Essentials Rx for Simple Choices Medication Guide

January 2027

Please consider talking to your doctor about prescribing one of the formulary medications that are indicated as covered under your plan, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in value selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit www.floridablue.com or the most up-to-date information.

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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Introduction

Florida Blue is pleased to present the Essentials Rx for Simple Choices Medication Guide. This is a general guide that includes a comprehensive listing of medications that may be covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your plan documents for complete coverage details. When we refer to "plan documents" we are referring to one or more of the following: Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement.

The Essentials Rx for Simple Choices Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online at www.floridablue.com OR by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

If you are a current member, we encourage you to log on to your member account for plan specific details about your medication coverage. Go to www.floridablue.com click on the Members tab. Once registered, you can look up a medication by name and compare your cost at different pharmacies. You'll see notes that indicate if a medication requires a prior authorization or is not covered by your plan.

Si desea hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.

NOTE: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgment or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating physician in accordance with the patient/physician relationship.

Key Tips and Coverage Guidelines

By following these simple guidelines, you will be assured that you are getting the maximum benefit from your plan.

- When you have your prescriptions filled, ask your pharmacist if a generic equivalent is available. Generic medications are usually less expensive, and most generics are covered unless specifically excluded under your plan documents.
- Brand name medications are covered on your plan only if they are included in the medication list. Brand name medications not listed in the medication list are not covered.
- Consider asking your physician to prescribe generic medications, or if necessary, one of the preferred brand name medications whenever appropriate. Your cost for generic and preferred brand name medications is lower than non-preferred brand name medications.
- If you are currently taking a medication, take a moment to review the medication list to determine if it is covered. If not, check with your doctor to understand available options.
- If you or your provider request a covered brand name medication when there is a generic available; you will be responsible for: (1) the difference in cost between the generic medication and the brand name medication you received; and (2) the cost share applicable to the brand name medication you received, as indicated on your Schedule of Benefits
- Essentials Rx for Simple Choices is a closed formulary pharmacy plan. This means any medications not on the formulary (included in the medication list) are not covered. Take this guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs included in the medication list and cost impacts when you discuss medication options.

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Medication List

What you need to know about Essentials Rx for Simple Choices Formulary Medications

The Essentials Rx for Simple Choices Formulary Medication Guide includes the Closed Formulary list. The Guide reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any prescription drug in this Medication Guide at any time.

All generic medications are covered unless specifically excluded by your plan. Brand Name medications are covered only if they are included in the Closed Formulary list.

For your out-of-pocket expenses to be as low as possible, please consider asking your doctor to prescribe generic medications, or if necessary, brand name medications that are included on the Closed Formulary List. This will help ensure that your covered medications are allowed and reimbursed under your plan. In addition, consider using a participating pharmacy to obtain your covered medications because your out-of-pocket expenses should be lower than if you used a non-participating pharmacy.

To save the most money on medications, share this Medication Guide with your doctor or health care provider at each visit. When you have your prescriptions filled, ask your pharmacist if a generic medication is available. Generic medications save you the most money.

Changes to the formulary

This guide includes the medication list which reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any medication in this Medication Guide at any time.

The medication list is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy. There are varying reasons changes are made to the medications listed in the Essentials Rx for Simple Choices Medication Guide:

- The tier level of a brand name medication included on the medication list may increase (change to a higher tier) when an FDA-approved bioequivalent generic medication becomes available.
- Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication, to determine whether the medication will be covered and if so, which tier will apply based on safety, efficacy, and the availability of other products within that class of medications. Go to New To Market Drug List for the most up-to-date information.

The most up-to-date information about modifications to the medications listed in this medication guide can be found by:

Going to www.floridablue.com.

- Click on the **Members** tab
- Click on the **Login Now** button and either **Login** or **Register**
- Once Logged in, click on **My Plan**, then select **Pharmacy Resources** under Coverage
- Under Pharmacy Resources, click on **Medication Guide & Specialty Pharmacy**
- Under **Medication Guide/Approved Drug Lists**, click Essentials Rx for Simple Choices Medication Guide
- Updated medication guides are posted periodically throughout the year.

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Formulary addition request

Physicians may request the addition of a medication to the formulary list by submitting a written request to Florida Blue.
Please mail to:

Florida Blue
Attn: Pharmacy Programs
P.O. Box 1798
Jacksonville, FL 32231-0014

Your Share of Expenses

Your cost share will depend on which cost share tier the medication is assigned. You can determine your out-of-pocket amount for medication by reviewing your Schedule of Benefits. If your plan includes a Deductible, you may have to satisfy that amount before the costs of your medications are covered.

If you or your provider requests a covered brand name medication when there is a generic medication available; you will be responsible for:

- the difference in cost between the generic medication and the brand name medication; and
- the cost share applicable to brand name medication, as indicated on your Schedule of Benefits.

Example: If your drug copay is $10 for generic and $40 for brand, and you choose a brand name drug when a generic is available, here is what you might pay.

Difference in Drug Cost is $70 (Brand Drug Cost $120-Generic Drug Cost $50) + Brand Co-Pay $40= $110 is Your Total Cost

If your prescriber requires the use of a brand name medication for medical reasons, supporting documentation must be provided to avoid being responsible for the cost difference between the brand and generic drug. To request an exception to the cost difference, the prescriber will need to submit a request here.

DAW penalty waiver request form.

Your cost share for HIV/AIDS drugs follows the OIR Safe Harbor Guidelines. To determine the cost share for your HIV/AIDS drug check here

2027 Safe Harbor Guidelines for HIV/AIDS Drugs

NOTE: If you have a deductible, you must meet your deductible prior to the cost shares listed to apply

Pharmacy Benefits

The pharmacy benefit has three parts/components called Tiers. This means that covered medications must be included in one of the following Tiers, unless specifically excluded by your plan:

Tier 1 – Generic Drugs and Supplies

Tier 2 – Preferred Brand Drugs and Supplies

Tier 3 – Non-Preferred Brand Drugs and Supplies

Tier 4 – Specialty Drugs and Supplies; some Specialty Prescription Drugs may be listed in lower tier

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Medications that are not covered

Essentials Rx for Simple Choices is a closed formulary pharmacy plan. This means any medications not on the formulary (included in the medication list) are not covered. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives
- The medication has a preferred formulary alternative or over-the-counter (OTC)alternative
- The medication is no longer marketed
- The medication has a widely available/distributed AB rated generic equivalent formulation
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC
- The medication is not covered because of safety or effectiveness concerns.
- The medication is not covered for weight loss indication.

In addition to any drug not listed in the medication guide, a list of certain medications that are not covered may be found at Medications Not Covered List.

NOTE: To determine the medication exclusions that apply to your plan, check your plan documents. Coverage details are also available to you by logging into the member section of www.floridablue.com.

Generic drugs

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their brand name counterparts and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved generic medication maybe substituted for its brand name counterpart because it:

- Contains the same active ingredient(s) as the Brand medication
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

Check with your doctor or health care provider to determine if switching to a generic medication is appropriate for you.

Oral Chemotherapy Drugs

Oral chemotherapy drugs are drugs prescribed by a physician to kill or slow the growth of cancerous cells in a manner consistent with the national accepted standards of practice. A list of these drugs can be found at: Oral Chemotherapy Drug List.

Over-the-counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications.. Only those OTC medications prescribed by your physician and designated on the formulary with “OTC” in parenthesis following the medication name are eligible for coverage.

NOTE: Check your plan documents to determine if this benefit applies to your plan. Coverage details are also available to you logging into the member section of www.floridablue.com.

Patient Protection and Affordable Care Act (ACA) Preventive Services

- Preventive Medications – Certain preventive care services, medications, and immunizations are covered at no cost share when purchased at a participating pharmacy. A list of medications covered under this benefit may be found at: Preventive Medications List
- Immunizations – Certain vaccines which are covered under your preventive benefits can be administered by pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine. Otherwise contact your doctor for availability and administration of the vaccine. A list of vaccines that are covered under your pharmacy benefits may be found at: Pharmacy Benefit Vaccines List.
- Women's Preventive Services – Certain contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy. A list of medications and devices covered under this benefit may be found at: Women's Preventive Services List

Tier Exception Requests for Contraceptives & HIV Pre-Exposure Prophylaxis (PrEP)

If, for medical reasons, you need a contraceptive or HIV PrEP medication that is not included on these Preventive Service list(s), you may request an exception to waive the otherwise applicable cost sharing for your medication. To request an exception, your doctor must complete and submit request online at covermymeds.com or by fax using the Exception Request Forms in links below.

Contraceptives Tier Exception Request Form

HIV Prep Tier Exception Request Form

Specialty Pharmacy Medications

Covered Specialty Medications as indicated in the Medication List. Your plan may include a separate cost share for Specialty Medications. Since coverage for medication varies by the plan purchases by you or your employer, it's important that you refer to your plan documents for complete coverage details.

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

Specialty Drugs are only covered when they're dispensed from a Specialty Pharmacy, up to a one-month supply. Certain Specialty Pharmacy products may vary from the one-month supply. These Specialty Drugs may be dispensed in lesser or greater quantities due to manufacturer package size or FDA-approved dosage requirements for a course of therapy. A list of medications covered under this benefit may be found at: Specialty Drugs with Extended Day Supply.

NOTE: Check your plan documents for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available by calling the customer service number listed on your member ID card.

Specialty Medications are divided into two categories:

- Self-Administered Specialty Medications – Patients administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from a participating specialty pharmacy, out-of-network coverage is not available. A current listing of Self-Administered Specialty Medication can be found here.
    - Self-administered injectable medications are designated in the Medication List with "inj" following the medication name (e.g., enoxaparin inj). No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in this Medication Guide. Self-administered injectables will be subject to the Brand or Generic cost share, as described in your Schedule of Benefits. Florida Blue reserves the right to change the Self-administered injectables covered through your plan at any time and for any reason.

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- Provider-Administered Specialty Medications – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your medical benefit. These medications can be obtained from any in-network health care provider. A current listing of Provider-Administered Specialty Medications can be found here.

NOTE: We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. Specialty Pharmacy products can be obtained as a pharmacy or medication benefit. Please check your handbook for details.

Medical Pharmacy Tier Program

The Medical pharmacy tier program provides cost share reductions and helps you save on provider-administered medications which are rendered in a physician's office or outpatient setting. Provider-administered medications are covered under your medical benefit. Medications in the Medical Pharmacy Tier Program may also be subject to Prior Authorization requirements. Florida Blue reserves the right to change the medications included in the Medical Pharmacy Tier Program at any time and for any reason.

- **Low tier:** Lower cost provider-administered medications (e.g., preferred generic, biosimilar or other medications, supplies or devices)
- **Standard tier:** All other provider-administered medications

A list of medications included in **Low tier** of the Medical Pharmacy Tier Program may be found here: Medical Pharmacy Low Tier Drug List

NOTE: Check your plan documents to determine if the Medical Pharmacy Tier Program applies to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your ID card.

Pharmacy Options

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled – retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled, you should confirm which pharmacy is considered 'in-network' for that particular medication.

Participating Pharmacy

- Retail Pharmacy Network – Non-Specialty 'Generic' medications and 'Brand Name' medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.

- Specialty Pharmacy Network – We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in this Medication Guide. To be covered under your pharmacy program at the in-network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are **different** than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.

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- Limited Distribution (LD) Pharmacy – Drug manufacturers will choose one or a limited number of specialty pharmacies to handle and dispense certain specialty drugs. Typically, these drugs are costly and require special monitoring and prior authorization (pre-approval). The pharmacy that dispenses your limited distribution drug can be found here: Limited Distribution Drugs

Non-Participating Pharmacy

- Your plan doesn't offer out-of-network pharmacy coverage, you may have to pay the full cost of the medication.

Advocate+TM Pharmacy Match Specialty Pharmacy Network

Specialty pharmacies help you get and manage your self-administered specialty medication. These pharmacies will deliver your medication right to your home within all U.S. states and territories, and pharmacists are available 24 hours a day to answer your questions.

Advocate+ Pharmacy Match expands your plan's specialty pharmacy network and matches you with a highly qualified pharmacy to fill your specialty medication. **Important:** Any other pharmacy is considered out-of-network for specialty medications even if it is in-network for other non-specialty medications. Be sure to only use the specialty pharmacies in the **Advocate+TM Pharmacy Match Specialty Pharmacy Network** so your medication will be covered.

Getting Help:

- **Getting help for yourself** with your self-administered specialty medications: You can call Advocate+ Member Support at 1-833-950-3858.
- **Getting help for your provider**: Your provider should be aware of where to send your self-administered specialty prescription, which is indicated on your medication guide drug list with "SP." If they need guidance, they can call for support. Please give this contact information to provider's office staff:

  Advocate+ Prescriber

  Phone: 1-877-787-0520 (option 2 for pharmacies; option 3 for prescriber)

  Fax: 1-833-998-4435

  NCPDP: 6013914

  NPI: 1366292880

Special Circumstances

For the three medication types listed below, please use only the pharmacies listed here.

1. Specialty Self-Administered hemophilia medications will be listed on the drug list with "SP." Please use:

   CVS/Caremark Hemophilia Services

   Phone: 1-866-792-2731

   Fax: 1-866-811-7450

   CVS Caremark Specialty Hemophilia

2. Specialty Provider-Administered Medications. Please use:

   CVS/Caremark Specialty Pharmacy Services

   Phone: 1-866- 278-5108

   Fax: 1-800-323-2445

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CVS Caremark

Specialty Provider-Administered medications administered by a health care professional may be ordered by your provider directly or they may send the prescription to CVS/Caremark Specialty or through a limited distribution pharmacy to bill your medical benefits. Since they're covered under your medical benefit, these medications are not listed on the drug list within your medication guide.

3. Specialty Provider-Administered long-acting mental health medications listed on the limited distribution drug list under your pharmacy benefit will be listed on the drug list with "SP". Please use:

   Genoa Healthcare

   Genoa Healthcare

NOTE: Specialty pharmacy medications are not covered when purchased through Amazon Pharmacy.

Home Delivery Pharmacy Network
Home delivery pharmacy is serviced by Amazon Pharmacy. Home delivery covers up to a 90-day supply for Generic drugs only and Brand drugs are limited to a 30-day supply. Prescriptions may not be transferred from a retail pharmacy to Amazon Pharmacy. A new prescription is needed to fill your prescription at Amazon Pharmacy.

Retail Pharmacy Network up to Three-month Supply

In addition to being able to obtain up to a three-month supply of Generic medication through our home delivery pharmacy, you may be able to receive up to a three-month supply of your Generic medication through a participating retail pharmacy. Please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for complete coverage details.

NOTE: Brand drug coverage is limited to a 30-day supply at a participating retail pharmacy.

Utilization Management Programs

Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of medications. If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. Medications that require prior authorization for coverage are indicated in the prior authorization column following the product name in the medication list.

NOTE: Prior Authorizations expire on the earlier of, but not to exceed 12 months for most medications:

1. The termination date of your policy or
2. The period authorized by us, as indicated in the letter you receive from us.

Obtaining Prior Authorization

Information about prior authorization and forms for how to obtain a prior authorization approval can be found here: Prior Authorization Program Information and Forms.

NOTE: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a participating pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior authorization approval does not waive your cost share.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or over-the-counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

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NOTE: You have the right to request an appeal if prior authorization is denied. Please refer to the 'How to Appeal an Adverse Benefit Determination' subsection of the Complaint and Grievance Process section in your current Benefit Booklet or Contract for information on how to file an appeal.

Responsible Quantity Program

The Responsible Quantity Program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations. Medications that are subject to this program are indicated in the quantity limits column following the product name in the medication list.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here:

Responsible Quantity Program Information

Responsible Quantity Authorization Form

Responsible Steps Program

The Responsible Steps Program promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps Program are not covered unless you have tried one or more covered alternative medications first.

A list of current drugs included in the Responsible Steps Program maybe found here: Responsible Steps

Program Information and Authorization Forms

Responsible Steps Program for Medical Pharmacy

Certain physician-administered Prescription Drugs which are rendered in a physician's office may be included in the Responsible Steps for Medical Pharmacy Program. If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

If, due to medical reasons, you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

Information about the Responsible Steps Program for Medical Pharmacy and steps for how to obtain a form can be found at:

Responsible Steps for Medical Pharmacy

NOTE: Check your plan documents to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your ID card.

Coverage Protocol Exemption

Your doctor may want to prescribe a medication for a condition that is different from the step-therapy protocol developed by Florida Blue. If this is the case, either you or your doctor can request an exemption by submitting a Coverage Protocol Exemption Request.

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Coverage Exception Process

Pursuant to 45 C.F.R. 156.122, if a medication is not covered on our formulary, you may request an exception. We have established processes for both standard exception requests and expedited exception requests, as described below.

Standard Exception Requests

To request a standard exception, you, your designee or the prescribing physician (or other prescriber), as appropriate may submit an exception request by completing and submitting the Coverage Exception Request Form at the link below.

We will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 72 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the prescription, including refills.

Expedited Exception Requests

You may request an expedited exception based on exigent circumstances. Exigent circumstances exist when:

1. You are suffering from a medical condition that may seriously jeopardize your life, health or ability to regain maximum function; or
2. You are undergoing a current course of treatment using a medication that is not covered on our formulary.

To request an expedited exception, you, your designee, or the prescribing physician (or other prescriber) may submit an exception request by completing and submitting the Coverage Exception Request Form at the link below.

We will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 24 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the exigency.

Coverage Exception Request Form

What if my exception request is denied?

If we deny your standard or expedited request for exception, you, your designee, or the prescribing physician (or other prescriber) may request a review of the original request and our denial by an external independent review organization.

1. If the original exception request was a standard request, we will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 72 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the prescription.
2. If the original exception request was an expedited request, we will notify you or your designee and the prescribing physician (or other prescriber, as appropriate) of our decision within 24 hours of our receipt of the request. If we approve the exception, we will provide coverage of the excepted medication for the duration of the exigency.

Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Benefit Booklet, Contract, or prescription drug endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Benefit Booklet, Contract or prescription drug endorsement, the provisions contained in the Benefit Booklet, Contract or prescription drug endorsement shall control to the extent necessary to effectuate the intent of Florida Blue and Florida Blue HMO.

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How to use this Drug list

Column 1: Drug Name

The drug list is organized into broad categories (e.g., HORMONES, DIABETES AND RELATED DRUGS). Please use the drug search function (Ctrl+F) to find current information for drugs on the drug list. Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Brand prescription drugs are shown in CAPITAL letters followed by the generic name. The Requirements/Limits column displays information about whether that drug requires prior authorization, responsible step, limited distribution, or quantity limits. Below are the meanings of the indicators used in the Drug Tier and Requirements/Limits columns.

Column 2: Drug Tier

Indicates the formulary tier level for each drug.

Column 3: Specialty (SP)

Indicates this is a self-administered specialty drug.

Note: Additional information about specialty drugs can be found in this document under Specialty Pharmacy medications, Self-Administered.

Column 4: Requirements/Limits

- Prior Authorization (PA) - Some drugs require prior authorization to ensure appropriate use and prescribing before a drug will be covered. Coverage may be approved after certain criteria are met. Approval is required for claims to process at network pharmacies. If the PA indicator is present, then the PA program noted is possibly applied to your benefit.
- Responsible Steps (ST) - Requires members to try another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug will be approved. If the ST indicator is present, then the ST program noted is possibly applied to your benefit.
- Limited Distribution (LD) - Drug manufacturers will choose one or limited number of specialty pharmacies to dispense drugs. Additional information about limited distribution drugs can be found in this document under Participating Pharmacy.
- Quantity Limits (QL) - Certain drugs have quantity limits to encourage safe and appropriate use. The quantity limit is the maximum quantity that can be dispensed over a given period of time. If the QL indicator is present, then the QL program noted is possibly applied to your benefit.

Some plans may have Utilization Management (UM) programs (e.g., PA, QL, and ST) on additional drugs beyond those noted in this document.

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Abbreviation Key

aer ..... aerosol
cap ..... capsules
chew ..... chewable
conc ..... concentrate
cr ..... controlled release
dr ..... delayed release
ec ..... enteric coated
equiv ..... equivalent
er ..... extended release
gm ..... gram
inhal ..... inhaler
inj ..... injection
liqd ..... liquid
mg ..... milligram
ml ..... milliliter
nebu ..... nebulizer
odt ..... orally disintegrating tabs
oint ..... ointment
ophth ..... ophthalmic
osm ..... osmotic release
pack ..... packets
powd ..... powder
pttw ..... twice-weekly patch
sl ..... sublingual
soln ..... solution
suppos ..... suppositories
susp ..... suspension
tab ..... tablets
td ..... transdermal
w/ ..... with

To determine if your drug is covered and/or find drug pricing, please login to Your Account on Florida Blue website at www.floridablue.com In Your Account choose My Plan, then Pharmacy Resources, and click on Compare Drug Prices.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. Florida Blue HMO is a trade name of Health Options, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross Blue Shield Association.

Section 1557 Notification: Discrimination is Against the Law

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, sex, age, or disability. We do not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

We provide:

- Free auxiliary aids, reasonable modifications, and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (e.g., large print, audio, and accessible electronic formats)
- Free language assistance services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program (FEP): 1-800-333-2227
- Medicare: 1-800-926-6565
- TTY 711

If you believe that we have failed to provide these services or have discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with:

Health and vision coverage (including FEP members):
Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
Section1557Coordinator@bcbsfl.com

Dental, life, and disability coverage:
Civil Rights Coordinator 17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator or Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)
Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

Visit www.floridablue.com/disclaimer/ndnotice to view an electronic version of this notice.

87768 0625R
Se encuentran a su disposición los servicios gratuitos de idiomas, de ayuda auxiliar y de formato alternativo. Llame al número 1-800-352-2583, a FEP al 1-800-333-2227, a Medicare al 1-800-926-6565, (TTY 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí, thiết bị hỗ trợ và các định dạng thay thế. Vui lòng gọi 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

Gen èd oksilyè pou ede w nan lòt lang ak sèvis nan lòt fòma ki disponib gratis. Rele nan 1-800-352-2583, FEP 1-800-333-2227, oswa rele Medicare nan 1-800-926-6565 (TTY 711).

Estão disponíveis, gratuitamente, serviços de tradução, assistência e formatos alternativos. Ligue para 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711).

免费语言服务、辅助援助及替代格式服务均已开放。欢迎致电以下号码 普通咨询1-800-352-2583 联邦雇员计划（FEP）1-800-333-2227 医疗保险（Medicare）1-800-926-6565 听障专线（TTY）711。

Des services linguistiques, d'aide auxiliaire et de supports alternatifs vous sont proposés gratuitement. Appelez le 1-800-352-2583, le FEP au 1-800-333-2227, le Medicare au 1-800-926-6565 (ATS 711).

May makukuhang mga libreng serbisyo sa wika, karagdagang tulong at mga alternatibong anyo. Tumawag sa 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

Предоставляются бесплатные языковые услуги, вспомогательные материалы и услуги в альтернативных форматах. Звоните 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (номер для текст-телефонных устройств (TTY) 711).

الخدمات المجانية للغة، والمساعدة الإضافية، وتنسيقات بديلة متاحة. يرجى الاتصال على:
1-800-352-2583 برنامج FEP: 1-800-333-2227 برنامج Medicare: 1-800-926-6565 (TTY: 711 لذوي الإعاقة السمعية)

Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Telefono: 1-800-352-2583, FEP: 1-800-333-2227, Medicare: 1-800-926-6565, (TTY 711).

Kostenloser Service für Sprachen, Hilfsmittel und alternative Formate verfügbar. Telefon 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711).

무료 언어, 보조 기구 및 대체 형식 서비스를 이용할 수 있습니다. 전화 1-800-352-2583, FEP 1-800-333-2227, 메디케어 1-800-926-6565, (TTY 711).

Bezpłatna pomoc językowa, pomoc dodatkowa oraz usługi różnego rodzaju są dostępne. Zadzwoń pod numer 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

મફત ભાષા, સહાયક મદદ અને વૈકલ્પિક ફૉર્મેટ સેવાઓ ઉપલબ્ધ છે.
1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711) પર કૉલ કરો.

มีบริการภาษา ความช่วยเหลือเพิ่มเติม และบริการในรูปแบบอื่น ๆ ฟรี โทร 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711)

無料の言語サービス、補助サービス、代替フォーマットサービスをご利用いただけます。1-800-352-2583、FEP 1-800-333-2227、メディケア 1-800-926-6565 (TTY 711) までお電話ください。

با FEP -1 خدمات رایگان زبانی، کمک‌های جانبی، و قالب‌های جایگزین در دسترس هستند. با شماره 1-800-352-2583 تماس بگیرید. برای Medicare 1-800-926-6565 و برای 800-333-2227 با (TTY: 711) تماس بگیرید.

T’áá free yínílta’go saad bee áká anilyeedígíí, ałk’ida’áníígíí, dóó t’áá ajiłii hane’ bee áká anilyeedígíí t’éiyá éí hołne’. 1-800-352-2583 bich’į’ náhodoonih, FEP bich’į’ 1-800-333-2227 bich’į’ náhodoonih, Medicare bich’į’ 1-800-926-6565 bich’į’ náhodoonih, (TTY 711).

Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTI-INFECTIVE AGENTS			
PENICILLINS			
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	2		
amoxicillin (trihydrate) cap 250 mg, 500 mg	1		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1		
amoxicillin (trihydrate) tab 500 mg, 875 mg	1		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml	1		
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	1		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1		
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	1		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1		
ampicillin cap 500 mg	1		
dicloxacillin sodium cap 250 mg, 500 mg	1		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	2		
penicillin v potassium tab 250 mg, 500 mg	1		
CEPHALOSPORINS			
cefadroxil cap 500 mg	1		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1		
cefdinir cap 300 mg	1		
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1		
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	2		
cefpodoxime proxetil tab 100 mg, 200 mg	1		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	1		
cefprozil tab 250 mg, 500 mg	1		
cefuroxime axetil tab 250 mg, 500 mg	1		
cephalexin cap 250 mg, 500 mg	1		
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1		
cephalexin tab 250 mg	1		
MACROLIDES			
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	1		
azithromycin tab 250 mg, 500 mg (Zithromax)	1		
azithromycin tab 600 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	2		
clarithromycin tab er 24hr 500 mg	1		
clarithromycin tab 250 mg, 500 mg	1		
DIFICID - fidaxomicin for susp 40 mg/ml	2		QL (272 mls/180 days)
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1		
erythromycin tab 250 mg, 500 mg	1		
fidaxomicin tab 200 mg (Dificid)	1		QL (40 tablets/180 days)
TETRACYCLINES			
doxycycline hyclate cap 50 mg	1		
doxycycline hyclate cap 100 mg (Vibramycin)	1		
doxycycline hyclate tab 20 mg, 100 mg	1		
doxycycline monohydrate cap 50 mg, 100 mg	1		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	1		
minocycline hcl cap 50 mg, 75 mg, 100 mg	1		
tetracycline hcl cap 250 mg, 500 mg	1		
FLUOROQUINOLONES			
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1		
ciprofloxacin hcl tab 750 mg (base equiv)	1		
levofloxacin oral soln 25 mg/ml	1		
levofloxacin tab 250 mg, 500 mg, 750 mg	1		
moxifloxacin hcl tab 400 mg (base equiv)	1		
OFLOXACIN - ofloxacin tab 400 mg	2		
AMINOGLYCOSIDES			
HUMATIN - paromomycin sulfate cap 250 mg	2		LD
neomycin sulfate tab 500 mg	1		
tobramycin nebu soln 300 mg/5ml (Tobi)	4	SP	
SULFONAMIDES			
sulfadiazine tab 500 mg	1		
ANTIMYCOBACTERIAL AGENTS			
CYCLOSERINE - cycloserine cap 250 mg	2		
ethambutol hcl tab 100 mg	1		
ethambutol hcl tab 400 mg (Myambutol)	1		
isoniazid syrup 50 mg/5ml	1		
isoniazid tab 100 mg, 300 mg	1		
PRETOMANID - pretomanid tab 200 mg	2		LD, QL (182 tablets/365 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
PRIFTIN - rifapentine tab 150 mg	3		
pyrazinamide tab 500 mg	1		
rifabutin cap 150 mg (Mycobutin)	1		
rifampin cap 150 mg, 300 mg	1		
rifapentine tab 150 mg (Priftin)	1		
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	4	SP	LD, QL (940 tablets/365 days)
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	4	SP	LD, QL (188 tablets/365 days)
ANTIFUNGALS			
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	1		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	1		
flucytosine cap 250 mg, 500 mg (Ancobon)	1		
griseofulvin microsize susp 125 mg/5ml	1		
griseofulvin microsize tab 500 mg	1		
griseofulvin ultramicrosize tab 125 mg, 250 mg	1		
itraconazole cap 100 mg (Sporanox)	1		PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	1		PA, QL (600 mls/30 days)
ketoconazole tab 200 mg	1		
nystatin tab 500000 unit	1		
posaconazole tab delayed release 100 mg (Noxafil)	1		PA
terbinafine hcl tab 250 mg	1		QL (30 tablets/30 days)
voriconazole for susp 40 mg/ml (Vfend)	1		PA
voriconazole tab 50 mg, 200 mg (Vfend)	1		PA
ANTIVIRALS			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1		QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1		QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1		QL (30 tablets/30 days)
acyclovir cap 200 mg	1		
acyclovir susp 200 mg/5ml (Zovirax)	1		
acyclovir tab 400 mg, 800 mg	1		
adefovir dipivoxil tab 10 mg (Hepsera)	1		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	2		QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)	1		QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1		QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	2		QL (630 mls/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2		QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2		QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	1		QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	1		QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2		QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	2		QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2		QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	2		QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	2		QL (180 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	1		QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	1		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1		QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2		QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	1		QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	1		QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	2		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	2		QL (680 mls/28 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	1		QL (30 tablets/30 days)
EPIVIR - lamivudine oral soln 10 mg/ml	2		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	2		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	2		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	1		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	1		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1		QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
INTELENCE - etravirine tab 25 mg	2		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	2		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2		QL (60 packets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2		QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2		QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	2		QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	2		QL (120 tablets/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	1		QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	1		QL (30 tablets/30 days)
lamivudine tab 150 mg (Epivir)	1		QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	1		QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	1		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	2	SP	PA, QL (28 tablets/28 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	1		QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	1		QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	1		QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	1		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	4	SP	PA, QL (84 tablets/28 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	4	SP	PA, QL (140 packets/28 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	2		QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg (Viramune xr)	1		QL (30 tablets/30 days)
nevirapine tab 200 mg	1		QL (60 tablets/30 days)
NORVIR - ritonavir tab 100 mg	2		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	2		QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2		QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1		QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	1		QL (20 capsules/120 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2		QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2		QL (30 tablets/30 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	4	SP	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	2		PA
PIFELTRO - doravirine tab 100 mg	2		QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg, 800-150 mg	2		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	2		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	2		QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	2		QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	2		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	2		QL (30 tablets/30 days)
RETROVIR - zidovudine cap 100 mg	2		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	2		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	2		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	2		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	2		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	2		
RIBAVIRIN - ribavirin tab 200 mg	2		
rilpivirine hcl tab 25 mg (base equivalent) (Edurant)	1		QL (30 tablets/30 days)
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	3		PA
ritonavir tab 100 mg (Norvir)	1		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 150 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	2		QL (120 tablets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	2		LD, QL (5 tablets/365 days)
SUNLENCA - lenacapavir sodium tab 300 mg	2		LD, QL (4 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2		QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2		QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2		QL (180 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	2		QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1		
VIRACEPT - nelfinavir mesylate tab 250 mg	2		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	2		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg	2		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2		QL (240 grams/30 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	2		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	1		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	1		QL (1920 mls/30 days)
zidovudine tab 300 mg	1		QL (60 tablets/30 days)
ANTIMALARIALS			
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1		
HYDROXYCHLOROQUINE SULFAT - hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	2		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1		
mefloquine hcl tab 250 mg	1		
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1		
pyrimethamine tab 25 mg (Daraprim)	4	SP	PA, QL (90 tablets/30 days)
ANTHELMINTICS			
albendazole tab 200 mg (Albenza)	1		PA, QL (120 tablets/30 days)
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2		LD
ivermectin tab 3 mg (Stromectol)	1		
praziquantel tab 600 mg (Biltricide)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.			
atovaquone susp 750 mg/5ml (Mepron)	1		
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1		
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1		
dapsone tab 25 mg, 100 mg	1		
IMPAVIDO - miltefosine cap 50 mg	4	SP	PA
LAMPIT - nifurtimox tab 30 mg	2		LD, QL (540 tablets/180 days)
LAMPIT - nifurtimox tab 120 mg	2		LD, QL (450 tablets/180 days)
linezolid for susp 100 mg/5ml (Zyvox)	1		
linezolid tab 600 mg (Zyvox)	1		
methenamine hippurate tab 1 gm (Hiprex)	1		
metronidazole tab 250 mg	1		
metronidazole tab 500 mg (Flagyl)	1		
nitazoxanide tab 500 mg	1		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrodantin)	1		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1		
tinidazole tab 250 mg, 500 mg	1		
trimethoprim tab 100 mg	1		
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	1		QL (480 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	1		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	1		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	1		QL (1200 mls/30 days)
XIFAXAN - rifaximin tab 550 mg	2		PA, QL (126 tablets/365 days)
BIOLOGICALS			
VACCINES			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	2		
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	2		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2		
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	2		QL (1 vaccine/90 days)
COMIRNATY 2026-27 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	2		
COMIRNATY/5-11Y/2026-27 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	2		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	2		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	2		
FLUAD 2026-2027 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUARIX 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2		QL (1 vaccine/90 days)
FLUBLOK 2026-2027 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUCELVAX 2026-2027 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLULAVAL 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2		QL (1 vaccine/90 days)
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	2		QL (1 vaccine/90 days)
FLUZONE HIGH-DOSE 2026-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
FLUZONE 2026-2027 - influenza virus vaccine split im susp	2		QL (1 vaccine/90 days)
FLUZONE 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	2		
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	2		
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml	2		
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	2		
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	2		

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IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp	2		
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	2		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	2		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	2		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	2		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	2		
MFLUSIVA 2026-27 - influenza virus vac type a&b mrna susp pref syr 0.38 ml	2		QL (1 vaccine/90 days)
MNEXSPIKE COVID-19 VACCIN - covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml	2		
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	2		
NUVAXOVID COVID-19 VACCIN - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	2		
PEDVAXHIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	2		
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	2		
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	2		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	2		QL (1 vaccine/90 days)
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	2		QL (1 vaccine/90 days)
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	2		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	2		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	2		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	2		
ROTARIX - rotavirus vaccine, live oral susp	2		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	2		
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml	2		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	2		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	2		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	2		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	2		
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml, 50 unit/ml	2		
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	2		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	2		QL (1 vaccine/90 days)
TOXOIDS			
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3		
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml	3		
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3		
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3		
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3		
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3		
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3		
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3		
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3		
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3		
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	3		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	2		
ANTINEOPLASTIC AGENTS			
ANTINEOPLASTICS			
abiraterone acetate tab 250 mg (Zytiga)	4	SP	PA, QL (120 tablets/30 days)
abiraterone acetate tab 500 mg (Zytiga)	4	SP	PA, QL (60 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	4	SP	PA, LD

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	4	SP	PA, LD, QL (240 capsules/30 days)
anastrozole tab 1 mg (Arimidex)	1		
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	SP	PA, LD, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	4	SP	PA, LD, QL (2 syringes/28 days)
BESREMI PEN - ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml	4	SP	PA, LD, QL (2 pens/28 days)
bexarotene cap 75 mg (Targretin)	4	SP	PA
bicalutamide tab 50 mg (Casodex)	1		
BRUKINSA - zanubrutinib cap 80 mg	4	SP	PA, LD, QL (120 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	4	SP	PA, LD, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg (Xeloda)	4	SP	
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	2		
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	1		
dasatinib tab 20 mg (Sprycel)	4	SP	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	4	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	2		
EULEXIN - flutamide cap 125 mg	3		LD
exemestane tab 25 mg (Aromasin)	1		
hydroxyurea cap 500 mg (Hydrea)	1		
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	4	SP	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	4	SP	PA, QL (60 tablets/30 days)
INLYTA - axitinib tab 1 mg	4	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	4	SP	PA, LD, QL (120 tablets/30 days)
ITOVEBI - inavolisib tab 3 mg	4	SP	PA, QL (56 tablets/28 days)
ITOVEBI - inavolisib tab 9 mg	4	SP	PA, QL (28 tablets/28 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	4	SP	PA, LD, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	4	SP	PA, LD, QL (30 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	4	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)

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LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	4	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	4	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	4	SP	PA, LD, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	1		
leucovorin calcium tab 5 mg, 15 mg	1		PA, QL (180 tablets/30 days)
leucovorin calcium tab 25 mg	1		PA, QL (360 tablets/30 days)
LEUKERAN - chlorambucil tab 2 mg	2		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	SP	PA, QL (6 vials/30 days)
lomustine cap 10 mg, 40 mg, 100 mg (Gleostine)	4	SP	
LYNPARZA - olaparib tab 100 mg, 150 mg	4	SP	PA, LD, QL (120 tablets/30 days)
MATULANE - procarbazine hcl cap 50 mg	4	SP	LD
megestrol acetate tab 20 mg, 40 mg	1		
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	4	SP	PA, QL (1170 mls/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	4	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	4	SP	PA, QL (30 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	4	SP	
mercaptopurine tab 50 mg	1		
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	3		
methotrexate sodium for inj 1 gm	1		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	1		
methotrexate sodium tab 2.5 mg (base equiv)	1		
MYLERAN - busulfan tab 2 mg	2		
NILUTAMIDE - nilutamide tab 150 mg	3		PA
NUBEQA - darolutamide tab 300 mg	4	SP	PA, QL (120 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	4	SP	PA, LD, QL (56 tablets/28 days)
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg (Pomalyst)	4	SP	PA, QL (21 capsules/28 days)
RETEVMO - selpercatinib tab 40 mg	4	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	4	SP	PA, LD, QL (60 tablets/30 days)
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	4	SP	PA, QL (8 capsules/28 days)

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ROZLYTREK - entrectinib pellet pack 50 mg	4	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	4	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	4	SP	PA, LD, QL (90 capsules/30 days)
RYDAPT - midostaurin cap 25 mg	4	SP	PA, QL (240 capsules/30 days)
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	4	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	4	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	4	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	4	SP	PA, LD, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.25 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	4	SP	PA, LD, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
temozolomide cap 5 mg, 20 mg	4	SP	PA
temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	4	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	4	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	4	SP	PA, LD, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1		
tretinoin cap 10 mg	4	SP	PA
VENCLEXTA - venetoclax tab 10 mg	4	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	4	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	4	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	4	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	4	SP	PA, LD, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 10 mg	4	SP	PA, LD, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	4	SP	PA, LD, QL (30 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	4	SP	PA, LD, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg	4	SP	PA, LD, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	4	SP	PA, LD, QL (180 capsules/30 days)
ENDOCRINE AND METABOLIC DRUGS			
CORTICOSTEROIDS			
budesonide delayed release particles cap 3 mg (Entocort ec)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	2		
dexamethasone elixir 0.5 mg/5ml	1		
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1		
fludrocortisone acetate tab 0.1 mg	1		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1		
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	1		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1		
PREDNISONE - prednisone oral soln 5 mg/5ml	2		
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	1		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1		
ANDROGEN-ANABOLIC			
danazol cap 50 mg, 100 mg, 200 mg	1		PA
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	2		QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	1		PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	1		PA, QL (4 pump bottles/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1		PA, QL (2 pump bottles/30 days)
testosterone td soln 30 mg/act	1		PA, QL (2 pump bottles/30 days)
ESTROGENS			
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	3		QL (4 patches/28 days)
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	2		
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	2		
estradiol & norethindrone acetate tab 0.5-0.1 mg	1		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1		

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estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	1		QL (1 pump/30 days)
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1		
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	1		QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	1		QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	1		QL (4 patches/28 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	1		
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1		
CONTRACEPTIVES			
ARANELLE - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	2		
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	2		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
ELLA - ulipristal acetate tab 30 mg	2		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1		
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Nuvaring)	1		PA
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	1		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1		
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1		
levonorgestrel tab 1.5 mg	1		
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1		
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1		
norethindrone tab 0.35 mg	1		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1		
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2		
OPILL - norgestrel tab 0.075 mg	2		
VALTYA 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2		
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2		
PROGESTINS			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
norethindrone acetate tab 5 mg (Aygestin)	1		
progesterone cap 100 mg, 200 mg (Prometrium)	1		
progesterone im in oil 50 mg/ml	1		
ANTIDIABETICS			
Antidiabetics			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	1		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/ dose	2		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/ dose	2		
BEXAGLIFLOZIN - bexagliflozin tab 20 mg	2		ST, QL (30 tablets/30 days)
BRENZAVVY - bexagliflozin tab 20 mg	2		ST, LD, QL (30 tablets/30 days)
dapagliflozin tab 5 mg, 10 mg (FARXIGA)	1		QL (30 tablets/30 days)
dapagliflozin-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg (Xigduo xr)	1		QL (30 tablets/30 days)
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg (Xigduo xr)	1		QL (60 tablets/30 days)
diazoxide susp 50 mg/ml (Proglycem)	1		
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	1		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	1		
glipizide tab 5 mg, 10 mg	1		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1		
glucagon for inj 1 mg	1		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1		
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2		
metformin hcl tab er 24hr 500 mg, 750 mg	1		
metformin hcl tab 500 mg, 850 mg, 1000 mg	1		
nateglinide tab 60 mg, 120 mg	1		
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/ dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2		PA, QL (1 pen/28 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
OZEMPIC - semaglutide tab 1.5 mg	2		PA, QL (30 tablets/180 days)
OZEMPIC - semaglutide tab 4 mg, 9 mg	2		PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1		
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	1		
repaglinide tab 0.5 mg, 1 mg, 2 mg	1		
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Januvia)	1		ST, QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg (Janumet)	1		ST, QL (60 tablets/30 days)
Rapid-Acting Insulins			
HUMALOG - insulin lispro soln cartridge 100 unit/ml	1		
HUMALOG - insulin lispro inj soln 100 unit/ml	1		
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	1		
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	1		
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	1		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	1		
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	1		
NOVOLOG - insulin aspart inj soln 100 unit/ml	1		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	1		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	1		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	1		
Short-Acting Insulins			
HUMULIN R - insulin regular (human) inj 100 unit/ml	1		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	1		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	1		
Intermediate-Acting Insulins			
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	1		
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	1		
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	1		
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1		
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1		
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	1		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	1		
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1		
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1		
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1		
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1		
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1		
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1		
Basal Insulins			
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	1		
LANTUS - insulin glargine inj 100 unit/ml	1		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	1		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	1		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	1		
THYROID AGENTS			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	2		
EVEXITHROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain), 180 mg (3 grain)	2		
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	1		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1		
methimazole tab 5 mg, 10 mg (Tapazole)	1		
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	2		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	2		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	2		
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	2		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	2		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	2		
propylthiouracil tab 50 mg	1		
RENTHYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain)	2		
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	2		
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	2		
OXYTOCICS			
methylergonovine maleate tab 0.2 mg	1		QL (28 tablets/270 days)
ENDOCRINE and METABOLIC AGENTS - MISC.			
alendronate sodium tab 10 mg, 35 mg	1		
alendronate sodium tab 70 mg (Fosamax)	1		
betaine powder for oral solution (Cystadane)	4	SP	PA
cabergoline tab 0.5 mg	1		
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	1		
carglumic acid soluble tab 200 mg (Carbaglu)	4	SP	

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Drug Name	Drug Tier	Specialty	Requirements/Limits
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	1		PA
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	2		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	1		
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	4	SP	PA, LD
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1		
levocarnitine tab 330 mg (Carnitor)	1		
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	4	SP	PA, LD
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml	4	SP	PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	4	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	4	SP	
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	1		
paricalcitol cap 4 mcg	1		
raloxifene hcl tab 60 mg (Evista)	1		
risedronate sodium tab 5 mg, 30 mg	1		
risedronate sodium tab 35 mg, 150 mg (Actonel)	1		
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	4	SP	PA, LD
CARDIOVASCULAR AGENTS			
CARDIOTONICS			
digoxin oral soln 0.05 mg/ml (Digoxin)	1		
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1		
ANTIANGINAL AGENTS			
isosorbide dinitrate tab 5 mg (Isordil titradose)	1		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1		
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1		
isosorbide mononitrate tab 10 mg, 20 mg	1		
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg	2		
nitroglycerin oint 2%	1		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1		

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ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	1		
BETA BLOCKERS			
acebutolol hcl cap 200 mg, 400 mg	1		
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1		
betaxolol hcl tab 10 mg, 20 mg	1		
bisoprolol fumarate tab 5 mg, 10 mg	1		
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1		
labetalol hcl tab 100 mg, 200 mg, 300 mg	1		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1		
metoprolol tartrate tab 25 mg	1		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	1		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1		
pindolol tab 5 mg	1		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1		
propranolol hcl oral soln 20 mg/5ml	1		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1		
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	1		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1		
sotalol hcl tab 240 mg	1		
TIMOLOL MALEATE - timolol maleate tab 5 mg	2		
timolol maleate tab 10 mg	1		
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1		
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	1		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1		
diltiazem hcl tab 90 mg	1		

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felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1		
nifedipine cap 10 mg	1		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1		
NIMODIPINE - nimodipine oral soln 60 mg/20ml (3 mg/ml)	2		
nimodipine cap 30 mg	1		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	1		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	1		
verapamil hcl tab 40 mg, 80 mg, 120 mg	1		
ANTIARRHYTHMICS			
amiodarone hcl tab 100 mg, 200 mg	1		
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1		
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	1		
flecainide acetate tab 50 mg, 100 mg, 150 mg	1		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1		
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	1		
propafenone hcl tab 150 mg, 225 mg, 300 mg	1		
ANTIHYPERTENSIVES			
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1		
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	1		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	1		
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1		
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1		
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1		
benazepril & hydrochlorothiazide tab 5-6.25 mg	1		
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1		
benazepril hcl tab 5 mg	1		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1		

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bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	1		
candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)	1		
captopril tab 12.5 mg, 25 mg	1		
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1		
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1		
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1		
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1		
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1		
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1		
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1		
eplerenone tab 25 mg (Inspra)	1		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1		
guanfacine hcl tab 1 mg, 2 mg	1		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1		
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1		
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1		
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg (Zestril)	1		
lisinopril tab 20 mg (Prinivil)	1		
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1		
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	1		
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1		
minoxidil tab 2.5 mg, 10 mg	1		
moexipril hcl tab 7.5 mg, 15 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1		
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1		
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	1		
perindopril erbumine tab 4 mg	1		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	1		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1		
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 20-12.5 mg	2		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	1		
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	1		
telmisartan-hydrochlorothiazide tab 80-12.5 mg, 80-25 mg (Micardis hct)	1		
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1		
trandolapril tab 1 mg, 2 mg, 4 mg	1		
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	1		
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	1		
DIURETICS			
acetazolamide cap er 12hr 500 mg	1		
acetazolamide tab 125 mg, 250 mg	1		
amiloride hcl tab 5 mg	1		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	2		
bumetanide tab 0.5 mg (Bumex)	1		
bumetanide tab 1 mg, 2 mg	1		
chlorthalidone tab 25 mg, 50 mg	1		
ethacrynic acid tab 25 mg (Edecrin)	1		
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	2		PA, LD, QL (8 kits/30 days)
FUROSCIX READYFLOW - furosemide subcutaneous soln auto-injector 80 mg/ml	2		PA, LD, QL (8 injection devices/30 days)
FUROSEMIDE - furosemide oral soln 8 mg/ml, 10 mg/ml	2		
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
hydrochlorothiazide cap 12.5 mg	1		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1		
indapamide tab 1.25 mg, 2.5 mg	1		
metolazone tab 2.5 mg, 5 mg, 10 mg	1		
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1		
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1		
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	1		
triamterene & hydrochlorothiazide cap 37.5-25 mg	1		
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1		
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1		
VASOPRESSORS			
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml	2		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1		
midodrine hcl tab 2.5 mg, 5 mg	1		
ANTIHYPERLIPIDEMICS			
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	1		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1		QL (30 tablets/30 days)
cholestyramine light powder 4 gm/dose (Questran light)	1		
cholestyramine powder 4 gm/dose (Questran)	1		
colesevelam hcl tab 625 mg (Welchol)	1		
colestipol hcl granule packets 5 gm (Colestid flavored)	1		
colestipol hcl granules 5 gm (Colestid flavored)	1		
colestipol hcl tab 1 gm (Colestid)	1		
ezetimibe tab 10 mg (Zetia)	1		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1		QL (30 tablets/30 days)
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	1		
fenofibrate tab 48 mg, 145 mg (Tricor)	1		
fenofibrate tab 54 mg, 160 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	1		PA, QL (60 capsules/30 days)
gemfibrozil tab 600 mg (Lopid)	1		
lovastatin tab 10 mg, 20 mg, 40 mg	1		QL (60 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	1		
omega-3-acid ethyl esters cap 1 gm (Lovaza)	1		
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1		QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1		QL (30 tablets/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2		PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	1		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	1		QL (30 tablets/30 days)
simvastatin tab 5 mg	1		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	1		QL (45 tablets/30 days)
simvastatin tab 20 mg (Zocor)	1		QL (60 tablets/30 days)
simvastatin tab 80 mg (Zocor)	1		QL (30 tablets/30 days)
CARDIOVASCULAR AGENTS - MISC.			
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	4	SP	PA, LD, QL (90 tablets/30 days)
ambrisentan tab 5 mg, 10 mg (Letairis)	4	SP	PA, LD, QL (30 tablets/30 days)
bosentan tab 62.5 mg, 125 mg (Tracleer)	4	SP	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	2		QL (240 capsules/30 days)
macitentan tab 10 mg (Opsumit)	4	SP	PA, QL (30 tablets/30 days)
sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg (Entresto)	1		QL (60 tablets/30 days)
sildenafil citrate tab 20 mg (Revatio)	1		PA, QL (90 tablets/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	1		QL (30 tablets/30 days)
RESPIRATORY AGENTS			
ANTIHISTAMINES			
cyproheptadine hcl syrup 2 mg/5ml	1		
cyproheptadine hcl tab 4 mg	1		
desloratadine tab 5 mg (Clarinex)	1		
promethazine hcl oral soln 6.25 mg/5ml	1		
promethazine hcl suppos 12.5 mg, 25 mg	1		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1		
NASAL AGENTS - SYSTEMIC and TOPICAL			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
flunisolide nasal soln 25 mcg/act (0.025%)	1		
fluticasone propionate nasal susp 50 mcg/act	1		
ipratropium bromide nasal soln 0.03% (21 mcg/ spray), 0.06% (42 mcg/spray)	1		
COUGH/COLD/ALLERGY			
acetylcysteine inhal soln 10%, 20%	1		
benzonatate cap 100 mg (Tessalon perles)	1		
benzonatate cap 200 mg	1		
guaifenesin-codeine soln 100-10 mg/5ml	1		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	1		
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	1		
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	2		
promethazine w/ codeine syrup 6.25-10 mg/5ml	1		
promethazine-dm syrup 6.25-15 mg/5ml	1		
ANTIASTHMATIC and BRONCHODILATOR AGENTS			
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2		QL (1 inhaler/30 days)
AIRSUPRA - albuterol-budesonide inhalation aerosol 90-80 mcg/act	2		QL (3 inhalers/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1		QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1		
albuterol sulfate syrup 2 mg/5ml	1		
albuterol sulfate tab 2 mg, 4 mg	1		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2		QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	1		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2		QL (1 inhaler/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 inhaler/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2		QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	1		
cromolyn sodium soln nebu 20 mg/2ml	1		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2		QL (3 inhalers/30 days)
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	2		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	1		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2		QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	1		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	1		
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1		
montelukast sodium tab 10 mg (base equiv) (Singulair)	1		
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	2		QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	2		QL (2 inhalers/30 days)
roflumilast tab 500 mcg (Daliresp)	1		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2		QL (60 blisters/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	2		QL (3 inhalers/30 days)

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terbutaline sulfate tab 2.5 mg, 5 mg	1		
theophylline elixir 80 mg/15ml	1		
theophylline soln 80 mg/15ml	1		
theophylline tab er 12hr 300 mg, 450 mg	1		
theophylline tab er 24hr 400 mg, 600 mg	1		
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/ act (90mcg base equiv)	2		QL (2 inhalers/30 days)
zafirlukast tab 10 mg, 20 mg (Accolate)	1		
zileuton tab er 12hr 600 mg	1		PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.			
KALYDECO - ivacaftor tab 150 mg	4	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	4	SP	PA, LD, QL (56 packets/28 days)
PIRFENIDONE - pirfenidone tab 534 mg	4	SP	PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg (Esbriet)	4	SP	PA, QL (180 capsules/30 days)
pirfenidone tab 267 mg (Esbriet)	4	SP	PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	4	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	4	SP	
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	4	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	4	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	4	SP	PA, LD, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	4	SP	PA, LD, QL (90 tablets/30 days)
GASTROINTESTINAL AGENTS			
LAXATIVES			
lactulose solution 10 gm/15ml	1		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1		
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)	1		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	1		
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	2		
ANTIDIARRHEALS			
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
loperamide hcl cap 2 mg	1		
MOTOFEN - difenoxin w/ atropine tab 1-0.025 mg	2		
ULCER DRUGS			
cimetidine hcl soln 300 mg/5ml	1		
dicyclomine hcl cap 10 mg	1		
dicyclomine hcl oral soln 10 mg/5ml	1		
dicyclomine hcl tab 20 mg	1		
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1		
glycopyrrolate tab 1 mg, 2 mg	1		
lansoprazole cap delayed release 30 mg (Prevacid)	1		PA, QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	1		
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1		
NIZATIDINE - nizatidine cap 300 mg	3		
nizatidine cap 150 mg	1		
omeprazole cap delayed release 10 mg, 40 mg	1		QL (60 capsules/30 days)
omeprazole cap delayed release 20 mg	1		
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1		QL (60 tablets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	1		QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	1		
ANTIEMETICS			
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1		QL (2 packs/30 days)
aprepitant capsule 40 mg	1		
aprepitant capsule 80 mg (Emend)	1		QL (4 capsules/30 days)
aprepitant capsule 125 mg	1		QL (2 capsules/30 days)
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)	1		
granisetron hcl tab 1 mg	1		QL (14 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	1		
ondansetron hcl oral soln 4 mg/5ml	1		
ondansetron hcl tab 4 mg (Zofran)	1		
ondansetron hcl tab 8 mg	1		
ondansetron orally disintegrating tab 4 mg, 8 mg	1		
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1		
DIGESTIVE AIDS			
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2		

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GASTROINTESTINAL AGENTS- MISC.			
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	1		PA, QL (60 tablets/30 days)
balsalazide disodium cap 750 mg (Colazal)	1		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1		
calcium acetate (phosphate binder) tab 667 mg	1		
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1		
ferric citrate tab 1 gm (210 mg ferric iron) (Auryxia)	1		ST, QL (360 tablets/30 days)
lactulose (encephalopathy) solution 10 gm/15ml	1		
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	1		PA, QL (270 tablets/30 days)
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	1		PA, QL (180 tablets/30 days)
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	1		PA, QL (120 tablets/30 days)
lubiprostone cap 8 mcg (Amitiza)	1		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	1		PA, QL (60 capsules/30 days)
mesalamine cap er 24hr 0.375 gm (Apriso)	1		
MESALAMINE DR - mesalamine cap dr 400 mg	2		
mesalamine enema 4 gm	1		
mesalamine suppos 1000 mg (Canasa)	1		
mesalamine tab delayed release 1.2 gm (Lialda)	1		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
sevelamer carbonate tab 800 mg (Renvela)	1		QL (510 tablets/30 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1		
sulfasalazine tab 500 mg (Azulfidine)	1		
ursodiol cap 300 mg	1		
ursodiol tab 250 mg (Urso 250)	1		
ursodiol tab 500 mg (Urso forte)	1		
GENITOURINARY AGENTS			
URINARY ANTISPASMODICS			
bethanechol chloride tab 5 mg, 10 mg, 25 mg	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	1		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	1		QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	1		PA
oxybutynin chloride solution 5 mg/5ml	1		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	1		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	1		
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	1		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	1		QL (60 tablets/30 days)
trospium chloride tab 20 mg	1		QL (60 tablets/30 days)
VAGINAL PRODUCTS			
clindamycin phosphate vaginal cream 2% (Cleocin)	1		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	2		
estradiol vaginal cream 0.01% (Estrace)	1		
estradiol vaginal tab 10 mcg (Vagifem)	1		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2		QL (1 ring/90 days)
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	3		
INTRAROSA - prasterone vaginal insert 6.5 mg	3		
metronidazole vaginal gel 0.75%	1		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	2		
terconazole vaginal cream 0.4%, 0.8%	1		
terconazole vaginal suppos 80 mg	1		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	2		
GENITOURINARY AGENTS - MISC.			
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1		
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	2		LD
dutasteride cap 0.5 mg (Avodart)	1		
finasteride tab 5 mg (Proscar)	1		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1		

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potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1		
silodosin cap 4 mg, 8 mg (Rapaflo)	1		
SODIUM CITRATE AND CITRIC - sodium citrate & citric acid soln 500-334 mg/5ml	2		
SODIUM CITRATE/CITRIC ACI - sodium citrate & citric acid soln 500-334 mg/5ml	2		
tamsulosin hcl cap 0.4 mg (Flomax)	1		
CENTRAL NERVOUS SYSTEM DRUGS			
ANTIANXIETY AGENTS			
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1		
buspirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg	1		
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1		
clorazepate dipotassium tab 3.75 mg, 15 mg	1		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1		
diazepam conc 5 mg/ml	1		
diazepam oral soln 1 mg/ml	1		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1		
hydroxyzine hcl syrup 10 mg/5ml	1		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1		
hydroxyzine pamoate cap 50 mg (Vistaril)	1		
lorazepam conc 2 mg/ml	1		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1		
meprobamate tab 200 mg, 400 mg	1		PA
oxazepam cap 10 mg, 15 mg, 30 mg	1		
ANTIDEPRESSANTS			
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1		
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	1		PA
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1		
bupropion hcl tab 75 mg, 100 mg	1		
citalopram hydrobromide oral soln 10 mg/5ml	1		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	1		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv) (Pristiq)	1		QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	1		QL (120 tablets/30 days)
DOXEPIN HCL - doxepin hcl conc 10 mg/ml	2		
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	1		
DOXEPIN HYDROCHLORIDE - doxepin hcl cap 150 mg	2		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1		
escitalopram oxalate soln 5 mg/5ml (base equiv)	1		
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1		
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	1		
fluoxetine hcl solution 20 mg/5ml	1		
fluvoxamine maleate tab 25 mg, 50 mg	1		QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	1		QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	1		
MARPLAN - isocarboxazid tab 10 mg	3		
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	1		QL (90 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg, 45 mg (Remeron soltab)	1		QL (30 tablets/30 days)
mirtazapine tab 15 mg (Remeron)	1		QL (90 tablets/30 days)
mirtazapine tab 30 mg (Remeron)	1		QL (30 tablets/30 days)
mirtazapine tab 45 mg	1		QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3		PA
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1		
nortriptyline hcl soln 10 mg/5ml	1		
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1		
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	2		
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1		
tranylcypromine sulfate tab 10 mg (Parnate)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
trazodone hcl tab 50 mg, 100 mg, 150 mg	1		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1		
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	3		ST, QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1		QL (30 tablets/30 days)
ANTIPSYCHOTICS			
aripiprazole oral solution 1 mg/ml	1		QL (750 mls/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1		QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1		QL (60 tablets/30 days)
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	1		
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3		ST, QL (60 tablets/30 days)
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3		ST, QL (1 pack/180 days)
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1		
haloperidol lactate oral conc 2 mg/ml	1		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1		
LITHIUM CARBONATE - lithium carbonate cap 600 mg	2		
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	1		
lithium carbonate cap 300 mg	1		
lithium carbonate tab er 300 mg (Lithobid)	1		
lithium carbonate tab er 450 mg	1		
lithium carbonate tab 300 mg	1		
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1		
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	1		QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	1		QL (60 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	1		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	1		PA, QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	1		PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1		
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1		
prochlorperazine suppos 25 mg	1		
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	2		ST, QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	1		QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	1		QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	1		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	1		QL (60 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	1		QL (480 mls/30 days)
risperidone tab 0.25 mg	1		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	1		QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	1		QL (120 tablets/30 days)
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1		
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1		
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1		
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1		QL (60 capsules/30 days)
HYPNOTICS			
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	1		PA, QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	1		
eszopiclone tab 1 mg (Lunesta)	1		QL (90 tablets/30 days)
eszopiclone tab 2 mg, 3 mg (Lunesta)	1		QL (30 tablets/30 days)
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 15 mg, 30 mg	3		PA
PHENOBARBITAL - phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	2		
PHENOBARBITAL - phenobarbital elixir 20 mg/5ml	2		
ramelteon tab 8 mg (Rozerem)	1		QL (30 tablets/30 days)
temazepam cap 15 mg, 30 mg (Restoril)	1		
triazolam tab 0.125 mg	1		PA
triazolam tab 0.25 mg (Halcion)	1		PA
zaleplon cap 5 mg	1		QL (60 capsules/30 days)
zaleplon cap 10 mg	1		QL (30 capsules/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
zolpidem tartrate tab er 6.25 mg (Ambien cr)	1		QL (60 tablets/30 days)
zolpidem tartrate tab er 12.5 mg (Ambien cr)	1		QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg (Ambien)	1		QL (60 tablets/30 days)
zolpidem tartrate tab 10 mg (Ambien)	1		QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	1		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 10 mg (Adderall)	1		QL (180 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg, 20 mg (Adderall)	1		QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg, 15 mg (Adderall)	1		QL (120 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg (Adderall)	1		QL (60 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1		
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	1		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	1		QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1		QL (120 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	1		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	1		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	1		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	1		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	1		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	1		QL (180 tablets/30 days)
DYANAVEL XR - amphetamine extended release susp 2.5 mg/ml	3		QL (240 mls/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1		QL (30 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	1		QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	1		QL (30 capsules/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	1		QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	1		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	1		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	1		QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg (Ritalin)	1		QL (360 tablets/30 days)
methylphenidate hcl tab 10 mg (Ritalin)	1		QL (180 tablets/30 days)
methylphenidate hcl tab 20 mg (Ritalin)	1		QL (90 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	1		
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.			
acamprosate calcium tab delayed release 333 mg	1		
BETASERON - interferon beta-1b for inj kit 0.3 mg	4	SP	PA, QL (1 kit/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1		
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	3		
dalfampridine tab er 12hr 10 mg (Ampyra)	1		PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	1	SP	QL (14 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	1	SP	QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1	SP	QL (1 pack/180 days)
disulfiram tab 250 mg, 500 mg	1		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1		
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1		
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	4	SP	QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	1		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1		

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memantine hcl tab 5 mg, 10 mg (Namenda)	1		
MEMANTINE HCL TITRATION P - memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2		
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak (Savella titration pa)	1		QL (1 pack/180 days)
milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg (Savella)	1		QL (60 tablets/30 days)
nicotine polacrilex gum 2 mg, 4 mg	1		
nicotine polacrilex lozenge 2 mg, 4 mg	1		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1		
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	2		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/ spray)	2		
olanzapine-fluoxetine hcl cap 3-25 mg, 6-25 mg, 6-50 mg, 12-25 mg, 12-50 mg	1		QL (30 capsules/30 days)
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3		
pimozide tab 1 mg, 2 mg	1		
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1		
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	1		
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	2		ST, QL (60 tablets/30 days)
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1		
ANALGESICS AND ANESTHETICS			
ANALGESICS - NON-NARCOTIC			
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen tab 50-325 mg	1		QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1		QL (180 capsules/30 days)
diflunisal tab 500 mg	1		
ANALGESICS - NARCOTIC			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
acetaminophen w/ codeine tab 300-15 mg (Tylenol/ codeine)	1		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	1		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	1		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	2		PA, QL (2700 mls/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	2		PA, QL (60 films/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1		QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1		QL (90 tablets/30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	1		PA, QL (2 bottles/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	1		PA, QL (180 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/ hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	1		PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3		PA, QL (60 capsules/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	1		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	1		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		PA, QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	1		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	1		PA, QL (180 tablets/30 days)
levorphanol tartrate tab 2 mg	1		PA, QL (120 tablets/30 days)
methadone hcl conc 10 mg/ml (Methadose)	1		PA, QL (90 mls/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
methadone hcl soln 5 mg/5ml (Methadone hcl)	1		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	1		PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	1		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	1		PA, QL (90 tablets/30 days)
morphine sulfate oral soln 10 mg/5ml	1		PA, QL (2700 mls/30 days)
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	1		PA, QL (1350 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	1		PA, QL (120 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	1		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	1		PA, QL (240 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	1		PA, QL (180 tablets/30 days)
oxycodone hcl cap 5 mg	1		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1		PA, QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	1		PA, QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	1		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	1		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	1		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	1		PA, QL (120 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	1		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	1		PA, QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	1		PA, QL (180 tablets/30 days)
oxymorphone hcl tab 5 mg, 10 mg	1		PA, QL (180 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	1		PA, QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1		PA, QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2		PA, QL (180 capsules/30 days)
ANALGESICS - ANTI-INFLAMMATORY			
ADALIMUMAB-AATY CD/UC/HS - adalimumab-aaty auto-injector kit 80 mg/0.8ml	4	SP	PA, QL (1 kit/180 days)
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	4	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	4	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	4	SP	PA, QL (2 syringes/28 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 80 mg/0.8ml	4	SP	PA, QL (2 pens/28 days)
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml	4	SP	PA, QL (2 syringes/28 days)
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	1		
diclofenac potassium tab 50 mg	1		
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1		
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1		
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	4	SP	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	4	SP	PA, QL (8 vials/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	4	SP	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	4	SP	PA, QL (4 pens/28 days)
etodolac cap 200 mg, 300 mg	1		
etodolac tab 400 mg (Lodine)	1		
etodolac tab 500 mg	1		
FLURBIPROFEN - flurbiprofen tab 100 mg	2		
ibuprofen tab 400 mg, 600 mg, 800 mg	1		
indomethacin cap er 75 mg	1		
indomethacin cap 25 mg, 50 mg	1		
ketorolac tromethamine tab 10 mg	1		QL (20 tablets/5 days)
leflunomide tab 10 mg (Arava)	1		
mefenamic acid cap 250 mg	1		
meloxicam tab 7.5 mg, 15 mg (Mobic)	1		
nabumetone tab 500 mg, 750 mg	1		
naproxen sodium tab 550 mg	1		
naproxen tab 250 mg, 375 mg	1		
naproxen tab 500 mg (Naprosyn)	1		
oxaprozin tab 600 mg (Daypro)	1		
piroxicam cap 10 mg, 20 mg (Feldene)	1		
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	4	SP	PA, QL (2 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 80 mg/0.8ml	4	SP	PA, QL (2 pens/28 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
sulindac tab 150 mg, 200 mg	1		
MIGRAINE PRODUCTS			
CAFERGOT - ergotamine w/ caffeine tab 1-100 mg	3		PA, QL (40 tablets/28 days)
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	1		QL (12 tablets/30 days)
ERGOTAMINE TARTRATE/CAFFE - ergotamine w/ caffeine tab 1-100 mg	2		PA, QL (40 tablets/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1		ST, QL (18 tablets/30 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	1		QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1		QL (24 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1		QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1		QL (24 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1		QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	1		QL (6 packs/30 days)
sumatriptan nasal spray 20 mg/act (Imitrex)	1		QL (2 packs/30 days)
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	1		QL (10 vials/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1		QL (12 doses/30 days)
sumatriptan succinate tab 25 mg (Imitrex)	1		QL (36 tablets/30 days)
sumatriptan succinate tab 50 mg, 100 mg (Imitrex)	1		QL (18 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	1		QL (12 tablets/30 days)
GOUT AGENTS			
allopurinol tab 100 mg, 300 mg (Zyloprim)	1		
colchicine tab 0.6 mg (Colcrys)	1		
colchicine w/ probenecid tab 0.5-500 mg	1		
febuxostat tab 40 mg (Uloric)	1		
probenecid tab 500 mg	1		
NEUROMUSCULAR DRUGS			
ANTICONVULSANTS			
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	1		
carbamazepine chew tab 100 mg	1		
carbamazepine susp 100 mg/5ml (Tegretol)	1		
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	1		
carbamazepine tab 200 mg (Tegretol)	1		

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clobazam suspension 2.5 mg/ml (Onfi)	1		
clobazam tab 10 mg, 20 mg (Onfi)	1		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1		
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	1		
DILANTIN - phenytoin sodium extended cap 30 mg	2		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1		
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	1		
ethosuximide cap 250 mg (Zarontin)	1		
ethosuximide soln 250 mg/5ml (Zarontin)	1		
felbamate susp 600 mg/5ml (Felbatol)	1		
felbamate tab 400 mg, 600 mg (Felbatol)	1		
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1		
gabapentin oral soln 250 mg/5ml (Neurontin)	1		
gabapentin tab 600 mg, 800 mg (Neurontin)	1		
lacosamide oral solution 10 mg/ml (Vimpat)	1		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1		
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	1		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	1		
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1		
levetiracetam oral soln 100 mg/ml (Keppra)	1		
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	1		
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1		
methsuximide cap 300 mg (Celontin)	1		
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1		
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg (Fycompa)	1		
phenytoin chew tab 50 mg (Dilantin infatabs)	1		
phenytoin sodium extended cap 100 mg (Dilantin)	1		
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
phenytoin susp 125 mg/5ml (Dilantin-125)	1		
pregabalin cap 25 mg (Lyrica)	1		QL (360 capsules/30 days)
pregabalin cap 50 mg (Lyrica)	1		QL (270 capsules/30 days)
pregabalin cap 75 mg, 100 mg (Lyrica)	1		QL (180 capsules/30 days)
pregabalin cap 150 mg, 200 mg (Lyrica)	1		QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	1		QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	1		QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	1		
rufinamide susp 40 mg/ml (Banzel)	1		
rufinamide tab 200 mg, 400 mg (Banzel)	1		
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1		
valproate sodium oral soln 250 mg/5ml (base equiv)	1		
valproic acid cap 250 mg	1		
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	2		
zonisamide cap 25 mg, 100 mg (Zonegran)	1		
zonisamide cap 50 mg	1		
ANTIPARKINSON AGENTS			
amantadine hcl cap 100 mg	1		
amantadine hcl soln 50 mg/5ml	1		
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	1		
carbidopa & levodopa tab 25-250 mg	1		
carbidopa tab 25 mg (Lodosyn)	1		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	1		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	1		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	1		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	1		
entacapone tab 200 mg (Comtan)	1		
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	2		
ONGENTYS - opicapone cap 25 mg, 50 mg	2		
pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (Mirapex)	1		
pramipexole dihydrochloride tab 0.25 mg, 1.5 mg	1		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	1		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1		
selegiline hcl cap 5 mg	1		
trihexyphenidyl hcl oral soln 0.4 mg/ml	1		
trihexyphenidyl hcl tab 2 mg, 5 mg	1		
NEUROMUSCULAR AGENTS			
riluzole tab 50 mg (Rilutek)	1		
MUSCULOSKELETAL THERAPY AGENTS			
baclofen tab 10 mg, 20 mg	1		
chlorzoxazone tab 500 mg	1		
cyclobenzaprine hcl tab 5 mg, 10 mg	1		
metaxalone tab 800 mg (Skelaxin)	1		
methocarbamol tab 500 mg, 750 mg	1		
orphenadrine citrate tab er 12hr 100 mg	1		
ORPHENGESIC FORTE - orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	2		
tizanidine hcl tab 2 mg (base equivalent)	1		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1		
ANTIMYASTHENIC AGENTS			
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1		
pyridostigmine bromide tab 60 mg (Mestinon)	1		
NUTRITIONAL PRODUCTS			
VITAMINS			
cholecalciferol cap 1.25 mg (50000 unit)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1		
phytonadione tab 5 mg (Mephyton)	1		
MULTIVITAMINS			
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	2		
MINERALS and ELECTROLYTES			
FLUORIDE - sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2		
PHOSPHA 250 NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	2		
PHOSPHO-TRIN K500 - potassium phosphate monobasic tab 500 mg	2		
PHOSPHO-TRIN 250 NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	2		
PHOSPHOROUS - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	2		
potassium chloride cap er 8 meq, 10 meq	1		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1		
potassium chloride tab er 8 meq (600 mg)	1		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	1		
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	2		
SODIUM FLUORIDE - sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2		
WES-PHOS 250 NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	2		
ZYCUBO - copper histidinate for subcutaneous soln 2.9 mg	4	SP	PA, QL (30 vials/30 days)
HEMATOLOGICAL AGENTS			
HEMATOPOIETIC AGENTS			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	4	SP	PA

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	4	SP	PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
cyanocobalamin inj 1000 mcg/ml	1		
DROXIA - hydroxyurea cap 200 mg, 300 mg	2		
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	1		
folic acid cap 0.8 mg	1		
folic acid tab 400 mcg, 800 mcg, 1 mg	1		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	2		
IRON CHEWS PEDIATRIC - carbonyl iron chew tab 15 mg (elemental iron)	2		
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	SP	PA
NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv)	2		
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	4	SP	PA, QL (2 syringes/28 days)
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	4	SP	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	SP	PA
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	4	SP	PA
ANTICOAGULANTS			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	1		QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	1		QL (120 capsules/30 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	1		
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1		
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1		
HEMATOLOGICAL AGENTS - MISC.			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	4	SP	PA
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	4	SP	PA, LD
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
cilostazol tab 50 mg, 100 mg	1		
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	4	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	4	SP	PA, LD
dipyridamole tab 25 mg, 50 mg, 75 mg	1		
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	4	SP	PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4		
FIBRYGA - fibrinogen concentrate (human) for iv soln 2 gm	4	SP	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	4	SP	PA, LD, QL (16 vials/30 days)
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	4	SP	PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	4	SP	PA, LD, QL (12 syringes/30 days)
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	SP	PA
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	4	SP	PA, LD
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	4	SP	PA, LD
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	4	SP	PA, LD
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	SP	PA, LD

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OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	4	SP	PA, LD
pentoxifylline tab er 400 mg	1		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1		
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	4	SP	PA, LD, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	4	SP	PA, LD, QL (1 pack/365 days)
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	SP	PA
ticagrelor tab 60 mg, 90 mg (Brilinta)	1		
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	4	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	4	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	4	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	4	SP	PA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	SP	PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	4	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	4	SP	PA
TOPICAL PRODUCTS			
OPHTHALMIC AGENTS			
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	2		
ATROPINE SULFATE - atropine sulfate ophth soln 1%	2		
atropine sulfate ophth soln 1% (Atropine sulfate)	1		
azelastine hcl ophth soln 0.05%	1		
BACITRACIN/POLYMYXIN B - bacitracin-polymyxin b ophth oint	2		
bepotastine besilate ophth soln 1.5% (Bepreve)	1		
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	2		
bimatoprost ophth soln 0.03%	1		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.2%	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1		
brinzolamide ophth susp 1% (Azopt)	1		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	2		
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	1		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	2		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	2		
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1		
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	3		
diclofenac sodium ophth soln 0.1%	1		
difluprednate ophth emulsion 0.05% (Durezol)	1		
dorzolamide hcl ophth soln 2% (Trusopt)	1		
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1		
epinastine hcl ophth soln 0.05%	1		
erythromycin ophth oint 5 mg/gm	1		
fluorometholone ophth susp 0.1% (Fml liquifilm)	1		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	2		
gatifloxacin ophth soln 0.5% (Zymaxid)	1		
gentamicin sulfate ophth soln 0.3%	1		
KETOROLAC TROMETHAMINE - ketorolac tromethamine ophth soln 0.4%	2		
ketorolac tromethamine ophth soln 0.5% (Acular)	1		
latanoprost ophth soln 0.005% (Xalatan)	1		QL (2.5 mls/30 days)
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1		
NATACYN - natamycin ophth susp 5%	3		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1		
NEOMYCIN/POLYMYXIN/BACITR - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2		
NEOMYCIN/POLYMYXIN/BACITR - bacitracin-polymyxin-neomycin-hc ophth oint 1%	2		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2		
ofloxacin ophth soln 0.3% (Ocuflox)	1		
olopatadine hcl ophth soln 0.2% (base equivalent)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	1		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1		
prednisolone acetate ophth susp 1% (Pred forte)	1		
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth soln 10%	2		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2		
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	1		QL (30 containers/30 days)
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	1		
tobramycin ophth soln 0.3% (Tobrex)	1		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1		
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	1		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3		
OTIC AGENTS			
acetic acid otic soln 2%	1		
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	3		PA
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	1		
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1		
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	3		
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1		
hydrocortisone w/ acetic acid otic soln 1-2%	1		
neomycin-polymyxin-hc otic soln 1%	1		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1		
ofloxacin otic soln 0.3%	1		
MOUTH/THROAT/DENTAL AGENTS			
chlorhexidine gluconate soln 0.12% (Peridex)	1		
CLINPRO 5000 - sodium fluoride paste 1.1%	2		
clotrimazole troche 10 mg	1		
DENTA 5000 PLUS - sodium fluoride cream 1.1%	2		
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	2		
DENTAGEL - sodium fluoride gel 1.1% (0.5% f)	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EASYGEL - stannous fluoride gel 0.4%	2		
FLUORIDEX DAILY DEFENSE - sodium fluoride paste 1.1%	2		
FLUORIDEX ENHANCED WHITEN - sodium fluoride paste 1.1%	2		
FLUORIMAX 5000 - sodium fluoride paste 1.1%	2		
JUST RIGHT 5000 - sodium fluoride paste 1.1%	2		
lidocaine hcl viscous soln 2%	1		
nystatin susp 100000 unit/ml	1		
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1		
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	2		
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	2		
SF - sodium fluoride gel 1.1% (0.5% f)	2		
SF 5000 PLUS - sodium fluoride cream 1.1%	2		
SODIUM FLUORIDE - sodium fluoride rinse 0.2%	2		
SODIUM FLUORIDE - sodium fluoride cream 1.1%	2		
SODIUM FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	2		
SODIUM FLUORIDE 5000 PLUS - sodium fluoride cream 1.1%	2		
SODIUM FLUORIDE 5000 PPM - sodium fluoride gel 1.1% (0.5% f)	2		
SODIUM FLUORIDE 5000 PPM - sodium fluoride paste 1.1%	2		
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	2		
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	2		
triamcinolone acetonide dental paste 0.1%	1		
ANORECTAL AGENTS			
HYDROCORTISONE - hydrocortisone perianal cream 1%	2		
hydrocortisone enema 100 mg/60ml (Cortenema)	1		
hydrocortisone perianal cream 2.5% (Anusol-hc)	1		
PROCTOCORT - hydrocortisone perianal cream 1%	2		
DERMATOLOGICALS			
acyclovir oint 5% (Zovirax)	1		
adapalene cream 0.1% (Differin)	1		
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	2		ST, QL (120 grams/30 days)

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alclometasone dipropionate cream 0.05%	1		QL (120 grams/30 days)
azelaic acid gel 15% (Finacea)	1		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	1		
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	1		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	1		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	1		QL (120 mls/30 days)
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	2		ST, QL (120 mls/30 days)
betamethasone valerate cream 0.1% (base equivalent)	1		QL (135 grams/30 days)
betamethasone valerate oint 0.1% (base equivalent)	1		QL (135 grams/30 days)
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	2		QL (120 mls/30 days)
calcipotriene cream 0.005% (Dovonex)	1		QL (120 grams/30 days)
ciclopirox gel 0.77%	1		
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	1		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	1		
ciclopirox shampoo 1% (Loprox shampoo)	1		
ciclopirox solution 8% (Penlac Nail Lacquer)	1		QL (6.6 mls/30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1		
clindamycin phosphate gel 1% (twice-daily)	1		
clindamycin phosphate lotion 1% (Cleocin-t)	1		
clindamycin phosphate soln 1%	1		QL (120 grams/30 days)
clobetasol propionate cream 0.05% (Temovate)	1		QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	1		QL (210 grams/28 days)
clobetasol propionate oint 0.05% (Temovate)	1		QL (210 grams/28 days)
clobetasol propionate soln 0.05%	1		QL (200 mls/28 days)
CLOCORTOLONE PIVALATE - clocortolone pivalate cream 0.1%	2		ST, QL (135 grams/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1		
CORDRAN - flurandrenolide tape 4 mcg/sqcm	3		ST, QL (1 box/30 days)
CROTAN - crotamiton lotion 10%	3		PA
desonide cream 0.05% (Desowen)	1		

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desonide oint 0.05%	1		QL (120 grams/30 days)
desoximetasone cream 0.25% (Topicort)	1		QL (120 grams/30 days)
desoximetasone oint 0.25% (Topicort)	1		QL (120 grams/30 days)
diclofenac sodium soln 1.5%	1		QL (150 mls/30 days)
DIFLORASONE DIACETATE - diflorasone diacetate cream 0.05%	2		
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	4	SP	PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	4	SP	PA, QL (2 syringes/28 days)
econazole nitrate cream 1%	1		QL (120 grams/30 days)
ERYTHROMYCIN - erythromycin gel 2%	2		
erythromycin soln 2%	1		
finasteride tab 1 mg (Propecia)	1		
fluocinolone acetonide cream 0.01%	1		QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	1		
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1		QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1		QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	1		
fluocinolone acetonide soln 0.01% (Synalar)	1		
fluocinonide cream 0.05%	1		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	1		QL (120 grams/30 days)
fluocinonide oint 0.05%	1		QL (120 grams/30 days)
fluocinonide soln 0.05%	1		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	2		
fluorouracil cream 5% (Efudex)	1		QL (240 grams/84 days)
fluorouracil soln 5%	1		
fluticasone propionate cream 0.05%	1		QL (120 grams/30 days)
fluticasone propionate oint 0.005%	1		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	1		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	1		
halobetasol propionate cream 0.05%	1		QL (200 grams/28 days)
hydrocortisone cream 2.5%	1		QL (454 grams/30 days)
hydrocortisone oint 2.5%	1		QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	1		QL (120 grams/30 days)
imiquimod cream 5% (Aldara)	1		QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	1		

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ivermectin cream 1% (Soolantra)	1		
ketoconazole cream 2%	1		QL (120 grams/30 days)
ketoconazole shampoo 2%	1		
lactic acid (ammonium lactate) lotion 12%	1		
lidocaine hcl soln 4%	1		
lidocaine oint 5%	1		QL (100 grams/30 days)
lidocaine-prilocaine cream 2.5-2.5%	1		QL (60 grams/30 days)
LULICONAZOLE - luliconazole cream 1%	2		
malathion lotion 0.5% (Ovide)	1		
metronidazole cream 0.75% (Metrocream)	1		
metronidazole gel 0.75%	1		
metronidazole gel 1% (Metrogel)	1		
mometasone furoate cream 0.1%	1		QL (135 grams/30 days)
mometasone furoate oint 0.1%	1		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	1		QL (120 mls/30 days)
mupirocin oint 2%	1		
NAFTIFINE HYDROCHLORIDE - naftifine hcl cream 1%	2		
nystatin cream 100000 unit/gm	1		
nystatin oint 100000 unit/gm	1		
nystatin topical powder 100000 unit/gm	1		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1		
oxiconazole nitrate cream 1% (Oxistat)	1		PA
permethrin cream 5% (Elimite)	1		
pimecrolimus cream 1% (Elidel)	1		ST, QL (100 grams/30 days)
SELENIUM SULFIDE - selenium sulfide lotion 2.5%	2		
silver sulfadiazine cream 1% (Silvadene)	1		
SPINOSAD - spinosad susp 0.9%	3		
SULFAMYLON - mafenide acetate cream 85 mg/gm	2		
tacrolimus oint 0.03%, 0.1% (Protopic)	1		ST, QL (100 grams/30 days)
tavaborole soln 5%	1		PA, QL (4 mls/30 days)
tazarotene cream 0.05%, 0.1% (Tazorac)	1		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	1		QL (100 grams/30 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	1		
tretinoin gel 0.01% (Retin-a)	1		
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide lotion 0.025%	2		ST, QL (120 mls/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1		QL (454 grams/30 days)
triamcinolone acetonide lotion 0.1%	1		QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	1		QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	1		QL (120 grams/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	4	SP	LD
MISCELLANEOUS PRODUCTS			
ANTIDOTES			
CHEMET - succimer cap 100 mg	2		
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	4	SP	PA
naloxone hcl inj 0.4 mg/ml	1		QL (4 vials/30 days)
naloxone hcl soln prefilled syringe 2 mg/2ml	1		QL (4 syringes/30 days)
naltrexone hcl tab 50 mg	1		
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	2		QL (4 devices/30 days)
DIAGNOSTIC PRODUCTS			
CHEMSTRIP-K - acetone (urine) test strip	2		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
FREESTYLE INSULINX BLOOD - glucose blood test strip	2		QL (204 strips/30 days)
FREESTYLE LITE TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
FREESTYLE PRECISION NEO B - glucose blood test strip	2		QL (204 strips/30 days)
FREESTYLE TEST STRIPS - glucose blood test strip	2		QL (204 strips/30 days)
KETONE - acetone (urine) test strip	2		
KETONE TEST STRIPS - acetone (urine) test strip	2		
KETOSTIX - acetone (urine) test strip	2		
OPTIUMEZ TEST STRIPS - glucose blood test strip	2		QL (204 strips/30 days)
PRECISION XTRA BLOOD GLUC - glucose blood test strip	2		QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	2		
MEDICAL DEVICES			
ACCU-CHEK FASTCLIX LANCET - lancets	2		
ACCU-CHEK FASTCLIX LANCET - lancets kit	2		
ACCU-CHEK SAFE-T-PRO LANC - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	2		
ACTI-LANCE LANCETS 28G - lancets	2		

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ACTI-LANCE LITE SAFETY LA - lancets	2		
ACTI-LANCE SPECIAL SAFETY - lancets	2		
ACTI-LANCE UNIVERSAL SAFE - lancets	2		
ADJUSTABLE LANCING DEVICE - lancet devices	2		
ADVANCED MOBILE LANCET 30 - lancets	2		
ADVANTAGE SAFETY LANCETS - lancets	2		
ADVOCATE LANCETS - lancets	2		
ADVOCATE LANCETS 30G - lancets	2		
ADVOCATE LANCING DEVICE - lancet devices	2		
ADVOCATE RAPID-SAFE LANCI - lancet devices	2		
ADVOCATE SAFETY LANCETS 2 - lancets	2		
AGAMATRIX ULTRA-THIN LANC - lancets	2		
AIMSCO LUBRICATED - condoms latex lubricated	2		
AIMSCO TWIST LANCETS 32G - lancets	2		
AIMSCO TWIST LANCETS 33G - lancets	2		
ASSURE COMFORT LANCETS UL - lancets	2		
ASSURE LANCE LANCETS - lancets	2		
ASSURE LANCE LANCETS 21G - lancets	2		
ASSURE LANCE PLUS SAFETY - lancets	2		
ASSURE LANCE SAFETY LANCE - lancets	2		
AURORA LANCET SUPER THIN - lancets	2		
AURORA LANCET THIN 23G - lancets	2		
AUTO-LANCET - lancet devices	2		
AUTO-LANCET MINI - lancet devices	2		
AUTOLET IMPRESSION LANCIN - lancet devices	2		
AUTOLET LANCING DEVICE - lancet devices	2		
AUTOLET LITE LANCING DEVI - lancet devices	2		
AUTOLET MINI - lancet devices	2		
AUTOLET PLUS - lancet devices	2		
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	2		

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BD ECLIPSE NEEDLE 25G X 1 - needle (disp) 25 x 1-1/2"	2		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	2		
BD ECLIPSE NEEDLE/25G X - needle (disp) 25 x 5/8"	2		
BD ECLIPSE 18G X 1-1/2" - needle (disp) 18 x 1-1/2"	2		
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	2		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	2		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	2		
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1-1/2"	2		
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	2		
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	2		
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2", u-100 1/2 ml 28 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2"	2		
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	2		
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 2 ml 27.5 x 5/8"	2		
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	2		
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	2		
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		

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BD MICROTAINER LANCETS - lancets	2		
BD NEEDLE SAFETYGLIDE/27G - needle (disp) 27 x 5/8"	2		
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	2		
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	2		
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	2		
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	2		
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	2		
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	2		
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	2		
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	2		
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	2		
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
BD PLASTIPAK SYRINGES ALL - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	2		
BD PRECISIONGLIDE 23GX1-1 - needle (disp) 23 x 1-1/2"	2		
BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	2		
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD SAFETYGLIDE 21G X 1" - needle (disp) 21 x 1"	2		
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD 1ML ALLERGY SYRINGE SA - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2"	2		

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BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	2		
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		
CARDIOCOM LANCING DEVICE - lancet devices	2		
CAREONE ADVANCED LANCING - lancet devices	2		
CAREONE LANCET SUPER THIN - lancets	2		
CAREONE LANCET THIN - lancets	2		
CAREONE LANCET ULTRA THIN - lancets	2		
CARESENS LANCETS - lancets	2		
CARETOUCH LANCING DEVICE - lancet devices	2		
CARETOUCH SAFETY LANCETS/ - lancets	2		
CARETOUCH TWIST LANCETS M - lancets	2		
CARETOUCH TWIST LANCETS 2 - lancets	2		
CARETOUCH TWIST LANCETS 3 - lancets	2		
CAYA - diaphragm arc-spring	3		
CHOSEN LANCETS 30G - lancets	2		
CHOSEN LANCING DEVICE - lancet devices	2		
CHOSEN SAFETY LANCETS 28G - lancets	2		
CLEANLET LANCETS 28G - lancets	2		
CLEVER CHEK LANCETS ULTRA - lancets	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CLEVER CHOICE COMFORT EZ - lancets	2		
COAGUCHEK LANCETS - lancets	2		
COMFORT ASSURED LANCETS M - lancets	2		
COMFORT ASSURED LANCETS S - lancets	2		
COMFORT LANCETS - lancets	2		
COMFORT TOUCH LANCETS ULT - lancets	2		
COMFORT TOUCH PLUS SAFETY - lancets	2		
COMFORT TOUCH TWIST LANCE - lancets	2		
CONDOMS - condoms - male	2		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	2		
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit with device	2		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit with device	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit with device	2		

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CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit with device	2		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit with device	2		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit without device, with device	2		
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit with device	2		
CVS LANCETS ORIGINAL - lancets	2		
CVS LANCETS THIN 26G - lancets	2		
CVS LANCING DEVICE - lancet devices	2		
CVS ULTRA THIN LANCETS - lancets	2		
DIATHRIVE LANCETS - lancets	2		
DIATHRIVE LANCETS ULTRA T - lancets	2		
DIATHRIVE LANCING DEVICE - lancet devices	2		
DROPLET GENTEEL LANCING D - lancet devices	2		
DROPLET LANCETS ULTRA THI - lancets	2		
DROPLET LANCING DEVICE - lancet devices	2		
DROPLET MEDLANCE PLUS SAF - lancets	2		
DROPLET PERSONAL LANCETS - lancets	2		
DROPSAFE ACTI-LANCE SAFET - lancets	2		
DROPSAFE ERGOLANCE SAFETY - lancets	2		
DROPSAFE HAEMOLANCE PLUS - lancets	2		
DROPSAFE MEDISAFE SOLO SA - lancets	2		
DROPSAFE MEDLANCE PLUS SA - lancets	2		
DRUG MART ON-THE-GO LANCE - lancets	2		
DRUG MART UNILET LANCETS - lancets	2		
DRUG MART UNILET MICRO TH - lancets	2		
DUANE READE LANCET ALTERN - lancets	2		
DUANE READE LANCET SUPER - lancets	2		
DUANE READE LANCET ULTRA - lancets	2		
DUREX EXTRA SENSITIVE THI - condoms latex lubricated	2		
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	2		
DUREX TROPICAL - condoms latex lubricated	2		
E-Z JECT LANCETS SUPER TH - lancets	2		
EASY COMFORT LANCETS 30G - lancets	2		
EASY COMFORT LANCETS 30G/ - lancets	2		
EASY MINI EJECT LANCING D - lancet devices	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY MINI LANCING DEVICE - lancet devices	2		
EASY TOUCH ALLERGY TRAY S - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		
EASY TOUCH FLIPLOCK SAFET - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH INSULIN SYRING - insulin syringe (disp) u-100 1 ml	2		
EASY TOUCH INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EASY TOUCH LANCETS 21G/PR - lancets	2		
EASY TOUCH LANCETS 23G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PU - lancets	2		
EASY TOUCH LANCETS 28G/PR - lancets	2		
EASY TOUCH LANCETS 28G/PU - lancets	2		
EASY TOUCH LANCETS 28G/TW - lancets	2		
EASY TOUCH LANCETS 30G/BU - lancets	2		
EASY TOUCH LANCETS 30G/PR - lancets	2		
EASY TOUCH LANCETS 30G/PU - lancets	2		
EASY TOUCH LANCETS 30G/TW - lancets	2		
EASY TOUCH LANCETS 32G/PR - lancets	2		
EASY TOUCH LANCETS 32G/PU - lancets	2		
EASY TOUCH LANCETS 32G/TW - lancets	2		
EASY TOUCH LANCETS 33G/TW - lancets	2		
EASY TOUCH LANCING DEVICE - lancet devices	2		
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH SAFETY LANCETS - lancets	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SHEATHLOCK SAF - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH TUBERCULIN FLI - tuberculin/allergy syringe/needle (disp) 1 ml 27 x 1/2", 1 ml 28 x 1/2"	2		
EASY TOUCH TUBERCULIN SHE - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 27 x 1/2", 1 ml 28 x 1/2"	2		
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
EMBECTA AUTOSHIELD DUO 30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
EMBECTA INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EMBECTA INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EMBECTA INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
EMBECTA INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 27 x 5/8", u-100 1 ml 30 x 1/2", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64", u-500 0.5 ml 31g x 6mm (15/64")	2		
EMBECTA INSULIN SYRINGE/0 - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
EMBECTA INSULIN SYRINGE/1 - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
EMBECTA INSULIN SYRINGE/2 - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EMBECTA PEN NEEDLE/NANO 2 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBECTA PEN NEEDLE/NANO/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 29 g x 12.7 mm (1/2")	2		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EMBECTA PEN NEEDLE/ULTRA- - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
EMBECTA SAFETY INSULIN SY - insulin syringe/ needle u-100 1/2 ml 31 x 15/64"	2		
EMBRACE LANCETS ULTRA THI - lancets	2		
EMBRACE LANCING DEVICE WI - lancet devices	2		
EMBRACE PRESSURE ACTIVATE - lancets	2		
FANTASY LUBRICATED - condoms latex lubricated	2		
FANTASY LUBRICATED/SPERMI - condoms latex lubricated	2		
FC2 FEMALE CONDOM - condoms - female	2		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	2		
FIFTY50 SAFETY SEAL LANCE - lancets	2		
FIFTY50 UNILET LANCETS 33 - lancets	2		
FINGERSTIX LANCETS - lancets	2		
FONDCIRCLE LANCING DEVICE - lancet devices	2		
FONDCIRCLE SINGLE USE LAN - lancets	2		
FORA LANCETS - lancets	2		
FORA LANCING DEVICE - lancet devices	2		
FORA LANCING DEVICE/CLEAR - lancet devices	2		
FREESTYLE FREEDOM LITE - blood glucose monitoring kit with device	2		
FREESTYLE LANCETS - lancets	2		
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring devices	2		
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring kit with device	2		
FREESTYLE PRECISION NEO B - blood glucose monitoring kit with device	2		
FREESTYLE UNISTICK II LAN - lancets	2		
GENTEEL BUTTERFLY TOUCH L - lancets	2		
GENTEEL PLUS LANCING DEVI - lancet devices	2		
GLOBAL INJECT EASE LANCET - lancets	2		

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GLOBAL LANCING DEVICE - lancet devices	2		
GLUCOCOM LANCETS 28G - lancets	2		
GLUCOCOM LANCETS 30G - lancets	2		
GLUCOCOM LANCETS 33G - lancets	2		
GNP LANCING SYSTEM DEVICE - lancet devices	2		
GNP STERILE LANCETS 28G - lancets	2		
GNP STERILE LANCETS 30G - lancets	2		
GNP STERILE LANCETS 33G - lancets	2		
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GOJJI LANCING DEVICE/CLEA - lancet devices	2		
GOJJI STERILE LANCETS 30G - lancets	2		
H-E-B INCONTROL ADVANCED - lancet devices	2		
H-E-B INCONTROL LANCETS M - lancets	2		
H-E-B INCONTROL LANCETS S - lancets	2		
H-E-B INCONTROL LANCETS U - lancets	2		
HAEMOLANCE - lancets	2		
HAEMOLANCE LOW FLOW LANCE - lancets	2		
HAEMOLANCE PLUS - lancets	2		
HAEMOLANCE PLUS HIGH FLOW - lancets	2		
HAEMOLANCE PLUS LOW FLOW - lancets	2		
HAEMOLANCE PLUS MAX FLOW - lancets	2		
HAEMOLANCE PLUS PEDIATRIC - lancets	2		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
HY-VEE LANCETS - lancets	2		
HY-VEE THIN LANCETS - lancets	2		
IHEALTH LANCING DEVICE - lancet devices	2		
IN TOUCH LANCING DEVICE - lancet devices	2		
IN TOUCH STERILE LANCETS - lancets	2		
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	2		
KAMELEON LUBRICATED - condoms latex lubricated	2		
KIMONO COLORS - condoms latex lubricated	2		
KIMONO LUBRICATED - condoms latex lubricated	2		
KIMONO MAXX/LARGE FLARE - condoms latex lubricated	2		
KIMONO MICRO THIN - condoms latex non-lubricated	2		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	2		
KIMONO PLUS SPERMICIDE LU - condoms latex lubricated	2		
KIMONO PLUS SPERMICIDE/LU - condoms latex lubricated	2		
KIMONO PS LUBRICATED - condoms latex lubricated	2		
KIMONO PS PLUS SPERMICIDE - condoms latex lubricated	2		
KIMONO SENSATION LUBRICAT - condoms latex lubricated	2		
KIMONO SENSATION PLUS SPE - condoms latex lubricated	2		
KIMONO SPECIAL - condoms latex lubricated	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
KINNEY LANCETS - lancets	2		
KINNEY THIN LANCETS - lancets	2		
KROGER AUTOLET LANCING DE - lancet devices	2		
KROGER HEALTHPRO TWIST LA - lancets	2		
KROGER LANCETS - lancets	2		
KROGER LANCETS SUPER THIN - lancets	2		
KROGER LANCETS THIN - lancets	2		
LANCET DEVICE ADJUSTABLE - lancet devices	2		
LANCET DEVICE WITH EJECTO - lancet devices	2		
LANCETS - lancets	2		
LANCETS - BAYER ASCENCIA - lancets	2		
LANCETS MICRO THIN 33G - lancets	2		
LANCETS SUPER THIN 28G - lancets	2		
LANCETS THIN - lancets	2		
LANCETS ULTRA THIN 30G - lancets	2		
LANCETS 28G THIN - lancets	2		
LANCETS 30G - lancets	2		
LANCETS 30G TWIST TOP - lancets	2		
LANCETS 30G/TWIST TOP - lancets	2		
LANCETS 33G EXTRA FINE - lancets	2		
LANCETS 33G UNIVERSAL DES - lancets	2		
LANCING DEVICE - lancet devices	2		
LANZO - lancet devices	2		
LEADER ADVANCED LANCING D - lancet devices	2		
LEADER LANCETS COLORED - lancets	2		
LEADER THIN LANCETS - lancets	2		
LIBERTY MEDICAL LANCETS 3 - lancets	2		
LITE TOUCH LANCETS - lancets	2		
LITE TOUCH LANCING PEN - lancet devices	2		
LITETOUCH LANCETS MICRO T - lancets	2		
LIVE BETTER ADVANCED LANC - lancet devices	2		
LIVE BETTER LANCET SUPER - lancets	2		
LIVE BETTER LANCET ULTRA - lancets	2		
MAGELLAN TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	2		
MAXX LUBRICATED - condoms latex lubricated	2		
MAXX PLUS SPERMICIDE LUBR - condoms latex lubricated	2		
MEDICHOICE PRE-SET SAFETY - lancets	2		
MEDICHOICE SAFETY LANCET - lancets	2		

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MEDICINE SHOPPE LANCETS - lancets	2		
MEDICINE SHOPPE LANCETS T - lancets	2		
MEDLANCE PLUS EXTRA LANCE - lancets	2		
MEDLANCE PLUS LANCETS LIT - lancets	2		
MEDLANCE PLUS LITE LANCET - lancets	2		
MEDLANCE PLUS SPECIAL LAN - lancets	2		
MEDLANCE PLUS SUPERLITE 3 - lancets	2		
MEDLANCE PLUS UNIVERSAL L - lancets	2		
MEDLANCE PLUS/LITE 25G - lancets	2		
MEIJER COLOR LANCETS UNIV - lancets	2		
MEIJER LANCETS - lancets	2		
MEIJER LANCETS THIN - lancets	2		
MEIJER LANCETS UNIVERSAL - lancets	2		
MICROLET LANCETS - lancets	2		
MICROLET NEXT - lancet devices	2		
MICROLET NEXT LANCETS - lancets	2		
MINI LANCING DEVICE - lancet devices	2		
MM LANCING DEVICE - lancet devices	2		
MM TWIST LANCETS - lancets	2		
MOBI CONNECT BLOOD GLUCOS - lancets	2		
MOBI CONNECT BLOOD GLUCOS - lancet devices	2		
MOBILE LANCETS 30G - lancets	2		
MONOJECT TB SYRINGE-NDL 1 - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8"	2		
MONOJECT TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 28 x 1/2"	2		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 28 x 1/2"	2		
MONOLET LANCETS - lancets	2		
MONOLET OPD LANCETS - lancets	2		
MONOLETTOR SAFETY LANCETS - lancets	2		
MULTI-LANCET DEVICE - lancet devices	2		
MYGLUCOHEALTH MGH SOFTLAN - lancets	2		
NOVA SAFETY LANCETS 23G - lancets	2		
NOVA SAFETY LANCETS 28G - lancets	2		
NOVA SUREFLEX LANCETS - lancets	2		
NOVA SUREFLEX LANCING DEV - lancet devices	2		
OMNIFLEX DIAPHRAGM - diaphragms	3		
PEN NEEDLE/5-BEVEL TIP/31 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		

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PEN NEEDLE/5-BEVEL TIP/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PERFECT LANCETS 30G - lancets	2		
PERFECT POINT SAFETY LANC - lancets	2		
PERFECT PRESSURE ACTIVATE - lancets	2		
PHARMACIST CHOICE SELECT - lancets	2		
PHARMACIST CHOICE ULTRA T - lancets	2		
PIP LANCETS/28G - lancets	2		
PIP LANCETS/30G - lancets	2		
PRO COMFORT SAFETY LANCET - lancets	2		
PRODIGY LANCING DEVICE - lancet devices	2		
PRODIGY PRESSURE ACTIVATE - lancets	2		
PRODIGY SAFETY LANCETS - lancets	2		
PRODIGY TWIST TOP LANCETS - lancets	2		
PURE COMFORT PRESSURE ACT - lancets	2		
PX ADVANCED LANCING DEVIC - lancet devices	2		
PX LANCETS MICROTHIN 33G - lancets	2		
PX LANCETS ULTRA THIN - lancets	2		
PX LANCETS ULTRA THIN 28G - lancets	2		
QC ADVANCED LANCING DEVIC - lancet devices	2		
QC LANCETS SUPER THIN - lancets	2		
QC LANCETS ULTRA THIN - lancets	2		
QC UNILET LANCETS 28G/ULT - lancets	2		
QC UNILET LANCETS 33G/MIC - lancets	2		
READYLANCE SAFETY LANCETS - lancets	2		
REALITY LANCETS - lancets	2		
REALITY LATEX CONDOMS/LUB - condoms latex lubricated	2		
REALITY LATEX/ULTRA TEXTU - condoms latex lubricated	2		
REALITY LATEX/ULTRA THIN - condoms latex lubricated	2		
REALITY TRIGGER LANCETS - lancets	2		
RELION LANCETS MICRO-THIN - lancets	2		
RELION LANCETS THIN 26G - lancets	2		
RELION LANCETS ULTRA-THIN - lancets	2		
RELION LANCING DEVICE - lancet devices	2		
RELION ULTRA THIN LANCETS - lancets	2		
RELION 2-IN-1 LANCET DEV - lancets	2		
RELION 2-IN-1 LANCING DEV - lancets	2		

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RIGHTEST GD500 LANCING DE - lancet devices	2		
RIGHTEST GL300 LANCETS - lancets	2		
SAFETY LANCETS - lancets	2		
SAFETY LANCETS 21G - lancets	2		
SAFETY LANCETS 23G - lancets	2		
SAFETY LANCETS 28G - lancets	2		
SAFETY LANCETS/PRESSURE A - lancets	2		
SAPS HEALTH CARE TWIST TO - lancets	2		
SAPS HEALTH PLUS TWIST TO - lancets	2		
SAPS HEALTH TWIST TOP LAN - lancets	2		
SAPSCARE TWIST TOP LANCET - lancets	2		
SB LANCETS THIN - lancets	2		
SB LANCETS ULTRA THIN - lancets	2		
SELECT-LITE LANCING DEVIC - lancet devices	2		
SENSILANCE SAFETY LANCETS - lancets	2		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	2		
SINGLE-LET - lancets	2		
SMART DIABETES VANTAGE LA - lancet devices	2		
SMARTEST LANCETS 28G - lancets	2		
SOLUS V2 LANCING DEVICE - lancet devices	2		
SOLUS V2 PRESSURE ACTIVAT - lancets	2		
SOLUS V2 TWIST LANCETS 30 - lancets	2		
STERILANCE TL - lancets	2		
SUPER THIN LANCETS - lancets	2		
SURE COMFORT LANCETS 18G - lancets	2		
SURE COMFORT LANCETS 21G - lancets	2		
SURE COMFORT LANCETS 23G - lancets	2		
SURE COMFORT LANCETS 28G - lancets	2		
SURE COMFORT LANCETS 30G - lancets	2		
SURE COMFORT LANCING PEN - lancet devices	2		
SURELITE LANCETS - lancets	2		
TECHLITE AST LANCETS - lancets	2		
TECHLITE LANCETS - lancets	2		
TECHLITE LANCETS 26G - lancets	2		
TGT ADVANCED LANCING DEVI - lancet devices	2		
TGT LANCET ALTERNATE SITE - lancets	2		
TGT LANCET SUPER THIN 30G - lancets	2		
TGT LANCET THIN 23G - lancets	2		
TGT LANCET ULTRA THIN 28G - lancets	2		

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TGT LANCING DEVICE - lancet devices	2		
TODAYS HEALTH ADVANCED LA - lancet devices	2		
TODAYS HEALTH SUPER THIN - lancets	2		
TODAYS HEALTH ULTRA THIN - lancets	2		
TRAVEL LANCETS ADVANCED 2 - lancets	2		
TROJAN BARESKIN - condoms latex lubricated	2		
TROJAN ENZ - condoms latex non-lubricated	2		
TROJAN MAGNUM - condoms latex lubricated	2		
TROJAN ULTRA RIBBED/LUBRI - condoms latex lubricated	2		
TROJAN ULTRA THIN LUBRICA - condoms latex lubricated	2		
TROJAN ULTRA THIN/SPERMIC - condoms latex lubricated	2		
TROJAN-ENZ LUBRICATED - condoms latex lubricated	2		
TROJAN-ENZ W/SPERMICIDAL - condoms latex lubricated	2		
TRUE COMFORT SAFETY LANCE - lancets	2		
TRUE COMFORT TWIST TOP LA - lancets	2		
TRUE COVER - condoms latex lubricated	2		
TRUEDRAW LANCING DEVICE - lancet devices	2		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
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TRUEPLUS LANCETS 28G - lancets	2		
TRUEPLUS LANCETS 28G SUPE - lancets	2		
TRUEPLUS LANCETS 30G - lancets	2		
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TRUEPLUS LANCETS 33G - lancets	2		
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TRUEPLUS SAFETY LANCETS 2 - lancets	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	2		
TRUSTEX LUBRICATED - condoms latex lubricated	2		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	2		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	2		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	2		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	2		
TRUSTEX NON-LUBRICATED - condoms latex non-lubricated	2		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	2		
TRUSTEX/RIA NON-LUBRICATE - condoms latex non-lubricated	2		
TWIST TOP LANCETS 30G - lancets	2		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	2		
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTICARE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTICARE MINI PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
ULTICARE MINI PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
ULTICARE MINI SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTICARE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTICARE PEN NEEDLES/29G - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTICARE SHORT PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTICARE SHORT SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	2		
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm)	2		
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
ULTIGUARD SAFEPACK INSULI - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTIGUARD SAFEPACK MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTIGUARD SAFEPACK PEN NE - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTIGUARD SAFEPACK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPACK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTIGUARD SAFEPACK/SYRING - insulin syringe/ needle u-100 1/2 ml 31 x 5/16"	2		
ULTIGUARD SAFEPACK/TINY P - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTILET CLASSIC LANCETS - lancets	2		
ULTILET LANCETS - lancets	2		
ULTILET LANCETS 33G - lancets	2		
ULTILET SAFETY LANCETS 21 - lancets	2		
ULTILET SAFETY LANCETS 23 - lancets	2		
ULTRA THIN LANCETS 28G - lancets	2		
ULTRA THIN LANCETS 31G - lancets	2		
ULTRA-CARE SAFETY LANCETS - lancets	2		
ULTRA-THIN II AUTO LANCET - lancets	2		
ULTRA-THIN II LANCETS 28G - lancets	2		
ULTRA-THIN II LANCETS 30G - lancets	2		
UNILET COMFORTOUCH LANCET - lancets	2		
UNILET EXCELITE - lancets	2		
UNILET EXCELITE II - lancets	2		
UNILET G.P. LANCET - lancets	2		
UNILET G.P. SUPERLITE LAN - lancets	2		
UNILET GP 28 ULTRA THIN - lancets	2		
UNILET LANCET - lancets	2		
UNILET LANCETS MICRO-THIN - lancets	2		
UNILET LANCETS SUPER-THIN - lancets	2		
UNILET LANCETS ULTRA-THIN - lancets	2		
UNILET SUPERLITE LANCET - lancets	2		
UNISTIK CZT COMFORT - lancets	2		
UNISTIK CZT NORMAL - lancets	2		
UNISTIK NORMAL - lancets	2		
UNISTIK PRO SAFETY LANCET - lancets	2		
UNISTIK SAFETY LANCETS 28 - lancets	2		
UNISTIK SAFETY LANCETS 30 - lancets	2		
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UNISTIK 1 - lancets	2		
UNISTIK 2 - lancets	2		
UNISTIK 2 COMFORT - lancets	2		
UNISTIK 2 EXTRA - lancets	2		
UNISTIK 2 NEONATAL - lancets	2		
UNISTIK 2 NORMAL - lancets	2		
UNISTIK 2 SUPER - lancets	2		
UNISTIK 3 - lancets	2		
UNISTIK 3 COMFORT - lancets	2		
UNISTIK 3 EXTRA - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
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UNISTIK 3 NEONATAL - lancets	2		
UNISTIK 3 NORMAL - lancets	2		
VALUMARK LANCET SUPER THI - lancets	2		
VALUMARK LANCET ULTRA THI - lancets	2		
VERIFINE SAFETY LANCET MI - lancets	2		
VERIFINE UNIVERSAL LANCET - lancets	2		
VIVAGUARD LANCETS - lancets	2		
VIVAGUARD LANCETS 30G - lancets	2		
VIVAGUARD LANCING DEVICE - lancet devices	2		
VIVAGUARD SAFETY LANCETS - lancets	2		
VIVAGUARD SAFETY LANCETS/ - lancets	2		
WALGREENS LANCETS - lancets	2		
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	3		
ZEVRX TWIST TOP LANCETS 3 - lancets	2		
ASSORTED CLASSES			
azathioprine tab 50 mg (Imuran)	1		
cyclosporine cap 25 mg, 100 mg (Sandimmune)	1		
cyclosporine modified cap 25 mg, 100 mg (Neoral)	1		
cyclosporine modified cap 50 mg	1		
cyclosporine modified oral soln 100 mg/ml (Neoral)	1		
lenalidomide caps 2.5 mg (Revlimid)	4	SP	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	4	SP	PA, QL (30 capsules/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	2		
mycophenolate mofetil cap 250 mg (Cellcept)	1		
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1		
mycophenolate mofetil tab 500 mg (Cellcept)	1		
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	1		
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	2		
penicillamine tab 250 mg (Depen titratabs)	4	SP	PA
sirolimus oral soln 1 mg/ml (Rapamune)	1		
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	1		
sodium polystyrene sulfonate powder	1		
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
THALOMID - thalidomide cap 50 mg	4	SP	PA, LD, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	4	SP	PA, LD, QL (120 capsules/30 days)
ZOKINVY - lonafarnib cap 50 mg, 75 mg	4	SP	PA, LD

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cefpodoxime proxetil tab 100 mg, 200 mg **1**
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glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg....18
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg....18
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glyburide tab 1.25 mg, 2.5 mg, 5 mg....18
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hydrocortisone valerate cream 0.2%..... 57
hydrocortisone w/ acetic acid otic soln 1-2%..... 54
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ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)..... 29
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg..... 25
irbesartan tab 75 mg, 150 mg, 300 mg..... 25
IRON CHEWS PEDIATRIC..... 50
ISENTRESS..... 5
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isoniazid tab 100 mg, 300 mg..... 2
isosorbide dinitrate tab 5 mg..... 22
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg..... 22
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lamivudine oral soln 10 mg/ml..... 5
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lamivudine tab 100 mg (hbv)..... 5
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letrozole tab 2.5 mg..... 13
leucovorin calcium tab 25 mg..... 13
leucovorin calcium tab 5 mg, 15 mg..... 13
LEUKERAN..... 13
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)..... 13
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)..... 30
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)..... 30
levetiracetam oral soln 100 mg/ml..... 46
levetiracetam tab er 24hr 500 mg, 750 mg..... 46
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg..... 46
levocarnitine oral soln 1 gm/10ml (10%)..... 22
levocarnitine tab 330 mg..... 22
levofloxacin oral soln 25 mg/ml..... 2
levofloxacin tab 250 mg, 500 mg, 750 mg..... 2
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg..... 16
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg..... 16
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg..... 17
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg..... 17
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg..... 17
levonorgestrel tab 1.5 mg..... 17
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)..... 16
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levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg **21**
LIBERTY MEDICAL LANCETS 3 70
lidocaine hcl soln 4% **58**
lidocaine hcl viscous soln 2% **55**
lidocaine oint 5% **58**
lidocaine-prilocaine cream 2.5-2.5% **58**
linezolid for susp 100 mg/5ml **8**
linezolid tab 600 mg **8**
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg **21**
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg **40**
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg **40**
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg **25**
lisinopril tab 20 mg **25**
lisinopril tab 2.5 mg, 5 mg, 10 mg, 30 mg, 40 mg **25**
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LITETOUCH LANCETS MICRO T 70
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lithium carbonate cap 300 mg **37**
lithium carbonate cap 150 mg, 600 mg **37**
lithium carbonate tab er 300 mg **37**
lithium carbonate tab er 450 mg **37**
lithium carbonate tab 300 mg **37**
LIVE BETTER ADVANCED LANC 70
LIVE BETTER LANCET SUPER 70
LIVE BETTER LANCET ULTRA 70
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lomustine cap 10 mg, 40 mg, 100 mg **13**
loperamide hcl cap 2 mg **32**
lopinavir-ritonavir tab 100-25 mg **5**
lopinavir-ritonavir tab 200-50 mg **5**
lorazepam conc 2 mg/ml **35**
lorazepam tab 0.5 mg, 1 mg, 2 mg **35**
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg **25**
losartan potassium tab 25 mg, 50 mg, 100 mg **25**
lovastatin tab 10 mg, 20 mg, 40 mg **28**
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg **37**
lubiprostone cap 8 mcg **33**
lubiprostone cap 24 mcg **33**
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lurasidone hcl tab 80 mg **37**
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg **37**
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MEDLANCE PLUS SUPERLITE 3 71
MEDLANCE PLUS UNIVERSAL L 71
medroxyprogesterone acetate im susp 150 mg/ml **17**
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml **17**
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg **17**
mefenamic acid cap 250 mg **44**
mefloquine hcl tab 250 mg **7**
megestrol acetate tab 20 mg, 40 mg **13**
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memantine hcl tab 5 mg, 10 mg **41**
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MENQUADFI 10
MENVEO 10
meprobamate tab 200 mg, 400 mg **35**
mercaptopurine susp 2000 mg/100ml (20 mg/ml) **13**
mercaptopurine tab 50 mg **13**
mesalamine cap er 24hr 0.375 gm **33**
MESALAMINE DR 33
mesalamine enema 4 gm **33**
mesalamine suppos 1000 mg **33**
mesalamine tab delayed release 1.2 gm **33**
metaxalone tab 800 mg **48**
metformin hcl tab er 24hr 500 mg, 750 mg **18**
metformin hcl tab 500 mg, 850 mg, 1000 mg **18**

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methadone hcl conc 10 mg/ml.....42
methadone hcl soln 5 mg/5ml.....43
methadone hcl soln 10 mg/5ml.....43
methadone hcl tab for oral susp 40 mg.....43
methadone hcl tab 5 mg, 10 mg.....43
methenamine hippurate tab 1 gm.....8
methimazole tab 5 mg, 10 mg.....21
methocarbamol tab 500 mg, 750 mg.....48
METHOTREXATE SODIUM.....13
methotrexate sodium for inj 1 gm.....13
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....13
methotrexate sodium tab 2.5 mg (base equiv).....13
methscopolamine bromide tab 2.5 mg, 5 mg.....32
methsuximide cap 300 mg.....46
methylergonovine maleate tab 0.2 mg.....21
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la).....40
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....40
methylphenidate hcl soln 5 mg/5ml.....40
methylphenidate hcl soln 10 mg/5ml.....40
methylphenidate hcl tab er 10 mg, 20 mg.....40
methylphenidate hcl tab er osmotic release (osm) 18 mg.....40
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methylphenidate hcl tab 5 mg.....40
methylphenidate hcl tab 10 mg.....40
methylphenidate hcl tab 20 mg.....40
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....15
methylprednisolone tab therapy pack 4 mg (21).....15
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....33
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....33
metolazone tab 2.5 mg, 5 mg, 10 mg.....27
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....25
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....23
metoprolol tartrate tab 25 mg.....23
metoprolol tartrate tab 50 mg, 100 mg.....23
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metronidazole gel 1%.....58
metronidazole tab 250 mg.....8
metronidazole tab 500 mg.....8
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minoxidil tab 2.5 mg, 10 mg.....25
mirtazapine orally disintegrating tab 15 mg.....36
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