Piedmont Community Health Plan

2022 List of Covered Drugs

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Members should use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

What is the Piedmont Drug List?

A drug list is a list of covered drugs determined to be safe and effective for our members. Piedmont works with a team of health care providers to choose drugs that provide quality treatment for you and your family at reasonable costs. Piedmont covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a PCHP network pharmacy
- Other plan rules are followed

Can the Drug List change?

Piedmont continually updates the drug list as described in the plan document or other plan materials. The enclosed drug list is the most current drug list covered by Piedmont. To get updated information about the drugs covered by Piedmont, please visit ***www.pchp.net***, or call Customer Service at 1-800-400-7247, from 8:30 a.m. to 5:00 p.m.

How do I use the Drug List?

There are two ways to find your drug on the drug list:

1. Medical Condition

The drug list starts on page five. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under “Cardiovascular”. Then look under the category name for your drug

2. Alphabetical Listing

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

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

For more information about your Piedmont prescription drug coverage, please look at your plan document and other plan materials.

Piedmont’s Drug List

The drug list set forth below gives information about the drugs covered by Piedmont. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be

added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to our formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if Piedmont has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** For certain drugs, Piedmont requires review and authorization prior to dispensing. This means that you need to get approval from Piedmont before you fill your prescriptions. If you don't get approval, Piedmont may not cover the drug.

- **Quantity Limits:** For certain drugs, Piedmont limits the amount of the drug that will be covered. For example, Piedmont provides 30 per prescription for Vemlidy. Piedmont also limits the amount of drugs you may receive within a class of drugs. These classes have an "§" next to them on the drug list. For these classes, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** Piedmont needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Piedmont may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Piedmont will then cover Drug B. Additional step therapy content and criteria can be found throughout this document

Piedmont's formulary includes the following tiering of medications:

0: Zero Cost Share Preventive Drugs

1: Generics

2: Preferred Brand

3: Non-Preferred Brand

4: Preferred Specialty Drugs

5: Non-Preferred Specialty Drugs

What if my drug is not on the Drug List?

If the drug is not on this drug list, call Customer Service and make sure that your drug is not covered. If you learn that Piedmont does not cover your drug, you have two choices:

- Ask Customer Service for a list of similar drugs that are covered by Piedmont. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is

covered by Piedmont. Similar drugs that are preferred and covered by your plan's formulary may be easier to obtain and lower cost to you than non-preferred drugs.
- Ask Piedmont to make a formulary exception and cover your drug. You can ask us to cover your drug even if it is not on our drug list.

Generally, Piedmont will only approve your request for an exception if the preferred drugs included on the plan's drug list, would:
- Not be as effective in treating your condition
- Cause you to have adverse medical effects

When you ask for a drug list Formulary Exception Request, please send a statement from your prescriber that supports your request. Then:
- We will make our decision within 72 hours of receipt of the information necessary.
- You can ask for an expedited (fast) exception if you or your prescriber believes that your health could be seriously harmed by waiting up to three business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

Please refer to your Policy Book and/or Schedule of Benefits for additional information on Prior Authorizations, Quantity Limits, Step Therapy, Exceptions Requests, and Drug Tier Cost Share that is associated with your plan. Also note that if a formulary exception is granted, the drug will default to the Tier 3 benefit of your plan.

Exchanges Piedmont Effective 01/01/2022

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADZENYS ER	3	QL (1350 mL / 75 days)
AMPHETAMINE ER	3	QL (1350 mL / 75 days)
amphetamine-dextroamphetamine cp24	1	QL (270 caps / 75 days)
amphetamine-dextroamphetamine cp24	1	QL (90 caps / 75 days)
amphetamine-dextroamphetamine tabs	1	QL (180 tabs / 75 days)
amphetamine-dextroamphetamine tabs	1	QL (270 tabs / 75 days)
amphetamine-dextroamphetamine tabs	1	QL (90 tabs / 75 days)
dextroamphetamine sulfate cp24 5mg, 10mg	1	QL (360 caps / 75 days)
dextroamphetamine sulfate cp24 15mg	1	QL (180 caps / 75 days)
dextroamphetamine sulfate soln	1	QL (3600 mL / 75 days)
dextroamphetamine sulfate tabs 5mg, 10mg	1	QL (360 tabs / 75 days)
dextroamphetamine sulfate tabs 15mg, 20mg	1	QL (180 tabs / 75 days)
dextroamphetamine sulfate tabs 30mg	1	QL (90 tabs / 75 days)
methamphetamine hcl	1	QL (450 tabs / 75 days)
procentra	1	QL (3600 mL / 75 days)
VYVANSE CAPS 10mg, 20mg, 30mg	2	QL (180 caps / 75 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	2	QL (90 caps / 75 days)
VYVANSE CHEW 10mg, 20mg, 30mg	2	QL (180 tabs / 75 days)
VYVANSE CHEW 40mg, 50mg, 60mg	2	QL (90 tabs / 75 days)
zenzedi 2.5mg, 5mg, 7.5mg, 10mg	1	QL (360 tabs / 75 days)
zenzedi 15mg, 20mg	1	QL (180 tabs / 75 days)
zenzedi 30mg	1	QL (90 tabs / 75 days)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl	1	
guanfacine hcl (adhd)	1	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	PA
STIMULANTS - MISC.		
armodafinil	1	PA
dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg	1	QL (180 caps / 75 days)
dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg	1	QL (90 caps / 75 days)
dexmethylphenidate hcl tabs 2.5mg, 5mg	1	QL (360 tabs / 75 days)
dexmethylphenidate hcl tabs 10mg	1	QL (180 tabs / 75 days)
methylphenidate hcl chew	1	QL (540 tabs / 75 days)
methylphenidate hcl cp24 20mg, 30mg	1	QL (180 caps / 75 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cp24 40mg, 60mg	1	QL (90 caps / 75 days)
methylphenidate hcl cpcr 10mg, 20mg, 30mg	1	QL (180 caps / 75 days)
methylphenidate hcl cpcr 40mg, 50mg, 60mg	1	QL (90 caps / 75 days)
methylphenidate hcl soln 5mg/5ml	1	QL (5400 mL / 75 days)
methylphenidate hcl soln 10mg/5ml	1	QL (2700 mL / 75 days)
methylphenidate hcl tabs 5mg, 10mg	1	QL (540 tabs / 75 days)
methylphenidate hcl tabs 20mg	1	QL (270 tabs / 75 days)
methylphenidate hcl tbcr 10mg, 20mg	1	QL (270 tabs / 75 days)
methylphenidate hcl tbcr 18mg, 27mg, 36mg	1	QL (180 tabs / 75 days)
methylphenidate hcl tbcr 54mg	1	QL (90 tabs / 75 days)
modafinil	1	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin sulfate	1	NM
gentamicin sulfate	1	NM
neomycin sulfate	1	NM
paromomycin sulfate	1	NM
tobramycin 300mg/4ml	4	PA, QL (240 mL / 30 days)
tobramycin 300mg/5ml	4	PA, QL (300 mL / 30 days)
tobramycin sulfate	1	NM
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA	4	PA
HUMIRA PEDIATRIC CROHNS D	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN-CD/UC/HS START	4	PA
HUMIRA PEN-PEDIATRIC UC S	4	PA
HUMIRA PEN-PS/UV STARTER	4	PA
SIMPONI	4	PA
SIMPONI ARIA	4	PA
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ	4	PA, QL (30 tabs / 30 days)
XELJANZ SOLN	4	PA, QL (300 mL / 30 days)
XELJANZ TABS	4	PA, QL (60 tabs / 30 days)
XELJANZ XR	4	PA, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA SOLN 80mg/4ml	4	PA, QL (22.5 vials / 30 days), NM
ACTEMRA SOLN 200mg/10ml	4	PA, QL (9 vials / 30 days), NM
ACTEMRA SOLN 400mg/20ml	4	PA, QL (4.5 vials / 30 days), NM
ACTEMRA SOSY	4	PA
KEVZARA	4	PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
cataflam	1	
celecoxib	1	
diclofenac potassium	1	
diclofenac sodium	1	
diclofenac w/ misoprostol	1	
etodolac	1	
fenoprofen calcium	3	
flurbiprofen	1	
ibu	1	
ibuprofen susp	1	NM
ibuprofen tabs	1	
ketoprofen	1	
ketorolac tromethamine soln	1	NM
ketorolac tromethamine tabs	1	QL (20 tabs / 25 days), NM
meclofenamate sodium	1	
mefenamic acid	1	
meloxicam	1	
nabumetone	1	
naproxen	1	
oxaprozin	1	
piroxicam	1	
sulindac	1	
tolmetin sodium	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS	4	PA, QL (60 tabs / 30 days)
OTEZLA TBPK	4	PA, QL (60 tabs / 30 days), NM
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL	4	PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI	4	PA
ENBREL SURECLICK	4	PA
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac	1	QL (144 tabs / 75 days), NM
butalbital-acetaminophen	1	QL (144 tabs / 75 days), NM
butalbital-acetaminophen-caffeine caps	1	QL (144 caps / 75 days), NM
butalbital-acetaminophen-caffeine tabs	1	QL (144 tabs / 75 days), NM
butalbital-aspirin-caffeine	1	QL (144 caps / 75 days), NM
esgic	1	QL (144 caps / 75 days), NM
tencon	1	QL (144 tabs / 75 days), NM
zebutal	1	QL (144 caps / 75 days), NM
SALICYLATES		
diflunisal	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate 30mg	1	PA, NM
CODEINE SULFATE 60mg	3	PA, NM
fentanyl	1	PA, NM
fentanyl citrate	1	PA, NM
hydrocodone bitartrate	1	PA, NM
hydromorphone hcl soln	1	NM
HYDROMORPHONE HCL SUPP	3	PA, NM
hydromorphone hcl tabs; tb24	1	PA, NM
levorphanol tartrate	3	PA, NM
methadone hcl conc	1	QL (30 mL / 25 days), NM
methadone hcl soln; tabs	1	PA, NM
methadone hcl tbso	1	QL (9 tabs / 25 days), NM
methadone hydrochloride i	1	PA, NM
methadose	1	QL (9 tabs / 25 days), NM
morphine sulfate cp24	1	PA, NM
morphine sulfate soln 4mg/ml, 10mg/ml	1	NM
morphine sulfate soln 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml	1	PA, NM
morphine sulfate supp	1	PA, NM

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tabs	1	PA, NM
morphine sulfate tbcr	1	PA, NM
morphine sulfate beads	1	PA, NM
NUCYNTA	2	PA, NM
NUCYNTA ER	3	PA, NM
oxycodone hcl	1	PA, NM
oxymorphone hcl	1	PA, NM
tramadol hcl	1	PA, NM
XTAMPZA ER	2	PA, NM
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln	1	PA, QL (8100 mL / 75 days), NM
acetaminophen w/ codeine tabs	1	PA, QL (1080 tabs / 75 days), NM
acetaminophen w/ codeine tabs	1	PA, QL (1200 tabs / 75 days), NM
acetaminophen w/ codeine tabs	1	PA, QL (540 tabs / 75 days), NM
acetaminophen-caff-dihydrocod	3	PA, QL (900 tabs / 75 days), NM
butalbital-acetaminophen-caffeine w/ codeine	1	QL (144 caps / 75 days), NM
dvorah	3	PA, QL (900 tabs / 75 days), NM
endocet	1	PA, QL (1080 tabs / 75 days), NM
endocet	1	PA, QL (540 tabs / 75 days), NM
endocet	1	PA, QL (720 tabs / 75 days), NM
hydrocodone-acetaminophen soln	1	PA, QL (8100 mL / 75 days), NM
hydrocodone-acetaminophen tabs	1	PA, QL (540 tabs / 75 days), NM
hydrocodone-acetaminophen tabs	1	PA, QL (720 tabs / 75 days), NM
hydrocodone-ibuprofen	1	PA, QL (50 tabs / 25 days), NM
lorcet	1	PA, QL (720 tabs / 75 days), NM
lorcet hd	1	PA, QL (540 tabs / 75 days), NM
lorcet plus	1	PA, QL (540 tabs / 75 days), NM
oxycodone w/ acetaminophen	1	PA, QL (1080 tabs / 75 days), NM

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen	1	PA, QL (540 tabs / 75 days), NM
oxycodone w/ acetaminophen	1	PA, QL (720 tabs / 75 days), NM
oxycodone-aspirin	1	PA, QL (1080 tabs / 75 days), NM
oxycodone-ibuprofen	1	PA, QL (28 tabs / 25 days), NM
tramadol-acetaminophen	1	PA, QL (40 tabs / 25 days), NM
OPIOID PARTIAL AGONISTS		
BELBUCA	2	PA, NM
buprenorphine	1	PA, NM
buprenorphine hcl film	1	PA, NM
buprenorphine hcl soln	1	NM
buprenorphine hcl subl	0	QL (90 tabs / 25 days), NM
buprenorphine hcl-naloxone hcl dihydrate film	1	QL (60 films / 30 days), NM
buprenorphine hcl-naloxone hcl dihydrate film	1	QL (90 films / 30 days), NM
buprenorphine hcl-naloxone hcl dihydrate subl	0	QL (90 tabs / 30 days), NM
butorphanol tartrate 1mg/ml, 2mg/ml	1	NM
butorphanol tartrate 10mg/ml	1	QL (6 bottles / 75 days), NM
nalbuphine hcl	1	NM
SUBLOCADE	4	NM
ZUBSOLV	2	QL (30 tabs / 30 days), NM
ZUBSOLV	2	QL (60 tabs / 30 days), NM
ZUBSOLV	2	QL (90 tabs / 30 days), NM
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL-50	3	PA, NM
oxandrolone	1	PA, NM
ANDROGENS		
danazol	1	NM
methyltestosterone	1	PA
testosterone	1	PA
testosterone cypionate	1	PA
testosterone enanthate	1	PA

Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
colocort	1	NM
hydrocortisone (intrarectal)	1	NM
RECTAL STEROIDS		
hydrocortisone (rectal)	1	NM
procto-med hc	1	NM
procto-pak	1	NM
proctosol hc	1	NM
proctozone-hc	1	NM
VASODILATING AGENTS		
RECTIV	3	NM
ANTHELMINTICS		
ANTHELMINTICS		
albendazole	3	QL (336 tabs / year), NM
EMVERM	3	QL (12 ea / year), NM
ivermectin	1	PA, NM
praziquantel	1	QL (24 tabs / year), NM
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole	1	NM
metronidazole in nacl	1	NM
pentamidine isethionate	1	NM
PRIMSOL	2	NM
tinidazole	1	NM
trimethoprim	1	NM
XIFAXAN 200mg	2	QL (9 tabs / 25 days), NM
XIFAXAN 550mg	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim	1	NM
sulfatrim pediatric	1	NM
ANTIPROTOZOAL AGENTS		
ALINIA	3	NM; AGE
atovaquone	1	NM
nitazoxanide	1	NM; AGE
CARBAPENEMS		
ertapenem sodium	1	NM
meropenem	1	NM
GLYCOPEPTIDES		
vancomycin hcl caps	1	QL (80 caps / 10 days), NM
vancomycin hcl solr	1	NM

Drug Name	Drug Tier	Requirements/Limits
LEPROSTATICS		
dapsone	1	
LINCOSAMIDES		
clindamycin hcl	1	NM
clindamycin palmitate hydrochloride	1	NM
clindamycin phosphate	1	NM
MONOBACTAMS		
aztreonam	1	NM
CAYSTON	4	PA, QL (90 vials / 30 days), NM
OXAZOLIDINONES		
linezolid	1	NM
linezolid in sodium chloride	1	NM
POLYMYXINS		
polymyxin b sulfate	1	NM
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	1	NM
methenamine hippurate	1	NM
nitrofurantoin	1	NM; AGE
nitrofurantoin macrocrystal	1	NM
nitrofurantoin monohyd macro	1	NM
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine	1	ST, PA
NITRATES		
DILATRATE SR	3	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
minitran	1	
NITRO-BID	3	
NITRO-DUR	2	
nitroglycerin	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl	1	NM
hydroxyzine hcl soln	1	NM; AGE
hydroxyzine hcl syrp; tabs	1	NM
hydroxyzine pamoate	1	NM
meprobamate	1	NM
BENZODIAZEPINES		
alprazolam	1	QL (450 tabs / 75 days), NM
ALPRAZOLAM INTENSOL	2	QL (900 mL / 75 days), NM

Drug Name	Drug Tier	Requirements/Limits
chlordiazepoxide hcl	1	QL (1080 caps / 75 days), NM
clorazepate dipotassium	1	QL (540 tabs / 75 days), NM
diazepam soln 5mg/5ml	1	QL (3600 mL / 75 days), NM
diazepam soln 5mg/ml, 50mg/10ml	1	NM
diazepam tabs	1	QL (360 tabs / 75 days), NM
diazepam intensol	1	QL (720 mL / 75 days), NM
lorazepam	1	QL (450 tabs / 75 days), NM
lorazepam intensol	1	QL (450 mL / 75 days), NM
oxazepam	1	QL (360 caps / 75 days), NM
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate	1	
NORPACE CR	2	
procainamide hcl	1	NM
quinidine sulfate	1	
ANTIARRHYTHMICS TYPE I-B		
lidocaine hcl (cardiac)	1	NM
mexiletine hcl	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate	1	
propafenone hcl	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl	1	
dofetilide	4	PA
MULTAQ	3	PA
pacerone	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium	1	QL (720 mL / 75 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA	4	PA
XOLAIR	4	PA, NM
BRONCHODILATORS - ANTICHOLINERGICS		
INCRUSE ELLIPTA	2	QL (90 blisters / 75 days)
ipratropium bromide	1	QL (375.2 vials / 75 days)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER	2	QL (90 caps / 75 days)
SPIRIVA RESPIMAT	2	QL (3 inhalers / 75 days)
LEUKOTRIENE MODULATORS		
montelukast sodium	1	
zafirlukast	1	
zileuton	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP	3	PA
STEROID INHALANTS		
ALVESCO 80mcg/act	3	QL (9.016 inhalers / 75 days)
ALVESCO 160mcg/act	3	QL (6.066 inhalers / 75 days)
ARNUITY ELLIPTA 50mcg/act	2	QL (3 inhalers / 75 days)
ARNUITY ELLIPTA 100mcg/act, 200mcg/act	2	QL (90 blisters / 75 days)
budesonide (inhalation) 1mg/2ml	1	QL (180 mL / 75 days)
budesonide (inhalation) .5mg/2ml	1	QL (360 mL / 75 days)
budesonide (inhalation) .25mg/2ml	1	QL (540 mL / 75 days)
QVAR REDIHALER	2	QL (64 gm / 75 days)
SYMPATHOMIMETICS		
ADVAIR DISKUS	1	QL (180 inhalations / 75 days)
ADVAIR HFA	2	QL (3 inhalers / 75 days)
albuterol sulfate aers 108mcg/act	1	
albuterol sulfate aers 108mcg/act	1	QL (6 inhalers / 75 days)
albuterol sulfate aers 108mcg/act	1	QL (6.269 inhalers / 75 days)
albuterol sulfate nebu 2.5mg/0.5ml	1	QL (180 ea / 75 days)
albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml	1	QL (1125 mL / 75 days)
albuterol sulfate syrp	1	
albuterol sulfate tabs	1	
albuterol sulfate tb12	1	
ANORO ELLIPTA	2	QL (180 blisters / 75 days)
arformoterol tartrate	1	QL (360 mL / 75 days)
BEVESPI AEROSPHERE	2	QL (3.084 inhalers / 75 days)
BREO ELLIPTA	2	QL (180 blisters / 75 days)

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE	2	QL (2.991 inhalers / 75 days)
BROVANA	3	QL (360 mL / 75 days)
formoterol fumarate	1	QL (360 mL / 75 days)
ipratropium-albuterol	1	QL (1620 mL / 75 days)
levalbuterol hcl 1.25mg/0.5ml	1	QL (270 ea / 75 days)
levalbuterol hcl .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	QL (900 mL / 75 days)
levalbuterol tartrate	1	QL (6 inhalers / 75 days)
PERFOROMIST	2	QL (360 mL / 75 days)
SEREVENT DISKUS	2	QL (180 inhalations / 75 days)
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	QL (3 inhalers / 75 days)
SYMBICORT	2	QL (9.02 inhalers / 75 days)
terbutaline sulfate	1	
TRELEGY ELLIPTA	2	QL (3 inhalers / 75 days)
XANTHINES		
aminophylline	1	NM
ELIXOPHYLLIN	3	
theophylline	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven	1	
warfarin sodium	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	2	
ELIQUIS STARTER PACK	2	NM
XARELTO	2	
XARELTO STARTER PACK	2	NM
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium	1	NM
fondaparinux sodium	1	NM
FRAGMIN	3	NM
heparin sodium (porcine)	1	NM
THROMBIN INHIBITORS		
PRADAXA	3	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA	2	

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam	1	PA
clonazepam	1	NM
NAYZILAM	2	QL (30 bottles / 75 days), NM
ANTICONVULSANTS - MISC.		
APTIOM	3	PA
BANZEL	3	PA
BRIVIACT SOLN 10mg/ml	3	PA
BRIVIACT SOLN 50mg/5ml	3	PA, NM
BRIVIACT TABS	3	PA
carbamazepine	1	
EPIDIOLEX	4	PA, QL (810 mL / 30 days)
epitol	1	
gabapentin caps	1	QL (3000000 caps / 30 days)
gabapentin soln	1	QL (3000000 mL / 30 days)
gabapentin tabs	1	QL (3000000 tabs / 30 days)
lamotrigine chew; tabs; tb24; tbdp	1	
lamotrigine kit	1	NM
levetiracetam soln 100mg/ml, 500mg/5ml	1	
levetiracetam soln 500mg/5ml	1	NM
levetiracetam tabs	1	
levetiracetam tb24	1	
levetiracetam in sodium chloride	1	NM
oxcarbazepine	1	
pregabalin	1	ST, PA
primidone	1	
roweepra	1	
roweepra xr	1	
rufinamide	1	PA
subvenite	1	
subvenite starter kit/blu	1	NM
subvenite starter kit/gre	1	NM
subvenite starter kit/ora	1	NM
topiramate	1	
VIMPAT SOLN 10mg/ml	3	
VIMPAT SOLN 200mg/20ml	3	NM
VIMPAT TABS	3	
zonisamide	1	
CARBAMATES		
felbamate	1	

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABS	2	
XCOPRI TBPK	2	
XCOPRI TBPK	2	NM
GABA MODULATORS		
tiagabine hcl	1	
vigabatrin pack	4	PA, QL (180 packets / 30 days)
vigabatrin tabs	4	PA, QL (180 tabs / 30 days)
vigadrone	4	PA, QL (180 packets / 30 days)
HYDANTOINS		
DILANTIN	3	
fosphenytoin sodium	1	NM
PEGANONE	3	
phenytoin	1	
phenytoin sodium	1	NM
phenytoin sodium extended	1	
SUCCINIMIDES		
CELONTIN	3	
ethosuximide	1	
VALPROIC ACID		
divalproex sodium	1	
valproate sodium 100mg/ml	1	NM
valproate sodium 250mg/5ml	1	
valproic acid	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine	1	
ANTIDEPRESSANTS - MISC.		
bupropion hcl	1	
maprotiline hcl	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	3	PA
MARPLAN	3	
phenelzine sulfate	1	
tranylcypromine sulfate	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide	1	
escitalopram oxalate	1	
fluoxetine hcl	1	
fluvoxamine maleate	1	
paroxetine hcl	1	
sertraline hcl	1	

Drug Name	Drug Tier	Requirements/Limits
SEROTONIN MODULATORS		
nefazodone hcl	1	
trazodone hcl	1	
TRINTELLIX	3	ST, PA
VIIBRYD	3	ST, PA
VIIBRYD STARTER PACK	3	ST, PA, NM
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate	1	ST, PA, QL (90 tabs / 75 days)
duloxetine hcl	1	
FETZIMA	3	ST, PA, QL (90 caps / 75 days)
FETZIMA TITRATION PACK	3	ST, PA, QL (90 caps / 75 days), NM
venlafaxine hcl	1	
TRICYCLIC AGENTS		
amitriptyline hcl 10mg, 25mg, 50mg	1	
amitriptyline hcl 75mg, 100mg, 150mg	1	AGE
amoxapine	1	
clomipramine hcl	1	
desipramine hcl	1	
doxepin hcl	1	
imipramine hcl	1	
imipramine pamoate 75mg, 100mg	1	
imipramine pamoate 125mg, 150mg	1	AGE
nortriptyline hcl caps 10mg, 25mg, 50mg	1	
nortriptyline hcl caps 75mg	1	AGE
nortriptyline hcl soln	1	
protriptyline hcl	1	
trimipramine maleate	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	1	
miglitol	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60	3	ST, PA
SYMLINPEN 120	3	ST, PA
ANTIDIABETIC COMBINATIONS		
alogliptin-metformin hcl	1	ST, PA
glipizide-metformin hcl	1	
GLYXAMBI	2	ST, PA
JANUMET	2	ST, PA
JANUMET XR	2	ST, PA
JENTADUETO XR	3	ST, PA

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl	1	
SOLIQUA 100/33	2	ST, PA
SYNJARDY	2	ST, PA
SYNJARDY XR	2	ST, PA
XIGDUO XR	2	ST, PA
XULTOPHY 100/3.6	2	ST, PA
BIGUANIDES		
metformin hcl	1	
DIABETIC OTHER		
BD GLUCOSE	2	OTC, NM
CVS GLUCOSE CHEW	2	OTC, NM
cvs glucose gel	1	OTC, NM
CVS GLUCOSE BITS	2	OTC, NM
cvs glucose liquid shot	1	OTC, NM
cvs glucose shot	1	OTC, NM
CVS SOFT GLUCOSE	2	OTC, NM
DEX4 FAST ACTING GLUCOSE	2	OTC, NM
DEX4 GLUCOSE	2	OTC, NM
DEX4 QUICK DISSOLVE GLUCO	2	OTC, NM
dextrose (diabetic use)	1	OTC, NM
glucagon (rdna)	1	NM
gluco burst	1	OTC, NM
GLUCOSE	2	OTC, NM
GLUCOSE SOS	2	OTC, NM
glutose 5	1	OTC, NM
glutose 15	1	OTC, NM
glutose 45	1	OTC, NM
GNP GLUCOSE	2	OTC, NM
GNP GLUCOSE GUMMIES	2	OTC, NM
INSTA-GLUCOSE	2	OTC, NM
LEADER QUICK DISSOLVE GLU	2	OTC, NM
RA TRUEPLUS GLUCOSE	2	OTC, NM
relion glucose	1	OTC, NM
SM GLUCOSE	2	OTC, NM
sweet cheeks	1	OTC, NM
WALGREENS GLUCOSE	2	OTC, NM
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate	1	ST, PA
JANUVIA	2	ST, PA
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	3	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC	2	ST, PA

Drug Name	Drug Tier	Requirements/Limits
TRULICITY	2	ST, PA
VICTOZA	2	ST, PA
INSULIN		
BASAGLAR KWIKPEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
HUMULIN 70/30	3	OTC
HUMULIN 70/30 KWIKPEN	3	OTC
HUMULIN N	3	OTC
HUMULIN N KWIKPEN	3	OTC
HUMULIN R	3	OTC
HUMULIN R U-500 (CONCENTR	2	
HUMULIN R U-500 KWIKPEN	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	OTC
NOVOLIN 70/30 FLEXPEN	2	OTC
NOVOLIN N	2	OTC
NOVOLIN N FLEXPEN	2	OTC
NOVOLIN R	2	OTC
NOVOLIN R FLEXPEN	2	OTC
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
NOVOLOG PENFILL	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl	1	
MEGLITINIDE ANALOGUES		
nateglinide	1	
repaglinide	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA	2	ST, PA
JARDIANCE	2	ST, PA
SULFONYLUREAS		
glimepiride	1	
glipizide	1	
glipizide xl	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine	1	NM

Drug Name	Drug Tier	Requirements/Limits
loperamide hcl	1	NM
MOTOFEN	3	NM
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	3	NM
deferiprone	4	PA
FERRIPROX	4	PA
FERRIPROX TWICE-A-DAY	4	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD	4	QL (20 packets / 5 days), NM
OPIOID ANTAGONISTS		
naloxone hcl	1	NM
naltrexone hcl	0	NM
NARCAN	2	NM
VIVITROL	4	PA, NM
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl soln	1	QL (2 vials / 21 days), NM
granisetron hcl tabs	1	QL (12 tabs / 21 days), NM
ondansetron	1	QL (18 tabs / 21 days), NM
ondansetron hcl soln 4mg/2ml	1	QL (10 vials / 21 days), NM
ondansetron hcl soln 4mg/5ml	1	QL (200 mL / 21 days), NM
ondansetron hcl soln 40mg/20ml	1	QL (1 vial / 21 days), NM
ondansetron hcl tabs 4mg, 8mg	1	QL (18 tabs / 21 days), NM
ondansetron hcl tabs 24mg	1	QL (2 ea / 21 days), NM
SANCUSO	2	QL (2 patches / 21 days), NM
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl	1	NM
scopolamine	1	NM
trimethobenzamide hcl	1	NM
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO	3	QL (2 caps / 21 days), NM
dronabinol	1	QL (180 caps / 75 days), NM

Drug Name	Drug Tier	Requirements/Limits
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant	1	QL (6 caps / 21 days), NM
aprepitant 40mg	1	QL (3 caps / 180 days), NM
aprepitant 80mg	1	QL (4 caps / 21 days), NM
aprepitant 125mg	1	QL (2 ea / 21 days), NM
VARUBI	2	NM
ANTIFUNGALS		
ANTIFUNGALS		
amphotericin b	1	NM
griseofulvin microsize	1	NM
griseofulvin ultramicrosize	1	NM
nystatin	1	NM
terbinafine hcl	1	NM
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA	3	NM
fluconazole	1	NM
itraconazole	1	PA, NM
NOXAFIL	2	PA
posaconazole	3	PA
voriconazole	3	PA, NM
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
dexchlorpheniramine maleate	3	NM
ryclora	3	NM
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate	1	NM
clemastine fumarate	1	NM
di-phen	1	NM
diphenhydramine hcl	1	NM
ANTIHISTAMINES - NON-SEDATING		
desloratadine	1	NM
levocetirizine dihydrochloride	1	NM
ANTIHISTAMINES - PHENOTHIAZINES		
phenadoz	1	NM
promethazine hcl	1	NM
promethegan	1	NM
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl	1	NM
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl	1	
omega-3-acid ethyl esters	1	
VASCEPA	2	
BILE ACID SEQUESTRANTS		
cholestyramine	1	
cholestyramine light	1	
colestipol hcl	1	
prevalite	1	
FIBRIC ACID DERIVATIVES		
choline fenofibrate	1	
fenofibrate	1	
fenofibrate micronized	1	
gemfibrozil	1	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium 10mg, 20mg	1	AGE
atorvastatin calcium 40mg, 80mg	1	
fluvastatin sodium	1	AGE
lovastatin	1	AGE
pravastatin sodium	1	AGE
rosuvastatin calcium 5mg, 10mg	1	AGE
rosuvastatin calcium 20mg, 40mg	1	
simvastatin 5mg, 10mg, 20mg, 40mg	1	AGE
simvastatin 80mg	1	ST, PA
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	1	
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic)	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT	4	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl	1	
captopril	1	
enalapril maleate	1	
fosinopril sodium	1	
lisinopril	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	

Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl	4	PA, NM
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	1	
eprosartan mesylate	1	
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil	1	
telmisartan	1	
valsartan	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine	1	
clonidine hcl	1	
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa 250mg, 500mg	1	
METHYLDOPA 250mg, 500mg	3	
prazosin hcl	1	
terazosin hcl	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-olmesartan medoxomil	1	
amlodipine besylate-valsartan	1	
amlodipine-valsartan-hydrochlorothiazide	1	
atenolol & chlorthalidone	1	
benazepril & hydrochlorothiazide	1	
bisoprolol & hydrochlorothiazide	1	
candesartan cilexetil-hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide	1	
losartan potassium & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	
olmesartan medoxomil-hydrochlorothiazide	1	
propranolol & hydrochlorothiazide	1	
quinapril-hydrochlorothiazide	1	
TARKA	1	
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazide	1	
trandolapril-verapamil hcl	1	

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone	1	
VASODILATORS		
hydralazine hcl	1	
minoxidil	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl	1	NM
COARTEM	3	NM
ANTIMALARIALS		
chloroquine phosphate	1	
hydroxychloroquine sulfate	1	
mefloquine hcl	1	
primaquine phosphate	1	NM
pyrimethamine	3	PA, NM
quinine sulfate	1	NM
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE HCL	3	NM
pyridostigmine bromide	1	NM
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE	2	NM
RIFATER	2	NM
ANTIMYCOBACTERIAL AGENTS		
cycloserine	1	NM
ethambutol hcl	1	NM
isoniazid soln	1	NM
isoniazid syrp; tabs	1	
PASER	3	NM
PRIFTIN	2	NM
pyrazinamide	1	NM
rifabutin	1	NM
rifampin	1	NM
SIRTURO	5	PA, NM
TRECATOR	2	NM
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
busulfan	1	NM
carboplatin	1	NM

Drug Name	Drug Tier	Requirements/Limits
carmustine	1	NM
cisplatin	1	NM
cyclophosphamide caps	1	NM
cyclophosphamide solr	4	NM
GLEOSTINE	4	NM
GLIADEL WAFER	2	NM
ifosfamide	1	NM
LEUKERAN	2	NM
melphalan	1	NM
melphalan hcl	1	NM
oxaliplatin	4	NM
paraplatin	1	NM
TEMODAR	4	PA, NM
temozolomide	4	PA, NM
ANTIMETABOLITES		
adrucil	1	NM
ALIMTA	4	NM
azacitidine	4	PA, NM
capecitabine 150mg	4	PA, QL (120 tabs / 30 days), NM
capecitabine 500mg	4	PA, QL (300 tabs / 30 days), NM
cladribine	1	NM
clofarabine	1	NM
cytarabine	1	NM
decitabine	4	PA, NM
floxuridine	1	NM
fludarabine phosphate	1	NM
fluorouracil	1	NM
gemcitabine hcl	4	NM
mercaptopurine	1	NM
methotrexate sodium	1	NM
TABLOID	2	NM
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA 1mg	4	PA, QL (240 tabs / 30 days), NM
INLYTA 5mg	4	PA, QL (120 tabs / 30 days), NM
LENVIMA 4 MG DAILY DOSE	4	PA, QL (30 ea / 30 days), NM
LENVIMA 8 MG DAILY DOSE	4	PA, QL (60 ea / 30 days), NM
LENVIMA 10 MG DAILY DOSE	4	PA, QL (30 ea / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE	4	PA, QL (90 ea / 30 days), NM
LENVIMA 14 MG DAILY DOSE	4	PA, QL (60 ea / 30 days), NM
LENVIMA 18 MG DAILY DOSE	4	PA, QL (90 ea / 30 days), NM
LENVIMA 20 MG DAILY DOSE	4	PA, QL (60 ea / 30 days), NM
LENVIMA 24 MG DAILY DOSE	4	PA, QL (90 ea / 30 days), NM
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	5	PA, QL (120 tabs / 30 days), NM
ANTINEOPLASTIC - ANTIBODIES		
GAZYVA	4	PA, NM
KADCYLA	4	PA, NM
KEYTRUDA	4	PA, NM
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10mg, 50mg	4	PA, QL (120 tabs / 30 days), NM
VENCLEXTA 100mg	4	PA, QL (180 tabs / 30 days), NM
VENCLEXTA STARTING PACK	4	PA, QL (60 tabs / 30 days), NM
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX	4	PA, NM
erlotinib hcl 25mg	4	PA, QL (60 tabs / 30 days), NM
erlotinib hcl 100mg, 150mg	4	PA, QL (30 tabs / 30 days), NM
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE	4	PA, QL (30 caps / 30 days), NM
ODOMZO	4	PA, QL (30 caps / 30 days), NM
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250mg	4	PA, QL (120 tabs / 30 days), NM
abiraterone acetate 500mg	4	PA, QL (60 tabs / 30 days), NM
anastrozole	1	AGE
bicalutamide	1	NM
DEPO-PROVERA	3	NM
ELIGARD	4	PA, NM
EMCYT	4	NM

Drug Name	Drug Tier	Requirements/Limits
ERLEADA	4	PA, QL (120 tabs / 30 days), NM
exemestane	1	AGE
flutamide	1	NM
fulvestrant	4	PA, NM
letrozole	1	
leuprolide acetate	4	PA, NM
LYSODREN	2	NM
megestrol acetate	1	NM
nilutamide	1	NM
NUBEQA	4	PA, QL (120 tabs / 30 days), NM
tamoxifen citrate	1	AGE
toremifene citrate	1	
XTANDI CAPS	4	PA, QL (120 caps / 30 days), NM
XTANDI TABS 40mg	4	PA, QL (120 tabs / 30 days), NM
XTANDI TABS 80mg	4	PA, QL (60 tabs / 30 days), NM
YONSA	4	PA, QL (120 tabs / 30 days), NM
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	4	PA, QL (42 caps / 28 days), NM
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin	1	NM
bleomycin sulfate	1	NM
daunorubicin hcl	1	NM
doxorubicin hcl	1	NM
doxorubicin hcl liposomal	1	NM
epirubicin hcl	1	NM
idarubicin hcl	1	NM
mitomycin	1	NM
mitoxantrone hcl	4	PA, NM
mutamycin	1	NM
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR	4	PA, QL (30 tabs / 30 days), NM
AFINITOR DISPERZ 2mg, 5mg	4	PA, QL (60 tabs / 30 days), NM
AFINITOR DISPERZ 3mg	4	PA, QL (90 tabs / 30 days), NM
ALECENSA	4	PA, QL (240 caps / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
BOSULIF 100mg	4	PA, QL (90 tabs / 30 days), NM
BOSULIF 400mg, 500mg	4	PA, QL (30 tabs / 30 days), NM
CABOMETYX	4	PA, QL (30 tabs / 30 days), NM
CALQUENCE	5	PA, QL (60 caps / 30 days), NM
CAPRELSA 100mg	4	PA, QL (60 tabs / 30 days), NM
CAPRELSA 300mg	4	PA, QL (30 tabs / 30 days), NM
COMETRIQ	4	PA, QL (1.071 kits / 30 days), NM
everolimus tabs	4	PA, QL (30 tabs / 30 days), NM
everolimus tbso 2mg, 5mg	4	PA, QL (60 ea / 30 days), NM
everolimus tbso 3mg	4	PA, QL (90 ea / 30 days), NM
FARYDAK	4	PA, QL (6 caps / 21 days), NM
IBRANCE CAPS	4	PA, QL (30 caps / 30 days), NM
IBRANCE TABS	4	PA, QL (42 tabs / 28 days), NM
ICLUSIG	4	PA, QL (30 tabs / 30 days), NM
IDHIFA	4	PA, QL (30 tabs / 30 days), NM
imatinib mesylate 100mg	4	PA, QL (90 tabs / 30 days), NM
imatinib mesylate 400mg	4	PA, QL (60 tabs / 30 days), NM
IMBRUVICA CAPS 70mg	4	PA, QL (30 caps / 30 days), NM
IMBRUVICA CAPS 140mg	4	PA, QL (90 caps / 30 days), NM
IMBRUVICA TABS	4	PA, QL (30 tabs / 30 days), NM
JAKAFI	4	PA, QL (60 tabs / 30 days), NM
KISQALI 200mg	4	PA, QL (21 tabs / 28 days), NM
KISQALI 200mg	4	PA, QL (42 tabs / 28 days), NM
KISQALI 200mg	4	PA, QL (63 tabs / 28 days), NM

Drug Name	Drug Tier	Requirements/Limits
lapatinib ditosylate	4	PA, QL (180 tabs / 30 days), NM
LORBRENA 25mg	4	PA, QL (90 tabs / 30 days), NM
LORBRENA 100mg	4	PA, QL (30 tabs / 30 days), NM
LYNPARZA	4	PA, QL (120 tabs / 30 days), NM
MEKINIST 2mg	4	PA, QL (30 tabs / 30 days), NM
MEKINIST .5mg	4	PA, QL (90 tabs / 30 days), NM
NEXAVAR	4	PA, QL (120 tabs / 30 days), NM
RYDAPT	4	PA, QL (240 caps / 30 days), NM
SPRYCEL 20mg	4	PA, QL (90 tabs / 30 days), NM
SPRYCEL 50mg, 70mg, 80mg, 100mg, 140mg	4	PA, QL (30 tabs / 30 days), NM
STIVARGA	4	PA, QL (90 tabs / 30 days), NM
sunitinib malate	4	PA, QL (30 caps / 30 days), NM
TAFINLAR	4	PA, QL (120 caps / 30 days), NM
VITRAKVI CAPS 25mg	4	PA, QL (180 caps / 30 days), NM
VITRAKVI CAPS 100mg	4	PA, QL (60 caps / 30 days), NM
VITRAKVI SOLN	4	PA, QL (300 mL / 30 days), NM
VOTRIENT	4	PA, QL (120 tabs / 30 days), NM
XALKORI	4	PA, QL (120 caps / 30 days), NM
ZEJULA	4	PA, QL (90 caps / 30 days), NM
ZELBORAF	4	PA, QL (240 tabs / 30 days), NM
ZOLINZA	4	PA, QL (120 caps / 30 days), NM
ZYDELIG	4	PA, QL (60 tabs / 30 days), NM
ZYKADIA	4	PA, QL (90 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC ENZYMES		
ONCASPAR	4	PA, NM
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
QUADRAMET	2	NM
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA
arsenic trioxide	1	NM
bexarotene	4	PA, NM
dacarbazine	1	NM
hydroxyurea	1	NM
INTRON A	4	PA
MATULANE	2	NM
NIPENT	2	NM
PHOTOFRIN	2	NM
TICE BCG	2	NM
tretinoin (chemotherapy)	1	NM
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
dexrazoxane hcl	1	NM
leucovorin calcium	1	NM
mesna	1	NM
MESNEX	4	NM
MITOTIC INHIBITORS		
ABRAXANE	2	NM
docetaxel	1	NM
etoposide	1	NM
paclitaxel	1	NM
TENIPOSIDE	2	NM
toposar	1	NM
vinblastine sulfate	1	NM
vincristine sulfate	1	NM
vinorelbine tartrate	1	NM
TOPOISOMERASE I INHIBITORS		
irinotecan hcl 40mg/2ml, 100mg/5ml, 500mg/25ml	4	NM
irinotecan hcl 300mg/15ml	1	NM
topotecan hcl	1	NM
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate soln	1	NM
benztropine mesylate tabs	1	
trihexyphenidyl hcl	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON COMT INHIBITORS		
entacapone	1	
tolcapone	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl	1	
APOKYN	4	PA, QL (20 injections / 30 days), NM
bromocriptine mesylate	1	
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
INBRIJA	4	PA, QL (300 caps / 30 days)
NEUPRO	2	
pramipexole dihydrochloride	1	
ropinirole hydrochloride	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate	1	
selegiline hcl	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM	3	
lithium carbonate	1	
ANTIPSYCHOTICS - MISC.		
LATUDA	2	ST, PA
ziprasidone hcl	1	
BENZISOXAZOLES		
paliperidone	1	
risperidone	1	
BUTYROPHENONES		
haloperidol	1	
haloperidol decanoate	1	NM
haloperidol lactate conc	1	
haloperidol lactate soln	1	NM
DIBENZAPINES		
asenapine maleate	1	
clozapine	1	NM
loxapine succinate	1	
olanzapine solr	1	NM
olanzapine tabs; tbdp	1	
quetiapine fumarate	1	
PHENOTHIAZINES		
chlorpromazine hcl soln	1	NM
chlorpromazine hcl tabs	1	
compro	1	NM

Drug Name	Drug Tier	Requirements/Limits
fluphenazine decanoate	1	NM
fluphenazine hcl conc; elix; tabs	1	
fluphenazine hcl soln	1	NM
perphenazine	1	
prochlorperazine	1	NM
prochlorperazine maleate	1	
thioridazine hcl	1	
trifluoperazine hcl	1	
QUINOLINONE DERIVATIVES		
aripiprazole	1	
ARISTADA	2	
ARISTADA INITIO	2	NM
REXULTI	3	ST, PA
THIOXANTHENES		
thiothixene	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTIC COMBINATIONS		
IV PREP WIPES	2	OTC, NM
MICROCLENS WIPES	2	OTC, NM
UNI-SOLVE	2	OTC, NM
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln	4	QL (900 mL / 30 days)
abacavir sulfate tabs	4	QL (60 tabs / 30 days)
abacavir sulfate-lamivudine	4	QL (30 tabs / 30 days)
abacavir sulfate-lamivudine-zidovudine	4	QL (60 tabs / 30 days)
APTIVUS CAPS	4	QL (120 caps / 30 days)
APTIVUS SOLN	4	QL (300 mL / 30 days)
atazanavir sulfate 150mg, 300mg	4	QL (30 caps / 30 days)
atazanavir sulfate 200mg	4	QL (60 caps / 30 days)
BIKTARVY	4	QL (30 tabs / 30 days)
CIMDUO	4	QL (30 tabs / 30 days)
CRIXIVAN 200mg	4	QL (450 caps / 30 days)
CRIXIVAN 400mg	4	QL (180 caps / 30 days)
DESCOVY	4	QL (30 tabs / 30 days)
didanosine	4	QL (30 caps / 30 days)
DOVATO	4	QL (30 tabs / 30 days)
EDURANT	4	QL (60 tabs / 30 days)
efavirenz caps	4	QL (90 caps / 30 days)
efavirenz tabs	4	QL (30 tabs / 30 days)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	4	QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine	4	QL (30 caps / 30 days)
emtricitabine-tenofovir disoproxil fumarate	4	QL (30 tabs / 30 days)
EMTRIVA	4	QL (720 mL / 30 days)
etravirine 100mg	4	QL (120 tabs / 30 days)
etravirine 200mg	4	QL (60 tabs / 30 days)
EVOTAZ	4	QL (30 tabs / 30 days)
fosamprenavir calcium	4	QL (120 tabs / 30 days)
FUZEON	4	PA, QL (60 vials / 30 days)
GENVOYA	4	QL (30 tabs / 30 days)
INTELENCE 25mg, 100mg	4	QL (120 tabs / 30 days)
INTELENCE 200mg	4	QL (60 tabs / 30 days)
INVIRASE	4	QL (120 tabs / 30 days)
ISENTRESS CHEW	4	QL (180 tabs / 30 days)
ISENTRESS PACK	4	QL (60 packets / 30 days)
ISENTRESS TABS	4	QL (120 tabs / 30 days)
ISENTRESS HD	4	QL (60 tabs / 30 days)
KALETRA	4	QL (120 tabs / 30 days)
KALETRA	4	QL (240 tabs / 30 days)
lamivudine soln	4	QL (900 mL / 30 days)
lamivudine tabs 150mg	4	QL (60 tabs / 30 days)
lamivudine tabs 300mg	4	QL (30 tabs / 30 days)
lamivudine-zidovudine	4	QL (60 tabs / 30 days)
LEXIVA	4	QL (1680 mL / 30 days)
lopinavir-ritonavir soln	4	QL (390 mL / 30 days)
lopinavir-ritonavir tabs	4	QL (120 tabs / 30 days)
lopinavir-ritonavir tabs	4	QL (240 tabs / 30 days)
NEVIRAPINE SUSP	4	QL (1200 mL / 30 days)
nevirapine tabs	4	QL (60 tabs / 30 days)
nevirapine tb24 100mg	4	QL (90 tabs / 30 days)
nevirapine tb24 400mg	4	QL (30 tabs / 30 days)
NORVIR PACK	4	QL (360 packets / 30 days)
NORVIR SOLN	4	QL (480 mL / 30 days)
ODEFSEY	4	QL (30 tabs / 30 days)
PREZCOBIX	4	QL (30 tabs / 30 days)
PREZISTA SUSP	4	QL (390 mL / 30 days)
PREZISTA TABS 75mg	4	QL (300 tabs / 30 days)
PREZISTA TABS 150mg	4	QL (180 tabs / 30 days)
PREZISTA TABS 600mg	4	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	4	QL (30 tabs / 30 days)
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	NM

Drug Name	Drug Tier	Requirements/Limits
REYATAZ	4	QL (180 packets / 30 days)
ritonavir	4	QL (360 tabs / 30 days)
SELZENTRY SOLN	4	QL (1830 mL / 30 days)
SELZENTRY TABS 25mg	4	QL (240 tabs / 30 days)
SELZENTRY TABS 75mg, 150mg	4	QL (60 tabs / 30 days)
SELZENTRY TABS 300mg	4	QL (120 tabs / 30 days)
stavudine	4	QL (60 caps / 30 days)
TEMIXYS	4	QL (30 tabs / 30 days)
tenofovir disoproxil fumarate	4	QL (30 tabs / 30 days)
TIVICAY 10mg	4	QL (240 tabs / 30 days)
TIVICAY 25mg, 50mg	4	QL (60 tabs / 30 days)
TIVICAY PD	4	QL (360 tabs / 30 days)
TRIUMEQ	4	QL (30 tabs / 30 days)
TROGARZO	4	
TYBOST	4	QL (30 tabs / 30 days)
VIDEX EC	4	
VIDEX PEDIATRIC	4	
VIRACEPT 250mg	4	QL (300 tabs / 30 days)
VIRACEPT 625mg	4	QL (120 tabs / 30 days)
VIRAMUNE	4	QL (1200 mL / 30 days)
VIREAD POWD	4	QL (240 gm / 30 days)
VIREAD TABS	4	QL (30 tabs / 30 days)
zidovudine caps	4	QL (180 caps / 30 days)
zidovudine syrp	4	QL (1800 mL / 30 days)
zidovudine tabs	4	QL (60 tabs / 30 days)
CMV AGENTS		
cidofovir	1	NM
valganciclovir hcl solr	4	PA, QL (990 mL / 30 days)
valganciclovir hcl tabs	4	PA, QL (120 tabs / 30 days)
HEPATITIS AGENTS		
adefovir dipivoxil	4	
BARACLUDE	4	QL (630 mL / 30 days)
entecavir	4	QL (30 tabs / 30 days)
EPCLUSA	4	PA, QL (30 tabs / 30 days), NM
EPIVIR HBV	4	
HARVONI PACK	4	PA, QL (30 packets / 30 days), NM
HARVONI TABS	4	PA, QL (30 tabs / 30 days), NM
lamivudine (hbv)	4	
PEGASYS	4	PA, NM

Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK	4	PA, NM
PEGINTRON	4	PA, NM
ribavirin (hepatitis c)	4	PA, NM
SOVALDI PACK	4	PA, QL (30 packets / 30 days), NM
SOVALDI TABS	4	PA, QL (30 tabs / 30 days), NM
VEMLIDY	4	PA, QL (30 tabs / 30 days)
VOSEVI	4	PA, QL (30 tabs / 30 days), NM
ZEPATIER	4	PA, QL (30 tabs / 30 days), NM
HERPES AGENTS		
acyclovir	1	NM
famciclovir	1	NM
valacyclovir hcl	1	NM
INFLUENZA AGENTS		
oseltamivir phosphate caps 30mg	1	QL (40 caps / 90 days), NM
oseltamivir phosphate caps 45mg, 75mg	1	QL (20 caps / 90 days), NM
oseltamivir phosphate susr	1	QL (360 mL / 90 days), NM
RELENZA DISKHALER	2	QL (2 inhalers / 90 days), NM
rimantadine hydrochloride	1	NM
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin	1	NM
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol	1	
carvedilol phosphate	1	
labetalol hcl	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl	1	
atenolol	1	
betaxolol hcl	1	
bisoprolol fumarate	1	
BYSTOLIC	3	
metoprolol succinate	1	
metoprolol tartrate	1	
nebivolol hcl	1	
BETA BLOCKERS NON-SELECTIVE		
nadolol	1	

Drug Name	Drug Tier	Requirements/Limits
pindolol	1	
propranolol hcl	1	
sorine	1	
sotalol hcl	1	
sotalol hcl (afib/afl)	1	
timolol maleate 5mg, 10mg, 20mg	1	
TIMOLOL MALEATE 20mg	3	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine besylate	1	
CARDIZEM LA	3	
cartia xt	1	
dilt-xr	1	
diltiazem hcl cp12; cp24; tabs	1	
diltiazem hcl soln	1	NM
diltiazem hcl coated beads	1	
diltiazem hcl extended release beads	1	
felodipine	1	
isradipine	1	
matzim la	1	
nicardipine hcl	1	
nifedipine	1	
nimodipine	1	NM
nisoldipine	1	
taztia xt	1	
tiadylt er	1	
verapamil hcl	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

digitek	1	
digox	1	
digoxin	1	
LANOXIN	2	

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine besylate-atorvastatin calcium	1	
ENTRESTO	2	

IMPOTENCE AGENTS

tadalafil	1	PA

PROSTAGLANDIN VASODILATORS

ORENITRAM	4	PA
REMODULIN	4	PA, NM
treprostinil	4	PA, NM

Drug Name	Drug Tier	Requirements/Limits
TYVASO	4	PA, QL (90 mL / 30 days)
TYVASO REFILL	4	PA, QL (90 mL / 30 days)
TYVASO STARTER	4	PA, QL (90 mL / 30 days)
VENTAVIS	4	PA, QL (270 mL / 30 days)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan	4	PA, QL (30 tabs / 30 days)
bosentan	4	PA, QL (60 tabs / 30 days)
OPSUMIT	4	PA, QL (30 tabs / 30 days)
TRACLEER	4	PA, QL (120 tabs / 30 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq	4	PA, QL (60 tabs / 30 days)
sildenafil citrate (pulmonary hypertension) soln	4	PA, NM
sildenafil citrate (pulmonary hypertension) tabs	4	PA, QL (90 tabs / 30 days)
tadalafil (pulmonary hypertension)	4	PA, QL (60 tabs / 30 days)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI SOLR	4	PA, NM
UPTRAVI TABS 200mcg	4	PA, QL (150 tabs / 30 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	PA, QL (60 tabs / 30 days)
UPTRAVI TBPK	4	PA, QL (210 tabs / 30 days), NM
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	4	PA, QL (90 tabs / 30 days)
SINUS NODE INHIBITORS		
CORLANOR	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil	1	NM

Drug Name	Drug Tier	Requirements/Limits
cefazolin sodium	1	NM
cephalexin	1	NM
CEPHALOSPORINS - 2ND GENERATION		
cefaclor	1	NM
cefprozil	1	NM
cefuroxime axetil	1	NM
CEPHALOSPORINS - 3RD GENERATION		
cefdinir	1	NM
cefditoren pivoxil	1	NM
cefixime	1	NM
cefpodoxime proxetil	1	NM
ceftazidime	1	NM
ceftriaxone sodium	1	NM
SUPRAX	2	NM
tazicef	1	NM
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl	1	NM
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle	0	GENDER
altavera	0	GENDER
alyacen 1/35	0	GENDER
alyacen 7/7/7	0	GENDER
amethia	0	GENDER
amethia lo	0	GENDER
amethyst	0	GENDER
apri	0	GENDER
aranelle	0	GENDER
ashlyna	0	GENDER
aubra	0	GENDER
aubra eq	0	GENDER
aurovela 1.5/30	0	GENDER
aurovela 1/20	0	GENDER
aurovela 24 fe	0	GENDER
aurovela fe 1.5/30	0	GENDER
aurovela fe 1/20	0	GENDER
aviane	0	GENDER
ayuna	0	GENDER
azurette	0	GENDER
BALCOLTRA	0	GENDER
balziva	0	GENDER
bekyree	0	GENDER
blisovi 24 fe	0	GENDER
blisovi fe 1.5/30	0	GENDER

Drug Name	Drug Tier	Requirements/Limits
blisovi fe 1/20	0	GENDER
briellyn	0	GENDER
camrese	0	GENDER
camrese lo	0	GENDER
caziant	0	GENDER
charlotte 24 fe	0	GENDER
chateal	0	GENDER
chateal eq	0	GENDER
cryselle-28	0	GENDER
cyclafem 1/35	0	GENDER
cyclafem 7/7/7	0	GENDER
cyred	0	GENDER
cyred eq	0	GENDER
dasetta 1/35	0	GENDER
dasetta 7/7/7	0	GENDER
daysee	0	GENDER
delyla	0	GENDER
desogestrel & ethinyl estradiol	0	GENDER
desogestrel-ethinyl estradiol (biphasic)	0	GENDER
dolishale	0	GENDER
drospirenone-ethinyl estradiol	0	GENDER
drospirenone-ethinyl estradiol-levomefolate calcium	0	GENDER
elinest	0	GENDER
emoquette	0	GENDER
enpresse-28	0	GENDER
enskyce	0	GENDER
estarylla	0	GENDER
ethynodiol diacet & eth estrad	0	GENDER
FALESSA	0	GENDER
falmina	0	GENDER
fayosim	0	GENDER
femynor	0	GENDER
gemmily	0	GENDER
gianvi	0	GENDER
hailey 1.5/30	0	GENDER
hailey 24 fe	0	GENDER
hailey fe 1.5/30	0	GENDER
hailey fe 1/20	0	GENDER
iclevia	0	GENDER
introvale	0	GENDER
isibloom	0	GENDER
jaimiess	0	GENDER
jasmiel	0	GENDER
jolessa	0	GENDER

Drug Name	Drug Tier	Requirements/Limits
juleber	0	GENDER
junel 1.5/30	0	GENDER
junel 1/20	0	GENDER
junel fe 1.5/30	0	GENDER
junel fe 1/20	0	GENDER
junel fe 24	0	GENDER
kaitlib fe	0	GENDER
kalliga	0	GENDER
kariva	0	GENDER
kelnor 1/35	0	GENDER
kelnor 1/50	0	GENDER
kurvelo	0	GENDER
larin 1.5/30	0	GENDER
larin 1/20	0	GENDER
larin 24 fe	0	GENDER
larin fe 1.5/30	0	GENDER
larin fe 1/20	0	GENDER
larissia	0	GENDER
layolis fe	0	GENDER
leena	0	GENDER
lessina	0	GENDER
levonest	0	GENDER
levonorgestrel & eth estradiol	0	GENDER
levonorgestrel-eth estradiol (triphasic)	0	GENDER
levonorgestrel-ethinyl estradiol (91-day)	0	GENDER
levonorgestrel-ethinyl estradiol (continuous)	0	GENDER
levora 0.15/30-28	0	GENDER
lillow	0	GENDER
LO LOESTRIN FE	0	GENDER
lo-zumandimine	0	GENDER
loestrin 1.5/30-21	0	GENDER
loestrin 1/20-21	0	GENDER
loestrin fe 1.5/30	0	GENDER
loestrin fe 1/20	0	GENDER
lojaimiess	0	GENDER
loryna	0	GENDER
low-ogestrel	0	GENDER
lutera	0	GENDER
marlissa	0	GENDER
melodetta 24 fe	0	GENDER
merzee	0	GENDER
mibelas 24 fe	0	GENDER
microgestin 1.5/30	0	GENDER
microgestin 1/20	0	GENDER

Drug Name	Drug Tier	Requirements/Limits
microgestin 24 fe	0	GENDER
microgestin fe 1.5/30	0	GENDER
microgestin fe 1/20	0	GENDER
mili	0	GENDER
mono-linyah	0	GENDER
NATAZIA	0	GENDER
necon 0.5/35-28	0	GENDER
NEXTSTELLIS	0	GENDER
nikki	0	GENDER
norethin acet & estrad-fe	0	GENDER
norethindrone & ethinyl estradiol-fe	0	GENDER
norethindrone acet & eth estra	0	GENDER
norgestimate-ethinyl estradiol	0	GENDER
norgestimate-ethinyl estradiol (triphasic)	0	GENDER
nortrel 0.5/35 (28)	0	GENDER
nortrel 1/35	0	GENDER
nortrel 7/7/7	0	GENDER
nylia 1/35	0	GENDER
nylia 7/7/7	0	GENDER
nymyo	0	GENDER
ocella	0	GENDER
ogestrel	0	GENDER
orsythia	0	GENDER
philith	0	GENDER
pimtrea	0	GENDER
pirmella 1/35	0	GENDER
pirmella 7/7/7	0	GENDER
portia-28	0	GENDER
previfem	0	GENDER
reclipsen	0	GENDER
rivelsa	0	GENDER
setlakin	0	GENDER
simliya	0	GENDER
simpesse	0	GENDER
sprintec 28	0	GENDER
sronyx	0	GENDER
syeda	0	GENDER
tarina 24 fe	0	GENDER
tarina fe 1/20	0	GENDER
tarina fe 1/20 eq	0	GENDER
taysofy	0	GENDER
tilia fe	0	GENDER
tri femynor	0	GENDER
tri-estarylla	0	GENDER
tri-legest fe	0	GENDER

Drug Name	Drug Tier	Requirements/Limits
tri-linyah	0	GENDER
tri-lo-estarylla	0	GENDER
tri-lo-marzia	0	GENDER
tri-lo-mili	0	GENDER
tri-lo-sprintec	0	GENDER
tri-mili	0	GENDER
tri-nymyo	0	GENDER
tri-previfem	0	GENDER
tri-sprintec	0	GENDER
tri-vylibra	0	GENDER
tri-vylibra lo	0	GENDER
trivora-28	0	GENDER
TYBLUME	0	GENDER
tydemy	0	GENDER
velivet	0	GENDER
vestura	0	GENDER
vienva	0	GENDER
viorele	0	GENDER
volnea	0	GENDER
vyfemla	0	GENDER
vylibra	0	GENDER
wera	0	GENDER
wymzya fe	0	GENDER
zarah	0	GENDER
zovia 1/35	0	GENDER
zovia 1/35e	0	GENDER
zumandimine	0	GENDER
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA	0	GENDER
xulane	0	GENDER
zafemy	0	GENDER
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	0	QL (1 ring / 300 days); GENDER
eluryng	0	QL (13 rings / 300 days); GENDER
etonogestrel-ethinyl estradiol	0	QL (13 rings / 300 days); GENDER
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COP	0	NM; GENDER
EMERGENCY CONTRACEPTIVES		
aftera	0	OTC, NM; GENDER
afterpill	0	OTC, NM; GENDER
econtra ez	0	OTC, NM; GENDER
econtra one-step	0	OTC, NM; GENDER

Drug Name	Drug Tier	Requirements/Limits
ELLA	0	NM; GENDER
levonorgestrel (emergency oc)	0	OTC, NM; GENDER
my choice	0	OTC, NM; GENDER
my way	0	OTC, NM; GENDER
new day	0	OTC, NM; GENDER
opcicon one-step	0	OTC, NM; GENDER
option 2	0	OTC, NM; GENDER
react	0	OTC, NM; GENDER
take action	0	OTC, NM; GENDER
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON	0	NM; GENDER
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104	0	QL (6.154 injections / 300 days), NM; GENDER
medroxyprogesterone acetate (contraceptive)	0	QL (4 injections / 300 days), NM; GENDER
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	0	NM; GENDER
LILETTA	0	NM; GENDER
MIRENA	0	NM; GENDER
SKYLA	0	NM; GENDER
PROGESTIN CONTRACEPTIVES - ORAL		
camila	0	GENDER
deblitane	0	GENDER
errin	0	GENDER
heather	0	GENDER
incassia	0	GENDER
jencycla	0	GENDER
lyleq	0	GENDER
lyza	0	GENDER
nora-be	0	GENDER
norethindrone (contraceptive)	0	GENDER
norlyda	0	GENDER
norlyroc	0	GENDER
sharobel	0	GENDER
SLYND	0	GENDER
tulana	0	GENDER
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide	1	NM
cortisone acetate	1	NM
decadron	1	NM
DEPO-MEDROL	3	NM
dexamethasone	1	NM

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL	2	NM
dexamethasone sodium phosphate	1	NM
EMFLAZA SUSP	5	PA, QL (60 mL / 30 days), NM
EMFLAZA TABS 6mg	5	PA, QL (60 tabs / 30 days), NM
EMFLAZA TABS 18mg, 30mg, 36mg	5	PA, QL (30 tabs / 30 days), NM
hydrocortisone	1	NM
MEDROL	2	NM
methylprednisolone	1	NM
methylprednisolone acetate	1	NM
methylprednisolone sod succ	1	NM
prednisolone	1	NM
prednisolone sodium phosphate	1	NM
prednisone	1	NM
PREDNISONE INTENSOL	2	NM
SOLU-CORTEF	3	NM
SOLU-MEDROL	3	NM
MINERALOCORTICOIDS		
fludrocortisone acetate	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate	1	NM
hydrocodone w/ homatropine	1	NM
hydromet	1	NM
COUGH/COLD/ALLERGY COMBINATIONS		
g tussin ac	1	OTC, NM
guaiatussin ac	1	OTC, NM
guaifenesin ac	1	OTC, NM
guaifenesin-codeine	1	OTC, NM
hydrocodone polistirex-chlorpheniramine polistirex	1	NM
maxi-tuss ac	1	OTC, NM
promethazine & phenylephrine	1	NM
promethazine vc	1	NM
promethazine vc/codeine	1	NM
promethazine w/codeine	1	NM
promethazine-dm	1	NM
promethazine-phenylephrine-codeine	1	NM
pseudoephed-bromphen-dm	1	NM
TUZISTRA XR	3	NM
virtussin a/c	1	OTC, NM
virtussin ac/alc	1	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
nebusal	1	NM
pulmosal	1	NM
sodium chloride (inhalant)	1	NM
MUCOLYTICS		
acetylcysteine	1	NM
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane	1	PA, NM
adapalene	1	NM; AGE
adapalene-benzoyl peroxide	1	NM
amnesteem	1	PA, NM
avita	1	NM; AGE
benzoyl peroxide-erythromycin	1	NM
claravis	1	PA, NM
clindacin etz pledgets	1	NM
clindacin-p	1	NM
clindamycin phosphate (topical) foam; swab	1	NM
clindamycin phosphate (topical) gel	1	QL (225 gm / 75 days), NM
clindamycin phosphate (topical) lotn; soln	1	QL (180 mL / 75 days), NM
clindamycin phosphate-benzoyl peroxide	1	NM
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	NM
EPIDUO FORTE	3	NM
ery	1	NM
erythromycin (acne aid) gel	1	QL (180 gm / 75 days), NM
erythromycin (acne aid) soln	1	QL (180 mL / 75 days), NM
isotretinoin	1	PA, NM
myorisan	1	PA, NM
neuac	1	NM
sulfacetamide sodium (acne)	1	NM
tretinoin	1	NM; AGE
tretinoin microsphere	1	NM; AGE
zenatane	1	PA, NM
ANTI-INFLAMMATORY AGENTS - TOPICAL		
arthritis pain reliever	1	QL (900 gm / 75 days), OTC, NM
aspercreme arthritis pain	1	QL (900 gm / 75 days), OTC, NM

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium (topical)	1	QL (900 gm / 75 days), OTC, NM
goodsense arthritis pain	1	QL (900 gm / 75 days), OTC, NM
kls diclofenac sodium	1	QL (900 gm / 75 days), OTC, NM
qc diclofenac sodiium	1	QL (900 gm / 75 days), OTC, NM
VOLTAREN	1	QL (900 gm / 75 days), OTC, NM
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (topical)	1	NM
mupirocin	1	QL (30 gm / 25 days), NM
ANTIFUNGALS - TOPICAL		
ciclodan	1	NM
ciclopirox gel	1	QL (120 gm / 25 days), NM
ciclopirox sham	1	QL (120 mL / 25 days), NM
ciclopirox soln	1	NM
ciclopirox olamine crea	1	QL (120 gm / 25 days), NM
ciclopirox olamine susp	1	QL (120 mL / 25 days), NM
clotrimazole (topical) crea	1	QL (120 gm / 25 days), NM
clotrimazole (topical) soln	1	QL (120 mL / 25 days), NM
clotrimazole w/ betamethasone crea	1	QL (60 gm / 25 days), NM
clotrimazole w/ betamethasone lotn	1	QL (60 mL / 25 days), NM
econazole nitrate	1	QL (60 gm / 25 days), NM
ERTACZO	3	QL (60 gm / 25 days), NM
JUBLIA	3	PA, NM
ketoconazole (topical) crea	1	QL (120 gm / 25 days), NM
ketoconazole (topical) sham	1	QL (120 mL / 25 days), NM
luliconazole	3	QL (60 gm / 25 days), NM
MENTAX	3	QL (60 gm / 25 days), NM

Drug Name	Drug Tier	Requirements/Limits
naftifine hcl	1	QL (60 gm / 25 days), NM
nyamyc	1	QL (120 gm / 25 days), NM
nystatin (topical)	1	QL (120 gm / 25 days), NM
nystatin-triamcinolone	1	QL (60 gm / 25 days), NM
nystop	1	QL (120 gm / 25 days), NM
oxiconazole nitrate	1	QL (60 gm / 25 days), NM
sulconazole nitrate crea	1	QL (60 gm / 25 days), NM
sulconazole nitrate soln	1	QL (60 mL / 25 days), NM
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil (topical)	1	NM
PICATO	3	NM
TARGRETIN	4	PA, NM
ANTIPRURITICS - TOPICAL		
doxepin hcl (antipruritic)	3	ST, PA, QL (45 gm / 25 days), NM
ANTIPSORIATICS		
acitretin	1	NM
calcipotriene	1	ST, NM
calcitriol (topical)	3	ST, NM
COSENTYX	4	PA
COSENTYX SENSOREADY PEN	4	PA
methoxsalen rapid	1	NM
SKYRIZI	4	PA
SKYRIZI PEN	4	PA
STELARA	4	PA
TALTZ	4	PA
tazarotene	1	PA, NM
TAZORAC	2	PA, NM
TREMFYA	4	PA
ANTISEBORRHEIC PRODUCTS		
selenium sulfide	1	NM
ANTIVIRALS - TOPICAL		
acyclovir topical	3	NM
DENAVIR	3	NM
BURN PRODUCTS		
silver sulfadiazine	1	NM
ssd	1	NM

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON	3	NM
CORTICOSTEROIDS - TOPICAL		
ala-cort	1	QL (360 gm / 75 days), NM
alclometasone dipropionate	1	QL (360 gm / 75 days), NM
amcinonide crea	1	QL (360 gm / 75 days), NM
amcinonide lotn	1	QL (360 mL / 75 days), NM
AMCINONIDE OINT	2	QL (360 gm / 75 days), NM
beser	1	QL (360 mL / 75 days), NM
betamethasone dipropionate (topical) crea; oint	1	QL (360 gm / 75 days), NM
betamethasone dipropionate (topical) lotn	1	QL (360 mL / 75 days), NM
betamethasone dipropionate augmented crea; gel; oint	1	QL (360 gm / 75 days), NM
betamethasone dipropionate augmented lotn	1	QL (360 mL / 75 days), NM
betamethasone valerate crea; foam; oint	1	QL (360 gm / 75 days), NM
betamethasone valerate lotn	1	QL (360 mL / 75 days), NM
BRYHALI	2	QL (360 gm / 75 days), NM
calcipotriene-betamethasone dipropionate	3	ST, NM
clobetasol propionate crea; foam; gel; oint	1	QL (360 gm / 75 days), NM
clobetasol propionate liqd; lotn; sham; soln	1	QL (360 mL / 75 days), NM
clobetasol propionate emo	1	QL (360 gm / 75 days), NM
clocortolone pivalate	3	QL (360 gm / 75 days), NM
clodan	1	QL (360 mL / 75 days), NM
desonide crea; oint	1	QL (360 gm / 75 days), NM
desonide lotn	1	QL (360 mL / 75 days), NM
desoximetasone crea; gel; oint	1	QL (360 gm / 75 days), NM
desoximetasone liqd	3	QL (360 mL / 75 days), NM

Drug Name	Drug Tier	Requirements/Limits
diflorasone diacetate	3	QL (360 gm / 75 days), NM
fluocinolone acetonide crea; oint	1	QL (360 gm / 75 days), NM
fluocinolone acetonide oil; soln	1	QL (360 mL / 75 days), NM
fluocinonide crea; gel; oint	1	QL (360 gm / 75 days), NM
fluocinonide soln	1	QL (360 mL / 75 days), NM
fluticasone propionate crea; oint	1	QL (360 gm / 75 days), NM
fluticasone propionate lotn	1	QL (360 mL / 75 days), NM
halobetasol propionate	1	QL (360 gm / 75 days), NM
hydrocortisone (topical) crea; oint	1	QL (360 gm / 75 days), NM
hydrocortisone (topical) lotn	1	QL (360 mL / 75 days), NM
hydrocortisone butyrate crea; oint	1	QL (360 gm / 75 days), NM
hydrocortisone butyrate soln	1	QL (360 mL / 75 days), NM
hydrocortisone valerate	1	QL (360 gm / 75 days), NM
mometasone furoate crea; oint	1	QL (360 gm / 75 days), NM
mometasone furoate soln	1	QL (360 mL / 75 days), NM
prednicarbate	1	QL (360 gm / 75 days), NM
triamcinolone acetonide (topical) crea; oint	1	QL (360 gm / 75 days), NM
triamcinolone acetonide (topical) lotn	1	QL (360 mL / 75 days), NM
triderm	1	QL (360 gm / 75 days), NM
EMOLLIENTS		
LACTIC ACID	1	NM
lactic acid (ammonium lactate)	1	NM
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod	1	NM
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus (topical)	1	NM

Drug Name	Drug Tier	Requirements/Limits
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX	3	NM
podofilox	1	NM
LOCAL ANESTHETICS - TOPICAL		
agoneaze	1	NM
anodyne lpt	1	NM
aspercreme lidocaine max	1	QL (90 patches / 75 days), OTC, NM
aspercreme lidocaine patc	1	QL (90 patches / 75 days), OTC, NM
asperflex maximum strengt	1	QL (90 patches / 75 days), OTC, NM
blue-emu pain relief dry-	1	QL (90 patches / 75 days), OTC, NM
cvs pain relief maximum s	1	QL (90 patches / 75 days), OTC, NM
dermacinrx empricaine	1	NM
dermacinrx prizopak	1	NM
eq lidocaine pain relievi	1	QL (90 patches / 75 days), OTC, NM
glydo	1	QL (10 injections / 25 days), NM
gnp lidocaine pain relief	1	QL (90 patches / 75 days), OTC, NM
goodsense pain relief max	1	QL (90 patches / 75 days), OTC, NM
healthwise pain relief	1	QL (90 patches / 75 days), OTC, NM
hm lidocaine patch	1	QL (90 patches / 75 days), OTC, NM
lido bdk	1	NM
lido king	1	QL (90 patches / 75 days), OTC, NM
lido-prilo caine pack	1	NM
lidocaine oint	1	QL (50 gm / 25 days), NM
lidocaine ptch 4%	1	QL (90 patches / 75 days), OTC, NM
lidocaine ptch 5%	1	PA, NM
lidocaine hcl gel	1	QL (60 mL / 25 days), NM
lidocaine hcl prsy 2%	1	QL (12 injections / 25 days), NM
lidocaine hcl prsy 2%	1	QL (3 injections / 25 days), NM
lidocaine hcl soln	1	QL (50 mL / 25 days), NM

Drug Name	Drug Tier	Requirements/Limits
lidocaine pain relief pat	1	QL (90 patches / 75 days), OTC, NM
lidocaine pain relieving	1	QL (90 patches / 75 days), OTC, NM
lidocaine-prilocaine crea	1	QL (30 gm / 25 days), NM
lidocaine-prilocaine kit	1	NM
lidopril	1	NM
lidopril xr	1	NM
livixil pak	1	NM
nuvakaan	1	NM
pain relieving lidocaine	1	QL (90 patches / 75 days), OTC, NM
prilolid	1	NM
prilovix	1	NM
prilovix lite	1	NM
qc lidocaine pain relief	1	QL (90 patches / 75 days), OTC, NM
ra lidocaine pain relievi	1	QL (90 patches / 75 days), OTC, NM
ra pain relieving patch m	1	QL (90 patches / 75 days), OTC, NM
re-lieved maximum strengt	1	QL (90 patches / 75 days), OTC, NM
relador pak	1	NM
relador pak plus	1	NM
salonpas pain relieving g	1	QL (90 patches / 75 days), OTC, NM
SYNERA	3	QL (2 patches / 25 days), NM
theracare pain relief max	1	QL (90 patches / 75 days), OTC, NM
vexatrol	1	NM
welmate lidocaine pain re	1	QL (90 patches / 75 days), OTC, NM
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	ST, PA, QL (180 gm / 75 days), NM
ROSACEA AGENTS		
azelaic acid	1	NM
FINACEA	2	NM
metronidazole (topical)	1	NM
MIRVASO	3	PA, NM
rosadan	1	NM
SCABICIDES & PEDICULICIDES		
crotan	1	NM

Drug Name	Drug Tier	Requirements/Limits
EURAX	3	NM
ivermectin (pediculicide)	1	ST, PA, NM
lice treatment	1	OTC, NM
lice treatment creme rins	1	OTC, NM
lindane	1	NM
malathion	1	ST, NM
permethrin	1	NM
ra lice treatment	1	OTC, NM
sm lice treatment	1	OTC, NM
spinosad	1	ST, NM
WOUND CARE PRODUCTS		
REGRANEX	3	PA, NM
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS STRP	2	QL (612 strips / 75 days), OTC, NM
ACCU-CHEK COMPACT PLUS	2	QL (612 strips / 75 days), OTC, NM
ACCU-CHEK GUIDE STRP	2	QL (612 strips / 75 days), OTC, NM
ACCU-CHEK SMARTVIEW STRIP	2	QL (612 strips / 75 days), OTC, NM
CHEMSTRIP 2 GP STRIPS	2	OTC, NM
CHEMSTRIP 5 OB	2	OTC, NM
CHEMSTRIP 7	2	OTC, NM
CHEMSTRIP 9 STRIPS	2	OTC, NM
CHEMSTRIP 10 MD	2	OTC, NM
CHEMSTRIP -10 WITH SG	2	OTC, NM
CHEMSTRIP UGK	2	OTC, NM
CVS KETONE CARE	2	OTC, NM
DIASTIX	2	OTC, NM
KETO-DIASTIX	2	OTC, NM
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
westab max	1	NM
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	2	PA
SUCRAID	3	PA
VIOKACE	2	PA
ZENPEP	2	PA
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	1	

Drug Name	Drug Tier	Requirements/Limits
methazolamide	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE	2	
amiloride & hydrochlorothiazide	1	
spironolactone & hydrochlorothiazide	1	
triamterene & hydrochlorothiazide	1	
LOOP DIURETICS		
bumetanide	1	
ethacrynic acid	3	
furosemide soln 8mg/ml, 10mg/ml	1	
furosemide soln 10mg/ml	1	NM
furosemide tabs	1	
torsemide	1	
OSMOTIC DIURETICS		
mannitol	1	NM
osmitrol viaflex	1	NM
POTASSIUM SPARING DIURETICS		
amiloride hcl	1	
spironolactone	1	
triamterene	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone	1	
DIURIL	3	
hydrochlorothiazide	1	
indapamide	1	
metolazone	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium	1	
calcitonin (salmon)	1	
FOSAMAX PLUS D	3	ST, PA
ibandronate sodium soln	1	NM
ibandronate sodium tabs	1	
pamidronate disodium	1	NM
PROLIA	4	PA, NM
risedronate sodium tabs 5mg, 35mg, 150mg	1	
risedronate sodium tabs 30mg	1	NM
risedronate sodium tbec	1	
TYMLOS	4	PA
zoledronic acid	4	PA, NM
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN	4	PA, NM

Drug Name	Drug Tier	Requirements/Limits
GNRH/LHRH ANTAGONISTS		
ORILISSA	2	NM
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	4	PA, QL (30 vials / 30 days)
GROWTH HORMONES		
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
NORDITROPIN FLEXPRO	4	PA
HORMONE RECEPTOR MODULATORS		
OSPHENA	2	
raloxifene hcl	1	AGE
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA PACK	4	PA, NM
LUPRON DEPOT-PED (1-MONTH	4	PA, NM
LUPRON DEPOT-PED (3-MONTH	4	PA, NM
SUPPRELIN LA	4	PA, NM
SYNAREL	5	PA, NM
TRIPTODUR	4	PA, NM
METABOLIC MODIFIERS		
calcitriol	1	
CARBAGLU	4	PA
CARGLUMIC ACID	4	PA
cinacalcet hcl 30mg, 60mg	4	PA, QL (60 tabs / 30 days)
cinacalcet hcl 90mg	4	PA, QL (120 tabs / 30 days)
CYSTADANE	4	PA
doxercalciferol	1	
MYALEPT	4	PA, QL (30 vials / 30 days)
nitisinone	4	PA
ORFADIN	4	PA
paricalcitol	1	
sapropterin dihydrochloride	4	PA
sodium phenylbutyrate powd	4	PA, QL (750 gm / 30 days)
sodium phenylbutyrate tabs	4	PA, QL (1200 tabs / 30 days)
POSTERIOR PITUITARY HORMONES		
desmopressin acetate soln	1	NM
desmopressin acetate tabs	1	

Drug Name	Drug Tier	Requirements/Limits
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated	1	
PROLACTIN INHIBITORS		
cabergoline	1	NM
SOMATOSTATIC AGENTS		
octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml	4	PA, QL (90 vials / 30 days)
octreotide acetate soln 200mcg/ml, 1000mcg/5ml	4	PA, QL (48 vials / 30 days)
octreotide acetate soln 1000mcg/ml	4	PA, QL (12 vials / 30 days)
OCTREOTIDE ACETATE SOSY	4	PA, QL (90 syringes / 30 days)
SIGNIFOR	5	PA, QL (60 ampules / 30 days)
SOMATULINE DEPOT	4	PA, NM
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan	4	PA, NM
ESTROGENS		
ESTROGEN COMBINATIONS		
amabelz	1	
CLIMARA PRO	2	
DUAVEE	2	
estradiol & norethindrone acetate	1	
fyavolv	1	
jinteli	1	
lopreeza	1	
mimvey	1	
norethindrone acetate-ethinyl estradiol	1	
ESTROGENS		
DEPO-ESTRADIOL	3	NM
DIVIGEL	3	AGE
dotti	1	
ELESTRIN	3	AGE
estradiol	1	
estradiol valerate	1	NM
ESTROGEL	3	AGE
EVAMIST	3	AGE
lyllana	1	
MENEST	3	
PREMARIN TABS	3	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA	3	NM

Drug Name	Drug Tier	Requirements/Limits
CIPRO	3	NM
ciprofloxacin hcl	1	NM
levofloxacin	1	NM
moxifloxacin hcl	1	NM
ofloxacin	1	NM
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
ursodiol	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis)	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone	1	
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl	1	NM
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium	1	NM
DIPENTUM	3	PA
mesalamine cp24	1	
mesalamine cpdr	1	
mesalamine enem	1	NM
mesalamine supp	1	NM
mesalamine tbec 1.2gm	1	
mesalamine tbec 800mg	1	NM
mesalamine w/ cleanser	1	NM
sulfasalazine	1	
INTESTINAL ACIDIFIERS		
enulose	1	
generlac	1	
lactulose (encephalopathy)	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl	1	PA
LINZESS	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	NM
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder)	1	
FOSRENOL	3	
PHOSLYRA	2	
sevelamer carbonate	1	
VELPHORO	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
potassium citrate (alkalinizer)	1	NM

Drug Name	Drug Tier	Requirements/Limits
CYSTINOSIS AGENTS		
CYSTAGON	4	PA
GENITOURINARY IRRIGANTS		
argyle sterile saline	1	NM
curity sterile saline	1	NM
sodium chloride (gu irrigant)	1	NM
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	NM
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl	1	
CARDURA XL	3	ST, PA
dutasteride	1	
dutasteride-tamsulosin hcl	1	
finasteride	1	
silodosin	1	
tamsulosin hcl	1	
URINARY ANALGESICS		
azo tabs	1	OTC, NM
azo urinary pain relief	1	OTC, NM
azo-standard	1	OTC, NM
gnp urinary pain relief	1	OTC, NM
phenazo	1	OTC, NM
qc azo	1	OTC, NM
ra urinary pain relief	1	OTC, NM
urinary pain relief	1	OTC, NM
uristat	1	OTC, NM
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid	1	
GOUT AGENTS		
allopurinol	1	
colchicine	1	NM
febuxostat	1	ST, PA
URICOSURICS		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate	4	PA, QL (45 syringes / 90 days), NM
sajazir	4	PA, QL (45 syringes / 90 days), NM

Drug Name	Drug Tier	Requirements/Limits
COMPLEMENT INHIBITORS		
HAEGARDA	4	PA, QL (30 vials / 30 days), NM
HEMATORHEOLOGIC AGENTS		
pentoxifylline	1	
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl	1	
aspirin-dipyridamole	1	
ASPIRIN/OMEPRAZOLE	3	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate 75mg	1	
clopidogrel bisulfate 300mg	1	NM
dipyridamole	1	
prasugrel hcl	1	
YOSPRALA	3	
ZONTIVITY	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	4	PA, QL (60 caps / 30 days)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA	2	
COBALAMINS		
cyanocobalamin	1	NM
FOLIC ACID/FOLATES		
fa-8	0	OTC; AGE
folate	0	OTC, NM; AGE
folic acid caps	0	OTC; AGE
folic acid tabs 1mg	1	
folic acid tabs 400mcg	0	OTC, NM; AGE
kp folic acid	0	OTC; AGE
sm folic acid	0	OTC, NM; AGE
yl folic acid	0	OTC, NM; AGE
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE	4	PA, NM
MIRCERA	4	PA, NM
NEULASTA	4	PA, QL (3.333 syringes / 28 days), NM
NEULASTA ONPRO KIT	4	PA, QL (2 mL / 28 days), NM
NIVESTYM	4	PA, NM
PROMACTA 12.5mg, 25mg	4	PA, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PROMACTA 50mg, 75mg	4	PA, QL (60 tabs / 30 days)
RETACRIT	4	PA, NM
UDENYCA	4	PA, QL (3.333 syringes / 28 days), NM
ZIEXTENZO	4	PA, QL (3.333 syringes / 28 days), NM
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid	1	NM
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
cvs sleep-aid nighttime	1	OTC, NM
cvs ultra sleep	1	OTC, NM
eql nighttime sleep aid	1	OTC, NM
hm sleep aid	1	OTC, NM
ra sleep aid	1	OTC, NM
sleep aid	1	OTC, NM
sm sleep aid	1	OTC, NM
wal-som	1	OTC, NM
BARBITURATE HYPNOTICS		
phenobarbital	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep)	1	NM
NON-BARBITURATE HYPNOTICS		
estazolam	3	QL (45 tabs / 75 days), NM
eszopiclone	1	QL (45 tabs / 75 days), NM
temazepam	1	QL (45 caps / 75 days), NM
triazolam	3	QL (30 tabs / 75 days), NM
zaleplon	1	QL (45 caps / 75 days), NM
zolpidem tartrate	1	QL (45 tabs / 75 days), NM
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	2	ST, PA, NM
DAYVIGO	2	PA, NM
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ	5	PA, QL (30 caps / 30 days)
ramelteon	1	QL (45 tabs / 75 days), NM

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ	2	NM; AGE
gavilyte-c	1	NM
gavilyte-g	1	NM
gavilyte-n/flavor pack	1	NM
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	1	NM
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	NM
SUPREP BOWEL PREP KIT	2	NM; AGE
trilyte	1	NM
LAXATIVES - MISCELLANEOUS		
constulose	1	
cvs purelax	1	OTC, NM
eq clearlax	1	OTC, NM
eql clearlax	1	OTC, NM
gavilax	1	OTC, NM
gentlelax	1	OTC, NM
glycolax	1	OTC, NM
gnp clearlax	1	OTC, NM
goodsense clearlax	1	OTC, NM
hm clearlax	1	OTC, NM
kls laxaclear	1	OTC, NM
lactulose	1	
mm clearlax	1	OTC, NM
polyethylene glycol 3350	1	OTC, NM
qc natura-lax	1	OTC, NM
ra laxative	1	OTC, NM
sm clearlax	1	OTC, NM
smooth lax	1	OTC, NM
tgt powderlax	1	OTC, NM
SALINE LAXATIVES		
OSMOPREP	3	NM
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
lidocaine hcl (local anesth.)	1	NM
MACROLIDES		
AZITHROMYCIN		
azithromycin	1	NM
CLARITHROMYCIN		
clarithromycin	1	NM
ERYTHROMYCINS		
e.e.s. 400	1	NM

Drug Name	Drug Tier	Requirements/Limits
ery-tab	1	NM
erythrocin stearate	1	NM
erythromycin base	1	NM
erythromycin ethylsuccinate	1	NM
FIDAXOMICIN		
DIFICID	2	PA, NM
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA	0	QL (1 each / 300 days), NM; GENDER
FC2 FEMALE CONDOM	0	OTC, NM; GENDER
FC FEMALE CONDOM	0	OTC, NM; GENDER
FEMCAP	0	QL (1 each / 300 days), NM; GENDER
OMNIFLEX DIAPHRAGM	0	QL (1 each / 300 days), NM; GENDER
WIDE-SEAL SILICONE DIAPHR	0	QL (1 each / 300 days), NM; GENDER
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA	2	OTC, NM
ACCU-CHEK AVIVA PLUS KIT	2	OTC, NM
ACCU-CHEK COMPACT PLUS CA	2	OTC, NM
ACCU-CHEK COMPACT PLUS CL	2	OTC, NM
ACCU-CHEK FASTCLIX LANCET	2	OTC, NM
ACCU-CHEK GUIDE KIT	2	OTC, NM
ACCU-CHEK GUIDE CONTROL L	2	OTC, NM
ACCU-CHEK GUIDE ME	2	OTC, NM
ACCU-CHEK MULTICLIX LANC	2	OTC, NM
ACCU-CHEK MULTICLIX LANCE	2	OTC, NM
ACCU-CHEK SAFE-T-PRO LANC	2	OTC, NM
ACCU-CHEK SAFE-T-PRO PLUS	2	OTC, NM
ACCU-CHEK SMARTVIEW CONTR	2	OTC, NM
ACCU-CHEK SOFTCLIX LANCET	2	OTC, NM
ACTI-LANCE LANCETS 28G	2	OTC, NM
ACTI-LANCE LITE SAFETY LA	2	OTC, NM
ACTI-LANCE SPECIAL SAFETY	2	OTC, NM
ACTI-LANCE UNIVERSAL SAFE	2	OTC, NM
ADVANCE INTUITION CONTROL	2	OTC, NM
ADVANCE MICRO-DRAW CONTRO	2	OTC, NM
ADVANCE MICRO-DRAW NORMAL	2	OTC, NM
ADVANCED MOBILE LANCET 30	2	OTC, NM
ADVOCATE CONTROL SOLUTION	2	OTC, NM
ADVOCATE LANCETS	2	OTC, NM
ADVOCATE LANCETS 30G	2	OTC, NM
ADVOCATE LANCING DEVICE	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE RAPID-SAFE LANCI	2	OTC, NM
ADVOCATE REDI-CODE+ CONTR	2	OTC, NM
ADVOCATE SAFETY LANCETS 2	2	OTC, NM
AGAMATRIX CONTROL HIGH	2	OTC, NM
AGAMATRIX CONTROL NORMAL	2	OTC, NM
AGAMATRIX CONTROL SOLUTIO	2	OTC, NM
AGAMATRIX ULTRA-THIN LANC	2	OTC, NM
AIMSCO TWIST LANCETS 32G	2	OTC, NM
AIMSCO TWIST LANCETS 33G	2	OTC, NM
ALTERNATE SITE LANCING DE	2	OTC, NM
AQUA LANCE ADJUSTABLE LAN	2	OTC, NM
AQUALANCE LANCETS UL TRA	2	OTC, NM
ASSURE 3 CONTROL LEVEL 1/	2	OTC, NM
ASSURE 4 CONTROL LEVEL 1/	2	OTC, NM
ASSURE COMFORT LANCETS UL	2	OTC, NM
ASSURE DOSE NORMAL CONTRO	2	OTC, NM
ASSURE DOSE NORMAL/HIGH C	2	OTC, NM
ASSURE HAEMOLANCE PLUS HI	2	OTC, NM
ASSURE HAEMOLANCE PLUS LO	2	OTC, NM
ASSURE HAEMOLANCE PLUS MI	2	OTC, NM
ASSURE HAEMOLANCE PLUS NO	2	OTC, NM
ASSURE HAEMOLANCE PLUS PE	2	OTC, NM
ASSURE II CONTROL LEVEL 1	2	OTC, NM
ASSURE LANCE LANCETS	2	OTC, NM
ASSURE LANCE LANCETS 21G	2	OTC, NM
ASSURE LANCE PLUS SAFETY	2	OTC, NM
ASSURE LANCE SAFETY LANCE	2	OTC, NM
ASSURE LANCETS	2	OTC, NM
ASSURE PRISM CONTROL LEV	2	OTC, NM
ASSURE PRO CONTROL LEVEL	2	OTC, NM
AURORA LANCET SUPER THIN	2	OTC, NM
AURORA LANCET THIN 23G	2	OTC, NM
AUTO-LANCET	2	OTC, NM
AUTO-LANCET MINI	2	OTC, NM
AUTOLET II CLINISAFE	2	OTC, NM
AUTOLET IMPRESSION LANCIN	2	OTC, NM
AUTOLET LITE CLINISAFE	2	OTC, NM
AUTOLET LITE STARTER PACK	2	OTC, NM
AUTOLET MINI	2	OTC, NM
AUTOLET PLATFORMS	2	OTC, NM
AUTOLET PLUS	2	OTC, NM
BD LANCET ULTRAFINE 30G	2	OTC, NM
BD LANCET ULTRAFINE 33G	2	OTC, NM
BD MICROTAINER LANCETS	2	OTC, NM
BLULINK CONTROL SOLUTION/	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
BULLSEYE MINI SAFETY LANC	2	OTC, NM
BULLSEYE SAFETY LANCETS	2	OTC, NM
CARDIOCOM LANCING DEVICE	2	OTC, NM
CAREONE ADVANCED LANCING	2	OTC, NM
CAREONE LANCET SUPER THIN	2	OTC, NM
CAREONE LANCET THIN	2	OTC, NM
CARESENS CONTROL A SOLUTI	2	OTC, NM
CARESENS LANCETS	2	OTC, NM
CARETOUCH CONTROL SOLUTIO	2	OTC, NM
CARETOUCH LANCING DEVICE	2	OTC, NM
CARETOUCH SAFETY LANCETS/	2	OTC, NM
CARETOUCH TWIST LANCETS 2	2	OTC, NM
CARETOUCH TWIST LANCETS 3	2	OTC, NM
CLEANLET LANCETS 28G	2	OTC, NM
CLEVER CHEK LANCETS ULTRA	2	OTC, NM
CLEVER CHOICE COMFORT EZ	2	OTC, NM
CLEVER CHOICE GLUCOSE CON	2	OTC, NM
COAGUCHEK LANCETS	2	OTC, NM
COMFORT ASSURED LANCETS M	2	OTC, NM
COMFORT ASSURED LANCETS S	2	OTC, NM
COMFORT LANCETS	2	OTC, NM
COMFORT TOUCH LANCETS ULT	2	OTC, NM
COMFORT TOUCH PLUS SAFETY	2	OTC, NM
CONTOUR HIGH CONTROL	2	OTC, NM
CONTOUR LOW CONTROL	2	OTC, NM
CONTOUR NEXT CONTROL LEVE	2	OTC, NM
CONTOUR NORMAL CONTROL	2	OTC, NM
CONTROL SOLUTION NORMAL	2	OTC, NM
COOL CONTROL SOLUTION A	2	OTC, NM
COOL CONTROL SOLUTION B	2	OTC, NM
CVS LANCETS 21G	2	OTC, NM
CVS LANCETS MICRO THIN 33	2	OTC, NM
CVS LANCETS MICRO-THIN 33	2	OTC, NM
CVS LANCETS ORIGINAL	2	OTC, NM
CVS LANCETS THIN 26G	2	OTC, NM
CVS LANCETS ULTRA THIN 30	2	OTC, NM
CVS LANCETS ULTRA-THIN 30	2	OTC, NM
CVS LANCING DEVICE	2	OTC, NM
DEXCOM G4 PLATINUM PEDIAT	2	NM
DEXCOM G4 PLATINUM RECEIV	2	NM
DEXCOM G4 PLATINUM TRANSM	2	NM
DEXCOM G4 SENSOR KIT	2	NM
DEXCOM G5 MOBILE RECEIVER	2	NM
DEXCOM G5 MOBILE TRANSMIT	2	NM
DEXCOM G5 MOBILE/G4 PLATI	2	NM

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 RECEIVER	2	NM
DEXCOM G6 SENSOR	2	NM
DEXCOM G6 TRANSMITTER	2	NM
DIASCREEN 1B	2	OTC, NM
DIASCREEN 1G	2	OTC, NM
DIASCREEN 1K	2	OTC, NM
DIASCREEN 2GK	2	OTC, NM
DIASCREEN 2GP	2	OTC, NM
DIASCREEN 3	2	OTC, NM
DIASCREEN 4NL	2	OTC, NM
DIASCREEN 4OBL	2	OTC, NM
DIASCREEN 4PH	2	OTC, NM
DIASCREEN 5	2	OTC, NM
DIASCREEN 6	2	OTC, NM
DIASCREEN 7	2	OTC, NM
DIASCREEN 8	2	OTC, NM
DIASCREEN 9	2	OTC, NM
DIASCREEN 10	2	OTC, NM
DIASCREEN LIQUID URINE CO	2	OTC, NM
DIATHRIVE GLUCOSE CONTROL	2	OTC, NM
DIATHRIVE LANCETS	2	OTC, NM
DIATHRIVE LANCETS ULTRA T	2	OTC, NM
DIATHRIVE LANCING DEVICE	2	OTC, NM
DIATRUE GLUCOSE CONTROL S	2	OTC, NM
DROPLET GENTEEL LANCING D	2	OTC, NM
DROPLET LANCETS ULTRA THI	2	OTC, NM
DROPLET LANCING DEVICE	2	OTC, NM
DROPLET PERSONAL LANCETS	2	OTC, NM
DRUG MART ADJUSTABLE LANC	2	OTC, NM
DRUG MART ON-THE-GO LANCE	2	OTC, NM
DRUG MART UNILET LANCETS	2	OTC, NM
DRUG MART UNILET MICRO TH	2	OTC, NM
DUO-CARE CONTROL SOLUTION	2	OTC, NM
E-Z JECT LANCETS	2	OTC, NM
E-Z JECT LANCETS 21G	2	OTC, NM
E-Z JECT LANCETS COLOR	2	OTC, NM
E-Z JECT LANCETS SUPER TH	2	OTC, NM
E-Z JECT LANCETS THIN 26G	2	OTC, NM
E-ZJECT LANCETS MICRO-THI	2	OTC, NM
EASY COMFORT LANCETS	2	OTC, NM
EASY COMFORT LANCETS 30G/	2	OTC, NM
EASY COMFORT LANCETS TWIS	2	OTC, NM
EASY MINI EJECT LANCING D	2	OTC, NM
EASY MINI LANCING DEVICE	2	OTC, NM
EASY PLUS II CONTROL SOLU	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
EASY STEP CONTROL SOLUTIO	2	OTC, NM
EASY TALK CONTROL SOLUTIO	2	OTC, NM
EASY TOUCH CONTROL SOLUTI	2	OTC, NM
EASY TOUCH LANCETS 26G/PR	2	OTC, NM
EASY TOUCH LANCETS 28G/PR	2	OTC, NM
EASY TOUCH LANCETS 30G/PR	2	OTC, NM
EASY TOUCH LANCETS 32G/PR	2	OTC, NM
EASY TOUCH LANCETS 33G/TW	2	OTC, NM
EASY TOUCH LANCING DEVICE	2	OTC, NM
EASY TOUCH SAFETY LANCETS	2	OTC, NM
EASY TRAK GLUCOSE CONTROL	2	OTC, NM
EASY TRAK II CONTROL SOLU	2	OTC, NM
EASYGLUCO CONTROL SOLUTIO	2	OTC, NM
EASYGLUCO PLUS CONTROL SO	2	OTC, NM
EASYMAX 15 GLUCOSE CONTRO	2	OTC, NM
EASYMAX 15 LEVEL 2 GLUCOS	2	OTC, NM
EASYMAX CONTROL SOLUTION	2	OTC, NM
EASYMAX GLUCOSE CONTROL S	2	OTC, NM
ELEMENT COMPACT CONTROL S	2	OTC, NM
ELEMENT HIGH CONTROL	2	OTC, NM
ELEMENT LOW CONTROL	2	OTC, NM
ELEMENT NORMAL CONTROL	2	OTC, NM
EMBRACE CONTROL SOLUTION	2	OTC, NM
EMBRACE EVO GLUCOSE CONTR	2	OTC, NM
EMBRACE GLUCOSE CONTROL S	2	OTC, NM
EMBRACE LANCETS ULTRA THI	2	OTC, NM
EMBRACE LANCING DEVICE WI	2	OTC, NM
EMBRACE PRESSURE ACTIVATE	2	OTC, NM
EMBRACE PRO GLUCOSE CONTR	2	OTC, NM
EMBRACE TALK GLUCOSE CONT	2	OTC, NM
EQL COLOR LANCETS 21G	2	OTC, NM
EQL COLOR LANCETS MICRO T	2	OTC, NM
EQL SUPER THIN LANCETS 30	2	OTC, NM
EQL THIN LANCETS 26G	2	OTC, NM
EVENCARE CONTROL SOLUTION	2	OTC, NM
EVENCARE G2 GLUCOSE CONTR	2	OTC, NM
EVENCARE G3 GLUCOSE CONTR	2	OTC, NM
EVENCARE MINI GLUCOSE CON	2	OTC, NM
EVOLUTION CONTROL SOLUTIO	2	OTC, NM
EZ-LETS LANCETS 21G	2	OTC, NM
EZ-LETS LANCETS 26G SUPER	2	OTC, NM
EZ-LETS LANCETS 28G ULTRA	2	OTC, NM
EZ-LETS LANCETS 30G	2	OTC, NM
FIFTY50 SAFETY SEAL LANCE	2	OTC, NM
FIFTY50 UNILET LANCETS 33	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
FINE 30	2	OTC, NM
FINGERSTIX LANCETS	2	OTC, NM
FORA CONTROL SOLUTION HIG	2	OTC, NM
FORA CONTROL SOLUTION LOW	2	OTC, NM
FORA CONTROL SOLUTION NOR	2	OTC, NM
FORA LANCETS	2	OTC, NM
FORA LANCING DEVICE/CLEAR	2	OTC, NM
FORACARE GDH CONTROL SOLU	2	OTC, NM
FORTISCARE CONTROL SOLUTI	2	OTC, NM
FREESTYLE CONTROL SOLUTIO	2	OTC, NM
FREESTYLE UNISTICK II LAN	2	OTC, NM
GE100 CONTROL SOLUTION NO	2	OTC, NM
GENTEEL BUTTERFLY TOUCH L	2	OTC, NM
GENTEEL CONTACT TIPS/BLUE	2	OTC, NM
GENTEEL CONTACT TIPS/CLEA	2	OTC, NM
GENTEEL CONTACT TIPS/GREE	2	OTC, NM
GENTEEL CONTACT TIPS/ORAN	2	OTC, NM
GENTEEL CONTACT TIPS/RAIN	2	OTC, NM
GENTEEL CONTACT TIPS/VIOL	2	OTC, NM
GENTEEL CONTACT TIPS/YELL	2	OTC, NM
GENTEEL LANCING DEVICE/GL	2	OTC, NM
GENTEEL LANCING DEVICE/PR	2	OTC, NM
GENTEEL LANCING DEVICE/ST	2	OTC, NM
GENTEEL LANCING KIT/BUTTE	2	OTC, NM
GENTEEL NOZZLES	2	OTC, NM
GENTEEL PLUS LANCING DEVI	2	OTC, NM
GENTLE-LET GP LANCETS	2	OTC, NM
GENTLE-LET LANCETS GENERA	2	OTC, NM
GENTLE-LET PLATFORMS 2.4M	2	OTC, NM
GLOBAL INJECT EASE LANCET	2	OTC, NM
GLOBAL LANCING DEVICE	2	OTC, NM
GLUCOCARD 01 CONTROL SOLU	2	OTC, NM
GLUCOCARD EXPRESSION CONT	2	OTC, NM
GLUCOCARD SHINE CONTROL S	2	OTC, NM
GLUCOCARD X-METER CONTROL	2	OTC, NM
GLUCOCOM HIGH CONTROL	2	OTC, NM
GLUCOCOM LANCETS 28G	2	OTC, NM
GLUCOCOM LANCETS 30G	2	OTC, NM
GLUCOCOM LANCETS 33G	2	OTC, NM
GLUCOCOM NORMAL CONTROL	2	OTC, NM
GLUCOSE CONTROL NORMAL	2	OTC, NM
GLUCOSE CONTROL SOLUTION	2	OTC, NM
GNP EASY TOUCH CONTROL SO	2	OTC, NM
GNP LANCETS 21G	2	OTC, NM
GNP LANCETS THIN	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
GNP LANCETS THIN 26G	2	OTC, NM
GNP LANCING SYSTEM DEVICE	2	OTC, NM
GNP STERILE LANCETS 28G	2	OTC, NM
GNP STERILE LANCETS 30G	2	OTC, NM
GNP STERILE LANCETS 33G	2	OTC, NM
GOJJI CONTROL SOLUTION NO	2	OTC, NM
GOJJI LANCING DEVICE/CLEA	2	OTC, NM
GOJJI STERILE LANCETS 30G	2	OTC, NM
GOODSENSE LANCETS MICRO-T	2	OTC, NM
GOODSENSE LANCETS ULTRA-T	2	OTC, NM
GOODSENSE LANCING DEVICE	2	OTC, NM
H-E-B INCONTROL ADVANCED	2	OTC, NM
H-E-B INCONTROL LANCETS M	2	OTC, NM
H-E-B INCONTROL LANCETS S	2	OTC, NM
H-E-B INCONTROL LANCETS U	2	OTC, NM
HAEMOLANCE	2	OTC, NM
HAEMOLANCE LOW FLOW LANCE	2	OTC, NM
HAEMOLANCE PLUS	2	OTC, NM
HAEMOLANCE PLUS HIGH FLOW	2	OTC, NM
HAEMOLANCE PLUS LOW FLOW	2	OTC, NM
HAEMOLANCE PLUS MAX FLOW	2	OTC, NM
HAEMOLANCE PLUS PEDIATRIC	2	OTC, NM
HEALTH CARE LANCING DEVIC	2	OTC, NM
HEALTHY ACCENTS AUTOLET I	2	OTC, NM
HEALTHY ACCENTS UNILET LA	2	OTC, NM
HY-VEE LANCETS	2	OTC, NM
HY-VEE THIN LANCETS	2	OTC, NM
HYPOLANCE AST LANCING KIT	2	OTC, NM
IN TOUCH GLUCOSE CONTROL	2	OTC, NM
IN TOUCH LANCING DEVICE	2	OTC, NM
IN TOUCH STERILE LANCETS	2	OTC, NM
INFINITY CONTROL SOLUTION	2	OTC, NM
INFINITY VOICE LEVEL 2	2	OTC, NM
KINNEY LANCETS	2	OTC, NM
KINNEY THIN LANCETS	2	OTC, NM
KROGER HEALTHPRO GLUCOSE	2	OTC, NM
KROGER HEALTHPRO TWIST LA	2	OTC, NM
KROGER LANCETS	2	OTC, NM
KROGER LANCETS 21G	2	OTC, NM
KROGER LANCETS MICRO THIN	2	OTC, NM
KROGER LANCETS SUPER THIN	2	OTC, NM
KROGER LANCETS THIN	2	OTC, NM
KROGER LANCETS THIN 26G	2	OTC, NM
LANCET DEVICE ADJUSTABLE	2	OTC, NM
LANCET DEVICE WITH EJECTO	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
LANCET TRANSPORTER CASE	2	OTC, NM
LANCETS	2	OTC, NM
LANCETS 26G TWIST TOP	2	OTC, NM
LANCETS 31G TWIST TOP	2	OTC, NM
LANCETS MICRO THIN 33G	2	OTC, NM
LANCETS SUPER THIN 28G	2	OTC, NM
LANCETS THIN	2	OTC, NM
LANCETS ULTRA FINE	2	OTC, NM
LANCETS ULTRA THIN	2	OTC, NM
LANCETS ULTRA THIN 30G	2	OTC, NM
LANCING DEVICE	2	OTC, NM
LANCING DEVICE ADJUSTABLE	2	OTC, NM
LANZO	2	OTC, NM
LIBERTY CONTROL SOLUTION	2	OTC, NM
LIBERTY GLUCOSE CONTROL M	2	OTC, NM
LIBERTY GLUCOSE CONTROL N	2	OTC, NM
LIBERTY MEDICAL LANCETS 3	2	OTC, NM
LIBERTY MINI LANCING DEVI	2	OTC, NM
LIFESCAN UNISTIK 2 DEEP P	2	OTC, NM
LIFESCAN UNISTIK II LANCE	2	OTC, NM
LITE TOUCH LANCETS	2	OTC, NM
LITE TOUCH LANCING PEN	2	OTC, NM
LITETOUCH LANCETS MICRO T	2	OTC, NM
LIVE BETTER ADVANCED LANC	2	OTC, NM
LIVE BETTER LANCET SUPER	2	OTC, NM
LIVE BETTER LANCET ULTRA	2	OTC, NM
LONGS LANCETS STANDARD	2	OTC, NM
LONGS LANCETS THIN	2	OTC, NM
LONGS LANCETS ULTRA THIN	2	OTC, NM
MEDICHOICE SAFETY LANCET	2	OTC, NM
MEDISENSE GLUCOSE KETONE	2	OTC, NM
MEDISENSE HIGH/MID/LOW CO	2	OTC, NM
MEDISENSE MID CONTROL SOL	2	OTC, NM
MEDISENSE THIN LANCETS	2	OTC, NM
MEDLANCE PLUS EXTRA LANCE	2	OTC, NM
MEDLANCE PLUS LANCETS	2	OTC, NM
MEDLANCE PLUS LITE LANCET	2	OTC, NM
MEDLANCE PLUS SPECIAL LAN	2	OTC, NM
MEDLANCE PLUS SUPERLITE 3	2	OTC, NM
MEDLANCE PLUS UNIVERSAL L	2	OTC, NM
MEDLANCE/EXTRA	2	OTC, NM
MEDLANCE/LITE	2	OTC, NM
MEDLANCE/UNIVERSAL	2	OTC, NM
MEIJER COLOR LANCETS UNIV	2	OTC, NM
MEIJER LANCETS THIN	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
MEIJER LANCETS UNIVERSAL	2	OTC, NM
MICRODOT CONTROL SOLUTION	2	OTC, NM
MICROLET LANCETS	2	OTC, NM
MICROLET NEXT	2	OTC, NM
MM LANCING DEVICE	2	OTC, NM
MM TWIST LANCETS	2	OTC, NM
MONOLET LANCETS	2	OTC, NM
MONOLET OPD LANCETS	2	OTC, NM
MONOLETTOR SAFETY LANCETS	2	OTC, NM
MPD SAFETY LANCET 21G/1.8	2	OTC, NM
MPD SAFETY LANCET 28G/1.8	2	OTC, NM
MPD SAFETY LANCET 30G/1.8	2	OTC, NM
MPD SAFETY LANCETS 23G/1.	2	OTC, NM
MULTI-LANCET DEVICE	2	OTC, NM
MULTI-LANCET DEVICE 2	2	OTC, NM
MYGLUCOHEALTH CONTROL LOW	2	OTC, NM
MYGLUCOHEALTH MGH SOFTLAN	2	OTC, NM
NEUTEK 2TEK CONTROL SOLUT	2	OTC, NM
NOVA MAX PLUS GLU/KET CON	2	OTC, NM
NOVA SAFETY LANCETS 23G	2	OTC, NM
NOVA SAFETY LANCETS 28G	2	OTC, NM
NOVA SUREFLEX LANCETS	2	OTC, NM
NOVA SUREFLEX LANCING DEV	2	OTC, NM
OMNIPOD 5 PACK	2	NM
OMNIPOD STARTER KIT	2	NM
ON CALL EXPRESS GLUCOSE C	2	OTC, NM
ON CALL LANCETS	2	OTC, NM
ON CALL LANCING DEVICE	2	OTC, NM
ON CALL PLUS GLUCOSE CONT	2	OTC, NM
ON CALL PLUS LANCETS	2	OTC, NM
ON CALL PLUS LANCING DEVI	2	OTC, NM
ON CALL VIVID GLUCOSE CON	2	OTC, NM
ONETOUCH CLUB LANCETS FIN	2	OTC, NM
ONETOUCH DELICA LANCETS F	2	OTC, NM
ONETOUCH DELICA PLUS LANC	2	OTC, NM
ONETOUCH DELICA SAFETY LA	2	OTC, NM
ONETOUCH FINEPOINT LANCET	2	OTC, NM
ONETOUCH SURESOFT LANCING	2	OTC, NM
ONETOUCH ULTRA CONTROL	2	OTC, NM
ONETOUCH ULTRASOFT LANCET	2	OTC, NM
ONETOUCH VERIO CONTROL SO	2	OTC, NM
ONETOUCH VERIO MID CONTRO	2	OTC, NM
OPTUMRX GLUCOSE CONTROL L	2	OTC, NM
PC LANCETS SUPER THIN 30G	2	OTC, NM
PENLET II AUTOMATIC BLOOD	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
PENLET II REPLACEMENT CAP	2	OTC, NM
PERFECT LANCETS 30G	2	OTC, NM
PERFECT PRESSURE ACTIVATE	2	OTC, NM
PHARMACIST CHOICE ULTRA T	2	OTC, NM
PHARMACY COUNTER LANCETS	2	OTC, NM
PIP LANCETS/28G	2	OTC, NM
PIP LANCETS/30G	2	OTC, NM
POCKETCHEM EZ CONTROL LEV	2	OTC, NM
PRECISION GLUCOSE CONTROL	2	OTC, NM
PRECISION GLUCOSE KETONE	2	OTC, NM
PRECISION GLUCOSE/KETONE	2	OTC, NM
PREFERRED PLUS LANCETS CO	2	OTC, NM
PREFERRED PLUS LANCETS SU	2	OTC, NM
PREFERRED PLUS LANCETS TH	2	OTC, NM
PRESSURE ACTIVATED SAFETY	2	OTC, NM
PRO COMFORT LANCETS 30G	2	OTC, NM
PRO COMFORT LANCETS 31G	2	OTC, NM
PRODIGY CONTROL SOLUTION	2	OTC, NM
PRODIGY LANCING DEVICE	2	OTC, NM
PRODIGY SAFETY LANCETS	2	OTC, NM
PRODIGY TWIST TOP LANCETS	2	OTC, NM
PSS SELECT GP LANCETS	2	OTC, NM
PSS SELECT PLATFORMS	2	OTC, NM
PSS SELECT SAFETY LANCETS	2	OTC, NM
PURE COMFORT LANCETS 30G	2	OTC, NM
PX ADVANCED LANCING DEVIC	2	OTC, NM
PX LANCET AUTO INJECTOR	2	OTC, NM
PX LANCETS MICROTHIN 33G	2	OTC, NM
PX LANCETS ULTRA THIN	2	OTC, NM
PX LANCETS ULTRA THIN 28G	2	OTC, NM
QC ADVANCED LANCING DEVIC	2	OTC, NM
QC LANCETS SUPER THIN	2	OTC, NM
QC LANCETS ULTRA THIN	2	OTC, NM
QC UNILET LANCETS 28G/ULT	2	OTC, NM
QC UNILET LANCETS 33G/MIC	2	OTC, NM
QUICKTEK CONTROL SOLUTION	2	OTC, NM
QUINTET GLUCOSE CONTROL/H	2	OTC, NM
RA E-ZJECT LANCETS 28G	2	OTC, NM
RA E-ZJECT LANCETS THIN 2	2	OTC, NM
RA E-ZJECT LANCETS ULTRA	2	OTC, NM
READYLANCE SAFETY LANCETS	2	OTC, NM
REALITY LANCETS	2	OTC, NM
REALITY TRIGGER LANCETS	2	OTC, NM
REFUAH PLUS GLUCOSE CONTR	2	OTC, NM
RELION 2-IN-1 LANCET DEV	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
RELION 2-IN-1 LANCING DEV	2	OTC, NM
RELION LANCETS MICRO-THIN	2	OTC, NM
RELION LANCETS THIN 26G	2	OTC, NM
RELION LANCETS ULTRA-THIN	2	OTC, NM
RELION LANCING DEVICE	2	OTC, NM
RELION ULTRA THIN LANCETS	2	OTC, NM
RELION ULTRA THIN PLUS LA	2	OTC, NM
RIGHTEST GC300 HIGH CONTR	2	OTC, NM
RIGHTEST GC300 NORMAL CON	2	OTC, NM
RIGHTEST GD500 LANCING DE	2	OTC, NM
RIGHTEST GD-L500 ALTERNAT	2	OTC, NM
RIGHTEST GL300 LANCETS	2	OTC, NM
SAFE-T-LANCE LOW FLOW 25G	2	OTC, NM
SAFE-T-LANCE NORMAL FLOW	2	OTC, NM
SAFE-T-LANCE PLUS SAFETY	2	OTC, NM
SAFETY LANCET 23G/PRESSUR	2	OTC, NM
SAFETY LANCET 30G/PRESSUR	2	OTC, NM
SAFETY LANCETS	2	OTC, NM
SAFETY LANCETS 21G	2	OTC, NM
SAFETY LANCETS 28G	2	OTC, NM
SAFETY LET LANCETS	2	OTC, NM
SAFETY SEAL LANCETS 28G	2	OTC, NM
SAFETY SEAL LANCETS 30G	2	OTC, NM
SAPS HEALTH CARE TWIST TO	2	OTC, NM
SAPS HEALTH TWIST TOP LAN	2	OTC, NM
SAPSCARE TWIST TOP LANCET	2	OTC, NM
SB LANCETS THIN	2	OTC, NM
SB LANCETS ULTRA THIN	2	OTC, NM
SELECT-LITE DEVICE/LANCET	2	OTC, NM
SELECT-LITE LANCING DEVIC	2	OTC, NM
SHOPKO AUTOLET LANCING DE	2	OTC, NM
SIDE BUTTON SAFETY LANCET	2	OTC, NM
SIMPLE DIAGNOSTICS LANCIN	2	OTC, NM
SINGLE-LET	2	OTC, NM
SM MICRO THIN LANCETS 33G	2	OTC, NM
SM TRUEDRAW LANCING DEVIC	2	OTC, NM
SMART DIABETES VANTAGE LA	2	OTC, NM
SMART SENSE COLOR LANCETS	2	OTC, NM
SMART SENSE STANDARD LANC	2	OTC, NM
SMART SENSE SUPER THIN LA	2	OTC, NM
SMART SENSE THIN LANCETS	2	OTC, NM
SMARTEST CONTROL SOLUTION	2	OTC, NM
SMARTEST LANCETS 28G	2	OTC, NM
SOLARTEK GLUCOSE CONTROL	2	OTC, NM
SOLUS V2 CONTROL HIGH	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
SOLUS V2 CONTROL LOW	2	OTC, NM
SOLUS V2 LANCING DEVICE	2	OTC, NM
SOLUS V2 PRESSURE ACTIVAT	2	OTC, NM
SOLUS V2 TWIST LANCETS 30	2	OTC, NM
STERILANCE PA	2	OTC, NM
STERILANCE TL	2	OTC, NM
SUPREME II HIGH/LOW CONTR	2	OTC, NM
SURE COMFORT LANCETS 18G	2	OTC, NM
SURE COMFORT LANCETS 21G	2	OTC, NM
SURE COMFORT LANCETS 23G	2	OTC, NM
SURE COMFORT LANCETS 28G	2	OTC, NM
SURE COMFORT LANCETS 30G	2	OTC, NM
SURE COMFORT LANCING PEN	2	OTC, NM
SURE-LANCE LANCETS 26G	2	OTC, NM
SURE-LANCE THIN LANCETS 2	2	OTC, NM
SURE-PEN	2	OTC, NM
SURE-TOUCH LANCETS UNIVER	2	OTC, NM
SURELITE LANCETS	2	OTC, NM
SURESTEP GLUCOSE CONTROL	2	OTC, NM
SURESTEP PRO HIGH GLUCOSE	2	OTC, NM
SURESTEP PRO LOW GLUCOSE	2	OTC, NM
SURESTEP PRO NORMAL GLUCO	2	OTC, NM
TAI DOC CONTROL	2	OTC, NM
TECHLITE AST LANCETS	2	OTC, NM
TECHLITE LANCETS	2	OTC, NM
TECHLITE LANCETS 30G	2	OTC, NM
TELCARE GLUCOSE CONTROL S	2	OTC, NM
TGT LANCET MICRO THIN 33G	2	OTC, NM
TGT LANCET THIN 26G	2	OTC, NM
TGT LANCET ULTRA THIN 30G	2	OTC, NM
TGT LANCING DEVICE	2	OTC, NM
THINLETS GP LANCETS	2	OTC, NM
1ST TIER UNILET COMFORTOU	2	OTC, NM
TODAYS HEALTH SUPER THIN	2	OTC, NM
TODAYS HEALTH ULTRA THIN	2	OTC, NM
TOPCARE LANCETS MICRO-THI	2	OTC, NM
TRAVEL LANCETS 30G	2	OTC, NM
TRAVEL LANCETS ADVANCED 2	2	OTC, NM
TRUE COMFORT TWIST TOP LA	2	OTC, NM
TRUE METRIX CONTROL SOLUT	2	OTC, NM
TRUECONTROL GLUCOSE CONTR	2	OTC, NM
TRUEDRAW LANCING DEVICE	2	OTC, NM
TRUEPLUS LANCETS 26G	2	OTC, NM
TRUEPLUS LANCETS 28G	2	OTC, NM
TRUEPLUS LANCETS 28G SUPE	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS LANCETS 30G	2	OTC, NM
TRUEPLUS LANCETS 33G	2	OTC, NM
TRUEPLUS LANCETS 33G MICR	2	OTC, NM
ULTI-LANCE AUTOMATIC/ CLE	2	OTC, NM
ULTILET CLASSIC LANCETS	2	OTC, NM
ULTILET LANCETS	2	OTC, NM
ULTILET LANCETS 33G	2	OTC, NM
ULTILET SAFETY LANCETS 21	2	OTC, NM
ULTILET SAFETY LANCETS 23	2	OTC, NM
ULTRA THIN LANCETS 31G	2	OTC, NM
ULTRA-THIN II AUTO LANCET	2	OTC, NM
ULTRA-THIN II LANCETS 28G	2	OTC, NM
ULTRA-THIN II LANCETS 30G	2	OTC, NM
ULTRALANCE	2	OTC, NM
ULTRATRAK PRO CONTROL SOL	2	OTC, NM
ULTRATRAK PRO NORMAL CONT	2	OTC, NM
ULTRATRAK ULTIMATE CONTRO	2	OTC, NM
UNILET COMFORTOUCH LANCET	2	OTC, NM
UNILET EXCELITE	2	OTC, NM
UNILET EXCELITE II	2	OTC, NM
UNILET G.P. LANCET	2	OTC, NM
UNILET G.P. SUPERLITE LAN	2	OTC, NM
UNILET GP 28 ULTRA THIN	2	OTC, NM
UNILET LANCET	2	OTC, NM
UNILET LANCETS MICRO-THIN	2	OTC, NM
UNILET LANCETS SUPER-THIN	2	OTC, NM
UNILET SUPERLITE LANCET	2	OTC, NM
UNISTIK 1	2	OTC, NM
UNISTIK 2	2	OTC, NM
UNISTIK 2 COMFORT	2	OTC, NM
UNISTIK 2 EXTRA	2	OTC, NM
UNISTIK 2 NEONATAL	2	OTC, NM
UNISTIK 2 NORMAL	2	OTC, NM
UNISTIK 2 SUPER	2	OTC, NM
UNISTIK 3	2	OTC, NM
UNISTIK 3 COMFORT	2	OTC, NM
UNISTIK 3 EXTRA	2	OTC, NM
UNISTIK 3 EXTRA SINGLE US	2	OTC, NM
UNISTIK 3 GENTLE	2	OTC, NM
UNISTIK 3 NEONATAL	2	OTC, NM
UNISTIK 3 NORMAL	2	OTC, NM
UNISTIK CZT COMFORT	2	OTC, NM
UNISTIK CZT NORMAL	2	OTC, NM
UNISTIK NORMAL	2	OTC, NM
UNISTIK PRO SAFETY LANCET	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
UNISTIK SAFETY LANCETS 28	2	OTC, NM
UNISTIK SAFETY LANCETS 30	2	OTC, NM
UNISTIK TOUCH SAFETY LANC	2	OTC, NM
UNISTRIP CONTROL SOLUTION	2	OTC, NM
UNIVERSAL 1 LANCETS THIN	2	OTC, NM
UNIVERSAL 1 LANCETS ULTRA	2	OTC, NM
UNIVERSAL 1 LANCETS/33G/M	2	OTC, NM
V-GO 20	2	NM
V-GO 30	2	NM
V-GO 40	2	NM
VALUE PLUS LANCETS STANDA	2	OTC, NM
VALUMARK LANCET ULTRA THI	2	OTC, NM
VERASENS GLUCOSE CONTROL	2	OTC, NM
VITALET PRO LANCETS	2	OTC, NM
VITALET PRO PLUS LANCETS	2	OTC, NM
VIVAGUARD INO CONTROL SOL	2	OTC, NM
VIVAGUARD LANCETS	2	OTC, NM
VIVAGUARD LANCING DEVICE	2	OTC, NM
WALGREENS ADVANCED TRAVEL	2	OTC, NM
WALGREENS COMFORT ASSURED	2	OTC, NM
WALGREENS THIN LANCETS	2	OTC, NM
WALGREENS ULTRA THIN LANC	2	OTC, NM
ZEVRX TWIST TOP LANCETS 3	2	OTC, NM
MISC. DEVICES		
ALCOHOL PREP PADS	2	OTC, NM
ALCOHOL PREPS	2	OTC, NM
ALCOHOL SWABS	2	OTC, NM
ALCOHOL SWABSTICK	2	OTC, NM
APLICARE ALCOHOL SWABSTIC	2	OTC, NM
BD SWABS SINGLE USE	2	OTC, NM
BD SWABS SINGLE USE BUTTE	2	OTC, NM
CARETOUCH ALCOHOL PREP PA	2	OTC, NM
COMFORT TOUCH ALCOHOL PRE	2	OTC, NM
CURITY ALCOHOL PREPS/MEDI	2	OTC, NM
CURITY ALCOHOL SWABS	2	OTC, NM
CVS PREP PADS	2	OTC, NM
EASY TOUCH ALCOHOL PREP P	2	OTC, NM
EQL ALCOHOL SWABS	2	OTC, NM
FIFTY50 ALCOHOL PREP PADS	2	OTC, NM
GNP ALCOHOL SWABS	2	OTC, NM
H-E-B INCONTROL ALCOHOL P	2	OTC, NM
HM STERILE ALCOHOL PREP P	2	OTC, NM
MEIJER ALCOHOL SWABS EXTR	2	OTC, NM
PURE COMFORT ALCOHOL PREP	2	OTC, NM
QC ALCOHOL SWABS	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
RA ALCOHOL SWABS	2	OTC, NM
REALITY SWABS	2	OTC, NM
SAPS HEALTH ALCOHOL PREP	2	OTC, NM
SB ALCOHOL PREP PADS	2	OTC, NM
SM ALCOHOL PREP PADS	2	OTC, NM
SURE COMFORT ALCOHOL PREP	2	OTC, NM
TRUE COMFORT PRO ALCOHOL	2	OTC, NM
ULTICARE ALCOHOL SWABS	2	OTC, NM
ULTILET ALCOHOL SWABS	2	OTC, NM
WEBCOL ALCOHOL PREP LARGE	2	OTC, NM
WEBCOL ALCOHOL PREP MEDIU	2	OTC, NM
ZEVRX STERILE ALCOHOL PRE	2	OTC, NM
PARENTERAL THERAPY SUPPLIES		
ABOUTTIME PEN NEEDLE 32G	2	OTC, NM
ABOUTTIME PEN NEEDLES 30G	2	OTC, NM
ABOUTTIME PEN NEEDLES 31G	2	OTC, NM
ASSURE ID SAFETY PEN NEED	2	OTC, NM
AURORA PEN NEEDLES 29GX12	2	OTC, NM
AURORA PEN NEEDLES 31G X	2	OTC, NM
AURORA UNIFINE PENTIPS/32	2	OTC, NM
AURORA UNIFINE PENTIPS/MI	2	OTC, NM
BD AUTOSHIELD 29G X 3/16"	2	OTC, NM
BD AUTOSHIELD 29G X 5/16"	2	OTC, NM
BD AUTOSHIELD DUO 30G X 5	2	OTC, NM
BD INSULIN SYRINGE MICROF	2	OTC, NM
BD INSULIN SYRINGE/DETACH	2	OTC, NM
BD INSULIN SYRINGE/U-100/	2	OTC, NM
BD INSULIN SYRINGE/U-500/	2	NM
BD PEN NEEDLE/MICRO/ULTRA	2	OTC, NM
BD PEN NEEDLE/MINI/ULTRA-	2	OTC, NM
BD PEN NEEDLE/NANO 2ND GE	2	OTC, NM
BD PEN NEEDLE/NANO/ULTRA	2	NM
BD PEN NEEDLE/ORIGINAL/UL	2	OTC, NM
BD PEN NEEDLE/SHORT/ULTRA	2	OTC, NM
BD SHARPS CONTAINER HOME	2	OTC, NM
BD SHARPS DISPOSAL BY MAI	2	OTC, NM
BD VEO INSULIN SYRINGE UL	2	OTC, NM
CAREFINE PEN NEEDLE 32GX4	2	OTC, NM
CAREFINE PEN NEEDLES 31GX	2	OTC, NM
CAREFINE PEN NEEDLES 32GX	2	OTC, NM
CAREONE UNIFINE PENTIPS 2	2	OTC, NM
CAREONE UNIFINE PENTIPS 3	2	OTC, NM
CAREONE UNIFINE PENTIPS P	2	OTC, NM
CARETOUCH PEN NEEDLES 31	2	OTC, NM
CARETOUCH PEN NEEDLES 31G	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLES 32G	2	OTC, NM
CLEVER CHOICE COMFORT EZ	2	OTC, NM
CLICKFINE PEN NEEDLE 32GX	2	OTC, NM
CLICKFINE PEN NEEDLES 31G	2	OTC, NM
COMFORT EZ INSULIN SYRING	2	OTC, NM
COMFORT EZ MICRO/32G X 4M	2	OTC, NM
COMFORT EZ SHORT/31G X 8M	2	OTC, NM
COMFORT EZ/31G X 5MM	2	OTC, NM
COMFORT EZ/31G X 6MM	2	OTC, NM
COMFORT TOUCH PEN NEEDLES	2	OTC, NM
COMPLETE NEEDLE COLLECTIO	2	OTC, NM
DIATHRIVE PEN NEEDLE/31 G	2	OTC, NM
DIATHRIVE PEN NEEDLE/31G	2	OTC, NM
DIATHRIVE PEN NEEDLE/32G	2	OTC, NM
DROPLET INSULIN SYRINGE U	2	OTC, NM
DROPLET MICRON 34G X 9/64	2	OTC, NM
DROPLET PEN NEEDLES 32G X	2	OTC, NM
DROPLET PEN NEEDLES 32GX5	2	OTC, NM
EASY COMFORT PEN NEEDLES	2	OTC, NM
EASY TOUCH 32GX5MM	2	OTC, NM
EASY TOUCH 32GX6MM	2	OTC, NM
EASY TOUCH PEN NEEDLES 29	2	OTC, NM
EASY TOUCH PEN NEEDLES 31	2	OTC, NM
EASY TOUCH PEN NEEDLES 32	2	OTC, NM
EASY TOUCH PEN NEEDLES/31	2	OTC, NM
EASY TOUCH SAFETY PEN NEE	2	OTC, NM
ELITE-THIN INSULIN SYRING	2	OTC, NM
EXCEL COMFORT POINT INSUL	2	OTC, NM
EXEL COMFORT POINT INSULI	2	OTC, NM
FIFTY50 PEN NEEDLES 31G X	2	OTC, NM
FIFTY50 PEN NEEDLES 31GX5	2	OTC, NM
FIFTY50 PEN NEEDLES/31GX8	2	OTC, NM
FIFTY50 PEN NEEDLES/32GX4	2	OTC, NM
FIFTY50 PEN NEEDLES/32GX6	2	OTC, NM
GNP ULTICARE PEN NEEDLES	2	OTC, NM
GNP ULTICARE PEN NEEDLES/	2	OTC, NM
GOODSENSE PEN NEEDLE/PENF	2	OTC, NM
H-E-B IN CONTROL PEN NEED	2	OTC, NM
H-E-B IN CONTROL UNIFINE	2	OTC, NM
H-E-B INCONTROL PEN NEEDL	2	OTC, NM
HEALTHWISE INSULIN SYRING	2	OTC, NM
HM ULTICARE INSULIN SYRIN	2	OTC, NM
HM ULTICARE SHORT PEN NEE	2	OTC, NM
INSULIN SYRINGE/0.3ML/29G	2	OTC, NM
INSULIN SYRINGE/0.5ML/27G	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/U-100/1ML	2	OTC, NM
INSULIN SYRINGES/0.5ML/27	2	OTC, NM
INSUPEN 29G X 12MM	2	OTC, NM
INSUPEN 31G X 5MM	2	OTC, NM
INSUPEN 31G X 8MM	2	OTC, NM
INSUPEN 33GX4MM	2	OTC, NM
INSUPEN PEN NEEDLES 32G X	2	OTC, NM
INSUPEN SENSITIVE 32GX6MM	2	OTC, NM
INSUPEN SENSITIVE 32GX8MM	2	OTC, NM
INSUPEN ULTRAFIN 29GX12MM	2	OTC, NM
INSUPEN ULTRAFIN 30GX8MM	2	OTC, NM
INSUPEN ULTRAFIN 31GX6MM	2	OTC, NM
INSUPEN ULTRAFIN 31GX8MM	2	OTC, NM
KMART VALU PLUS INSULIN S	2	OTC, NM
KROGER PEN NEEDLES/31G X	2	OTC, NM
KROGER PEN NEEDLES/32G X	2	OTC, NM
KROGER PEN NEEDLES/33G X	2	OTC, NM
LEADER UNIFINE PENTIPS PL	2	OTC, NM
LITETOUCH PEN NEEDLES 29G	2	OTC, NM
LITETOUCH PEN NEEDLES 31G	2	OTC, NM
MARATHON MEDICAL PENTIPS	2	NM
MAXI-COMFORT SAFETY PEN N	2	OTC, NM
MAXICOMFORT II PEN NEEDLE	2	OTC, NM
MAXICOMFORT INSULIN SYRIN	2	OTC, NM
MEIJER PEN NEEDLES 31G X	2	OTC, NM
MICRODOT PEN NEEDLE/31G X	2	OTC, NM
MICRODOT PEN NEEDLE/33G X	2	OTC, NM
MM INSULIN SYRINGE/U-100/	2	OTC, NM
MONOJECT INSULIN SYRINGE/	2	NM
MONOJECT INSULIN SYRINGE/	2	OTC, NM
NORDIPEN 5 INJECTION DEVI	2	NM
NORDIPEN DELIVERY SYSTEM	2	OTC, NM
NOVOFINE AUTOCOVER PEN NE	2	OTC, NM
NOVOFINE PEN NEEDLE 32G X	2	OTC, NM
NOVOFINE PLUS PEN NEEDLE	2	OTC, NM
NOVOTWIST PEN NEEDLE 32G	2	OTC, NM
PC UNIFINE PENTIPS 29G X	2	OTC, NM
PC UNIFINE PENTIPS 31G X	2	OTC, NM
PEN NEEDLES 30GX5MM	2	OTC, NM
PEN NEEDLES 30GX8MM	2	OTC, NM
PEN NEEDLES 33G X 5/32"	2	OTC, NM
PENTIPS 29GX12MM	2	OTC, NM
PENTIPS 31GX5MM	2	OTC, NM
PENTIPS 31GX6MM	2	OTC, NM
PENTIPS 31GX8MM	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
PENTIPS 32GX4MM	2	OTC, NM
PHLEBOTOMY SHARPS CONTAIN	2	OTC, NM
PRECISION SURE-DOSE INSUL	2	OTC, NM
PREVENT DROPSAFE SAFETY P	2	OTC, NM
PREVENT SAFETY PEN NEEDLE	2	OTC, NM
PRO COMFORT INSULIN SYRIN	2	OTC, NM
PRO COMFORT PEN NEEDLES/	2	NM
PRO COMFORT PEN NEEDLES/	2	OTC, NM
PURE COMFORT PEN NEEDLE 3	2	OTC, NM
PURE COMFORT PEN NEEDLE/3	2	OTC, NM
PX MINI PEN NEEDLES 31GX5	2	OTC, NM
RA PEN NEEDLES 31G X 5MM	2	OTC, NM
RELION PEN NEEDLES 29GX12	2	OTC, NM
RELION PEN NEEDLES 31GX5/	2	OTC, NM
RELION PEN NEEDLES 31GX6M	2	OTC, NM
RELION PEN NEEDLES 31GX8M	2	OTC, NM
RELION PEN NEEDLES 32G X	2	OTC, NM
RELION PEN NEEDLES 32GX4M	2	OTC, NM
RELION PEN NEEDLES/31G X	2	OTC, NM
SAFETY INSULIN SYRINGES 1	2	OTC, NM
SECURESAFE SAFETY INSULIN	2	OTC, NM
SECURESAFE SAFETY PEN NEE	2	OTC, NM
SHARPS DISPOSAL BY MAIL S	2	OTC, NM
SURE COMFORT INSULIN SYRI	2	OTC, NM
SURE COMFORT PEN NEEDLES	2	OTC, NM
SURE-FINE PEN NEEDLES 29G	2	OTC, NM
SURE-FINE PEN NEEDLES 31G	2	OTC, NM
TECHLITE PEN NEEDLES 29G	2	OTC, NM
TECHLITE PEN NEEDLES/32G	2	OTC, NM
1ST TIER UNIFINE PENTIPS	2	OTC, NM
TODAYS HEALTH ORIGINAL PE	2	OTC, NM
TODAYS HEALTH SHORT PEN N	2	OTC, NM
TRUE COMFORT PRO INSULIN	2	OTC, NM
TRUE COMFORT PRO PEN NEED	2	OTC, NM
ULTICARE INSULIN SAFETY S	2	NM
ULTICARE INSULIN SYRINGE/	2	OTC, NM
ULTICARE MICRO PEN NEEDLE	2	OTC, NM
ULTICARE MINI PEN NEEDLES	2	OTC, NM
ULTICARE MINI SAFETY PEN	2	OTC, NM
ULTICARE ORIGINAL PEN NEE	2	OTC, NM
ULTICARE PEN NEEDLES 31G	2	OTC, NM
ULTICARE PEN NEEDLES/29G	2	OTC, NM
ULTICARE SHORT PEN NEEDLE	2	OTC, NM
ULTICARE SHORT SAFETY PEN	2	OTC, NM
ULTICARE U-100 INSULIN SY	2	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK INSULI	2	OTC, NM
ULTIGUARD SAFEPACK MINI P	2	OTC, NM
ULTIGUARD SAFEPACK PEN NE	2	OTC, NM
ULTIGUARD SAFEPACK/MICRO	2	OTC, NM
ULTIGUARD SAFEPACK/MINI P	2	OTC, NM
ULTIGUARD SAFEPACK/SHORT	2	OTC, NM
ULTIGUARD SAFEPACK/SYRING	2	OTC, NM
ULTILET INSULIN SYRINGE/0	2	OTC, NM
ULTILET INSULIN SYRINGE/1	2	OTC, NM
ULTILET INSULIN SYRINGE/S	2	OTC, NM
ULTILET INSULIN SYRINGE/U	2	OTC, NM
ULTILET PEN NEEDLE 29GX12	2	OTC, NM
ULTILET PEN NEEDLE 31GX5M	2	OTC, NM
ULTILET PEN NEEDLE 31GX8M	2	OTC, NM
ULTILET PEN NEEDLE 32GX4M	2	OTC, NM
ULTILET SHARPS CONTAINER	2	OTC, NM
ULTILET U-100 INSULIN SYR	2	OTC, NM
ULTRA FLO INSULIN PEN NEE	2	OTC, NM
UNIFINE PENTIPS 32GX6MM	2	OTC, NM
UNIFINE PENTIPS 33GX4MM	2	OTC, NM
UNIFINE PENTIPS/30G X 3/1	2	OTC, NM
UNIFINE SAFECONTROL PEN N	2	OTC, NM
UNIFINE ULTRA PEN NEEDLE/	2	OTC, NM
VANISHPOINT INSULIN SYRIN	2	OTC, NM
WEGMANS UNIFINE PENTIPS P	2	OTC, NM
ZEVRX INSULIN SYRINGE/0.5	2	OTC, NM
ZEVRX INSULIN SYRINGE/1ML	2	OTC, NM
ZEVRX PEN NEEDLES 31G X 5	2	OTC, NM
ZEVRX PEN NEEDLES 31G X 6	2	OTC, NM
ZEVRX PEN NEEDLES 31G X 8	2	OTC, NM
ZEVRX PEN NEEDLES 32G X 4	2	OTC, NM
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MINI AEROSOL	2	NM
AEROCHAMBER MV	2	NM
AEROCHAMBER PLUS FLOW-VU	2	NM
AEROCHAMBER PLUS FLOW-VU/	2	NM
AEROCHAMBER Z-STAT PLUS/M	2	NM
AEROCHAMBER/FLOWSIGNAL	2	NM
AEROVENT PLUS HOLDING CHA	2	NM
ARIAL CHAMBER	2	OTC, NM
BREATHE EASE/LARGE MASK	2	NM
BREATHE EASE/MEDIUM MASK	2	NM
BREATHE EASE/SMALL MASK	2	NM
BREATHERITE	2	NM
BREATHERITE COLLAPSIBLE S	2	NM

Drug Name	Drug Tier	Requirements/Limits
BREATHERITE RIGID SPACER	2	NM
BREATHERITE W/LARGE MASK	2	NM
BREATHERITE W/MEDIUM MASK	2	NM
BREATHERITE W/SMALL MASK	2	NM
CLEVER CHOICE ANTI-STATIC	2	OTC, NM
COMPACT SPACE CHAMBER/ANT	2	NM
EASIVENT	2	NM
EASIVENT/MASK-LARGE	2	NM
EASIVENT/MASK-MEDIUM	2	NM
EASIVENT/MASK-SMALL	2	NM
EQ SPACE CHAMBER ANTI-STA	2	OTC, NM
FLEXICHAMBER	2	NM
FLEXICHAMBER CHILD MASK/L	2	NM
FLEXICHAMBER CHILD MASK/S	2	NM
INSPIRACHAMBER/ANTI-STATI	2	NM
INSPIRACHAMBER/LARGE	2	NM
INSPIRACHAMBER/SOOTHERMAS	2	NM
INSPIREASE DRUG DELIVERY	2	NM
LITEAIRE	2	NM
MASK VORTEX/BABY WHIRL DU	2	OTC, NM
MASK VORTEX/CHILD/FROG	2	OTC, NM
MASK VORTEX/SPINNER THE D	2	OTC, NM
MASK VORTEX/TODDLER/LADY	2	OTC, NM
MICROCHAMBER	2	NM
MICROSPACER	2	NM
OPTICHAMBER ADVANTAGE/LAR	2	NM
OPTICHAMBER ADVANTAGE/MED	2	NM
OPTICHAMBER ADVANTAGE/SMA	2	NM
OPTICHAMBER DIAMOND	2	NM
OPTICHAMBER DIAMOND/LARGE	2	NM
OPTICHAMBER DIAMOND/MEDIU	2	NM
OPTICHAMBER DIAMOND/SMALL	2	NM
OPTICHAMBER FACE MASK/SMA	2	OTC, NM
OPTIHALER MDI DRUG DELIVE	2	NM
PANDA MASK LARGE	2	OTC, NM
PANDA MASK MEDIUM	2	OTC, NM
PANDA MASK SMALL	2	OTC, NM
PEDIATRIC PANDA MASK	2	OTC, NM
POCKET CHAMBER	2	NM
POCKET SPACER	2	NM
PRO COMFORT INHALER SPACE	2	OTC, NM
PROCARE SPACER CHAMBER W/	2	OTC, NM
RITEFLO	2	NM
VALVED HOLDING CHAMBER	2	NM
VORTEX VALVED HOLDING CHA	2	NM

Drug Name	Drug Tier	Requirements/Limits
WATCHHALER	2	NM
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG 70mg/ml	2	ST, PA, QL (6 pens / 75 days)
AIMOVIG 140mg/ml	2	ST, PA, QL (3 pens / 75 days)
AJOVY SOAJ	2	ST, PA, QL (2.667 pens / 75 days)
AJOVY SOSY	2	ST, PA, QL (2.667 syringes / 75 days)
EMGALITY SOAJ	2	PA
EMGALITY SOSY 100mg/ml	2	ST, PA, QL (9 syringes / 75 days)
EMGALITY SOSY 120mg/ml	2	PA
MIGRAINE COMBINATIONS		
ergotamine w/ caffeine	3	NM
sumatriptan-naproxen sodium	3	ST, PA, QL (36 tabs / 75 days), NM
MIGRAINE PRODUCTS		
dihydroergotamine mesylate	1	NM
SEROTONIN AGONISTS		
almotriptan malate 6.25mg, 12.5mg	1	QL (36 ea / 75 days), NM
almotriptan malate 6.25mg, 12.5mg	1	QL (36 tabs / 75 days), NM
eletriptan hydrobromide	1	QL (36 tabs / 75 days), NM
frovatriptan succinate	1	QL (54 ea / 75 days), NM
naratriptan hcl	1	QL (36 tabs / 75 days), NM
rizatriptan benzoate tabs	1	QL (54 ea / 75 days), NM
rizatriptan benzoate tbdp	1	QL (54 tabs / 75 days), NM
sumatriptan 5mg/act	1	QL (72 inhalers / 75 days), NM
sumatriptan 20mg/act	1	QL (36 inhalers / 75 days), NM
sumatriptan succinate soaj 4mg/0.5ml	1	QL (54 injections / 75 days), NM
sumatriptan succinate soaj 6mg/0.5ml	1	QL (36 injections / 75 days), NM
sumatriptan succinate soct 4mg/0.5ml	1	QL (54 injections / 75 days), NM

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate soct 6mg/0.5ml	1	QL (36 injections / 75 days), NM
sumatriptan succinate soln	1	QL (40 injections / 75 days), NM
sumatriptan succinate sosy	1	QL (36 injections / 75 days), NM
sumatriptan succinate tabs	1	QL (36 tabs / 75 days), NM
zolmitriptan soln 2.5mg	1	QL (36 inhalers / 75 days), NM
zolmitriptan soln 5mg	1	QL (36 ea / 75 days), NM
zolmitriptan tabs	1	QL (36 tabs / 75 days), NM
zolmitriptan tbdp	1	QL (36 tabs / 75 days), NM
MINERALS & ELECTROLYTES		
FLUORIDE		
nafrinse	1	
sodium fluoride	1	
MAGNESIUM		
magnesium sulfate	1	NM
magnesium sulfate in dextrose	1	NM
POTASSIUM		
effer-k	1	
k-prime	1	
klor-con 8	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con sprinkle	1	
klor-con/ef	1	
potassium chloride cpcr	1	
potassium chloride soln 2meq/ml	1	NM
potassium chloride soln 10%, 20%	1	
potassium chloride tbcr	1	
potassium chloride microencapsulated crystals er	1	
SODIUM		
monoject pharma grade flu	1	NM
saline flush zr/sterile f	1	NM
sodium chloride	1	NM
sodium chloride flush	1	NM
swabflush saline flush	1	NM

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine	4	PA, NM
IMMUNOMODULATORS		
REVLIMID 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (30 caps / 30 days), NM
REVLIMID 20mg, 25mg	4	PA, QL (42 caps / 28 days), NM
THALOMID 50mg, 100mg	4	PA, QL (30 caps / 30 days)
THALOMID 150mg, 200mg	4	PA, QL (60 caps / 30 days)
IMMUNOSUPPRESSIVE AGENTS		
azasan	3	
azathioprine	1	
cyclosporine caps	4	
cyclosporine soln	4	NM
cyclosporine modified (for microemulsion)	4	
everolimus (immunosuppressant)	4	
gengraf	4	
mycophenolate mofetil	4	
mycophenolate mofetil hcl	4	NM
mycophenolate sodium	4	
PROGRAF	4	NM
SANDIMMUNE	4	
sirolimus	4	
tacrolimus	4	
ZORTRESS	4	
IRRIGATION SOLUTIONS		
physiolyte	1	NM
physiosol irrigation	1	NM
POTASSIUM REMOVING AGENTS		
kionex	1	NM
sodium polystyrene sulfonate	1	NM
sps	1	NM
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl (mouth-throat)	1	NM
ANTI-INFECTIVES - THROAT		
clotrimazole	1	NM
nystatin (mouth-throat)	1	NM
ORAVIG	3	QL (14 tabs / 25 days), NM

Drug Name	Drug Tier	Requirements/Limits
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat)	1	NM
paroex	1	NM
periogard	1	NM
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dental paste	1	NM
triamcinolone acetonide (mouth)	1	NM
THROAT PRODUCTS - MISC.		
cevimeline hcl	1	
pilocarpine hcl (oral)	1	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
multi-vitamin/fluoride/ir	1	NM
PED MV W/ FLUORIDE		
multi-vitamin/fluoride dr	1	NM
multivitamin/fluoride	1	NM
pediatric vitamins acd w/ fluoride	1	NM
tri-vite/fluoride	1	NM
vitamins a/c/d/fluoride	1	NM
PRENATAL VITAMINS		
CITRANATAL 90 DHA	2	NM
CITRANATAL ASSURE	2	NM
CITRANATAL B-CALM	2	NM
CITRANATAL BLOOM	2	NM
CITRANATAL BLOOM DHA	2	NM
CITRANATAL DHA	2	NM
CITRANATAL HARMONY	2	NM
CITRANATAL MEDLEY	2	NM
CITRANATAL RX	2	NM
elite-ob	1	NM
prenatabs rx	1	NM
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen	1	NM
carisoprodol	1	NM
chlorzoxazone	1	NM
cyclobenzaprine hcl	1	NM
metaxalone	1	NM
methocarbamol	1	NM
orphenadrine citrate	1	NM
tizanidine hcl	1	NM
DIRECT MUSCLE RELAXANTS		
dantrolene sodium	1	NM

Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine	3	QL (168 tabs / 25 days), NM
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone propionate	1	QL (3 bottles / 75 days), NM
NASAL ANTIALLERGY		
azelastine hcl	1	QL (6 bottles / 75 days), NM
olopatadine hcl (nasal)	1	QL (3.049 bottles / 75 days), NM
NASAL ANTICHOLINERGICS		
ipratropium bromide (nasal)	1	
NASAL STEROIDS		
allergy nasal spray 24 ho	1	QL (3.018 bottles / 75 days), OTC, NM
flunisolide (nasal)	1	QL (9 bottles / 75 days), NM
fluticasone propionate (nasal)	1	QL (3 bottles / 75 days), NM
gnp 24 hour nasal allerg	1	QL (3.018 bottles / 75 days), OTC, NM
goodsense nasal allergy s	1	QL (3.018 bottles / 75 days), OTC, NM
kls aller-cort	1	QL (3.018 bottles / 75 days), OTC, NM
mometasone furoate (nasal)	1	QL (102 gm / 75 days), NM
OMNARIS	3	ST, PA, QL (3.12 inhalers / 75 days), NM
ra nasal allergy spray	1	QL (3.018 bottles / 75 days), OTC, NM
triamcinolone acetonide (nasal)	1	QL (3.018 bottles / 75 days), OTC, NM
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI	5	PA, QL (210 mL / 30 days)
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT	3	NM

Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl (ophth)	1	
BETIMOL	3	
BETOPTIC-S	2	
carteolol hcl (ophth)	1	
COMBIGAN	2	
dorzolamide hcl-timolol maleate	1	
levobunolol hcl	1	
timolol maleate (ophth)	1	
CYCLOPLEGIC MYDRIATICS		
altafrin	1	NM
ATROPINE SULFATE SOLN	3	
atropine sulfate (ophthalmic)	1	
ISOPTO ATROPINE	3	
phenylephrine hcl (mydriatic)	1	NM
tropicamide	1	
MIOTICS		
PHOSPHOLINE IODIDE	3	
pilocarpine hcl	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P	3	
apraclonidine hcl	1	NM
brimonidine tartrate	1	
IOPIDINE	3	NM
SIMBRINZA	2	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac	1	NM
AZASITE	2	NM
bacitracin (ophthalmic)	1	NM
bacitracin-polymyxin b (ophth)	1	NM
BESIVANCE	3	NM
ciprofloxacin hcl (ophth)	1	NM
erythromycin (ophth)	1	NM
gatifloxacin (ophth)	1	NM
gentak	1	NM
gentamicin sulfate (ophth)	1	NM
levofloxacin (ophth)	1	NM
moxifloxacin hcl (ophth)	1	NM
NATACYN	2	NM
neo-polycin	1	NM
neomycin-bacitracin zn-polymyxin	1	NM
neomycin-polymyxin-gramicidin	1	NM
ofloxacin (ophth)	1	NM
polycin	1	NM

Drug Name	Drug Tier	Requirements/Limits
polymyxin b-trimethoprim	1	NM
sulfacetamide sodium (ophth)	1	NM
tobramycin (ophth)	1	NM
trifluridine	1	NM
ZIRGAN	3	NM
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS	2	
RESTASIS MULTIDOSE	2	
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine hcl	1	NM
OPHTHALMIC STEROIDS		
bacitracin-poly-neomycin-hc	1	NM
BLEPHAMIDE	2	NM
BLEPHAMIDE S.O.P.	2	NM
dexamethasone sodium phosphate (ophth)	1	NM
difluprednate	1	NM
DUREZOL	2	NM
FML	2	NM
FML FORTE	2	NM
loteprednol etabonate	1	NM
MAXIDEX	2	NM
neo-polycin hc	1	NM
neomycin-polymy-dexameth	1	NM
neomycin-polymyxin-hc (ophth)	1	NM
PRED MILD	2	NM
PRED-G	3	NM
prednisolone acetate (ophth)	1	NM
PREDNISOLONE SODIUM PHOSP	2	NM
sulfacetamide sod-prednisolone	1	NM
TOBRADEX	2	NM
TOBRADEX ST	2	NM
tobramycin-dexamethasone	1	NM
ZYLET	3	NM
OPHTHALMICS - MISC.		
ACUVAIL	2	NM
ALOCRIL	3	NM
ALOMIDE	3	NM
azelastine hcl (ophth)	1	NM
bepotastine besilate	1	NM
BEPREVE	3	NM
brinzolamide	1	
bromfenac sodium (ophth)	1	NM
cromolyn sodium (ophth)	1	NM

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN	5	PA, QL (60 mL / 30 days)
diclofenac sodium (ophth)	1	NM
dorzolamide hcl	1	
epinastine hcl (ophth)	1	NM
flurbiprofen sodium	1	NM
ILEVRO	2	NM
ketorolac tromethamine (ophth)	1	NM
LASTACAFT	2	NM
NEVANAC	2	NM
olopatadine hcl	1	NM
PAZEO	2	NM
ZERVIATE	3	NM
PROSTAGLANDINS - OPHTHALMIC		
latanoprost	1	
LUMIGAN	2	ST, PA
travoprost	1	
ZIOPTAN	3	ST, PA
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic)	1	NM
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl (otic)	1	NM
ofloxacin (otic)	1	NM
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone	1	NM
ciprofloxacin-fluocinolone acetonide	3	NM
COLY-MYCIN S	3	NM
CORTISPORIN-TC	3	NM
neomycin-polymyxin-hc (otic)	1	NM
OTIC STEROIDS		
flac	1	NM
fluocinolone acetonide (otic)	1	NM
hydrocortisone w/acetic acid	1	NM
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	4	PA, NM
PENICILLINS		
AMINOPENICILLINS		
amoxicillin	1	NM
ampicillin	1	NM
ampicillin sodium	1	NM

Drug Name	Drug Tier	Requirements/Limits
NATURAL PENICILLINS		
penicillin g potassium	1	NM
penicillin g sodium	1	NM
penicillin v potassium	1	NM
pfizerpen	1	NM
PENICILLIN COMBINATIONS		
amoxicillin & pot clavulanate	1	NM
piperacillin sodium-tazobactam sodium	1	NM
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	1	NM
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate	1	
megestrol acetate (appetite)	1	
norethindrone acetate	1	
progesterone	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium	1	PA
disulfiram	1	
ANTIDEMENTIA AGENTS		
donepezil hydrochloride	1	
galantamine hydrobromide	1	
memantine hcl cp24	1	AGE
memantine hcl soln	1	AGE
memantine hcl tabs	1	NM; AGE
memantine hcl tabs 5mg, 10mg	1	AGE
NAMENDA XR TITRATION PACK	2	NM; AGE
rivastigmine	1	PA
rivastigmine tartrate	1	PA
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline	3	
perphenazine-amitriptyline	3	
FIBROMYALGIA AGENTS		
SAVELLA	3	ST, PA
SAVELLA TITRATION PACK	3	ST, PA, NM
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine 12.5mg	4	PA, QL (120 tabs / 30 days)
tetrabenazine 25mg	4	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	4	PA, QL (30 tabs / 30 days)
AVONEX	4	PA
AVONEX PEN	4	PA
BETASERON	4	PA
COPAXONE 20mg/ml	4	PA, QL (30 injections / 30 days)
COPAXONE 40mg/ml	4	PA
dalfampridine	4	PA, QL (60 tabs / 30 days)
dimethyl fumarate cpdr 120mg	4	PA, QL (14 caps / 28 days)
dimethyl fumarate cpdr 240mg	4	PA, QL (60 caps / 30 days)
dimethyl fumarate misc	4	PA, QL (1 kit / 30 days), NM
GILENYA	4	PA, QL (30 caps / 30 days)
glatiramer acetate 20mg/ml	4	PA, QL (30 injections / 30 days)
glatiramer acetate 40mg/ml	4	PA
glatopa 20mg/ml	4	PA, QL (30 injections / 30 days)
glatopa 40mg/ml	4	PA
PLEGRIDY	4	PA
PLEGRIDY STARTER PACK	4	PA, NM
REBIF	4	PA
REBIF REBIDOSE	4	PA
REBIF REBIDOSE TITRATION	4	PA
REBIF TITRATION PACK	4	PA
TYSABRI	4	PA, QL (2 vials / 30 days), NM
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	2	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates	1	
pimozide	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent)	0	NM
CHANTIX	0	NM
CHANTIX CONTINUING MONTH	0	NM
CHANTIX STARTING MONTH PA	0	NM
cvs nicotine	0	OTC, NM
cvs nicotine polacrilex	0	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
cvs nicotine transdermal	0	OTC, NM
eq nicotine	0	OTC, NM
eq nicotine lozenges	0	OTC, NM
eq nicotine polacrilex	0	OTC, NM
eq nicotine step 3	0	OTC, NM
eql nicotine polacrilex	0	OTC, NM
gnp nicotine gum	0	OTC, NM
gnp nicotine mini lozenge	0	OTC, NM
gnp nicotine polacrilex	0	OTC, NM
gnp nicotine transdermal	0	OTC, NM
goodsense nicotine	0	OTC, NM
goodsense nicotine gum	0	OTC, NM
goodsense nicotine polacr	0	OTC, NM
habitrol	0	OTC, NM
hm nicotine polacrilex	0	OTC, NM
hm nicotine transdermal s	0	OTC, NM
kls quit2	0	OTC, NM
kls quit4	0	OTC, NM
nicotine	0	OTC, NM
nicotine mini lozenge	0	OTC, NM
nicotine polacrilex	0	OTC, NM
nicotine polacrilex mini	0	OTC, NM
nicotine step 1	0	OTC, NM
nicotine step 3	0	OTC, NM
nicotine transdermal syst	0	OTC, NM
NICOTROL INHALER	0	NM
NICOTROL NS	0	NM
px stop smoking aid	0	OTC, NM
qc nicotine transdermal s	0	OTC, NM
ra nicotine	0	OTC, NM
ra nicotine gum	0	OTC, NM
ra nicotine polacrilex	0	OTC, NM
ra nicotine transdermal s	0	OTC, NM
sm nicotine	0	OTC, NM
sm nicotine polacrilex	0	OTC, NM
sm nicotine transdermal s	0	OTC, NM
tgt nicotine gum	0	OTC, NM
tgt nicotine polacrilex	0	OTC, NM
tgt nicotine step one	0	OTC, NM
tgt nicotine step three	0	OTC, NM
tgt nicotine step two	0	OTC, NM
thrive	0	OTC, NM
VARENICLINE TARTRATE	0	NM

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C SOLN	4	PA, NM
PROLASTIN-C SOLR	4	PA, NM
CYSTIC FIBROSIS AGENTS		
KALYDECO PACK	4	PA, QL (60 packets / 30 days)
KALYDECO TABS	4	PA, QL (60 tabs / 30 days)
ORKAMBI PACK	4	PA, QL (60 packets / 30 days)
ORKAMBI TABS	4	PA, QL (120 tabs / 30 days)
SYMDEKO	4	PA, QL (60 tabs / 30 days)
TRIKAFTA	4	PA, QL (90 tabs / 30 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAPS	4	PA, QL (270 caps / 30 days)
ESBRIET TABS 267mg	4	PA, QL (270 tabs / 30 days)
ESBRIET TABS 801mg	4	PA, QL (90 tabs / 30 days)
OFEV	4	PA, QL (60 caps / 30 days)
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE	3	NM
TETRACYCLINES		
TETRACYCLINES		
avidoxy	1	NM
demeclocycline hcl	1	NM
doxy 100	1	NM
doxycycline (monohydrate)	1	NM
doxycycline hyclate	1	NM
minocycline hcl	1	NM
mondoxyne nl	1	NM
morgidox 1x100mg	1	NM
morgidox 2x100mg	1	NM
tetracycline hcl	1	NM
VIBRAMYCIN	3	NM
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole	1	

Drug Name	Drug Tier	Requirements/Limits
propylthiouracil	1	
THYROID HORMONES		
euthyrox	1	
levo-t	1	
levothyroxine sodium	1	
levoxyl	1	
liothyronine sodium	1	
SYNTHROID	2	
unithroid	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	0	NM
BOOSTRIX	0	NM
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
atropine sulfate sosy	1	NM
CUVPOSA	2	
dicyclomine hcl	1	NM
ed-spaz	1	
glycopyrrolate	1	NM
hyoscyamine sulfate	1	
methscopolamine bromide	1	NM
nulev	1	
oscimin	1	
symax-sl	1	
H-2 ANTAGONISTS		
cimetidine 200mg	1	NM
cimetidine 300mg, 400mg, 800mg	1	
cimetidine hcl	1	
famotidine soln	1	NM
famotidine susr; tabs	1	
famotidine in nacl	1	NM
nizatidine	1	
MISC. ANTI-ULCER		
sucralfate	1	
PROTON PUMP INHIBITORS		
DEXILANT	3	ST, PA, QL (90 caps / year)
esomeprazole magnesium cpdr	1	QL (90 caps / year)
esomeprazole magnesium pack	1	QL (90 packets / year); AGE
lansoprazole	1	QL (90 caps / year)
NEXIUM	3	QL (90 packets / year); AGE

Drug Name	Drug Tier	Requirements/Limits
omeprazole	1	QL (90 caps / year)
pantoprazole sodium 20mg, 40mg	1	QL (90 tabs / year)
pantoprazole sodium 40mg	1	QL (90 ea / year)
rabeprazole sodium	1	QL (90 tabs / year)
ULCER DRUGS - PROSTAGLANDINS		
misoprostol	1	
ULCER THERAPY COMBINATIONS		
amoxicillin-clarithromycin w/ lansoprazole	1	NM
omeprazole-sodium bicarbonate	3	QL (90 packets / year)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide	1	
oxybutynin chloride	1	
solifenacin succinate	1	
tolterodine tartrate	1	
TOVIAZ	2	
trospium chloride	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride	1	NM
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl	1	
VACCINES		
BACTERIAL VACCINES		
BEXSERO	0	NM
MENACTRA	0	NM
MENQUADFI	0	NM
MENVEO	0	NM
PNEUMOVAX 23	0	NM
PREVNAR 13	0	NM
PREVNAR 20	0	NM
TRUMENBA	0	NM
VAXNEUVANCE	0	NM
VIRAL VACCINES		
AFLURIA QUADRIVALENT 2019	0	NM
AFLURIA QUADRIVALENT 2020	0	NM
AFLURIA QUADRIVALENT 2021	0	NM
ENGERIX-B	0	NM
FLUAD 2019-2020	0	NM
FLUAD 2020-2021	0	NM
FLUAD QUADRIVALENT 2021-2	0	NM

Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT INFLUE	0	NM
FLUARIX QUADRIVALENT 2019	0	NM
FLUARIX QUADRIVALENT 2020	0	NM
FLUARIX QUADRIVALENT 2021	0	NM
FLUBLOK QUADRIVALENT 2019	0	NM
FLUBLOK QUADRIVALENT 2020	0	NM
FLUBLOK QUADRIVALENT 2021	0	NM
FLUCELVAX QUADRIVALENT 20	0	NM
FLULAVAL QUADRIVALENT 201	0	NM
FLULAVAL QUADRIVALENT 202	0	NM
FLUMIST QUADRIVALENT	0	NM
FLUZONE HIGH-DOSE PF 2019	0	NM
FLUZONE HIGH-DOSE PF 2020	0	NM
FLUZONE HIGH-DOSE PF 2021	0	NM
FLUZONE QUADRIVALENT 2019	0	NM
FLUZONE QUADRIVALENT 2020	0	NM
FLUZONE QUADRIVALENT 2021	0	NM
GARDASIL 9	0	NM
HAVRIX	0	NM
HEPLISAV-B	0	NM
M-M-R II	0	NM
RECOMBIVAX HB	0	NM
VAQTA	0	NM
VARIVAX	0	NM
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA	3	
SPERMICIDES		
ENCARE	0	OTC, NM; GENDER
OPTIONS CONCEPTROL VAGINA	0	OTC, NM; GENDER
OPTIONS GYNOL II VAGINAL	0	OTC, NM; GENDER
SHUR-SEAL	0	OTC, NM; GENDER
TODAY SPONGE	0	OTC, NM; GENDER
VCF VAGINAL CONTRACEPTIVE	0	OTC, NM; GENDER
VAGINAL ANTI-INFECTIVES		
CLEOCIN	2	NM
clindamycin phosphate vaginal	1	NM
GYNAZOLE-1	3	NM
metronidazole vaginal	1	NM
miconazole 3	1	NM
terconazole vaginal	1	NM
vandazole	1	NM
VAGINAL ESTROGENS		
estradiol vaginal	1	

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
PREMARIN CREA	3	
yuvafem	1	
VAGINAL PROGESTINS		
CRINONE	2	NM
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine (anaphylaxis) .15mg/0.3ml, .3mg/0.3ml	1	QL (12 pens / 75 days), NM
epinephrine (anaphylaxis) .15mg/0.15ml	1	QL (6 pens / 75 days), NM
EPIPEN 2-PAK	2	QL (12 pens / 75 days), NM
EPIPEN-JR 2-PAK	2	QL (12 pens / 75 days), NM
VASOPRESSORS		
midodrine hcl	1	NM
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol	1	OTC, NM
d3-50	1	OTC, NM
decara	1	OTC, NM
ergocalciferol	1	
optimal-d pack	1	OTC, NM
phytonadione	1	NM
weekly-d	1	OTC, NM
WATER SOLUBLE VITAMINS		
neuro-k-50	1	OTC, NM
pyridoxine hcl	1	OTC, NM
ra vitamin b-6	1	OTC, NM

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Step Therapy Criteria

Step Therapy Group	AMYLIN ANALOG 676-D
Drug Names	SYMLINPEN 120, SYMLINPEN 60
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of rapid-acting insulin or short-acting insulin, or pre-mixed insulin within the past 120 days

Step Therapy Group	ANTIPSYCHOTICS 657-D
Drug Names	LATUDA, REXULTI
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of generic aripiprazole, asenapine, olanzapine, paliperidone, quetiapine (regular or extended release), risperidone, or ziprasidone within the past 180 days.

Step Therapy Group	CGRP RECEPTOR ANTAGONIST CLUSTER HEADACHE 2761-E
Drug Names	EMGALITY
Step Therapy Criteria	Coverage will be provided for Emgality 100 mg if the member has filled a prescription for at least a 1 day supply of sumatriptan (subcutaneous or nasal) or zolmitriptan (nasal or oral) within the past 730 days

Step Therapy Group	CGRP RECEPTOR ANTAGONIST MIGRAINE 2761-E
Drug Names	AIMOVIG, AJOVY, EMGALITY
Step Therapy Criteria	Coverage will be provided for Aimovig, Ajovy and Emgality 120 mg if the member has filled a prescription for at least a 56 day supply of divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, or venlafaxine within the past 730 days.

Step Therapy Group	DESVENLAFAXINE/FETZIMA 1888-E
Drug Names	DESVENLAFAXINE ER, FETZIMA, FETZIMA TITRATION PACK
Step Therapy Criteria	Coverage will be provided if the patient has filled a prescription for a 30 day supply of a generic serotonin-norepinephrine reuptake inhibitor (SNRI) OR generic mirtazapine, generic bupropion, or a generic selective serotonin reuptake inhibitor (SSRI) within the past 120 days.

Step Therapy Group	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS 1009-D
Drug Names	ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, JANUMET, JANUMET XR, JANUVIA, JENTADUETO XR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days

Step Therapy Group	DOXEPIN 1496-E
Drug Names	DOXEPIN HYDROCHLORIDE
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 7 day supply of a generic topical corticosteroid AND at least a 7 day supply of topical tacrolimus (Protopic) within the past 120 days.

Step Therapy Group	EUCRISA 3199-E
Drug Names	EUCRISA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a one day supply of a medium or higher potency topical corticosteroid within the past 180 days.
Step Therapy Group	GLP-1 AGONIST 676-D
Drug Names	OZEMPIC, TRULICITY, VICTOZA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
Step Therapy Group	GLP-1 AGONIST/LONG ACTING INSULIN COMBO 676-D
Drug Names	SOLIQUA 100/33, XULTOPHY 100/3.6
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
Step Therapy Group	LYRICA 656-D
Drug Names	PREGABALIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for regular release generic gabapentin (at least a 30 day supply within the past 120 days)
Step Therapy Group	NATROBA 4830-D
Drug Names	SPINOSAD
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% or permethrin 5% within the past 60 days.
Step Therapy Group	OPIOID ER 2219-M
Drug Names	BELBUCA, BUPRENORPHINE, FENTANYL, HYDROCODONE BITARTRATE ER, HYDROMORPHONE HCL ER, HYDROMORPHONE HYDROCHLORI, METHADONE HCL, METHADONE HYDROCHLORIDE I, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER, XTAMPZA ER
Step Therapy Criteria	Coverage will be provided if the member has filled a cumulative 8-day or greater supply of an immediate-release opioid agent within the past 90 days OR has been receiving an extended-release opioid agent for a cumulative 30 days or greater within the past 90 days.
Step Therapy Group	OPIOID IR 2221-M
Drug Names	CODEINE SULFATE, HYDROMORPHONE HCL, LEVORPHANOL TARTRATE, MORPHINE SULFATE, NUCYNTA, OXYCODONE HCL, OXYCODONE HYDROCHLORIDE, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL
Step Therapy Criteria	Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 8-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.

Step Therapy Group	OPIOID IR COMBO PRODUCTS 1358-E
Drug Names	ACETAMINOPHEN/CAFFEINE/DI, ACETAMINOPHEN/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, TRAMADOL HYDROCHLORIDE/AC
Step Therapy Criteria	Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 8-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.

Step Therapy Group	OVIDE 4831-D
Drug Names	MALATHION
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% within the past 60 days.

Step Therapy Group	PDPD AUTOIMMUNE
Drug Names	ACTEMRA, SIMPONI
Step Therapy Criteria	For Rheumatoid Arthritis, must try Enbrel, Humira, Kevzara, Rinvoq, Xeljanz 5mg, or Xeljanz XR 11mg.

Step Therapy Group	PDPD HEP C
Drug Names	SOVALDI, ZEPATIER
Step Therapy Criteria	Must try Epclusa or Harvoni

Step Therapy Group	RANEXA 658-D
Drug Names	RANOLAZINE ER
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a beta blocker in combination with either a calcium channel blocker or long-acting nitrate (at least a 30 day supply within the past 365 days)

Step Therapy Group	SAVELLA 2557-D
Drug Names	SAVELLA, SAVELLA TITRATION PACK
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of immediate-release pregabalin or duloxetine within the past 120 days.

Step Therapy Group	SIMVA 80MG 981-D
Drug Names	SIMVASTATIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for 80mg strength of simvastatin (Zocor) or 10-80mg strength of ezetimibe-simvastatin (Vytorin) (at least a 290 day supply within the past 365 days)

Step Therapy Group	SKLICE 3744-D
Drug Names	IVERMECTIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 1 day supply of permethrin 1% within the past 60 days.

Step Therapy Group	SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR (SGLT2) AND SGLT2 COMBINATIONS 676-D
Drug Names	FARXIGA, GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
Step Therapy Group	TGST BISPHOSPHONATES 377-D
Drug Names	FOSAMAX PLUS D
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic bisphosphonate product (at least a 28 day supply within the past 365 days)
Step Therapy Group	TGST BPH-ALPHA1 BLCK 606-D
Drug Names	CARDURA XL
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic Benign Prostatic Hyperplasia (BPH) agent (e.g., alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin) (at least a 30 day supply within the past 365 days)
Step Therapy Group	TGST NASAL STEROIDS 4591-D
Drug Names	OMNARIS
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid within the past 180 days.
Step Therapy Group	TGST PPI 383-D
Drug Names	DEXILANT
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic proton pump inhibitor (at least a 30 day supply within the past 180 days)
Step Therapy Group	TGST PROSTAGL ANALOG 613-D
Drug Names	LUMIGAN, ZIOPTAN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic prostaglandin analogue (other than bimatoprost) (at least a 30 day supply within the past 365 days)
Step Therapy Group	TGST SLEEP AGENTS 382-D
Drug Names	BELSOMRA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic nonbenzodiazepine hypnotic (at least a 30 day supply within the past 180 days)
Step Therapy Group	TGST SSRI 384-D
Drug Names	TRINTELLIX, VIIBRYD, VIIBRYD STARTER PACK
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic SSRI product (at least a 30 day supply within the past 365 days)

Step Therapy Group	TREXIMET 3020-D
Drug Names	SUMATRIPTAN/NAPROXEN SODI
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of generic sumatriptan AND generic naproxen within the past 120 days.
Step Therapy Group	ULORIC 540-D
Drug Names	FEBUXOSTAT
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for allopurinol (at least a 30 day supply within the past 180 days)
Step Therapy Group	VITAMIN D ANALOGS TOPICAL 1381-E
Drug Names	CALCIPOTRIENE, CALCIPOTRIENE/BETAMETHASO, CALCITRIOL
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30-day supply of a topical steroid within the past 180 days.