



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

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**Please Read:** This document contains information about the drugs we cover when you participate in a Kaiser Permanente Colorado Commercial Mid and Large group plan. The listing does not provide information regarding specific coverage, including specific exclusions, copays, or coinsurances. That information can be found by referring to the *Evidence of Coverage* or *Individual Membership Agreement*. If you have specific questions about your prescription benefits, please contact Member Services at **303-338-3800** (TTY **711**) or toll free at 1-800-632-9700.

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### **What is the Kaiser Permanente Colorado Commercial Drug Formulary?**

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

### **What drugs are covered?**

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

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

### **What is a generic drug?**

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

## **What is a brand name drug?**

Brand name drugs are manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand name drug expires, other drug companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices.

## **What is a specialty tier drug?**

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

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

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

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

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

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

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

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

**Colonoscopy (bowel) preparation medications** – Covered when medically necessary when associated with a preventive colonoscopy.

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

## **What drugs are not covered?**

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

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

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

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

Restriction Type	Guidelines	Description
AGE	Age Limits	A drug that is restricted to a specific age or age range.
PR	Physician Restrictions	A drug that is required to be written by a provider specialized in the treatment of certain conditions. For example, a drug used for cancer may be restricted to providers specialized in Oncology.
PA	Prior Authorization	A drug that requires specific medical criteria be met and requires approval by the plan prior to being dispensed for benefit.
RB	Restricted to Benefit	A drug that is restricted to a certain benefit for coverage and the cost share may be different than the tier listed.
QL	Quantity Limits	A drug that has a quantity limit.
DS	Day Supply Limits	A drug that is limited to a specific day supply.
ST	Step Therapy	A drug that requires a similar therapy be tried prior to dispensing this drug for prescription benefit.

MO	Maintenance Medication	A drug that is considered to be a maintenance medication. Note: Not all maintenance medications can be mailed from our mail order pharmacy such as high-cost drugs or drugs that require special handling.
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**How to request an exception to a drug not covered on the formulary or a drug that has a restriction or limitation?**

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

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

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

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

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

**Kaiser Permanente Formulary**

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

The first column of the chart lists the drug name.

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

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

Tier Value	Guideline	Description
1	Tier 1	Preventive drugs under the Affordable Care Act
2	Tier 2	Preferred Generic Drugs
3	Tier 3	Preferred Brand Drugs
4	Tier 4	Non-Preferred Generic and Brand Drugs
5	Tier 5	Specialty Drugs
6	Tier 6	Medical Service Drugs administered in a medical office
7	Tier 7	Diabetic Supplies allowed under the prescription benefit

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

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

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CURRENT AS OF 2/18/2025

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

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



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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 2	MO
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 2	MO
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 2	MO
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 2	MO
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 3	MO
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	Tier 3	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	MO
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 2	MO
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	MO
<b>Glucocorticoids, Orally Inhaled</b>		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	MO
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 3	ST; MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3	ST; MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 2	MO
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 2	MO; Age
<b>Interleukin-4(II-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; MO
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; MO
<b>Interleukin-5(II-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5	PA; DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Leukotriene Receptor Antagonists</b>		
<i>montelukast oral tablet 10 mg</i>	Tier 2	MO
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 2	MO
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 2	MO
<b>Xanthines</b>		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 2	MO
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 300 MG	Tier 3	MO
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 2	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 2	MO
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>memantine oral tablets, dose pack 5-10 mg</i>	Tier 2	
<b>Cholinesterase Inhibitors</b>		
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 2	MO
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	MO
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 3	MO
<i>physostigmine salicylate injection solution 1 mg/ml</i>	Tier 2	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 2	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 2	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 2	MO
<b>Maois - Non-Selective &amp; Irreversible</b>		
<i>phenelzine oral tablet 15 mg</i>	Tier 2	MO
<i>tranylcypromine oral tablet 10 mg</i>	Tier 2	MO
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 2	MO
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 2	MO
<b>Selective Serotonin Reuptake Inhibitor (SsrIs)</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 2	MO
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	MO
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	MO
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 2	MO
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	MO
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 2	MO
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>venlafaxine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	MO
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 2	DS
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	DS
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 2	DS
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 2	DS
<b>Anti-Alcoholic Preparations</b>		
<i>acamprosate oral tablet, delayed release (dr/lec) 333 mg</i>	Tier 2	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	MO
<b>Anti-Anxiety - Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	DS
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	DS
<i>diazepam injection solution 5 mg/ml</i>	Tier 2	DS

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



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	MO
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	MO
<b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	DS
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	MO
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	MO
<i>risperidone oral solution 1 mg/ml</i>	Tier 2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	MO

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

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

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



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 2	DS
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	DS
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 2	DS
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 2	DS
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<i>adenosine intravenous syringe 3 mg/ml</i>	Tier 2	
<i>amiodarone intravenous solution 50 mg/ml</i>	Tier 2	
<i>amiodarone oral tablet 200 mg</i>	Tier 2	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 2	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	MO
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	Tier 2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	MO
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 3	MO
PACERONE ORAL TABLET 200 MG	Tier 2	MO
<i>procainamide injection solution 100 mg/ml</i>	Tier 2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	MO
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 2	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents, Catecholamines</b>		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)	Tier 3	
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	Tier 2	
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 2	
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	MO
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	MO
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	Tier 2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 2	MO
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 2	MO
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	MO
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	MO
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 2	
<i>phentolamine injection recon soln 5 mg</i>	Tier 2	RB; QL
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	MO
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 2	MO
<b>Antihypertensives, Ace Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 2	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 2	MO
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	MO; Age
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<b>Antihypertensives, Miscellaneous</b>		
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	Tier 2	
<b>Antihypertensives, Sympatholytic</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	MO
<b>Antihypertensives, Vasodilators</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	MO
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 2	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 2	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 2	MO
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 2	MO
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 2	MO
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 2	MO
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	Tier 2	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 2	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 2	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 2	MO
DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 2	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	MO; Age
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 2	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 2	MO
<i>nimodipine oral capsule 30 mg</i>	Tier 2	
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2	MO
<b>Loop Diuretics</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	Tier 5	DS
<i>furosemide injection solution 10 mg/ml</i>	Tier 2	
<i>furosemide injection syringe 10 mg/ml</i>	Tier 2	
<i>furosemide oral solution 10 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	MO
<b>Potassium Sparing Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 2	MO
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 3	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 2	MO; Age
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Potassium Sparing Diuretics In Combination</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	MO
<i>spironolactone-hydrochlorothiazide oral tablet 25-25 mg</i>	Tier 2	MO
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	MO
<b>Pulm.Anti-Htn, Sel.C-Gmp Phosphodiesterase T5 Inhib</b>		
ADCIRCA ORAL TABLET 20 MG	Tier 5	DS
ALYQ ORAL TABLET 20 MG	Tier 2	MO
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 2	DS; PR
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 2	RB; MO; PR; QL
<i>tadalafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 2	MO
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 5	DS; Age

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 2	MO
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; DS
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 6	DS
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 6	DS
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	Tier 3	DS
<b>Thiazide And Related Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Vasodilators, Combination</b>		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 2	MO
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 365 DAYS



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS	<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 365 DAYS
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS	<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS	<i>simvastatin oral tablet 80 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 365 DAYS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 2	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 2	MO
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 2	MO
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 2	MO
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	Tier 2	MO
<i>colesevelam oral tablet 625 mg</i>	Tier 2	MO
<i>colestipol oral granules 5 gram</i>	Tier 2	MO
<i>colestipol oral packet 5 gram</i>	Tier 2	MO
<i>colestipol oral tablet 1 gram</i>	Tier 2	MO
PREVALITE ORAL POWDER 4 GRAM	Tier 2	MO
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 2	MO
QUESTRAN ORAL POWDER 4 GRAM	Tier 3	MO
<b>Lipotropics</b>		
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>gemfibrozil oral tablet 600 mg</i>	Tier 2	MO
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 5	DS
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
<b>Angiotensin Receptor-Nepriysin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 3	MO
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	Tier 2	MO
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
ISORDIL ORAL TABLET 40 MG	Tier 3	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 2	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	MO



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 2	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	MO
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 2	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 2	MO
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 2	MO
<b>Vasodilators, Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 2	MO
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO; QL
ENILLORING VAGINAL RING 0.12- 0.015 MG/24 HR	Tier 1	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	MO; QL
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO; QL
<b>Contraceptives, Inj table</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 6	MO
<b>Contraceptives, Oral</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG- MCG	Tier 1	MO
ALTAVERA (28) ORAL TABLET 0.15- 0.03 MG	Tier 1	MO
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
APRI ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	MO
AUBRA EQ ORAL TABLET 0.1-20 MG- MCG	Tier 1	MO
AUBRA ORAL TABLET 0.1-20 MG- MCG	Tier 1	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
CYRED EQ ORAL TABLET 0.15-0.03 MG	Tier 1	MO
CYRED ORAL TABLET 0.15-0.03 MG	Tier 1	MO
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
DEBLITANE ORAL TABLET 0.35 MG	Tier 1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	Tier 1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 1	MO
ELLA ORAL TABLET 30 MG	Tier 1	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	Tier 1	MO
EMZAHH ORAL TABLET 0.35 MG	Tier 1	MO
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ERRIN ORAL TABLET 0.35 MG	Tier 1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 1	MO
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
GIANVI (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
HAILEY ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
HEATHER ORAL TABLET 0.35 MG	Tier 1	MO
INCASSIA ORAL TABLET 0.35 MG	Tier 1	MO
ISIBLOOM ORAL TABLET 0.15-0.03 MG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
JASMIEL (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
JENCYCLA ORAL TABLET 0.35 MG	Tier 1	MO
JULEBER ORAL TABLET 0.15-0.03 MG	Tier 1	MO
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
KALLIGA ORAL TABLET 0.15-0.03 MG	Tier 1	MO
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	Tier 1	MO
KURVELO (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	MO
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 1	MO
LILLOW (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO
LORYNA (28) ORAL TABLET 3-0.02 MG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LYLEQ ORAL TABLET 0.35 MG	Tier 1	MO
LYZA ORAL TABLET 0.35 MG	Tier 1	MO
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
NIKKI (28) ORAL TABLET 3-0.02 MG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
NORA-BE ORAL TABLET 0.35 MG	Tier 1	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	Tier 1	MO
NORLYDA ORAL TABLET 0.35 MG	Tier 1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
NYMYO ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
OCELLA ORAL TABLET 3-0.03 MG	Tier 1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	Tier 1	MO
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
SHAROBEL ORAL TABLET 0.35 MG	Tier 1	MO
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
SYEDA ORAL TABLET 3-0.03 MG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	MO
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TULANA ORAL TABLET 0.35 MG	Tier 1	MO
VESTURA (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ZARAH ORAL TABLET 3-0.03 MG	Tier 1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Tier 1	MO
<b>Oxytocics</b>		
<i>carboprost tromethamine intramuscular solution 250 mcg/ml</i>	Tier 5	DS
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	Tier 5	DS
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	Tier 2	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 2	
<i>oxytocin injection solution 10 unit/ml</i>	Tier 3	
PITOCIN INJECTION SOLUTION 10 UNIT/ML	Tier 3	
<b>Cough And Cold</b>		
<b>Antitussives, Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	Tier 2	DS; QL; Age
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 2	DS; QL; Age
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 2	DS; QL; Age
<b>Narcotic Antitussive-Expectorant Combination</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 2	DS; QL; Age
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; QL; Age
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; QL; Age
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; QL; Age
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; QL; Age



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
<i>epinephrine hcl nasal solution 1 mg/ml</i>	Tier 2	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
<b>Acne Agents, Topical</b>		
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 2	MO
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 2	MO
<b>Rosacea Agents, Topical</b>		
<i>metronidazole topical cream 0.75 %</i>	Tier 2	
<i>metronidazole topical gel 0.75 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ROSADAN TOPICAL CREAM 0.75 %	Tier 2	
<b>Topical Preparations, Antibacterials</b>		
DERMAZENE TOPICAL CREAM 1-1 %	Tier 2	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 2	
<b>Vitamin A Derivatives</b>		
<i>adapalene topical gel 0.3 %</i>	Tier 2	MO
AVITA TOPICAL CREAM 0.025 %	Tier 2	PA; MO
AVITA TOPICAL GEL 0.025 %	Tier 2	PA; MO
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	Tier 3	PA; MO
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	Tier 3	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 2	PA; MO
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 2	MO
<i>clindamycin phosphate topical solution 1 %</i>	Tier 2	MO



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 2	MO
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 2	MO
<i>gentamicin topical cream 0.1 %</i>	Tier 2	
<i>gentamicin topical ointment 0.1 %</i>	Tier 2	
<i>mupirocin calcium topical cream 2 %</i>	Tier 2	
<i>mupirocin topical ointment 2 %</i>	Tier 2	
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
<b>Topical Antifungals</b>		
<i>ciclopirox topical cream 0.77 %</i>	Tier 2	
<i>ketconazole topical cream 2 %</i>	Tier 2	
<i>ketconazole topical shampoo 2 %</i>	Tier 2	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
<b>Topical Antiparasitics</b>		
<i>permethrin topical cream 5 %</i>	Tier 2	
<b>Topical Sulfonamides</b>		
<i>silver sulfadiazine topical cream 1 %</i>	Tier 2	
SSD TOPICAL CREAM 1 %	Tier 2	
<b>Dermatology - Anti-inflammatory</b>		
<b>Interleukin-13 (IL-13) Inhibitors, Mab</b>		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 5	PA; MO
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Topical Anti-Inflammatory Steroidal</b>		
<i>alclometasone topical ointment 0.05 %</i>	Tier 2	MO
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	MO
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	MO
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	MO
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	MO
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2	MO
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2	MO
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 2	MO
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	MO
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 2	MO
<i>clobetasol scalp solution 0.05 %</i>	Tier 2	MO
<i>clobetasol topical cream 0.05 %</i>	Tier 2	MO
<i>clobetasol topical gel 0.05 %</i>	Tier 2	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>fluocinonide topical solution 0.05 %</i>	Tier 2	MO
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 2	MO
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 2	MO
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 2	MO
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 2	MO
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 2	MO
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 2	MO
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 2	MO
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	Tier 2	MO
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	Tier 2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	MO
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	MO
<i>mometasone topical cream 0.1 %</i>	Tier 2	MO
<i>mometasone topical ointment 0.1 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>mometasone topical solution 0.1 %</i>	Tier 2	MO
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	MO
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	MO
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	MO
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 2	MO
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	MO
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 2	MO
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-OMATIC TOPICAL SOLUTION 20 %	Tier 3	MO
DRYSOL TOPICAL SOLUTION 20 %	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Antiseborrheic Agents</b>		
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
<b>Irrigants</b>		
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	Tier 2	
AQUA CARE STERILE WATER IRRIGATION SOLUTION	Tier 2	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>ringer's irrigation solution</i>	Tier 2	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
<i>water for irrigation, sterile irrigation solution</i>	Tier 2	
<b>Keratolytics</b>		
<i>podofilox topical solution 0.5 %</i>	Tier 2	MO
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>fluorouracil topical cream 5 %</i>	Tier 2	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 2	
<b>Topical Local Anesthetics</b>		
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>lidocaine topical ointment 5 %</i>	Tier 2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	MO
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	Tier 5	DS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents, Systemic</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i>	Tier 2	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; MO
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; MO
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 5	PA; DS
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	MO
<i>calcipotriene topical cream 0.005 %</i>	Tier 2	MO
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	MO
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 3	MO
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	Tier 2	MO
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 2	MO
TAZORAC TOPICAL CREAM 0.05 %	Tier 3	MO
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 3	MO
<b>Topical Immunosuppressive Agents</b>		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 2	MO
<b>Diabetes</b>		
<b>Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)</b>		
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	Tier 2	PA; DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	PA; DS
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2) Inhib</b>		
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	MO
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)</b>		
<i>metformin oral solution 500 mg/5 ml</i>	Tier 2	MO
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 2	MO
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 2	MO
RIOMET ORAL SOLUTION 500 MG/5 ML	Tier 3	MO
<b>Blood Sugar Diagnostics</b>		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	Tier 7	MO; QL
ACCU-CHEK GUIDE TEST STRIPS STRIP	Tier 7	MO; QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	Tier 7	MO; QL
ACCUTREND GLUCOSE TEST STRIPS STRIP	Tier 7	MO; QL
ADVANCED GLUC METER TEST STRIP STRIP	Tier 7	MO; QL
ADVOCATE REDI-CODE PLUS STRIP	Tier 7	MO; QL
ADVOCATE REDI-CODE STRIP	Tier 7	MO; QL
ADVOCATE TEST STRIPS STRIP	Tier 7	MO; QL
AGAMATRIX AMP TEST STRIPS STRIP	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
AGAMATRIX PRESTO TEST STRIPS STRIP	Tier 7	MO; QL
ASSURE 4 STRIPS STRIP	Tier 7	MO; QL
ASSURE PLATINUM TEST STRIP STRIP	Tier 7	MO; QL
ASSURE PRISM MULTI STRIP STRIP	Tier 7	MO; QL
BIONIME RIGHTEST TEST STRIPS STRIP	Tier 7	MO; QL
BLOOD GLUCOSE TEST STRIP	Tier 7	MO; QL
BLULINK GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
BREEZE 2 TEST STRIPS STRIP	Tier 7	MO; QL
CARESENS N TEST STRIPS STRIP	Tier 7	MO; QL
CARESENS S TEST STRIP STRIP	Tier 7	MO; QL
CARETOUCH TEST STRIP STRIP	Tier 7	MO; QL
CHOICEDM CLARUS STRIP	Tier 7	MO; QL
CLEVER CHOICE MICRO TEST STRIP STRIP	Tier 7	MO; QL
CLEVER CHOICE PRO STRIP	Tier 7	MO; QL
CLEVER CHOICE TALK TEST STRIP	Tier 7	MO; QL
CLEVER CHOICE TEST STRIPS STRIP	Tier 7	MO; QL
CLEVER CHOICE VOICE PLUS TEST STRIP	Tier 7	MO; QL



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CONTOUR NEXT TEST STRIPS STRIP	Tier 7	MO; QL
CONTOUR PLUS TEST STRIP STRIP	Tier 7	MO; QL
CONTOUR TEST STRIPS STRIP	Tier 7	MO; QL
COOL GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
DARIO BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
DIATRUE PLUS TEST STRIP STRIP	Tier 7	MO; QL
EASY GLUCO G2 STRIP	Tier 7	MO; QL
EASY PLUS II TEST STRIP	Tier 7	MO; QL
EASY STEP STRIP	Tier 7	MO; QL
EASY TALK GLUCOSE TEST STRIP	Tier 7	MO; QL
EASY TALK PLUS II TEST STRIP STRIP	Tier 7	MO; QL
EASY TOUCH BLULINK TEST STRIP STRIP	Tier 7	MO; QL
EASY TOUCH TEST STRIP STRIP	Tier 7	MO; QL
EASY TRAK GLUCOSE TEST STRIP	Tier 7	MO; QL
EASY TRAK II TEST STRIP STRIP	Tier 7	MO; QL
EASYGLUCO PLUS STRIP	Tier 7	MO; QL
EASYGLUCO TEST STRIP	Tier 7	MO; QL

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FIFTY50 TEST STRIP STRIP	Tier 7	MO; QL
FORA 6 CONNECT GLUCOSE STRIP STRIP	Tier 7	MO; QL
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	Tier 7	MO; QL
FORA D15G STRIPS STRIP	Tier 7	MO; QL
FORA D20 STRIP	Tier 7	MO; QL
FORA D40-G31 TEST STRIPS STRIP	Tier 7	MO; QL
FORA G20 STRIP	Tier 7	MO; QL
FORA G30-PREMIUM V10 TEST STRP STRIP	Tier 7	MO; QL
FORA GD50 TEST STRIPS STRIP	Tier 7	MO; QL
FORA GTEL GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
FORA TEST STRIP STRIP	Tier 7	MO; QL
FORA TN'G ADVAN PRO TEST STRIP STRIP	Tier 7	MO; QL
FORA TN'G VOICE TEST STRIPS STRIP	Tier 7	MO; QL
FORA V10 STRIP	Tier 7	MO; QL
FORA V10-V12-D10-D20 STRIPS STRIP	Tier 7	MO; QL
FORA V12 GLUCOSE STRIP	Tier 7	MO; QL
FORA V20 STRIP	Tier 7	MO; QL
FORA V30A STRIP	Tier 7	MO; QL
FORACARE GD20 STRIP	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FORACARE GD40 TEST STRIPS STRIP	Tier 7	MO; QL
FORTISCARE G1 TEST STRIP STRIP	Tier 7	MO; QL
FORTISCARE GLUCOSE TEST STRIPS STRIP	Tier 7	MO; QL
FREESTYLE INSULINX STRIP	Tier 7	MO; QL
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 7	MO; QL
FREESTYLE LITE STRIPS STRIP	Tier 7	MO; QL
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 7	MO; QL
FREESTYLE TEST STRIP	Tier 7	MO; QL
GE100 BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
GE333 BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
GENULTIMATE TEST STRIP STRIP	Tier 7	MO; QL
GLUCO NAVII TEST STRIP STRIP	Tier 7	MO; QL
GLUCOCARD 01 SENSOR PLUS STRIP	Tier 7	MO; QL
GLUCOCARD EXPRESSION STRIP	Tier 7	MO; QL
GLUCOCARD SHINE TEST STRIPS STRIP	Tier 7	MO; QL
GLUCOCARD VITAL SENSOR STRIP	Tier 7	MO; QL



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
GLUCOCARD VITAL TEST STRIPS STRIP	Tier 7	MO; QL
GLUCOCOM GLUCOSE STRIP	Tier 7	MO; QL
GM100 STRIP	Tier 7	MO; QL
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
GOODLIFE AC-302 TEST STRIP STRIP	Tier 7	MO; QL
HARMONY GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
HEALTHPRO TEST STRIPS STRIP	Tier 7	MO; QL
IGLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
IHEALTH GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
INFINITY TEST STRIPS STRIP	Tier 7	MO; QL
INFINITY VOICE TEST STRIP STRIP	Tier 7	MO; QL
MICRO BLOOD GLUCOSE STRIP	Tier 7	MO; QL
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	Tier 7	MO; QL
MICRODOT XTRA BLOOD GLUCOSE STRIP	Tier 7	MO; QL
MYGLUCOHEALTH STRIP	Tier 7	MO; QL
NEUTEK 2TEK TEST STRIPS STRIP	Tier 7	MO; QL
NOVA MAX GLUCOSE TEST STRIP	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ON CALL EXPRESS TEST STRIP STRIP	Tier 7	MO; QL
ON CALL PLUS TEST STRIP STRIP	Tier 7	MO; QL
ON CALL VIVID TEST STRIP STRIP	Tier 7	MO; QL
ONETOUCH ULTRA TEST STRIP	Tier 7	MO; QL
ONETOUCH VERIO TEST STRIPS STRIP	Tier 7	MO; QL
OPTIUM EZ STRIP	Tier 7	MO; QL
OPTIUM TEST STRIP	Tier 7	MO; QL
OPTUMRX STRIP	Tier 7	MO; QL
PHARMACIST CHOICE STRIP	Tier 7	MO; QL
PIP BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
PLATINUM TEST STRIP STRIP	Tier 7	MO; QL
PRECISION PCX PLUS TEST STRIP	Tier 7	MO; QL
PRECISION PCX TEST STRIP	Tier 7	MO; QL
PRECISION POINT OF CARE TEST STRIP	Tier 7	MO; QL
PRECISION Q-I-D TEST STRIP	Tier 7	MO; QL
PRECISION XTRA TEST STRIP	Tier 7	MO; QL
PREMIER TEST STRIP STRIP	Tier 7	MO; QL
PREMIUM V10 STRIP	Tier 7	MO; QL
PRO VOICE V8-V9 TEST STRIP STRIP	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PRODIGY NO CODING STRIP	Tier 7	MO; QL
PTS PANELS EGLU TEST STRIP STRIP	Tier 7	MO; QL
QUINTET AC STRIP	Tier 7	MO; QL
QUINTET GLUCOSE TEST STRIPS STRIP	Tier 7	MO; QL
REFUAH PLUS STRIP	Tier 7	MO; QL
RELION CONFIRM-MICRO STRIP	Tier 7	MO; QL
RELION PRIME TEST STRIPS STRIP	Tier 7	MO; QL
RELION ULTIMA STRIP	Tier 7	MO; QL
REVEAL TEST STRIP STRIP	Tier 7	MO; QL
RIGHTEST GS250S TEST STRIPS STRIP	Tier 7	MO; QL
RIGHTEST GS260 TEST STRIPS STRIP	Tier 7	MO; QL
RIGHTEST GS550 TEST STRIPS STRIP	Tier 7	MO; QL
RIGHTEST GS700 TEST STRIP STRIP	Tier 7	MO; QL
RIGHTEST GT333 TEST STRIP STRIP	Tier 7	MO; QL
RIGHTEST MAX TEST STRIP STRIP	Tier 7	MO; QL
SMART SENSE TEST STRIPS STRIP	Tier 7	MO; QL
SMARTEST TEST STRIP	Tier 7	MO; QL
SOLUS V2 TEST STRIPS STRIP	Tier 7	MO; QL
SURE-TEST EASYPLUS MINI STRIP	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TD GOLD TEST STRIP STRIP	Tier 7	MO; QL
TELCARE TEST STRIPS STRIP	Tier 7	MO; QL
TEST N'GO TEST STRIP	Tier 7	MO; QL
TRUE METRIX GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
TRUE METRIX PRO TEST STRIP STRIP	Tier 7	MO; QL
TRUETEST TEST STRIPS STRIP	Tier 7	MO; QL
TRUETRACK TEST STRIP	Tier 7	MO; QL
ULTIMA TEST STRIPS STRIP	Tier 7	MO; QL
ULTRATRAK STRIP	Tier 7	MO; QL
ULTRATRAK ULTIMATE STRIP	Tier 7	MO; QL
UNISTRIP1 TEST STRIP STRIP	Tier 7	MO; QL
VERASENS TEST STRIP STRIP	Tier 7	MO; QL
VIVAGUARD INO TEST STRIP STRIP	Tier 7	MO; QL
WAVESENSE JAZZ STRIP	Tier 7	MO; QL
WAVESENSE PRESTO STRIP	Tier 7	MO; QL
<b>Diabetic Supplies</b>		
2TEK CONTROL (HIGH-NORMAL) SOLUTION	Tier 7	MO
2TEK GLUCOSE/BLOOD PRESSURE KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	Tier 7	MO
ACCU-CHEK AVIVA PLUS METER	Tier 7	MO
ACCU-CHEK FASTCLIX LANCING DEV KIT	Tier 7	MO
ACCU-CHEK GUIDE GLUCOSE METER	Tier 7	MO
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	Tier 7	MO
ACCU-CHEK GUIDE ME GLUCOSE MTR	Tier 7	MO
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	Tier 7	MO
ACCU-CHEK SOFT DEV LANCETS KIT	Tier 7	MO
ACCUTREND GLUCOSE CONTROL SOLUTION	Tier 7	MO
ADJUSTABLE LANCING DEVICE	Tier 7	
ADVANCED GLUCOSE METER	Tier 7	MO
ADVANCED LANCING DEVICE KIT	Tier 7	MO
ADVOCATE BLOOD GLUCOSE MONITOR	Tier 7	MO
ADVOCATE CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ADVOCATE DUO DEVICE	Tier 7	
ADVOCATE LANCING DEVICE	Tier 7	
ADVOCATE LOW CONTROL SOLUTION	Tier 7	MO
ADVOCATE RAPID-SAFE LANCING	Tier 7	
ADVOCATE REDI-CODE DUO METER DEVICE	Tier 7	
ADVOCATE REDI-CODE GLU MONITOR	Tier 7	MO
ADVOCATE REDI-CODE GLU MONITOR KIT	Tier 7	MO
ADVOCATE REDI-CODE PLUS	Tier 7	MO
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	Tier 7	MO
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION	Tier 7	MO
AGAMATRIX AMP GLUC MONITOR SYS	Tier 7	MO
AGAMATRIX CONTROL HIGH SOLUTION	Tier 7	MO
AGAMATRIX CONTROL NORM-HI SOLUTION	Tier 7	MO
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION	Tier 7	MO
ALTERNATE SITE LANCING DEVICE	Tier 7	
AQUA LANCE LANCING DEVICE	Tier 7	
ASSURE 4 CONTROL SOLUTION COMBO PACK	Tier 7	MO
ASSURE DOSE NORMAL CONTROL SOLUTION	Tier 7	MO
ASSURE DOSE NORM-HI CONTROL SOLUTION	Tier 7	MO
ASSURE PLATINUM GLUCOSE METER	Tier 7	MO
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	Tier 7	MO
ASSURE PRISM MULTI METER	Tier 7	MO
AUTO-LANCET MINI	Tier 7	
AUTOLET IMPRESSION LANC DEV KIT	Tier 7	MO
AUTOLET LANCING DEVICE	Tier 7	
AUTOLET PLUS LANCING DEVICE	Tier 7	
BIONIME RIGHTEST GM300 SYSTEM KIT	Tier 7	MO
BIOTEL CARE BGM-4 METER	Tier 7	MO
<i>blood glucose contrl hi,normal solution</i>	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>blood glucose control, normal solution</i>	Tier 7	MO
<i>blood glucose ctl high,nml,low solution</i>	Tier 7	MO
BLOOD GLUCOSE MONITORING KIT	Tier 7	MO
<i>blood-glucose meter</i>	Tier 7	MO
<i>blood-glucose meter kit</i>	Tier 7	MO
BLULINK DIABETIC TEST BUNDLE KIT	Tier 7	MO
BLULINK GLUCOSE MONITOR SYSTEM	Tier 7	MO
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO
BREEZE 2 CONTROL SOLUTION, NML SOLUTION	Tier 7	MO
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	Tier 7	MO
CARELANCE ULT LANCING DEVICE	Tier 7	
CAREONE LANCING DEVICE	Tier 7	MO; QL
CARESENS CONTROL A AND B SOLUTION	Tier 7	MO
CARESENS CONTROL A NORMAL SOLUTION	Tier 7	MO
CARESENS N	Tier 7	MO
CARESENS N FELIZ BT GLUC METER	Tier 7	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Necessary Actions, Restrictions, or Limits on Use</b>
CARESENS N FELIZ GLUCOSE METER	Tier 7	MO
CARESENS N KIT	Tier 7	MO
CARESENS N VOICE	Tier 7	MO
CARESENS N VOICE KIT	Tier 7	MO
CARESENS PREM LANCING DEVICE	Tier 7	
CARESENS S CONTROL A AND B SOLUTION	Tier 7	MO
CARESENS S FIT GLUCOSE METER	Tier 7	MO
CARESOF LANCING DEVICE	Tier 7	
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	Tier 7	MO
CARETOUCH GLUCOSE MONITORING KIT	Tier 7	MO
CARETOUCH LANCING DEVICE	Tier 7	
CHOICE DM CLARUS NORM CONTROL SOLUTION	Tier 7	MO
CHOICEDM CLARUS	Tier 7	MO
CHOSEN LANCING DEVICE	Tier 7	
CLEVER CHEK BLOOD GLUCOSE	Tier 7	MO
CLEVER CHEK BLOOD GLUCOSE SYST KIT	Tier 7	MO
CLEVER CHOICE BLOOD GLUC SYS	Tier 7	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Necessary Actions, Restrictions, or Limits on Use</b>
CLEVER CHOICE GLUCOSE MONITOR	Tier 7	MO
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	Tier 7	MO
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	Tier 7	MO
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	Tier 7	MO
CLEVER CHOICE MICRO	Tier 7	MO
CLEVER CHOICE PRO	Tier 7	MO
CLEVER CHOICE TALK GLUCOSE SYS	Tier 7	MO
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	Tier 7	MO
CONTOUR CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO
CONTOUR CONTROL SOLUTION, NML SOLUTION	Tier 7	MO
CONTOUR METER	Tier 7	MO
CONTOUR METER KIT	Tier 7	MO
CONTOUR NEXT EZ METER	Tier 7	MO
CONTOUR NEXT EZ METER KIT	Tier 7	MO
CONTOUR NEXT GEN METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CONTOUR NEXT GEN METER KIT	Tier 7	MO
CONTOUR NEXT GLUCOSE METER KIT	Tier 7	MO
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION	Tier 7	MO
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	Tier 7	MO
CONTOUR NEXT METER	Tier 7	MO
CONTOUR NEXT ONE METER	Tier 7	MO
CONTOUR PLUS BLUE METER	Tier 7	MO
CONTROL AST MONITORING SYSTEM	Tier 7	MO
COOL BLOOD GLUCOSE METER	Tier 7	MO
COOL BLOOD GLUCOSE METER KIT	Tier 7	MO
COOL CONTROL A SOLUTION SOLUTION	Tier 7	MO
COOL CONTROL B SOLUTION SOLUTION	Tier 7	MO
DIATRUE CONTROL SOLN NORMAL SOLUTION	Tier 7	MO
DIATRUE CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
DIATRUE CONTROL SOLUTION LOW SOLUTION	Tier 7	MO
DIATRUE PLUS BLOOD GLUCOSE MET	Tier 7	MO
DROPLET GENTEEL LANCING DEVICE	Tier 7	
DROPLET LANCING DEVICE	Tier 7	
EASY MINI EJECT LANCING DEVICE	Tier 7	
EASY PLUS II BLOOD GLUCOSE MET	Tier 7	MO
EASY PLUS II HIGH CONTROL SOLUTION	Tier 7	MO
EASY PLUS II LOW CONTROL SOLUTION	Tier 7	MO
EASY STEP BLOOD GLUCOSE METER	Tier 7	MO
EASY STEP HIGH CONTROL SOLN SOLUTION	Tier 7	MO
EASY STEP LOW CONTROL SOLUTION SOLUTION	Tier 7	MO
EASY STEP NORMAL CONTROL SOLN SOLUTION	Tier 7	MO
EASY TALK BLOOD GLUCOSE METER	Tier 7	MO
EASY TALK HIGH CONTROL SOLUTION	Tier 7	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EASYGLUCO MONITORING SYSTEM KIT	Tier 7	MO
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	Tier 7	MO
EASYMAX 15 LEVEL 2 SOLUTION	Tier 7	MO
EASYMAX NG	Tier 7	MO
EASYMAX NG KIT	Tier 7	MO
EASYMAX NORMAL CONTROL SOLUTION	Tier 7	MO
EASYMAX T1 KIT	Tier 7	MO
EASYMAX V SPEAKING GLUCOSE SYS	Tier 7	MO
EASY-TOUCH BLOOD GLUCOSE METER	Tier 7	MO
ELEMENT COMPACT GLUCOSE METER	Tier 7	MO
ELEMENT COMPACT HIGH CONTROL SOLUTION	Tier 7	MO
ELEMENT COMPACT NORMAL CONTROL SOLUTION	Tier 7	MO
ELEMENT COMPACT V GLUCOSE MTR	Tier 7	MO
ELEMENT HIGH CONTROL SOLUTION	Tier 7	MO



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ELEMENT LOW CONTROL SOLUTION	Tier 7	MO
ELEMENT NORMAL CONTROL SOLUTION	Tier 7	MO
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	Tier 7	MO
EMBRACE BLOOD GLUCOSE SYSTEM	Tier 7	MO
EMBRACE EVO BLOOD GLUCOSE KIT KIT	Tier 7	MO
EMBRACE EVO GLUCOSE MONITOR	Tier 7	MO
EMBRACE EVO LEVEL 1 SOLUTION	Tier 7	MO
EMBRACE GLUCOSE CONTROL HIGH SOLUTION	Tier 7	MO
EMBRACE GLUCOSE CONTROL LOW SOLUTION	Tier 7	MO
EMBRACE LANCING DEVICE	Tier 7	
EMBRACE PRO GLUCOSE METER	Tier 7	MO
EMBRACE PRO SOLUTION	Tier 7	MO
EMBRACE TALK BLOOD GLUCOSE SYS KIT	Tier 7	MO
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	Tier 7	MO
EMBRACE TALK GLUCOSE MONITOR	Tier 7	MO
EMBRACE WAVE CONTROL-HIGH (L2) SOLUTION	Tier 7	MO
EMBRACE WAVE CONTROL-LOW (L1) SOLUTION	Tier 7	MO
EMBRACE WAVE PLUS GLUCOSE MTR	Tier 7	MO
EVENCARE G2	Tier 7	MO
EVENCARE G2 SOLUTION	Tier 7	MO
EVENCARE G3 CONTROL SOLUTION	Tier 7	MO
EVENCARE G3 GLUCOSE METER KIT	Tier 7	MO
EVENCARE KIT	Tier 7	MO
EVENCARE MINI GLUCOSE CONTROL SOLUTION	Tier 7	MO
EVENCARE MINI MONITOR SYSTEM	Tier 7	MO
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION	Tier 7	MO
EVENCARE SOLUTION	Tier 7	MO
EVOLUTION BLOOD GLUCOSE METER KIT	Tier 7	MO



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EVOLUTION NORMAL CONTROL SOLUTION	Tier 7	MO
EZ SMART CONTROL SOLUTION	Tier 7	MO
EZ SMART PLUS SYSTEM KIT	Tier 7	MO; QL
EZ SMART SYSTEM KIT	Tier 7	MO
FORA D10 KIT	Tier 7	MO
FORA D15 GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
FORA D20 KIT	Tier 7	MO
FORA D40D GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
FORA D40G GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
FORA G20 KIT	Tier 7	MO
FORA G30A	Tier 7	MO
FORA GD50 BLOOD GLUCOSE SYSTEM	Tier 7	MO
FORA HIGH CONTROL SOLUTION	Tier 7	MO
FORA LANCING DEVICE	Tier 7	
FORA LOW CONTROL SOLUTION	Tier 7	MO
FORA NORMAL CONTROL SOLUTION	Tier 7	MO
FORA PREMIUM V10 GLUCOSE METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FORA TEST N'GO VOICE METER	Tier 7	MO
FORA TN'G VOICE METER	Tier 7	MO
FORA V10 KIT	Tier 7	MO
FORA V12 BLOOD GLUCOSE SYSTEM	Tier 7	MO
FORA V12 BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
FORA V20 KIT	Tier 7	MO
FORA V30A	Tier 7	MO
FORA V30A KIT	Tier 7	MO
FORACARE GD20 GLUCOSE METER	Tier 7	MO
FORACARE GD40A GLUCOSE METER	Tier 7	MO
FORACARE GD40B GLUCOSE METER	Tier 7	MO
FORACARE GDH HIGH CONTROL SOLUTION	Tier 7	MO
FORACARE GDH LOW CONTROL SOLUTION	Tier 7	MO
FORACARE GDH NORMAL CONTROL SOLUTION	Tier 7	MO
FORTISCARE BLOOD GLUCOSE SYST KIT	Tier 7	MO
FORTISCARE HIGH SOLUTION	Tier 7	MO
FORTISCARE LOW SOLUTION	Tier 7	MO
FORTISCARE NORMAL SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FORTISCARE T1 BLOOD GLUC SYS	Tier 7	MO
FREESTYLE CONTROL SOLUTION	Tier 7	MO
FREESTYLE FLASH SYSTEM KIT	Tier 7	MO
FREESTYLE FREEDOM KIT	Tier 7	MO
FREESTYLE FREEDOM LITE KIT	Tier 7	MO
FREESTYLE INSULINX	Tier 7	MO
FREESTYLE LITE METER KIT	Tier 7	MO
FREESTYLE PRECISION NEO METER	Tier 7	MO
FREESTYLE SIDEKICK II KIT	Tier 7	MO
FREESTYLE SYSTEM KIT KIT	Tier 7	MO
GDRIVE KIT	Tier 7	MO
GE100 BLOOD GLUCOSE SYSTEM	Tier 7	MO
GE100 BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
GE100 CONTROL SOLUTION NORMAL SOLUTION	Tier 7	MO
GE333 BLOOD GLUCOSE SYSTEM	Tier 7	MO
GE333 CONTROL SOLUTION NORMAL SOLUTION	Tier 7	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
GLUCOCOM CONTROL NORMAL SOLUTION	Tier 7	MO
GLUCOSE CONTROL SOLUTION	Tier 7	MO
GLUCOSE KETONE CONTROL SOLN SOLUTION	Tier 7	MO
GM100 KIT	Tier 7	MO
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	Tier 7	MO
GOJJI LANCING DEVICE	Tier 7	
GOODLIFE AC-302 GLUCOSE METER	Tier 7	MO
GUARDIAN REAL-TIME GLU MONITOR	Tier 7	MO
HARMONY CONTROL L1,L3 SOLUTION	Tier 7	MO
HEALTHPRO GLUCOSE MONITOR	Tier 7	MO
HEALTHPRO HIGH-LOW CONTROL SOLUTION	Tier 7	MO
HEALTHY ACCENTS AUTOLET	Tier 7	
HYPOLANCE AST LANCING KIT	Tier 7	MO
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	Tier 7	MO
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION	Tier 7	MO
IHEALTH GLUCO PLUS METER KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
INCONTROL LANCING DEVICE	Tier 7	
INFINITY CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO
INFINITY CONTROL SOLUTION LOW SOLUTION	Tier 7	MO
INFINITY CONTROL SOLUTION NORM SOLUTION	Tier 7	MO
INFINITY METER KIT KIT	Tier 7	MO
INFINITY STARTER KIT KIT	Tier 7	MO
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	Tier 7	MO
INFINITY VOICE GLUCOSE MONITOR	Tier 7	MO
JAZZ WIRELESS 2 METER KIT KIT	Tier 7	MO
<i>lancing device</i>	Tier 7	
LANCING DEVICE WITH LANCETS	Tier 7	
<i>lancing device with lancets kit</i>	Tier 7	MO
LANCING SYSTEM	Tier 7	
LANZO LANCING DEVICE KIT	Tier 7	MO
LITE TOUCH LANCING DEVICE	Tier 7	
MEDISENSE COMBO PACK	Tier 7	MO
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
MEDISENSE GLUCOSE KETONE COMBO PACK	Tier 7	MO
MEDISENSE MID CONTROL SOLUTION	Tier 7	MO
MEDPOINT NORMAL CONTROL SOLUTION	Tier 7	MO
METER-CHECK SOLUTION	Tier 7	MO
MICRODOT BLOOD GLUCOSE SYSTEM	Tier 7	MO
MICRODOT BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
MICRODOT HIGH-LOW CONTROL SOLUTION	Tier 7	MO
MICRODOT NORMAL CONTROL SOLUTION	Tier 7	MO
MICROLET 2 LANCING DEVICE KIT	Tier 7	MO
MICROLET NEXT LANCING DEVICE KIT	Tier 7	MO
MINI LANCING DEVICE	Tier 7	
MULTI-LANCET DEVICE 2 KIT	Tier 7	MO
MYGLUCOHEALTH CONTROL SOLUTION	Tier 7	MO
MYGLUCOHEALTH KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
NOVAMAX PLUS GLU-KET SOLUTION	Tier 7	MO
ON CALL EXPRESS CONTROL SOLUTION	Tier 7	MO
ON CALL EXPRESS METER	Tier 7	MO
ON CALL EXPRESS METER KIT	Tier 7	MO
ON CALL LANCING DEVICE	Tier 7	
ON CALL PLUS CONTROL SOLUTION	Tier 7	MO
ON CALL PLUS LANCING DEVICE	Tier 7	
ON CALL PLUS METER	Tier 7	MO
ON CALL PLUS METER KIT	Tier 7	MO
ON CALL VIVID CONTROL SOLUTION	Tier 7	MO
ON CALL VIVID METER	Tier 7	MO
ON CALL VIVID METER KIT	Tier 7	MO
ON CALL VIVID PAL METER	Tier 7	MO
ON CALL VIVID PAL METER KIT	Tier 7	MO
ONETOUCH DELICA PLUS LANC DEV KIT	Tier 7	MO
ONETOUCH SOLUTIONS COMPLETE KIT	Tier 7	MO
ONETOUCH SOLUTIONS FIT KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ONETOUCH SOLUTIONS STARTER KIT	Tier 7	MO
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 7	MO; QL
ONETOUCH ULTRA CONTROL SOLUTION	Tier 7	MO
ONETOUCH ULTRA2 METER	Tier 7	MO
ONETOUCH ULTRA2 METER KIT	Tier 7	MO
ONETOUCH VERIO FLEX METER	Tier 7	MO
ONETOUCH VERIO FLEX START KIT	Tier 7	MO
ONETOUCH VERIO HIGH CONTROL SOLUTION	Tier 7	MO
ONETOUCH VERIO METER	Tier 7	MO
ONETOUCH VERIO MID CONTROL SOLUTION	Tier 7	MO
ONETOUCH VERIO REFLECT KIT	Tier 7	MO
ONETOUCH VERIO REFLECT METER	Tier 7	MO
ONETOUCH VERIO REFLECT START KIT	Tier 7	MO
OPTUMRX	Tier 7	MO
OPTUMRX KIT	Tier 7	MO
OPTUMRX SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PHARMACIST CHOICE GLUCOSE SYS	Tier 7	MO
PIP BLOOD GLUCOSE MONITOR	Tier 7	MO
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	Tier 7	MO
PLATINUM GLUCOSE METER KIT	Tier 7	MO
POGO AUTOMATIC BLOOD GLUC SYS	Tier 7	MO
PRECISION	Tier 7	MO
PRECISION GLUCOSE CONTROL SOLN COMBO PACK	Tier 7	MO
PRECISION GLUCOSE/KETONE CONTR COMBO PACK	Tier 7	MO
PRECISION XTRA MONITOR	Tier 7	MO
PREMIER BLU GLUCOSE METER	Tier 7	MO
PREMIER CLASSIC GLUCOSE METER	Tier 7	MO
PREMIER COMPACT GLUCOSE METER KIT	Tier 7	MO
PREMIER VOICE GLUCOSE METER	Tier 7	MO
PREMIUM BLOOD GLUCOSE MONITOR	Tier 7	MO
PREMIUM V10	Tier 7	MO
PRESTO PRO BLOOD GLUCOSE METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PRO VOICE V8 GLUCOSE MONITOR	Tier 7	MO
PRO VOICE V9 GLUCOSE MONITOR	Tier 7	MO
PRODIGY AUTOCODE METER KIT	Tier 7	MO
PRODIGY AUTOCODE MONITOR SYST	Tier 7	MO
PRODIGY CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	Tier 7	MO
PRODIGY LANCING DEVICE	Tier 7	
PRODIGY POCKET METER KIT	Tier 7	MO
PRODIGY VOICE GLUCOSE METER KIT	Tier 7	MO
QUINTET AC	Tier 7	MO
QUINTET BLOOD GLUCOSE METER	Tier 7	MO
REFUAH PLUS GLUCOSE CONTROL SOLUTION	Tier 7	MO
REFUAH PLUS GLUCOSE MONITOR KIT	Tier 7	MO
RELIAMED MINI LANCING DEVICE	Tier 7	
RELION ALL-IN-ONE METER KIT	Tier 7	MO
RELION CONFIRM KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
RELION MICRO GLUCOSE MONITOR	Tier 7	MO
RELION MICRO GLUCOSE MONITOR KIT	Tier 7	MO
RELION PRIME METER	Tier 7	MO
REVEAL BLOOD GLUCOSE METER KIT	Tier 7	MO
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO
RIGHTEST CONTROL SOLUTION NORM SOLUTION	Tier 7	MO
RIGHTEST GC250S CNTRL SOL NORM SOLUTION	Tier 7	MO
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION	Tier 7	MO
RIGHTEST GD500 LANCING DEVICE	Tier 7	
RIGHTEST GM250S GLUCOSE METER	Tier 7	MO
RIGHTEST GM260 GLUCOSE METER	Tier 7	MO
RIGHTEST GM550 SYSTEM KIT	Tier 7	MO
RIGHTEST GM700SB GLUCOSE METER	Tier 7	MO
RIGHTEST GT333 GLUCOSE METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION	Tier 7	MO
RIGHTEST MAX PLUS GLUCOSE MTR	Tier 7	MO
SAFE-CLIP BY MAIL DEVICE	Tier 7	MO
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	Tier 7	MO
SMART CARESENS N KIT	Tier 7	MO
SMART SENSE MONITORING SYSTEM	Tier 7	MO
SMARTDIABETES VANTAGE	Tier 7	
SMARTEST CONTROL SOLUTION	Tier 7	MO
SMARTEST EJECT KIT	Tier 7	MO
SMARTEST PERSONA GLUCOSE METER	Tier 7	MO
SMARTEST PERSONA STARTER KIT	Tier 7	MO
SMARTEST PRONTO GLUCOSE METER	Tier 7	MO
SMARTEST PRONTO STARTER KIT	Tier 7	MO
SMARTEST PROTEGE KIT	Tier 7	MO
SMARTEST SMART CODE METER KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SMARTEST TALKING METER KIT	Tier 7	MO
SOLUS V2 AUDIBLE METER	Tier 7	MO
SOLUS V2 AUDIBLE METER KIT	Tier 7	MO
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	Tier 7	MO
SOLUS V2 LANCING DEVICE KIT	Tier 7	MO
SURE COMFORT LANCING PEN	Tier 7	
SUREFLEX DEVICE WITH LANCETS KIT	Tier 7	MO
SUREFLEX LANCING DEVICE	Tier 7	
SURE-PEN LANCING DEVICE	Tier 7	
SURE-TEST EASYPLUS MINI METER	Tier 7	MO
SURE-TEST EASYPLUS MINI SOLUTION	Tier 7	MO
TD GOLD BLOOD GLUCOSE MONITOR	Tier 7	MO
TD GOLD LEVEL 1 CONTROL SOLUTION	Tier 7	MO
TD GOLD LEVEL 2 CONTROL SOLUTION	Tier 7	MO



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TD GOLD LEVEL 3 CONTROL SOLUTION	Tier 7	MO
TD GOLD VOICE GLUCOSE MONITOR	Tier 7	MO
TELCARE BGM KIT	Tier 7	MO
TELCARE BLOOD GLUCOSE KIT KIT	Tier 7	MO
TELCARE CONTROL SOLUTION	Tier 7	MO
TEST N'GO BLOOD GLUCOSE SYSTEM	Tier 7	MO
TRUE METRIX AIR GLUCOSE METER	Tier 7	MO
TRUE METRIX AIR GLUCOSE METER KIT	Tier 7	MO
TRUE METRIX GLUCOSE METER	Tier 7	MO
TRUE METRIX GLUCOSE METER KIT	Tier 7	MO
TRUE METRIX GO GLUCOSE METER	Tier 7	MO
TRUE METRIX LEVEL 1 SOLUTION	Tier 7	MO
TRUE METRIX LEVEL 2 SOLUTION	Tier 7	MO
TRUE METRIX LEVEL 3 SOLUTION	Tier 7	MO
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
TRUECONTROL LEVEL 0 SOLUTION	Tier 7	MO
TRUECONTROL LEVEL 1 SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TRUEDRAW LANCING DEVICE	Tier 7	
TRUERESULT BLOOD GLUCOSE SYSTM KIT	Tier 7	MO
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
TRUETRACK SMART SYSTEM KIT	Tier 7	MO
ULTI-LANCE	Tier 7	
ULTI-LANCE KIT	Tier 7	MO
ULTIMA MONITOR	Tier 7	MO
ULTRATRAK GLUCOSE METER	Tier 7	MO
ULTRATRAK GLUCOSE METER KIT	Tier 7	MO
ULTRATRAK HIGH-LOW CONTROL SOLUTION	Tier 7	MO
ULTRATRAK NORMAL CONTROL SOLUTION	Tier 7	MO
ULTRATRAK ULTIMATE	Tier 7	MO
ULTRATRAK ULTIMATE SOLUTION	Tier 7	MO
UNISTIK 2 COMFORT LANCET 28 GAUGE	Tier 7	MO
UNISTIK 2 DEVICE KIT	Tier 7	MO
UNISTIK 2 EXTRA LANCET 21 GAUGE	Tier 7	MO
UNISTIK 2 NORMAL LANCET 21 GAUGE	Tier 7	MO



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
UNISTIK 3 COMFORT LANCET 28 GAUGE	Tier 7	MO; QL
UNISTIK 3 DUAL LANCET 18 GAUGE	Tier 7	MO
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 7	MO; QL
UNISTRIP HIGH CONTROL SOLUTION	Tier 7	MO
UNISTRIP LOW CONTROL SOLUTION	Tier 7	MO
VERASENS BLOOD GLUCOSE METER	Tier 7	MO
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION	Tier 7	MO
VERASENS METER STARTER KIT KIT	Tier 7	MO
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	Tier 7	MO
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Tier 7	MO
VIVAGUARD INO CTRL SOLN-L2 SOLUTION	Tier 7	MO
VIVAGUARD INO GLUCOSE METER	Tier 7	MO
VIVAGUARD INO SMART GLUC METER	Tier 7	MO
VIVAGUARD LANCING DEVICE	Tier 7	
WAVESENSE AMP KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
WAVESENSE CONTROL SOLUTION SOLUTION	Tier 7	MO
WAVESENSE PRESTO	Tier 7	MO
WAVESENSE PRESTO KIT	Tier 7	MO
<b>Hyperglycemics</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	
<b>Insulins</b>		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	PA; MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 3	PA; MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	PA; MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	PA; MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	PA; MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	MO
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 3	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	MO
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>	Tier 3	PA; MO
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 3	MO
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 2	PA; MO
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 2	PA; MO
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 2	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO
<b>Urine Glucose Test Aids</b>		
DIASTIX STRIP	Tier 7	MO
NO-STICK GLUCOSE STRIP	Tier 7	MO
<b>Urine Glucose/Acetone Test Aids, Strips</b>		
KETO-DIASTIX STRIP	Tier 7	MO
<b>Ear - General Disorders</b>		
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	MO
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 2	

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Electrolyte Regulation</b>		
<b>Bicarbonate Producing/Containing Agents</b>		
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	Tier 2	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	Tier 2	
<b>Electrolyte Depleters</b>		
<i>calcium acetate(phosphate bind) oral capsule 667 mg</i>	Tier 2	MO
<i>calcium acetate(phosphate bind) oral tablet 667 mg</i>	Tier 2	MO
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 5	DS; PR; QL
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	Tier 2	MO
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 2	MO
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
<b>Electrolyte Maintenance</b>		
<i>lactated ringers intravenous parenteral solution</i>	Tier 3	
<i>ringer's intravenous parenteral solution</i>	Tier 2	
<b>Potassium Replacement</b>		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 3	MO
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 2	MO
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 2	MO
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 2	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 3	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 2	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Tier 2	MO
<b>Sodium/Saline Preparations</b>		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Tier 2	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	Tier 2	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE	Tier 2	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	Tier 2	
NORMAL SALINE FLUSH INJECTION SYRINGE	Tier 2	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 2	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 2	
<i>sodium chloride 0.9 % injection solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 2	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 2	
<i>sodium chloride intravenous solution 4 meq/ml</i>	Tier 2	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	RB; QL
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	RB; QL
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	RB; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	Tier 3	RB; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 2	RB; MO; QL
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 2	RB; DS; QL
<b>Fertility Stimulating Preparations, Non-Fsh</b>		
CLOMID ORAL TABLET 50 MG	Tier 3	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 2	
<b>Follicle Stim./Luteinizing Hormones</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	DS
<b>Follicle-Stimulating Hormone (Fsh)</b>		
GONAL-F RFF REDIRECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 5	DS
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	DS
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Human Chorionic Gonadotropin (Hcg)</b>		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 5	DS
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	DS
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	DS
<b>Endocrine Disorder - Other</b>		
<b>Adrenocorticotrophic Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5	PA; DS
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 5	PA; DS
<b>Antidiuretic And Vasopressor Hormones</b>		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 2	
<i>desmopressin nasal spray with pump 10 mcg/spray non-refrig (0.1 ml)</i>	Tier 2	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray refrig (0.1 ml)</i>	Tier 2	MO
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.</b>		
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 2	MO
<b>Bone Resorption Inhibitors</b>		
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 2	MO
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 2	MO
<i>pamidronate intravenous recon soln 90 mg</i>	Tier 6	
<i>raloxifene oral tablet 60 mg</i>	Tier 2	MO
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 5	DS
<b>Growth Hormones</b>		
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 3	PA; DS
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 3	PA

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>		
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 3	
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 5	PA; DS
<b>Menopausal Sympt Supp-Sel Estrogen Recep Modulator</b>		
OSPHENA ORAL TABLET 60 MG	Tier 3	RB; DS; QL
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	MO
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	MO
<b>Iodine Containing Agents</b>		
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 2	
<b>Thyroid Hormones</b>		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	MO
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 2	MO
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 2	MO
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 2	



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.3-1 %	Tier 3	
<b>Eye Antiinflammatory Agents</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2	MO
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.25 %	Tier 3	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 2	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSIO N 1 %	Tier 3	MO
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.12 %	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	MO
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
<b>Eye Local Anesthetics</b>		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 2	
ALTACAIN E OPHTHALMIC (EYE) DROPS 0.5 %	Tier 2	
ALTAFLUOR BENO X OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<b>Eye Sulfonamides</b>		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	Tier 2	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSIO N 10-0.2 %	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 2	
<b>Ophthalmic Antibiotics</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 2	DS; QL
<b>Ophthalmic Mast Cell Stabilizers</b>		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 2	MO
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2	MO
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 2	MO
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 2	MO
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 2 %	Tier 3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	Tier 2	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 2	MO
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 2	
<b>Eye - Miscellaneous</b>		
<b>Artificial Tears</b>		
LACRISERT OPTHALMIC (EYE) INSERT 5 MG	Tier 3	MO
<b>Eye Diagnostic Agents</b>		
BIOGLO OPTHALMIC (EYE) STRIP 1 MG	Tier 2	
GLOSTRIPS OPTHALMIC (EYE) STRIP 1 MG	Tier 2	
<b>Eye Irrigations</b>		
BALANCED SALT INTRAOCULAR SOLUTION	Tier 2	
<b>Opth Vasc. Endothelial Growth Factor Antagonists</b>		
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 6	MO
<b>Opth. Vegf-A Receptor Antag. Rcmb Mc Antibody</b>		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	Tier 6	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Fluid Replacement</b>		
<b>Iv Solutions: Dextrose-Saline</b>		
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	Tier 2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	Tier 2	
<b>Iv Solutions: Dextrose-Water</b>		
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier 2	
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<i>colchicine oral tablet 0.6 mg</i>	Tier 2	MO
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 2	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 2	ST; MO; QL
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Hematological Disorders</b>		
<b>Anticoagulants, Coumarin Type</b>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	MO
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 2	MO
<b>Antifibrinolytic Agents</b>		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	Tier 3	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 2	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 2	
<b>Antihemophilic Factors</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	DS
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 500-1,200 UNIT	Tier 5	DS
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 5	DS
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	DS
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	DS
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT	Tier 5	DS
<b>Direct Factor Xa Inhibitors</b>		
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG	Tier 3	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Factor Ix Complex (Pcc) Preparations</b>		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 5	DS
<b>Factor Ix Preparations</b>		
ALPHANINE SD INTRAVENOUS RECON SOLN 500 (+/-) UNIT	Tier 5	DS
<b>Hematinics, Other</b>		
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 5	DS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	DS
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Heparin And Related Preparations</b>		
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 2	MO
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	Tier 2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 2	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	Tier 3	MO
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Tier 3	MO
<b>Leukocyte (Wbc) Stimulants</b>		
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	DS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Plasma Expanders</b>		
<i>hetastarch 6 % in 0.9 % nacl intravenous solution 6 %</i>	Tier 2	
<b>Platelet Aggregation Inhibitors</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	MO
<i>clopidogrel oral tablet 75 mg</i>	Tier 2	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<b>Platelet Reducing Agents</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 2	MO
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg</i>	Tier 2	MO
<b>Thrombolytic Enzymes</b>		
ACTIVASE INTRAVENOUS RECON SOLN 100 MG	Tier 3	



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG	Tier 3	
<b>Thrombopoietin Receptor Agonists</b>		
ALVAIZ ORAL TABLET 18 MG, 9 MG	Tier 5	DS; QL
ALVAIZ ORAL TABLET 36 MG, 54 MG	Tier 5	DS
<b>Topical Hemostatics</b>		
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 3	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100	Tier 3	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM	Tier 3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50	Tier 3	
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50	Tier 3	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 2	
<b>Vitamin K Preparations</b>		
MEPHYTON ORAL TABLET 5 MG	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 5	DS
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 5	DS
<b>Hormonal Deficiency</b>		
<b>Androgenic Agents</b>		
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Tier 3	DS
METHITEST ORAL TABLET 10 MG	Tier 3	MO
<i>methyltestosterone oral capsule 10 mg</i>	Tier 2	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 2	DS
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 2	
<b>Estrogen/Androgen Combinations</b>		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 2	MO
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 2	MO
EEMT ORAL TABLET 1.25-2.5 MG	Tier 2	MO
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	Tier 2	MO
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 2	MO
<b>Estrogenic Agents</b>		
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 3	MO
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 2	MO
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 2	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	MO
PREMARIN INJECTION RECON SOLN 25 MG	Tier 3	
<b>Progestational Agents</b>		
GALLIFREY ORAL TABLET 5 MG	Tier 2	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	MO
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 2	MO
<b>Immunization</b>		
<b>Antisera</b>		
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	DS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	DS
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	DS
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 5	PA; DS
<b>Immunosuppression /Modulation</b>		
<b>Immunomodulators</b>		
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 6	DS
<b>Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn</b>		
SIMULECT INTRAVENOUS RECON SOLN 10 MG	Tier 6	
<b>Immunosuppressives</b>		
<i>azathioprine oral tablet 50 mg</i>	Tier 2	MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Tier 2	MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 2	MO
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 2	MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 2	MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 2	MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 2	MO
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 6	MO
<i>sirolimus oral solution 1 mg/ml</i>	Tier 5	MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 2	MO
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 2	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 2	MO
<b>Betalactams</b>		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	Tier 2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 5	DS
<b>Carbapenems (Thienamycins)</b>		
<i>ertapenem injection recon soln 1 gram</i>	Tier 5	DS
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	Tier 2	
<b>Cephalosporins - 1St Generation</b>		
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	Tier 2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	Tier 2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Cephalosporins - 2Nd Generation</b>		
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	Tier 2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	Tier 2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	Tier 2	
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2	
<i>cefotaxime injection recon soln 2 gram</i>	Tier 2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	Tier 2	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	Tier 2	
CLAFORAN INJECTION RECON SOLN 2 GRAM	Tier 3	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	Tier 3	
TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	Tier 2	
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM	Tier 3	
<b>Cephalosporins - 4Th Generation</b>		
<i>cefepime injection recon soln 1 gram, 2 gram</i>	Tier 2	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 2	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 3	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
<b>Macrolides</b>		
<i>azithromycin oral packet 1 gram</i>	Tier 2	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	MO
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 2	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
E.E.S. 400 ORAL TABLET 400 MG	Tier 2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG	Tier 2	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	Tier 3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 2	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	Tier 2	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 2	
ZITHROMAX ORAL PACKET 1 GRAM	Tier 3	MO
<b>Nitrofurantoin Derivatives</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	Tier 2	



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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i>	Tier 2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	Tier 2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	Tier 2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	Tier 3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	Tier 2	



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	Tier 2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	Tier 2	
<i>penicillin g sodium injection recon soln 5 million unit</i>	Tier 2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT	Tier 2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	Tier 2	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	Tier 3	
<b>Quinolones</b>		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	Tier 2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
<i>moxifloxacin-sod. chloride (iso) intravenous piggyback 400 mg/250 ml</i>	Tier 2	
<b>Tetracyclines</b>		
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	Tier 2	MO
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier 2	MO
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 2	MO
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 2	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 2	MO
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>minocycline oral tablet 100 mg</i>	Tier 2	MO
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 2	MO
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 2	
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	Tier 2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 5	DS
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	PA
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	Tier 5	PA; DS
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 2	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 2	
<b>Antifungal Antibiotics</b>		
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	Tier 5	DS
<i>amphotericin b injection recon soln 50 mg</i>	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	Tier 5	DS
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	Tier 5	DS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 2	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	Tier 2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	Tier 2	
<i>neomycin oral tablet 500 mg</i>	Tier 2	
<i>streptomycin intramuscular recon soln 1 gram</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 2	DS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 2	
<b>Antileptotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	MO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	DS
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 2	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	
<b>Antitubercular Antibiotics</b>		
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	
<b>Lincosamides</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 2	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	Tier 2	
<b>Vancomycin And Derivatives</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	Tier 3	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml</i>	Tier 2	
<i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg</i>	Tier 2	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 2	
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	Tier 2	
<b>Infectious Disease - Parasitic</b>		
<b>Amebacides</b>		
<i>paromomycin oral capsule 250 mg</i>	Tier 2	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	Age

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>metronidazole oral capsule 375 mg</i>	Tier 2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	Tier 2	
<i>ivermectin oral tablet 3 mg</i>	Tier 2	
<i>praziquantel oral tablet 600 mg</i>	Tier 2	
<b>Antimalarial Drugs</b>		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 2	MO
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2	
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 2	MO
DARAPRIM ORAL TABLET 25 MG	Tier 5	DS
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 2	MO
<i>mefloquine oral tablet 250 mg</i>	Tier 2	MO
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 3	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 5	DS
<b>Antiprotozoal Drugs, Miscellaneous</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 3	MO
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 2	MO
<i>pentamidine injection recon soln 300 mg</i>	Tier 2	
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral- Integrase Inhibitor And Nnrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 5	MO
<b>Antiretroviral- Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 3	MO
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	Tier 3	QL; Age
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 2	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	MO
<i>acyclovir sodium intravenous recon soln 1,000 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	MO
FLUMADINE ORAL TABLET 100 MG	Tier 3	
<i>foscarnet intravenous solution 24 mg/ml</i>	Tier 2	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Tier 3	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 2	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 2	
<i>rimantadine oral tablet 100 mg</i>	Tier 2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 2	MO
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 5	DS
<i>valganciclovir oral tablet 450 mg</i>	Tier 5	DS
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 3	MO
<i>darunavir oral tablet 600 mg, 800 mg</i>	Tier 5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 5	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Tier 5	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 2	MO; \$0 COPAY IF USED FOR PREVENTION OF HIV
TEMIXYS ORAL TABLET 300-300 MG	Tier 5	MO
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 5	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 2	MO
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	Tier 5	MO
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 5	MO
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 2	MO
<i>efavirenz oral tablet 600 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 5	MO
INTELENCE ORAL TABLET 25 MG	Tier 3	MO
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 2	MO
<i>nevirapine oral tablet 200 mg</i>	Tier 2	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 2	MO
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i>	Tier 2	MO
<i>abacavir oral tablet 300 mg</i>	Tier 2	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 2	MO
<i>emtricitabine oral capsule 200 mg</i>	Tier 2	MO
EMTRIVA ORAL CAPSULE 200 MG	Tier 3	MO
<i>lamivudine oral solution 10 mg/ml</i>	Tier 2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 2	MO
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	MO
<i>zidovudine oral capsule 100 mg</i>	Tier 2	MO
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 2	MO



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>zidovudine oral tablet 300 mg</i>	Tier 2	MO
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 2	MO
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 5	MO
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 5	MO
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 2	MO
<i>fosamprenavir oral tablet 700 mg</i>	Tier 2	MO
<i>ritonavir oral tablet 100 mg</i>	Tier 2	MO
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5	MO
<b>Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr</b>		
ISENTRESS ORAL TABLET 400 MG	Tier 5	MO
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 5	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 5	MO
<b>Artv Cmb Nucleoside, Nucleotide, &amp; Non-Nucleoside Rti</b>		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 5	MO
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 2	MO
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3	MO
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 3	MO
SYMFI ORAL TABLET 600-300-300 MG	Tier 3	MO
<b>Arv Cmb-Nrti, N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 3	MO
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3	MO
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 3	PA; DS



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Tier 5	PA; DS
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 5	PA; DS
<b>Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL TABLET 400 MG	Tier 3	DS
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i>	Tier 2	DS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 3	MO
<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
<b>Hepatitis C Treatment Agents</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	DS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	DS
<i>ribavirin oral capsule 200 mg</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA; DS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML	Tier 5	PA; DS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	Tier 6	DS
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<b>Anti- Inflammatory, Phosp hodiesterase- 4(Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 30 MG	Tier 5	DS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	Tier 5	DS
<b>Antinflammatory, Sel. Costim. Mod., T- Cell Inhibitor</b>		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 5	PA; MO
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 5	PA; MO
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 5	DS; QL
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 5	DS; QL
<b>Glucocorticoids</b>		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 2	
<i>betamethasone acet, sod phos injection suspension 6 mg/ml</i>	Tier 2	
<i>budesonide oral capsule, delayed, exte nd. release 3 mg</i>	Tier 2	
<i>cortisone oral tablet 25 mg</i>	Tier 2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 80 MG/ML	Tier 3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Tier 2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	MO
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	Tier 2	
KENALOG INJECTION SUSPENSION 10 MG/ML	Tier 6	
MEDROL ORAL TABLET 2 MG	Tier 3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 2	
<i>methylprednisolone oral tablet 16 mg, 4 mg</i>	Tier 2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	Tier 2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier 2	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	MO
<i>prednisone oral tablets, dose pack 5 mg</i>	Tier 2	MO
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	Tier 3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML	Tier 3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG	Tier 3	
<i>triamcinolone acetate injection suspension 40 mg/ml</i>	Tier 6	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Gold Salts</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	MO
<b>Interleukin-6 (Il-6) Receptor Inhibitors</b>		
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA; DS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 6	DS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 6	PA; DS
<b>Janus Kinase (Jak) Inhibitors</b>		
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA; DS
XELJANZ ORAL TABLET 10 MG	Tier 3	DS; QL
XELJANZ ORAL TABLET 5 MG	Tier 5	PA; DS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	Tier 5	PA; DS
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 2	MO
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 2	MO
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 2	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 2	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	Tier 2	
<i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml)</i>	Tier 2	
<i>bupivacaine hcl injection solution 0.5 % (5 mg/ml)</i>	Tier 6	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	Tier 2	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	Tier 2	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %)</i>	Tier 2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	Tier 2	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 2	MO
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	Tier 2	
MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000	Tier 2	
NESACAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	Tier 3	
SENSORCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.5 %-1:200,000	Tier 2	
SENSORCAINE-MPF INJECTION SOLUTION 0.75 % (7.5 MG/ML)	Tier 2	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000	Tier 2	
VIVACAINE INJECTION CARTRIDGE 0.5 %-1:200,000	Tier 2	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflammation. Colon Dx, 5-A-Salicylate, Rectal Tx</b>		
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 2	MO
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 2	MO
<b>Drug Tx-Chronic Inflammation. Colon Dx, 5-Aminosalicylate</b>		
<i>balsalazide oral capsule 750 mg</i>	Tier 2	MO
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 2	MO
<i>mesalamine oral tablet, delayed release (dr/lec) 1.2 gram</i>	Tier 2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 3	MO
<i>sulfasalazine oral tablet 500 mg</i>	Tier 2	MO
<i>sulfasalazine oral tablet, delayed release (dr/lec) 500 mg</i>	Tier 2	MO
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Irritable Bowel Agents, Guanylate Cyclase-C Agonist</b>		
TRULANCE ORAL TABLET 3 MG	Tier 3	PA; MO
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 2	MO
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 2	MO
<b>Rectal/Lower Bowel Prep., Glucocorticoid. (Non-Hemorrhagic)</b>		
COLOCORT RECTAL ENEMA 100 MG/60 ML	Tier 2	MO
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 2	MO
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	MO
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 2	MO
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Bile Salts</b>		
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 2	MO
<b>Laxatives And Cathartics</b>		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	MO
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 2	MO
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 2	PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1	
<b>Medical Supplies</b>		
<b>Durable Medical Equipment,Misc(Group 1)</b>		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
2-IN-1 LANCET DEVICE 30 GAUGE	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 7	MO; QL
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 7	MO; QL
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 7	MO; QL
ACCU-CHEK SOFTCLIX LANCETS	Tier 7	MO; QL
ACTI-LANCE LANCETS 23 GAUGE, 28 GAUGE	Tier 7	MO; QL
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
ALTERNATE SITE LANCET 26 GAUGE	Tier 7	MO; QL
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 28 GAUGE	Tier 7	MO; QL
ASSURE LANCE 28 GAUGE	Tier 7	MO; QL
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE	Tier 7	MO; QL
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	Tier 7	MO; QL
BD ULTRA FINE LANCETS 33 GAUGE	Tier 7	MO; QL
BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 7	MO; QL



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 7	MO; QL
BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 7	MO; QL
CAREONE THIN LANCET	Tier 7	MO; QL
CAREONE ULTRA THIN LANCET	Tier 7	MO; QL
CARESENS LANCETS 30 GAUGE	Tier 7	MO; QL
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 7	MO; QL
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
CHOSEN LANCET 30 GAUGE	Tier 7	MO; QL
CHOSEN SAFETY LANCET 28 GAUGE	Tier 7	MO; QL
CLEVER CHEK LANCETS 30 GAUGE	Tier 7	MO; QL
COAGUCHEK LANCETS	Tier 7	MO; QL
COLOR LANCETS 21 GAUGE	Tier 7	MO; QL
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 7	MO; QL
COMFORT LANCETS	Tier 7	MO; QL
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 7	MO; QL
DROPLET LANCETS 30 GAUGE	Tier 7	MO; QL
EASY COMFORT LANCETS 30 GAUGE	Tier 7	MO; QL
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 7	MO; QL
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 7	MO; QL
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 7	MO; QL
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 7	MO; QL
EMBRACE LANCETS 30 GAUGE	Tier 7	MO; QL
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	Tier 7	MO; QL
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 7	MO; QL
E-Z JECT THIN LANCETS 28 GAUGE	Tier 7	MO; QL
EZ SMART LANCETS 28 GAUGE	Tier 7	MO; QL
EZ-LETS 26 GAUGE	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 7	MO; QL
FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 7	MO; QL
FINGERSTIX LANCETS	Tier 7	MO; QL
FORACARE LANCETS 30 GAUGE	Tier 7	MO; QL
FREESTYLE LANCETS 28 GAUGE	Tier 7	MO; QL
FREESTYLE UNISTIK 2	Tier 7	MO; QL
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
GOJJI LANCETS 30 GAUGE	Tier 7	MO; QL
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 7	MO; QL
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 7	MO; QL
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 7	MO; QL
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
INVACARE LANCETS 30 GAUGE	Tier 7	MO; QL
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 7	MO; QL
LANCETS, SUPER THIN	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
LANCETS, THIN , 23 GAUGE, 28 GAUGE	Tier 7	MO; QL
LANCETS, ULTRA THIN , 26 GAUGE	Tier 7	MO; QL
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
MEDISENSE THIN LANCETS 28 GAUGE	Tier 7	MO; QL
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	Tier 7	MO; QL
MICRO THIN LANCETS 33 GAUGE	Tier 7	MO; QL
MICRODOT LANCET 28 GAUGE	Tier 7	MO; QL
MICROLET LANCET	Tier 7	MO; QL
MOBILE LANCETS 30 GAUGE	Tier 7	MO; QL
MONOLET LANCETS 21 GAUGE	Tier 7	MO; QL
MONOLET THIN LANCETS 28 GAUGE	Tier 7	MO; QL
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 7	MO; QL
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 7	MO; QL
NOVA SUREFLEX LANCETS	Tier 7	MO; QL
ON CALL LANCET 30 GAUGE	Tier 7	MO; QL
ON CALL PLUS LANCET 30 GAUGE	Tier 7	MO; QL
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 7	MO; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Necessary Actions, Restrictions, or Limits on Use</b>
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 7	MO; QL
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	Tier 7	MO; QL
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	Tier 7	MO; QL
ONETOUCH ULTRASOFT LANCETS	Tier 7	MO; QL
ON-THE-GO LANCETS 30 GAUGE	Tier 7	MO; QL
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 7	MO; QL
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 7	MO; QL
PRO COMFORT SAFETY LANCET 30 GAUGE	Tier 7	MO; QL
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 7	MO; QL
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 7	MO; QL
PURE COMFORT LANCETS 30 GAUGE	Tier 7	MO; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Necessary Actions, Restrictions, or Limits on Use</b>
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 7	MO; QL
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 7	MO; QL
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 7	MO; QL
RELION THIN LANCETS 26 GAUGE	Tier 7	MO; QL
RELION ULTRA THIN PLUS LANCETS	Tier 7	MO; QL
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 7	MO; QL
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 7	MO; QL
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
SAFETY-LET LANCETS 30 GAUGE	Tier 7	MO; QL
SINGLE-LET	Tier 7	MO; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Necessary Actions, Restrictions, or Limits on Use</b>
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 7	MO; QL
SMARTEST LANCET	Tier 7	MO; QL
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 7	MO; QL
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 7	MO; QL
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 7	MO; QL
SURE-TOUCH LANCET	Tier 7	MO; QL
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
TELCARE LANCETS 30 GAUGE	Tier 7	MO; QL
THIN LANCETS 26 GAUGE	Tier 7	MO; QL
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 7	MO; QL
TRUE COMFORT LANCET 30 GAUGE	Tier 7	MO; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Necessary Actions, Restrictions, or Limits on Use</b>
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 7	MO; QL
ULTILET BASIC LANCETS 30 GAUGE	Tier 7	MO; QL
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
ULTILET SAFETY LANCETS 23 GAUGE	Tier 7	MO; QL
ULTRA FINE LANCETS 30 GAUGE	Tier 7	MO; QL
ULTRA THIN II LANCETS 30 GAUGE	Tier 7	MO; QL
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 7	MO; QL
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 7	MO; QL
ULTRA TLC LANCETS	Tier 7	MO; QL
ULTRA-CARE LANCETS 30 GAUGE	Tier 7	MO; QL
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 7	MO; QL
ULTRA-THIN II LANCETS 28 GAUGE	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 7	MO; QL
UNILET EXCELITE II LANCET	Tier 7	MO; QL
UNILET EXCELITE LANCET	Tier 7	MO; QL
UNILET GP LANCET	Tier 7	MO; QL
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 7	MO; QL
UNILET LANCETS 30 GAUGE	Tier 7	MO; QL
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 7	MO; QL
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 7	MO; QL
UNISTIK 3 GENTLE 30 GAUGE	Tier 7	MO; QL
UNISTIK 3 LANCETS 21 GAUGE	Tier 7	MO; QL
UNISTIK COMFORT LANCETS 28 GAUGE	Tier 7	MO
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 7	MO; QL
UNISTIK EXTRA LANCETS 21 GAUGE	Tier 7	MO
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 7	MO
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE	Tier 7	MO; QL
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
VIVAGUARD LANCET 30 GAUGE	Tier 7	MO; QL
VIVAGUARD SAFETY LANCET 28 GAUGE	Tier 7	MO; QL
<b>Syringes And Accessories</b>		
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 7	MO
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 7	MO
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 7	MO
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 7	MO
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 7	MO
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	Tier 7	MO
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 7	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 7	MO
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 7	MO
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 7	MO
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 7	MO
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16"	Tier 7	MO

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

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



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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO
<i>insulin syringe needleless syringe 1 ml</i>	Tier 7	MO
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 7	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 7	MO
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 7	MO
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO
MINIMED SYRINGE RESERVOIR 1.8 ML	Tier 7	MO
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	Tier 7	MO

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 7	MO
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 7	MO
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	Tier 7	MO
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 7	MO
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 7	MO
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 7	MO
<b>Miscellaneous Agents</b>		
<b>Anaphylaxis Therapy Agents</b>		
ADYPHREN AMP INJECTION KIT 1 MG/ML	Tier 3	
ADYPHREN INJECTION KIT 1 MG/ML	Tier 3	
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	Tier 3	QL
EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML	Tier 2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 2	QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	Tier 2	
EPINEPHRINESNAP INJECTION KIT 1 MG/ML	Tier 3	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	Tier 3	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	Tier 2	
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	MO
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 2	MO
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
<i>sapropterin oral powder in packet 100 mg</i>	Tier 2	DS
<i>sapropterin oral tablet, soluble 100 mg</i>	Tier 2	DS
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram</i>	Tier 6	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 3	
<i>hydroxyurea oral capsule 500 mg</i>	Tier 2	MO
IFEX INTRAVENOUS RECON SOLN 3 GRAM	Tier 6	
<i>ifosfamide intravenous recon soln 3 gram</i>	Tier 6	
LEUKERAN ORAL TABLET 2 MG	Tier 3	
<i>melfalan oral tablet 2 mg</i>	Tier 2	
MYLERAN ORAL TABLET 2 MG	Tier 3	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	Tier 5	DS
<i>temozolomide oral capsule 20 mg, 5 mg</i>	Tier 2	
<i>thiotepa injection recon soln 15 mg</i>	Tier 5	DS
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg</i>	Tier 2	DS
<i>bicalutamide oral tablet 50 mg</i>	Tier 2	MO
<i>flutamide oral capsule 125 mg</i>	Tier 2	MO
XTANDI ORAL CAPSULE 40 MG	Tier 5	DS
XTANDI ORAL TABLET 80 MG	Tier 5	DS



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Antibiotic Antineoplastics</b>		
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	Tier 6	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 6	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 6	
<i>doxorubicin intravenous recon soln 50 mg</i>	Tier 6	
<i>mitomycin intravenous recon soln 40 mg, 5 mg</i>	Tier 6	
MUTAMYCIN INTRAVENOUS RECON SOLN 40 MG, 5 MG	Tier 6	
<b>Anti-Cd20 (B Lymphocyte) Monoclonal Antibody</b>		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	Tier 6	
<b>Antimetabolites</b>		
ADRUCIL INTRAVENOUS SOLUTION 5 GRAM/100 ML	Tier 6	
<i>azacitidine injection recon soln 100 mg</i>	Tier 6	
<i>capecitabine oral tablet 150 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>capecitabine oral tablet 500 mg</i>	Tier 2	MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	Tier 6	
<i>cytarabine injection solution 20 mg/ml</i>	Tier 6	
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml</i>	Tier 6	
<i>gemcitabine intravenous recon soln 200 mg</i>	Tier 6	
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	MO
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 6	MO
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 6	MO
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	MO
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	Tier 6	MO
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 5	DS
TABLOID ORAL TABLET 40 MG	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Antineoplast Egf Receptor Blocker Rcmb Mc Antibody</b>		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	Tier 6	
KANJINTI INTRAVENOUS RECON SOLN 420 MG	Tier 6	MO
<b>Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody</b>		
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 6	
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i>	Tier 2	MO
<i>exemestane oral tablet 25 mg</i>	Tier 2	MO
<i>letrozole oral tablet 2.5 mg</i>	Tier 2	MO
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
ZELBORAF ORAL TABLET 240 MG	Tier 5	DS
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Tier 3	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	DS
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 5	DS
<b>Antineoplastic Immunomodulator Agents</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 5	DS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 5	DS
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
ALECENSA ORAL CAPSULE 150 MG	Tier 3	DS
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	DS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	DS
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 5	PA; DS
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>gefitinib oral tablet 250 mg</i>	Tier 5	DS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	DS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	DS
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 2	DS
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA; DS
IMBRUVICA ORAL TABLET 420 MG	Tier 5	PA; DS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 5	DS
<i>lapatinib oral tablet 250 mg</i>	Tier 5	DS
<i>pazopanib oral tablet 200 mg</i>	Tier 5	DS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 5	DS
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 5	DS
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	DS; QL
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Antineoplastic, Anti-Programmed Death-1 (Pd-1) Mab</b>		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 6	DS
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5	DS
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG-100 MG	Tier 5	DS
<b>Antineoplastics, Miscellaneous</b>		
<i>dacarbazine intravenous recon soln 100 mg</i>	Tier 6	
<i>etoposide oral capsule 50 mg</i>	Tier 2	
LYSODREN ORAL TABLET 500 MG	Tier 3	DS
MATULANE ORAL CAPSULE 50 MG	Tier 5	DS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 2	DS
<b>Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab</b>		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 6	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	DS
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium injection recon soln 50 mg</i>	Tier 2	
<i>leucovorin calcium oral tablet 25 mg</i>	Tier 2	
<i>leucovorin calcium oral tablet 5 mg</i>	Tier 2	MO
<i>mesna oral tablet 400 mg</i>	Tier 5	DS
MESNEX ORAL TABLET 400 MG	Tier 5	DS
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<b>Steroid Antineoplastics</b>		
EMCYT ORAL CAPSULE 140 MG	Tier 5	DS
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	MO
<b>Vinca Alkaloids</b>		
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	Tier 6	
<i>vincristine intravenous solution 1 mg/ml</i>	Tier 6	
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	Tier 6	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5	PA; DS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 5	PA; DS
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	DS
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i>	Tier 2	MO; QL
<i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i>	Tier 2	MO
<i>fingolimod oral capsule 0.5 mg</i>	Tier 2	MO; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 2	DS
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 2	DS
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 2	MO
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Amyotrophic Lateral Sclerosis Agents</b>		
<i>riluzole oral tablet 50 mg</i>	Tier 2	MO
<b>Fibromyalgia Agents, Serotonin-Norepineph Ru Inhib</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	PA; MO
<b>Movement Disorders (Drug Therapy)</b>		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	MO
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 2	
ORALONE DENTAL PASTE 0.1 %	Tier 2	MO
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	Tier 2	ST; MO
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	Tier 2	ST
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	MO
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 2	
<b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 2	MO
<b>Blood Testing Preparations, In-Vitro</b>		
CARETOUCH KETONE TEST STRIP STRIP	Tier 7	MO
FORA 6 CONNECT KETONE STRIP STRIP	Tier 7	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>ketamine injection solution 100 mg/ml</i>	Tier 2	
<i>methohexital injection recon soln 500 mg</i>	Tier 2	
<b>General Inhalation Agents</b>		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 2	
<b>Metabolic Deficiency Agents</b>		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 3	MO
CARNITOR ORAL SOLUTION 100 MG/ML	Tier 3	MO
CARNITOR ORAL TABLET 330 MG	Tier 3	MO
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 2	MO
<i>levocarnitine oral tablet 330 mg</i>	Tier 2	MO
<b>Metabolic Function Diagnostics</b>		
METOPIRONE ORAL CAPSULE 250 MG	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Metallic Poison, Agents To Treat</b>		
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 5	DS
CHEMET ORAL CAPSULE 100 MG	Tier 3	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 2	MO
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 2	MO
<i>deferoxamine injection recon soln 500 mg</i>	Tier 5	DS
<i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i>	Tier 2	
<b>Needles/Needleless Devices</b>		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO

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



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 7	MO
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 7	MO
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 7	MO
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 7	MO
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 7	MO
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 7	MO
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 7	MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	Tier 7	MO
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 7	MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 7	MO
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 7	MO
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 7	MO
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 7	MO
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16"	Tier 7	MO
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16"	Tier 7	MO
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
<b>Neuromuscular Blocking Agents</b>		
BOTOX INJECTION RECON SOLN 100 UNIT	Tier 6	
<i>succinylcholine chloride injection solution 20 mg/ml</i>	Tier 2	
<b>Parenteral Amino Acid Solutions And Combinations</b>		
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 3	
SYNTHAMIN 17 WITHOUT ELYTE INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	
<b>Somatostatic Agents</b>		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 2	MO
<i>octreotide, microspheres intramuscular suspension, extended rel recon 20 mg, 30 mg</i>	Tier 5	DS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	Tier 5	DS
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 3	
<b>Urine Acetone Test Aids</b>		
KETONE CARE STRIP	Tier 7	MO
KETONE URINE TEST STRIP	Tier 7	MO
KETOSTIX STRIP	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
TRUEPLUS KETONE STRIP	Tier 7	MO
<b>Urine Test Aids, Miscellaneous</b>		
ALBUSTIX REAGENT STRIP	Tier 7	
AZO VAGINAL PH TEST STRIP STRIP	Tier 7	
CHEMSTRIP 2 STRIP	Tier 7	
CHEMSTRIP MICRAL STRIP	Tier 7	
<b>Water</b>		
BACTERIOSTATIC WATER-KANJINTI INJECTION SOLUTION	Tier 3	
BACTERIOSTATIC WATER-OGIVRI INJECTION SOLUTION	Tier 2	
BACTERIOSTATIC WATER-TRAZIMERA INJECTION SOLUTION	Tier 3	
STERILE WATER FOR INJECTION INJECTION SOLUTION	Tier 2	
<i>water for inject, bacteriostat injection solution</i>	Tier 2	
<i>water for injection, sterile injection solution</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 2	DS
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	DS
<b>Pain Management - Analgesics</b>		
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 2	
<b>Analgesics Narcotic, Anesthetic Adjunct Agents</b>		
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	Tier 2	DS
<b>Analgesics, Narcotics</b>		
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 2	PA; DS
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 2	DS; Age
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 2	DS
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	Tier 2	DS
<i>hydromorphone injection solution 1 mg/ml</i>	Tier 2	DS
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 2	DS
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 2	DS
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	Tier 2	DS
<i>hydromorphone rectal suppository 3 mg</i>	Tier 2	DS
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 2	DS
<i>methadone oral concentrate 10 mg/ml</i>	Tier 2	DS
<i>methadone oral solution 5 mg/5 ml</i>	Tier 2	DS
<i>methadone oral tablet 10 mg, 5 mg</i>	Tier 2	DS
<i>methadone oral tablet, soluble 40 mg</i>	Tier 2	DS
METHADOSE ORAL TABLET, SOLUBLE 40 MG	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	DS
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	DS
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 2	DS
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	DS
<i>oxycodone oral capsule 5 mg</i>	Tier 2	DS
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	DS
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	DS
<i>oxycodone oral tablet 10 mg, 5 mg</i>	Tier 2	DS
<i>tramadol oral tablet 50 mg</i>	Tier 2	DS; Age
<b>Antimigraine Preparations</b>		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	MO; PR
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	MO; PR
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 2	QL



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 5	ST
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 2	QL
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 2	QL
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 3	QL
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2	QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 2	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 2	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 2	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	Tier 2	QL
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 2	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 2	QL

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i>	Tier 2	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 2	QL
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 2	DS; QL; Age
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 2	DS; Age
ENDOCET ORAL TABLET 5-325 MG	Tier 2	DS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 2	DS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	DS
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	Tier 2	DS
LORCET HD ORAL TABLET 10-325 MG	Tier 2	DS
LORCET PLUS ORAL TABLET 7.5-325 MG	Tier 2	DS
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Tier 2	DS
PERCOCET ORAL TABLET 5-325 MG	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Narcotic Withdrawal Therapy Agents</b>		
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 2	DS
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
<i>benztropine injection solution 1 mg/ml</i>	Tier 2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	MO
<b>Antiparkinsonism Drugs,Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2	MO
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	MO
<i>bromocriptine oral capsule 5 mg</i>	Tier 2	MO
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
<i>entacapone oral tablet 200 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	MO
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	MO
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	MO
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	MO
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i>	Tier 2	MO
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 2	MO
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	DS
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	DS
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 3	DS
DIASTAT RECTAL KIT 2.5 MG	Tier 3	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 2	DS
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	PA; DS
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	PA; DS
<b>Anticonvulsants</b>		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 2	MO
<i>carbamazepine oral tablet 200 mg</i>	Tier 2	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 2	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 2	MO
CELONTIN ORAL CAPSULE 300 MG	Tier 3	MO
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 2	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 2	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 2	MO
EPITOL ORAL TABLET 200 MG	Tier 2	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	MO; Age
<i>ethosuximide oral capsule 250 mg</i>	Tier 2	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 2	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 2	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	MO
<i>lacosamide oral solution 10 mg/ml</i>	Tier 2	MO
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 2	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 2	MO
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	Tier 2	MO
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 2	MO
<i>methsuximide oral capsule 300 mg</i>	Tier 2	MO
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 2	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 2	MO
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	Tier 2	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	Tier 2	MO
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	MO
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 2	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 2	MO
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	MO; Age
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<b>Skeletal Muscle Disorder</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 5	DS; Age
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	Tier 3	PA; MO; Age
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 2	MO
<b>Smoking Cessation</b>		
<b>Smoking Deterrent- Nicotinic Recept.Partial Agonist</b>		
<i>varenicline tartrate oral tablet 1 mg</i>	Tier 1	
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	Tier 2	
<i>famotidine intravenous solution 10 mg/ml</i>	Tier 2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 2	MO
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 2	MO
<b>Intestinal Motility Stimulants</b>		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	Tier 2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 2	
<b>Proton-Pump Inhibitors</b>		
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i>	Tier 2	MO
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>	Tier 2	MO



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 2	MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 2	MO
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	MO
<b>Kidney Stone Agents</b>		
<i>tiopronin oral tablet 100 mg</i>	Tier 5	DS
<b>Urinary Ph Modifiers</b>		
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i>	Tier 2	MO
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Urinary Tract Analgesic Agents</b>		
RIMSO-50 INTRAVESICAL SOLUTION 50 %	Tier 6	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL
<b>Urinary Tract Antispasmodic/Anti-incontinence Agent</b>		
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 2	MO
<i>tropium oral tablet 20 mg</i>	Tier 2	MO
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 2	
VANADAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)	Tier 2	
<b>Vaginal Estrogen Preparations</b>		
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Tier 3	MO



Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 2	MO
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Folic Acid Preparations</b>		
<i>folic acid injection solution 5 mg/ml</i>	Tier 2	
<i>folic acid oral tablet 1 mg</i>	Tier 2	MO
<b>Iron Replacement</b>		
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML	Tier 3	
<b>Magnesium Salts Replacement</b>		
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	Tier 2	
<b>Mineral Replacement, Miscellaneous</b>		
ADDAMEL N INTRAVENOUS SOLUTION 5.33-0.34-0.54 MCG-MG-MG/ML	Tier 2	
COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML	Tier 2	
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<b>Multivitamin Preparations</b>		
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML	Tier 3	
<b>Vitamin A Preparations</b>		
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML	Tier 5	DS
<b>Vitamin B1 Preparations</b>		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 2	
<b>Vitamin B12 Preparations</b>		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 2	MO
DODEX INJECTION SOLUTION 1,000 MCG/ML	Tier 2	MO
<b>Vitamin B6 Preparations</b>		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 2	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	MO
OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	MO
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
<b>Zinc Replacement</b>		
<i>zinc sulfate intravenous solution 5 mg/ml</i>	Tier 2	
<b>Weight Reduction</b>		
<b>Anorexic Agents</b>		
<i>benzphetamine oral tablet 50 mg</i>	Tier 2	RB
<i>diethylpropion oral tablet 25 mg</i>	Tier 2	RB; DS
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 2	RB; DS
LOMAIRA ORAL TABLET 8 MG	Tier 2	RB
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 2	RB

Drug Name	Drug Tier	Necessary Actions, Restrictions, or Limits on Use
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 2	RB
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 2	RB
<i>phentermine oral tablet 37.5 mg</i>	Tier 2	RB
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Tier 3	PA; RB; MO
<b>Anti-Obesity - Opioid Antag/Norepi &amp; Da Reup Inhib</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 3	RB; MO

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