTION SOLUTION	3	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION	3	
SENSORCAINE-MPF INJECTION SOLUTION	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL	2	
SYNERA EXTERNAL PATCH	3	
tetracaine hcl injection solution	1	
TOPICAL L.E.T. EXTERNAL GEL	2	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	2	

Drug Name	Drug Tier	Requirements /Limits
xylocaine dental injection solution	1	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
ZIONODIL 100 EXTERNAL LOTION	3	
ZIONODIL EXTERNAL LOTION	3	
ZTLIDO EXTERNAL PATCH	3	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium oral tablet delayed release	1	
disulfiram oral tablet	1	
naltrexone hcl oral tablet	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
Opioid Dependence		
BUNAVAIL BUCCAL FILM	3	

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Drug Name	Drug Tier	Requirements /Limits
BUPRENEX INJECTION SOLUTION	3	
buprenorphine hcl injection solution	1	
buprenorphine hcl sublingual tablet sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
LUCEMYRA ORAL TABLET	3	
methadone hcl oral tablet soluble	1	
methadose oral tablet soluble	1	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
SUBOXONE SUBLINGUAL FILM	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	3	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	3	
NALMEFENE HCL INJECTION SOLUTION	2	
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	

Drug Name	Drug Tier	Requirements /Limits
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal liquid	1	
NARCAN NASAL LIQUID	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	3	
Smoking Cessation Agents		
APO-VARENICLINE ORAL TABLET	3	
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	2	
CHANTIX ORAL TABLET	2	
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK	2	
cvs nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
cvs nicotine mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
cvs nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
cvs nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
cvs nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
eq nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
eq nicotine mouth/throat lozenge	1	PV; QL (20 EA per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
eq nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
eq nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
eq nicotine step 3 transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
eq nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
eql nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
eql nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
gnp nicotine mini mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
gnp nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
gnp nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
gnp nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
goodsense nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
goodsense nicotine mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
habitrol transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
hm nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
hm nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
hm nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
kls quit2 mouth/throat gum	1	PV; QL (24 EA per 1 day)
kls quit2 mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
kls quit4 mouth/throat gum	1	PV; QL (24 EA per 1 day)

Drug Name	Drug Tier	Requirements /Limits
kls quit4 mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	2	PV; QL (1 EA per 1 day)
NICORETTE MINI MOUTH/THROAT LOZENGE	2	PV; QL (20 EA per 1 day)
NICORETTE MOUTH/THROAT GUM	2	PV; QL (24 EA per 1 day)
NICORETTE MOUTH/THROAT LOZENGE	2	PV; QL (20 EA per 1 day)
NICORETTE STARTER KIT MOUTH/THROAT GUM	2	PV; QL (24 EA per 1 day)
nicotine mini mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
nicotine polacrilex mini mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
nicotine step 1 transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
nicotine step 2 transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
nicotine step 3 transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
nicotine transdermal kit	2	PV; QL (1 EA per 1 day)
nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
NICOTROL INHALATION INHALER	3	

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Drug Name	Drug Tier	Requirements /Limits
NICOTROL NS NASAL SOLUTION	2	
px stop smoking aid mouth/throat gum	1	PV; QL (24 EA per 1 day)
px stop smoking aid mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
qc nicotine transdermal system transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
ra mini nicotine mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
ra nicotine gum mouth/throat gum	1	PV; QL (24 EA per 1 day)
ra nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
ra nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
ra nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
sm nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
sm nicotine mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
sm nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
sm nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
sm nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
THRIVE MOUTH/THROAT GUM	1	PV; QL (24 EA per 1 day)
varenicline tartrate oral tablet	1	
varenicline tartrate oral tablet therapy pack	1	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution	1	

Drug Name	Drug Tier	Requirements /Limits
AMIKACIN SULFATE POWDER	2	
ARIKAYCE INHALATION SUSPENSION	3	PA
gentamicin in saline intravenous solution	1	
gentamicin sulfate external cream	1	
gentamicin sulfate external ointment	1	
gentamicin sulfate injection solution	1	
GENTAMICIN SULFATE POWDER	2	
HUMATIN ORAL CAPSULE	3	
neomycin sulfate oral tablet	1	
neomycin-polymyxin b gu irrigation solution	1	
paromomycin sulfate oral capsule	1	
streptomycin sulfate intramuscular solution reconstituted	1	
STREPTOMYCIN SULFATE POWDER	2	
tobramycin sulfate injection solution	1	
tobramycin sulfate injection solution reconstituted	1	
TOBRAMYCIN SULFATE POWDER	2	
ZEMDRI INTRAVENOUS SOLUTION	3	
Antibacterials, Other		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	

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Drug Name	Drug Tier	Requirements /Limits
ALCOH-WIPE SHEET	2	
ALTABAX EXTERNAL OINTMENT	3	
AMZEEQ EXTERNAL FOAM	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
aztreonam injection solution reconstituted	1	
baciim intramuscular solution reconstituted	1	
bacitracin intramuscular solution reconstituted	1	
BACITRACIN POWDER	2	
BACITRACIN ZINC POWDER	2	
benzalkonium chloride external solution	1	
chloramphenicol sod succinate intravenous solution reconstituted	1	
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
clindacin etz external swab	1	
clindacin-p external swab	1	
clindamycin hcl oral capsule	1	

Drug Name	Drug Tier	Requirements /Limits
clindamycin palmitate hcl oral solution reconstituted	1	
clindamycin phosphate external swab	1	
clindamycin phosphate in d5w intravenous solution	1	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution	1	
clindamycin phosphate vaginal cream	1	
colistimethate sodium (cba) injection solution reconstituted	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED	3	
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	3	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
daptomycin intravenous solution reconstituted	1	
ESSENTRA WIPES 9X9" SHEET	2	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED	2	

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Drug Name	Drug Tier	Requirements /Limits
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET	3	
fosfomycin tromethamine oral packet	1	
HIPREX ORAL TABLET	3	
hydrogen peroxide solution	1	
IDARAN EXTERNAL OINTMENT	2	
IMPAVIDO ORAL CAPSULE	3	
IV PREP WIPES EXTERNAL PAD	2	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	3	
LINCOCIN INJECTION SOLUTION	3	
lincomycin hcl injection solution	1	
linezolid in sodium chloride intravenous solution	1	
linezolid intravenous solution	1	
linezolid oral suspension reconstituted	1	
linezolid oral tablet	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION	2	
MACROBID ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements /Limits
MACRODANTIN ORAL CAPSULE	3	
methenamine hippurate oral tablet	1	
methenamine mandelate oral tablet	1	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED	2	
metronidazole intravenous solution	1	
metronidazole oral capsule	1	
metronidazole oral tablet	1	
metronidazole vaginal gel	1	
MICROCLENS WIPES EXTERNAL PAD	2	
MONUROL ORAL PACKET	3	
NALIDIXIC ACID POWDER	2	
NANRAN EXTERNAL OINTMENT	2	
NEOMYCIN SULFATE POWDER	2	
nitrofurantoin macrocrystal oral capsule	1	
nitrofurantoin monohyd macro oral capsule	1	
nitrofurantoin oral suspension	1	
NITROFURAZONE POWDER	2	
NUVESSA VAGINAL GEL	3	

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Drug Name	Drug Tier	Requirements /Limits
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
PHENOL CRYSTALS	2	
PHENOL LIQUID	2	
polymyxin b sulfate injection solution reconstituted	1	
POLYMYXIN B SULFATE POWDER	2	
PRIMSOL ORAL SOLUTION	3	
SILVER NITRATE CRYSTALS	2	
SILVER PROTEIN MILD POWDER	2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	
SIVEXTRO ORAL TABLET	3	
SOLOSEC ORAL PACKET	3	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	3	
THIMEROSAL POWDER	2	
tigecycline intravenous solution reconstituted	1	
tinidazole oral tablet	1	
TRI-CHLOR EXTERNAL LIQUID	2	
trimethoprim oral tablet	1	
TRIMETHOPRIM POWDER	2	
TRIMO-SAN VAGINAL GEL	2	

Drug Name	Drug Tier	Requirements /Limits
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
UNI-SOLVE EXTERNAL PAD	2	
VANCOGIN ORAL CAPSULE	3	
vancomycin hcl in dextrose intravenous solution	1	
vancomycin hcl in nacl intravenous solution	1	
vancomycin hcl intravenous solution	1	
vancomycin hcl intravenous solution reconstituted	1	
vancomycin hcl oral capsule	1	
vancomycin hcl oral solution reconstituted	1	
VANCOMYCIN+SYRS PEND SF ORAL SUSPENSION	2	
VANDAZOLE VAGINAL GEL	3	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
XENLETA INTRAVENOUS SOLUTION	3	
XENLETA ORAL TABLET	3	
ZYVOX INTRAVENOUS SOLUTION	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements /Limits
ZYVOX ORAL TABLET	3	
Beta-lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
cefaclor er oral tablet extended release 12 hour	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	2	
cefazolin sodium injection solution reconstituted	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
cefazolin sodium intravenous solution reconstituted	1	
cefazolin sodium-dextrose intravenous solution	1	
cefazolin sodium-dextrose intravenous solution reconstituted	1	

Drug Name	Drug Tier	Requirements /Limits
cefdinir oral capsule	1	
cefdinir oral suspension reconstituted	1	
cefepime hcl injection solution reconstituted	1	
cefepime hcl intravenous solution	1	
cefepime hcl intravenous solution reconstituted	1	
cefepime-dextrose intravenous solution reconstituted	1	
cefixime oral capsule	1	
cefixime oral suspension reconstituted	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED	3	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED	1	
cefotetan disodium injection solution reconstituted	1	
cefotetan disodium-dextrose intravenous solution reconstituted	1	
cefoxitin sodium intravenous solution reconstituted	1	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
cefpodoxime proxetil oral suspension reconstituted	1	
cefpodoxime proxetil oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
cefprozil oral suspension reconstituted	1	
cefprozil oral tablet	1	
ceftazidime and dextrose intravenous solution reconstituted	1	
ceftazidime injection solution reconstituted	1	
ceftazidime intravenous solution reconstituted	1	
ceftriaxone sodium in dextrose intravenous solution	1	
ceftriaxone sodium injection solution reconstituted	1	
ceftriaxone sodium intravenous solution reconstituted	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection solution reconstituted	1	
cefuroxime sodium intravenous solution reconstituted	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements /Limits
FORTAZ INJECTION SOLUTION RECONSTITUTED	3	
FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
KEFLEX ORAL CAPSULE	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED	3	
SUPRAX ORAL TABLET CHEWABLE	3	
tazicef injection solution reconstituted	1	
TAZICEF INTRAVENOUS SOLUTION	3	
tazicef intravenous solution reconstituted	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
Beta-lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable	1	

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Drug Name	Drug Tier	Requirements /Limits
AMOXICILLIN TRIHYDRATE POWDER	2	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1	
amoxicillin-pot clavulanate oral suspension reconstituted	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet chewable	1	
ampicillin oral capsule	1	
ampicillin sodium injection solution reconstituted	1	
ampicillin sodium intravenous solution reconstituted	1	
ampicillin-sulbactam sodium injection solution reconstituted	1	
ampicillin-sulbactam sodium intravenous solution reconstituted	1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL TABLET	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	

Drug Name	Drug Tier	Requirements /Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
dicloxacillin sodium oral capsule	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	1	
nafcillin sodium injection solution reconstituted	1	
nafcillin sodium intravenous solution reconstituted	1	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	1	
oxacillin sodium injection solution reconstituted	1	
oxacillin sodium intravenous solution reconstituted	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	3	
penicillin g potassium injection solution reconstituted	1	
penicillin g procaine intramuscular suspension	1	
penicillin g sodium injection solution reconstituted	1	

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Drug Name	Drug Tier	Requirements /Limits
penicillin v potassium oral solution reconstituted	1	
penicillin v potassium oral tablet	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED	3	
piperacillin sod-tazobactam so intravenous solution reconstituted	1	
UNASYN INJECTION SOLUTION RECONSTITUTED	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZOSYN INTRAVENOUS SOLUTION	3	
Carbapenems		
ertapenem sodium injection solution reconstituted	1	
imipenem-cilastatin intravenous solution reconstituted	1	
INVANZ INJECTION SOLUTION RECONSTITUTED	3	
meropenem intravenous solution reconstituted	1	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	1	

Drug Name	Drug Tier	Requirements /Limits
MERREM INTRAVENOUS SOLUTION RECONSTITUTED	3	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	
Macrolides		
azithromycin intravenous solution reconstituted	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
clarithromycin er oral tablet extended release 24 hour	1	
clarithromycin oral suspension reconstituted	1	
clarithromycin oral tablet	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
DIFICID ORAL TABLET	3	
E.E.S. 400 ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	3	
ERY-TAB ORAL TABLET DELAYED RELEASE	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERYTHROCIN STEARATE ORAL TABLET	3	
erythromycin base oral capsule delayed release particles	1	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	1	
ERYTHROMYCIN BASE POWDER	2	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin ethylsuccinate oral tablet	1	
ERYTHROMYCIN ETHYLSUCCINATE POWDER	2	
erythromycin lactobionate intravenous solution reconstituted	1	

Drug Name	Drug Tier	Requirements /Limits
erythromycin oral tablet delayed release	1	
ERYTHROMYCIN POWDER	2	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAXDELA ORAL TABLET	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral tablet	1	
ciprofloxacin in d5w intravenous solution	1	
levofloxacin in d5w intravenous solution	1	
levofloxacin intravenous solution	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
moxifloxacin hcl in nacl intravenous solution	1	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
moxifloxacin hcl oral tablet	1	
ofloxacin oral tablet	1	
Sulfonamides		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
KLARON EXTERNAL LOTION	3	
sulfacetamide sodium (acne) external lotion	1	
SULFACETAMIDE SODIUM POWDER	2	
sulfadiazine oral tablet	1	
SULFADIAZINE POWDER	2	
SULFADIAZINE SODIUM POWDER	2	
SULFAMETHOXAZOLE MICRO POWDER	2	
SULFAMETHOXAZOLE POWDER	2	
sulfamethoxazole-trimethoprim intravenous solution	1	
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
SULFAPYRIDINE POWDER	2	
SULFATHIAZOLE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
sulfatrim pediatric oral suspension	1	
SULFISOXIZOLE CRYSTALS	2	
Tetracyclines		
ACTICLATE ORAL TABLET	3	
avidoxy oral tablet	1	
coremino oral tablet extended release 24 hour	1	
demeclocycline hcl oral tablet	1	
DORYX MPC ORAL TABLET DELAYED RELEASE	3	
DORYX ORAL TABLET DELAYED RELEASE	3	
doxy 100 intravenous solution reconstituted	1	
doxycycline hyclate intravenous solution reconstituted	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline hyclate oral tablet delayed release	1	
DOXYCYCLINE HYCLATE POWDER	2	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
doxycycline oral capsule delayed release	1	
LYMEPAK ORAL TABLET	3	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
minocycline hcl er oral tablet extended release 24 hour	1	
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	1	
MINOCYCLINE HCL POWDER	2	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
mondoxyne nl oral capsule	1	
morgidox oral capsule	1	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	
NUZYRA ORAL TABLET	3	
ORACEA ORAL CAPSULE DELAYED RELEASE	3	
OXYTETRACYCLINE HCL POWDER	2	
SEYSARA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
TARGADOX ORAL TABLET	3	
tetracycline hcl oral capsule	1	
TETRACYCLINE HCL POWDER	2	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
VIBRAMYCIN ORAL SYRUP	3	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET	3	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
EPIDIOLEX ORAL SOLUTION	3	PA
EPRONTIA ORAL SOLUTION	3	
felbamate oral suspension	1	

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Drug Name	Drug Tier	Requirements /Limits
felbamate oral tablet	1	
FELBATOL ORAL SUSPENSION	3	
FELBATOL ORAL TABLET	3	
FINTEPLA ORAL SOLUTION	3	PA
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
KEPPRA INTRAVENOUS SOLUTION	3	
KEPPRA ORAL SOLUTION	3	
KEPPRA ORAL TABLET	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
LAMICTAL ODT ORAL KIT	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET CHEWABLE	3	
LAMICTAL STARTER ORAL KIT	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er oral tablet extended release 24 hour	1	
lamotrigine oral kit	1	

Drug Name	Drug Tier	Requirements /Limits
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue oral kit	1	
lamotrigine starter kit-green oral kit	1	
lamotrigine starter kit-orange oral kit	1	
levetiracetam er oral tablet extended release 24 hour	1	
levetiracetam in nacl intravenous solution	1	
levetiracetam intravenous solution	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
NAYZILAM NASAL SOLUTION	3	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
roweepra oral tablet	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	
subvenite oral tablet	1	
subvenite starter kit-blue oral kit	1	
subvenite starter kit-green oral kit	1	
subvenite starter kit-orange oral kit	1	
TOPAMAX ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	3	
topiramate er oral capsule er 24 hour sprinkle	1	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
valproate sodium intravenous solution	1	
valproic acid oral capsule	1	
valproic acid oral solution	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	
XCOPRI ORAL TABLET	3	
XCOPRI ORAL TABLET THERAPY PACK	3	
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	3	
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
ZARONTIN ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements /Limits
ZARONTIN ORAL SOLUTION	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension	1	
clobazam oral tablet	1	
clonazepam oral tablet	1	
clonazepam oral tablet dispersible	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
DIACOMIT ORAL CAPSULE	3	PA
DIACOMIT ORAL PACKET	3	PA
DIASTAT ACUDIAL RECTAL GEL	3	
DIASTAT PEDIATRIC RECTAL GEL	3	
diazepam rectal gel	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
FANATREX FUSEPAQ ORAL SUSPENSION	2	
gabapentin oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
gabapentin oral solution	1	
gabapentin oral tablet	1	
GABITRIL ORAL TABLET	3	
KLONOPIN ORAL TABLET	3	
LYRICA ORAL CAPSULE	3	
LYRICA ORAL SOLUTION	3	
MYSOLINE ORAL TABLET	3	
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL SOLUTION	3	
NEURONTIN ORAL TABLET	3	
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET	3	
PENTOBARBITAL SODIUM POWDER	2	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENOBARBITAL POWDER	2	
phenobarbital sodium injection solution	1	
PHENOBARBITAL SODIUM POWDER	2	
pregabalin oral capsule	1	
pregabalin oral solution	1	
primidone oral tablet	1	
SABRIL ORAL PACKET	3	PA
SABRIL ORAL TABLET	3	PA

Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM	3	
tiagabine hcl oral tablet	1	
VALTOCO 10 MG DOSE NASAL LIQUID	3	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	
VALTOCO 5 MG DOSE NASAL LIQUID	3	
vigabatrin oral packet	1	PA
vigabatrin oral tablet	1	PA
vigadrone oral packet	1	PA
ZTALMY ORAL SUSPENSION	3	PA
Sodium Channel Agents		
APTIOM ORAL TABLET	3	
BANZEL ORAL SUSPENSION	3	
BANZEL ORAL TABLET	3	
carbamazepine er oral capsule extended release 12 hour	1	
carbamazepine er oral tablet extended release 12 hour	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBAMAZEPINE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
CEREBYX INJECTION SOLUTION	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE	3	
DILANTIN ORAL SUSPENSION	3	
epitol oral tablet	1	
fosphenytoin sodium injection solution	1	
lacosamide intravenous solution	1	
lacosamide oral solution	1	
lacosamide oral tablet	1	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
PHENYTEK ORAL CAPSULE	3	
phenytoin infatabs oral tablet chewable	1	
phenytoin oral suspension	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended oral capsule	1	
phenytoin sodium injection solution	1	
PHENYTOIN SODIUM POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
rufinamide oral suspension	1	
rufinamide oral tablet	1	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
TRILEPTAL ORAL SUSPENSION	3	
TRILEPTAL ORAL TABLET	3	
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
ZONEGRAN ORAL CAPSULE	3	
ZONISADE ORAL SUSPENSION	3	
zonisamide oral capsule	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates oral tablet	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	

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Drug Name	Drug Tier	Requirements /Limits
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	
ARICEPT ORAL TABLET	3	
donepezil hcl oral tablet	1	
donepezil hcl oral tablet dispersible	1	
EXELON TRANSDERMAL PATCH 24 HOUR	3	
galantamine hydrobromide er oral capsule extended release 24 hour	1	
galantamine hydrobromide oral solution	1	
galantamine hydrobromide oral tablet	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
rivastigmine tartrate oral capsule	1	
rivastigmine transdermal patch 24 hour	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour	1	
memantine hcl oral solution	1	
memantine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK ORAL TABLET	3	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
Antidepressants		
Antidepressants, Other		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
AUVELITY ORAL TABLET EXTENDED RELEASE	3	
bupropion hcl er (sr) oral tablet extended release 12 hour	1	
bupropion hcl er (xl) oral tablet extended release 24 hour	1	
bupropion hcl oral tablet	1	
chlordiazepoxide-amitriptyline oral tablet	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
maprotiline hcl oral tablet	1	
mirtazapine oral tablet	1	
mirtazapine oral tablet dispersible	1	
olanzapine-fluoxetine hcl oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
perphenazine-amitriptyline oral tablet	1	
REMERON ORAL TABLET	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	3	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA
SYMBYAX ORAL CAPSULE	3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
ZULRESSO INTRAVENOUS SOLUTION	2	
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
MARPLAN ORAL TABLET	3	
NARDIL ORAL TABLET	3	
PARNATE ORAL TABLET	3	
phenelzine sulfate oral tablet	1	
tranylcypromine sulfate oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
BRISDELLE ORAL CAPSULE	3	
CELEXA ORAL TABLET	3	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	1	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
desvenlafaxine succinate er oral tablet extended release 24 hour	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
duloxetine hcl oral capsule delayed release particles	1	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
fluoxetine hcl (pmdd) oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate er oral capsule extended release 24 hour	1	
fluvoxamine maleate oral tablet	1	
LEXAPRO ORAL TABLET	3	
nefazodone hcl oral tablet	1	
paroxetine hcl er oral tablet extended release 24 hour	1	
paroxetine hcl oral suspension	1	
paroxetine hcl oral tablet	1	
paroxetine mesylate oral capsule	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
PEXEVA ORAL TABLET	3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
PROZAC ORAL CAPSULE	3	
SERTRALINE HCL ORAL CAPSULE	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet	1	
TRAZODONE HCL POWDER	2	
TRINTELLIX ORAL TABLET	3	
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	
venlafaxine hcl oral tablet	1	
VIIBRYD ORAL TABLET	3	
VIIBRYD STARTER PACK ORAL KIT	3	
vilazodone hcl oral tablet	1	
ZOLOFT ORAL CONCENTRATE	3	
ZOLOFT ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
Tricyclics		
amitriptyline hcl oral tablet	1	
amoxapine oral tablet	1	
ANAFRANIL ORAL CAPSULE	3	
clomipramine hcl oral capsule	1	
desipramine hcl oral tablet	1	
DESIPRAMINE HCL POWDER	2	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral tablet	1	
IMIPRAMINE HCL POWDER	2	
imipramine pamoate oral capsule	1	
NORPRAMIN ORAL TABLET	3	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	1	
NORTRIPTYLINE HCL POWDER	2	
PAMELOR ORAL CAPSULE	3	
protriptyline hcl oral tablet	1	
trimipramine maleate oral capsule	1	
TRIMIPRAMINE MALEATE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
Antiemetics		
Antiemetics, Other		
ANTIVERT ORAL TABLET	3	
ANTIVERT ORAL TABLET CHEWABLE	3	
BARHEMSYS INTRAVENOUS SOLUTION	3	
BONJESTA ORAL TABLET EXTENDED RELEASE	3	
compro rectal suppository	1	
DICLEGIS ORAL TABLET DELAYED RELEASE	3	
dimenhydrinate injection solution	1	
doxylamine-pyridoxine oral tablet delayed release	1	
droperidol injection solution	1	
DROPERIDOL POWDER	2	
meclizine hcl oral tablet	1	
meclizine hcl oral tablet chewable	1	
MECLIZINE HCL POWDER	2	
PHENERGAN INJECTION SOLUTION	3	
prochlorperazine edisylate injection solution	1	
prochlorperazine maleate oral tablet	1	
PROCHLORPERAZIN E MALEATE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
prochlorperazine rectal suppository	1	
promethazine hcl injection solution	1	
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository	1	
promethegan rectal suppository	1	
scopolamine transdermal patch 72 hour	1	
TIGAN INTRAMUSCULAR SOLUTION	3	
TIGAN ORAL CAPSULE	3	B/D
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	
trimethobenzamide hcl oral capsule	1	B/D
Emetogenic Therapy Adjuncts		
AKYNZEO INTRAVENOUS SOLUTION	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	
AKYNZEO ORAL CAPSULE	3	B/D

Drug Name	Drug Tier	Requirements /Limits
ANZEMET ORAL TABLET	3	B/D
aprepitant oral	1	B/D
aprepitant oral capsule	1	B/D
CINVANTI INTRAVENOUS EMULSION	3	
dronabinol oral capsule	1	PA
EMEND INTRAVENOUS SOLUTION RECONSTITUTED	3	
EMEND ORAL CAPSULE	3	B/D
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D
EMEND TRI-PACK ORAL CAPSULE	3	B/D
fosaprepitant dimeglumine intravenous solution reconstituted	1	
granisetron hcl intravenous solution	1	
granisetron hcl oral tablet	1	B/D
MARINOL ORAL CAPSULE	3	PA
ondansetron hcl injection solution	1	
ondansetron hcl injection solution prefilled syringe	1	
ondansetron hcl oral solution	1	B/D
ondansetron hcl oral tablet	1	B/D
ondansetron oral tablet dispersible	1	B/D
palonosetron hcl intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
palonosetron hcl intravenous solution prefilled syringe	1	
SANCUSO TRANSDERMAL PATCH	3	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	3	
SYNDROS ORAL SOLUTION	3	PA
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	B/D
ZOFRAN ORAL TABLET	3	B/D
ZUPLENZ ORAL FILM	3	B/D
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	3	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	B/D
amphotericin b intravenous solution reconstituted	1	B/D
ANCOBON ORAL CAPSULE	3	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	
casprofungin acetate intravenous solution reconstituted	1	
clotrimazole external cream	1	
clotrimazole external solution	1	

Drug Name	Drug Tier	Requirements /Limits
CRESEMBA ORAL CAPSULE	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET	3	
econazole nitrate external cream	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERTACZO EXTERNAL CREAM	3	
EXELDERM EXTERNAL CREAM	3	
EXELDERM EXTERNAL SOLUTION	3	
EXTINA EXTERNAL FOAM	3	
fluconazole in sodium chloride intravenous solution	1	
fluconazole oral suspension reconstituted	1	
fluconazole oral tablet	1	
flucytosine oral capsule	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
GYNAZOLE-1 VAGINAL CREAM	3	
itraconazole oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
itraconazole oral solution	1	
JUBLIA EXTERNAL SOLUTION	3	
KERYDIN EXTERNAL SOLUTION	3	
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo	1	
ketoconazole oral tablet	1	
LULICONAZOLE EXTERNAL CREAM	3	
LUZU EXTERNAL CREAM	3	
miconazole 3 vaginal suppository	1	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
naftifine hcl external cream	1	
NAFTIN EXTERNAL CREAM	3	
NAFTIN EXTERNAL GEL	3	
NOXAFIL ORAL SUSPENSION	3	
NOXAFIL ORAL TABLET DELAYED RELEASE	3	
nyamyc external powder	1	
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	1	

Drug Name	Drug Tier	Requirements /Limits
nystatin mouth/throat suspension	1	
nystatin oral tablet	1	
nystop external powder	1	
ORAVIG BUCCAL TABLET	3	
oxiconazole nitrate external cream	1	
OXISTAT EXTERNAL CREAM	3	
OXISTAT EXTERNAL LOTION	3	
posaconazole oral tablet delayed release	1	
SPORANOX ORAL CAPSULE	3	
SPORANOX ORAL SOLUTION	3	
terbinafine hcl oral tablet	1	
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
TOLSURA ORAL CAPSULE	3	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
VFEND ORAL SUSPENSION RECONSTITUTED	3	
VFEND ORAL TABLET	3	
voriconazole intravenous solution reconstituted	1	PA
voriconazole oral suspension reconstituted	1	
voriconazole oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
Non-FRF		
ACTIVE-PREP KIT V EXTERNAL CREAM	2	
amphotericin b liposome intravenous suspension reconstituted	1	B/D
AMPHOTERICIN B POWDER	2	
BENZOIC ACID CRYSTALS	2	
BENZOIC ACID POWDER	2	
BREXAFEMME ORAL TABLET	3	
CICLOPIROX OLAMINE POWDER	2	
CLIOQUINOL POWDER	2	
CLOTRIMAZOLE CRYSTALS	2	
clotrimazole mouth/throat troche	1	
CLOTRIMAZOLE POWDER	2	
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ECOZA EXTERNAL FOAM	3	
EXODERM EXTERNAL LOTION	3	
fluconazole in sodium chloride intravenous solution	1	
GENTIAN VIOLET POWDER	2	
HEXIOUNYL EXTERNAL LOTION	2	
ketodan external foam	1	

Drug Name	Drug Tier	Requirements /Limits
micafungin sodium intravenous solution reconstituted	1	
MICONAZOLE NITRATE POWDER	2	
MICONAZOLE POWDER	2	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT	3	
naftifine hcl external gel	1	
NOXAFIL INTRAVENOUS SOLUTION	3	
NOXAFIL ORAL PACKET	3	
PHEDRAX EXTERNAL SHAMPOO	2	
PHEOXIA EXTERNAL CREAM	2	
RIMI EXTERNAL SOLUTION	2	
SPORANOX PULSEPAK ORAL CAPSULE	3	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION	1	
tavaborole external solution	1	
TOLNAFTATE POWDER	2	
VIVJOA ORAL CAPSULE THERAPY PACK	3	
VUSION EXTERNAL OINTMENT	3	

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Drug Name	Drug Tier	Requirements /Limits
XOLEGEL COREPAK EXTERNAL KIT	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT	3	
XOLEGEL EXTERNAL GEL	3	
Antigout Agents		
allopurinol oral tablet	1	
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	
colchicine-probenecid oral tablet	1	
COLCRYS ORAL TABLET	3	
febuxostat oral tablet	1	
MITIGARE ORAL CAPSULE	3	
probenecid oral tablet	1	
ULORIC ORAL TABLET	3	
ZYLOPRIM ORAL TABLET	3	
Non-FRF		
ALLOPURINOL ORAL TABLET	3	
allopurinol sodium intravenous solution reconstituted	1	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	3	
COLCHICINE POWDER	2	
GLOPERBA ORAL SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
KRYSTEXXA INTRAVENOUS SOLUTION	3	PA
Antimigraine Agents		
Ergot Alkaloids		
CAFERGOT ORAL TABLET	3	
D.H.E. 45 INJECTION SOLUTION	3	
DIHYDROERGOTAMINE MESYLATE CRYSTALS	2	
dihydroergotamine mesylate injection solution	1	
dihydroergotamine mesylate nasal solution	1	
DIHYDROERGOTAMINE MESYLATE POWDER	2	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	
ERGOTAMINE TARTRATE POWDER	2	
ergotamine-caffeine oral tablet	1	
MIGERGOT RECTAL SUPPOSITORY	3	
MIGRANAL NASAL SOLUTION	3	
TRUDHESA NASAL AEROSOL SOLUTION	3	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	

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Drug Name	Drug Tier	Requirements /Limits
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
NURTEC ORAL TABLET DISPERSIBLE	3	
QULIPTA ORAL TABLET	3	
timolol maleate oral tablet	1	
UBRELVY ORAL TABLET	3	
VYEPTI INTRAVENOUS SOLUTION	3	
Serotonin (5-HT) Receptor Agonist		
almotriptan malate oral tablet	1	
AMERGE ORAL TABLET	3	
eletriptan hydrobromide oral tablet	1	
FROVA ORAL TABLET	3	
frovatriptan succinate oral tablet	1	
IMITREX NASAL SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
IMITREX ORAL TABLET	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
IMITREX SUBCUTANEOUS SOLUTION	3	
MAXALT ORAL TABLET	3	
MAXALT-MLT ORAL TABLET DISPERSIBLE	3	
naratriptan hcl oral tablet	1	
ONZETRA XSAIL NASAL EXHALER POWDER	3	
RELPAX ORAL TABLET	3	
REYVOW ORAL TABLET	3	
rizatriptan benzoate oral tablet	1	
rizatriptan benzoate oral tablet dispersible	1	
sumatriptan nasal solution	1	
sumatriptan succinate oral tablet	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	
sumatriptan succinate subcutaneous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
sumatriptan succinate subcutaneous solution auto-injector	1	
sumatriptan succinate subcutaneous solution prefilled syringe	1	
sumatriptan-naproxen sodium oral tablet	1	
TOSYMRA NASAL SOLUTION	3	
TREXIMET ORAL TABLET	3	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
zolmitriptan nasal solution	1	
zolmitriptan oral tablet	1	
zolmitriptan oral tablet dispersible	1	
ZOMIG NASAL SOLUTION	3	
ZOMIG ORAL TABLET	3	
ZOMIG ZMT ORAL TABLET DISPERSIBLE	3	
Antimyasthenic Agents		
Parasympathomimetics		
BLOXIVERZ INTRAVENOUS SOLUTION	2	
GUANIDINE HCL ORAL TABLET	1	
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
MESTINON ORAL TABLET EXTENDED RELEASE	3	
neostigmine methylsulfate intravenous solution	1	
neostigmine methylsulfate intravenous solution prefilled syringe	1	
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
REGONOL INTRAVENOUS SOLUTION	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet	1	
PRETOMANID ORAL TABLET	3	
ZILXI EXTERNAL FOAM	3	
Antituberculars		
AMINOSALICYLIC ACID-4 POWDER	2	
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	3	
cycloserine oral capsule	1	
ethambutol hcl oral tablet	1	
ETHAMBUTOL HCL POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
isoniazid injection solution	1	
isoniazid oral syrup	1	
isoniazid oral tablet	1	
ISONIAZID POWDER	2	
MYAMBUTOL ORAL TABLET	3	
MYCOBUTIN ORAL CAPSULE	3	
PASER ORAL PACKET	3	
PRIFTIN ORAL TABLET	3	
pyrazinamide oral tablet	1	
rifabutin oral capsule	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
rifampin intravenous solution reconstituted	1	
rifampin oral capsule	1	
RIFAMPIN+SYRSPEN D SF ORAL SUSPENSION	2	
SIRTURO ORAL TABLET	3	
TRECTOR ORAL TABLET	3	
Antineoplastics		
Alkylating Agents		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED	3	
ALKERAN ORAL TABLET	2	
BELRAPZO INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
BENDEKA INTRAVENOUS SOLUTION	3	
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	3	
busulfan intravenous solution	1	
BUSULFEX INTRAVENOUS SOLUTION	3	
carboplatin intravenous solution	1	
carmustine intravenous solution reconstituted	1	
cisplatin intravenous solution	1	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	1	
cyclophosphamide injection solution reconstituted	1	
CYCLOPHOSPHAMID E INTRAVENOUS SOLUTION	1	
cyclophosphamide oral capsule	1	B/D
CYCLOPHOSPHAMID E ORAL TABLET	1	B/D
dacarbazine intravenous solution reconstituted	1	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
GLEOSTINE ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements /Limits
IFEX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ifosfamide intravenous solution	1	
ifosfamide intravenous solution reconstituted	1	
LEUKERAN ORAL TABLET	3	
MATULANE ORAL CAPSULE	3	
melphalan hcl intravenous solution reconstituted	1	
melphalan oral tablet	1	
MYLERAN ORAL TABLET	2	
oxaliplatin intravenous solution	1	
oxaliplatin intravenous solution reconstituted	1	
paraplatin intravenous solution	1	
PEPAXTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	3	
TEMODAR ORAL CAPSULE	2	
temozolomide oral capsule	1	
TEPADINA INJECTION SOLUTION RECONSTITUTED	3	
thiotepa injection solution reconstituted	1	

Drug Name	Drug Tier	Requirements /Limits
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	3	
VALCHLOR EXTERNAL GEL	3	PA
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
Antiandrogens		
abiraterone acetate oral tablet	1	PA
bicalutamide oral tablet	1	
CASODEX ORAL TABLET	3	
ERLEADA ORAL TABLET	3	PA
EULEXIN ORAL CAPSULE	3	
flutamide oral capsule	1	
NILANDRON ORAL TABLET	3	
nilutamide oral tablet	1	
NUBEQA ORAL TABLET	3	PA
XTANDI ORAL CAPSULE	3	PA
XTANDI ORAL TABLET	3	PA
YONSA ORAL TABLET	3	PA
ZYTIGA ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
Antiangiogenic Agents		
FOTIVDA ORAL CAPSULE	3	PA
lenalidomide oral capsule	1	PA
POMALYST ORAL CAPSULE	3	PA
QINLOCK ORAL TABLET	3	PA
REVLIMID ORAL CAPSULE	3	PA
TABRECTA ORAL TABLET	3	PA
THALOMID ORAL CAPSULE	3	PA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	3	
FARESTON ORAL TABLET	3	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
fulvestrant intramuscular solution prefilled syringe	1	
SOLTAMOX ORAL SOLUTION	3	
tamoxifen citrate oral tablet	1	
toremifene citrate oral tablet	1	
Antimetabolites		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements /Limits
ARRANON INTRAVENOUS SOLUTION	3	
capecitabine oral tablet	1	
cladribine intravenous solution	1	B/D
clofarabine intravenous solution	1	
CLOLAR INTRAVENOUS SOLUTION	3	
cytarabine (pf) injection solution	1	B/D
cytarabine injection solution	1	B/D
DROXIA ORAL CAPSULE	3	
floxuridine injection solution reconstituted	1	B/D
fluorouracil intravenous solution	1	B/D
FOLOTYN INTRAVENOUS SOLUTION	3	PA
gemcitabine hcl intravenous solution	1	
gemcitabine hcl intravenous solution reconstituted	1	
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1	
INFUGEM INTRAVENOUS SOLUTION	3	
mercaptopurine oral tablet	1	
nelarabine intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	3	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	1	
pemetrexed disodium intravenous solution reconstituted	1	
PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED	1	
PEMETREXED INTRAVENOUS SOLUTION	1	
PEMFEXY INTRAVENOUS SOLUTION	3	
PURIXAN ORAL SUSPENSION	3	
SIKLOS ORAL TABLET	3	
TABLOID ORAL TABLET	3	
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA
XELODA ORAL TABLET	2	
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	
adriamycin intravenous solution	1	B/D

Drug Name	Drug Tier	Requirements /Limits
adriamycin intravenous solution reconstituted	1	B/D
arsenic trioxide intravenous solution	1	
ASPARLAS INTRAVENOUS SOLUTION	3	
azacitidine injection suspension reconstituted	1	
bleomycin sulfate injection solution reconstituted	1	B/D
bortezomib injection solution	1	PA
bortezomib injection solution reconstituted	1	PA
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED	3	
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
dactinomycin intravenous solution reconstituted	1	
daunorubicin hcl intravenous solution	1	
decitabine intravenous solution reconstituted	1	PA
docetaxel intravenous concentrate	1	
docetaxel intravenous solution	1	
DOXIL INTRAVENOUS INJECTABLE	3	

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Drug Name	Drug Tier	Requirements /Limits
doxorubicin hcl intravenous solution	1	B/D
doxorubicin hcl intravenous solution reconstituted	1	B/D
doxorubicin hcl liposomal intravenous injectable	1	
ELLECE INTRAVENOUS SOLUTION	3	
ELZONRIS INTRAVENOUS SOLUTION	3	PA
epirubicin hcl intravenous solution	1	
ERWINASE INJECTION SOLUTION RECONSTITUTED	3	
ERWINAZE INJECTION SOLUTION RECONSTITUTED	3	
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED	3	
fludarabine phosphate intravenous solution	1	
fludarabine phosphate intravenous solution reconstituted	1	
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA
GAVRETO ORAL CAPSULE	3	PA
HALAVEN INTRAVENOUS SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
IBRANCE ORAL TABLET	3	PA
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	
idarubicin hcl intravenous solution	1	
IDHIFA ORAL TABLET	3	PA
INREBIC ORAL CAPSULE	3	PA
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	3	
JEVTANA INTRAVENOUS SOLUTION	3	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
leucovorin calcium injection solution	1	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral tablet	1	
LEVAMISOLE HCL POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
levoleucovorin calcium intravenous solution reconstituted	1	
levoleucovorin calcium pf intravenous solution	1	
LIVTENCITY ORAL TABLET	3	
LONSURF ORAL TABLET	3	PA
LUMAKRAS ORAL TABLET	3	PA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	
MARQIBO INTRAVENOUS SUSPENSION	3	
mitomycin intravenous solution reconstituted	1	
mutamycin intravenous solution reconstituted	1	
NAVELBINE INTRAVENOUS SOLUTION	3	
NINLARO ORAL CAPSULE	3	PA
ONCASPAR INJECTION SOLUTION	3	
ONUREG ORAL TABLET	3	PA
OPDUALAG INTRAVENOUS SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
paclitaxel intravenous concentrate	1	
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	1	
PEMAZYRE ORAL TABLET	3	PA
PHESGO SUBCUTANEOUS SOLUTION	3	PA
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
QUADRAMET INTRAVENOUS SOLUTION	3	
RETEVMO ORAL CAPSULE	3	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	1	PA
romidepsin intravenous solution reconstituted	1	PA
RYLAZE INTRAMUSCULAR SOLUTION	3	
SCEMBLIX ORAL TABLET	3	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
TAZVERIK ORAL TABLET	3	PA
teniposide intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	3	
TRISENOX INTRAVENOUS SOLUTION	3	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
TUKYSA ORAL TABLET	3	PA
UVADEX EXTRACORPOREAL SOLUTION	3	
valrubicin intravesical solution	1	
VALSTAR INTRAVESICAL SOLUTION	3	
VELCADE INJECTION SOLUTION RECONSTITUTED	3	PA
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	
vinblastine sulfate intravenous solution	1	B/D
vincasar pfs intravenous solution	1	B/D

Drug Name	Drug Tier	Requirements /Limits
vincristine sulfate intravenous solution	1	B/D
vinorelbine tartrate intravenous solution	1	
VONJO ORAL CAPSULE	3	PA
XOFIGO INTRAVENOUS SOLUTION	2	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
ZALTRAP INTRAVENOUS SOLUTION	3	PA
ZOLINZA ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
Aromatase Inhibitors, 3rd Generation		
anastrozole oral tablet	1	
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
exemestane oral tablet	1	
FEMARA ORAL TABLET	3	
letrozole oral tablet	1	
Enzyme Inhibitors		
CAMPTOSAR INTRAVENOUS SOLUTION	3	
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	3	
etoposide intravenous solution	1	
etoposide oral capsule	1	
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
HYCANTIN ORAL CAPSULE	2	
irinotecan hcl intravenous solution	1	
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ONIVYDE INTRAVENOUS INJECTABLE	3	
toposar intravenous solution	1	
topotecan hcl intravenous solution	1	

Drug Name	Drug Tier	Requirements /Limits
topotecan hcl intravenous solution reconstituted	1	
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	3	PA
AFINITOR ORAL TABLET	3	PA
ALECENSA ORAL CAPSULE	3	PA
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ALUNBRIG ORAL TABLET	3	PA
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA
AYVAKIT ORAL TABLET	3	PA
BALVERSA ORAL TABLET	3	PA
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
BOSULIF ORAL TABLET	3	PA
BRAFTOVI ORAL CAPSULE	3	PA
BRUKINSA ORAL CAPSULE	3	PA
CABOMETYX ORAL TABLET	3	PA
CALQUENCE ORAL CAPSULE	3	PA
CALQUENCE ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET	3	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	3	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	3	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA
COPIKTRA ORAL CAPSULE	3	PA
COTELLIC ORAL TABLET	3	PA
DAURISMO ORAL TABLET	3	PA
ERIVEDGE ORAL CAPSULE	3	PA
erlotinib hcl oral tablet	1	PA
everolimus oral tablet	1	PA
everolimus oral tablet soluble	1	PA
EXKIVITY ORAL CAPSULE	3	PA
FARYDAK ORAL CAPSULE	3	PA
GILOTRIF ORAL TABLET	3	PA
GLEEVEC ORAL TABLET	3	PA
IBRANCE ORAL CAPSULE	3	PA
ICLUSIG ORAL TABLET	3	PA
imatinib mesylate oral tablet	1	PA
IMBRUVICA ORAL CAPSULE	3	PA
IMBRUVICA ORAL SUSPENSION	3	PA

Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL TABLET	3	PA
INLYTA ORAL TABLET	3	PA
INQOVI ORAL TABLET	3	PA
IRESSA ORAL TABLET	3	PA
JAKAFI ORAL TABLET	3	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
KOSELUGO ORAL CAPSULE	3	PA
lapatinib ditosylate oral tablet	1	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA

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Drug Name	Drug Tier	Requirements /Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LORBRENA ORAL TABLET	3	PA
LYNPARZA ORAL TABLET	3	PA
MEKINIST ORAL TABLET	3	PA
MEKTOVI ORAL TABLET	3	PA
NERLYNX ORAL TABLET	3	PA
NEXAVAR ORAL TABLET	3	PA
ODOMZO ORAL CAPSULE	3	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA
ROZLYTREK ORAL CAPSULE	3	PA
RUBRACA ORAL TABLET	3	PA

Drug Name	Drug Tier	Requirements /Limits
RYDAPT ORAL CAPSULE	3	PA
sorafenib tosylate oral tablet	1	PA
SPRYCEL ORAL TABLET	3	PA
STIVARGA ORAL TABLET	3	PA
sunitinib malate oral capsule	1	PA
SUTENT ORAL CAPSULE	3	PA
TAFINLAR ORAL CAPSULE	3	PA
TAGRISSE ORAL TABLET	3	PA
TALZENNA ORAL CAPSULE	3	PA
TARCEVA ORAL TABLET	3	PA
TASIGNA ORAL CAPSULE	3	PA
temsirolimus intravenous solution	1	
TEPMETKO ORAL TABLET	3	PA
TIBSOVO ORAL TABLET	3	PA
TORISEL INTRAVENOUS SOLUTION	3	
TURALIO ORAL CAPSULE	3	PA
TYKERB ORAL TABLET	3	PA
VENCLEXTA ORAL TABLET	2	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA

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Drug Name	Drug Tier	Requirements /Limits
VERZENIO ORAL TABLET	3	PA
VITRAKVI ORAL CAPSULE	3	PA
VITRAKVI ORAL SOLUTION	3	PA
VIZIMPRO ORAL TABLET	3	PA
VOTRIENT ORAL TABLET	3	PA
WELIREG ORAL TABLET	3	PA
XALKORI ORAL CAPSULE	3	PA
XOSPATA ORAL TABLET	3	PA
ZEJULA ORAL CAPSULE	3	PA
ZELBORAF ORAL TABLET	3	PA
ZYDELIG ORAL TABLET	3	PA
ZYKADIA ORAL TABLET	3	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ALYMSYS INTRAVENOUS SOLUTION	3	PA
ARZERRA INTRAVENOUS CONCENTRATE	3	PA
AVASTIN INTRAVENOUS SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
BAVENCIO INTRAVENOUS SOLUTION	3	PA
BESPOUSA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED	2	
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
CYRAMZA INTRAVENOUS SOLUTION	3	PA
DANYELZA INTRAVENOUS SOLUTION	3	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	3	PA
DARZALEX INTRAVENOUS SOLUTION	3	PA
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ERBITUX INTRAVENOUS SOLUTION	3	PA
GAZYVA INTRAVENOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	3	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
IMFINZI INTRAVENOUS SOLUTION	3	PA
IMJUDO INTRAVENOUS SOLUTION	3	
JEMPERLI INTRAVENOUS SOLUTION	3	PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
KEYTRUDA INTRAVENOUS SOLUTION	3	PA
KIMMTRAK INTRAVENOUS SOLUTION	3	PA
LIBTAYO INTRAVENOUS SOLUTION	3	PA
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA

Drug Name	Drug Tier	Requirements /Limits
MARGENZA INTRAVENOUS SOLUTION	3	PA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
MVASI INTRAVENOUS SOLUTION	3	PA
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
OPDIVO INTRAVENOUS SOLUTION	3	PA
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
PERJETA INTRAVENOUS SOLUTION	3	PA
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
PORTRAZZA INTRAVENOUS SOLUTION	3	PA
POTELIGEO INTRAVENOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
RIABNI INTRAVENOUS SOLUTION	3	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	PA
RITUXAN INTRAVENOUS SOLUTION	3	PA
RUXIENCE INTRAVENOUS SOLUTION	3	PA
RYBREVANT INTRAVENOUS SOLUTION	3	PA
SARCLISA INTRAVENOUS SOLUTION	3	PA
TECENTRIQ INTRAVENOUS SOLUTION	3	PA
TECVAYLI SUBCUTANEOUS SOLUTION	3	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TRUXIMA INTRAVENOUS SOLUTION	3	PA
UNITUXIN INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
VECTIBIX INTRAVENOUS SOLUTION	3	
YERVOY INTRAVENOUS SOLUTION	3	PA
ZEVALIN Y-90 INTRAVENOUS KIT	3	
ZIRABEV INTRAVENOUS SOLUTION	3	PA
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
Retinoids		
bexarotene external gel	1	PA
bexarotene oral capsule	1	PA
PANRETIN EXTERNAL GEL	3	
TARGRETIN EXTERNAL GEL	3	PA
TARGRETIN ORAL CAPSULE	3	PA
tretinoin oral capsule	1	
Treatment Adjuncts		
dexrazoxane hcl intravenous solution reconstituted	1	
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	3	
mesna intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
MESNEX INTRAVENOUS SOLUTION	3	
MESNEX ORAL TABLET	3	
PEDMARK INTRAVENOUS SOLUTION	3	
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	3	
Antiparasitics		
Anthelmintics		
albendazole oral tablet	1	
ALBENZA ORAL TABLET	3	
BILTRICIDE ORAL TABLET	3	
EGATEN ORAL TABLET	2	
EMVERM ORAL TABLET CHEWABLE	3	
ivermectin oral tablet	1	PA
MEBENDAZOLE POWDER	2	
PIPERAZINE CITRATE POWDER	2	
praziquantel oral tablet	1	
STROMECTOL ORAL TABLET	3	PA
THIABENDAZOLE POWDER	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements /Limits
ALINIA ORAL TABLET	3	
ARAKODA ORAL TABLET	3	
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED	1	
atovaquone oral suspension	1	
atovaquone-proguanil hcl oral tablet	1	
BENZNIDAZOLE ORAL TABLET	1	
chloroquine phosphate oral tablet	1	
CHLOROQUINE PHOSPHATE POWDER	2	
COARTEM ORAL TABLET	3	
DARAPRIM ORAL TABLET	3	PA
hydroxychloroquine sulfate oral tablet	1	
IODOQUINOL POWDER	2	
KRINTAFEL ORAL TABLET	3	
LAMPIT ORAL TABLET	3	
MALARONE ORAL TABLET	3	
mefloquine hcl oral tablet	1	
MEPRON ORAL SUSPENSION	3	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	B/D
nitazoxanide oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
PENTAM INJECTION SOLUTION RECONSTITUTED	3	
pentamidine isethionate inhalation solution reconstituted	1	B/D
pentamidine isethionate injection solution reconstituted	1	
PLAQUENIL ORAL TABLET	3	
primaquine phosphate oral tablet	1	
pyrimethamine oral tablet	1	PA
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE	2	
QUALAQUIN ORAL CAPSULE	3	PA
QUINACRINE HCL POWDER	2	
QUININE SULFATE DIHYDRATE POWDER	2	
quinine sulfate oral capsule	1	PA
QUININE SULFATE POWDER	2	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate injection solution	1	
benztropine mesylate oral tablet	1	
COGENTIN INJECTION SOLUTION	3	
trihexyphenidyl hcl oral solution	1	
trihexyphenidyl hcl oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
Antiparkinson Agents, Other		
carbidopa-levodopa-entacapone oral tablet	1	
COMTAN ORAL TABLET	3	
entacapone oral tablet	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
NOURIANZ ORAL TABLET	3	
ONGENTYS ORAL CAPSULE	3	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
TASMAR ORAL TABLET	3	
tolcapone oral tablet	1	
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
apomorphine hcl subcutaneous solution cartridge	1	PA
bromocriptine mesylate oral capsule	1	
bromocriptine mesylate oral tablet	1	
BROMOCRIPTINE MESYLATE POWDER	2	
KYNMOBI SUBLINGUAL FILM	3	PA
KYNMOBI TITRATION KIT SUBLINGUAL KIT	3	PA
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
MIRAPEX ORAL TABLET	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
pramipexole dihydrochloride er oral tablet extended release 24 hour	1	
pramipexole dihydrochloride oral tablet	1	
ropinirole hcl er oral tablet extended release 24 hour	1	
ropinirole hcl oral tablet	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	1	
DHIVY ORAL TABLET	3	
DUOPA ENTERAL SUSPENSION	3	PA
INBRIJA INHALATION CAPSULE	3	PA
LEVODOPA POWDER	2	
LODOSYN ORAL TABLET	3	
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	
SINEMET ORAL TABLET	3	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT ORAL TABLET	3	
rasagiline mesylate oral tablet	1	
selegiline hcl oral capsule	1	
selegiline hcl oral tablet	1	
SELEGILINE HCL POWDER	2	
XADAGO ORAL TABLET	3	
ZELAPAR ORAL TABLET DISPERSIBLE	3	

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Drug Name	Drug Tier	Requirements /Limits
Antipsychotics		
1st Generation/Typical		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
chlorpromazine hcl injection solution	1	
chlorpromazine hcl oral concentrate	1	
chlorpromazine hcl oral tablet	1	
fluphenazine decanoate injection solution	1	
fluphenazine hcl injection solution	1	
fluphenazine hcl oral concentrate	1	
fluphenazine hcl oral elixir	1	
fluphenazine hcl oral tablet	1	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
HALDOL INJECTION SOLUTION	3	
haloperidol decanoate intramuscular solution	1	
haloperidol lactate injection solution	1	
haloperidol lactate oral concentrate	1	
haloperidol oral tablet	1	
loxapine succinate oral capsule	1	
molindone hcl oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
perphenazine oral tablet	1	
pimozide oral tablet	1	
thioridazine hcl oral tablet	1	
thiothixene oral capsule	1	
trifluoperazine hcl oral tablet	1	
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	3	
ABILIFY MYCITE ORAL TABLET	3	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	3	
ABILIFY ORAL TABLET	3	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
aripiprazole oral tablet dispersible	1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	3	

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Drug Name	Drug Tier	Requirements /Limits
asenapine maleate sublingual tablet sublingual	1	
CAPLYTA ORAL CAPSULE	3	
FANAPT ORAL TABLET	3	
FANAPT TITRATION PACK ORAL TABLET	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
GEODON ORAL CAPSULE	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
LATUDA ORAL TABLET	3	
LYBALVI ORAL TABLET	3	
NUPLAZID ORAL CAPSULE	3	
NUPLAZID ORAL TABLET	3	
olanzapine intramuscular solution reconstituted	1	
olanzapine oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
olanzapine oral tablet dispersible	1	
paliperidone er oral tablet extended release 24 hour	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	
quetiapine fumarate er oral tablet extended release 24 hour	1	
quetiapine fumarate oral tablet	1	
REXULTI ORAL TABLET	3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet dispersible	1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	
SECUADO TRANSDERMAL PATCH 24 HOUR	3	
SEROQUEL ORAL TABLET	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
VRAYLAR ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements /Limits
VRAYLAR ORAL CAPSULE THERAPY PACK	3	
ziprasidone hcl oral capsule	1	
ziprasidone mesylate intramuscular solution reconstituted	1	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ZYPREXA ORAL TABLET	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE	3	
3rd Generation/Atypical		
CAPLYTA ORAL CAPSULE	3	
quetiapine fumarate oral tablet	1	
4th Generation/Atypical		
CAPLYTA ORAL CAPSULE	3	
Treatment-Resistant		
clozapine oral tablet	1	
clozapine oral tablet dispersible	1	
CLOZARIL ORAL TABLET	3	
VERSACLOZ ORAL SUSPENSION	3	
Antispasticity Agents		
baclofen oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
DANTRIUM ORAL CAPSULE	3	
dantrolene sodium oral capsule	1	
tizanidine hcl oral capsule	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE	3	
ZANAFLEX ORAL TABLET	3	
Non-FRF		
BACLOFEN (BULK) SOLUTION	2	
baclofen intrathecal solution	1	B/D
baclofen intrathecal solution prefilled syringe	1	B/D
BACLOFEN ORAL SOLUTION	3	
BACLOFEN POWDER	2	
BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
dantrolene sodium intravenous solution reconstituted	1	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
FIRST-BACLOFEN ORAL SUSPENSION	2	
FLEQSUVY ORAL SUSPENSION	3	

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Drug Name	Drug Tier	Requirements /Limits
GABLOFEN INTRATHECAL SOLUTION	3	B/D
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE	3	B/D
LIORESAL INTRATHECAL SOLUTION	3	B/D
LYVISPAH ORAL PACKET	3	
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA
OZOBAX ORAL SOLUTION	3	
revonto intravenous solution reconstituted	1	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED	2	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous solution	1	
foscarnet sodium intravenous solution	1	B/D
FOSCAVIR INTRAVENOUS SOLUTION	3	B/D
GANCICLOVIR INTRAVENOUS SOLUTION	2	
ganciclovir sodium intravenous solution	1	B/D

Drug Name	Drug Tier	Requirements /Limits
ganciclovir sodium intravenous solution reconstituted	1	B/D
PREVYMIS INTRAVENOUS SOLUTION	3	
PREVYMIS ORAL TABLET	3	
VALCYTE ORAL SOLUTION RECONSTITUTED	3	
VALCYTE ORAL TABLET	3	
valganciclovir hcl oral solution reconstituted	1	
valganciclovir hcl oral tablet	1	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil oral tablet	1	
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	
entecavir oral tablet	1	
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR HBV ORAL TABLET	3	
HEPSERA ORAL TABLET	3	
lamivudine oral tablet	1	
VEMLIDY ORAL TABLET	3	
Anti-hepatitis C (HCV) Agents		
EPCLUSA ORAL PACKET	3	PA
EPCLUSA ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
HARVONI ORAL PACKET	3	PA
HARVONI ORAL TABLET	3	PA
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	1	PA
MAVYRET ORAL PACKET	3	PA
MAVYRET ORAL TABLET	3	PA
ribavirin oral capsule	1	
ribavirin oral tablet	1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	1	PA
SOVALDI ORAL PACKET	3	PA
SOVALDI ORAL TABLET	3	PA
VIEKIRA PAK ORAL TABLET THERAPY PACK	3	PA
VOSEVI ORAL TABLET	3	PA
ZEPATIER ORAL TABLET	3	PA
Antitherpetic Agents		
acyclovir oral capsule	1	
acyclovir oral suspension	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous solution	1	B/D
famciclovir oral tablet	1	
SITAVIG BUCCAL TABLET	3	
valacyclovir hcl oral tablet	1	
VALTREX ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
ZOVIRAX ORAL SUSPENSION	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	
BIKTARVY ORAL TABLET	3	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	
DESCOVY ORAL TABLET	3	
DOVATO ORAL TABLET	3	
GENVOYA ORAL TABLET	3	
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	3	
ISENTRESS ORAL TABLET CHEWABLE	2	
JULUCA ORAL TABLET	3	
STRIBILD ORAL TABLET	3	
TIVICAY ORAL TABLET	3	
TIVICAY PD ORAL TABLET SOLUBLE	3	
VOCABRIA ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA ORAL TABLET	3	
COMPLERA ORAL TABLET	3	
DELSTRIGO ORAL TABLET	3	
EDURANT ORAL TABLET	3	
efavirenz oral capsule	1	
efavirenz oral tablet	1	
efavirenz-emtricitabine-tenofovir oral tablet	1	
efavirenz-lamivudine-tenofovir oral tablet	1	
etravirine oral tablet	1	
INTELENCE ORAL TABLET	3	
nevirapine er oral tablet extended release 24 hour	1	
nevirapine oral suspension	1	
nevirapine oral tablet	1	
PIFELTRO ORAL TABLET	3	
SUSTIVA ORAL CAPSULE	3	
SUSTIVA ORAL TABLET	3	
SYMFI LO ORAL TABLET	3	
SYMFI ORAL TABLET	3	
VIRAMUNE ORAL SUSPENSION	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

Drug Name	Drug Tier	Requirements /Limits
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	1	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine oral tablet	1	
abacavir-lamivudine-zidovudine oral tablet	1	
CIMDUO ORAL TABLET	3	
COMBIVIR ORAL TABLET	3	
DESCOVY ORAL TABLET	3	
didanosine oral capsule delayed release	1	
emtricitabine oral capsule	1	
emtricitabine-tenofovir df oral tablet	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	3	
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET	3	
EPZICOM ORAL TABLET	3	
lamivudine oral solution	1	
lamivudine oral tablet	1	
lamivudine-zidovudine oral tablet	1	
ODEFSEY ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
RETROVIR INTRAVENOUS SOLUTION	3	
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
stavudine oral capsule	1	
TEMIXYS ORAL TABLET	3	
tenofovir disoproxil fumarate oral tablet	1	
TRIUMEQ ORAL TABLET	3	
TRIUMEQ PD ORAL TABLET SOLUBLE	3	
TRIZIVIR ORAL TABLET	3	
TRUVADA ORAL TABLET	3	
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET	3	
ZIAGEN ORAL SOLUTION	3	
ZIAGEN ORAL TABLET	3	
zidovudine oral capsule	1	
zidovudine oral syrup	1	
zidovudine oral tablet	1	
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
maraviroc oral tablet	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET	3	
TROGARZO INTRAVENOUS SOLUTION	3	
TYBOST ORAL TABLET	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE	3	
APTIVUS ORAL SOLUTION	3	
atazanavir sulfate oral capsule	1	
CRIXIVAN ORAL CAPSULE	3	
EVOTAZ ORAL TABLET	3	
fosamprenavir calcium oral tablet	1	
INVIRASE ORAL TABLET	3	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	3	
LEXIVA ORAL SUSPENSION	3	
LEXIVA ORAL TABLET	3	
lopinavir-ritonavir oral solution	1	
lopinavir-ritonavir oral tablet	1	
NORVIR ORAL PACKET	3	
NORVIR ORAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
NORVIR ORAL TABLET	3	
PREZCOBIX ORAL TABLET	3	
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET	3	
REYATAZ ORAL CAPSULE	3	
REYATAZ ORAL PACKET	3	
ritonavir oral tablet	1	
SYMTUZA ORAL TABLET	3	
VIRACEPT ORAL TABLET	3	
Anti-influenza Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
amantadine hcl oral tablet	1	
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	
RAPIVAB INTRAVENOUS SOLUTION	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
rimantadine hcl oral tablet	1	
TAMIFLU ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements /Limits
TAMIFLU ORAL SUSPENSION RECONSTITUTED	3	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	2	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	2	
Non-FRF		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet	1	
meprobamate oral tablet	1	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour	1	
alprazolam intensol oral concentrate	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	
alprazolam xr oral tablet extended release 24 hour	1	
ATIVAN INJECTION SOLUTION	3	
ATIVAN ORAL TABLET	3	
chlordiazepoxide hcl oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
clorazepate dipotassium oral tablet	1	
diazepam injection solution	1	
diazepam intensol oral concentrate	1	
diazepam intramuscular solution auto-injector	1	
diazepam oral concentrate	1	
diazepam oral solution	1	
diazepam oral tablet	1	
lorazepam injection solution	1	
lorazepam intensol oral concentrate	1	
lorazepam oral concentrate	1	
lorazepam oral tablet	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
midazolam hcl (pf) injection solution	1	
midazolam hcl injection solution	1	
midazolam hcl oral syrup	1	
MIDAZOLAM HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
oxazepam oral capsule	1	
TRANXENE-T ORAL TABLET	3	
VALIUM ORAL TABLET	3	
XANAX ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Bipolar Agents		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
lithium carbonate er oral tablet extended release	1	
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
LITHIUM CARBONATE POWDER	2	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet	1	
ACTOPLUS MET ORAL TABLET	3	
ACTOS ORAL TABLET	3	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
ALOGLIPTIN BENZOATE ORAL TABLET	1	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements /Limits
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET	1	
AMARYL ORAL TABLET	3	
AVANDIA ORAL TABLET	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
CYCLOSET ORAL TABLET	3	
DUETACT ORAL TABLET	3	
FARXIGA ORAL TABLET	2	
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
glimepiride oral tablet	1	
glipizide er oral tablet extended release 24 hour	1	
glipizide oral tablet	1	
GLIPIZIDE POWDER	2	
glipizide xl oral tablet extended release 24 hour	1	
glipizide-metformin hcl oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
GLUCOTROL ORAL TABLET	3	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
glyburide micronized oral tablet	1	
glyburide oral tablet	1	
GLYBURIDE POWDER	2	
glyburide-metformin oral tablet	1	
GLYNASE ORAL TABLET	3	
GLYXAMBI ORAL TABLET	3	
INVOKAMET ORAL TABLET	2	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
INVOKANA ORAL TABLET	2	
JANUMET ORAL TABLET	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
JANUVIA ORAL TABLET	2	
JARDIANCE ORAL TABLET	3	
JENTADUETO ORAL TABLET	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

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Drug Name	Drug Tier	Requirements /Limits
KAZANO ORAL TABLET	3	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
metformin hcl er (mod) oral tablet extended release 24 hour	1	
metformin hcl er (osm) oral tablet extended release 24 hour	1	
metformin hcl er oral tablet extended release 24 hour	1	
metformin hcl oral solution	1	
metformin hcl oral tablet	1	
miglitol oral tablet	1	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
nateglinide oral tablet	1	
NESINA ORAL TABLET	3	
ONGLYZA ORAL TABLET	3	
OSENI ORAL TABLET	3	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	

Drug Name	Drug Tier	Requirements /Limits
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
pioglitazone hcl oral tablet	1	
pioglitazone hcl-glimepiride oral tablet	1	
pioglitazone hcl-metformin hcl oral tablet	1	
PRECOSE ORAL TABLET	3	
QTERN ORAL TABLET	2	
repaglinide oral tablet	1	
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER	3	
RIOMET ORAL SOLUTION	3	
RYBELSUS ORAL TABLET	2	
SEGLUROMET ORAL TABLET	3	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
STARLIX ORAL TABLET	3	
STEGLATRO ORAL TABLET	3	
STEGLUJAN ORAL TABLET	3	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	

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Drug Name	Drug Tier	Requirements /Limits
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
SYNJARDY ORAL TABLET	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
tolbutamide oral tablet	1	
TRADJENTA ORAL TABLET	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	2	
BAQSIMI TWO PACK NASAL POWDER	2	
dextrose intravenous solution	1	
diazoxide oral suspension	1	
FRUCTOSE GRANULES	2	
FRUCTOSE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
glucagon emergency injection kit	1	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE KIT SUBCUTANEOUS SOLUTION	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
PROGLYCEM ORAL SUSPENSION	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
Insulins		
ADMELOG INJECTION SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
AFREZZA INHALATION POWDER	3	
APIDRA INJECTION SOLUTION	3	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
FIASP INJECTION SOLUTION	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
HUMALOG INJECTION SOLUTION	2	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	

Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN N SUBCUTANEOUS SUSPENSION	2	
HUMULIN R INJECTION SOLUTION	2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
INSULIN ASPART INJECTION SOLUTION	3	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION	3	
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
INSULIN LISPRO INJECTION SOLUTION	3	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LANTUS SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LEVEMIR SUBCUTANEOUS SOLUTION	2	
LYUMJEV INJECTION SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
MYXREDLIN INTRAVENOUS SOLUTION	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION	2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	2	

Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	2	
NOVOLIN R INJECTION SOLUTION	2	
NOVOLIN R RELION INJECTION SOLUTION	2	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG INJECTION SOLUTION	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	

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Drug Name	Drug Tier	Requirements /Limits
NOVOLOG RELION INJECTION SOLUTION	2	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	3	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
SEMGLEE SUBCUTANEOUS SOLUTION	3	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA SUBCUTANEOUS SOLUTION	2	
Blood Products and Modifiers		
Anticoagulants		
ACD FORMULA A IN VITRO SOLUTION	2	
ACD-A NOCLOT-50 IN VITRO SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	2	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION	2	
argatroban in sodium chloride intravenous solution	1	
argatroban intravenous solution	1	
ARIXTRA SUBCUTANEOUS SOLUTION	3	
ARTISS EXTERNAL SOLUTION	2	
bivalirudin trifluoroacetate intravenous solution reconstituted	1	
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
dabigatran etexilate mesylate oral capsule	1	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
ELIQUIS ORAL TABLET	2	
enoxaparin sodium injection solution	1	
enoxaparin sodium injection solution prefilled syringe	1	
fondaparinux sodium subcutaneous solution	1	
FRAGMIN INJECTION INJECTABLE	3	

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

Drug Name	Drug Tier	Requirements /Limits
FRAGMIN SUBCUTANEOUS SOLUTION	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
heparin (porcine) in nacl intravenous solution	1	
heparin sod (porcine) in d5w intravenous solution	1	
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution	1	
jantoven oral tablet	1	
LOVENOX INJECTION SOLUTION	3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	3	
PRADAXA ORAL CAPSULE	3	
REGIOCIT EXTRACORPOREAL SOLUTION	3	
RETAVASE HALF-KIT INTRAVENOUS KIT	2	
RETAVASE INTRAVENOUS KIT	2	
SAVAYSA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	2	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED	2	
TISSEEL EXTERNAL KIT	3	
TISSEEL EXTERNAL SOLUTION	3	
TNKASE INTRAVENOUS KIT	2	
TRICITRASOL IN VITRO CONCENTRATE	2	
warfarin sodium oral tablet	1	
WARFARIN SODIUM POWDER	2	
XARELTO ORAL SUSPENSION RECONSTITUTED	3	
XARELTO ORAL TABLET	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	
ZONTIVITY ORAL TABLET	3	
Blood Products and Modifiers, Other		
ADAKVEO INTRAVENOUS SOLUTION	3	PA
AGRYLIN ORAL CAPSULE	3	
anagrelide hcl oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
EPOGEN INJECTION SOLUTION	3	PA
FERRO-PLEX ORAL TABLET	2	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
GRANIX SUBCUTANEOUS SOLUTION	3	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	3	
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA
MULPLETA ORAL TABLET	3	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA

Drug Name	Drug Tier	Requirements /Limits
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
NEUPOGEN INJECTION SOLUTION	3	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	
NIVESTYM INJECTION SOLUTION	3	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
OXBRYTA ORAL TABLET	3	PA
OXBRYTA ORAL TABLET SOLUBLE	3	PA
PROCRIT INJECTION SOLUTION	3	PA
PROMACTA ORAL PACKET	3	PA
PROMACTA ORAL TABLET	3	PA
PYRUKYND ORAL TABLET	3	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	3	PA

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Drug Name	Drug Tier	Requirements /Limits
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
RELEUKO INJECTION SOLUTION	3	
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
RETACRIT INJECTION SOLUTION	3	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	3	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
Hemostasis Agents		
ACCRUFER ORAL CAPSULE	2	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
AFSTYLA INTRAVENOUS KIT	2	

Drug Name	Drug Tier	Requirements /Limits
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	2	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	2	
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
aminocaproic acid intravenous solution	1	
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
ASTRINGYN EXTERNAL SOLUTION	2	
BENEFIX INTRAVENOUS KIT	2	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	2	
CORIFACT INTRAVENOUS KIT	2	
CYKLOKAPRON INTRAVENOUS SOLUTION	3	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	2	

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Drug Name	Drug Tier	Requirements /Limits
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	2	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	2	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	2	
HEMLIBRA SUBCUTANEOUS SOLUTION	2	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED	2	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED	2	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	2	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	2	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	2	
KCENTRA INTRAVENOUS KIT	2	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
KOGENATE FS INTRAVENOUS KIT	2	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	2	
LYSTEDA ORAL TABLET	3	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED	2	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	2	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	2	
NUWIQ INTRAVENOUS KIT	2	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	2	
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED	2	
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED	2	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	2	
protamine sulfate intravenous solution	1	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	2	

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Drug Name	Drug Tier	Requirements /Limits
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED	2	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED	2	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	2	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	2	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	2	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	2	
THROMBIN-JMI EXTERNAL KIT	2	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	2	
THROMBOGEN EXTERNAL KIT	2	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	2	
tranexamic acid intravenous solution	1	
tranexamic acid oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	2	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	2	
WILATE INTRAVENOUS KIT	2	
XYNTHA INTRAVENOUS KIT	2	
XYNTHA SOLOFUSE INTRAVENOUS KIT	2	
Platelet Modifying Agents		
AGGRASTAT INTRAVENOUS CONCENTRATE	2	
AGGRASTAT INTRAVENOUS SOLUTION	2	
aspirin-dipyridamole er oral capsule extended release 12 hour	1	
ASPIRIN- OMEPRAZOLE ORAL TABLET DELAYED RELEASE	1	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	3	PA
cilostazol oral tablet	1	
clopidogrel bisulfate oral tablet	1	
dipyridamole oral tablet	1	
DOPTELET ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
EFFIENT ORAL TABLET	3	
eptifibatide intravenous solution	1	
INTEGRILIN INTRAVENOUS SOLUTION	3	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
PLAVIX ORAL TABLET	3	
prasugrel hcl oral tablet	1	
TAVALISSE ORAL TABLET	3	PA
YOSPRALA ORAL TABLET DELAYED RELEASE	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
AKOVAZ INTRAVENOUS SOLUTION	2	
BIORPHEN INTRAVENOUS SOLUTION	3	
CATAPRES ORAL TABLET	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	

Drug Name	Drug Tier	Requirements /Limits
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
clonidine hcl oral tablet	1	
CLONIDINE HCL POWDER	2	
clonidine transdermal patch weekly	1	
droxidopa oral capsule	1	PA
ephedrine sulfate intravenous solution	1	
guanfacine hcl oral tablet	1	
methyldopa oral tablet	1	
midodrine hcl oral tablet	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
NORTHERA ORAL CAPSULE	3	PA
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION	2	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
phenylephrine hcl intravenous solution	1	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	

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Drug Name	Drug Tier	Requirements /Limits
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION	2	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
VAZCULEP INTRAVENOUS SOLUTION	3	
Alpha-adrenergic Blocking Agents		
DIBENZYLIN ORAL CAPSULE	3	
LABETALOL HCL- DEXTROSE INTRAVENOUS SOLUTION	3	
MINIPRESS ORAL CAPSULE	3	
phenoxybenzamine hcl oral capsule	1	
phentolamine mesylate injection solution reconstituted	1	
prazosin hcl oral capsule	1	
PRAZOSIN HCL POWDER	2	
RESERPINE POWDER	2	
Angiotensin II Receptor Antagonists		
ATACAND ORAL TABLET	3	
AVAPRO ORAL TABLET	3	
BENICAR ORAL TABLET	3	
candesartan cilexetil oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
COZAAR ORAL TABLET	3	
DIOVAN ORAL TABLET	3	
EDARBI ORAL TABLET	3	
irbesartan oral tablet	1	
losartan potassium oral tablet	1	
MICARDIS ORAL TABLET	3	
olmesartan medoxomil oral tablet	1	
telmisartan oral tablet	1	
VALSARTAN ORAL SOLUTION	1	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL ORAL TABLET	3	
ALTACE ORAL CAPSULE	3	
benazepril hcl oral tablet	1	
captopril oral tablet	1	
enalapril maleate oral solution	1	
enalapril maleate oral tablet	1	
enalaprilat intravenous injectable	1	
EPANED ORAL SOLUTION	3	
fosinopril sodium oral tablet	1	
lisinopril oral tablet	1	
LOTENSIN ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
moexipril hcl oral tablet	1	
perindopril erbumine oral tablet	1	
PRINIVIL ORAL TABLET	3	
QBRELIS ORAL SOLUTION	3	
quinapril hcl oral tablet	1	
ramipril oral capsule	1	
trandolapril oral tablet	1	
VASOTEC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
Antiarrhythmics		
adenosine intravenous solution	1	
amiodarone hcl intravenous solution	1	
amiodarone hcl oral tablet	1	
BETAPACE AF ORAL TABLET	3	
BETAPACE ORAL TABLET	3	
CORVERT INTRAVENOUS SOLUTION	3	
digitek oral tablet	1	
digox oral tablet	1	
digoxin injection solution	1	
digoxin oral solution	1	
digoxin oral tablet	1	
disopyramide phosphate oral capsule	1	
dofetilide oral capsule	1	
flecainide acetate oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
ibutilide fumarate intravenous solution	1	
LANOXIN INJECTION SOLUTION	3	
LANOXIN ORAL TABLET	3	
LANOXIN PEDIATRIC INJECTION SOLUTION	3	
lidocaine hcl (cardiac) intravenous solution prefilled syringe	1	
lidocaine hcl (cardiac) pf intravenous solution	1	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1	
lidocaine in d5w intravenous solution	1	
mexiletine hcl oral capsule	1	
MULTAQ ORAL TABLET	2	
NEXTERONE INTRAVENOUS SOLUTION	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
NORPACE ORAL CAPSULE	3	
PACERONE ORAL TABLET	1	
procainamide hcl injection solution	1	
PROCAINAMIDE HCL POWDER	2	
propafenone hcl er oral capsule extended release 12 hour	1	
propafenone hcl oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
quinidine gluconate er oral tablet extended release	1	
quinidine sulfate oral tablet	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
sorine oral tablet	1	
sotalol hcl (af) oral tablet	1	
SOTALOL HCL INTRAVENOUS SOLUTION	1	
sotalol hcl oral tablet	1	
SOTYLIZE ORAL SOLUTION	3	
TIKOSYN ORAL CAPSULE	3	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral capsule	1	
ACEBUTOLOL HCL POWDER	2	
atenolol oral tablet	1	
ATENOLOL POWDER	2	
ATENOLOL+SYRSPE ND SF ORAL SUSPENSION	2	
betaxolol hcl oral tablet	1	
bisoprolol fumarate oral tablet	1	
BREVIBLOC IN NA CL INTRAVENOUS SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION	3	
BYSTOLIC ORAL TABLET	3	
carvedilol oral tablet	1	
carvedilol phosphate er oral capsule extended release 24 hour	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
COREG ORAL TABLET	3	
CORGARD ORAL TABLET	3	
esmolol hcl intravenous solution	1	
esmolol hcl-sodium chloride intravenous solution	1	
HEMANGEOL ORAL SOLUTION	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
labetalol hcl intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
LABELALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
labetalol hcl oral tablet	1	
LABELALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
LOPRESSOR ORAL TABLET	3	
metoprolol succinate er oral tablet extended release 24 hour	1	
metoprolol tartrate intravenous solution	1	
metoprolol tartrate oral tablet	1	
METOPROLOL TARTRATE POWDER	2	
nadolol oral tablet	1	
NADOLOL POWDER	2	
nebivolol hcl oral tablet	1	
pindolol oral tablet	1	
propranolol hcl er oral capsule extended release 24 hour	1	
propranolol hcl intravenous solution	1	
propranolol hcl oral solution	1	
propranolol hcl oral tablet	1	
PROPRANOLOL HCL POWDER	2	
TENORMIN ORAL TABLET	3	
TIMOLOL MALEATE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Calcium Channel Blocking Agents, Dihydropyridines		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION	2	
amlodipine besylate oral tablet	1	
CARDENE IV INTRAVENOUS SOLUTION	3	
CLEVIPREX INTRAVENOUS EMULSION	3	
CONJUPRI ORAL TABLET	3	
felodipine er oral tablet extended release 24 hour	1	
isradipine oral capsule	1	
KATERZIA ORAL SUSPENSION	3	
LEVAMLODIPINE MALEATE ORAL TABLET	3	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION	3	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
nicardipine hcl intravenous solution	1	
nicardipine hcl oral capsule	1	
nifedipine er oral tablet extended release 24 hour	1	

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Drug Name	Drug Tier	Requirements /Limits
nifedipine er osmotic release oral tablet extended release 24 hour	1	
nifedipine oral capsule	1	
nimodipine oral capsule	1	
nisoldipine er oral tablet extended release 24 hour	1	
NORLIQVA ORAL SOLUTION	3	
NORVASC ORAL TABLET	3	
NYMALIZE ORAL SOLUTION	3	
PROCARDIA ORAL CAPSULE	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Calcium Channel Blocking Agents, Nondihydropyridines		
CALAN SR ORAL TABLET EXTENDED RELEASE	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
CARDIZEM ORAL TABLET	3	
cartia xt oral capsule extended release 24 hour	1	

Drug Name	Drug Tier	Requirements /Limits
diltiazem hcl er beads oral capsule extended release 24 hour	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl er coated beads oral tablet extended release 24 hour	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl intravenous solution	1	
diltiazem hcl intravenous solution reconstituted	1	
diltiazem hcl oral tablet	1	
DILTIAZEM HCL- DEXTROSE INTRAVENOUS SOLUTION	2	
DILTIAZEM HCL- SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
dilt-xr oral capsule extended release 24 hour	1	
matzim la oral tablet extended release 24 hour	1	
taztia xt oral capsule extended release 24 hour	1	
tiadylt er oral capsule extended release 24 hour	1	

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Drug Name	Drug Tier	Requirements /Limits
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
verapamil hcl er oral capsule extended release 24 hour	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl intravenous solution	1	
verapamil hcl oral tablet	1	
VERAPAMIL HCL POWDER	2	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
Cardiovascular Agents, Other		
ACCURETIC ORAL TABLET	3	
acetazolamide oral tablet	1	
acetazolamide sodium injection solution reconstituted	1	
ADRENALIN INJECTION SOLUTION	3	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
ALDACTAZIDE ORAL TABLET	3	
aliskiren fumarate oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
amlodipine besy-benazepril hcl oral capsule	1	
amlodipine besylate-valsartan oral tablet	1	
amlodipine-atorvastatin oral tablet	1	
amlodipine-olmesartan oral tablet	1	
amlodipine-valsartan-hctz oral tablet	1	
ASCLERA INTRAVENOUS SOLUTION	2	
ASPRUZYO SPRINKLE ORAL PACKET	3	
ATACAND HCT ORAL TABLET	3	
atenolol-chlorthalidone oral tablet	1	
AVALIDE ORAL TABLET	3	
AZOR ORAL TABLET	3	
benazepril-hydrochlorothiazide oral tablet	1	
BENICAR HCT ORAL TABLET	3	
BIDIL ORAL TABLET	3	
bisoprolol-hydrochlorothiazide oral tablet	1	
CADUET ORAL TABLET	3	
CAMZYOS ORAL CAPSULE	3	PA
candesartan cilexetil-hctz oral tablet	1	
captopril-hydrochlorothiazide oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
CONSENSI ORAL TABLET	3	
CORLANOR ORAL SOLUTION	3	
CORLANOR ORAL TABLET	3	
DEFITELIO INTRAVENOUS SOLUTION	3	
DEMSER ORAL CAPSULE	3	
DIOVAN HCT ORAL TABLET	3	
dobutamine hcl intravenous solution	1	B/D
dobutamine in d5w intravenous solution	1	B/D
dopamine hcl intravenous solution	1	B/D
dopamine in d5w intravenous solution	1	B/D
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
EDARBYCLOR ORAL TABLET	3	
enalapril-hydrochlorothiazide oral tablet	1	
ENTRESTO ORAL TABLET	2	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE	2	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
epinephrine (anaphylaxis) injection solution	1	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION	2	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION	2	
epinephrine injection solution	1	
epinephrine injection solution prefilled syringe	1	
EPINEPHRINE INTRAVENOUS SOLUTION	2	
epinephrine intravenous solution prefilled syringe	1	
epinephrine pf injection solution	1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	2	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION	2	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	

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Drug Name	Drug Tier	Requirements /Limits
ETHAMOLIN INTRAVENOUS SOLUTION	2	
EVKEEZA INTRAVENOUS SOLUTION	3	PA
EXFORGE HCT ORAL TABLET	3	
EXFORGE ORAL TABLET	3	
fosinopril sodium-hctz oral tablet	1	
HYZAAR ORAL TABLET	3	
irbesartan-hydrochlorothiazide oral tablet	1	
isosorb dinitrate-hydralazine oral tablet	1	
KERENDIA ORAL TABLET	3	
LEVOPHED INTRAVENOUS SOLUTION	3	
lisinopril-hydrochlorothiazide oral tablet	1	
losartan potassium-hctz oral tablet	1	
LOTENSIN HCT ORAL TABLET	3	
LOTREL ORAL CAPSULE	3	
mannitol intravenous solution	1	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25 ORAL TABLET	3	
methyldopa-hydrochlorothiazide oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
metoprolol-hydrochlorothiazide oral tablet	1	
metyrosine oral capsule	1	
MICARDIS HCT ORAL TABLET	3	
milrinone lactate in dextrose intravenous solution	1	B/D
milrinone lactate intravenous solution	1	B/D
norepinephrine bitartrate intravenous solution	1	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	2	
NYLIDRIN HCL POWDER	2	
olmesartan medoxomil-hctz oral tablet	1	
olmesartan-amlodipine-hctz oral tablet	1	
OSMITROL INTRAVENOUS SOLUTION	3	
pentoxifylline er oral tablet extended release	1	
PRESTALIA ORAL TABLET	3	
propranolol-hctz oral tablet	1	
quinapril-hydrochlorothiazide oral tablet	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
ranolazine er oral tablet extended release 12 hour	1	

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Drug Name	Drug Tier	Requirements /Limits
REZIPRES INTRAVENOUS SOLUTION	2	
sodium tetradecyl sulfate intravenous solution	1	
SOTRADECOL INTRAVENOUS SOLUTION	3	
spironolactone-hctz oral tablet	1	
TARKA ORAL TABLET EXTENDED RELEASE	3	
TEKTURNA HCT ORAL TABLET	3	
TEKTURNA ORAL TABLET	3	
telmisartan-amlodipine oral tablet	1	
telmisartan-hctz oral tablet	1	
TENORETIC 100 ORAL TABLET	3	
TENORETIC 50 ORAL TABLET	3	
trandolapril-verapamil hcl er oral tablet extended release	1	
triamterene-hctz oral capsule	1	
triamterene-hctz oral tablet	1	
TRIBENZOR ORAL TABLET	3	
TWYNSTA ORAL TABLET	3	
valsartan-hydrochlorothiazide oral tablet	1	
VARITHENA INTRAVENOUS FOAM	2	

Drug Name	Drug Tier	Requirements /Limits
VASERETIC ORAL TABLET	3	
VECAMYL ORAL TABLET	3	
VYNDAMAX ORAL CAPSULE	3	PA
ZESTORETIC ORAL TABLET	3	
ZIAC ORAL TABLET	3	
Diuretics, Loop		
bumetanide injection solution	1	
bumetanide oral tablet	1	
BUMEX ORAL TABLET	3	
EDECRIN ORAL TABLET	3	
ethacrynate sodium intravenous solution reconstituted	1	
ethacrynic acid oral tablet	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	3	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
furosemide injection solution	1	
furosemide oral solution	1	
furosemide oral tablet	1	
FUROSEMIDE POWDER	2	
LASIX ORAL TABLET	3	
SOAANZ ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
torseamide oral tablet	1	
Diuretics, Potassium-sparing		
ALDACTONE ORAL TABLET	3	
amiloride hcl oral tablet	1	
AMILORIDE HCL POWDER	2	
CAROSPIR ORAL SUSPENSION	3	
DYRENIUM ORAL CAPSULE	3	
eplerenone oral tablet	1	
INSPRA ORAL TABLET	3	
spironolactone oral tablet	1	
SPIRONOLACTONE POWDER	2	
triamterene oral capsule	1	
TRIAMTERENE POWDER	2	
Diuretics, Thiazide		
chlorothiazide sodium intravenous solution reconstituted	1	
chlorthalidone oral tablet	1	
DIURIL ORAL SUSPENSION	3	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
HYDROCHLOROTHIAZIDE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
indapamide oral tablet	1	
metolazone oral tablet	1	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
THALITONE ORAL TABLET	3	
Dyslipidemics, Fibric Acid Derivatives		
ANTARA ORAL CAPSULE	3	
fenofibrate micronized oral capsule	1	
fenofibrate oral capsule	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
fenofibric acid oral tablet	1	
FENOGLIDE ORAL TABLET	3	
FIBRICOR ORAL TABLET	3	
gemfibrozil oral tablet	1	
GEMFIBROZIL POWDER	2	
LIPOFEN ORAL CAPSULE	3	
LOPID ORAL TABLET	3	
TRICOR ORAL TABLET	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE	3	

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Drug Name	Drug Tier	Requirements /Limits
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
atorvastatin calcium oral tablet	1	
CRESTOR ORAL TABLET	3	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	3	
FLOLIPID ORAL SUSPENSION	3	
fluvastatin sodium er oral tablet extended release 24 hour	1	
fluvastatin sodium oral capsule	1	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
LIPITOR ORAL TABLET	3	
LIVALO ORAL TABLET	2	
lovastatin oral tablet	1	
PRAVACHOL ORAL TABLET	3	
pravastatin sodium oral tablet	1	
rosuvastatin calcium oral tablet	1	
simvastatin oral tablet	1	
ZOCOR ORAL TABLET	3	
ZYPITAMAG ORAL TABLET	3	
Dyslipidemics, Other		
cholestyramine light oral packet	1	

Drug Name	Drug Tier	Requirements /Limits
cholestyramine light oral powder	1	
cholestyramine oral packet	1	
cholestyramine oral powder	1	
colesevelam hcl oral packet	1	
colesevelam hcl oral tablet	1	
COLESTID FLAVORED ORAL GRANULES	3	
COLESTID FLAVORED ORAL PACKET	3	
COLESTID ORAL GRANULES	3	
COLESTID ORAL PACKET	3	
COLESTID ORAL TABLET	3	
colestipol hcl oral granules	1	
colestipol hcl oral packet	1	
colestipol hcl oral tablet	1	
ezetimibe oral tablet	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET	1	
ezetimibe-simvastatin oral tablet	1	
icosapent ethyl oral capsule	1	
JUXTAPID ORAL CAPSULE	3	PA
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	

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Drug Name	Drug Tier	Requirements /Limits
LOVAZA ORAL CAPSULE	3	
NEXLETOL ORAL TABLET	3	
NEXLIZET ORAL TABLET	3	
niacin (antihyperlipidemic) oral tablet	1	
niacin er (antihyperlipidemic) oral tablet extended release	1	
niacor oral tablet	1	
NIASPAN ORAL TABLET EXTENDED RELEASE	3	
omega-3-acid ethyl esters oral capsule	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
prevalite oral packet	1	
prevalite oral powder	1	
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL PACKET	3	
QUESTRAN ORAL POWDER	3	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	2	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
ROSZET ORAL TABLET	3	
VASCEPA ORAL CAPSULE	2	
VYTORIN ORAL TABLET	3	
WELCHOL ORAL PACKET	3	
WELCHOL ORAL TABLET	3	
ZETIA ORAL TABLET	3	
Vasodilators, Direct-acting Arterial		
CORLOPAM INTRAVENOUS SOLUTION	3	
hydralazine hcl injection solution	1	
hydralazine hcl oral tablet	1	
minoxidil oral tablet	1	
papaverine hcl injection solution	1	
PAPAVERINE HCL POWDER	2	
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	3	
GONITRO SUBLINGUAL PACKET	3	
ISORDIL TITRADOSE ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate er oral tablet extended release 24 hour	1	
isosorbide mononitrate oral tablet	1	
minitran transdermal patch 24 hour	1	
NITRO-BID TRANSDERMAL OINTMENT	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
nitroglycerin in d5w intravenous solution	1	
nitroglycerin intravenous solution	1	
nitroglycerin sublingual tablet sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual solution	1	
NITROLINGUAL TRANSLINGUAL SOLUTION	3	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION	3	
NITROPRESS INTRAVENOUS SOLUTION	3	
nitroprusside sodium intravenous solution	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	3	

Drug Name	Drug Tier	Requirements /Limits
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE	3	
sodium nitroprusside intravenous solution	1	
VERQUVO ORAL TABLET	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL ORAL TABLET	3	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE	3	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	
AMPHETAMINE ER ORAL SUSPENSION EXTENDED RELEASE	3	
amphetamine sulfate oral tablet	1	
amphetamine-dextroamphetamine oral capsule extended release 24 hour	1	
amphetamine-dextroamphetamine oral tablet	1	
AZSTARYS ORAL CAPSULE	3	
DESOXYN ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
dextroamphetamine sulfate er oral capsule extended release 24 hour	1	
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	3	
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE	3	
EVEKEO ODT ORAL TABLET DISPERSIBLE	3	
EVEKEO ORAL TABLET	3	
methamphetamine hcl oral tablet	1	PA
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
PROCENTRA ORAL SOLUTION	3	
VYVANSE ORAL CAPSULE	3	
VYVANSE ORAL TABLET CHEWABLE	3	
XELSTRYM TRANSDERMAL PATCH	3	
ZENZEDI ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
atomoxetine hcl oral capsule	1	
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA ORAL TABLET EXTENDED RELEASE	3	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	
DAYTRANA TRANSDERMAL PATCH	3	
dexmethylphenidate hcl er oral capsule extended release 24 hour	1	
dexmethylphenidate hcl oral tablet	1	
FOCALIN ORAL TABLET	3	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
guanfacine hcl er oral tablet extended release 24 hour	1	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

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Drug Name	Drug Tier	Requirements /Limits
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
METHYLIN ORAL SOLUTION	3	
methylphenidate hcl er (cd) oral capsule extended release	1	
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	
methylphenidate hcl er (osm) oral tablet extended release	1	
methylphenidate hcl er (xr) oral capsule extended release 24 hour	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl er oral tablet extended release 24 hour	1	
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	1	
methylphenidate transdermal patch	1	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	3	

Drug Name	Drug Tier	Requirements /Limits
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE	1	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
RITALIN ORAL TABLET	3	
STRATTERA ORAL CAPSULE	3	
Central Nervous System, Other		
ADIPEX-P ORAL CAPSULE	2	
ADIPEX-P ORAL TABLET	2	
ALLZITAL ORAL TABLET	3	
AUSTEDO ORAL TABLET	3	PA
bac oral tablet	1	
benzphetamine hcl oral tablet	1	
BUPAP ORAL TABLET	3	
BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE	1	
butalbital-acetaminophen oral tablet	1	
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet	1	
butalbital-aspirin-caffeine oral capsule	1	
butalbital-aspirin-caffeine oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
CAFCIT INTRAVENOUS SOLUTION	3	
CAFFEINE ANHYDROUS POWDER	2	
caffeine citrate intravenous solution	1	
caffeine citrate oral solution	1	
CAFFEINE CITRATED POWDER	2	
CAFFEINE POWDER	2	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION	3	
clonidine hcl (analgesia) epidural solution	1	B/D
CLONIDINE HCL (BULK) SOLUTION	2	
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
diethylpropion hcl er oral tablet extended release 24 hour	1	
diethylpropion hcl oral tablet	1	
DOPRAM INTRAVENOUS SOLUTION	2	
DURACLON EPIDURAL SOLUTION	3	B/D
ESGIC ORAL CAPSULE	3	
ESGIC ORAL TABLET	3	
EXSERVAN ORAL FILM	3	
FIORICET ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements /Limits
FIORINAL ORAL CAPSULE	3	
FIRDAPSE ORAL TABLET	3	PA
flumazenil intravenous solution	1	
GRALISE ORAL	3	
GRALISE ORAL TABLET	3	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
INGREZZA ORAL CAPSULE	3	PA
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA
LOMAIRA ORAL TABLET	2	
NUDEXTA ORAL CAPSULE	3	PA
phendimetrazine tartrate er oral capsule extended release 24 hour	1	
phentermine hcl oral capsule	1	
phentermine hcl oral tablet	1	
PRIALT INTRATHECAL SOLUTION	3	B/D
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
RADICAVA INTRAVENOUS SOLUTION	3	PA
RADICAVA ORS ORAL SUSPENSION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
RADICAVA ORS STARTER KIT ORAL SUSPENSION	3	PA
RELYVRIO ORAL PACKET	3	PA
RILUTEK ORAL TABLET	3	
riluzole oral tablet	1	
TENCON ORAL TABLET	1	
tetrabenazine oral tablet	1	PA
TIGLUTIK ORAL SUSPENSION	3	
VTOL LQ ORAL SOLUTION	3	
XENAZINE ORAL TABLET	3	PA
ZEBUTAL ORAL CAPSULE	3	
Fibromyalgia Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
pregabalin er oral tablet extended release 24 hour	1	
SAVELLA ORAL TABLET	2	
SAVELLA TITRATION PACK ORAL	2	
Multiple Sclerosis Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA
AUBAGIO ORAL TABLET	3	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA

Drug Name	Drug Tier	Requirements /Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	3	PA
BETASERON SUBCUTANEOUS KIT	3	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
dalfampridine er oral tablet extended release 12 hour	1	PA
dimethyl fumarate oral capsule delayed release	1	PA
dimethyl fumarate starter pack oral	1	PA
EXTAVIA SUBCUTANEOUS KIT	3	PA
fingolimod hcl oral capsule	1	PA
GILENYA ORAL CAPSULE	3	PA
glatiramer acetate subcutaneous solution prefilled syringe	1	PA
glatopa subcutaneous solution prefilled syringe	1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	PA

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Drug Name	Drug Tier	Requirements /Limits
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	PA
MAYZENT ORAL TABLET	3	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	3	PA
mitoxantrone hcl intravenous concentrate	1	PA
OCREVUS INTRAVENOUS SOLUTION	3	PA
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
PONVORY ORAL TABLET	3	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	3	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
TECFIDERA ORAL	3	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA
TYSABRI INTRAVENOUS CONCENTRATE	3	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE	3	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA
ZEPOSIA ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	3	PA
Dental and Oral Agents		
cevimeline hcl oral capsule	1	
chlorhexidine gluconate mouth/throat solution	1	
doxycycline hyclate oral tablet	1	
EVOXAC ORAL CAPSULE	3	
lidocaine viscous hcl mouth/throat solution	1	
pilocarpine hcl oral tablet	1	
SALAGEN ORAL TABLET	3	
triamcinolone acetonide mouth/throat paste	1	
Non-FRF		
ARESTIN DENTAL	3	
cavarest dental gel	1	
CHLORHEXIDINE GLUCONATE SOLUTION	2	
CITANEST FORTE DENTAL INJECTION SOLUTION	2	
CITANEST PLAIN DENTAL INJECTION SOLUTION	3	
CLINPRO 5000 DENTAL PASTE	3	
DEBACTEROL MOUTH/THROAT SOLUTION	3	
DENTA 5000 PLUS DENTAL CREAM	3	

Drug Name	Drug Tier	Requirements /Limits
DENTAGEL DENTAL GEL	3	
easygel dental gel	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	2	
fluoridex daily renewal mouth/throat concentrate	1	
FLUORIDEX DENTAL PASTE	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000 DENTAL PASTE	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	3	
JUST RIGHT 5000 DENTAL GEL	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
lidocaine hcl mouth/throat solution	1	
MI PASTE DENTAL PASTE	2	
MI PASTE PLUS DENTAL PASTE	2	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements /Limits
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	3	
oralone mouth/throat paste	1	
PERIDEX MOUTH/THROAT SOLUTION	3	
periogard mouth/throat solution	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
PREVIDENT DENTAL GEL	3	
PREVIDENT MOUTH/THROAT SOLUTION	3	
REMESENSE DENTAL	2	
sf 5000 plus dental cream	1	
sf dental gel	1	

Drug Name	Drug Tier	Requirements /Limits
sodium fluoride 5000 enamel dental gel	1	
sodium fluoride 5000 plus dental cream	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental gel	1	
sodium fluoride 5000 ppm dental paste	1	
sodium fluoride 5000 sensitive dental gel	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel	1	
sodium fluoride mouth/throat solution	1	
TOPEX TOPICAL ANESTHETIC MOUTH/THROAT AEROSOL	3	
Dermatological Agents		
Acne and Rosacea Agents		
ABSORICA LD ORAL CAPSULE	3	
ABSORICA ORAL CAPSULE	3	
ACANYA EXTERNAL GEL	3	
accutane oral capsule	1	
acitretin oral capsule	1	
adapalene external cream	1	
adapalene external gel	1	
ADAPALENE EXTERNAL PAD	1	

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Drug Name	Drug Tier	Requirements /Limits
ADAPALENE EXTERNAL SOLUTION	1	
adapalene-benzoyl peroxide external gel	1	
ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD	1	
AKLIEF EXTERNAL CREAM	3	
ALTRENO EXTERNAL LOTION	3	
amnesteam oral capsule	1	
ARAZLO EXTERNAL LOTION	3	
ATRALIN EXTERNAL GEL	3	
AVEIDA EXTERNAL GEL	2	
AVITA EXTERNAL CREAM	3	
AVITA EXTERNAL GEL	3	
azelaic acid external gel	1	
AZELEX EXTERNAL CREAM	3	
BENZACLIN EXTERNAL GEL	3	
BENZACLIN WITH PUMP EXTERNAL GEL	3	
BENZAMYCIN EXTERNAL GEL	3	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION	3	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION	1	

Drug Name	Drug Tier	Requirements /Limits
benzoyl peroxide-erythromycin external gel	1	
claravis oral capsule	1	
clindamycin phos-benzoyl perox external gel	1	
clindamycin-tretinoin external gel	1	
DAZAVEIDAOXIA EXTERNAL GEL	2	
DAZOMON EXTERNAL GEL	2	
DIFFERIN EXTERNAL CREAM	3	
DIFFERIN EXTERNAL GEL	3	
DIFFERIN EXTERNAL LOTION	3	
EPIDUO EXTERNAL GEL	3	
EPIDUO FORTE EXTERNAL GEL	3	
FABIOR EXTERNAL FOAM	3	
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	3	
FLUOXIA EXTERNAL CREAM	2	
HAXCHLODREX EXTERNAL SHAMPOO	2	
HAXDRAX EXTERNAL SHAMPOO	2	
IDAOXIA EXTERNAL GEL	2	
IDYYXIATAR EXTERNAL GEL	2	
INOVA EXTERNAL KIT	3	

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Drug Name	Drug Tier	Requirements /Limits
isotretinoin oral capsule	1	
METROCREAM EXTERNAL CREAM	3	
METROGEL EXTERNAL GEL	3	
METROLOTION EXTERNAL LOTION	3	
metronidazole external cream	1	
metronidazole external gel	1	
metronidazole external lotion	1	
MIRVASO EXTERNAL GEL	3	
myorisan oral capsule	1	
neuac external gel	1	
NORITATE EXTERNAL CREAM	3	
ONEXTON EXTERNAL GEL	3	
OVACE PLUS EXTERNAL CREAM	3	
OVACE PLUS EXTERNAL FOAM	3	
OVACE PLUS EXTERNAL LOTION	3	
OVACE PLUS EXTERNAL SHAMPOO	3	
OVACE PLUS WASH EXTERNAL GEL	3	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH EXTERNAL LIQUID	3	
PLEXION NS EXTERNAL SHAMPOO	3	
RETIN-A EXTERNAL CREAM	3	

Drug Name	Drug Tier	Requirements /Limits
RETIN-A EXTERNAL GEL	3	
RETIN-A MICRO EXTERNAL GEL	3	
RETIN-A MICRO PUMP EXTERNAL GEL	3	
RETINOIC ACID POWDER	2	
RHOFADE EXTERNAL CREAM	3	
rosadan external cream	1	
rosadan external gel	1	
selenium sulfide external shampoo	1	
SELRX EXTERNAL SHAMPOO	3	
sodium sulfacetamide external shampoo	1	
sodium sulfacetamide wash external liquid	1	
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID	3	
SORIATANE ORAL CAPSULE	3	
sulfacetamide sodium (cleans) external gel	1	
sulfacetamide sodium external liquid	1	
tazarotene external cream	1	
TAZAROTENE EXTERNAL FOAM	3	
tazarotene external gel	1	
TAZORAC EXTERNAL CREAM	3	
TAZORAC EXTERNAL GEL	3	
tretinoin external cream	1	

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Drug Name	Drug Tier	Requirements /Limits
tretinoin external gel	1	
tretinoin microsphere external gel	1	
tretinoin microsphere pump external gel	1	
TRETINOIN POWDER	2	
VANOXIDE-HC EXTERNAL LOTION	3	
VELTIN EXTERNAL GEL	3	
VTAMA EXTERNAL CREAM	3	
ZACARE EXTERNAL KIT	3	
zenatane oral capsule	1	
ZIANA EXTERNAL GEL	3	
Dermatitis and Pruitus Agents		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT	3	
ALA SCALP EXTERNAL LOTION	3	
ala-cort external cream	1	
alclometasone dipropionate external cream	1	
alclometasone dipropionate external ointment	1	
amcinonide external cream	1	
amcinonide external lotion	1	
amcinonide external ointment	1	
ammonium lactate external cream	1	
ammonium lactate external lotion	1	

Drug Name	Drug Tier	Requirements /Limits
APEXICON E EXTERNAL CREAM	3	
bese external lotion	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	1	
betamethasone valerate external cream	1	
betamethasone valerate external foam	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
BRYHALI EXTERNAL LOTION	3	
CAPEX EXTERNAL SHAMPOO	3	
clobetasol prop emollient base external cream	1	
clobetasol propionate e external cream	1	

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

Drug Name	Drug Tier	Requirements /Limits
clobetasol propionate emulsion external foam	1	
clobetasol propionate external cream	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX EXTERNAL LOTION	3	
CLOBEX EXTERNAL SHAMPOO	3	
CLOBEX SPRAY EXTERNAL LIQUID	3	
clocortolone pivalate external cream	1	
clodan external shampoo	1	
CLODERM EXTERNAL CREAM	3	
CORDRAN EXTERNAL CREAM	3	
CORDRAN EXTERNAL LOTION	3	
CORDRAN EXTERNAL OINTMENT	3	
CORDRAN EXTERNAL TAPE	3	
CUTIVATE EXTERNAL LOTION	3	

Drug Name	Drug Tier	Requirements /Limits
DERMA-SMOOTH/FS BODY EXTERNAL OIL	3	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL	3	
DESONATE EXTERNAL GEL	3	
desonide external cream	1	
desonide external gel	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	3	
desoximetasone external cream	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment	1	
desrx external gel	1	
diflorasone diacetate external cream	1	
diflorasone diacetate external ointment	1	
DIPROLENE AF EXTERNAL CREAM	3	
DIPROLENE EXTERNAL OINTMENT	3	
doxepin hcl external cream	1	
ELIDEL EXTERNAL CREAM	3	
EUCRISA EXTERNAL OINTMENT	3	
fluocinolone acetonide body external oil	1	

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Drug Name	Drug Tier	Requirements /Limits
fluocinolone acetonide external cream	1	
fluocinolone acetonide external ointment	1	
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp external oil	1	
fluocinonide emulsified base external cream	1	
fluocinonide external cream	1	
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
flurandrenolide external ointment	1	
fluticasone propionate external cream	1	
fluticasone propionate external lotion	1	
fluticasone propionate external ointment	1	
halcinonide external cream	1	
halobetasol propionate external cream	1	
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	
halobetasol propionate external ointment	1	
HALOG EXTERNAL CREAM	3	

Drug Name	Drug Tier	Requirements /Limits
HALOG EXTERNAL OINTMENT	3	
HALOG EXTERNAL SOLUTION	3	
hydrocortisone butyr lipo base external cream	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external lotion	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream	1	
hydrocortisone external lotion	1	
hydrocortisone external ointment	1	
hydrocortisone valerate external cream	1	
hydrocortisone valerate external ointment	1	
IMPEKLO EXTERNAL LOTION	3	
IMPOYZ EXTERNAL CREAM	3	
KENALOG EXTERNAL AEROSOL SOLUTION	3	
lactic acid external lotion	1	
LEXETTE EXTERNAL FOAM	3	
LOCOID EXTERNAL LOTION	3	
LOCOID LIPOCREAM EXTERNAL CREAM	3	
LUXIQ EXTERNAL FOAM	3	

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Drug Name	Drug Tier	Requirements /Limits
mometasone furoate external cream	1	
mometasone furoate external ointment	1	
mometasone furoate external solution	1	
nolix external cream	1	
nolix external lotion	1	
NUCORT EXTERNAL LOTION	3	
OLUX EXTERNAL FOAM	3	
OLUX-E EXTERNAL FOAM	3	
OPZELURA EXTERNAL CREAM	3	
OXIANUJI EXTERNAL OINTMENT	2	
PANDEL EXTERNAL CREAM	3	
pimecrolimus external cream	1	
prednicarbate external cream	1	
prednicarbate external ointment	1	
PROTOPIC EXTERNAL OINTMENT	3	
PRUDOXIN EXTERNAL CREAM	3	
selenium sulfide external lotion	1	
SERNIVO EXTERNAL EMULSION	3	
SYNALAR EXTERNAL CREAM	3	
SYNALAR EXTERNAL OINTMENT	3	
SYNALAR EXTERNAL SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
tacrolimus external ointment	1	
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL OINTMENT	3	
TEXACORT EXTERNAL SOLUTION	3	
TOPICORT EXTERNAL CREAM	3	
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY EXTERNAL LIQUID	3	
tovet external foam	1	
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbbase external ointment	1	
TRIANEX EXTERNAL OINTMENT	3	
triderm external cream	1	
TRIDESILON EXTERNAL CREAM	3	
tritocin external ointment	1	
ULTRAVATE EXTERNAL LOTION	3	

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Drug Name	Drug Tier	Requirements /Limits
VANOS EXTERNAL CREAM	3	
VERDESO EXTERNAL FOAM	3	
ZONALON EXTERNAL CREAM	3	
Dermatological Agents, Other		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM	2	
ACIOXIA EXTERNAL GEL	2	
ACNESIC EXTERNAL GEL	3	
ACTIVE-PREP KIT IV EXTERNAL CREAM	2	
ACTIVE-TRAMADOL EXTERNAL CREAM	2	
ALDARA EXTERNAL CREAM	3	
ALUMINUM CHLORIDE ANHYDROUS POWDER	2	
ALUMINUM CHLORIDE HEXAHYDRATE CRYSTALS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
ana-lex rectal kit	1	
ANTHRALIN POWDER	2	
AVAR CLEANSER EXTERNAL LIQUID	3	
AVAR LS CLEANSER EXTERNAL LIQUID	3	
AVAR-E EMOLLIENT EXTERNAL CREAM	3	

Drug Name	Drug Tier	Requirements /Limits
AVAR-E GREEN EXTERNAL CREAM	3	
AVAR-E LS EXTERNAL CREAM	3	
BENSAL HP EXTERNAL OINTMENT	3	
bp 10-1 external emulsion	1	
bp cleansing wash external emulsion	1	
CALAMINE POWDER	2	
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop external ointment	1	
calcipotriene-betameth diprop external suspension	1	
CALCITRENE EXTERNAL OINTMENT	3	
calcitriol external ointment	1	
CANTHARIDIN POWDER	2	
CARAC EXTERNAL CREAM	3	
CEM-UREA EXTERNAL SOLUTION	3	
cerovel external lotion	1	
CHLOHUX EXTERNAL SHAMPOO	2	

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Drug Name	Drug Tier	Requirements /Limits
CLENIA PLUS EXTERNAL SUSPENSION	3	
CLINOIN EXTERNAL CREAM	2	
clotrimazole-betamethasone external cream	1	
clotrimazole-betamethasone external lotion	1	
COLLAGENASE POWDER	2	
CONDYLOX EXTERNAL GEL	3	
DERMACINRX UREA EXTERNAL CREAM	3	
diclofenac sodium external gel	1	
DIOOXIA EXTERNAL CREAM	2	
DOVONEX EXTERNAL CREAM	3	
DRITHO-CREME HP EXTERNAL CREAM	3	
DRYSOL EXTERNAL SOLUTION	3	
DUOBRII EXTERNAL LOTION	3	
EFUDEX EXTERNAL CREAM	3	
ENOVARX-TRAMADOL EXTERNAL CREAM	2	
ENSTILAR EXTERNAL FOAM	3	
EPIFOAM EXTERNAL FOAM	3	
FLUOROPLEX EXTERNAL CREAM	3	
fluorouracil external cream	1	

Drug Name	Drug Tier	Requirements /Limits
fluorouracil external solution	1	
GORDOFILM EXTERNAL SOLUTION	2	
HYDRO 40 EXTERNAL FOAM	3	
hydrocortisone ace-pramoxine external cream	1	
HYDROCORTISONE ACE-PRAMOXINE RECTAL SUPPOSITORY	1	
HYDROQUINONE POWDER	2	
ICHTHAMMOL POWDER	2	
imiquimod external cream	1	
imiquimod pump external cream	1	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT	3	
KERALAC EXTERNAL CREAM	3	
KERALYT EXTERNAL GEL	3	
KERALYT EXTERNAL SHAMPOO	3	
KERALYT SCALP EXTERNAL KIT	3	
KLISYRI EXTERNAL OINTMENT	3	
lactic acid e external cream	1	

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Drug Name	Drug Tier	Requirements /Limits
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED	3	
lidocaine-hydrocort (perianal) external cream	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL	3	
lidocaine-hydrocortisone ace rectal kit	1	
LIDOCORT EXTERNAL CREAM	3	
MEDROX-RX EXTERNAL OINTMENT	2	
METHOXSALEN POWDER	2	
methoxsalen rapid oral capsule	1	
NEO-SYNALAR EXTERNAL CREAM	3	
NEURAPTINE EXTERNAL CREAM	2	
NUTRASEB EXTERNAL CREAM	3	
nystatin-triamcinolone external cream	1	
nystatin-triamcinolone external ointment	1	
OTEZLA ORAL TABLET	3	PA
OXIACHLO EXTERNAL SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
OXOPIDAXIAQUP EXTERNAL SOLUTION	2	
OXSORALEN ULTRA ORAL CAPSULE	3	
PICATO EXTERNAL GEL	3	
PLEXION CLEANSER EXTERNAL LIQUID	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD	3	
PLEXION EXTERNAL CREAM	3	
PLEXION EXTERNAL LOTION	3	
PODOCON-25 EXTERNAL SOLUTION	3	
podofilox external solution	1	
PODOPHYLLUM RESIN POWDER	2	
PODOXIA EXTERNAL SOLUTION	2	
PODTAR EXTERNAL SOLUTION	2	
PREMIUM SCAR EXTERNAL PATCH	3	
PROCTOFOAM HC EXTERNAL FOAM	3	
PROMISEB EXTERNAL CREAM	3	
PROOXIA EXTERNAL CREAM	2	
PROTEXA EXTERNAL CREAM	3	
PYROGALLIC ACID EXTERNAL OINTMENT	2	
QBREXZA EXTERNAL PAD	3	

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Drug Name	Drug Tier	Requirements /Limits
QUIDROXZAR EXTERNAL GEL	2	
QUIHOXAXIA EXTERNAL GEL	2	
QUITAR EXTERNAL GEL	2	
RADIAURA EXTERNAL CREAM	3	
REGENECARE EXTERNAL GEL	2	
REGRANEX EXTERNAL GEL	3	
SALEX EXTERNAL SHAMPOO	3	
salicylic acid er external solution	1	
salicylic acid external foam	1	
salicylic acid external gel	1	
salicylic acid external ointment	1	
salicylic acid external shampoo	1	
salicylic acid external solution	1	
salicylic acid-cleanser external kit	1	
SALIMEZ EXTERNAL CREAM	3	
SALIMEZ FORTE EXTERNAL CREAM	3	
SALVAX EXTERNAL FOAM	3	
SANTYL EXTERNAL OINTMENT	3	
SILVADENE EXTERNAL CREAM	3	
silver sulfadiazine external cream	1	

Drug Name	Drug Tier	Requirements /Limits
SORILUX EXTERNAL FOAM	3	
SOTYKTU ORAL TABLET	3	PA
SPEVIGO INTRAVENOUS SOLUTION	3	PA
ssd external cream	1	
sss 10-5 external cream	1	
SSS 10-5 EXTERNAL FOAM	3	
sulfacetamide sodium-sulfur external cream	1	
sulfacetamide sodium-sulfur external liquid	1	
sulfacetamide sodium-sulfur external lotion	1	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension	1	
sulfacetamide sod-sulfur wash external liquid	1	
sulfacetamide-sulfur in urea external emulsion	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION	3	
sulfamez wash external emulsion	1	
SUMADAN WASH EXTERNAL LIQUID	3	
SUMAXIN EXTERNAL PAD	3	
SUMAXIN WASH EXTERNAL LIQUID	3	
TACLONEX EXTERNAL OINTMENT	3	

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Drug Name	Drug Tier	Requirements /Limits
TACLONEX EXTERNAL SUSPENSION	3	
TETOXIA EXTERNAL CREAM	2	
TETPIDTAR EXTERNAL SOLUTION	2	
TOLAK EXTERNAL CREAM	3	
TWYNEO EXTERNAL CREAM	3	
ULTRASAL-ER EXTERNAL SOLUTION	3	
UMECTA MOUSSE EXTERNAL FOAM	3	
URAMAXIN EXTERNAL GEL	3	
urea external cream	1	
UREA EXTERNAL FOAM	3	
urea external lotion	1	
urea external suspension	1	
urea hydrating external foam	1	
urea nail external gel	1	
urea-c40 external lotion	1	
uredeb external cream	1	
UREMEZ-40 EXTERNAL CREAM	3	
URESOL EXTERNAL CREAM	3	
UREVAZ EXTERNAL CREAM	3	
UTOPIC EXTERNAL CREAM	3	
VECTICAL EXTERNAL OINTMENT	3	

Drug Name	Drug Tier	Requirements /Limits
VEREGEN EXTERNAL OINTMENT	3	
WINLEVI EXTERNAL CREAM	3	
WYNZORA EXTERNAL CREAM	3	
XALIX EXTERNAL SOLUTION	3	
XERAC AC EXTERNAL SOLUTION	2	
XERESE EXTERNAL CREAM	3	
xurea external cream	1	
ZITHRANOL EXTERNAL SHAMPOO	3	
ZORYVE EXTERNAL CREAM	3	
ZYCLARA EXTERNAL CREAM	3	
ZYCLARA PUMP EXTERNAL CREAM	3	
Pediculicides/Scabicides		
CROTAN EXTERNAL LOTION	3	
ELIMITE EXTERNAL CREAM	3	
ivermectin external cream	1	
ivermectin external lotion	1	
lindane external shampoo	1	
malathion external lotion	1	
NATROBA EXTERNAL SUSPENSION	3	
OVIDE EXTERNAL LOTION	3	

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Drug Name	Drug Tier	Requirements /Limits
permethrin external cream	1	
SKLICE EXTERNAL LOTION	3	
SOOLANTRA EXTERNAL CREAM	3	
spinosad external suspension	1	
sulfurated lime external solution	1	
Topical Anti-infectives		
acyclovir external cream	1	
acyclovir external ointment	1	
ACZONE EXTERNAL GEL	3	
BENZAC AC WASH EXTERNAL LIQUID	3	
BENZEPRO CREAMY WASH EXTERNAL LIQUID	3	
BENZEPRO EXTERNAL	3	
BENZEPRO EXTERNAL FOAM	3	
BENZEPRO EXTERNAL LIQUID	3	
BENZEPRO FOAMING CLOTHS EXTERNAL	3	
benzoyl peroxide external foam	1	
BENZOYL PEROXIDE EXTERNAL GEL	1	
BENZOYL PEROXIDE HYDROUS POWDER	2	
BENZOYL PEROXIDE POWDER	2	
CENTANY EXTERNAL OINTMENT	3	

Drug Name	Drug Tier	Requirements /Limits
ciclodan external solution	1	
ciclopirox external gel	1	
ciclopirox external shampoo	1	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
ciclopirox olamine external suspension	1	
CLEOCIN-T EXTERNAL LOTION	3	
CLINDAGEL EXTERNAL GEL	3	
clindamycin phosphate external foam	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDESSE VAGINAL CREAM	3	
dapsone external gel	1	
DENAVIR EXTERNAL CREAM	3	
ENZOCLEAR EXTERNAL FOAM	3	
EPSOLAY EXTERNAL CREAM	3	
ery external pad	1	
ERYGEL EXTERNAL GEL	3	
erythromycin external gel	1	
erythromycin external solution	1	
EVOCLIN EXTERNAL FOAM	3	

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Drug Name	Drug Tier	Requirements /Limits
LOPROX EXTERNAL CREAM	3	
LOPROX EXTERNAL SHAMPOO	3	
LOPROX EXTERNAL SUSPENSION	3	
mafenide acetate external packet	1	
MENTAX EXTERNAL CREAM	3	
mupirocin calcium external cream	1	
mupirocin external ointment	1	
PR BENZOYL PEROXIDE EXTERNAL LIQUID	3	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID	3	
SULFAMYLON EXTERNAL CREAM	3	
SULFAMYLON EXTERNAL PACKET	3	
XEPI EXTERNAL CREAM	3	
ZACLIR CLEANSING EXTERNAL LOTION	3	
ZOVIRAX EXTERNAL CREAM	3	
ZOVIRAX EXTERNAL OINTMENT	3	
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
ACTIVE FE ORAL TABLET	2	
AMINO ACID INTRAVENOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
AMINOPROTECT INTRAVENOUS SOLUTION	2	
AMINOSYN II INTRAVENOUS SOLUTION	3	B/D
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	3	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION	3	B/D
CALCIUM CARBONATE LIGHT POWDER	2	
CALCIUM CARBONATE POWDER	2	
CALCIUM CHLORIDE ANHYDROUS GRANULES	2	
CALCIUM CHLORIDE DIHYDRATE GRANULES	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2	
calcium chloride intravenous solution	1	
CALCIUM GLUCONATE ANHYDROUS POWDER	2	
calcium gluconate intravenous solution	1	
CALCIUM GLUCONATE MONOHYDRATE POWDER	2	
CALCIUM GLUCONATE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION	2	
CALCIUM LACTATE PENTAHYDRATE POWDER	2	
CALCIUM PHOSPHATE DIBASIC POWDER	2	
CALCIUM PHOSPHATE TRIBASIC POWDER	2	
CARBAGLU ORAL TABLET SOLUBLE	3	
carglumic acid oral tablet soluble	1	
CENTRATEX ORAL CAPSULE	2	
chromic chloride intravenous solution	1	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	B/D
CLINISOL SF INTRAVENOUS SOLUTION	1	B/D
corvita 150 oral tablet	1	
CORVITE 150 ORAL TABLET	2	
CUPRIC CHLORIDE INTRAVENOUS SOLUTION	2	
CUPRIC SULFATE GRANULES	2	

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Drug Name	Drug Tier	Requirements /Limits
CUPRIC SULFATE POWDER	2	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
DEXTROSE ANHYDROUS POWDER	2	
dextrose in lactated ringers intravenous solution	1	
dextrose intravenous solution	1	
DEXTROSE POWDER	2	
dextrose-nacl intravenous solution	1	
dextrose-sodium chloride intravenous solution	1	
effer-k oral tablet effervescent	1	
FERAHEME INTRAVENOUS SOLUTION	2	
ferocon oral capsule	1	
ferottrinsic oral capsule	1	
FERRALET 90 ORAL TABLET	2	
FERRAPLUS 90 ORAL TABLET	2	
FERRLECIT INTRAVENOUS SOLUTION	2	
ferrocite plus oral tablet	1	
FERROUS SULFATE GRANULES	2	
FERROUS SULFATE POWDER	2	
ferumoxytol intravenous solution	1	

Drug Name	Drug Tier	Requirements /Limits
fluoritab oral solution	1	
FOLIVANE-F ORAL CAPSULE	2	
FOLIVANE-PLUS ORAL CAPSULE	2	
foltrin oral capsule	1	
FREAMINE HBC INTRAVENOUS SOLUTION	3	B/D
FREAMINE III INTRAVENOUS SOLUTION	3	B/D
GALZIN ORAL CAPSULE	2	
GLYCINE POWDER	2	
GLYCOPHOS INTRAVENOUS SOLUTION	3	
hematinic plus vit/minerals oral tablet	1	
hematinic/folic acid oral tablet	1	
HEMATOGEN FA ORAL CAPSULE	2	
HEMATRON-AF ORAL TABLET	2	
HEMOCYTE PLUS ORAL CAPSULE	2	
hemocyte-f oral tablet	1	
HEPATAMINE INTRAVENOUS SOLUTION	3	B/D
HYPERLYTE-CR INTRAVENOUS CONCENTRATE	3	
ICAR-C PLUS ORAL TABLET	2	
iferex 150 forte oral capsule	1	
INFED INJECTION SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
INJECTAFER INTRAVENOUS SOLUTION	2	
INTEGRA F ORAL CAPSULE	2	
INTEGRA PLUS ORAL CAPSULE	2	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	
KABIVEN INTRAVENOUS EMULSION	3	B/D
kcl in dextrose-nacl intravenous solution	1	
kcl-lactated ringers-d5w intravenous solution	1	
klor-con 10 oral tablet extended release	1	
klor-con m10 oral tablet extended release	1	
klor-con m15 oral tablet extended release	1	
klor-con m20 oral tablet extended release	1	
klor-con oral packet	1	
klor-con oral tablet extended release	1	
klor-con/ef oral tablet effervescent	1	
K-PHOS NO 2 ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
K-PHOS ORAL TABLET	3	
k-prime oral tablet effervescent	1	
K-TAB ORAL TABLET EXTENDED RELEASE	3	
k-tan plus oral capsule	1	
lactated ringers intravenous solution	1	
MAGNESIUM CARBONATE HEAVY POWDER	2	
MAGNESIUM CARBONATE POWDER	2	
MAGNESIUM CHLORIDE CRYSTALS	2	
magnesium chloride injection solution	1	
MAGNESIUM CHLORIDE POWDER	2	
MAGNESIUM STEARATE POWDER	2	
magnesium sulfate in d5w intravenous solution	1	
magnesium sulfate injection solution	1	
magnesium sulfate intravenous solution	1	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION	2	
MANGANESE CHLORIDE INTRAVENOUS SOLUTION	2	
MONOFERRIC INTRAVENOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
MULTIGEN FOLIC ORAL TABLET	2	
MULTIGEN ORAL TABLET	2	
MULTIGEN PLUS ORAL TABLET	2	
MULTRYS INTRAVENOUS SOLUTION	2	
na ferric gluc cplx in sucrose intravenous solution	1	
nafrinse drops oral solution	1	
nafrinse oral tablet chewable	1	
NEOPHE ORAL TABLET	2	
NEPHRAMINE INTRAVENOUS SOLUTION	3	B/D
NEPHRON FA ORAL TABLET	2	
NICAPRIN ORAL TABLET	2	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R INTRAVENOUS SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
ORACIT ORAL SOLUTION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	B/D

Drug Name	Drug Tier	Requirements /Limits
PHOSPHA 250 NEUTRAL ORAL TABLET	2	
phosphorous oral tablet	1	
phospho-trin 250 neutral oral tablet	1	
PHOSPHO-TRIN K500 ORAL TABLET	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
PLENAMINE INTRAVENOUS SOLUTION	1	B/D
poly-iron 150 forte oral capsule	1	
polysaccharide iron forte oral capsule	1	
pot & sod cit-cit ac oral solution	1	
potassium acetate intravenous solution	1	
POTASSIUM BICARBONATE GRANULES	2	
POTASSIUM BICARBONATE POWDER	2	
potassium chloride crys er oral tablet extended release	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release	1	

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Drug Name	Drug Tier	Requirements /Limits
POTASSIUM CHLORIDE GRANULES	2	
potassium chloride in dextrose intravenous solution	1	
potassium chloride in nacl intravenous solution	1	
potassium chloride intravenous solution	1	
potassium chloride oral packet	1	
potassium chloride oral solution	1	
POTASSIUM CHLORIDE POWDER	2	
potassium citrate er oral tablet extended release	1	
POTASSIUM CITRATE MONOHYDRATE GRANULES	2	
POTASSIUM CITRATE POWDER	2	
potassium citrate-citric acid oral solution	1	
potassium phosphates intravenous solution	1	
potassium phosphates(66 meq k) intravenous solution	1	
potassium phosphates(71 meq k) intravenous solution	1	
PREMASOL INTRAVENOUS SOLUTION	3	B/D
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION	2	
PROCALAMINE INTRAVENOUS SOLUTION	3	B/D
PROLEEVA ORAL CAPSULE	2	
PROLEVA ORAL TABLET	2	
PROSOL INTRAVENOUS SOLUTION	3	B/D
PROTEOLIN DS ORAL TABLET	2	
PROTEOLIN ORAL TABLET	2	
purevit dualfe plus oral capsule	1	
ringers intravenous solution	1	
saline bacteriostatic injection solution	1	
SALINE-PHENOL INJECTION SOLUTION	2	
se-tan plus oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
sod citrate-citric acid oral solution	1	
SODIUM ACETATE CRYSTALS	2	
SODIUM ACETATE GRANULES	2	
sodium acetate intravenous solution	1	
SODIUM ACETATE POWDER	2	
sodium bicarbonate intravenous solution	1	
SODIUM BICARBONATE- DEXTROSE INTRAVENOUS SOLUTION	1	
sodium chloride (pf) injection solution	1	
sodium chloride bacteriostatic injection solution	1	
SODIUM CHLORIDE GRANULES	2	
sodium chloride injection solution	1	
sodium chloride intravenous solution	1	
SODIUM CHLORIDE POWDER	2	
SODIUM CITRATE ANHYDROUS POWDER	2	
SODIUM CITRATE CRYSTALS	2	
SODIUM CITRATE GRANULES	2	
sodium fluoride oral solution	1	
sodium fluoride oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
sodium fluoride oral tablet chewable	1	
sodium phosphates intravenous solution	1	
TARON FORTE ORAL CAPSULE	2	
THAM INTRAVENOUS SOLUTION	2	
tl-hem 150 oral tablet	1	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRALEMENT INTRAVENOUS SOLUTION	2	
TRAVASOL INTRAVENOUS SOLUTION	3	B/D
TRI-AMINO INJECTION SOLUTION	2	
tricitrates oral solution	1	
TRICON ORAL CAPSULE	2	
TRIFERIC AVNU INTRAVENOUS SOLUTION	2	
TRIFERIC HEMODIALYSIS PACKET	2	
TRIFERIC HEMODIALYSIS SOLUTION	2	
trigels-f forte oral capsule	1	
TRISODIUM CITRATE/CRRT EXTRACORPOREAL SOLUTION	2	
TROPHAMINE INTRAVENOUS SOLUTION	3	B/D

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Drug Name	Drug Tier	Requirements /Limits
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
VENOFER INTRAVENOUS SOLUTION	2	
VIRT-FEFA PLUS ORAL CAPSULE	2	
virt-phos 250 neutral oral tablet	1	
WILZIN ORAL CAPSULE	2	
ZINC ACETATE CRYSTALS	2	
ZINC CHLORIDE INTRAVENOUS SOLUTION	2	
ZINC SULFATE GRANULES	2	
ZINC SULFATE HEPTAHYDRATE POWDER	2	
zinc sulfate intravenous solution	1	
ZINC SULFATE MONOHYDRATE POWDER	2	
ZYVEXOL ORAL TABLET	2	
Electrolyte/Mineral/Me tal Modifiers		
CHEMET ORAL CAPSULE	3	
clovique oral capsule	1	PA
CUPRIMINE ORAL CAPSULE	3	PA

Drug Name	Drug Tier	Requirements /Limits
deferasirox granules oral packet	1	
deferasirox oral packet	1	
deferasirox oral tablet	1	
deferasirox oral tablet soluble	1	
deferiprone oral tablet	1	
DEPEN TITRATABS ORAL TABLET	3	
EXJADE ORAL TABLET SOLUBLE	3	
FERRIPROX ORAL SOLUTION	3	
FERRIPROX ORAL TABLET	3	
FERRIPROX TWICE-A-DAY ORAL TABLET	3	
JADENU ORAL TABLET	3	
JADENU SPRINKLE ORAL PACKET	3	
JYNARQUE ORAL TABLET	3	PA
JYNARQUE ORAL TABLET THERAPY PACK	3	PA
penicillamine oral capsule	1	PA
penicillamine oral tablet	1	
SAMSCA ORAL TABLET	3	PA
sodium polystyrene sulfonate oral powder	1	
SYPRINE ORAL CAPSULE	3	PA
tolvaptan oral tablet	1	PA
trientine hcl oral capsule	1	PA

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Drug Name	Drug Tier	Requirements /Limits
Phosphate Binders		
AURYXIA ORAL TABLET	3	PA
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	3	
lanthanum carbonate oral tablet chewable	1	
PHOSLYRA ORAL SOLUTION	3	
RENAGEL ORAL TABLET	3	
REVELA ORAL PACKET	3	
REVELA ORAL TABLET	3	
sevelamer carbonate oral packet	1	
sevelamer carbonate oral tablet	1	
sevelamer hcl oral tablet	1	
VELPHORO ORAL TABLET CHEWABLE	3	
Potassium Binders		
LOKELMA ORAL PACKET	3	
sps oral suspension	1	
VELTASSA ORAL PACKET	3	
Vitamins		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL	2	

Drug Name	Drug Tier	Requirements /Limits
ADRENAL C FORMULA ORAL TABLET	2	
airavite oral tablet	1	
AQUASOL A INTRAMUSCULAR SOLUTION	2	
ASTAMED MYO ORAL CAPSULE	2	
ATABEX EC ORAL TABLET DELAYED RELEASE	3	
ATABEX OB ORAL TABLET	3	
ATABEX ORAL TABLET CHEWABLE	2	PV
AZESCHEW PRENATAL/POSTNATAL ORAL TABLET CHEWABLE	3	
AZESCO ORAL TABLET	3	
BACMIN ORAL TABLET	2	
biocel oral tablet	1	
bp vit 3 oral capsule	1	
b-plex oral tablet	1	
b-plex plus oral tablet	1	
BRAINSTRONG PRENATAL ORAL	2	PV
CADEAU DHA ORAL CAPSULE	2	PV
CALCIFOL ORAL WAFER	2	
CALCIUM ASCORBATE POWDER	2	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	

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Drug Name	Drug Tier	Requirements /Limits
CALCIUM PANTOTHENATE POWDER	2	
CENFOL ORAL TABLET	2	
CENTRUM SPECIALIST PRENATAL ORAL	2	PV
CITRANATAL 90 DHA ORAL	3	
CITRANATAL ASSURE ORAL	3	
CITRANATAL B-CALM ORAL	3	
CITRANATAL BLOOM DHA ORAL	3	
CITRANATAL BLOOM ORAL TABLET	3	
CITRANATAL DHA ORAL	3	
CITRANATAL ESSENCE ORAL THERAPY PACK	3	
CITRANATAL HARMONY ORAL CAPSULE	3	
CITRANATAL MEDLEY ORAL CAPSULE	3	
CITRANATAL RX ORAL TABLET	3	
classic prenatal oral tablet	2	PV
C-NATE DHA ORAL CAPSULE	3	
cod liver oil oral oil	1	
COMPLETE NATAL DHA ORAL	3	
COMPLETENATE ORAL TABLET CHEWABLE	3	

Drug Name	Drug Tier	Requirements /Limits
CO-NATAL FA ORAL TABLET	3	
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
CORVITA ORAL TABLET	2	
cvs folic acid oral tablet	1	PV
cvs prenatal gummy oral tablet chewable	2	PV
cvs prenatal multi+dha oral capsule	2	PV
cvs prenatal oral tablet	2	PV
cyanocobalamin injection solution	1	
DERMACINRX PRETRATE ORAL TABLET	3	
DIALYVITE 3000 ORAL TABLET	2	
DIALYVITE 5000 ORAL TABLET	2	
DIALYVITE ORAL TABLET	2	
DIALYVITE SUPREME D ORAL TABLET	2	
DIALYVITE/ZINC ORAL TABLET	2	
DODEX INJECTION SOLUTION	2	
DRISDOL ORAL CAPSULE	2	
DUET DHA 400 ORAL	3	
DUET DHA BALANCED ORAL	3	
ELFOLATE ORAL TABLET	2	
ELITE-OB ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
ENBRACE HR ORAL CAPSULE	3	
ENFAMIL EXPECTA ORAL	2	PV
eql prenatal formula oral tablet	2	PV
ergocalciferol oral capsule	1	
ERGOCALCIFEROL POWDER	2	
fa-8 oral capsule	1	PV
fabb oral tablet	1	
fa-vitamin b-6-vitamin b-12 oral tablet	1	
FOLAFY ER ORAL TABLET EXTENDED RELEASE	2	
folate oral tablet	1	PV
folbee oral tablet	1	
FOLBEE PLUS CZ ORAL TABLET	2	
folbee plus oral tablet	1	
FOLBIC ORAL TABLET	2	
FOLBIC RF ORAL TABLET	2	
FOLGARD OS ORAL TABLET	2	
FOLGARD RX ORAL TABLET	2	
folic acid injection solution	1	
folic acid oral capsule	1	PV
folic acid oral tablet	1	
FOLIC ACID POWDER	2	
FOLIVANE-OB ORAL CAPSULE	3	
folplex 2.2 oral tablet	1	
FOLTANX ORAL TABLET	2	

Drug Name	Drug Tier	Requirements /Limits
FOLTRATE ORAL TABLET	2	
FOLTX ORAL TABLET	2	
FUSION PLUS ORAL CAPSULE	2	
gnp folic acid oral tablet	1	PV
gnp prenatal oral tablet	2	PV
goodsense prenatal vitamins oral tablet	2	PV
hm folic acid oral tablet	1	PV
hydroxocobalamin acetate intramuscular solution	1	
INATAL GT ORAL TABLET	3	
INFUVITE ADULT INTRAVENOUS INJECTABLE	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	2	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	3	
kosher prenatal plus iron oral tablet	1	
kp folic acid oral tablet	1	PV
kp prenatal multivitamins oral tablet	2	PV
l-methylfolate calcium oral tablet	1	
l-methylfolate oral tablet	1	
l-methylfolate-algae-b12-b6 oral capsule	1	
l-methylfolate-b6-b12 oral tablet	1	
l-methyl-mc nac oral tablet	1	
l-methyl-mc oral tablet	1	
lysiplex plus oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
MASONATAL ORAL TABLET	2	PV
MEPHYTON ORAL TABLET	2	
METAFOLBIC ORAL TABLET	2	
METAFOLBIC PLUS ORAL TABLET	2	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	2	
methylfol-algae-b12-acetylcyst oral tablet	1	
methylfolate oral capsule	1	
M-NATAL PLUS ORAL TABLET	3	
multi prenatal oral tablet	2	PV
MULTI-MAC ORAL TABLET	3	
multivitamin/fluoride oral tablet chewable	1	
mynephrocaps oral capsule	1	
MYNEPHRON ORAL CAPSULE	2	
NASCOBAL NASAL SOLUTION	2	
NATACHEW ORAL TABLET CHEWABLE	3	
NATALVIT ORAL TABLET	3	
NEEVO DHA ORAL CAPSULE	3	
NEONATAL + DHA ORAL	3	
NEONATAL 19 ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
NEONATAL COMPLETE ORAL TABLET	3	
NEONATAL FE ORAL TABLET	3	
NEONATAL PLUS ORAL TABLET	3	
NEONATAL VITAMIN ORAL TABLET	2	PV
NEOVITE ORAL TABLET	2	
NEPHPLEX RX ORAL TABLET	2	
nephronex oral tablet	1	
NEPHRO-VITE RX ORAL TABLET	2	
NESTABS DHA ORAL	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	2	
NIACIN POWDER	2	
NIACINAMIDE POWDER	2	
NICOTINAMIDE POWDER	2	
niva-fol oral tablet	1	
NIVA-PLUS ORAL TABLET	3	
nufol oral tablet	1	
NUFOLA ORAL CAPSULE	2	
NUTRICAP ORAL TABLET	2	
nutrifac zx oral tablet	1	
NUTRIVIT ORAL LIQUID	2	

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Drug Name	Drug Tier	Requirements /Limits
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE/DHA ORAL CAPSULE	3	
OBSTETRIX DHA ORAL	3	
OBSTETRIX EC ORAL TABLET	3	
OBSTETRIX ONE ORAL CAPSULE	3	
ONE VITE WOMENS ORAL TABLET	2	PV
ONE VITE WOMENS PLUS ORAL TABLET	3	
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE	2	PV
ONE-A-DAY WOMENS PRENATAL ORAL	2	PV
PERRY PRENATAL ORAL CAPSULE	2	PV
phytonadione injection solution	1	
phytonadione oral tablet	1	
PNV TABS 20-1 ORAL TABLET	3	
pnv tabs 29-1 oral tablet	1	
pnv-dha oral capsule	1	
pnv-dha+docusate oral capsule	1	

Drug Name	Drug Tier	Requirements /Limits
pnv-omega oral capsule	1	
pnv-select oral tablet	1	
PODIAPN ORAL CAPSULE	2	
POLY-VI-FLOR FS ORAL STRIP	2	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
PREGEN DHA ORAL CAPSULE	3	
PREGENNA ORAL TABLET	3	
PREMESISRX ORAL TABLET	3	
PRENA 1 TRUE ORAL	3	
PRENA1 ORAL TABLET CHEWABLE	3	
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	
PRENAISSANCE ORAL CAPSULE	3	
PRENAISSANCE PLUS ORAL CAPSULE	3	
PRENARA ORAL CAPSULE	3	
PRENATABS RX ORAL TABLET	3	
prenatal (w/iron & fa) oral tablet	2	PV
prenatal 19 oral tablet	1	
prenatal 19 oral tablet chewable	1	
prenatal complete oral tablet	2	PV
prenatal formula oral capsule	2	PV

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Drug Name	Drug Tier	Requirements /Limits
prenatal forte oral tablet	2	PV
prenatal gummies/dha & fa oral tablet chewable	2	PV
prenatal low iron oral tablet	2	PV
prenatal multi +dha oral capsule	2	PV
PRENATAL MULTIVITAMIN + DHA ORAL	2	PV
prenatal multivitamin plus dha oral capsule	2	PV
prenatal one daily oral tablet	2	PV
prenatal oral tablet	1	
prenatal plus iron oral tablet	1	
prenatal plus oral tablet	1	
prenatal plus vitamin/mineral oral tablet	1	
prenatal vitamin and mineral oral tablet	2	PV
prenatal vitamin oral tablet	2	PV
prenatal vitamin plus low iron oral tablet	1	
prenatal vitamins oral tablet	2	PV
prenatal/folic acid+dha oral capsule	1	PV
prenatal/iron oral tablet	2	PV
PRENATAL-U ORAL CAPSULE	3	
PRENATE AM ORAL TABLET	3	
PRENATE DHA ORAL CAPSULE	3	
PRENATE ELITE ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL ORAL CAPSULE	3	
PRENATE MINI ORAL CAPSULE	3	
PRENATE ORAL TABLET CHEWABLE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATRIX ORAL TABLET	3	
PRENATRYL ORAL TABLET	3	
PRENATVITE COMPLETE ORAL TABLET	3	
PRENATVITE PLUS ORAL TABLET	3	
PRENATVITE RX ORAL TABLET	3	
preplus oral tablet	1	
PRETAB ORAL TABLET	3	
PRIMACARE ORAL CAPSULE	3	
PRO HERS RX ORAL CAPSULE	2	
PRO HIS RX ORAL CAPSULE	2	
PRO PCOS RX ORAL CAPSULE	2	
PROVIDA OB ORAL CAPSULE	3	
px folic acid oral tablet	1	PV
px prenatal multivitamins oral tablet	2	PV
pyridoxine hcl injection solution	1	

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Drug Name	Drug Tier	Requirements /Limits
PYRIDOXINE HCL POWDER	2	
qc folic acid oral tablet	1	PV
qc prenatal oral tablet	2	PV
ra folic acid oral tablet	1	PV
ra prenatal formula oral tablet	2	PV
ra prenatal oral tablet	2	PV
RELNATE DHA ORAL CAPSULE	3	
RENAL ORAL CAPSULE	2	
RENATABS ORAL TABLET	2	
RENATABS WITH IRON ORAL	2	
REQ 49+ ORAL TABLET	2	
SELECT-OB ORAL TABLET CHEWABLE	3	
SELECT-OB+DHA ORAL	3	
SE-NATAL 19 ORAL TABLET	3	
SE-NATAL 19 ORAL TABLET CHEWABLE	3	
SIDEROL ORAL TABLET	2	
SIMILAC PRENATAL EARLY SHIELD ORAL	2	PV
sm folic acid oral tablet	1	PV
sm one daily prenatal oral	2	PV
sm prenatal vitamins oral tablet	2	PV
SODIUM ASCORBATE GRANULES	2	
SODIUM ASCORBATE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
STROVITE FORTE ORAL SYRUP	2	
STUART ONE ORAL CAPSULE	2	PV
SUPERVITE ORAL LIQUID	2	
SUPPORT ORAL LIQUID	2	
SUPPORT-500 ORAL CAPSULE	2	
TARON-C DHA ORAL CAPSULE	3	
TARON-PREX ORAL CAPSULE	3	
thiamine hcl injection solution	1	
THIAMINE HCL POWDER	2	
THIAMINE MONONITRATE POWDER	2	
THRIVITE 19 ORAL TABLET	2	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
TRICARE PRENATAL DHA ONE ORAL CAPSULE	3	
TRINATAL RX 1 ORAL TABLET	3	
TRINATE ORAL TABLET	3	
TRINAZ ORAL TABLET	3	
triphrocaps oral capsule	1	
TRISTART DHA ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements /Limits
TRISTART FREE ORAL CAPSULE	3	
TRISTART ONE ORAL CAPSULE	3	
TRIVEEN-DUO DHA ORAL	3	
UDAMIN SP ORAL TABLET	2	
urosex oral tablet	1	
v-c forte oral capsule	1	
vic-forte oral capsule	1	
VINATE DHA RF ORAL CAPSULE	3	
VINATE II ORAL TABLET	3	
VINATE ONE ORAL TABLET	3	
virt-c dha oral capsule	1	
virt-caps oral capsule	1	
virt-gard oral tablet	1	
VIRT-NATE DHA ORAL CAPSULE	3	
virt-pn dha oral capsule	1	
virt-pn plus oral capsule	1	
VIT B12-METHIONINE-INOS-CHOL INTRAMUSCULAR SOLUTION	2	
vita s forte oral tablet	1	
vitacel oral tablet	1	
VITAFOL FE+ ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET CHEWABLE	3	
VITAFOL STRIPS ORAL FILM	3	
VITAFOL ULTRA ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements /Limits
VITAFOL-NANO ORAL TABLET	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAL-D RX ORAL TABLET	2	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE	3	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE	3	
vitamin d (ergocalciferol) oral capsule	1	
VITAMIN E POWDER	2	
vitamin k1 injection solution	1	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	3	
VITAROCA PLUS ORAL TABLET	2	
VITATHELY WITH GINGER ORAL TABLET	3	
VITATRUE ORAL	3	
VIVA DHA ORAL CAPSULE	3	
vp-pnv-dha oral capsule	1	
vp-vite rx oral tablet	1	
WESCAP-C DHA ORAL CAPSULE	3	
WESCAP-PN DHA ORAL CAPSULE	3	
wescaps oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
WESNATE DHA ORAL CAPSULE	3	
WESTAB MAX ORAL TABLET	2	
westab mini oral tablet	1	
westab one oral tablet	1	
WESTAB PLUS ORAL TABLET	3	
WESTGEL DHA ORAL CAPSULE	3	
XAQUIL XR ORAL TABLET EXTENDED RELEASE	2	
yl folic acid oral tablet	1	PV
ZALVIT ORAL TABLET	3	
ZATEAN-PN DHA ORAL CAPSULE	3	
ZATEAN-PN PLUS ORAL CAPSULE	3	
ZIPHEX ORAL TABLET	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA ORAL CAPSULE	2	
BASE A POLYETHYLENE GLYCOL POWDER	2	
BASE C POLYETHYLENE GLYCOL 300 LIQUID	2	
BASE D POLYETHYL GLYCOL 4600 GRANULES	2	
BASE D POLYETHYLENE GLYCOL POWDER	2	
bisacodyl ec oral tablet delayed release	1	PV

Drug Name	Drug Tier	Requirements /Limits
BISACODYL POWDER	2	
citrate of magnesia oral solution	1	PV
citroma oral solution	1	PV
clearlax oral powder	1	PV
constulose oral solution	1	
cvs bisacodyl oral tablet delayed release	1	PV
cvs citrate of magnesia oral solution	1	PV
cvs c-lax laxative oral tablet delayed release	1	PV
cvs gentle laxative oral tablet delayed release	1	PV
cvs gentle laxative womens oral tablet delayed release	1	PV
cvs magnesium citrate oral solution	1	PV
cvs purelax oral powder	1	PV
DOCUSATE SODIUM POWDER	2	
ducodyl oral tablet delayed release	1	PV
enulose oral solution	1	
eq clearlax oral powder	1	PV
eq gentle laxative oral tablet delayed release	1	PV
eq magnesium citrate oral solution	1	PV
eq clearlax oral powder	1	PV
eq gentle laxative oral tablet delayed release	1	PV
eq laxative oral tablet delayed release	1	PV
eq magnesium citrate oral solution	1	PV
gavilax oral powder	1	PV
generlac oral solution	1	

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Drug Name	Drug Tier	Requirements /Limits
gentle laxative oral tablet delayed release	1	PV
gentlelax oral powder	1	PV
GIALAX ORAL KIT	2	
glycolax oral powder	1	PV
gnp bisa-lax oral tablet delayed release	1	PV
gnp clearlax oral powder	1	PV
gnp gentle laxative oral tablet delayed release	1	PV
gnp magnesium citrate oral solution	1	PV
gnp womens gentle laxative oral tablet delayed release	1	PV
gnp womens laxative oral tablet delayed release	1	PV
goodsense bisacodyl ec oral tablet delayed release	1	PV
goodsense bisacodyl laxative oral tablet delayed release	1	PV
goodsense clearlax oral powder	1	PV
goodsense magnesium citrate oral solution	1	PV
goodsense womens laxative oral tablet delayed release	1	PV
hm clearlax oral powder	1	PV
hm laxative oral tablet delayed release	1	PV
hm magnesium citrate oral solution	1	PV
IBSRELA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
kls laxaclear oral powder	1	PV
kp bisacodyl oral tablet delayed release	1	PV
KRISTALOSE ORAL PACKET	3	
lactulose encephalopathy oral solution	1	
lactulose oral packet	1	
lactulose oral solution	1	
laxative oral tablet delayed release	1	PV
LINZESS ORAL CAPSULE	2	
LUBIPROSTONE ORAL CAPSULE	1	
magnesium citrate oral solution	1	PV
MAGNESIUM SULFATE POWDER	2	
MEDIBASE C LIQUID	2	
METHYLCELLULOSE GEL	2	
METHYLCELLULOSE POWDER	2	
MINERAL OIL HEAVY OIL	2	
mineral oil heavy oral oil	1	
MINERAL OIL LIGHT OIL	2	
MINERAL OIL OIL	2	
mm clearlax oral powder	1	PV
MOTTEGRITY ORAL TABLET	2	
MOVANTIK ORAL TABLET	3	
MURI-LUBE OIL	2	

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Drug Name	Drug Tier	Requirements /Limits
OSMOPREP ORAL TABLET	3	
PEG 300 LIQUID	2	
peg 3350 oral powder	1	PV
POLYETHYLENE GLYCOL 1000 POWDER	2	
POLYETHYLENE GLYCOL 1450 FLAKES	2	
POLYETHYLENE GLYCOL 1450 LIQUID	2	
POLYETHYLENE GLYCOL 1450 POWDER	2	
POLYETHYLENE GLYCOL 300 LIQUID	2	
POLYETHYLENE GLYCOL 3350 GRANULES	2	
polyethylene glycol 3350 oral powder	1	PV
POLYETHYLENE GLYCOL 3350 POWDER	2	
polyethylene glycol 3350-grx oral powder	1	PV
POLYETHYLENE GLYCOL 400 LIQUID	2	
POLYETHYLENE GLYCOL 4500 POWDER	2	
POLYETHYLENE GLYCOL 600 LIQUID	2	
POLYETHYLENE GLYCOL 8000 GRANULES	2	
POLYETHYLENE GLYCOL 8000 POWDER	2	
POLYETHYLENE GLYCOL POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
px laxative oral tablet delayed release	1	PV
qc gentle laxative oral tablet delayed release	1	PV
qc gentle laxative womens oral tablet delayed release	1	PV
qc laxative oral tablet delayed release	1	PV
qc magnesium citrate oral solution	1	PV
qc natura-lax oral powder	1	PV
ra laxative oral powder	1	PV
ra laxative oral tablet delayed release	1	PV
ra magnesium citrate oral solution	1	PV
ra womens laxative oral tablet delayed release	1	PV
RELISTOR ORAL TABLET	3	
RELISTOR SUBCUTANEOUS SOLUTION	3	
sb bisacodyl laxative ec oral tablet delayed release	1	PV
sb gentle lax-women oral tablet delayed release	1	PV
sb magnesium citrate oral solution	1	PV
sb polyethylene glycol 3350 oral powder	1	PV
sm clearlax oral powder	1	PV
sm gentle laxative oral tablet delayed release	1	PV
sm magnesium citrate oral solution	1	PV
smooth lax oral powder	1	PV

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Drug Name	Drug Tier	Requirements /Limits
SYMPROIC ORAL TABLET	3	
TRULANCE ORAL TABLET	3	
veracolate oral tablet delayed release	1	PV
womans laxative oral tablet delayed release	1	PV
womens laxative oral tablet delayed release	1	PV
Anti-Diarrheal Agents		
alosetron hcl oral tablet	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	
LOMOTIL ORAL TABLET	3	
loperamide hcl oral capsule	1	
LOPERAMIDE HCL POWDER	2	
LOTRONEX ORAL TABLET	3	
MOTOFEN ORAL TABLET	3	
MYTESI ORAL TABLET DELAYED RELEASE	3	
VIBERZI ORAL TABLET	3	
XERMELO ORAL TABLET	3	PA
Antispasmodics, Gastrointestinal		
ANASPAZ ORAL TABLET DISPERSIBLE	3	
belladonna alkaloids-opium rectal suppository	1	NDS

Drug Name	Drug Tier	Requirements /Limits
BENTYL INTRAMUSCULAR SOLUTION	3	
chlordiazepoxide-clidinium oral capsule	1	
CUVPOSA ORAL SOLUTION	3	
DARTISLA ODT ORAL TABLET DISPERSIBLE	3	
dicyclomine hcl intramuscular solution	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	1	
dicyclomine hcl oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE	3	
GLYCATATE ORAL TABLET	3	
glycopyrrolate injection solution	1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE	2	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet	1	
glycopyrrolate pf injection solution prefilled syringe	1	
GLYRX-PF INJECTION SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE	2	
hyoscyamine sulfate er oral tablet extended release 12 hour	1	
hyoscyamine sulfate injection solution	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral solution	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
HYOSCYAMINE SULFATE POWDER	2	
hyoscyamine sulfate sl sublingual tablet sublingual	1	
hyoscyamine sulfate sublingual tablet sublingual	1	
ISOPROPAMIDE IODIDE POWDER	2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
LEVSIN INJECTION SOLUTION	3	
LEVSIN ORAL TABLET	3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL	3	
LIBRAX ORAL CAPSULE	3	
methscopolamine bromide oral tablet	1	
NULEV ORAL TABLET DISPERSIBLE	3	

Drug Name	Drug Tier	Requirements /Limits
OSCIMIN ORAL TABLET	3	
oscimin sr oral tablet extended release 12 hour	1	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL	3	
propantheline bromide oral tablet	1	
PROPANTHELINE BROMIDE POWDER	2	
ROBINUL ORAL TABLET	3	
ROBINUL-FORTE ORAL TABLET	3	
SCOPOLAMINE HBR POWDER	2	
SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE	3	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
Gastrointestinal Agents, Other		
ACTIGALL ORAL CAPSULE	3	
alvimopan oral capsule	1	
amoxicill-clarithro- lansopraz oral	1	
BILAC ORAL CAPSULE	2	
BIO-KULT INFANTIS ORAL PACKET	2	
BISMUTH SUBGALLATE POWDER	2	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
BYLVAY ORAL CAPSULE	3	PA
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	1	
CHARCOAL ACTIVATED POWDER	2	
CHENODAL ORAL TABLET	3	PA
CLENPIQ ORAL SOLUTION	2	
CULTURELLE BABY HEALTHY DEV ORAL PACKET	2	
CULTURELLE KIDS GROW THRIVE ORAL PACKET	2	
DEXPANTHENOL INJECTION SOLUTION	2	
DIFF-STAT ORAL PACKET	2	
EDETATE CALCIUM DISODIUM POWDER	2	
ENTEREG ORAL CAPSULE	2	
FLORATUMMYS KIDS ORAL PACKET	2	
GATTEX SUBCUTANEOUS KIT	3	PA
gavilyte-c oral solution reconstituted	1	
gavilyte-g oral solution reconstituted	1	
gavilyte-n with flavor pack oral solution reconstituted	1	
GIMOTI NASAL SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
GLYCOPYRROLATE (PF) INJECTION SOLUTION PREFILLED SYRINGE	2	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED	3	
HELIDAC THERAPY ORAL	3	
KAOLIN POWDER	2	
L-GLUTAMIC ACID HCL POWDER	2	
MAGNESIUM OXIDE POWDER	2	
MAGNESIUM TRISILICATE POWDER	2	
metoclopramide hcl injection solution	1	
METOCLOPRAMIDE HCL MONOHYDRATE POWDER	2	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	1	
METOCLOPRAMIDE HCL POWDER	2	
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
na sulfate-k sulfate-mg sulf oral solution	1	

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Drug Name	Drug Tier	Requirements /Limits
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED	3	
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED	3	
OCALIVA ORAL TABLET	3	PA
OMECLAMOX-PAK ORAL	3	
OMNI-BIOTIC AB 10 ORAL PACKET	2	
OMNI-BIOTIC HETOX ORAL PACKET	2	
OMNI-BIOTIC PANDA ORAL PACKET	2	
opium oral tincture	1	
PECTIN POWDER	2	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1	
peg-3350/electrolytes oral solution reconstituted	1	
peg-3350/electrolytes/ascorbic acid oral solution reconstituted	1	
peg-kcl-nacl-nasulf-naascorbic acid oral solution reconstituted	1	
PEG-PREP ORAL KIT	3	
PEPSIN POWDER	2	
PLENVU ORAL SOLUTION RECONSTITUTED	3	
PRO NUTRIENTS PROBIOTIC ORAL PACKET	2	

Drug Name	Drug Tier	Requirements /Limits
PROBIOMAX 350 DF ORAL PACKET	2	
PROBIOMAX PLUS DF ORAL PACKET	2	
probiotic oral packet	1	
PYLERA ORAL CAPSULE	3	
RE:IMMUNE ORAL PACKET	2	
REGLAN ORAL TABLET	3	
RELTONE ORAL CAPSULE	3	
RESTORA RX ORAL CAPSULE	2	
RESTORE ORAL PACKET	2	
SIMETHICONE LIQUID	2	
SIMILAC PROBIOTIC TRI-BLEND ORAL PACKET	2	
sodium bicarbonate oral powder	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	
SUTAB ORAL TABLET	3	
TALICIA ORAL CAPSULE DELAYED RELEASE	3	
trilyte oral solution reconstituted	1	
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule	1	
ursodiol oral tablet	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION	2	

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Drug Name	Drug Tier	Requirements /Limits
VISBIOME HIGH POTENCY ORAL PACKET	2	
VOQUEZNA DUAL PAK ORAL THERAPY PACK	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	3	
VSL#3 JUNIOR ORAL PACKET	2	
VSL#3 ORAL PACKET	2	
XIFAXAN ORAL TABLET	3	
ZELNORM ORAL TABLET	3	
ZINPLAVA INTRAVENOUS SOLUTION	3	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution	1	
cimetidine oral tablet	1	
CIMETIDINE POWDER	2	
famotidine (pf) intravenous solution	1	
famotidine intravenous solution	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet	1	
famotidine premixed intravenous solution	1	
nizatidine oral capsule	1	
nizatidine oral solution	1	

Drug Name	Drug Tier	Requirements /Limits
PEPCID ORAL TABLET	3	
Protectants		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
CYTOTEC ORAL TABLET	3	
misoprostol oral tablet	1	
sucralfate oral suspension	1	
sucralfate oral tablet	1	
SUCRALFATE POWDER	2	
Proton Pump Inhibitors		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE	3	
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	
DEXLANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE	1	
esomeprazole magnesium oral capsule delayed release	1	
esomeprazole magnesium oral packet	1	
esomeprazole sodium intravenous solution reconstituted	1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE	3	

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Drug Name	Drug Tier	Requirements /Limits
FIRST-LANSOPRAZOLE ORAL SUSPENSION	2	
FIRST-OMEPRAZOLE ORAL SUSPENSION	2	
lansoprazole oral capsule delayed release	1	
lansoprazole oral tablet delayed release dispersible	1	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED	3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	
NEXIUM ORAL PACKET	3	
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRS PEND SF ALKA ORAL SUSPENSION	2	
omeprazole-sodium bicarbonate oral capsule	1	
omeprazole-sodium bicarbonate oral packet	1	
pantoprazole sodium intravenous solution reconstituted	1	
pantoprazole sodium oral packet	1	
pantoprazole sodium oral tablet delayed release	1	
PREVACID ORAL CAPSULE DELAYED RELEASE	3	

Drug Name	Drug Tier	Requirements /Limits
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	
PRILOSEC ORAL PACKET	3	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROTONIX ORAL PACKET	3	
PROTONIX ORAL TABLET DELAYED RELEASE	3	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	1	
rabeprazole sodium oral tablet delayed release	1	
ZEGERID ORAL CAPSULE	3	
ZEGERID ORAL PACKET	3	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
BUPHENYL ORAL POWDER	3	
BUPHENYL ORAL TABLET	3	
CERDELGA ORAL CAPSULE	3	PA
CHOLBAM ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
cromolyn sodium oral concentrate	1	
CYSTADANE ORAL POWDER	3	
CYSTAGON ORAL CAPSULE	3	
ENDARI ORAL PACKET	3	
GALAFOLD ORAL CAPSULE	3	PA
GASTROCROM ORAL CONCENTRATE	3	
GLASSIA INTRAVENOUS SOLUTION	3	PA
KEVEYIS ORAL TABLET	3	PA
KUVAN ORAL PACKET	3	PA
miglustat oral capsule	1	PA
NITYR ORAL TABLET	3	
ORFADIN ORAL CAPSULE	3	
ORFADIN ORAL SUSPENSION	3	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA

Drug Name	Drug Tier	Requirements /Limits
RAVICTI ORAL LIQUID	3	PA
sodium phenylbutyrate oral powder	1	
sodium phenylbutyrate oral tablet	1	
SUCRAID ORAL SOLUTION	3	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
VIOKACE ORAL TABLET	3	
VYNDAQEL ORAL CAPSULE	3	PA
XURIDEN ORAL PACKET	3	PA
ZAVESCA ORAL CAPSULE	3	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
Non-FRF		
ALDURAZYME INTRAVENOUS SOLUTION	3	PA
AMONDYS 45 INTRAVENOUS SOLUTION	3	PA
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
betaine oral powder	1	

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Drug Name	Drug Tier	Requirements /Limits
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
CRYSVITA SUBCUTANEOUS SOLUTION	3	PA
ELAPRASE INTRAVENOUS SOLUTION	3	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA
EXONDYS 51 INTRAVENOUS SOLUTION	3	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
JAVYGTOR ORAL PACKET	3	PA
JAVYGTOR ORAL TABLET	3	PA
KANUMA INTRAVENOUS SOLUTION	3	PA
KUVAN ORAL TABLET	3	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
MEPSEVII INTRAVENOUS SOLUTION	3	PA
NAGLAZYME INTRAVENOUS SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
nitisinone oral capsule	1	
ONPATTRO INTRAVENOUS SOLUTION	3	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
PHEBURANE ORAL PELLET	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	PA
PROCYSBI ORAL PACKET	3	PA
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA
REVCOVI INTRAMUSCULAR SOLUTION	3	PA
sapropterin dihydrochloride oral packet	1	PA
sapropterin dihydrochloride oral tablet	1	PA
SPINRAZA INTRATHECAL SOLUTION	3	PA
STRENSIQ SUBCUTANEOUS SOLUTION	3	PA
VILTEPSO INTRAVENOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
VIMIZIM INTRAVENOUS SOLUTION	3	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
VYONDYS 53 INTRAVENOUS SOLUTION	3	PA
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED	3	PA
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour	1	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
DETROL ORAL TABLET	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
fesoterodine fumarate er oral tablet extended release 24 hour	1	
flavoxate hcl oral tablet	1	
GELNIQUE TRANSDERMAL GEL	3	
GEMTESA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
HYOPHEN ORAL TABLET	3	
me/naphos/mb/hyo1 oral tablet	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er oral tablet extended release 24 hour	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	3	
PHOSPHASAL ORAL TABLET	3	
solifenacin succinate oral tablet	1	
tolterodine tartrate er oral capsule extended release 24 hour	1	
tolterodine tartrate oral tablet	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
tropium chloride er oral capsule extended release 24 hour	1	
tropium chloride oral tablet	1	
uretron d/s oral tablet	1	
URIBEL ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements /Limits
URIMAR-T ORAL TABLET	3	
urin ds oral tablet	1	
URO-458 ORAL TABLET	3	
UROGESIC-BLUE ORAL TABLET	3	
URO-MP ORAL CAPSULE	3	
URO-SP ORAL CAPSULE	3	
USTELL ORAL CAPSULE	3	
UTIRA-C ORAL TABLET	3	
VESICARE LS ORAL SUSPENSION	3	
VESICARE ORAL TABLET	3	
VILAMIT MB ORAL CAPSULE	3	
VILEVEV MB ORAL TABLET	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour	1	
AVODART ORAL CAPSULE	3	
CARDURA ORAL TABLET	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
CIALIS ORAL TABLET	2	PA
doxazosin mesylate oral tablet	1	
dutasteride oral capsule	1	

Drug Name	Drug Tier	Requirements /Limits
dutasteride-tamsulosin hcl oral capsule	1	
ENTADFI ORAL CAPSULE	3	
finasteride oral tablet	1	
FLOMAX ORAL CAPSULE	3	
JALYN ORAL CAPSULE	3	
PROSCAR ORAL TABLET	3	
RAPAFLO ORAL CAPSULE	3	
silodosin oral capsule	1	
tadalafil oral tablet	1	PA
tamsulosin hcl oral capsule	1	
terazosin hcl oral capsule	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Genitourinary Agents, Other		
acetic acid irrigation solution	1	
aminoacetic acid irrigation solution	1	
bethanechol chloride oral tablet	1	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	2	PA
ELMIRON ORAL CAPSULE	3	
ENCARE VAGINAL SUPPOSITORY	2	PV; QL (12 EA per 23 days)
GLYCINE INJECTION SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
glycine irrigation solution	1	
glycine urologic irrigation solution	1	
LEVITRA ORAL TABLET	2	PA
LITHOSTAT ORAL TABLET	3	
MUSE URETHRAL PELLETT	2	PA
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	PV; QL (85.5 GM per 23 days)
phenazo oral tablet	1	
phenazopyridine hcl oral tablet	1	
PHENAZOPYRIDINE HCL POWDER	2	
PHEXXI VAGINAL GEL	3	
PYRIDIDIUM ORAL TABLET	3	
RENACIDIN IRRIGATION SOLUTION	3	
RIMSO-50 INTRAVESICAL SOLUTION	3	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL	2	PV; QL (75 EA per 23 days)
sildenafil citrate oral tablet	1	PA
STAXYN ORAL TABLET DISPERSIBLE	2	PA
STENDRA ORAL TABLET	2	PA
THIOLA EC ORAL TABLET DELAYED RELEASE	3	
THIOLA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
tiopronin oral tablet	1	
TODAY SPONGE VAGINAL	2	PV; QL (12 EA per 23 days)
vardeafil hcl oral tablet	1	PA
vardeafil hcl oral tablet dispersible	1	PA
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	PV; QL (12 EA per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	2	PV; QL (17 GM per 23 days)
vcf vaginal contraceptive vaginal gel	2	PV; QL (2.7 GM per 23 days)
VIAGRA ORAL TABLET	2	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	3	PA
CORTEF ORAL TABLET	3	
dexamethasone intensol oral concentrate	1	
dexamethasone oral elixir	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
EMFLAZA ORAL SUSPENSION	3	PA
EMFLAZA ORAL TABLET	3	PA
fludrocortisone acetate oral tablet	1	
hydrocortisone oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
INTRAROSA VAGINAL INSERT	3	PA
MEDROL ORAL TABLET	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet	1	
methylprednisolone oral tablet therapy pack	1	
MILLIPRED ORAL TABLET	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone intensol oral concentrate	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS ORAL TABLET DELAYED RELEASE	3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK	3	

Drug Name	Drug Tier	Requirements /Limits
Non-FRF		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	
BETAMETHASONE COMBO INJECTION SUSPENSION	3	
BETAMETHASONE DIPROPIONATE POWDER	2	
betamethasone sod phos & acet injection suspension	1	
BETAMETHASONE SODIUM PHOSPHATE POWDER	2	
BETAMETHASONE VALERATE POWDER	2	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
CLOBETASOL 17 PROPIONATE POWDER	2	
CLOBETASOL PROPIONATE POWDER	2	
CORTISONE ACETATE POWDER	2	
CORTROPHIN INJECTION GEL	3	PA
DECADRON ORAL TABLET	3	
DEPO-MEDROL INJECTION SUSPENSION	3	
DESONIDE POWDER	2	
DEXABLISS ORAL TABLET THERAPY PACK	3	

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Drug Name	Drug Tier	Requirements /Limits
DEXAMETHASONE (LA) INJECTION SUSPENSION	3	
DEXAMETHASONE ACE & SOD PHOS INJECTION SUSPENSION	3	
dexamethasone oral solution	1	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION	2	
dexamethasone sod phosphate pf injection solution	1	
dexamethasone sod phosphate pf injection solution prefilled syringe	1	
dexamethasone sodium phosphate injection solution	1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK	3	
FLUDROCORTISONE ACETATE POWDER	2	
FLUOCINOLONE ACETONIDE POWDER	2	
FLUOCINONIDE POWDER	2	
HEMADY ORAL TABLET	3	
HEXATRIONE INTRA-ARTICULAR SUSPENSION	3	

Drug Name	Drug Tier	Requirements /Limits
HIDEX 6-DAY ORAL TABLET THERAPY PACK	3	
HYDROCORTISONE ACETATE POWDER	2	
HYDROCORTISONE MICRONIZED POWDER	2	
HYDROCORTISONE POWDER	2	
KENALOG INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	
methylprednisolone acetate injection suspension	1	
METHYLPREDNISOLONE ACETATE POWDER	2	
METHYLPREDNISOLONE POWDER	2	
methylprednisolone sodium succ injection solution reconstituted	1	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION	2	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK	3	
PEDIAPRED ORAL SOLUTION	3	
PREDNISOLONE ACETATE POWDER	2	
PREDNISOLONE ANHYDROUS POWDER	2	
PREDNISOLONE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
prednisolone sodium phosphate oral solution	1	
PREDNISOLONE SODIUM PHOSPHATE POWDER	2	
PREDNISON POWDER	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK	3	
triamcinolone acetonide injection suspension	1	
TRIAMCINOLONE ACETONIDE POWDER	2	
TRIAMCINOLONE DIACET MICRONIZE POWDER	2	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION	3	
TRIAMCINOLONE DIACETATE POWDER	2	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION	2	
ZCORT 7-DAY ORAL TABLET THERAPY PACK	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	3	

Drug Name	Drug Tier	Requirements /Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DDAVP ORAL TABLET	3	
DDAVP RHINAL TUBE NASAL SOLUTION	3	
desmopressin ace spray refrig nasal solution	1	
desmopressin acetate oral tablet	1	
HUMATROPE INJECTION SOLUTION RECONSTITUTED	3	PA
INCRELEX SUBCUTANEOUS SOLUTION	3	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	3	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	3	PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	3	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
STIMATE NASAL SOLUTION	3	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA

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Drug Name	Drug Tier	Requirements /Limits
Non-FRF		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PA
DDAVP INJECTION SOLUTION	3	
DDAVP PF INJECTION SOLUTION	3	
desmopressin acetate injection solution	1	
DESMOPRESSIN ACETATE NASAL SOLUTION	1	
desmopressin acetate pf injection solution	1	
desmopressin acetate spray nasal solution	1	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	3	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA
HUMATROPE INJECTION CARTRIDGE	3	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA

Drug Name	Drug Tier	Requirements /Limits
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE	3	PA
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED	2	
VAPRISOL INTRAVENOUS SOLUTION	2	
vasopressin intravenous solution	1	
VASOSTRICT INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	3	PA
Non-FRF		
alprostadil injection solution	1	
carboprost tromethamine intramuscular solution	1	
CERVIDIL VAGINAL INSERT	3	
HEMABATE INTRAMUSCULAR SOLUTION	3	
MIFEPREX ORAL TABLET	2	
mifepristone oral tablet	1	
PREPIDIL VAGINAL GEL	3	
PROSTIN E2 VAGINAL SUPPOSITORY	3	
PROSTIN VR INJECTION SOLUTION	2	
RECORLEV ORAL TABLET	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET	3	
oxandrolone oral tablet	1	PA

Drug Name	Drug Tier	Requirements /Limits
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	
ANDROGEL PUMP TRANSDERMAL GEL	3	
ANDROGEL TRANSDERMAL GEL	3	
AVEED INTRAMUSCULAR SOLUTION	3	
danazol oral capsule	1	
DANAZOL POWDER	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	
EC-RX TESTOSTERONE TRANSDERMAL CREAM	2	
FORTESTA TRANSDERMAL GEL	3	
JATENZO ORAL CAPSULE	3	
KYZATREX ORAL CAPSULE	3	
METHITEST ORAL TABLET	3	
methyltestosterone oral capsule	1	
METHYLTESTOSTERONE POWDER	2	
NATESTO NASAL GEL	3	
TESTIM TRANSDERMAL GEL	3	
TESTOPEL IMPLANT PELLETT	3	
TESTOSTERONE COMPOUNDING KIT TRANSDERMAL CREAM	2	

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Drug Name	Drug Tier	Requirements /Limits
TESTOSTERONE CYPIONATE INJECTION SOLUTION	3	
testosterone cypionate intramuscular solution	1	
testosterone enanthate intramuscular solution	1	
TESTOSTERONE IMPLANT PELLETT	3	
testosterone transdermal gel	1	
testosterone transdermal solution	1	
TLANDO ORAL CAPSULE	3	
VOGELXO PUMP TRANSDERMAL GEL	3	
VOGELXO TRANSDERMAL GEL	3	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
Estrogens		
ACTIVELLA ORAL TABLET	3	
afirmelle oral tablet	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY	3	
altavera oral tablet	1	
alyacen 1/35 oral tablet	1	
alyacen 7/7/7 oral tablet	1	
amabelz oral tablet	1	
amethia lo oral tablet	1	
amethia oral tablet	1	
amethyst oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
ANGELIQ ORAL TABLET	3	
ANNOVERA VAGINAL RING	3	
apri oral tablet	1	
aranelle oral tablet	1	
ashlyna oral tablet	1	
aubra eq oral tablet	1	
aubra oral tablet	1	
aurovela 1.5/30 oral tablet	1	
aurovela 1/20 oral tablet	1	
aurovela 24 fe oral tablet	1	
aurovela fe 1.5/30 oral tablet	1	
aurovela fe 1/20 oral tablet	1	
aviane oral tablet	1	
ayuna oral tablet	1	
azurette oral tablet	1	
BALCOLTRA ORAL TABLET	3	
balziva oral tablet	1	
bekyree oral tablet	1	
BEYAZ ORAL TABLET	3	
BI-EST 50:50 TRANSDERMAL CREAM	2	
BI-EST 80:20 PROGESTERONE TRANSDERMAL CREAM	2	
BI-EST PROGEST-TESTOSTERONE TRANSDERMAL CREAM	2	
BIJUVA ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements /Limits
blisovi 24 fe oral tablet	1	
blisovi fe 1.5/30 oral tablet	1	
blisovi fe 1/20 oral tablet	1	
briellyn oral tablet	1	
camrese lo oral tablet	1	
camrese oral tablet	1	
caziant oral tablet	1	
charlotte 24 fe oral tablet chewable	1	
chateal eq oral tablet	1	
chateal oral tablet	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	
CLIMARA TRANSDERMAL PATCH WEEKLY	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	
cryselle-28 oral tablet	1	
cyclafem 1/35 oral tablet	1	
cyclafem 7/7/7 oral tablet	1	
cyred eq oral tablet	1	
cyred oral tablet	1	
dasetta 1/35 oral tablet	1	
dasetta 7/7/7 oral tablet	1	
daysee oral tablet	1	
DELESTROGEN INTRAMUSCULAR OIL	3	
delyla oral tablet	1	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
desogestrel-ethinyl estradiol oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
DIVIGEL TRANSDERMAL GEL	3	
dolishale oral tablet	1	
dotti transdermal patch twice weekly	1	
drospiren-eth estrad-levomefol oral tablet	1	
drospirenone-ethinyl estradiol oral tablet	1	
EC-RX ESTRADIOL TRANSDERMAL CREAM	2	
ELESTRIN TRANSDERMAL GEL	3	
elinest oral tablet	1	
eluryng vaginal ring	1	
emoquette oral tablet	1	
enpresse-28 oral tablet	1	
enskyce oral tablet	1	
estarylla oral tablet	1	
ESTRACE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	3	
estradiol oral tablet	1	
estradiol transdermal gel	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	1	
estradiol valerate intramuscular oil	1	
estradiol-norethindrone acet oral tablet	1	
ESTRING VAGINAL RING	3	

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Drug Name	Drug Tier	Requirements /Limits
ESTRIOL-PROGESTERONE MICRO TRANSDERMAL CREAM	2	
ESTROGEL TRANSDERMAL GEL	3	
ESTROSTEP FE ORAL TABLET	3	
ETHINYL ESTRADIOL POWDER	2	
ethynodiol diac-eth estradiol oral tablet	1	
etonogestrel-ethinyl estradiol vaginal ring	1	
EVAMIST TRANSDERMAL SOLUTION	3	
FALESSA ORAL KIT	3	
falmina oral tablet	1	
fayosim oral tablet	1	
FEMHRT ORAL TABLET	3	
FEMRING VAGINAL RING	3	
femynor oral tablet	1	
finzala oral tablet chewable	1	
fyavolv oral tablet	1	
gemmily oral capsule	1	
GENERESS FE ORAL TABLET CHEWABLE	3	
gianvi oral tablet	1	
hailey 1.5/30 oral tablet	1	
hailey 24 fe oral tablet	1	
hailey fe 1.5/30 oral tablet	1	
hailey fe 1/20 oral tablet	1	
iclevia oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	2	PA
IMVEXXY STARTER PACK VAGINAL INSERT	2	PA
introvale oral tablet	1	
isibloom oral tablet	1	
jaimiess oral tablet	1	
jasmiel oral tablet	1	
jinteli oral tablet	1	
jolessa oral tablet	1	
juleber oral tablet	1	
junel 1.5/30 oral tablet	1	
junel 1/20 oral tablet	1	
junel fe 1.5/30 oral tablet	1	
junel fe 1/20 oral tablet	1	
junel fe 24 oral tablet	1	
kaitlib fe oral tablet chewable	1	
kalliga oral tablet	1	
kariva oral tablet	1	
kelnor 1/35 oral tablet	1	
kelnor 1/50 oral tablet	1	
kurvelo oral tablet	1	
larin 1.5/30 oral tablet	1	
larin 1/20 oral tablet	1	
larin 24 fe oral tablet	1	
larin fe 1.5/30 oral tablet	1	
larin fe 1/20 oral tablet	1	
larissia oral tablet	1	
layolis fe oral tablet chewable	1	
leena oral tablet	1	
lessina oral tablet	1	
levonest oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
levonorgest-eth est & eth est oral tablet	1	
levonorgest-eth estrad 91-day oral tablet	1	
levonorgestrel-ethinyl estrad oral tablet	1	
levonorg-eth estrad triphasic oral tablet	1	
levora 0.15/30 (28) oral tablet	1	
lillow oral tablet	1	
LO LOESTRIN FE ORAL TABLET	3	
LOESTRIN 1.5/30 (21) ORAL TABLET	3	
LOESTRIN 1/20 (21) ORAL TABLET	3	
LOESTRIN FE 1.5/30 ORAL TABLET	3	
LOESTRIN FE 1/20 ORAL TABLET	3	
lojaimiess oral tablet	1	
loryna oral tablet	1	
LOSEASONIQUE ORAL TABLET	3	
low-ogestrel oral tablet	1	
lo-zumandimine oral tablet	1	
lutra oral tablet	1	
lyllana transdermal patch twice weekly	1	
marlissa oral tablet	1	
melodetta 24 fe oral tablet chewable	1	
MENEST ORAL TABLET	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	
merzee oral capsule	1	

Drug Name	Drug Tier	Requirements /Limits
mibelas 24 fe oral tablet chewable	1	
microgestin 1.5/30 oral tablet	1	
microgestin 1/20 oral tablet	1	
microgestin 24 fe oral tablet	1	
microgestin fe 1.5/30 oral tablet	1	
microgestin fe 1/20 oral tablet	1	
mili oral tablet	1	
mimvey oral tablet	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE	3	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	3	
MIRCETTE ORAL TABLET	3	
mono-linyah oral tablet	1	
NATAZIA ORAL TABLET	3	
necon 0.5/35 (28) oral tablet	1	
NEXTSTELLIS ORAL TABLET	3	
nikki oral tablet	1	
norethin ace-eth estrad-fe oral capsule	1	
norethin ace-eth estrad-fe oral tablet	1	
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acet-ethinyl est oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
norethindrone-eth estradiol oral tablet	1	
norethindron-ethinyl estrad-fe oral tablet	1	
norethin-eth estradiol-fe oral tablet chewable	1	
norgestimate-eth estradiol oral tablet	1	
norgestim-eth estrad triphasic oral tablet	1	
nortrel 0.5/35 (28) oral tablet	1	
nortrel 1/35 (21) oral tablet	1	
nortrel 1/35 (28) oral tablet	1	
nortrel 7/7/7 oral tablet	1	
NUVARING VAGINAL RING	3	
nylia 1/35 oral tablet	1	
nylia 7/7/7 oral tablet	1	
nymyo oral tablet	1	
ocella oral tablet	1	
orsythia oral tablet	1	
philith oral tablet	1	
pimtrea oral tablet	1	
pirmella 1/35 oral tablet	1	
pirmella 7/7/7 oral tablet	1	
portia-28 oral tablet	1	
PREFEST ORAL TABLET	3	
PREMARIN INJECTION SOLUTION RECONSTITUTED	3	
PREMARIN ORAL TABLET	3	
PREMARIN VAGINAL CREAM	2	

Drug Name	Drug Tier	Requirements /Limits
PREMPHASE ORAL TABLET	3	
PREMPRO ORAL TABLET	3	
previfem oral tablet	1	
QUARTETTE ORAL TABLET	3	
reclipsen oral tablet	1	
rivelsa oral tablet	1	
SAFYRAL ORAL TABLET	3	
SEASONIQUE ORAL TABLET	3	
setlakin oral tablet	1	
simliya oral tablet	1	
simpesse oral tablet	1	
sprintec 28 oral tablet	1	
sronyx oral tablet	1	
syeda oral tablet	1	
tarina 24 fe oral tablet	1	
tarina fe 1/20 eq oral tablet	1	
tarina fe 1/20 oral tablet	1	
taysofy oral capsule	1	
TAYTULLA ORAL CAPSULE	3	
tilia fe oral tablet	1	
tri femynor oral tablet	1	
tri-estarylla oral tablet	1	
tri-legest fe oral tablet	1	
tri-linyah oral tablet	1	
tri-lo-estarylla oral tablet	1	
tri-lo-marzia oral tablet	1	
tri-lo-mili oral tablet	1	
tri-lo-sprintec oral tablet	1	
tri-mili oral tablet	1	
tri-nymyo oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
tri-previfem oral tablet	1	
tri-sprintec oral tablet	1	
trivora (28) oral tablet	1	
tri-vylibra lo oral tablet	1	
tri-vylibra oral tablet	1	
TWIRLA TRANSDERMAL PATCH WEEKLY	3	
tyblume oral tablet chewable	1	
tydemy oral tablet	1	
VAGIFEM VAGINAL TABLET	3	
velivet oral tablet	1	
vestura oral tablet	1	
vienva oral tablet	1	
viorele oral tablet	1	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	3	
volnea oral tablet	1	
vyfemla oral tablet	1	
vylibra oral tablet	1	
wera oral tablet	1	
wymzya fe oral tablet chewable	1	
xulane transdermal patch weekly	1	
YASMIN 28 ORAL TABLET	3	
YAZ ORAL TABLET	3	
yuvaferm vaginal tablet	1	
zafemy transdermal patch weekly	1	
zarah oral tablet	1	
zovia 1/35 (28) oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
zovia 1/35e (28) oral tablet	1	
zumandimine oral tablet	1	
Progestins		
AYGESTIN ORAL TABLET	3	
camila oral tablet	1	
CRINONE VAGINAL GEL	3	PA
deblitane oral tablet	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
EC-RX PROGESTERONE TRANSDERMAL CREAM	2	
ENDOMETRIN VAGINAL INSERT	3	PA
errin oral tablet	1	
FIRST- PROGESTERONE VGS VAGINAL SUPPOSITORY	2	
heather oral tablet	1	
hydroxyprogesterone caproate intramuscular oil	1	PA
HYDROXYPROGESTE RONE CAPROATE INTRAMUSCULAR SOLUTION	1	PA

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Drug Name	Drug Tier	Requirements /Limits
incassia oral tablet	1	
jencycla oral tablet	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	3	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	3	
lyleq oral tablet	1	
lyza oral tablet	1	
MAKENA INTRAMUSCULAR OIL	3	PA
MAKENA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA
medroxyprogesterone acetate intramuscular suspension	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	
medroxyprogesterone acetate oral tablet	1	
megestrol acetate oral suspension	1	
megestrol acetate oral tablet	1	
MEGESTROL ACETATE POWDER	2	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	3	
NEXPLANON SUBCUTANEOUS IMPLANT	3	
nora-be oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
norethindrone acetate oral tablet	1	
NORETHINDRONE ACETATE POWDER	2	
norethindrone oral tablet	1	
norlyda oral tablet	1	
norlyroc oral tablet	1	
ORTHO MICRONOR ORAL TABLET	3	
PIDPROGTAR EXTERNAL SOLUTION	2	
PODPROGTAR EXTERNAL SOLUTION	2	
PROGESTERONE COMPOUNDING KIT TRANSDERMAL CREAM	2	
progesterone intramuscular oil	1	
PROGESTERONE MICRONIZED TRANSDERMAL CREAM	2	
progesterone oral capsule	1	
PROMETRIUM ORAL CAPSULE	3	
PROVERA ORAL TABLET	3	
sharobel oral tablet	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	
SLYND ORAL TABLET	3	
tulana oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
Selective Estrogen Receptor Modifying Agents		
CLOMID ORAL TABLET	1	PA
clomiphene citrate oral tablet	1	PA
DUAVEE ORAL TABLET	3	
EVISTA ORAL TABLET	3	
OSPHENA ORAL TABLET	2	PA
raloxifene hcl oral tablet	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
CYTOMEL ORAL TABLET	3	
levo-t oral tablet	1	
levothyroxine sodium oral tablet	1	
levoxyl oral tablet	1	
liothyronine sodium oral tablet	1	
SYNTHROID ORAL TABLET	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
unithroid oral tablet	1	
Non-FRF		
ARMOUR THYROID ORAL TABLET	3	
euthyrox oral tablet	1	
levothyroxine sodium intravenous solution	1	
levothyroxine sodium intravenous solution reconstituted	1	

Drug Name	Drug Tier	Requirements /Limits
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
liothyronine sodium intravenous solution	1	
np thyroid oral tablet	1	
THYQUIDITY ORAL SOLUTION	3	
THYROID POWDER	2	
TIROSINT-SOL ORAL SOLUTION	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	
unithroid oral tablet	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	3	
Non-FRF		
ISTURISA ORAL TABLET	3	PA
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet	1	
ELIGARD SUBCUTANEOUS KIT	3	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
leuprolide acetate injection kit	1	PA
LUPANETA PACK COMBINATION KIT	3	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	3	PA

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Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	3	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	PA
octreotide acetate injection solution	1	PA
ORILISSA ORAL TABLET	3	
SANDOSTATIN INJECTION SOLUTION	3	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	3	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
SYNAREL NASAL SOLUTION	3	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA
Non-FRF		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE	3	

Drug Name	Drug Tier	Requirements /Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	1	PA
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION	2	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	3	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	3	PA
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA
MYFEMBREE ORAL TABLET	3	
octreotide acetate subcutaneous solution prefilled syringe	1	PA
ORGOVYX ORAL TABLET	3	PA
ORIAHNN ORAL CAPSULE THERAPY PACK	3	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	3	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA
SUPPRELIN LA SUBCUTANEOUS KIT	3	PA

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Drug Name	Drug Tier	Requirements /Limits
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA
VANTAS SUBCUTANEOUS KIT	3	PA
ZOLADEX SUBCUTANEOUS IMPLANT	3	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet	1	
METHIMAZOLE POWDER	2	
propylthiouracil oral tablet	1	
SODIUM IODIDE I-131 ORAL SOLUTION	2	
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	3	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
FIRAZYR SUBCUTANEOUS SOLUTION	3	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
icatibant acetate subcutaneous solution	1	PA
KALBITOR SUBCUTANEOUS SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
sajazir subcutaneous solution	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
Immunoglobulins		
ASCENIV INTRAVENOUS SOLUTION	3	PA
ATGAM INTRAVENOUS INJECTABLE	3	
BAMLANIVIMAB INTRAVENOUS SOLUTION	2	
BEBTELOVIMAB INTRAVENOUS SOLUTION	2	
BIVIGAM INTRAVENOUS SOLUTION	3	PA
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
CASIRIVIMAB INJECTION SOLUTION	2	
CNJ-016 INTRAVENOUS SOLUTION	2	
CUTAQUIG SUBCUTANEOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
CUVITRU SUBCUTANEOUS SOLUTION	3	PA
CYTOGAM INTRAVENOUS INJECTABLE	3	PA
ETESEVIMAB INTRAVENOUS SOLUTION	2	
EVUSHELD INTRAMUSCULAR SOLUTION	2	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	3	PA
GAMASTAN INTRAMUSCULAR INJECTABLE	2	PA
GAMMAGARD INJECTION SOLUTION	3	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
GAMMAKED INJECTION SOLUTION	3	PA
GAMMAPLEX INTRAVENOUS SOLUTION	3	PA
GAMUNEX-C INJECTION SOLUTION	3	PA
HEPAGAM B INJECTION SOLUTION	3	B/D
HIZENTRA SUBCUTANEOUS SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
HYPERHEP B INTRAMUSCULAR SOLUTION	3	B/D
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D
HYPERRAB INJECTION SOLUTION	3	B/D
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
HYQVIA SUBCUTANEOUS KIT	3	PA
IMDEVIMAB INJECTION SOLUTION	2	
IMOGAM RABIES-HT INJECTION SOLUTION	3	B/D
KEDRAB INJECTION SOLUTION	3	B/D
MICRHOGAM ULTRA- FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
NABI-HB INTRAMUSCULAR SOLUTION	3	B/D
OCTAGAM INTRAVENOUS SOLUTION	3	PA
PANZYGA INTRAVENOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
PRIVIGEN INTRAVENOUS SOLUTION	3	PA
REGEN-COV INJECTION SOLUTION	2	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3	
SOTROVIMAB INTRAVENOUS SOLUTION	2	
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	
WINRHO SDF INJECTION SOLUTION	3	
XEMBIFY SUBCUTANEOUS SOLUTION	3	PA
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ACTEMRA INTRAVENOUS SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
CIBINQO ORAL TABLET	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
EMPAVELI SUBCUTANEOUS SOLUTION	3	PA
ENJAYMO INTRAVENOUS SOLUTION	3	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
GAMIFANT INTRAVENOUS SOLUTION	3	PA
ILARIS SUBCUTANEOUS SOLUTION	3	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA

Drug Name	Drug Tier	Requirements /Limits
LEMTRADA INTRAVENOUS SOLUTION	3	PA
OLUMIANT ORAL TABLET	2	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
OTEZLA ORAL TABLET THERAPY PACK	3	PA
PROVENGE INTRAVENOUS SUSPENSION	3	
RIDAURA ORAL CAPSULE	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
SAPHNELO INTRAVENOUS SOLUTION	3	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
SKYRIZI INTRAVENOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
SOLIRIS INTRAVENOUS SOLUTION	3	PA
STELARA INTRAVENOUS SOLUTION	3	PA
STELARA SUBCUTANEOUS SOLUTION	3	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA

Drug Name	Drug Tier	Requirements /Limits
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ULTOMIRIS INTRAVENOUS SOLUTION	3	PA
UPLIZNA INTRAVENOUS SOLUTION	2	
XELJANZ ORAL SOLUTION	3	PA
XELJANZ ORAL TABLET	3	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA
ALFERON N INJECTION SOLUTION	3	
INTRON A INJECTION SOLUTION	3	PA
INTRON A INJECTION SOLUTION RECONSTITUTED	3	PA

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Drug Name	Drug Tier	Requirements /Limits
PEGASYS SUBCUTANEOUS SOLUTION	3	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
PEGINTRON SUBCUTANEOUS KIT	3	PA
Immunosuppressants		
ARAVA ORAL TABLET	3	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	B/D
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
AZASAN ORAL TABLET	3	B/D
azathioprine oral tablet	1	B/D
AZATHIOPRINE POWDER	2	
azathioprine sodium injection solution reconstituted	1	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	3	B/D
CELLCEPT ORAL CAPSULE	3	B/D
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	B/D
CELLCEPT ORAL TABLET	3	B/D

Drug Name	Drug Tier	Requirements /Limits
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
CIMZIA SUBCUTANEOUS KIT	3	PA
cyclosporine intravenous solution	1	
cyclosporine modified oral capsule	1	B/D
cyclosporine modified oral solution	1	B/D
cyclosporine oral capsule	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
ENBREL SUBCUTANEOUS SOLUTION	3	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	B/D
everolimus oral tablet	1	B/D
gengraf oral capsule	1	B/D
gengraf oral solution	1	B/D

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	3	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	3	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	3	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	3	PA
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	3	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
HYFTOR EXTERNAL GEL	3	
IMURAN ORAL TABLET	3	B/D
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
leflunomide oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
LUPKYNIS ORAL CAPSULE	3	PA
methotrexate oral tablet	1	
METHOTREXATE POWDER	2	
methotrexate sodium (pf) injection solution	1	
methotrexate sodium injection solution	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral tablet	1	
mycophenolate mofetil hcl intravenous solution reconstituted	1	B/D
mycophenolate mofetil intravenous solution reconstituted	1	B/D
mycophenolate mofetil oral capsule	1	B/D
mycophenolate mofetil oral suspension reconstituted	1	B/D
mycophenolate mofetil oral tablet	1	B/D
mycophenolate sodium oral tablet delayed release	1	B/D
MYFORTIC ORAL TABLET DELAYED RELEASE	3	B/D
NEORAL ORAL CAPSULE	3	B/D
NEORAL ORAL SOLUTION	3	B/D
NUJU EXTERNAL CREAM	2	

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Drug Name	Drug Tier	Requirements /Limits
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
PROGRAF INTRAVENOUS SOLUTION	3	
PROGRAF ORAL CAPSULE	3	B/D
PROGRAF ORAL PACKET	3	B/D
RAPAMUNE ORAL SOLUTION	3	B/D
RAPAMUNE ORAL TABLET	3	B/D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
REZUROCK ORAL TABLET	3	PA

Drug Name	Drug Tier	Requirements /Limits
SANDIMMUNE INTRAVENOUS SOLUTION	3	
SANDIMMUNE ORAL CAPSULE	3	B/D
SANDIMMUNE ORAL SOLUTION	3	B/D
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
sirolimus oral solution	1	B/D
sirolimus oral tablet	1	B/D
tacrolimus oral capsule	1	B/D
TREXALL ORAL TABLET	3	
VYVGART INTRAVENOUS SOLUTION	3	PA
XATMEP ORAL SOLUTION	3	
ZORTRESS ORAL TABLET	3	B/D
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ADACEL INTRAMUSCULAR SUSPENSION	2	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	3	PV

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Drug Name	Drug Tier	Requirements /Limits
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
DAPTACEL INTRAMUSCULAR SUSPENSION	2	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
DIPHTHERIA- TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	1	
ENGERIX-B INJECTION SUSPENSION	2	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D

Drug Name	Drug Tier	Requirements /Limits
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	3	PV
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PV
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	3	PV
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
FLUMIST QUADRIVALENT NASAL SUSPENSION	3	PV
FLUZONE HIGH- DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	3	PV

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Drug Name	Drug Tier	Requirements /Limits
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HAVRIX INTRAMUSCULAR SUSPENSION	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	B/D
INFANRIX INTRAMUSCULAR SUSPENSION	2	
IPOL INJECTION INJECTABLE	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PNEUMOVAX 23 INJECTION INJECTABLE	2	PV
PREHEVBRIO INTRAMUSCULAR SUSPENSION	2	B/D
PREVNAR 13 INTRAMUSCULAR SUSPENSION	2	PV
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	

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Drug Name	Drug Tier	Requirements /Limits
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	B/D
RECOMBIVAX HB INJECTION SUSPENSION	2	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	2	
TDVAX INTRAMUSCULAR SUSPENSION	2	
TENIVAC INTRAMUSCULAR INJECTABLE	2	
TETANUS- DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2	

Drug Name	Drug Tier	Requirements /Limits
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	
VARIVAX SUBCUTANEOUS INJECTABLE	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
VAXELIS INTRAMUSCULAR SUSPENSION	2	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
VIVOTIF ORAL CAPSULE DELAYED RELEASE	3	

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Drug Name	Drug Tier	Requirements /Limits
YF-VAX SUBCUTANEOUS INJECTABLE	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
AMINOSALICYLIC ACID-5 POWDER	2	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ASACOL HD ORAL TABLET DELAYED RELEASE	3	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	
AZULFIDINE ORAL TABLET	3	
balsalazide disodium oral capsule	1	
CANASA RECTAL SUPPOSITORY	3	
COLAZAL ORAL CAPSULE	3	
DELZICOL ORAL CAPSULE DELAYED RELEASE	3	
DIPENTUM ORAL CAPSULE	3	
LIALDA ORAL TABLET DELAYED RELEASE	3	
mesalamine er oral capsule extended release	1	
mesalamine er oral capsule extended release 24 hour	1	
mesalamine oral capsule delayed release	1	

Drug Name	Drug Tier	Requirements /Limits
mesalamine oral tablet delayed release	1	
MESALAMINE POWDER	2	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	
mesalamine-cleanser rectal kit	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE	3	
ROWASA RECTAL KIT	3	
SFROWASA RECTAL ENEMA	3	
sulfasalazine oral tablet	1	
sulfasalazine oral tablet delayed release	1	
SULFASALAZINE POWDER	2	
Glucocorticoids		
ANUSOL-HC EXTERNAL CREAM	3	
budesonide er oral tablet extended release 24 hour	1	
budesonide oral capsule delayed release particles	1	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
hydrocortisone (perianal) external cream	1	

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Drug Name	Drug Tier	Requirements /Limits
hydrocortisone rectal enema	1	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
PROCTOCORT EXTERNAL CREAM	3	
procto-med hc external cream	1	
procto-pak external cream	1	
proctosol hc external cream	1	
proctozone-hc external cream	1	
TARPEYO ORAL CAPSULE DELAYED RELEASE	3	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
UCERIS RECTAL FOAM	3	
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET	3	
alendronate sodium oral solution	1	
alendronate sodium oral tablet	1	
ATELVIA ORAL TABLET DELAYED RELEASE	3	
BINOSTO ORAL TABLET EFFERVESCENT	3	
BONIVA ORAL TABLET	3	
calcitonin (salmon) nasal solution	1	
calcitriol oral capsule	1	

Drug Name	Drug Tier	Requirements /Limits
calcitriol oral solution	1	
cinacalcet hcl oral tablet	1	
doxercalciferol oral capsule	1	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
FOSAMAX ORAL TABLET	3	
FOSAMAX PLUS D ORAL TABLET	3	
ibandronate sodium oral tablet	1	
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA
paricalcitol oral capsule	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	
risedronate sodium oral tablet	1	
risedronate sodium oral tablet delayed release	1	
ROCALTROL ORAL CAPSULE	3	
ROCALTROL ORAL SOLUTION	3	
SENSIPAR ORAL TABLET	3	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA

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Drug Name	Drug Tier	Requirements /Limits
XGEVA SUBCUTANEOUS SOLUTION	3	PA
ZEMPLAR ORAL CAPSULE	3	
Non-FRF		
BONIVA INTRAVENOUS SOLUTION	3	
calcitonin (salmon) injection solution	1	
calcitriol intravenous solution	1	
doxercalciferol intravenous solution	1	
FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	PA
HECTOROL INTRAVENOUS SOLUTION	3	
ibandronate sodium intravenous solution	1	
MIACALCIN INJECTION SOLUTION	3	
pamidronate disodium intravenous solution	1	
paricalcitol intravenous solution	1	
PARSABIV INTRAVENOUS SOLUTION	2	
RECLAST INTRAVENOUS SOLUTION	3	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	PA

Drug Name	Drug Tier	Requirements /Limits
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	
zoledronic acid intravenous concentrate	1	
zoledronic acid intravenous solution	1	
Miscellaneous Therapeutic Agents		
ASSURE ID INSULIN SAFETY SYR	2	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
EXEL COMFORT POINT PEN NEEDLE	2	
GLOBAL ALCOHOL PREP EASE PAD	1	
INTRALIPID INTRAVENOUS EMULSION	3	B/D
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
NUTRILIPID INTRAVENOUS EMULSION	3	B/D
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	
PREFERRED PLUS INSULIN SYRINGE	2	
sodium chloride irrigation solution	1	

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Drug Name	Drug Tier	Requirements /Limits
Non-FRF		
1ST BASE EXTERNAL CREAM	2	
1ST TIER UNIFINE PENTIPS	2	
1ST TIER UNIFINE PENTIPS PLUS	2	
1ST TIER UNILET COMFORTOUCH	2	
5-mthf oral capsule	1	
ABOUTTIME PEN NEEDLE	2	
ACACIA POWDER	2	
ACCU-CHEK AVIVA IN VITRO SOLUTION	2	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	
ACCU-CHEK AVIVA PLUS KIT	2	
ACCU-CHEK COMPACT PLUS CONTROL IN VITRO SOLUTION	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID	2	
ACCU-CHEK GUIDE IN VITRO STRIP	2	
ACCU-CHEK GUIDE KIT	2	
ACCU-CHEK GUIDE ME KIT	2	
ACCU-CHEK LINKASSIST	2	
ACCU-CHEK PLASTIC CARTRIDGE	2	

Drug Name	Drug Tier	Requirements /Limits
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID	2	
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACCU-CHEK SPIRIT CARTRIDGE	2	
ACCU-CHEK SPIRIT COMBO PACK	2	
ACCU-CHEK TENDER I SET 24"	2	
ACCU-CHEK TENDER I SET 31"	2	
ACCU-CHEK ULTRAFLEX INF SET	2	
ACCU-CHEK ULTRAFLEX-1 INF SET	2	
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION	2	
ACCUTREND GLUCOSE IN VITRO STRIP	2	
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	

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Drug Name	Drug Tier	Requirements /Limits
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADA EXTERNAL SHAMPOO	2	
ADENOSINE-5-MONOPHOSPHATE POWDER	2	
ADENOSINE-5-TRIPHOSPHATE POWDER	2	
ADJUSTABLE LANCING DEVICE	2	
ADVANCE INTUITION CONTROL IN VITRO LIQUID	2	
ADVANCE INTUITION METER DEVICE	2	
ADVANCE INTUITION MONITOR KIT	2	
ADVANCE INTUITION TEST IN VITRO STRIP	2	
ADVANCE MICRO-DRAW CONTROL IN VITRO LIQUID	2	
ADVANCE MICRO-DRAW METER DEVICE	2	
ADVANCE MICRO-DRAW NORMAL IN VITRO LIQUID	2	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	2	
ADVANCED MOBILE LANCET	2	
ADVOCATE ALCOHOL PREP PADS PAD	1	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE	2	

Drug Name	Drug Tier	Requirements /Limits
ADVOCATE BLOOD GLUCOSE SYSTEM KIT	2	
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID	2	
ADVOCATE DUO DEVICE	2	
ADVOCATE INSULIN PEN NEEDLES	2	
ADVOCATE INSULIN SYRINGE	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE REDI-CODE DEVICE	2	
ADVOCATE REDI-CODE IN VITRO STRIP	2	
ADVOCATE REDI-CODE KIT	2	
ADVOCATE REDI-CODE+ CONTROL IN VITRO SOLUTION	2	
ADVOCATE REDI-CODE+ DEVICE	2	
ADVOCATE REDI-CODE+ TALKING KIT	2	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 26G	2	
ADVOCATE TEST IN VITRO STRIP	2	

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Drug Name	Drug Tier	Requirements /Limits
AEROCHAMBER MINI CHAMBER DEVICE	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROCHAMBER Z-STAT PLUS CHAMBR	2	
AEROCHAMBER Z-STAT PLUS/LARGE	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	
AEROCHAMBER Z-STAT PLUS/SMALL	2	
AEROVENT PLUS DEVICE	2	
AGAMATRIX AMP DEVICE	2	
AGAMATRIX AMP TEST IN VITRO STRIP	2	
AGAMATRIX CONTROL IN VITRO SOLUTION	2	
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION	2	
AGAMATRIX JAZZ TEST IN VITRO STRIP	2	
AGAMATRIX JAZZ WIRELESS 2 KIT	2	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	2	
AGAMATRIX PRESTO KIT	2	
AGAMATRIX PRESTO PRO METER DEVICE	2	
AGAMATRIX PRESTO TEST IN VITRO STRIP	2	
AGAMATRIX ULTRA-THIN LANCETS	2	
AIMSCO LUBRICATED	3	PV
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
ALANINE POWDER	2	
ALBUKED 25 INTRAVENOUS SOLUTION	2	
ALBUKED 5 INTRAVENOUS SOLUTION	2	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	2	
ALBUMINEX INTRAVENOUS SOLUTION	2	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	2	
ALBURX INTRAVENOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
ALBUTEIN INTRAVENOUS SOLUTION	2	
ALCOH-GLOVE CONTOURED WIPE PAD	1	
ALCOHOL BASE GEL GEL	2	
ALCOHOL PADS PAD	1	
ALCOHOL PREP PAD	1	
ALCOHOL PREP PADS PAD	1	
ALCOHOL SWABS PAD	1	
ALCOHOL SWABSTICK PAD	1	
ALFALFA FLAVOR POWDER	2	
ALKYL ACRYLATE CROSSPOLYMER POWDER	2	
ALLERGIST PACKAGE KIT	2	
ALLERGY SYRINGE	2	
ALLEVYN GENTLE EXTERNAL PAD	2	
ALMOND OIL BITTER FLAVOR LIQUID	2	
ALPHA-LIPOIC ACID INJECTION SOLUTION	2	
ALTERNATE SITE LANCING DEVICE	2	
AMARANTH POWDER	2	
AMD FOAM DRESSING PAD	2	
AMD FOAM DRESSING TOPSHEET PAD	2	
AMIGO INSULIN PUMP DEVICE	2	

Drug Name	Drug Tier	Requirements /Limits
AMINOBENZOIC ACID POWDER	2	
AMMONUL INTRAVENOUS SOLUTION	3	
AMPHADASE INJECTION SOLUTION	2	
ANECTINE INJECTION SOLUTION	3	
ANHYDROUS BASE CREAM	2	
ANHYDROUS BASE OINTMENT	2	
ANHYDROUS CREAM BASE CREAM	2	
ANHYDROUS GEL BASE GEL	2	
ANISE EXTRACT LIQUID	2	
ANISE FLAVOR OIL	2	
APLICARE ALCOHOL SWABSTICK PAD	1	
APPLE FLAVOR LIQUID	2	
APPLE FLAVOR POWDER	2	
APRICOT FLAVOR LIQUID	2	
APRICOT FLAVOR POWDER	2	
AQUA LANCE ADJUSTABLE LANCING DEVICE	2	
AQUACEL AG BURN EXTERNAL PAD	2	
AQUALANCE LANCETS 30G	2	
ARGININE HCL INJECTION SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
ARGYLE STERILE SALINE IRRIGATION SOLUTION	3	
argyle sterile water irrigation solution	1	
ASPARTAME (NUTRASWEET) POWDER	2	
ASPARTAME POWDER	2	
ASSURE 3 CONTROL IN VITRO LIQUID	2	
ASSURE 3 METER KIT	2	
ASSURE 3 TEST IN VITRO STRIP	2	
ASSURE 4 CONTROL LEVEL 1 & 2 IN VITRO LIQUID	2	
ASSURE 4 METER DEVICE	2	
ASSURE 4 TEST IN VITRO STRIP	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE DOSE CONTROL IN VITRO SOLUTION	2	
ASSURE DOSE NORM/HIGH CONTROL IN VITRO SOLUTION	2	
ASSURE HAEMOLANCE PLUS HIGH	2	
ASSURE HAEMOLANCE PLUS LOW	2	
ASSURE HAEMOLANCE PLUS MICRO	2	

Drug Name	Drug Tier	Requirements /Limits
ASSURE HAEMOLANCE PLUS NORMAL	2	
ASSURE HAEMOLANCE PLUS PED	2	
ASSURE ID INSULIN SAFETY SYR	2	
ASSURE ID SAFETY PEN NEEDLES	2	
ASSURE II CHECK IN VITRO STRIP	2	
ASSURE II CONTROL IN VITRO LIQUID	2	
ASSURE II CONTROL LEVEL 1 & 2 IN VITRO LIQUID	2	
ASSURE II IN VITRO STRIP	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
ASSURE LANCETS	2	
ASSURE PLATINUM IN VITRO STRIP	2	
ASSURE PLATINUM METER DEVICE	2	
ASSURE PRISM CONTROL LEVEL 1&2 IN VITRO SOLUTION	2	
ASSURE PRISM MULTI METER DEVICE	2	

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Drug Name	Drug Tier	Requirements /Limits
ASSURE PRISM MULTI TEST IN VITRO STRIP	2	
ASSURE PRO BLOOD GLUCOSE METER DEVICE	2	
ASSURE PRO CONTROL LEVEL 1 & 2 IN VITRO LIQUID	2	
ASSURE PRO TEST IN VITRO STRIP	2	
ASTRAGALUS ROOT POWDER	2	
atracurium besylate intravenous solution	1	
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID	2	
ATREVIS HYDROGEL EXTERNAL CREAM	2	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
atropine sulfate injection solution	1	
atropine sulfate injection solution prefilled syringe	1	
atropine sulfate intravenous solution	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
ATROPINE SULFATE MONOHYDRATE POWDER	2	
ATROPINE SULFATE POWDER	2	
AUM MINI INSULIN PEN NEEDLE	2	

Drug Name	Drug Tier	Requirements /Limits
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AURORA PEN NEEDLES	2	
AURORA UNIFINE PENTIPS	2	
AUTOJECT 2	2	
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE KIT	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE KIT	2	
AUTOLET LITE STARTER PACK KIT	2	
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
AUTOPEN DEVICE	3	
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET	2	
AVAILNEX ORAL TABLET CHEWABLE	2	
AXONA ORAL PACKET	2	
B & C EXTERNAL OINTMENT	2	

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Drug Name	Drug Tier	Requirements /Limits
BACOCALMINE LIQUID	2	
BACON FLAVOR LIQUID	2	
BACTERIOSTATIC WATER(BENZ ALC) INJECTION SOLUTION	2	
bal in oil intramuscular solution	1	
balsam peru-castor oil external ointment	1	
BANANA CONCENTRATE LIQUID	2	
BANANA CREAM FLAVOR LIQUID	2	
BANANA CREME FLAVOR LIQUID	2	
BANANA FLAVOR LIQUID	2	
BAND-AID GAUZE SMALL PAD	2	
BARDIA BULB IRRIGATION SYRINGE	2	
BARDIA PISTON IRRIGATION SYR	2	
BASE GELATIN GUMMY TROCHE GEL	2	
BASE X FLAKES	2	
BD ALLERGIST TRAY KIT	2	
BD ALLERGY SYRINGE	2	
BD AUTOSHIELD	2	
BD AUTOSHIELD DUO	2	
BD BLUNT FILL NEEDLE	2	

Drug Name	Drug Tier	Requirements /Limits
BD CONTROL SYRINGE LUER-LOK	2	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD ECLIPSE NEEDLE	2	
BD ECLIPSE SYRINGE	2	
BD ECLIPSE SYRINGE/NEEDLE	2	
BD FILTER NEEDLE/5 MICRON	2	
BD HYPODERMIC NEEDLE	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE HALF-UNIT	2	
BD INSULIN SYRINGE MICROFINE	2	
BD INSULIN SYRINGE U/F	2	
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE ULTRAFINE	2	
BD INTEGRA NEEDLE	2	
BD INTEGRA SYRINGE	2	
BD LANCET ULTRAFINE 30G	2	
BD LANCET ULTRAFINE 33G	2	
BD LATITUDE DIABETES KIT	2	
BD LATITUDE DIABETES SYSTEM KIT	2	

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Drug Name	Drug Tier	Requirements /Limits
BD LOGIC BLOOD GLUCOSE MONITOR KIT	2	
BD LUER-LOK SYRINGE	2	
BD MAGNI-GUIDE MAGNIFIER	2	
BD MICROTAINER LANCETS	2	
BD PEN	3	
BD PEN MINI	3	
BD PEN NEEDLE MICRO U/F	2	
BD PEN NEEDLE MINI U/F	2	
BD PEN NEEDLE NANO 2ND GEN	2	
BD PEN NEEDLE NANO U/F	2	
BD PEN NEEDLE ORIGINAL U/F	2	
BD PEN NEEDLE SHORT U/F	2	
BD PLASTIPAK SYRINGE	2	
BD PRECISIONGLIDE NEEDLE	2	
BD SAFETYGLIDE ALLERGY SYRINGE	2	
BD SAFETYGLIDE INSULIN SYRINGE	2	
BD SAFETYGLIDE NEEDLE	2	
BD SAFETYGLIDE SHIELDED NEEDLE	2	
BD SAFETYGLIDE SYRINGE/NEEDLE	2	
BD SAFETY-LOK INSULIN SYRINGE	2	
BD SWAB SINGLE USE REGULAR PAD	1	

Drug Name	Drug Tier	Requirements /Limits
BD SWABS SINGLE USE BUTTERFLY PAD	1	
BD SYRINGE	2	
BD SYRINGE BLUNT CANNULA 17G	2	
BD SYRINGE DUAL CANNULA	2	
BD SYRINGE LUER SLIP TIP	2	
BD SYRINGE LUER-LOK	2	
BD SYRINGE SLIP TIP	2	
BD SYRINGE/NEEDLE	2	
BD TB SYRINGE	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYRINGE U/F	2	
BD YALE LNR REUSABLE NEEDLE	2	
BEEF FLAVOR LIQUID	2	
BEEF FLAVOR POWDER	2	
BEEF TYPE FLAVOR NATURAL LIQUID	2	
BEEF TYPE FLAVOR OS LIQUID	2	
BEEF-ADE POWDER	2	
BEES WAX WAX	2	
BEESWAX (YELLOW) WAX	2	
BEESWAX WAX	2	
BENTONITE POWDER	2	
BENZYL ALCOHOL LIQUID	2	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
BHRT BASE CREAM	2	

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Drug Name	Drug Tier	Requirements /Limits
BIOGUARD GAUZE SPONGES PAD	2	
BIOGUARD ISLAND DRESSINGS PAD	2	
BIOGUARD NON-ADHERENT DRESSING PAD	2	
BIOSCANNER GLUCOSE TEST IN VITRO STRIP	2	
BIOTEL CARE BLOOD GLUCOSE KIT	2	
BIOTEL CARE BLOOD GLUCOSE SYST KIT	2	
BITTER DRUG POWDER	2	
BITTER STOP FLAVOR LIQUID	2	
BITTERNESS MASK FLAVOR LIQUID	2	
BITTERNESS REDUCING AGENT POWDER	2	
BITTERNESS SUPPRESSOR FLAVOR LIQUID	2	
BLACKBERRY FLAVOR LIQUID	2	
BLOOD GLUCOSE MONITOR SYSTEM KIT	2	
BLOOD GLUCOSE SYSTEM PAK KIT	2	
BLOOD GLUCOSE TEST IN VITRO STRIP	2	
BLUEBERRY FLAVOR LIQUID	2	
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID	2	

Drug Name	Drug Tier	Requirements /Limits
BLULINK GLUCOSE MONITORING SYS DEVICE	2	
BLULINK GLUCOSE TEST IN VITRO STRIP	2	
boric acid external granules	1	
BPCO EXTERNAL OINTMENT	2	
BRAVURA ALL-IN-ONE EXTERNAL CREAM	2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
BREATHE EASE LARGE DEVICE	2	
BREATHE EASE MEDIUM DEVICE	2	
BREATHE EASE SMALL DEVICE	2	
BRIDION INTRAVENOUS SOLUTION	2	
BRILLIANT BLUE G POWDER	2	
BROMELAIN POWDER	2	
BUBBLE GUM CONCENTRATE LIQUID	2	
BUBBLE GUM FLAVOR LIQUID	2	
BULLSEYE MINI SAFETY LANCETS	2	
BULLSEYE SAFETY LANCETS	2	
BUTTER FLAVOR LIQUID	2	

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Drug Name	Drug Tier	Requirements /Limits
BUTTER RUM FLAVOR LIQUID	2	
BUTTERSCOTCH FLAVOR LIQUID	2	
CAMPHOR CRYSTALS	2	
CAMPHOR GRANULES	2	
CANVAS DX DIAGNOSIS AID AUTISM	2	
CAPSUBLEND-H POWDER	2	
CAPSUBLEND-P POWDER	2	
CAPSUBLEND-S POWDER	2	
CAPSULE #0 CLEAR/CLEAR VEG CAPSULE	2	
CAPSULE #0 WHITE/WHITE OPQ VEG CAPSULE	2	
CAPSULE #1 CLEAR/CLEAR VEG CAPSULE	2	
CAPSULE #1 WHITE/WHITE OPQ VEG CAPSULE	2	
CAPSULE #3 CLEAR/CLEAR VEG CAPSULE	2	
CAPSULE #3 WHITE/WHITE OPQ VEG CAPSULE	2	
CAPSULE 0 CLEAR DR CAPSULE	2	
CAPSULE CONI-SNAP #0 BLU/WHITE CAPSULE	2	
CAPSULE CONI-SNAP #0 CLEAR CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
CAPSULE CONI-SNAP #0 CLEAR VEG CAPSULE	2	
CAPSULE CONI-SNAP #0 DARK BLUE CAPSULE	2	
CAPSULE CONI-SNAP #0 GREEN/CLR CAPSULE	2	
CAPSULE CONI-SNAP #0 PINK CAPSULE	2	
CAPSULE CONI-SNAP #0 PURPLE CAPSULE	2	
CAPSULE CONI-SNAP #0 RED/WHITE CAPSULE	2	
CAPSULE CONI-SNAP #0 WHITE CAPSULE	2	
CAPSULE CONI-SNAP #00 CLEAR CAPSULE	2	
CAPSULE CONI-SNAP #00 WHITE CAPSULE	2	
CAPSULE CONI-SNAP #000 CLEAR CAPSULE	2	
CAPSULE CONI-SNAP #1 AQUA BLUE CAPSULE	2	
CAPSULE CONI-SNAP #1 BLUE CAPSULE	2	
CAPSULE CONI-SNAP #1 BLUE/PINK CAPSULE	2	
CAPSULE CONI-SNAP #1 BLUE/WHT CAPSULE	2	
CAPSULE CONI-SNAP #1 BROWN CAPSULE	2	
CAPSULE CONI-SNAP #1 BRWN/IVRY CAPSULE	2	

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Drug Name	Drug Tier	Requirements /Limits
CAPSULE CONI-SNAP #1 CLEAR CAPSULE	2	
CAPSULE CONI-SNAP #1 DK GRN/OR CAPSULE	2	
CAPSULE CONI-SNAP #1 DRK GREEN CAPSULE	2	
CAPSULE CONI-SNAP #1 GREY/PINK CAPSULE	2	
CAPSULE CONI-SNAP #1 GRN/YLW CAPSULE	2	
CAPSULE CONI-SNAP #1 ORANGE CAPSULE	2	
CAPSULE CONI-SNAP #1 PINK CAPSULE	2	
CAPSULE CONI-SNAP #1 PINK/BLUE CAPSULE	2	
CAPSULE CONI-SNAP #1 PINK/CLR CAPSULE	2	
CAPSULE CONI-SNAP #1 PINK/WHIT CAPSULE	2	
CAPSULE CONI-SNAP #1 PINK/YLLW CAPSULE	2	
CAPSULE CONI-SNAP #1 PURPLE CAPSULE	2	
CAPSULE CONI-SNAP #1 RED/BLUE CAPSULE	2	
CAPSULE CONI-SNAP #1 RED/WHITE CAPSULE	2	
CAPSULE CONI-SNAP #1 VEGGIE CAPSULE	2	
CAPSULE CONI-SNAP #1 WHITE CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
CAPSULE CONI-SNAP #1 WHITE/GRN CAPSULE	2	
CAPSULE CONI-SNAP #1 WHT/CLR CAPSULE	2	
CAPSULE CONI-SNAP #1 YELLOW CAPSULE	2	
CAPSULE CONI-SNAP #1 YELLOW/GR CAPSULE	2	
CAPSULE CONI-SNAP #2 CLEAR CAPSULE	2	
CAPSULE CONI-SNAP #2 WHITE CAPSULE	2	
CAPSULE CONI-SNAP #3 BLU/CLEAR CAPSULE	2	
CAPSULE CONI-SNAP #3 BRN/BLUE CAPSULE	2	
CAPSULE CONI-SNAP #3 CLEAR CAPSULE	2	
CAPSULE CONI-SNAP #3 CLEAR VEG CAPSULE	2	
CAPSULE CONI-SNAP #3 GRAY/YLW CAPSULE	2	
CAPSULE CONI-SNAP #3 GREEN/BLU CAPSULE	2	
CAPSULE CONI-SNAP #3 GREY/PINK CAPSULE	2	
CAPSULE CONI-SNAP #3 MARON/BLU CAPSULE	2	
CAPSULE CONI-SNAP #3 MINT GRN CAPSULE	2	

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Drug Name	Drug Tier	Requirements /Limits
CAPSULE CONI-SNAP #3 OLIVE/CLR CAPSULE	2	
CAPSULE CONI-SNAP #3 ORANGE CAPSULE	2	
CAPSULE CONI-SNAP #3 PINK/PINK CAPSULE	2	
CAPSULE CONI-SNAP #3 PNK/CLEAR CAPSULE	2	
CAPSULE CONI-SNAP #3 RED/CLEAR CAPSULE	2	
CAPSULE CONI-SNAP #3 RED/RED CAPSULE	2	
CAPSULE CONI-SNAP #3 WHITE CAPSULE	2	
CAPSULE CONI-SNAP #3 WHT/CLR CAPSULE	2	
CAPSULE CONI-SNAP #3 YELLOW CAPSULE	2	
CAPSULE CONI-SNAP #4 BLACK/GRN CAPSULE	2	
CAPSULE CONI-SNAP #4 CLEAR CAPSULE	2	
CAPSULE CONI-SNAP #4 WHITE CAPSULE	2	
CAPSULE EZEEFIT #0 CLEAR CAPSULE	2	
CAPSULE EZEEFIT #00 CLEAR CAPSULE	2	
CARAMEL FLAVOR LIQUID	2	
CARBOGEL 940 GEL	2	
CARBOHOL 940 GEL	2	
CARBOMER AQUEOUS GEL	2	

Drug Name	Drug Tier	Requirements /Limits
CARBOMER HYDROALCOHOLIC GEL	2	
CARDIOCOM LANCING DEVICE	2	
CAREFINE PEN NEEDLES	2	
CAREONE ADVANCED LANCING DEV	2	
CAREONE BLOOD GLUCOSE SYSTEM KIT	2	
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	2	
CAREONE INSULIN SYRINGE	2	
CAREONE LANCET SUPER THIN 30G	2	
CAREONE LANCET THIN 23G	2	
CAREONE UNIFINE PENTIPS	2	
CAREONE UNIFINE PENTIPS PLUS	2	
CAREPOINT SAFETY1ST SYR/NEEDLE	2	
CAREPOINT SYRINGE LUER LOCK	2	
CARESENS CONTROL A IN VITRO SOLUTION	2	
CARESENS LANCETS	2	
CARESENS N GLUCOSE SYSTEM DEVICE	2	
CARESENS N GLUCOSE TEST IN VITRO STRIP	2	

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Drug Name	Drug Tier	Requirements /Limits
CARESENS N VOICE SYSTEM DEVICE	2	
CARETOUCH ALCOHOL PREP PAD	1	
CARETOUCH CATHETER TIP SYRINGE	2	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID	2	
CARETOUCH HYPODERMIC NEEDLE	2	
CARETOUCH INSULIN SYRINGE	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH LUER LOCK	2	
CARETOUCH LUER LOCK SYR/NEEDLE	2	
CARETOUCH LUER SLIP	2	
CARETOUCH MONITOR SYSTEM KIT	2	
CARETOUCH PEN NEEDLES	2	
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TEST IN VITRO STRIP	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	

Drug Name	Drug Tier	Requirements /Limits
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR SF ORAL SOLUTION	3	
CARRAGEENAN POWDER	2	
CARRASYN HYDROGEL WOUND DRESS EXTERNAL GEL	2	
CAYA VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
CEQUR SIMPLICITY 2U DEVICE	3	
CEQUR SIMPLICITY INSERTER	3	
CETYL ALCOHOL FLAKES	2	
CETYL ALCOHOL POWDER	2	
CETYLCIDE-G CONCENTRATE	2	
CHEESE-ADE FLAVOR POWDER	2	
CHEESECAKE FLAVOR LIQUID	2	
CHEMSIL K-12 PASTE	2	
CHEMSIL K-51 GEL	2	
CHEMSTRIP BG LOG BOOK	2	
CHEMSTRIP K IN VITRO STRIP	2	
CHEMSTRIP UGK IN VITRO STRIP	2	
CHERRY FLAVOR LIQUID	2	
CHERRY ORAL SYRUP	2	
CHERRY-ADE FLAVOR POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
CHICKEN BROTH FLAVOR POWDER	2	
CHICKEN FLAVOR OIL SOLUBLE LIQUID	2	
CHICKEN FLAVOR POWDER	2	
CHICKEN FLAVOR WATER MISCIBLE LIQUID	2	
CHLORAL HYDRATE CRYSTALS	2	
CHLOROACETIC ACID POWDER	2	
CHLOROBUTANOL ANHYDROUS POWDER	2	
CHLOROBUTANOL POWDER	2	
CHOCOLATE FLAVOR LIQUID	2	
CHOCOLATE FLAVOR POWDER	2	
CHOCOLATE HAZELNUT FLAVOR LIQUID	2	
CHOCOLATE NATURAL & ARTIFICIAL CONCENTRATE	2	
CHOLEXMAX ORAL POWDER	2	
CHOLEXTRA T/F ORAL POWDER	2	
CHOLINE BITARTRATE POWDER	2	
CHYMOTRYPSIN (ALPHA) POWDER	2	
CINNAMON FLAVOR OIL	2	

Drug Name	Drug Tier	Requirements /Limits
cisatracurium besylate (pf) intravenous solution	1	
cisatracurium besylate intravenous solution	1	
CLEANLET LANCETS 28G	2	
CLEVER CHEK AUTO-CODE DEVICE	2	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE	2	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	2	
CLEVER CHEK AUTO-CODE VOICE DEVICE	2	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	2	
CLEVER CHEK LANCETS	2	
CLEVER CHEK SYSTEM KIT	2	
CLEVER CHEK TEST IN VITRO STRIP	2	
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE	2	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	2	
CLEVER CHOICE COMFORT EZ	2	
CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	2	
CLEVER CHOICE LANCETS 21G	2	

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Drug Name	Drug Tier	Requirements /Limits
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
CLEVER CHOICE MICRO SYSTEM KIT	2	
CLEVER CHOICE MICRO TEST IN VITRO STRIP	2	
CLEVER CHOICE MINI SYSTEM DEVICE	2	
CLEVER CHOICE NO CODING IN VITRO STRIP	2	
CLEVER CHOICE TALK SYSTEM DEVICE	2	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	2	
CLICKFINE PEN NEEDLES	2	
CLINOLIPID INTRAVENOUS EMULSION	3	B/D
CLOVAGEL GEL	2	
COAGUCHEK LANCETS	2	
coal tar external solution	1	
COCOA BUTTER	2	
COCONUT FLAVOR LIQUID	2	
COFFEE FLAVOR LIQUID	2	
COLA FLAVOR LIQUID	2	
COLLASIL OSA POWDER	2	
COLLODION FLEXIBLE EXTERNAL LIQUID	2	

Drug Name	Drug Tier	Requirements /Limits
COLLODION LIQUID	2	
COMFORT ASSIST INSULIN SYRINGE	2	
COMFORT ASSURED LANCETS 28G	2	
COMFORT ASSURED LANCETS 33G	2	
COMFORT EZ INSULIN SYRINGE	2	
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES	2	
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT LANCETS	2	
COMFORT TOUCH ALCOHOL PREP PAD	1	
COMFORT TOUCH INSULIN PEN NEED	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 30G	2	
COMPACT SPACE CHAMBER DEVICE	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	2	
CONDOMS	3	PV
CONTOUR BLOOD GLUCOSE SYSTEM KIT	2	
CONTOUR CONTROL IN VITRO LIQUID	2	

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Drug Name	Drug Tier	Requirements /Limits
CONTOUR MONITOR DEVICE	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION	2	
CONTOUR NEXT EZ KIT	2	
CONTOUR NEXT GEN MONITOR KIT	2	
CONTOUR NEXT LINK KIT	2	
CONTOUR NEXT MONITOR KIT	2	
CONTOUR NEXT ONE DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST IN VITRO STRIP	2	
CONTOUR TEST IN VITRO STRIP	2	
CONTROL IN VITRO SOLUTION	2	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP	2	
COOL CONTROL A IN VITRO SOLUTION	2	
COOL CONTROL B IN VITRO SOLUTION	2	
COOL MONITOR DEVICE	2	
COOL MONITOR KIT KIT	2	
CORN (SYRUP) ORAL SYRUP	2	
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA

Drug Name	Drug Tier	Requirements /Limits
COTTON CANDY FLAVOR LIQUID	2	
CRAN-RASPBERRY FLAVOR LIQUID	2	
CREAM BASE EXTERNAL CREAM	2	
CREAM BASE WITH LIPOSOME EXTERNAL CREAM	2	
CREME DEMENTHE FLAVOR LIQUID	2	
CRONO SYRINGE	2	
CULTURELLE IBS COMPLETE ORAL PACKET	2	
CURITY ALCOHOL PREPS PAD	1	
CURITY ALL PURPOSE SPONGES PAD	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD	2	
CURITY AMD ANTIMICROBIAL STRIP	2	
CURITY GAUZE PAD	2	
CURITY GAUZE SPONGE PAD	2	
CURITY HYPERTONIC NACL STRIP EXTERNAL	2	
CURITY IODOFORM PACKING STRIP	2	
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD	2	
CURITY SPONGES PAD	2	
CURITY STERILE SALINE IRRIGATION SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
CURITY WOUND CLOSURE 1/2"X4"	2	
CURITY WOUND CLOSURE 1/4"X1.5"	2	
CURITY WOUND CLOSURE 1/4"X3"	2	
CURITY WOUND CLOSURE 1/4"X4"	2	
CURITY WOUND CLOSURE 1/8"X3"	2	
CUSTOM POLYGLYCOL TROCHE BASE FLAKES	2	
CUSTOM POLYGLYCOL TROCHE BASE WAX	2	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP	2	
CVS ALCOHOL PREP PADS PAD	1	
CVS BLOOD GLUCOSE METER KIT	2	
CVS GAUZE PAD	2	
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP	2	
CVS KETONE CARE IN VITRO STRIP	2	
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	

Drug Name	Drug Tier	Requirements /Limits
CVS LANCING DEVICE	2	
CVS PREP PAD	1	
CVS ULTRA THIN LANCETS	2	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED	2	
CYTOSE ORAL POWDER	2	
CYTOTINE ORAL POWDER	2	
D-CARE BLOOD GLUCOSE IN VITRO STRIP	2	
D-CARE GLUCOMETER KIT	2	
deferoxamine mesylate injection solution reconstituted	1	B/D
DEFLUX METAL NEEDLE	2	
DENOVO ORAL CAPSULE	2	
DENOVO PLUS B12 ORAL CAPSULE	2	
DEPLIN 15 ORAL CAPSULE	2	
DEPLIN 7.5 ORAL CAPSULE	2	
DERMACEA GAUZE SPONGE PAD	2	
DERMACEA IV DRAIN SPONGES PAD	2	
DERMACEA IV SPONGES PAD	2	
DERMACEA NON-WOVEN SPONGES PAD	2	
DERMACEA TYPE VII GAUZE PAD	2	

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Drug Name	Drug Tier	Requirements /Limits
DERMASHIELD HYDROGEL GEL	2	
DERMULCERA EXTERNAL OINTMENT	2	
DESFERAL INJECTION SOLUTION RECONSTITUTED	3	B/D
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	2	
DEXCOM G4 PLAT PED RECEIVER DEVICE	2	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	2	
DEXCOM G4 PLATINUM RECEIVER DEVICE	2	
DEXCOM G4 PLATINUM TRANSMITTER	2	
DEXCOM G5 MOB/G4 PLAT SENSOR	2	
DEXCOM G5 MOBILE RECEIVER DEVICE	2	
DEXCOM G5 MOBILE TRANSMITTER	2	
DEXCOM G5 RECEIVER KIT DEVICE	2	
DEXCOM G6 BASAL-IQ INSULIN PMP DEVICE	2	
DEXCOM G6 CONTROL-IQ INS PUMP DEVICE	2	
DEXCOM G6 RECEIVER DEVICE	2	
DEXCOM G6 SENSOR	2	

Drug Name	Drug Tier	Requirements /Limits
DEXCOM G6 TRANSMITTER	2	
DIALYSIS SAFETY SYRINGE/NEEDLE	2	
DIASCREEN 10	2	
DIASCREEN 1B	2	
DIASCREEN 1G STRIP	2	
DIASCREEN 1K	2	
DIASCREEN 1K STRIP	2	
DIASCREEN 2GK STRIP	2	
DIASCREEN 2GP	2	
DIASCREEN 3	2	
DIASCREEN 4NL	2	
DIASCREEN 4OBL	2	
DIASCREEN 4PH	2	
DIASCREEN 5	2	
DIASCREEN 6	2	
DIASCREEN 7	2	
DIASCREEN 8	2	
DIASCREEN 9	2	
DIASCREEN LIQUID URINE CONTROL	2	
DIASTIX IN VITRO STRIP	2	
DIATHRIVE BLOOD GLUCOSE METER DEVICE	2	
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	2	
DIATHRIVE GLUCOSE CONTROL SOLN IN VITRO LIQUID	2	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	2	
DIATHRIVE LANCET ULTRA THIN 30	2	

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Drug Name	Drug Tier	Requirements /Limits
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DIATHRIVE PEN NEEDLE	2	
DIATHRIVE+ GLUCOSE MONITOR DEVICE	2	
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP	2	
DIATRUE CONTROL LEVEL 1 IN VITRO SOLUTION	2	
DIATRUE CONTROL LEVEL 2 IN VITRO SOLUTION	2	
DIATRUE CONTROL LEVEL 3 IN VITRO SOLUTION	2	
DIATRUE PLUS BLOOD GLUCOSE DEVICE	2	
DIATRUE PLUS TEST IN VITRO STRIP	2	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	2	
DILUENT FOR LEFAMULIN INTRAVENOUS SOLUTION	2	
diluent for treprostinil intravenous solution	1	
DIPRIVAN INTRAVENOUS EMULSION	2	
DL-ALANINE POWDER	2	
DL-LEUCINE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
DL-METHIONINE POWDER	2	
DL-PHENYLALANINE POWDER	2	
DOJOLVI ORAL LIQUID	3	
DRCAPS SIZE 00 CAPSULE	2	
DRCAPS SIZE 1 CAPSULE	2	
d-ribose oral powder	1	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET INSULIN SYRINGE	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	
DROPLET MICRON	2	
DROPLET PEN NEEDLES	2	
DROPLET PERSONAL LANCETS 30G	2	
DROPSAFE ALCOHOL PREP PAD	1	
DROPSAFE SAFETY PEN NEEDLES	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART LANCING DEVICE	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNIFINE PENTIPS	2	
DRUG MART UNIFINE PENTIPS PLUS	2	
DRUG MART UNILET LANCETS 28G	2	

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Drug Name	Drug Tier	Requirements /Limits
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
DUO-CARE CONTROL SOLUTION IN VITRO LIQUID	2	
DUO-CARE DEVICE	2	
DUO-CARE TEST IN VITRO STRIP	2	
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
DURABASE ADVANCED EXTERNAL CREAM	2	
DURABASE EXTERNAL CREAM	2	
DUREX EXTRA SENSITIVE DEVICE	3	PV
DUREX REALFEEL DEVICE	3	PV
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE	2	
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
EASY COMFORT ALCOHOL PADS PAD	1	
EASY COMFORT INSULIN SYRINGE	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	

Drug Name	Drug Tier	Requirements /Limits
EASY COMFORT PEN NEEDLES	2	
EASY GLIDE CATH TIP SYRINGE	2	
EASY GLIDE LUER LOCK SYRINGE	2	
EASY GLIDE PEN NEEDLES	2	
EASY GLIDE SLIP LOCK SYRINGE	2	
EASY MINI EJECT LANCING DEVICE	2	
EASY MINI LANCING DEVICE	2	
EASY PLUS II CONTROL IN VITRO SOLUTION	2	
EASY PLUS II GLUCOSE SYSTEM DEVICE	2	
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	2	
EASY STEP CONTROL IN VITRO SOLUTION	2	
EASY STEP GLUCOSE MONITOR DEVICE	2	
EASY STEP TEST IN VITRO STRIP	2	
EASY TALK BLOOD GLUCOSE SYSTEM DEVICE	2	
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	2	
EASY TALK CONTROL IN VITRO SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
EASY TALK PLUS II CONTROL IN VITRO SOLUTION	2	
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	2	
EASY TOUCH ALCOHOL PREP MEDIUM PAD	1	
EASY TOUCH ALLERGY SYRINGE	2	
EASY TOUCH CONTROL HIGH & LOW IN VITRO SOLUTION	2	
EASY TOUCH FLIPLOCK INSULIN SY	2	
EASY TOUCH FLIPLOCK NEEDLES	2	
EASY TOUCH FLIPLOCK SAFETY SYR	2	
EASY TOUCH FLURINGE	2	
EASY TOUCH FLURINGE FLIPLOCK	2	
EASY TOUCH FLURINGE SHEATHLOCK	2	
EASY TOUCH GLUCOSE SYSTEM KIT	2	
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP	2	
EASY TOUCH HYPODERMIC NEEDLE	2	
EASY TOUCH INSULIN SAFETY SYR	2	

Drug Name	Drug Tier	Requirements /Limits
EASY TOUCH INSULIN SYRINGE	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH PEN NEEDLES	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
EASY TOUCH SAFETY PEN NEEDLES	2	

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Drug Name	Drug Tier	Requirements /Limits
EASY TOUCH SAFETY SYRINGE	2	
EASY TOUCH SHEATHLOCK SYRINGE	2	
EASY TOUCH SYRINGE BARREL	2	
EASY TOUCH SYRINGE BARREL 10ML	2	
EASY TOUCH SYRINGE BARREL 1ML	2	
EASY TOUCH SYRINGE BARREL 3ML	2	
EASY TOUCH SYRINGE BARREL 5ML	2	
EASY TOUCH TB FLIPLOCK SYRINGE	2	
EASY TOUCH TB SHEATHLOCK SYR	2	
EASY TOUCH TEST IN VITRO STRIP	2	
EASY TRAK BLOOD GLUCOSE SYSTEM DEVICE	2	
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	2	
EASY TRAK CONTROL IN VITRO SOLUTION	2	
EASY TRAK II BLOOD GLUCOSE SYS DEVICE	2	
EASY TRAK II CONTROL IN VITRO LIQUID	2	
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	2	

Drug Name	Drug Tier	Requirements /Limits
EASY TWIST & CAP LANCETS	2	
EASYGLUCO IN VITRO STRIP	2	
EASYGLUCO KIT	2	
EASYGLUCO PLUS IN VITRO STRIP	2	
EASYMAX 15 LEVEL 2 CONTROL IN VITRO SOLUTION	2	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID	2	
EASYMAX 15 TEST IN VITRO STRIP	2	
EASYMAX CONTROL IN VITRO SOLUTION	2	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID	2	
EASYMAX NG BLOOD GLUCOSE DEVICE	2	
EASYMAX NG BLOOD GLUCOSE KIT	2	
EASYMAX TEST IN VITRO STRIP	2	
EASYMAX V BLOOD GLUCOSE DEVICE	2	
EASYPOINT NEEDLE	2	
EASYPOINT NEEDLE/SYRINGE	2	
EASYPRO BLOOD GLUCOSE MONITOR KIT	2	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP	2	
EASYPRO PLUS IN VITRO STRIP	2	
EASYPRO PLUS KIT	2	

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Drug Name	Drug Tier	Requirements /Limits
EC-RX DHEA EXTERNAL CREAM	2	
EDETATE DISODIUM INTRAVENOUS SOLUTION	2	
EFFERVESCENT BASE POWDER	2	
ELCYS INTRAVENOUS SOLUTION	3	
ELEMENT AUTOCODE SYSTEM KIT	2	
ELEMENT COMPACT CONTROL 2 IN VITRO SOLUTION	2	
ELEMENT COMPACT CONTROL 3 IN VITRO SOLUTION	2	
ELEMENT COMPACT GLUCOSE SYSTEM DEVICE	2	
ELEMENT COMPACT TEST IN VITRO STRIP	2	
ELEMENT COMPACT V GLUCOSE SYS DEVICE	2	
ELEMENT CONTROL IN VITRO LIQUID	2	
ELEMENT PLUS DEVICE	2	
ELEMENT TEST IN VITRO STRIP	2	
ELIGEN B12 ORAL TABLET	2	
ELLA ORAL TABLET	2	
EMBRACE BLOOD GLUCOSE MONITOR DEVICE	2	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP	2	

Drug Name	Drug Tier	Requirements /Limits
EMBRACE CONTROL IN VITRO SOLUTION	2	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP	2	
EMBRACE EVO CONTROL LEVEL 1 IN VITRO LIQUID	2	
EMBRACE EVO GLUCOSE MONITOR DEVICE	2	
EMBRACE EVO GLUCOSE MONITORING KIT	2	
EMBRACE GLUCOSE CONTROL IN VITRO LIQUID	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EMBRACE PRO GLUCOSE CONTROL IN VITRO LIQUID	2	
EMBRACE PRO GLUCOSE METER DEVICE	2	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	2	
EMBRACE TALK BLOOD GLUCOSE DEVICE	2	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	2	
EMBRACE TALK MONITORING SYSTEM KIT	2	
EMOLLIENT BASE EXTERNAL CREAM	2	
EMPTY CAPSULE SIZE 0 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 0 PINK CAPSULE	2	
EMPTY CAPSULE SIZE 0 PURP/WHT CAPSULE	2	
EMPTY CAPSULE SIZE 0 PURPLE CAPSULE	2	
EMPTY CAPSULE SIZE 0 WHITE/OPA CAPSULE	2	
EMPTY CAPSULE SIZE 00 BLUE OPQ CAPSULE	2	
EMPTY CAPSULE SIZE 00 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 1 BRN/IVORY CAPSULE	2	
EMPTY CAPSULE SIZE 1 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 1 DRK GREEN CAPSULE	2	
EMPTY CAPSULE SIZE 1 GREY/PINK CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
EMPTY CAPSULE SIZE 1 GRN/ORNGE CAPSULE	2	
EMPTY CAPSULE SIZE 1 GRN/WHITE CAPSULE	2	
EMPTY CAPSULE SIZE 1 GRN/YLLW CAPSULE	2	
EMPTY CAPSULE SIZE 1 IVORY CAPSULE	2	
EMPTY CAPSULE SIZE 1 MAROON/CL CAPSULE	2	
EMPTY CAPSULE SIZE 1 MINT GRN CAPSULE	2	
EMPTY CAPSULE SIZE 1 ORANGE CAPSULE	2	
EMPTY CAPSULE SIZE 1 ORGE/CLR CAPSULE	2	
EMPTY CAPSULE SIZE 1 ORGE/YLLW CAPSULE	2	
EMPTY CAPSULE SIZE 1 PINK CAPSULE	2	
EMPTY CAPSULE SIZE 1 PINK/CLR CAPSULE	2	
EMPTY CAPSULE SIZE 1 PINK/YLLW CAPSULE	2	
EMPTY CAPSULE SIZE 1 PNK/WHITE CAPSULE	2	
EMPTY CAPSULE SIZE 1 PWDR BLUE CAPSULE	2	

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Drug Name	Drug Tier	Requirements /Limits
EMPTY CAPSULE SIZE 1 RED CAPSULE	2	
EMPTY CAPSULE SIZE 1 RED/BLUE CAPSULE	2	
EMPTY CAPSULE SIZE 1 RED/WHITE CAPSULE	2	
EMPTY CAPSULE SIZE 1 VEG CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 1 WHITE CAPSULE	2	
EMPTY CAPSULE SIZE 1 WHITE/OPA CAPSULE	2	
EMPTY CAPSULE SIZE 1 WHT/CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 1 YELLOW CAPSULE	2	
EMPTY CAPSULE SIZE 2 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 3 BLACK/GRN CAPSULE	2	
EMPTY CAPSULE SIZE 3 BLUE OPQ CAPSULE	2	
EMPTY CAPSULE SIZE 3 BLUE/CLR CAPSULE	2	
EMPTY CAPSULE SIZE 3 BLUE/WHT CAPSULE	2	
EMPTY CAPSULE SIZE 3 CLEAR CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
EMPTY CAPSULE SIZE 3 DARK GRN CAPSULE	2	
EMPTY CAPSULE SIZE 3 GREY/PINK CAPSULE	2	
EMPTY CAPSULE SIZE 3 GREY/YLLW CAPSULE	2	
EMPTY CAPSULE SIZE 3 GRN/BLUE CAPSULE	2	
EMPTY CAPSULE SIZE 3 MARN/BLUE CAPSULE	2	
EMPTY CAPSULE SIZE 3 MARN/CLR CAPSULE	2	
EMPTY CAPSULE SIZE 3 MINT GRN CAPSULE	2	
EMPTY CAPSULE SIZE 3 OLIVE/CLR CAPSULE	2	
EMPTY CAPSULE SIZE 3 ORANGE CAPSULE	2	
EMPTY CAPSULE SIZE 3 ORANGE/WH CAPSULE	2	
EMPTY CAPSULE SIZE 3 PINK CAPSULE	2	
EMPTY CAPSULE SIZE 3 PINK/BLUE CAPSULE	2	
EMPTY CAPSULE SIZE 3 PINK/WH CAPSULE	2	
EMPTY CAPSULE SIZE 3 PINK/YLLW CAPSULE	2	

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Drug Name	Drug Tier	Requirements /Limits
EMPTY CAPSULE SIZE 3 PNK/CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 3 PRPLE/CLR CAPSULE	2	
EMPTY CAPSULE SIZE 3 PURPLE CAPSULE	2	
EMPTY CAPSULE SIZE 3 PWDR BLUE CAPSULE	2	
EMPTY CAPSULE SIZE 3 RED CAPSULE	2	
EMPTY CAPSULE SIZE 3 RED/CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 3 RED/WHITE CAPSULE	2	
EMPTY CAPSULE SIZE 3 WHITE CAPSULE	2	
EMPTY CAPSULE SIZE 3 WHITE/CLR CAPSULE	2	
EMPTY CAPSULE SIZE 3 WHITE/OPA CAPSULE	2	
EMPTY CAPSULE SIZE 3 YELLOW CAPSULE	2	
EMPTY CAPSULE SIZE 3 YELLW/CLR CAPSULE	2	
EMPTY CAPSULE SIZE 4 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 4 PURPLE CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
EMPTY CAPSULE SIZE 4 RED/WHITE CAPSULE	2	
EMPTY CAPSULE SIZE 4 WHITE CAPSULE	2	
EMPTY CAPSULE SIZE 4 YELLOW CAPSULE	2	
EMPTY CAPSULE SIZE 5 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 7 CLEAR CAPSULE	2	
EMULGADE CM LIQUID	2	
EMULSIFYING WAX WAX	2	
ENDEAVORRX	2	
ENGLISH TOFFEE FLAVOR LIQUID	2	
ENLITE GLUCOSE SENSOR	2	
ENLITE SERTER	2	
EQ BLOOD GLUCOSE TEST IN VITRO STRIP	2	
EQ SPACE CHAMBER ANTI-STATIC DEVICE	2	
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	2	
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	2	
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	2	
EQL ALCOHOL SWABS PAD	1	
EQL COLOR LANCETS 21G	2	

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Drug Name	Drug Tier	Requirements /Limits
EQL COLOR LANCETS MICRO 33G	2	
EQL GAUZE PAD	2	
EQL INSULIN SYRINGE	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
ESPUMIL FOAM	2	
ETHYL ACETATE SOLUTION	2	
ETHYL ALCOHOL SOLUTION	2	
etomidate intravenous solution	1	
EUA PATIENT ASSESSMENT	2	
EUCALYPTUS FLAVOR OIL	2	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
EUGENOL FLAVOR LIQUID	2	
EVANS BLUE POWDER	2	
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP	2	
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP	2	
EVENCARE CONTROL LOW/HIGH IN VITRO LIQUID	2	
EVENCARE G2 LOW/HIGH CONTROL IN VITRO SOLUTION	2	
EVENCARE G2 MONITOR DEVICE	2	

Drug Name	Drug Tier	Requirements /Limits
EVENCARE G2 TEST IN VITRO STRIP	2	
EVENCARE G3 LOW/HIGH CONTROL IN VITRO SOLUTION	2	
EVENCARE G3 MONITOR DEVICE	2	
EVENCARE G3 TEST IN VITRO STRIP	2	
EVENCARE GLUCOSE MONITORING KIT	2	
EVENCARE MINI CONTROL IN VITRO SOLUTION	2	
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP	2	
EVENCARE MINI MONITOR DEVICE	2	
EVENCARE PROVIEW GLUCOSE TEST IN VITRO STRIP	2	
EVERSENSE SENSOR/HOLDER	2	
EVERSENSE SMART TRANSMITTER	2	
EVOLUTION AUTOCODE DEVICE	2	
EVOLUTION AUTOCODE IN VITRO STRIP	2	
EVOLUTION CONTROL IN VITRO SOLUTION	2	
EXACTECH R-S-G TEST IN VITRO STRIP	2	
EXACTECH TEST IN VITRO STRIP	2	
EXCILON AMD DRAIN SPONGES PAD	2	

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Drug Name	Drug Tier	Requirements /Limits
EXCILON IV SPONGES PAD	2	
EXEL COMFORT POINT INSULIN SYR	2	
EXEL COMFORT POINT PEN NEEDLE	2	
EXQUISITE HRT CREAM	2	
EXTENDED INFUSION SET 23"/6MM	2	
EXTENDED INFUSION SET 23"/9MM	2	
EXTENDED INFUSION SET 32"/9MM	2	
EXTENDED RESERVOIR 3ML	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCET SUPER THIN 30G	2	
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	
E-Z JECT LANCETS THIN 26G	2	
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G	2	
EZ-LETS LANCETS 28G	2	
EZ-LETS LANCETS 30G	2	
FAGRON CAPFILL PRO POWDER	2	
FAGRON DISPERSAPRO POWDER	2	
FANTASY LUBRICATED	3	PV

Drug Name	Drug Tier	Requirements /Limits
FANTASY LUBRICATED/SPERMICIDE	3	PV
FAVIPIRAVIR ORAL TABLET	3	
FC2 FEMALE CONDOM	2	PV; QL (12 EA per 23 days)
FD&C YELLOW #5 POWDER	2	
FD&C YELLOW #6 ALUMINUM LAKE POWDER	2	
FDC BLUE 1 POWDER	2	
FDC BLUE 2 POWDER	2	
FDC GREEN #3 POWDER	2	
FDC RED #3 POWDER	2	
FDC RED 40 POWDER	2	
FDC YELLOW 6 POWDER	2	
FDGARD ORAL CAPSULE	2	
FEMCAP VAGINAL DEVICE	2	PV; QL (1 EA per 365 days)
FIFTY50 ALCOHOL PREP PAD	1	
FIFTY50 GLUCOSE METER 2.0 KIT	2	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP	2	
FIFTY50 PEN NEEDLES	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 SUPERIOR COMFORT SYR	2	
FIFTY50 UNILET LANCETS 33G	2	

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Drug Name	Drug Tier	Requirements /Limits
FINE 30	2	
FINGERSTIX LANCETS	2	
FISH FLAVOR LIQUID	2	
FIXED OIL SUSPENSION LIQUID	2	
FIZZMIX BASE POWDER	2	
FLAVOR BLEND ORAL SUSPENSION	2	
FLAVOR CONC-CHLORHEXIDINE CONCENTRATE	2	
FLAVOR PLUS ORAL LIQUID	2	
FLAVOR SWEET ORAL SYRUP	2	
FLEXBUMIN INTRAVENOUS SOLUTION	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FLEXICHAMBER DEVICE	2	
FLOW-EZE VENTED NEEDLE	2	
F-MELT POWDER	2	
FOAMIL EXTERNAL LIQUID	2	
fomepizole intravenous solution	1	
FOOD COLOR BLACK POWDER	2	
FOOD COLOR BLUE ORAL LIQUID	2	
FOOD COLOR BLUE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
FOOD COLOR BROWN POWDER	2	
FOOD COLOR GREEN LIQUID	2	
FOOD COLOR GREEN POWDER	2	
FOOD COLOR LIME GREEN POWDER	2	
FOOD COLOR ORANGE POWDER	2	
FOOD COLOR PINK LIQUID	2	
FOOD COLOR RED LIQUID	2	
FOOD COLOR RED POWDER	2	
FOOD COLOR VIOLET POWDER	2	
FOOD COLOR WHITE LIQUID	2	
FOOD COLOR YELLOW #5 ALUM LAKE POWDER	2	
FOOD COLOR YELLOW LIQUID	2	
FORA 6 CONNECT IN VITRO STRIP	2	
FORA BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA CONTROL IN VITRO SOLUTION	2	
FORA D10 2-IN-1 MONITOR DEVICE	2	
FORA D15G 2-IN-1 MONITOR DEVICE	2	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA D20 2-IN-1 MONITOR DEVICE	2	

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Drug Name	Drug Tier	Requirements /Limits
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA D40 GLUCOSE/PRESSURE DEVICE	2	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP	2	
FORA D40G GLUCOSE/PRESSURE DEVICE	2	
FORA G20 BLOOD GLUCOSE SYSTEM KIT	2	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP	2	
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE	2	
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE	2	
FORA GD20 TEST IN VITRO STRIP	2	
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE	2	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	2	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA LANCETS	2	

Drug Name	Drug Tier	Requirements /Limits
FORA LANCING DEVICE	2	
FORA PREMIUM V10 BLE SYSTEM DEVICE	2	
FORA TEST N' GO MONITOR DEVICE	2	
FORA TN'G ADVANCE PRO IN VITRO STRIP	2	
FORA TN'G VOICE KIT	2	
FORA TN'G/TN'G VOICE IN VITRO STRIP	2	
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE	2	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA V10/V12/D10/D20 TEST KIT	2	
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE	2	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE	2	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE	2	
FORA V30A BLOOD GLUCOSE SYSTEM KIT	2	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP	2	

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Drug Name	Drug Tier	Requirements /Limits
FORACARE GD40 MONITOR DEVICE	2	
FORACARE GD40 TEST IN VITRO STRIP	2	
FORACARE GDH CONTROL IN VITRO SOLUTION	2	
FORACARE PREMIUM V10 DEVICE	2	
FORACARE PREMIUM V10 TEST IN VITRO STRIP	2	
FORACARE TEST N GO MONITOR DEVICE	2	
FORACARE TEST N GO TEST IN VITRO STRIP	2	
formaldehyde external solution	1	
FORTISCARE CONTROL IN VITRO SOLUTION	2	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	2	
FORTISCARE T1 GLUCOSE SYSTEM DEVICE	2	
FORTISCARE TEST IN VITRO STRIP	2	
FREDS PHARMACY AUTOLET LANCING	2	
FREDS PHARMACY UNIFINE PENTIP+	2	
FREDS PHARMACY UNIFINE PENTIPS	2	
FREDS PHARMACY UNILET LANC 28G	2	
FREDS PHARMACY UNILET LANC 30G	2	
FREEDOM ADAPTADERM GEL	2	

Drug Name	Drug Tier	Requirements /Limits
FREEDOM CEPAPRO GEL	2	
FREEDOM LOLLIPOP BASE	2	
FREEDOM ODT BASE POWDER	2	
FREEDOM PEG TROCHE BASE POWDER	2	
FREEDOM SILOMAC ANHYDROUS GEL	2	
FREEDOM SIMPLECAP POWDER	2	
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID	2	
FREESTYLE FREEDOM KIT	2	
FREESTYLE FREEDOM LITE KIT	2	
FREESTYLE INSULINX SYSTEM KIT	2	
FREESTYLE INSULINX TEST IN VITRO STRIP	2	
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY READER DEVICE	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	
FREESTYLE LIBRE 2 READER DEVICE	2	
FREESTYLE LIBRE 2 SENSOR	2	
FREESTYLE LIBRE 3 SENSOR	2	
FREESTYLE LIBRE READER DEVICE	2	
FREESTYLE LITE DEVICE	2	

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Drug Name	Drug Tier	Requirements /Limits
FREESTYLE LITE KIT	2	
FREESTYLE LITE TEST IN VITRO STRIP	2	
FREESTYLE PRECISION INS SYR	2	
FREESTYLE PRECISION NEO SYSTEM KIT	2	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	2	
FREESTYLE SIDEKICK II KIT	2	
FREESTYLE TEST IN VITRO STRIP	2	
FREESTYLE UNISTICK II LANCETS	2	
GALAXTRA ORAL POWDER	2	
GAUZE PADS PAD	2	
GAUZE TYPE VII MEDI-PAK PAD	2	
GE100 BLOOD GLUCOSE SYSTEM DEVICE	2	
GE100 BLOOD GLUCOSE SYSTEM KIT	2	
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	2	
GE100 CONTROL IN VITRO SOLUTION	2	
GELATIN POWDER	2	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	2	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
GEN7T PLUS EXTERNAL PATCH	3	
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL CONTACT TIPS (BLUE)	2	
GENTEEL CONTACT TIPS (CLEAR)	2	
GENTEEL CONTACT TIPS (GREEN)	2	
GENTEEL CONTACT TIPS (ORANGE)	2	
GENTEEL CONTACT TIPS (RAINBOW)	2	
GENTEEL CONTACT TIPS (VIOLET)	2	
GENTEEL CONTACT TIPS (YELLOW)	2	
GENTEEL LANCING KIT (BLUE) KIT	2	
GENTEEL NOZZLES	2	
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
GENULTIMATE TEST IN VITRO STRIP	2	

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Drug Name	Drug Tier	Requirements /Limits
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
GHT BLOOD GLUCOSE MONITOR KIT	2	
GHT TEST IN VITRO STRIP	2	
GIVLAARI SUBCUTANEOUS SOLUTION	3	PA
GLOBAL EASE INJECT PEN NEEDLES	2	
GLOBAL EASY GLIDE INSULIN SYR	2	
GLOBAL EASY GLIDE PEN NEEDLES	2	
GLOBAL INJECT EASE INSULIN SYR	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL INSULIN SYRINGES	2	
GLOBAL LANCING DEVICE	2	
GLUCO PERFECT 3 METER DEVICE	2	
GLUCO PERFECT 3 TEST IN VITRO STRIP	2	
GLUCOCARD 01 BLOOD GLUCOSE DEVICE	2	
GLUCOCARD 01 BLOOD GLUCOSE KIT	2	
GLUCOCARD 01 CONTROL IN VITRO LIQUID	2	

Drug Name	Drug Tier	Requirements /Limits
GLUCOCARD 01 CONTROL IN VITRO SOLUTION	2	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP	2	
GLUCOCARD 01-MINI GLUCOSE KIT	2	
GLUCOCARD EXPRESSION CONTROL IN VITRO SOLUTION	2	
GLUCOCARD EXPRESSION MONITOR KIT	2	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	2	
GLUCOCARD SHINE CONNEX KIT	2	
GLUCOCARD SHINE CONTROL IN VITRO SOLUTION	2	
GLUCOCARD SHINE DEVICE	2	
GLUCOCARD SHINE EXPRESS KIT	2	
GLUCOCARD SHINE KIT	2	
GLUCOCARD SHINE TEST IN VITRO STRIP	2	
GLUCOCARD SHINE XL DEVICE	2	
GLUCOCARD VITAL MONITOR KIT	2	
GLUCOCARD VITAL TEST IN VITRO STRIP	2	
GLUCOCARD X-METER KIT	2	
GLUCOCARD X-SENSOR CONTROL IN VITRO SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
GLUCOCARD X-SENSOR IN VITRO STRIP	2	
GLUCOCOM AUTOLINK TELEMONITOR	2	
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE	2	
GLUCOCOM CONTROL IN VITRO LIQUID	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GLUCOCOM MONITOR KIT	2	
GLUCOCOM TEST IN VITRO STRIP	2	
GLUCONAVII BLOOD GLUCOSE SYS KIT	2	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP	2	
GLUCOPRO INSULIN SYRINGE	2	
GLUCOPRO SYR RES 3ML 22GX3/8"	2	
GLUCOSE CONTROL IN VITRO SOLUTION	2	
GLUCOSE METER TEST IN VITRO STRIP	2	
GLUTAMINE POWDER	2	
glutaraldehyde external solution	1	
GLUTATHIONE INJECTION SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
GLUTATHIONE INTRAVENOUS SOLUTION	2	
GLUTATHIONE POWDER	2	
GLUTATHIONE-L POWDER	2	
GLUTATHIONE-L REDUCED POWDER	2	
GNP ALCOHOL SWABS PAD	1	
GNP CLICKFINE PEN NEEDLES	2	
GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID	2	
GNP EASY TOUCH CONT HIGH/LOW IN VITRO SOLUTION	2	
GNP EASY TOUCH GLUCOSE METER DEVICE	2	
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP	2	
GNP INSULIN SYRINGE	2	
GNP INSULIN SYRINGES	2	
GNP INSULIN SYRINGES 28GX1/2"	2	
GNP INSULIN SYRINGES 29GX1/2"	2	
GNP INSULIN SYRINGES 30GX5/16"	2	
GNP INSULIN SYRINGES 31GX5/16"	2	
GNP LANCETS 21G	2	
GNP LANCETS THIN	2	
GNP LANCETS THIN 26G	2	

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

Drug Name	Drug Tier	Requirements /Limits
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE GAUZE PAD	2	
GNP STERILE LANCETS 28G	2	
GNP STERILE LANCETS 30G	2	
GNP STERILE LANCETS 33G	2	
GNP TRUE METRIX AIR METER KIT	2	
GNP TRUE METRIX GLUCOSE METER KIT	2	
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP	2	
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP	2	
GNP TRUETRACK TEST STRIPS IN VITRO STRIP	2	
GNP ULTICARE PEN NEEDLES	2	
GNP ULTIGUARD SAFEPACK NEEDLE	2	
GNP ULTRA COM INSULIN SYRINGE	2	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP	2	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP	2	
GOJJI CONTROL IN VITRO SOLUTION	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	

Drug Name	Drug Tier	Requirements /Limits
GOODSENSE BLOOD GLUCOSE IN VITRO STRIP	2	
GOODSENSE BLOOD GLUCOSE KIT	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	
GOODSENSE LANCING DEVICE	2	
GOODSENSE PEN NEEDLE PENFINE	2	
GRAPE FLAVOR LIQUID	2	
GRAPEFRUIT FLAVOR OIL	2	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	
GUARDIAN CONNECT TRANSMITTER	2	
GUARDIAN LINK 3 TRANSMITTER	2	
GUARDIAN REAL-TIME CHARGER	2	
GUARDIAN REAL-TIME REPLACE PED DEVICE	2	
GUARDIAN REAL-TIME TEST PLUG	2	

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Drug Name	Drug Tier	Requirements /Limits
GUARDIAN SENSOR (3)	2	
GUARDIAN SENSOR 3	2	
GUAVA FLAVOR LIQUID	2	
GUM ARABIC POWDER	2	
GUM BASE (GELATIN) GEL	2	
HAEMOLANCE	2	
HAEMOLANCE LOW FLOW LANCETS	2	
HAEMOLANCE PLUS	2	
HAEMOLANCE PLUS HIGH FLOW	2	
HAEMOLANCE PLUS LOW FLOW	2	
HAEMOLANCE PLUS MAX FLOW	2	
HAEMOLANCE PLUS PEDIATRIC FLOW	2	
HAM FLAVOR LIQUID	2	
HARMONY BLOOD GLUCOSE TEST IN VITRO STRIP	2	
HEALTH CARE LANCING DEVICE	2	
HEALTHWISE INSULIN SYR/NEEDLE	2	
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE MINI PEN NEEDLES	2	
HEALTHWISE PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES	2	
HEALTHWISE UNIFINE PENTIPS	2	

Drug Name	Drug Tier	Requirements /Limits
HEALTHY ACCENTS LANCING DEVICE	2	
HEALTHY ACCENTS UNIFINE PENTIP	2	
HEALTHY ACCENTS UNILET LANCETS	2	
H-E-B INCONTROL ADV LANCING	2	
H-E-B INCONTROL ALCOHOL PAD	1	
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	
H-E-B INCONTROL LANCETS 33G	2	
H-E-B INCONTROL PEN NEEDLES	2	
H-E-B INCONTROL UNIFINE PENTIP	2	
HESPAN INTRAVENOUS SOLUTION	2	
hetastarch-nacl intravenous solution	1	
HEXTEND INTRAVENOUS SOLUTION	2	
HM EMBRACE TALK SYSTEM KIT	2	
HM STERILE ALCOHOL PREP PAD	1	
HM STERILE PADS PAD	2	
HM ULTICARE INSULIN SYRINGE	2	
HM ULTICARE MINI PEN NEEDLES	2	
HM ULTICARE SHORT PEN NEEDLES	2	

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Drug Name	Drug Tier	Requirements /Limits
HONEY FLAVOR LIQUID	2	
HORMONE CREAM BASE CREAM	2	
HRT BASE (MEN) GEL	2	
HRT BASE CREAM	2	
HRT BOTANICAL CREAM	2	
HRT CREAM BASE CREAM	2	
HRT CREAM BASE WOMEN CREAM	2	
HRT CREAM CREAM	2	
HRT ESSENTIAL CREAM	2	
HRT HEAVY CREAM	2	
HRT NATURAL LOTION	2	
HUBER NEEDLE	2	
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION	2	
HUMATROPEN FOR 12MG DEVICE	2	
HUMATROPEN FOR 24MG DEVICE	2	
HUMATROPEN FOR 6MG DEVICE	2	
HW EMBRACE PRO GLUCOSE METER DEVICE	2	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	2	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	2	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	2	

Drug Name	Drug Tier	Requirements /Limits
HYALGAN INTRA-ARTICULAR SOLUTION	2	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
HYDROFERA BLUE 4"X4" EXTERNAL PAD	2	
HYDROFERA BLUE 6"X6" EXTERNAL PAD	2	
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	2	
HYDROFERA BLUE FOAM/TUNNELING EXTERNAL PAD	2	
HYDROFERA BLUE MRF DRESSING EXTERNAL PAD	2	
HYDROFERA BLUE READY FOAM EXTERNAL PAD	2	
HYLENEX INJECTION SOLUTION	2	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
HYPODERMIC NEEDLE	2	
HYPOLANCE AST LANCING KIT	2	
HY-VEE LANCETS	2	
HY-VEE THIN LANCETS	2	
ID NOW COVID-19 2.0 TEST IN VITRO KIT	2	
IGLUCOSE MONITORING SYSTEM KIT	2	

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Drug Name	Drug Tier	Requirements /Limits
IGLUCOSE TEST STRIPS IN VITRO STRIP	2	
IMCIVREE SUBCUTANEOUS SOLUTION	2	
IN TOUCH	2	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	2	
IN TOUCH DEVICE	2	
IN TOUCH GLUCOSE CONTROL IN VITRO SOLUTION	2	
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	
INCONTROL ULTICARE PEN NEEDLES	2	
INFINITY BLOOD GLUCOSE SYSTEM KIT	2	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP	2	
INFINITY CONTROL IN VITRO SOLUTION	2	
INFINITY VOICE IN VITRO LIQUID	2	
INFINITY VOICE IN VITRO STRIP	2	
INFINITY VOICE KIT	2	
INJECT-EASE	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	

Drug Name	Drug Tier	Requirements /Limits
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
INSPIRACHAMBER/LARGE DEVICE	2	
INSPIRACHAMBER/MEDIUM DEVICE	2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	2	
INSPIRACHAMBER/SMALL DEVICE	2	
INSPIREASE	2	
INSPIREASE RESERVOIR BAGS	2	
INSULIN SYRINGE	2	
INSULIN SYRINGE/NEEDLE	2	
INSULIN SYRINGE-NEEDLE U-100	2	
INSUL-TOTE	2	
INSUL-TOTE JR	2	
INSUPEN PEN NEEDLES	2	
INSUPEN SENSITIVE	2	
INSUPEN ULTRAFIN	2	
iodine strong oral solution	1	
ISOMALT LOLLIPOP BASE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
IV STABILIZER FOR LUMOXITI INTRAVENOUS SOLUTION	2	
J & J GAUZE PAD	2	
J-TIP KIT W/VIAL ADAPTERS KIT	2	
JUVAZIN EXTERNAL GEL	2	
KAHLUA FLAVOR LIQUID	2	
KAMELEON LUBRICATED	3	PV
KARAYA GUM GUM	2	
KEDBUMIN INTRAVENOUS SOLUTION	2	
KENDALL ALGINATE 12" ROPE EXTERNAL	2	
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	2	
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	2	
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	2	
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	2	
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	2	
KENDALL HYDROGEL WOUND DRESS EXTERNAL	2	
KENDALL HYDROPHILIC FOAM DRESS PAD	2	

Drug Name	Drug Tier	Requirements /Limits
KENDALL HYDROPHILIC FOAM PLUS PAD	2	
KENDALL ZINC CA ALGINATE 4"X4" EXTERNAL PAD	2	
KERLIX AMD ANTIMICROBIAL	2	
KERLIX AMD SUPER SPONGES PAD	2	
ketamine hcl injection solution	1	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
KETAMINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE	2	
KETO-DIASTIX IN VITRO STRIP	2	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP	2	
KIMONO	3	PV
KIMONO COLORS DEVICE	3	PV
KIMONO MICRO THIN	3	PV
KIMONO MICRO THIN PLUS	3	PV
KIMONO PLUS	3	PV
KIMONO PS	3	PV
KIMONO PS PLUS	3	PV
KIMONO SENSATION	3	PV
KIMONO SENSATION PLUS	3	PV
KIMONO SPECIAL DEVICE	3	PV

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Drug Name	Drug Tier	Requirements /Limits
KINNEY LANCETS	2	
KINNEY THIN LANCETS	2	
KINRAY INSULIN SYRINGE	2	
KMART VALU INSULIN SYRINGE 29G	2	
KMART VALU INSULIN SYRINGE 30G	2	
KORSUVA INTRAVENOUS SOLUTION	3	PA; NDS
KRIS-ESTER 236 LIQUID	2	
KRISGEL 100 EXTERNAL GEL	2	
KROGER AUTOLET LANCING DEVICE	2	
KROGER BLOOD GLUCOSE KIT	2	
KROGER BLOOD GLUCOSE TEST IN VITRO STRIP	2	
KROGER HEALTHPRO CONTROL HI/LO IN VITRO LIQUID	2	
KROGER HEALTHPRO GLUC MON SYS KIT	2	
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	2	
KROGER HEALTHPRO LANCET 26G	2	
KROGER INSULIN SYRINGE	2	
KROGER LANCETS	2	

Drug Name	Drug Tier	Requirements /Limits
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN 33G	2	
KROGER LANCETS SUPER THIN	2	
KROGER LANCETS THIN	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER LANCING DEVICE	2	
KROGER PEN NEEDLES	2	
KROGER PREMIUM BLOOD GLUCOSE KIT	2	
KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP	2	
KROGER TEST IN VITRO STRIP	2	
K-Y ME & YOU EXTRA LUBRICATED DEVICE	3	PV
K-Y ME & YOU INTENSE DEVICE	3	PV
lactated ringers irrigation solution	1	
LACTOSE ANHYDROUS POWDER	2	
LACTOSE MONOHYDRATE POWDER	2	
LACTOSE POWDER	2	
LAGEVRIO ORAL CAPSULE	3	
L-ALANINE POWDER	2	
LANCET DEVICE	2	

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Drug Name	Drug Tier	Requirements /Limits
LANCET DEVICE WITH EJECTOR	2	
LANCET TRANSPORTER CASE	2	
LANCETS	2	
LANCETS 30G	2	
LANCETS 33G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
LANCING DEVICE	2	
LANOLIN ALCOHOL WAX	2	
LANOLIN ANHYDROUS EXTERNAL OINTMENT	2	
LANOLIN OIL	2	
lanolin ointment	1	
LANZO	2	
L-ARGININE POWDER	2	
L-CYSTINE POWDER	2	
LDL CARE ORAL POWDER	2	
LEADER ADVANCED LANCING DEVICE	2	
LEADER INSULIN SYRINGE	2	
LEADER UNIFINE PENTIPS	2	
LEADER UNIFINE PENTIPS PLUS	2	
LECITHIN GRANULES	2	

Drug Name	Drug Tier	Requirements /Limits
LECITHIN ORGANOGEL EXTERNAL GEL	2	
LECITHIN-ISOPROPYL PALMITATE SOLUTION	2	
LEMON EXTRACT LIQUID	2	
LEMON FLAVOR OIL	2	
LEMONADE FLAVOR OIL	2	
LEVA PELVIC HEALTH SYSTEM KIT	2	
LEVOCARNITINE INJECTION SOLUTION	2	
levocarnitine sf oral solution	1	
L-GLUTAMIC ACID POWDER	2	
L-GLUTAMINE CRYSTALS	2	
L-GLUTAMINE POWDER	2	
L-HISTIDINE MONOHYDROCHLORIDE CRYSTALS	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER	2	
LIBERTY BLOOD GLUCOSE METER DEVICE	2	
LIBERTY GLUCOSE CONTROL IN VITRO LIQUID	2	
LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
LIBERTY GLUCOSE CONTROL MID IN VITRO SOLUTION	2	
LIBERTY MEDICAL LANCETS	2	
LIBERTY MINI LANCING DEVICE	2	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP	2	
LIBERTY NXT GENERATION MONITOR DEVICE	2	
LIBERTY TEST IN VITRO STRIP	2	
LICORICE FLAVOR LIQUID	2	
LIDOTHOL EXTERNAL PATCH	3	
LIFESCAN UNISTIK 2	2	
LIFESCAN UNISTIK II LANCETS	2	
LIFESTYLES ASSORTED COLORS	3	PV
LIFESTYLES EXTRA STRENGTH	3	PV
LIFESTYLES FORM FITTING	3	PV
LIFESTYLES LUBRICATED	3	PV
LIFESTYLES RIBBED	3	PV
LIFESTYLES SKYN ORIGINAL	3	PV
LIFESTYLES SPERMICIDAL LUBE	3	PV
LIFESTYLES STUDDERED	3	PV
LIFESTYLES ULTRA SENSITIVE	3	PV
LIFESTYLES VIBRA-RIBBED	3	PV

Drug Name	Drug Tier	Requirements /Limits
LIFESTYLES XTRA PLEASURE	3	PV
LIMBREL ORAL CAPSULE	2	
LIMBREL250 ORAL CAPSULE	2	
LIMBREL500 ORAL CAPSULE	2	
LIME FLAVOR OIL	2	
LIPMAX SOLUTION	2	
LIPO INTRAMUSCULAR SOLUTION	2	
LIPO-C INTRAMUSCULAR SOLUTION	2	
LIPOCREAM BASE EXTERNAL CREAM	2	
LIPOLAYER EXTERNAL CREAM	2	
LIOPEN ANHYDROUS LOTION	2	
LIPOSOMAL HEAVY EXTERNAL CREAM	2	
LIQUIGEL COMPLEX LIQUID	2	
L-ISOLEUCINE POWDER	2	
LISSAMINE GREEN B POWDER	2	
LITE TOUCH LANCETS	2	
LITE TOUCH LANCING PEN	2	
LITETOUCH INSULIN SYRINGE	2	
LITETOUCH LANCETS	2	
LITETOUCH PEN NEEDLES	2	
LIVE BETTER ADV LANCING DEVICE	2	

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Drug Name	Drug Tier	Requirements /Limits
LIVE BETTER LANCET SUPER THIN	2	
LIVE BETTER LANCET ULTRA THIN	2	
LIVER FLAVOR LIQUID	2	
LIVER FLAVOR POWDER	2	
LIVMARLI ORAL SOLUTION	3	PA
L-LEUCINE POWDER	2	
LMD IN D5W INTRAVENOUS SOLUTION	2	
LMD IN NAACL INTRAVENOUS SOLUTION	2	
L-METHIONINE POWDER	2	
l-methylfolate forte oral capsule	1	
l-methylfolate-algae oral capsule	1	
LONGS INSULIN SYRINGE	2	
LONGS LANCETS STANDARD	2	
LONGS LANCETS THIN	2	
LONGS LANCETS ULTRA THIN	2	
LOXORAL BASE POWDER	2	
LOZIBASE S	2	
L-PHENYLALANINE POWDER	2	
L-PROLINE POWDER	2	
L-THREONINE CRYSTALS	2	
L-TRYPTOPHAN POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
L-TYROSINE POWDER	2	
LUBRAJEL NP GEL	2	
LUER LOCK SAFETY SYRINGES	2	
LUMINOPIA ONE	2	
L-VALINE CRYSTALS	2	
L-VALINE POWDER	2	
LYSINE HCL INJECTION SOLUTION	2	
MAGELLAN INSULIN SAFETY SYR	2	
MAGELLAN SYRINGE-SAFETY NEEDLE	2	
MAGELLAN TUBERCULIN SYRINGE	2	
MAHANA IBS	2	
MANGO FLAVOR LIQUID	2	
MANGO FLAVOR POWDER	2	
MANGO FLAVOR SWEETENED POWDER	2	
MAPLE FLAVOR LIQUID	2	
MARATHON MEDICAL PENTIPS	2	
MARSHMALLOW FLAVOR LIQUID	2	
MASK VORTEX/CHILD/FROG	2	
MASK VORTEX/TODDLER/L ADYBUG	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXI-COMFORT INSULIN SYRINGE	2	

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Drug Name	Drug Tier	Requirements /Limits
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	
MAXX	3	PV
MAXX PLUS	3	PV
MEDACTIV ORAL TABLET	2	
MEDIC INSULIN SYRINGE	2	
MEDICHOICE SAFETY LANCET	2	
MEDICHOICE SAFETY LANCET EXTRA	2	
MEDICHOICE SAFETY LANCET NORM	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEDIHOL BASE GEL	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE	2	
MEDI-RDT BASE POWDER	2	
MEDI-RDT KIT	2	
MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID	2	
MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID	2	
MEDISENSE HIGH/LOW CONTROL IN VITRO LIQUID	2	

Drug Name	Drug Tier	Requirements /Limits
MEDISENSE MID CONTROL IN VITRO LIQUID	2	
MEDISENSE THIN LANCETS	2	
MEDLANCE EXTRA 21G	2	
MEDLANCE LITE 25G	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEDLANCE UNIVERSAL 21G	2	
MEIJER ALCOHOL SWABS PAD	1	
MEIJER BLOOD GLUCOSE KIT	2	
MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP	2	
MEIJER ESSENTIAL BLOOD GLUCOSE KIT	2	
MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP	2	
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	

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Drug Name	Drug Tier	Requirements /Limits
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER PEN NEEDLES	2	
MEIJER PREMIUM BLOOD GLUCOSE KIT	2	
MEIJER SUPER THIN LANCETS	2	
MEIJER TRUE2GO BLOOD GLUCOSE KIT	2	
MEIJER TRUERESULT GLUCOSE SYS KIT	2	
MEIJER TRUETEST TEST IN VITRO STRIP	2	
MEIJER TRUETRACK GLUCOSE SYS KIT	2	
MEIJER TRUETRACK TEST IN VITRO STRIP	2	
METER BUFFER SOLUTION	2	
methergine oral tablet	1	
METHIONINE POWDER	2	
methylergonovine maleate injection solution	1	
methylergonovine maleate oral tablet	1	
METHYLPARABEN POWDER	2	
METHYLPARABEN SODIUM POWDER	2	
METOPIRONE ORAL CAPSULE	3	
MICROCHAMBER	2	
MICROCHAMBER DEVICE	2	
MICROCYN EXTERNAL LIQUID	2	

Drug Name	Drug Tier	Requirements /Limits
MICRODOT BLOOD GLUCOSE SYSTEM KIT	2	
MICRODOT CONTROL HIGH/LOW IN VITRO SOLUTION	2	
MICRODOT PEN NEEDLE	2	
MICRODOT TEST IN VITRO STRIP	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MICROSPACER	2	
MINI LANCING DEVICE	2	
MINILINK REAL-TIME TRANSMITTER	2	
MINIMED 630G GUARDIAN PRESS	2	
MINIMED 630G INSULIN PUMP KIT	2	
MINIMED 670G INSULIN PUMP DEVICE	2	
MINIMED 770G INSULIN PUMP SYS KIT	2	
MINIMED MIO ADVANCE INFUSE SET	2	
MINIMED MIO INFUSION SET	2	
MINIMED PUMP RESERVOIR 3ML	2	
MINIMED QUICK SET INF SET 18"	2	
MINIMED QUICK SET INF SET 23"	2	
MINIMED QUICK SET INF SET 32"	2	

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Drug Name	Drug Tier	Requirements /Limits
MINIMED QUICK SET INF SET 43"	2	
MINIMED QUICK-SERTER	2	
MINIMED RESERVOIR 1.8ML	2	
MINIMED RESERVOIR 3ML	2	
MINIMED SILHOUETTE INF SET 32"	2	
MINIMED SILHOUETTE INF SET 43"	2	
MINT CHOCOLATE CHIP FLAVOR LIQUID	2	
MIO INFUSION SET 18" 6MM	2	
MIO INFUSION SET 23" 6MM	2	
MIO INFUSION SET 32" 6MM	2	
MIO INFUSION SET 32" 9MM	2	
MIRASORB SPONGES	2	
MM EASY TOUCH GLUCOSE IN VITRO STRIP	2	
MM EASY TOUCH GLUCOSE METER KIT	2	
MM INSULIN SYRINGE/NEEDLE	2	
MM LANCING DEVICE	2	
MM PEN NEEDLES	2	
MM TWIST LANCETS	2	
MOLASSES FLAVOR POWDER	2	
MONOJECT ALLERGIST TRAY KIT	2	
MONOJECT BLUNTIP CANNULA	2	

Drug Name	Drug Tier	Requirements /Limits
MONOJECT BLUNTIP SYR/CANNULA	2	
MONOJECT CONTROL SYRINGE	2	
MONOJECT FILTER ASPIRATOR	2	
MONOJECT FILTER NEEDLE	2	
MONOJECT HYPODERMIC NEEDLE	2	
MONOJECT INSULIN SYRINGE	2	
MONOJECT INTRODUCER NEEDLE	2	
MONOJECT LIFESHIELD SYRINGE	2	
MONOJECT MAGELLAN SAFETY NDL	2	
MONOJECT MAGELLAN SYRINGE	2	
MONOJECT MEDICATION TRANSF NDL	2	
MONOJECT PHARMACY TRAY	2	
MONOJECT PISTON SYRINGE	2	
MONOJECT SOFTPACK/CATHTIP	2	
MONOJECT SOFTPACK/LLOCK	2	
MONOJECT SOFTPACK/LTIP	2	
MONOJECT SOFTPACK/RG LOCK	2	
MONOJECT SOFTPACK/RG LUER	2	
MONOJECT SYRINGE	2	

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Drug Name	Drug Tier	Requirements /Limits
MONOJECT SYRINGE CATH TIP	2	
MONOJECT SYRINGE ECC LUER	2	
MONOJECT SYRINGE ECCENTRIC TIP	2	
MONOJECT SYRINGE LUER LOCK	2	
MONOJECT SYRINGE LUER-LOCK TIP	2	
MONOJECT SYRINGE PHARMACY TRAY	2	
MONOJECT SYRINGE REG LUER	2	
MONOJECT SYRINGE REGULAR TIP	2	
MONOJECT SYRINGE TOOMEY TYPE	2	
MONOJECT TB SAFETY SYRINGE	2	
MONOJECT TB SYRINGE	2	
MONOJECT ULTRA COMFORT SYRINGE	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	

Drug Name	Drug Tier	Requirements /Limits
MS INSULIN SYRINGE	2	
MUCOLOX LIQUID	2	
MULTIBASE EXTERNAL CREAM	2	
MULTI-DRAW NEEDLE	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2 KIT	2	
MULTI-PHASIC PENETRATING CMPD EXTERNAL CREAM	2	
MYGLUCOHEALTH BLOOD GLUCOSE KIT	2	
MYGLUCOHEALTH CONTROL IN VITRO SOLUTION	2	
MYGLUCOHEALTH LANCETS 30G	2	
MYGLUCOHEALTH TEST IN VITRO STRIP	2	
MYRJ 53 POWDER	2	
NEOKE ALCAR ORAL POWDER	2	
NEOKE BCAA4 ORAL POWDER	2	
NEOKE BHB ORAL POWDER	2	
NEOKE MCT70 ORAL POWDER	2	
NEOKE RA LIPOIC ORAL POWDER	2	
NEUTEK 2TEK CONTROL IN VITRO SOLUTION	2	
NEUTEK 2TEK GLUCOSE/PRESSURE DEVICE	2	
NEUTEK 2TEK TEST IN VITRO STRIP	2	

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Drug Name	Drug Tier	Requirements /Limits
NEXAVIR INJECTION SOLUTION	2	
NIMBEX INTRAVENOUS SOLUTION	2	
NITHIODOLE INTRAVENOUS KIT	3	
NORDIPEN 5 INJECTION DEVICE	2	
NORDIPEN DELIVERY SYSTEM	2	
NORM-JECT LUER LOCK SYRINGE	2	
NORM-JECT LUER SLIP SYRINGE	2	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE	2	
NOVA MAX BLOOD GLUCOSE SYSTEM KIT	2	
NOVA MAX GLUCOSE TEST IN VITRO STRIP	2	
NOVA MAX PLUS GLU/KET CONTROL IN VITRO LIQUID	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
NOVAFILM GEL	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	

Drug Name	Drug Tier	Requirements /Limits
NOVOPEN ECHO DEVICE	3	
NOVOTWIST PEN NEEDLE	2	
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
OCCLUVAN EXTERNAL OINTMENT	2	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	2	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	2	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	2	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	2	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	
OINTMENT BASE (EMULSIFYING) OINTMENT	2	
OLEABASE PLASTICIZED OINTMENT	2	
OLEIC ACID LIQUID	2	
OMEGAVEN INTRAVENOUS EMULSION	3	B/D
OMNIBASE EXTERNAL CREAM	2	

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Drug Name	Drug Tier	Requirements /Limits
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G6 POD (GEN 5)	2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4) KIT	2	
OMNIPOD DASH PDM (GEN 4) KIT	2	
OMNIPOD DASH PODS (GEN 4)	2	
OMNIPOD POD PALS	2	
OMNITROPE PEN 10 INJ DEVICE	2	
OMNITROPE PEN 5 INJ DEVICE	2	
ONE DROP BLOOD GLUCOSE MONITOR KIT	2	
ONE DROP TEST IN VITRO STRIP	2	
ONETOUCH CLUB LANCETS FINE PT	2	
ONETOUCH DELICA LANCETS 30G	2	
ONETOUCH DELICA LANCETS 33G	2	
ONETOUCH DELICA LANCING DEV	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	

Drug Name	Drug Tier	Requirements /Limits
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH FINEPOINT LANCETS	2	
ONETOUCH SOLUTIONS STARTER KIT KIT	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRA 2 KIT	2	
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION	2	
ONETOUCH ULTRA IN VITRO STRIP	2	
ONETOUCH ULTRA MINI KIT	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO FLEX SYSTEM KIT	2	
ONETOUCH VERIO IN VITRO SOLUTION	2	
ONETOUCH VERIO IN VITRO STRIP	2	
ONETOUCH VERIO IQ SYSTEM KIT	2	
ONETOUCH VERIO KIT	2	
ONETOUCH VERIO REFLECT KIT	2	
OPTICHAMBER ADVANTAGE-LG MASK	2	
OPTICHAMBER ADVANTAGE-MED MASK	2	

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Drug Name	Drug Tier	Requirements /Limits
OPTICHAMBER ADVANTAGE-SM MASK	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTICHAMBER FACE MASK-LARGE	2	
OPTICHAMBER FACE MASK-MEDIUM	2	
OPTICHAMBER FACE MASK-SMALL	2	
OPTIHALER	2	
OPTIHALER DEVICE	2	
OPTIUM BLOOD GLUCOSE MONITOR KIT	2	
OPTIUM GLUCOSE MONITOR SYSTEM DEVICE	2	
OPTIUM TEST IN VITRO STRIP	2	
OPTIUMEZ TEST IN VITRO STRIP	2	
ORA-BLEND ORAL SUSPENSION	2	
ORA-BLEND SF ORAL SUSPENSION	2	
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL	3	
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL	3	

Drug Name	Drug Tier	Requirements /Limits
ORANGE CREAM FLAVOR LIQUID	2	
ORANGE FLAVOR LIQUID	2	
ORANGE FLAVOR POWDER	2	
ORANGE OIL FLAVOR LIQUID	2	
ORA-PLUS ORAL LIQUID	2	
ORA-SWEET ORAL SYRUP	2	
ORA-SWEET SF ORAL SYRUP	2	
ORLADEYO ORAL CAPSULE	3	PA
ORLISTAT ORAL CAPSULE	3	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
OVAL TAPE	2	
OXLUMO SUBCUTANEOUS SOLUTION	3	PA
oxytocin injection solution	1	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION	2	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
PALFORZIA (12 MG DAILY DOSE) ORAL	3	PA
PALFORZIA (120 MG DAILY DOSE) ORAL	3	PA
PALFORZIA (160 MG DAILY DOSE) ORAL	3	PA

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Drug Name	Drug Tier	Requirements /Limits
PALFORZIA (20 MG DAILY DOSE) ORAL	3	PA
PALFORZIA (200 MG DAILY DOSE) ORAL	3	PA
PALFORZIA (240 MG DAILY DOSE) ORAL	3	PA
PALFORZIA (3 MG DAILY DOSE) ORAL	3	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	3	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET	3	PA
PALFORZIA (40 MG DAILY DOSE) ORAL	3	PA
PALFORZIA (6 MG DAILY DOSE) ORAL	3	PA
PALFORZIA (80 MG DAILY DOSE) ORAL	3	PA
PALFORZIA INITIAL ESCALATION ORAL	3	PA
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARA-AMINOBENZOIC ACID POWDER	2	
PARADIGM PUMP RESERVOIR 1.8ML	2	
PARADIGM PUMP RESERVOIR 3ML	2	
PARADIGM QUICK-SET 18" 6MM	2	
PARADIGM QUICK-SET 23" 6MM	2	
PARADIGM QUICK-SET 23" 9MM	2	
PARADIGM QUICK-SET 32" 6MM	2	

Drug Name	Drug Tier	Requirements /Limits
PARADIGM QUICK-SET 32" 9MM	2	
PARADIGM QUICK-SET 43" 6MM	2	
PARADIGM QUICK-SET 43" 9MM	2	
PARADIGM REAL-TIME TRANSMITTER	2	
PARADIGM SILHOUETTE 18" 13MM	2	
PARADIGM SILHOUETTE 32" 13MM	2	
PARADIGM SILHOUETTE 32" 17MM	2	
PARADIGM SILHOUETTE COMBO 23"	2	
PARADIGM SILHOUETTE COMBO 43"	2	
PARADIGM SILHOUETTE FULL 23"	2	
PARADIGM SILHOUETTE FULL 43"	2	
PARADIGM SURE-T 23" 8MM	2	
PARAFFIN WAX	2	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE	2	PV
PASSION FRUIT FLAVOR POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
PASSION FRUIT FLAVOR SWEETENED POWDER	2	
PATIENT SAFE SYRINGE	2	
PC UNIFINE PENTIPS	2	
PCCA ACACIA SYRUP BASE ORAL SYRUP	2	
PCCA ANHYDROUS BASE OINTMENT	2	
PCCA COBASE #1 EXTERNAL OINTMENT	2	
PCCA COSMETIC HRT BASE EXTERNAL CREAM	2	
PCCA CUSTOM LIPO-MAX EXTERNAL CREAM	2	
PCCA CUSTOM TROCHE BASE (LS) POWDER	2	
PCCA ELLAGE VAGINAL CREAM	2	
PCCA EMULSIFIX-205 BASE LIQUID	2	
PCCA FIXED OIL BASE LIQUID	2	
PCCA GELATIN BASE OINTMENT	2	
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM	2	
PCCA LECITHIN ISOPROPYL PALM SOLUTION	2	
PCCA LIPODERM HMW GEL	2	
PCCA LIPOSOMIC BASE DRY EXTERNAL CREAM	2	

Drug Name	Drug Tier	Requirements /Limits
PCCA LIPOSOMIC BASE NORMAL EXTERNAL CREAM	2	
PCCA LIPOSOMIC BASE OILY EXTERNAL CREAM	2	
PCCA LIPOSOMIC BASE SENSITIVE EXTERNAL CREAM	2	
PCCA LOXASPERSE BASE POWDER	2	
PCCA OCCLUSADERM GEL	2	
PCCA PLASTICIZED BASE OINTMENT	2	
PCCA PLURONIC F127 BASE GEL	2	
PCCA POLOXAMER 407 GEL	2	
PCCA POLYGLYCOL TROCHE POWDER	2	
PCCA PRACAMAC BASE OIL	2	
PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM	2	
PCCA RAPID DISSOLVE TABLET POWDER	2	
PCCA SORBITOL LOLLIPOP BASE FLAKES	2	
PCCA SPIRA-WASH BASE GEL	2	
PCCA SWEETNESS ENHANCER LIQUID	2	
PCCA SWEET-SF ORAL SYRUP	2	
PCCA SYRUP VEHICLE ORAL SYRUP	2	

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Drug Name	Drug Tier	Requirements /Limits
PCCA XYLIFOS BASE POWDER	2	
PCCA-PLUS ORAL SUSPENSION	2	
PEACH FLAVOR LIQUID	2	
PEANUT BUTTER FLAVOR LIQUID	2	
PEDIATRIC PANDA MASK	2	
PEG OINTMENT BASE EXTERNAL OINTMENT	2	
PEG TROCHE BASE PELLET	2	
PEN NEEDLES	2	
PEN NEEDLES 3/16"	2	
PEN NEEDLES 5/16"	2	
PENLET II BLOOD SAMPLER KIT	2	
PENLET II REPLACEMENT CAP	2	
PENSOMAL EXTERNAL CREAM	2	
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION	3	
PENTIPS	2	
PEN-TOTE	2	
PEPPERMINT FLAVOR OIL	2	
PERFECT LANCETS 28G	2	
PERFECT LANCETS 30G	2	

Drug Name	Drug Tier	Requirements /Limits
PERFORMAX SALT SUPPORTIVE BASE EXTERNAL CREAM	2	
PETROLATUM WHITE EXTERNAL OINTMENT	2	
PH BUFFER SOLUTION	2	
PHARMACIST CHOICE ALCOHOL PAD	1	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP	2	
PHARMACIST CHOICE AUTOCODE SYS KIT	2	
PHARMACIST CHOICE LANCETS	2	
PHARMACIST CHOICE MINI SYSTEM DEVICE	2	
PHARMACIST CHOICE NO CODING IN VITRO STRIP	2	
PHARMACY COUNTER LANCETS	2	
phendimetrazine tartrate oral tablet	1	
PHOTREXA VISCOUS OPHTHALMIC SOLUTION PREFILLED SYRINGE	2	
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	2	
PHYSIOLYTE IRRIGATION SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
PHYSOSTIGMINE SALICYLATE INJECTION SOLUTION	3	
PINA COLADA FLAVOR LIQUID	2	
PINEAPPLE FLAVOR LIQUID	2	
PIP LANCETS 28G	2	
PIP LANCETS 30G	2	
PITOCIN INJECTION SOLUTION	3	
PLASBUMIN-25 INTRAVENOUS SOLUTION	2	
PLASBUMIN-5 INTRAVENOUS SOLUTION	2	
PLASMANATE INTRAVENOUS SOLUTION	2	
PLASTIBASE OINTMENT	2	
PLASTICIZED BASE OINTMENT	2	
PLO GEL - MEDIFLO 30 PRE-MIXED EXTERNAL GEL	2	
PLO GEL - MEDIFLO EXTERNAL KIT	2	
PLO GEL - MEDIFLO PRE-MIXED EXTERNAL GEL	2	
PLO TRANSDERMAL EXTERNAL CREAM	2	
PLO20 BASE EXTERNAL GEL	2	

Drug Name	Drug Tier	Requirements /Limits
PLO20 FLOWABLE EXTERNAL GEL	2	
PLO20 NON-FLOWABLE EXTERNAL GEL	2	
PLURONIC F127 GEL	2	
PLURONIC F127 POWDER	2	
PLURONIC GEL	2	
PLURONIC L64 LIQUID	2	
POCKET CHAMBER DEVICE	2	
POCKET SPACER DEVICE	2	
POCKETCHEM EZ CONTROL IN VITRO SOLUTION	2	
POCKETCHEM EZ SYSTEM KIT	2	
POCKETCHEM EZ TEST IN VITRO STRIP	2	
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	2	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	2	
POLOXAMER 188 POWDER	2	
POLOXAMER 407 POWDER	2	
POLY HUB NEEDLE	2	
POLYETHYLENE GLYCOL 1500 POWDER	2	
POLYETHYLENE GLYCOL 8000 EXTERNAL OINTMENT	2	

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Drug Name	Drug Tier	Requirements /Limits
POLYMAC PROGEL GEL	2	
POLYOXYL 40 STEARATE POWDER	2	
POLYPEG	2	
POTASSIUM SORBATE GRANULES	2	
POTASSIUM SORBATE POWDER	2	
PRALINES AND CREAM FLAVOR LIQUID	2	
PRECISION GLUCOSE CONTROL IN VITRO LIQUID	2	
PRECISION GLUCOSE CONTROL SOLN IN VITRO SOLUTION	2	
PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID	2	
PRECISION GLUCOSE/KETONE CONTR IN VITRO LIQUID	2	
PRECISION LINK KIT	2	
PRECISION PCX IN VITRO STRIP	2	
PRECISION PCX PLUS TEST IN VITRO STRIP	2	
PRECISION POINT OF CARE TEST IN VITRO STRIP	2	
PRECISION QID MONITOR DEVICE	2	
PRECISION QID TEST IN VITRO STRIP	2	

Drug Name	Drug Tier	Requirements /Limits
PRECISION SOFTACT MONITOR DEVICE	2	
PRECISION SOFTACT TEST IN VITRO STRIP	2	
PRECISION SUREDOSE PLUS SYR	2	
PRECISION SUREDOSE SYRINGE	2	
PRECISION THINS GP LANCETS	2	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	2	
PRECISION XTRA DEVICE	2	
PRECISION XTRA KIT	2	
PRECISION XTRA MONITOR DEVICE	2	
PREFERRED PLUS INSULIN SYRINGE	2	
PREFERRED PLUS LANCETS COLORED	2	
PREFERRED PLUS LANCETS THIN	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
pregnenolone oral tablet	1	
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	2	
PREMIUM CONDOMS LUBRICATED	3	PV
PRESSURE ACTIVAT SAFETY LANCET	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	

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Drug Name	Drug Tier	Requirements /Limits
PRO COMFORT ALCOHOL PAD	1	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT LANCETS 30G	2	
PRO COMFORT LANCETS 31G	2	
PRO COMFORT PEN NEEDLES	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT DEVICE	2	
PRO VOICE V8 GLUCOSE SYSTEM DEVICE	2	
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP	2	
PRO VOICE V9 GLUCOSE SYSTEM DEVICE	2	
PROCARE SPACER/ADULT MASK DEVICE	2	
PROCARE SPACER/CHILD MASK DEVICE	2	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	2	
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	2	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION	2	
PRODIGY INSULIN SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
PRODIGY LANCETS 28G	2	
PRODIGY LANCING DEVICE	2	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	2	
PRODIGY NO CODING BLOOD GLUC KIT	2	
PRODIGY POCKET BLOOD GLUCOSE KIT	2	
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PRODIGY VOICE BLOOD GLUCOSE KIT	2	
propofol intravenous emulsion	1	
PROPYLPARABEN POWDER	2	
PROPYLPARABEN SODIUM POWDER	2	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROVAYBLUE INTRAVENOUS SOLUTION	2	
PSS SELECT GP LANCETS	2	
PSS SELECT PLATFORMS	2	
PSS SELECT SAFETY LANCETS	2	
PTS PANELS EGLU TEST IN VITRO STRIP	2	

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Drug Name	Drug Tier	Requirements /Limits
PTS PANELS GLUCOSE TEST IN VITRO STRIP	2	
PUMPKIN FLAVOR LIQUID	2	
PURE COMFORT ALCOHOL PREP PAD	1	
PURE COMFORT LANCETS 30G	2	
PURE COMFORT PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER DEVICE	2	
PURIFIED WATER ORAL LIQUID	2	
PUSH BUTTON SAFETY LANCETS	2	
PUSH BUTTON SAFETY LANCETS 28G	2	
PX ADVANCED LANCING DEVICE	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	
PX LANCET AUTO INJECTOR	2	
PX LANCETS MICROTHIN 33G	2	
PX LANCETS ULTRA THIN	2	
PX LANCETS ULTRA THIN 28G	2	
PX MINI PEN NEEDLES	2	
PX PEN NEEDLE	2	
PX SHORTLENGTH PEN NEEDLES	2	
QC ADVANCED LANCING DEVICE	2	

Drug Name	Drug Tier	Requirements /Limits
QC ALCOHOL SWABS PAD	1	
QC BORDER ISLAND GAUZE PAD	2	
QC LANCETS SUPER THIN 30G	2	
QC LANCETS ULTRA THIN	2	
QC PEN NEEDLES	2	
QC STERILE PADS PAD	2	
QC UNIFINE PENTIPS	2	
QC UNILET LANCETS 28G	2	
QC UNILET LANCETS MICRO THIN	2	
QUELICIN INJECTION SOLUTION	3	
QUICK-SERTER INSERTION DEVICE	2	
QUICK-SET INFUSION 23" 6MM	2	
QUICKTEK CONTROL SOLUTION IN VITRO LIQUID	2	
QUICKTEK KIT	2	
QUICKTEK TEST IN VITRO STRIP	2	
QUICKTEK/METER KIT	2	
QUINIZARIN GREEN SS POWDER	2	
QUINTET AC BLOOD GLUCOSE DEVICE	2	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP	2	
QUINTET BLOOD GLUCOSE SYSTEM DEVICE	2	

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Drug Name	Drug Tier	Requirements /Limits
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP	2	
QUINTET CONTROL HIGH/NORMAL IN VITRO SOLUTION	2	
RA ALCOHOL SWABS PAD	1	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
RA INSULIN SYRINGE	2	
RA PEN NEEDLES	2	
RA STERILE PAD	2	
RADIAPLEXRX EXTERNAL GEL	2	
RADIOGARDASE ORAL CAPSULE	2	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	
RAPPORT RLS KIT	2	
RAPPORT VTD KIT	2	
RASPBERRY CONCENTRATE CONCENTRATE	2	
RASPBERRY FLAVOR LIQUID	2	
RASPBERRY FLAVOR POWDER	2	
RASPBERRY SYRUP ORAL SYRUP	2	
RAYA SURE PEN NEEDLE	2	
RDT-PLUS POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
READYLANCE SAFETY LANCETS	2	
REALITY INSULIN SYRINGE	2	
REALITY LANCETS	2	
REALITY LATEX CONDOMS	3	PV
REALITY LATEX/ULTRA TEXTURED DEVICE	3	PV
REALITY LATEX/ULTRA THIN DEVICE	3	PV
REALITY SWABS PAD	1	
REALITY TRIGGER LANCETS	2	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP	2	
REFUAH PLUS GLUCOSE CONTROL IN VITRO SOLUTION	2	
REFUAH PLUS MONITORING SYSTEM KIT	2	
REGENT ALCOHOL SOLUTION	2	
RELION ALCOHOL SWABS PAD	1	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	2	
RELION CONFIRM GLUCOSE MONITOR KIT	2	
RELION CONFIRM/MICRO TEST IN VITRO STRIP	2	
RELION INSULIN SYRINGE	2	
RELION KETONE TEST IN VITRO STRIP	2	

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Drug Name	Drug Tier	Requirements /Limits
RELION LANCET DEVICES 30G	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION LANCING DEVICE	2	
RELION LANCING DEVICE KIT	2	
RELION MICRO KIT	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES	2	
RELION PREMIER BLU MONITOR DEVICE	2	
RELION PREMIER CLASSIC DEVICE	2	
RELION PREMIER COMPACT SYSTEM KIT	2	
RELION PREMIER TEST IN VITRO STRIP	2	
RELION PREMIER VOICE MONITOR DEVICE	2	
RELION PRIME MONITOR DEVICE	2	
RELION PRIME TEST IN VITRO STRIP	2	
RELION SHORT PEN NEEDLES	2	
RELION TRUE MET AIR GLUC METER KIT	2	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	2	

Drug Name	Drug Tier	Requirements /Limits
RELION ULTIMA GLUCOSE SYSTEM KIT	2	
RELION ULTIMA TEST IN VITRO STRIP	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REMDESIVIR INTRAVENOUS SOLUTION RECONSTITUTED	1	
RENEWCREAM HRT CREAM	2	
RESET	2	
RESET FOR IOS OR ANDROID APP	2	
RESET NON-MONETARY CM	2	
RESET-O	2	
RESET-O FOR IOS OR ANDROID APP	2	
RESET-O NON-MONETARY CM	2	
RESTORE CONTACT LAYER PAD	2	
REXALL BLOOD GLUCOSE SYSTEM KIT	2	
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP	2	
REXALL LANCETS ULTRA THIN 30G	2	
RHEOSPRAY EXTERNAL LIQUID	2	
RIGHTEST ALTERNATE SITE ADAPT	2	

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Drug Name	Drug Tier	Requirements /Limits
RIGHTEST GC300 CONTROL IN VITRO LIQUID	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	
RIGHTEST GM100 BLOOD GLUCOSE KIT	2	
RIGHTEST GM300 BLOOD GLUCOSE KIT	2	
RIGHTEST GM550 BLOOD GLUCOSE KIT	2	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP	2	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP	2	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP	2	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	2	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP	2	
ringers irrigation irrigation solution	1	
RITEFLO DEVICE	2	
rocuronium bromide intravenous solution	1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
ROOT BEER FLAVOR LIQUID	2	

Drug Name	Drug Tier	Requirements /Limits
RTD WOUND CARE DRESSING EXTERNAL PAD	2	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED	2	
SACCHARIN POWDER	2	
SAFE-T-LANCE	2	
SAFE-T-LANCE PLUS	2	
SAFETY INSULIN SYRINGES	2	
SAFETY LANCET 21G/PRESSURE ACT	2	
SAFETY LANCET 23G/PRESSURE ACT	2	
SAFETY LANCET 28G/PRESSURE ACT	2	
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 28G	2	
SAFETY LET LANCETS	2	
SAFETY PEN NEEDLES	2	
SAFETY SYRINGE/NEEDLE	2	
SAFETY SYRINGES/NEEDLE	2	
SALT DURABLE CREAM EXTERNAL CREAM	2	
SALT STABLE LS ADVANCED EXTERNAL CREAM	2	

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Drug Name	Drug Tier	Requirements /Limits
SALTSTABLE LO EXTERNAL CREAM	2	
SANARE ADVANCED SCAR THERAPY EXTERNAL CREAM	2	
SAPS CARE ALCOHOL PREP PAD	1	
SAPS HEALTH ALCOHOL PREP PAD	1	
SAPS HEALTH CARE ALCOHOL PREP PAD	1	
SAPS HEALTH TWIST TOP LANCETS	2	
SAPS TWIST TOP LANCETS	2	
SAPSCARE TWIST TOP LANCETS	2	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
SB ALCOHOL PREP PAD	1	
SB INSULIN SYRINGE	2	
SB LANCETS THIN	2	
SB LANCETS ULTRA THIN	2	
SCENESSE SUBCUTANEOUS IMPLANT	2	
SECURE SAFE ALLERGY TRAY KIT	2	
SECURESAFE HYPODERMIC NEEDLE	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
SECURESAFE SYRINGE/NEEDLE	2	

Drug Name	Drug Tier	Requirements /Limits
SECURESAFE TUBERCULIN SYRINGE	2	
SELECT-LITE DEVICE/LANCETS KIT	2	
SELECT-LITE LANCING DEVICE	2	
SEN-SERTER	2	
SEPINEO P 600 LIQUID	2	
SHEA BUTTER	2	
SHEA BUTTER ORGANIC	2	
SHOPKO AUTOLET LANCING DEVICE	2	
SHOPKO ON-THE-GO LANCETS 30G	2	
SHOPKO UNIFINE PENTIPS	2	
SHOPKO UNIFINE PENTIPS PLUS	2	
SHOPKO UNILET LANCETS 28G	2	
SHOPKO UNILET LANCETS 30G	2	
SHRIMP FLAVOR LIQUID	2	
SIDE BUTTON SAFETY LANCET	2	
SILHOUETTE 23" INFUSION SET	2	
SILHOUETTE 43" INFUSION SET	2	
SILHOUETTE INFUSION SET 18"	2	
SIL-SERTER INSERTION DEVICE	2	
SIMPLE DIAGNOSTICS LANCING DEV	2	

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Drug Name	Drug Tier	Requirements /Limits
SIMPLE SYRUP ORAL SYRUP	2	
SIMPLGEL 30 GEL	2	
SINGLE-LET	2	
SKYY DERM EXTERNAL CREAM	2	
SM ALCOHOL PREP PAD	1	
SM GAUZE PAD	2	
SM LANCETS 33G	2	
SM STERILE PAD	2	
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	
SMART SENSE PREMIUM SYSTEM KIT	2	
SMART SENSE PREMIUM TEST IN VITRO STRIP	2	
SMART SENSE STANDARD LANCETS	2	
SMART SENSE SUPER THIN LANCETS	2	
SMART SENSE THIN LANCETS 26G	2	
SMART SENSE VALUE GLUCOSE SYS KIT	2	
SMART SENSE VALUE TEST IN VITRO STRIP	2	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP	2	

Drug Name	Drug Tier	Requirements /Limits
SMARTEST CONTROL MEDIUM IN VITRO SOLUTION	2	
SMARTEST EJECT DEVICE	2	
SMARTEST EJECT STARTER KIT	2	
SMARTEST LANCETS 28G	2	
SMARTEST PERSONA STARTER KIT	2	
SMARTEST PRONTO STARTER KIT	2	
SMARTEST PROTEGE DEVICE	2	
SMARTEST PROTEGE STARTER KIT	2	
SMOFLIPID INTRAVENOUS EMULSION	3	B/D
sod benz-sod phenylacet intravenous solution	1	
SODIUM BENZOATE POWDER	2	
SODIUM CITRATE IN VITRO SOLUTION PREFILLED SYRINGE	2	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION	2	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	

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Drug Name	Drug Tier	Requirements /Limits
SODIUM HYALURONATE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SODIUM LAURYL SULFATE POWDER	2	
sodium nitrite intravenous solution	1	
sodium saccharin granules	1	
sodium saccharin powder	1	
SODIUM SALICYLATE CRYSTALS	2	
SODIUM THIOSULFATE CRYSTALS	2	
sodium thiosulfate intravenous solution	1	
SODIUM THIOSULFATE POWDER	2	
SOLARTEK GLUCOSE CONTROL IN VITRO LIQUID	2	
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE	2	
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	2	
SOLUS V2 CONTROL IN VITRO SOLUTION	2	
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TEST IN VITRO STRIP	2	
SOLUS V2 TWIST LANCETS 30G	2	

Drug Name	Drug Tier	Requirements /Limits
SOMRYST	2	
SORBIC ACID POWDER	2	
SORBITOL CANDY BASE	2	
SORBITOL CANDY BASE CRYSTALS	2	
sorbitol irrigation solution	1	
SORBITOL SOLUTION	2	
sorbitol-mannitol irrigation solution	1	
SPEARMINT FLAVOR OIL	2	
SPG SUPPOSI-BASE PELLETT	2	
SPINAL NEEDLE (REUSABLE)	2	
STEARIC ACID FLAKES	2	
STEARIC ACID POWDER	2	
STEARYL ALCOHOL FLAKES	2	
STEARYL ALCOHOL POWDER	2	
STERA BASE EXTERNAL CREAM	2	
STERILANCE PA	2	
STERILANCE TL	2	
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION	2	
sterile diluent/epoprostenol intravenous solution	1	
STERILE GAUZE PAD	2	
STERILE PAD	2	

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Drug Name	Drug Tier	Requirements /Limits
sterile water for injection injection solution	1	
sterile water for irrigation irrigation solution	1	
STEVIA GLYCERITE EXTRACT LIQUID	2	
STRAWBERRY FLAVOR LIQUID	2	
succinylcholine chloride injection solution	1	
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE	2	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
SULPHAN BLUE POWDER	2	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SUPER SYNERSWEET FLAVOR POWDER	2	
SUPER THIN LANCETS	2	
SUPPOSI-PURE	2	
SUPPOSITORY BLEND PELLET	2	
SUPREME II CONFIDENCE PADDLES	2	
SUPREME II HIGH/LOW CONTROL IN VITRO LIQUID	2	

Drug Name	Drug Tier	Requirements /Limits
SUPREME TEST IN VITRO STRIP	2	
SURE COMFORT ALCOHOL PREP PAD	1	
SURE COMFORT INSULIN SYRINGE	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURE COMFORT PEN NEEDLES	2	
SURE EDGE GLUCOSE MONITOR DEVICE	2	
SURE EDGE TEST IN VITRO STRIP	2	
SURE T INFUSION SET 18"/6MM	2	
SURE T INFUSION SET 23"/10MM	2	
SURE T INFUSION SET 23"/6MM	2	
SURE T INFUSION SET 23"/8MM	2	
SURE T INFUSION SET 32"/10MM	2	
SURE T INFUSION SET 32"/6MM	2	
SURE T INFUSION SET 32"/8MM	2	

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Drug Name	Drug Tier	Requirements /Limits
SURECHEK BLOOD GLUCOSE MONITOR DEVICE	2	
SURECHEK BLOOD GLUCOSE MONITOR KIT	2	
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP	2	
SURE-FINE PEN NEEDLES	2	
SURE-JECT INSULIN SYRINGE	2	
SURE-LANCE FLAT LANCETS	2	
SURE-LANCE LANCETS 26G	2	
SURE-LANCE THIN LANCETS 28G	2	
SURE-LANCE ULTRA THIN LANCETS	2	
SURELITE LANCETS	2	
SURE-PEN	2	
SURE-PREP ALCOHOL PREP PAD	1	
SURESTEP GLUCOSE CONTROL IN VITRO SOLUTION	2	
SURESTEP PRO HIGH GLUCOSE IN VITRO LIQUID	2	
SURESTEP PRO LINEARITY KIT	2	
SURESTEP PRO LOW GLUCOSE IN VITRO LIQUID	2	
SURESTEP PRO NORMAL GLUCOSE IN VITRO LIQUID	2	
SURE-TEST EASYPLUS MINI METER DEVICE	2	

Drug Name	Drug Tier	Requirements /Limits
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP	2	
SURE-TOUCH LANCETS UNIVERSAL	2	
SURGICAL GAUZE SPONGE PAD	2	
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION	2	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION	2	
SUSPENSION VEHICLE ORAL SUSPENSION	2	
SWEET CORN FLAVOR CONCENTRATE	2	
SWEETENING ENHANCER LIQUID	2	
SYNAPSIN POWDER	2	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SYRINGE	2	
SYRINGE 10-12 ML	2	
SYRINGE 20-25 ML	2	
SYRINGE 2-3 ML	2	
SYRINGE 30-35 ML	2	
SYRINGE 50-60 ML	2	

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Drug Name	Drug Tier	Requirements /Limits
SYRINGE 5-6 ML	2	
SYRINGE DISPOSABLE	2	
SYRINGE ECCENTRIC TIP	2	
SYRINGE LUER LOCK	2	
SYRINGE LUER SLIP	2	
SYRINGE/HYPODERMIC SAFETY	2	
SYRPALTA (RED) ORAL SYRUP	2	
SYRPALTA ORAL SYRUP	2	
SYRSPEND SF ORAL LIQUID	2	
SYRSPEND SF PH4 ORAL SUSPENSION RECONSTITUTED	2	
SYRUP VEHICLE ORAL SYRUP	2	
SYRUP VEHICLE SF ORAL SYRUP	2	
T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE	2	
T:FLEX T:LOCK CARTRIDGE 4.8ML	2	
T:SLIM X2 3ML CARTRIDGE	2	
T:SLIM X2 INS PUMP/CONTROL-IQ DEVICE	2	
T:SLIM X2 INSULIN PMP BASAL IQ DEVICE	2	
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	2	
T:SLIM X2 INSULIN PMP/RFURB IQ DEVICE	2	

Drug Name	Drug Tier	Requirements /Limits
T:SLIM X2/BASAL-IQ/ACC/INSTR	2	
T:SLIM X2/CONTROL-IQ/ACC/INSTR	2	
T:SLIM X2/CONTROL-IQ/REFURB DEVICE	2	
TACHOSIL EXTERNAL PATCH	3	
TAI DOC CONTROL IN VITRO SOLUTION	2	
TANGERINE FLAVOR OIL	2	
TANGERINE FLAVOR SWEETENED POWDER	2	
TANNIC ACID POWDER	2	
TAURINE INJECTION SOLUTION	2	
TAURINE LIQUID	2	
TAURINE POWDER	2	
TAVNEOS ORAL CAPSULE	3	PA
TB SYRINGE 1 ML	2	
TDC MAX EXTERNAL CREAM	2	
TEABERRY FLAVOR OIL	2	
TEARS AGAIN HYDRATE ORAL CAPSULE	2	
TECHLITE AST LANCETS	2	
TECHLITE INSULIN SYRINGE	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 30G	2	
TECHLITE PEN NEEDLES	2	

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Drug Name	Drug Tier	Requirements /Limits
TEGADERM FOAM PAD	2	
TELFA AMD ISLAND DRESSING PAD	2	
TELFA AMD NON-ADHERENT PAD	2	
TERODERM EXTERNAL CREAM	2	
TERODERM-PLUS EXTERNAL CREAM	2	
TGT ALCOHOL SWABS PAD	1	
TGT BLOOD GLUCOSE MONITORING KIT	2	
TGT BLOOD GLUCOSE TEST IN VITRO STRIP	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
TGT LANCING DEVICE	2	
THE LIQUILIFT TRACE INTRAVENOUS KIT	2	
THERAGAUZE PAD	2	
TERAHONEY EXTERNAL SHEET	2	
THINLETS GP LANCETS	2	
THREONINE POWDER	2	
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA

Drug Name	Drug Tier	Requirements /Limits
TIS-U-SOL IRRIGATION SOLUTION	3	
TODAYS HEALTH LANCING DEVICE	2	
TODAYS HEALTH MINI PEN NEEDLES	2	
TODAYS HEALTH PEN NEEDLES	2	
TODAYS HEALTH SHORT PEN NEEDLE	2	
TODAYS HEALTH THIN LANCETS 28G	2	
TODAYS HEALTH THIN LANCETS 30G	2	
TOMMY GEL GEL	2	
TOOMEY SYRINGE	2	
TOPCARE CLICKFINE PEN NEEDLES	2	
TOPCARE LANCETS MICRO-THIN 33G	2	
TOPCARE ULTRA COMFORT INS SYR	2	
TPOXX INTRAVENOUS SOLUTION	2	
TPOXX ORAL CAPSULE	2	
TRACER II 3 VOLT BATTERY	2	
TRAGACANTH POWDER	2	
TRANSDERMAL PAIN BASE EXTERNAL CREAM	2	
TRAVEL LANCETS	2	
TRAVEL LANCETS ADVANCED 28G	2	

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Drug Name	Drug Tier	Requirements /Limits
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
TROCHE BASE POWDER	2	
TROCHE BASE SF W/BITTER-BLOC GRANULES	2	
TROLAMINE LIQUID	2	
TROPICAL PUNCH FLAVOR LIQUID	2	
TRUE COMFORT ALCOHOL PREP PADS PAD	1	
TRUE COMFORT INSULIN SYRINGE	2	
TRUE COMFORT PEN NEEDLES	2	
TRUE COMFORT PRO ALCOHOL PREP PAD	1	
TRUE COMFORT PRO INSULIN SYR	2	
TRUE COMFORT PRO PEN NEEDLES	2	
TRUE COMFORT TWIST TOP LANCETS	2	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	2	
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP	2	
TRUE METRIX AIR GLUCOSE METER DEVICE	2	
TRUE METRIX AIR GLUCOSE METER KIT	2	

Drug Name	Drug Tier	Requirements /Limits
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	2	
TRUE METRIX GO GLUCOSE METER KIT	2	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION	2	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION	2	
TRUE METRIX METER DEVICE	2	
TRUE METRIX METER KIT	2	
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP	2	
TRUECONTROL GLUCOSE CONT LEV 0 IN VITRO LIQUID	2	
TRUECONTROL GLUCOSE CONT LEV 1 IN VITRO LIQUID	2	
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS 5-BEVEL PEN NEEDLES	2	
TRUEPLUS INSULIN SYRINGE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS PEN NEEDLES	2	
TRUEPLUS SAFETY LANCETS 28G	2	

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Drug Name	Drug Tier	Requirements /Limits
TRUERESULT BLOOD GLUCOSE KIT	2	
TRUETEST TEST IN VITRO STRIP	2	
TRUETRACK BLOOD GLUCOSE DEVICE	2	
TRUETRACK BLOOD GLUCOSE KIT	2	
TRUETRACK SMART SYSTEM KIT	2	
TRUETRACK TEST IN VITRO STRIP	2	
TRUSTEEL INFUSION SET	2	
TRUSTEX COLOR CONDOMS + LUBE	3	PV
TRUSTEX LUB/RIBBED/STUDDED	3	PV
TRUSTEX LUB/SPERMICIDE EX ST	3	PV
TRUSTEX LUB/SPERMICIDE XL	3	PV
TRUSTEX LUBRICATED	3	PV
TRUSTEX LUBRICATED EX LARGE	3	PV
TRUSTEX LUBRICATED EXTRA ST	3	PV
TRUSTEX LUBRICATED/SPERMICIDE	3	PV
TRUSTEX NATURAL CONDOMS + LUBE	3	PV
TRUSTEX NON-LUBRICATED	3	PV
TRUSTEX RIA LUB/SPERMICIDE	3	PV

Drug Name	Drug Tier	Requirements /Limits
TRUSTEX RIA LUBRICATED	3	PV
TRUSTEX RIA NON-LUBRICATED	3	PV
TRUSTEX-NONNOXYNOL-9/RIB/STUD	3	PV
TRYPAN BLUE POWDER	2	
TRYPTOPHAN POWDER	2	
TUBERCULIN SYRINGE	2	
TUNA FLAVOR POWDER	2	
TUTTI FRUTTI FLAVOR LIQUID	2	
TUTTI-FRUTTI FLAVOR LIQUID	2	
TYR SPHERE 20 ORAL PACKET	2	
TYRVAYA NASAL SOLUTION	3	
UCARE POLYMER JR-400 POWDER	2	
ULTICARE ALCOHOL SWABS PAD	1	
ULTICARE INSULIN SAFETY SYR	2	
ULTICARE INSULIN SYRINGE	2	
ULTICARE MICRO PEN NEEDLES	2	
ULTICARE MINI PEN NEEDLES	2	
ULTICARE PEN NEEDLES	2	
ULTICARE SAFETY SYRINGE	2	
ULTICARE SHORT PEN NEEDLES	2	

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Drug Name	Drug Tier	Requirements /Limits
ULTICARE SYRINGE	2	
ULTICARE TUBERCULIN SAFETY SYR	2	
ULTIGUARD INSULIN SYRINGE	2	
ULTIGUARD SAFEPACK PEN NEEDLE	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
ULTI-LANCE AUTOMATIC	2	
ULTILET ALCOHOL SWABS PAD	1	
ULTILET CLASSIC LANCETS	2	
ULTILET INSULIN SYRINGE	2	
ULTILET INSULIN SYRINGE SHORT	2	
ULTILET LANCETS	2	
ULTILET PEN NEEDLE	2	
ULTILET SAFETY LANCETS	2	
ULTILET SAFETY LANCETS 23G	2	
ULTIMA KIT	2	
ULTRA COMFORT INSULIN SYRINGE	2	
ULTRA FLO INSULIN PEN NEEDLES	2	
ULTRA FLO INSULIN SYR 1/2 UNIT	2	
ULTRA FLO INSULIN SYRINGE	2	
ULTRA THIN LANCETS 31G	2	

Drug Name	Drug Tier	Requirements /Limits
ULTRA THIN PEN NEEDLES	2	
ULTRA TRAK PRO BLOOD GLUCOSE KIT	2	
ULTRA-CARE ALCOHOL PREP PADS PAD	1	
ULTRACARE INSULIN SYRINGE	2	
ULTRA-CARE LANCETS 30G	2	
ULTRACARE PEN NEEDLES	2	
ULTRALANCE	2	
ULTRA-THIN II AUTO LANCET	2	
ULTRA-THIN II INS SYR SHORT	2	
ULTRA-THIN II INSULIN SYRINGE	2	
ULTRA-THIN II LANCETS	2	
ULTRA-THIN II MINI PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
ULTRATRAK ACTIVE DEVICE	2	
ULTRATRAK PRO CONTROL IN VITRO SOLUTION	2	
ULTRATRAK PRO DEVICE	2	
ULTRATRAK PRO TEST IN VITRO STRIP	2	
ULTRATRAK ULTIMATE CONTROL IN VITRO SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
ULTRATRAK ULTIMATE MONITOR DEVICE	2	
ULTRATRAK ULTIMATE TEST IN VITRO STRIP	2	
U-MILD EXTERNAL SHAMPOO	2	
UNIFINE PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE SAFECONTROL PEN NEEDLE	2	
UNIFINE ULTRA PEN NEEDLE	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET GP 28 ULTRA THIN	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPERLITE LANCET	2	
UNILET SUPER-THIN 30G	2	
UNILET ULTRA-THIN 28G	2	
UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION	2	

Drug Name	Drug Tier	Requirements /Limits
UNISTIK 1	2	
UNISTIK 2	2	
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNISTRIP CONTROL IN VITRO SOLUTION	2	
UNISTRIP1 GENERIC IN VITRO STRIP	2	
UNIVERSAL 1 LANCETS THIN 26G	2	

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Drug Name	Drug Tier	Requirements /Limits
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
UNIVERSAL WATER GEL	2	
URE-NA ORAL PACKET	2	
URESTA STARTER KIT	2	
VALINE POWDER	2	
VALUE HEALTH INSULIN SYRINGE	2	
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	
VALUMARK PEN NEEDLES	2	
VALVED HOLDING CHAMBER DEVICE	2	
VANILLA BUTTERNUT FLAVOR LIQUID	2	
VANILLA FLAVOR LIQUID	2	
VANILLIN FLAVOR POWDER	2	
VANISHING EXTERNAL CREAM	2	
VANISHPOINT ALLERGY TRAY KIT	2	

Drug Name	Drug Tier	Requirements /Limits
VANISHPOINT INSULIN SYRINGE	2	
VANISHPOINT SAFETY SYRINGE	2	
VANISHPOINT SYRINGE	2	
VANISHPOINT TUBERCULIN SYRINGE	2	
VARISOFT INFUSION SET	2	
VASCAZEN ORAL CAPSULE	2	
VASELINE GEL	2	
VB6 P5P ORAL POWDER	2	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
vecuronium bromide intravenous solution reconstituted	1	
VEGETABLE CAPSULE #0 GREEN CAPSULE	2	
VEGETABLE CAPSULE #0 WHITE CAPSULE	2	
VEGETABLE CAPSULE #00 WHITE CAPSULE	2	
VEGETABLE CAPSULE #1 WHITE CAPSULE	2	
VEGETABLE CAPSULE #2 WHITE CAPSULE	2	
VEGETABLE CAPSULE #3 WHITE CAPSULE	2	

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Drug Name	Drug Tier	Requirements /Limits
VEGETABLE CAPSULE #4 WHITE CAPSULE	2	
VEKLURY INTRAVENOUS SOLUTION	3	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED	3	
VENELEX EXTERNAL OINTMENT	2	
VERASENS BLOOD GLUCOSE METER DEVICE	2	
VERASENS BLOOD GLUCOSE SYSTEM KIT	2	
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP	2	
VERASENS GLUCOSE CONTROL IN VITRO LIQUID	2	
VERSABASE CREAM	2	
VERSABASE FOAM	2	
VERSABASE GEL	2	
VERSABASE LOTION	2	
VERSABASE SHAMPOO	2	
VERSAFREE ORAL SYRUP	2	
VERSAPLUS ORAL SYRUP	2	
VERSAPRO ANHYDROUS BASE GEL	2	
VERSAPRO EXTERNAL CREAM	2	
VERSAPRO EXTERNAL SHAMPOO	2	

Drug Name	Drug Tier	Requirements /Limits
VERSAPRO FOAM	2	
VERSAPRO GEL	2	
VERSAPRO LOTION	2	
VERSATILE CREAM BASE EXTERNAL CREAM	2	
VERSATILE RICH BASE EXTERNAL CREAM	2	
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNIFINE PENTIPS	2	
VIDA MIA UNILET LANCETS 28G	2	
VIDA MIA UNILET LANCETS 30G	2	
VIJOICE ORAL TABLET THERAPY PACK	3	PA
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
VISTOGARD ORAL PACKET	3	
VITATROCHE PLUS BASE SF GRANULES	2	
VITRASE INJECTION SOLUTION	2	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID	2	
VIVAGUARD INO GLUCOSE METER DEVICE	2	

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Drug Name	Drug Tier	Requirements /Limits
VIVAGUARD INO SMART GLUC METER DEVICE	2	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCING DEVICE	2	
VOCAL POINT BLOOD GLUCOSE SYS DEVICE	2	
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
VP INSULIN SYRINGE	2	
WALGREENS ADV TRAVEL LANCETS	2	
WALGREENS LANCETS	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
WATER BASE GEL GEL	2	
water for irrigation, sterile irrigation solution	1	
WATERMELON FLAVOR LIQUID	2	
WAVESENSE AMP KIT	2	

Drug Name	Drug Tier	Requirements /Limits
WAX, WHITE WAX	2	
WEBCOL ALCOHOL PREP LARGE PAD	1	
WEBCOL ALCOHOL PREP MEDIUM PAD	1	
WEGMANS UNIFINE PENTIPS PLUS	2	
WEGOYV SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
WHITE BEES WAX WAX	2	
WHITE PETROLATUM EXTERNAL OINTMENT	2	
white petrolatum gel	1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)

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Drug Name	Drug Tier	Requirements /Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WILD CHERRY FLAVOR LIQUID	2	
WILEY BASIC ELEMENTS BHRT BASE CREAM	2	
WITEPSOL PELLETT	2	
WITEPSOL WAX	2	
XANTHAN GUM POWDER	2	
XENICAL ORAL CAPSULE	3	PA
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD	2	
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD	2	
XEROFORM OIL EMULSION STRIP EXTERNAL	2	
XEROFORM OIL ROLL 4"X9' EXTERNAL	2	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	2	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	2	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD	2	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD	2	

Drug Name	Drug Tier	Requirements /Limits
XEROFORM PETROLATUM DRES 4"X4" EXTERNAL PAD	2	
XEROFORM PETROLATUM DRES 5"X9" EXTERNAL PAD	2	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	2	
YALE DISP NEEDLES	2	
YELLOW PETROLATUM EXTERNAL OINTMENT	2	
ZERUVIA EXTERNAL PATCH	3	
ZEVX INSULIN SYRINGE	2	
ZEVX PEN NEEDLES	2	
ZEVX STERILE ALCOHOL PREP PAD PAD	1	
ZEVX TWIST TOP LANCETS 30G	2	
ZOKINVY ORAL CAPSULE	3	PA
ZOSIL PASTE	2	
ZYTAZE ORAL CAPSULE	2	
Ophthalmic Agents		
Ophthalmic Agents, Other		
ak-poly-bac ophthalmic ointment	1	
AKTEN OPHTHALMIC GEL	3	
ALCAINE OPHTHALMIC SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
ALTACAINE OPHTHALMIC SOLUTION	3	
altafrin ophthalmic solution	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution	1	
bacitracin-polymyxin b ophthalmic ointment	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1	
BEOVU INTRAVITREAL SOLUTION	3	PA
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
brimonidine tartrate-timolol ophthalmic solution	1	
BYOOVIZ INTRAVITREAL SOLUTION	3	PA
CEQUA OPHTHALMIC SOLUTION	3	
CIMERLI INTRAVITREAL SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
COMBIGAN OPHTHALMIC SOLUTION	2	
COSOPT OPHTHALMIC SOLUTION	3	
COSOPT PF OPHTHALMIC SOLUTION	3	
CYCLOGYL OPHTHALMIC SOLUTION	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION	2	
cyclopentolate hcl ophthalmic solution	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC EMULSION	1	
cyclosporine ophthalmic emulsion	1	
CYSTADROPS OPHTHALMIC SOLUTION	3	PA
CYSTARAN OPHTHALMIC SOLUTION	3	PA
dorzolamide hcl-timolol mal ophthalmic solution	1	
dorzolamide hcl-timolol mal pf ophthalmic solution	1	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED	2	
EPINEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	

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Drug Name	Drug Tier	Requirements /Limits
EYLEA INTRAVITREAL SOLUTION	3	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA
homatropaire ophthalmic solution	1	
ISOPTO ATROPINE OPHTHALMIC SOLUTION	3	
LACRISERT OPHTHALMIC INSERT	3	
LUCENTIS INTRAVITREAL SOLUTION	3	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA
MAXITROL OPHTHALMIC OINTMENT	3	
MAXITROL OPHTHALMIC SUSPENSION	3	
MEMBRANEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	3	
neomycin-bacitracin zn-polymyx ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	

Drug Name	Drug Tier	Requirements /Limits
neomycin-polymyxin-dexameth ophthalmic suspension	1	
neomycin-polymyxin-gramicidin ophthalmic solution	1	
neomycin-polymyxin-hc ophthalmic suspension	1	
neo-polycin hc ophthalmic ointment	1	
neo-polycin ophthalmic ointment	1	
OXERVATE OPHTHALMIC SOLUTION	3	PA
PHENYLEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
phenylephrine hcl ophthalmic solution	1	
polycin ophthalmic ointment	1	
polymyxin b-trimethoprim ophthalmic solution	1	
POLYTRIM OPHTHALMIC SOLUTION	3	
PRED-G OPHTHALMIC SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION	3	
proparacaine hcl ophthalmic solution	1	

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Drug Name	Drug Tier	Requirements /Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	2	
RESTASIS OPHTHALMIC EMULSION	2	
ROCKLATAN OPHTHALMIC SOLUTION	2	
SIMBRINZA OPHTHALMIC SUSPENSION	2	
sulfacetamide-prednisolone ophthalmic solution	1	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION	3	PA
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION	3	PA
tetracaine hcl ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
tobramycin-dexamethasone ophthalmic suspension	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED	2	
TROPICAMIDE POWDER	2	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION	2	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION	2	
UPNEEQ OPHTHALMIC SOLUTION	3	
VABYSMO INTRAVITREAL SOLUTION	3	PA
VERKAZIA OPHTHALMIC EMULSION	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	3	
XIIDRA OPHTHALMIC SOLUTION	3	
ZYLET OPHTHALMIC SUSPENSION	3	
Ophthalmic Anti-allergy Agents		
ALOCRIAL OPHTHALMIC SOLUTION	3	
ALOMIDE OPHTHALMIC SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
azelastine hcl ophthalmic solution	1	
bepotastine besilate ophthalmic solution	1	
BEPREVE OPTHALMIC SOLUTION	3	
cromolyn sodium ophthalmic solution	1	
epinastine hcl ophthalmic solution	1	
LASTACAPT OPTHALMIC SOLUTION	3	
olopatadine hcl ophthalmic solution	1	
ZERVIATE OPTHALMIC SOLUTION	3	
Ophthalmic Anti-Infectives		
AZASITE OPTHALMIC SOLUTION	3	
bacitracin ophthalmic ointment	1	
BESIVANCE OPTHALMIC SUSPENSION	3	
BETADINE OPTHALMIC PREP OPTHALMIC SOLUTION	2	
BLEPH-10 OPTHALMIC SOLUTION	3	
CILOXAN OPTHALMIC OINTMENT	3	
CILOXAN OPTHALMIC SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
ciprofloxacin hcl ophthalmic solution	1	
erythromycin ophthalmic ointment	1	
gatifloxacin ophthalmic solution	1	
gentak ophthalmic ointment	1	
gentamicin sulfate ophthalmic solution	1	
KLARITY-A OPTHALMIC SOLUTION	3	
levofloxacin ophthalmic solution	1	
MITOSOL OPTHALMIC KIT	2	
MOXEZA OPTHALMIC SOLUTION	3	
moxifloxacin hcl (2x day) ophthalmic solution	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
moxifloxacin hcl ophthalmic solution	1	
MOXIFLOXACIN HCL-BSS INTRAVITREAL SOLUTION	3	
NATACYN OPTHALMIC SUSPENSION	3	
OCUFLOX OPTHALMIC SOLUTION	3	
ofloxacin ophthalmic solution	1	

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Drug Name	Drug Tier	Requirements /Limits
POVIDONE-IODINE OPHTHALMIC SOLUTION	2	
sulfacetamide sodium ophthalmic ointment	1	
sulfacetamide sodium ophthalmic solution	1	
tobramycin ophthalmic solution	1	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	3	
trifluridine ophthalmic solution	1	
VANCOMYCIN HCL OPHTHALMIC SOLUTION PREFILLED SYRINGE	2	
VIGAMOX OPHTHALMIC SOLUTION	3	
ZIRGAN OPHTHALMIC GEL	3	
ZYMAXID OPHTHALMIC SOLUTION	3	
Ophthalmic Anti-inflammatories		
ACULAR LS OPHTHALMIC SOLUTION	3	
ACULAR OPHTHALMIC SOLUTION	3	
ACUVAIL OPHTHALMIC SOLUTION	3	
ALREX OPHTHALMIC SUSPENSION	3	

Drug Name	Drug Tier	Requirements /Limits
bromfenac sodium (once-daily) ophthalmic solution	1	
BROMSITE OPHTHALMIC SOLUTION	3	
dexamethasone sodium phosphate ophthalmic solution	1	
DEXTENZA OPHTHALMIC INSERT	3	
DEXYCU INTRAOCULAR SUSPENSION	3	
diclofenac sodium ophthalmic solution	1	
difluprednate ophthalmic emulsion	1	
DUREZOL OPHTHALMIC EMULSION	3	
EYSUVIS OPHTHALMIC SUSPENSION	3	
FLAREX OPHTHALMIC SUSPENSION	2	
fluorometholone ophthalmic suspension	1	
flurbiprofen sodium ophthalmic solution	1	
FML FORTE OPHTHALMIC SUSPENSION	2	
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	2	
ILEVRO OPHTHALMIC SUSPENSION	3	

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Drug Name	Drug Tier	Requirements /Limits
ILUVIEN INTRAVITREAL IMPLANT	3	
INVELTYS OPHTHALMIC SUSPENSION	3	
ketorolac tromethamine ophthalmic solution	1	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	
LOTEMAX SM OPHTHALMIC GEL	3	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension	1	
MAXIDEX OPHTHALMIC SUSPENSION	3	
NEVANAC OPHTHALMIC SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	
PRED FORTE OPHTHALMIC SUSPENSION	3	
PRED MILD OPHTHALMIC SUSPENSION	2	
prednisolone acetate ophthalmic suspension	1	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION	3	

Drug Name	Drug Tier	Requirements /Limits
prednisolone sodium phosphate ophthalmic solution	1	
PROLENSA OPHTHALMIC SOLUTION	3	
RETISERT INTRAVITREAL IMPLANT	3	
TRIESENCE INTRAOCULAR SUSPENSION	3	
XIPERE INTRAOCULAR SUSPENSION	3	
YUTIQ INTRAVITREAL IMPLANT	3	
Ophthalmic Beta- Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution	1	
BETIMOL OPHTHALMIC SOLUTION	3	
BETOPTIC-S OPHTHALMIC SUSPENSION	3	
carteolol hcl ophthalmic solution	1	
ISTALOL OPHTHALMIC SOLUTION	3	
levobunolol hcl ophthalmic solution	1	
timolol maleate (once- daily) ophthalmic solution	1	
timolol maleate ocudose ophthalmic solution	1	

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Drug Name	Drug Tier	Requirements /Limits
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf ophthalmic solution	1	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION	3	
TIMOPTIC OPTHALMIC SOLUTION	3	
TIMOPTIC-XE OPTHALMIC GEL FORMING SOLUTION	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour	1	
acetazolamide oral tablet	1	
ALPHAGAN P OPTHALMIC SOLUTION	2	
apraclonidine hcl ophthalmic solution	1	
AZOPT OPTHALMIC SUSPENSION	3	
brimonidine tartrate ophthalmic solution	1	
brinzolamide ophthalmic suspension	1	
dorzolamide hcl ophthalmic solution	1	
IOPIDINE OPTHALMIC SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
ISOPTO CARPINE OPTHALMIC SOLUTION	3	
methazolamide oral tablet	1	
METHAZOLAMIDE POWDER	2	
PHOSPHOLINE IODIDE OPTHALMIC SOLUTION RECONSTITUTED	3	
pilocarpine hcl ophthalmic solution	1	
RHOPRESSA OPTHALMIC SOLUTION	2	
TRUSOPT OPTHALMIC SOLUTION	3	
VUITY OPTHALMIC SOLUTION	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic solution	1	
DURYSTA INTRAOCULAR IMPLANT	3	
latanoprost ophthalmic solution	1	
LUMIGAN OPTHALMIC SOLUTION	2	
TRAVATAN Z OPTHALMIC SOLUTION	3	
travoprost (bak free) ophthalmic solution	1	
VYZULTA OPTHALMIC SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
XALATAN OPHTHALMIC SOLUTION	3	
XELPROS OPHTHALMIC EMULSION	3	
ZIOPTAN OPHTHALMIC SOLUTION	3	
Otic Agents		
acetic acid otic solution	1	
CETRAXAL OTIC SOLUTION	3	
CIPRO HC OTIC SUSPENSION	3	
CIPRODEX OTIC SUSPENSION	3	
ciprofloxacin hcl otic solution	1	
flac otic oil	1	
fluocinolone acetonide otic oil	1	
hydrocortisone-acetic acid otic solution	1	
neomycin-polymyxin-hc otic solution	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic solution	1	
OTOVEL OTIC SOLUTION	3	
Non-FRF		
ciprofloxacin- dexamethasone otic suspension	1	
CIPROFLOXACIN- FLUOCINOLONE PF OTIC SOLUTION	3	
CORTISPORIN-TC OTIC SUSPENSION	3	
DERMOTIC OTIC OIL	3	

Drug Name	Drug Tier	Requirements /Limits
neomycin-polymyxin-hc otic solution	1	
OTIPRIO INTRATYMPANIC SUSPENSION	2	
PRAMOTIC OTIC LIQUID	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution	1	
azelastine-fluticasone nasal suspension	1	
BROMPHENIRAMINE MALEATE INTRAMUSCULAR SOLUTION	3	
BROMPHENIRAMINE MALEATE POWDER	2	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet	1	
cetirizine hcl oral solution	1	
CHLORPHENIRAMINE MALEATE POWDER	2	
CLARINEX ORAL TABLET	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
clemastine fumarate oral syrup	1	
clemastine fumarate oral tablet	1	
CLEMASTINE FUMARATE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
cyproheptadine hcl oral syrup	1	
cyproheptadine hcl oral tablet	1	
desloratadine oral tablet	1	
desloratadine oral tablet dispersible	1	
dexchlorpheniramine maleate oral solution	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	2	
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED	2	
diphen oral elixir	1	
di-phen oral elixir	1	
diphenhydramine hcl injection solution	1	
diphenhydramine hcl oral elixir	1	
DIPHENHYDRAMINE HCL POWDER	2	
DOXYLAMINE SUCCINATE POWDER	2	
DYMISTA NASAL SUSPENSION	3	
HISTEX-AC ORAL SYRUP	2	
hydroxyzine hcl intramuscular solution	1	
hydroxyzine hcl oral syrup	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral capsule	1	

Drug Name	Drug Tier	Requirements /Limits
HYDROXYZINE PAMOATE POWDER	2	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	
levocetirizine dihydrochloride oral solution	1	
levocetirizine dihydrochloride oral tablet	1	
olopatadine hcl nasal solution	1	
PATANASE NASAL SOLUTION	3	
PYRILAMINE MALEATE CRYSTALS	2	
PYRILAMINE MALEATE POWDER	2	
RYALTRIS NASAL SUSPENSION	3	
RYCLORA ORAL SOLUTION	3	
ryvent oral tablet	1	
SEMPREX-D ORAL CAPSULE	3	
TRIPLENNAMINE HCL POWDER	2	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	2	
VISTARIL ORAL CAPSULE	3	
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO INHALATION AEROSOL SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX HFA INHALATION AEROSOL	3	
BECONASE AQ NASAL SUSPENSION	3	
BREZTRI AEROSPHERE INHALATION AEROSOL	2	

Drug Name	Drug Tier	Requirements /Limits
budesonide inhalation suspension	1	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
FLOVENT HFA INHALATION AEROSOL	2	
flunisolide nasal solution	1	
FLUNISOLIDE POWDER	2	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL	3	
fluticasone propionate nasal suspension	1	
mometasone furoate nasal suspension	1	
NASONEX NASAL SUSPENSION	3	
OMNARIS NASAL SUSPENSION	3	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
PULMICORT INHALATION SUSPENSION	3	B/D
QNASL CHILDRENS NASAL AEROSOL SOLUTION	3	
QNASL NASAL AEROSOL SOLUTION	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	3	

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Drug Name	Drug Tier	Requirements /Limits
XHANCE NASAL EXHALER SUSPENSION	3	
ZETONNA NASAL AEROSOL SOLUTION	3	
Antileukotrienes		
ACCOLATE ORAL TABLET	3	
montelukast sodium oral packet	1	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET CHEWABLE	3	
zafirlukast oral tablet	1	
zileuton er oral tablet extended release 12 hour	1	
ZYFLO ORAL TABLET	3	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ipratropium bromide inhalation solution	1	B/D
ipratropium bromide nasal solution	1	

Drug Name	Drug Tier	Requirements /Limits
IPRATROPIUM BROMIDE POWDER	2	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	3	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	3	
SPIRIVA HANDIHALER INHALATION CAPSULE	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
YUPELRI INHALATION SOLUTION	3	B/D
Bronchodilators, Sympathomimetic		
albuterol sulfate er oral tablet extended release 12 hour	1	
albuterol sulfate hfa inhalation aerosol solution	1	
albuterol sulfate inhalation nebulization solution	1	B/D
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
ALBUTEROL SULFATE POWDER	2	
ARCAPTA NEOHALER INHALATION CAPSULE	3	

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Drug Name	Drug Tier	Requirements /Limits
arformoterol tartrate inhalation nebulization solution	1	B/D
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	
BROVANA INHALATION NEBULIZATION SOLUTION	3	B/D
EPHEDRINE HCL POWDER	2	
EPHEDRINE SULFATE POWDER	2	
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
formoterol fumarate inhalation nebulization solution	1	B/D
isoproterenol hcl injection solution	1	
ISUPREL INJECTION SOLUTION	3	
levalbuterol hcl inhalation nebulization solution	1	B/D
LEVALBUTEROL TARTRATE INHALATION AEROSOL	1	
METAPROTERENOL SULFATE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
PERFORMIST INHALATION NEBULIZATION SOLUTION	3	B/D
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
PROAIR HFA INHALATION AEROSOL SOLUTION	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	3	
terbutaline sulfate injection solution	1	
terbutaline sulfate oral tablet	1	
TERBUTALINE SULFATE POWDER	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION	3	B/D

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Drug Name	Drug Tier	Requirements /Limits
XOPENEX HFA INHALATION AEROSOL	3	
XOPENEX INHALATION NEBULIZATION SOLUTION	3	B/D
Cystic Fibrosis Agents		
BETHKIS INHALATION NEBULIZATION SOLUTION	3	B/D
CAYSTON INHALATION SOLUTION RECONSTITUTED	3	PA
KALYDECO ORAL PACKET	3	PA
KALYDECO ORAL TABLET	3	PA
KITABIS PAK INHALATION NEBULIZATION SOLUTION	3	B/D
ORKAMBI ORAL PACKET	3	PA
ORKAMBI ORAL TABLET	3	PA
PULMOZYME INHALATION SOLUTION	3	PA
SYMDEKO ORAL TABLET THERAPY PACK	3	PA
TOBI INHALATION NEBULIZATION SOLUTION	3	B/D
TOBI PODHALER INHALATION CAPSULE	3	
tobramycin inhalation nebulization solution	1	B/D

Drug Name	Drug Tier	Requirements /Limits
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	1	B/D
CROMOLYN SODIUM POWDER	2	
Phosphodiesterase Inhibitors, Airways Disease		
AMINOPHYLLINE ANHYDROUS POWDER	2	
aminophylline intravenous solution	1	
AMINOPHYLLINE POWDER	2	
DALIRESP ORAL TABLET	3	
elixophyllin oral elixir	1	
roflumilast oral tablet	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
theophylline er oral tablet extended release 12 hour	1	
theophylline er oral tablet extended release 24 hour	1	
theophylline oral elixir	1	
theophylline oral solution	1	
THEOPHYLLINE-ETHYLENEDIAMINE POWDER	2	
Pulmonary Antihypertensives		
ADCIRCA ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
ADEMPAS ORAL TABLET	3	PA
alyq oral tablet	1	PA
ambrisentan oral tablet	1	PA
bosentan oral tablet	1	PA
epoprostenol sodium intravenous solution reconstituted	1	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
LETAIRIS ORAL TABLET	3	PA
OPSUMIT ORAL TABLET	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA
REMODULIN INJECTION SOLUTION	3	PA
REVATIO INTRAVENOUS SOLUTION	3	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	3	PA
REVATIO ORAL TABLET	3	PA
sildenafil citrate intravenous solution	1	PA
sildenafil citrate oral suspension reconstituted	1	PA
sildenafil citrate oral tablet	1	PA
tadalafil (pah) oral tablet	1	PA
TADLIQ ORAL SUSPENSION	3	PA

Drug Name	Drug Tier	Requirements /Limits
TRACLEER ORAL TABLET	3	PA
TRACLEER ORAL TABLET SOLUBLE	3	PA
treprostinil injection solution	1	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER	3	PA
TYVASO DPI TITRATION KIT INHALATION POWDER	3	PA
TYVASO INHALATION SOLUTION	3	PA
TYVASO REFILL INHALATION SOLUTION	3	PA
TYVASO STARTER INHALATION SOLUTION	3	PA
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
UPTRAVI ORAL TABLET	3	PA
UPTRAVI ORAL TABLET THERAPY PACK	3	PA
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
VENTAVIS INHALATION SOLUTION	3	PA
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL TABLET	3	PA
OFEV ORAL CAPSULE	3	PA
pirfenidone oral tablet	1	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution	1	B/D
ACETYLCYSTEINE POWDER	2	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ADVAIR HFA INHALATION AEROSOL	3	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
benzonatate oral capsule	1	

Drug Name	Drug Tier	Requirements /Limits
BEVESPI AEROSPHERE INHALATION AEROSOL	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
BROMHEXINE HCL POWDER	2	
BRONCHITOL INHALATION CAPSULE	3	
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	2	
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL	1	
CAPCOF ORAL SYRUP	2	
CINQAIR INTRAVENOUS SOLUTION	3	PA
coditussin ac oral liquid	1	
coditussin dac oral liquid	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	
CUROSURF INTRATRACHEAL SUSPENSION	2	
DEXTROMETHORPHAN HBR MONOHYD CRYSTALS	2	
DEXTROMETHORPHAN HBR MONOHYD POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
DEXTROMETHORPHAN HBR POWDER	2	
DULERA INHALATION AEROSOL	3	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	1	
g tussin ac oral solution	1	
GILPHEX TR ORAL TABLET	2	
guaiaatussin ac oral syrup	1	
guaifenesin ac oral syrup	1	
GUAIFENESIN POWDER	2	
guaifenesin-codeine oral solution	1	
HYCODAN ORAL SOLUTION	2	
HYCODAN ORAL TABLET	2	
hydrocod polst-cpm polst er oral suspension extended release	1	

Drug Name	Drug Tier	Requirements /Limits
hydrocodone bit-homatrop mbr oral solution	1	
hydrocodone bit-homatrop mbr oral tablet	1	
hydromet oral solution	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION	2	
INFASURF INTRATRACHEAL SUSPENSION	2	
ipratropium-albuterol inhalation solution	1	B/D
MAR-COF BP ORAL LIQUID	2	
MAR-COF CG EXPECTORANT ORAL LIQUID	2	
maxi-tuss ac oral solution	1	
maxi-tuss cd oral liquid	1	
M-CLEAR WC ORAL SOLUTION	2	
M-END PE ORAL LIQUID	2	
N-ACETYL-L-CYSTEINE POWDER	2	
nebusal inhalation nebulization solution	1	
NEOTUSS PLUS ORAL LIQUID	2	
NINJACOF-XG ORAL LIQUID	2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA

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Drug Name	Drug Tier	Requirements /Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
PHENYLEPHRINE HCL CRYSTALS	2	
PHENYLEPHRINE HCL POWDER	2	
PHENYLPROPANOLAMINE HCL POWDER	2	
poly-tussin ac oral liquid	1	
promethazine vc oral syrup	1	
promethazine vc/codeine oral syrup	1	
promethazine-codeine oral solution	1	
promethazine-codeine oral syrup	1	
promethazine-dm oral syrup	1	
promethazine-phenyleph-codeine oral syrup	1	
promethazine-phenylephrine oral syrup	1	
PRO-RED AC ORAL SYRUP	2	
pseudoeph-bromphen-dm oral syrup	1	
PSEUDOEPHEDRINE HCL CRYSTALS	2	
PSEUDOEPHEDRINE HCL POWDER	2	
pulmosal inhalation nebulization solution	1	

Drug Name	Drug Tier	Requirements /Limits
ribavirin inhalation solution reconstituted	1	
RYDEX ORAL LIQUID	2	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	2	
sodium chloride inhalation nebulization solution	1	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	2	
STERITALC INTRAPLEURAL POWDER	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	
SURVANTA INTRATRACHEAL SUSPENSION	2	
SYMBICORT INHALATION AEROSOL	2	
TERPIN HYDRATE MONOHYDRATE POWDER	2	
TERPIN HYDRATE POWDER	2	
TESSALON PERLES ORAL CAPSULE	2	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
trymine cg oral liquid	1	

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Drug Name	Drug Tier	Requirements /Limits
TUSNEL C ORAL SYRUP	2	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	
UTIBRON NEOHALER INHALATION CAPSULE	3	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	
virtussin a/c oral solution	1	
virtussin ac w/alc oral liquid	1	
VIRTUSSIN DAC ORAL SOLUTION	2	
wixela inhub inhalation aerosol powder breath activated	1	
Z-TUSS AC ORAL LIQUID	2	
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
carisoprodol oral tablet	1	PA
carisoprodol-aspirin-codeine oral tablet	1	PA; NDS
chlorzoxazone oral tablet	1	
cyclobenzaprine hcl er oral capsule extended release 24 hour	1	
cyclobenzaprine hcl oral tablet	1	
FEXMID ORAL TABLET	3	
LORZONE ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
metaxalone oral tablet	1	
methocarbamol oral tablet	1	
orphenadrine citrate er oral tablet extended release 12 hour	1	
SKELAXIN ORAL TABLET	3	
SOMA ORAL TABLET	3	PA
Non-FRF		
ACTIVE-CYCLOBENZAPRINE TRANSDERMAL CREAM	2	
BACLOFEN EXTERNAL CREAM	2	
CARISOPRODOL POWDER	2	
chlorzoxazone oral tablet	1	
cisatracurium besylate (pf) intravenous solution	1	
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM	2	
ENOVARX-BACLOFEN EXTERNAL CREAM	2	
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM	2	
methocarbamol injection solution	1	
methocarbamol oral tablet	1	
NIMBEX INTRAVENOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
NORGESIC FORTE ORAL TABLET	3	
NORGESIC ORAL TABLET	3	
orphenadrine citrate injection solution	1	
ORPHENADRINE CITRATE POWDER	2	
orphenadrine-asa-caffeine oral tablet	1	
orphenadrine-aspirin-caffeine oral tablet	1	
ORPHENGESIC FORTE ORAL TABLET	3	
ROBAXIN INJECTION SOLUTION	3	
ROBAXIN-750 ORAL TABLET	3	
TABRADOL FUSEPAQ ORAL SUSPENSION	2	
TABRADOL RAPIDPAQ ORAL SUSPENSION	2	
VANADOM ORAL TABLET	3	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	3	
AMBIEN ORAL TABLET	3	
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED	3	
BELSOMRA ORAL TABLET	2	
DAYVIGO ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
dexmedetomidine hcl in nacl intravenous solution	1	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
dexmedetomidine hcl intravenous solution	1	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	2	
DORAL ORAL TABLET	3	
doxepin hcl oral tablet	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	3	
estazolam oral tablet	1	
eszopiclone oral tablet	1	
flurazepam hcl oral capsule	1	
HALCION ORAL TABLET	3	
HETLIOZ LQ ORAL SUSPENSION	3	PA
HETLIOZ ORAL CAPSULE	3	PA
IGALMI SUBLINGUAL FILM	3	
LUNESTA ORAL TABLET	3	
NEMBUTAL INJECTION SOLUTION	3	
pentobarbital sodium injection solution	1	
PRECEDEX INTRAVENOUS SOLUTION	2	
quazepam oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
QUVIVIQ ORAL TABLET	3	
ramelteon oral tablet	1	
RESTORIL ORAL CAPSULE	3	
ROZEREM ORAL TABLET	3	
SILENOR ORAL TABLET	3	
temazepam oral capsule	1	
triazolam oral tablet	1	
zaleplon oral capsule	1	
zolpidem tartrate er oral tablet extended release	1	
zolpidem tartrate oral tablet	1	
zolpidem tartrate sublingual tablet sublingual	1	
ZOLPIMIST ORAL SOLUTION	3	
Wakefulness Promoting Agents		
armodafinil oral tablet	1	PA
modafinil oral tablet	1	PA
NUVIGIL ORAL TABLET	3	PA
PROVIGIL ORAL TABLET	3	PA
SUNOSI ORAL TABLET	3	
WAKIX ORAL TABLET	3	PA
XYREM ORAL SOLUTION	3	PA
XYWAV ORAL SOLUTION	3	PA

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية الخاص بك.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nít'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

For a complete listing or other questions, please contact: **Optum Rx Member Services**



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