



## **Kaiser Permanente Colorado Commercial Marketplace 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 Individual and Small group plan being offered on or off the Colorado health insurance marketplace, *Connect for Health Colorado*. The listing does not provide information regarding specific coverage, including specific exclusions, copays, or coinsurances. That information can be found by referring to the *Evidence of Coverage* or *Individual Membership Agreement*. If you have specific questions about your prescription benefits, please contact Member Services at **303-338-3800** (TTY **711**) or toll free at 1-800-632-9700.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Some covered drugs may have additional requirements or limits on coverage. For these drugs, Kaiser Permanente may require you or your provider to get an approval from us before you fill your prescription. Additionally, when there is a national shortage of a drug, we may

limit the quantity of the drug dispensed. These restriction types are noted in the formulary list within this document.

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

Restriction Type	Guidelines	Description
AGE	Age Limits	A drug that is restricted to a specific age or age range.
PR	Physician Restrictions	A drug that is required to be written by a provider specialized in the treatment of certain conditions. For example, a drug used for cancer may be restricted to providers specialized in Oncology.
PA	Prior Authorization	A drug that requires specific medical criteria be met and requires approval by the plan prior to being dispensed for benefit.
RB	Restricted to Benefit	A drug that is restricted to a certain benefit for coverage and the cost share may be different than the tier listed.
QL	Quantity Limits	A drug that has a quantity limit.
DS	Day Supply Limits	A drug that is limited to a specific day supply.
ST	Step Therapy	A drug that requires a similar therapy be tried prior to dispensing this drug for prescription benefit.
MO	Maintenance Medication	A drug that is considered to be a maintenance medication. Note: Not all maintenance medications can be mailed from our mail order pharmacy such as high-cost drugs or drugs that require special handling.

## How to request an exception to a drug not covered on the formulary or a drug that has a restriction or limitation?

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

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

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

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

You can order refills through our mail-order service online at [kp.org/refill](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 Supply Drugs administered in a medical office
7	Tier 7	Diabetic Supplies allowed under the prescription benefit

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

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

## Table of Contents

Allergy.....	3
Antiemesis/Antivertigo.....	3
Asthma And Copd.....	4
Autonomic Nervous System Disorders.....	7
Behavioral Health - Antidepressants.....	7
Behavioral Health - Other.....	9
Cardiovascular Disease - Arrhythmia.....	12
Cardiovascular Disease - Cardiac Stimulant.....	13
Cardiovascular Disease - Hypertension.....	14
Cardiovascular Disease - Lipid Irregularity.....	18
Cardiovascular Disease - Miscellaneous Agents.....	20
Cardiovascular Disease - Vasodilation.....	20
Contraception/Oxytocics.....	21
Cough And Cold.....	27
Dermatology - Acne.....	27
Dermatology - Antiinfective.....	28
Dermatology - Antiinflammatory.....	29
Dermatology - Miscellaneous.....	31
Dermatology - Psoriasis/Eczema.....	32
Diabetes.....	33
Ear - General Disorders.....	54
Electrolyte Regulation.....	55
Endocrine Disorder - Fertility.....	57
Endocrine Disorder - Other.....	58
Endocrine Disorder - Thyroid.....	59
Eye - General Disorders.....	59
Eye - Glaucoma.....	62
Eye - Miscellaneous.....	62
Fluid Replacement.....	63
Gout And Related Diseases.....	63
Hematological Disorders.....	63
Hormonal Deficiency.....	67
Immunization.....	69
Immunosuppression/Modulation.....	69
Infectious Disease - Bacterial.....	70
Infectious Disease - Fungal.....	75
Infectious Disease - Miscellaneous.....	76
Infectious Disease - Parasitic.....	77
Infectious Disease - Viral.....	77
Inflammatory Disease.....	81
Local Anesthesia.....	85
Lower Gastrointestinal Disorders - Bowel Inflammat.....	86
Lower Gastrointestinal Disorders - Other.....	86
Medical Supplies.....	87
Miscellaneous Agents.....	100
Neoplastic Disease.....	101
Neurological Disease - Miscellaneous.....	105

Oral/Pharyngeal Disorders .....	106
Other Drugs .....	106
Other Respiratory Disorders .....	114
Pain Management - Analgesics .....	114
Parkinsons Disease .....	117
Seizure Disorder .....	117
Skeletal Muscle Disorder .....	120
Smoking Cessation .....	120
Upper Gastrointestinal Disorders - Digestive .....	120
Upper Gastrointestinal Disorders - Spastic Disease .....	121
Upper Gastrointestinal Disorders - Ulcer Disease .....	121
Urinary Tract - Functional Disorders .....	122
Vaginal Disorders .....	123
Vitamin And/Or Mineral Deficiency .....	123
Weight Reduction .....	124

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>		
MARPLAN ORAL TABLET 10 MG	Tier 3	MO
<i>phenelzine oral tablet 15 mg</i>	Tier 2	MO
<i>tranylcypromine oral tablet 10 mg</i>	Tier 2	MO
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	MO
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	MO
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	MO
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 2	MO
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<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 (Snrts)</b>		
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 2	MO
<i>venlafaxine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	MO
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<b>Tricyclic Antidepressant/Benzodiazepine Combinations</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg</i>	Tier 2	DS
<b>Tricyclic Antidepressants &amp; Rel. Non-Sele. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>amoxapine oral tablet 25 mg</i>	Tier 2	MO
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	MO
<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/ec) 333 mg</i>	Tier 2	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	MO

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



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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	DS
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 2	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	MO
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	MO
<i>risperidone oral solution 1 mg/ml</i>	Tier 2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	MO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 2	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	MO
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	MO
<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>flurazepam oral capsule 15 mg</i>	Tier 2	DS
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 2	DS
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 2	DS
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 2	DS
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 2	DS
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	DS
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 2	DS
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 2	DS
<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

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

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



Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
<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

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

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

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



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

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

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	MO
EMOQUETTE ORAL TABLET 0.15-0.03 MG	Tier 1	MO
EMZAHH ORAL TABLET 0.35 MG	Tier 1	MO
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	MO
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ERRIN ORAL TABLET 0.35 MG	Tier 1	MO
ESTARYLLA ORAL TABLET 0.25-35 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

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

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
NORLYDA ORAL TABLET 0.35 MG	Tier 1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
NYMYO ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
OCELLA ORAL TABLET 3-0.03 MG	Tier 1	MO
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

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



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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
<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; Age
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 2	DS; Age
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 2	DS; Age
<b>Narcotic Antitussive-Expectorant Combination</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 2	DS; Age

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age
<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>		
ACCUTANE 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	



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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>ketoconazole topical cream 2 %</i>	Tier 2	
<i>ketoconazole topical shampoo 2 %</i>	Tier 2	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 2	
<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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<b>Dermatology - Antiinflammatory</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
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	MO
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 2	MO
<i>clobetasol scalp solution 0.05 %</i>	Tier 2	MO
<i>clobetasol topical cream 0.05 %</i>	Tier 2	MO
<i>clobetasol topical gel 0.05 %</i>	Tier 2	MO
<i>clobetasol topical ointment 0.05 %</i>	Tier 2	MO
<i>clobetasol topical shampoo 0.05 %</i>	Tier 2	MO
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 2	MO
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>fluocinolone topical oil 0.01 %</i>	Tier 2	MO
<i>fluocinolone topical ointment 0.025 %</i>	Tier 2	MO
<i>fluocinolone topical solution 0.01 %</i>	Tier 2	MO
<i>fluocinonide topical cream 0.05 %</i>	Tier 2	MO
<i>fluocinonide topical gel 0.05 %</i>	Tier 2	MO
<i>fluocinonide topical ointment 0.05 %</i>	Tier 2	MO
<i>fluocinonide topical solution 0.05 %</i>	Tier 2	MO
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 2	MO
<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	Tier 2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	MO
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	MO
<i>mometasone topical cream 0.1 %</i>	Tier 2	MO
<i>mometasone topical ointment 0.1 %</i>	Tier 2	MO
<i>mometasone topical solution 0.1 %</i>	Tier 2	MO
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	MO
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-OMATIC TOPICAL SOLUTION 20 %	Tier 3	MO
DRYSOL TOPICAL SOLUTION 20 %	Tier 3	MO
<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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<b>Diabetes</b>		
<b>Antihyperglycemic, 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
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, Dpp-4 Inhibitors</b>		
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	PA; MO
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<b>Antihyperglycemic, SglT-2 &amp; Dpp-4 Inhibitor Comb.</b>		
STEGLUJAN ORAL TABLET 15-100 MG	Tier 3	PA; MO
<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>Antihyperglycemic, Insulin-Rel Stim. &amp; Biguanide Cmb</b>		
<i>glyburide-metformin oral tablet 5-500 mg</i>	Tier 2	MO



Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<b>Blood Sugar Diagnostics</b>		
ACCU-CHEK AVIVA PLUS TEST STRIP 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
ACCU-TREND GLUCOSE TEST STRIPS STRIP	Tier 7	MO; QL
ADVANCED GLUC METER TEST STRIP STRIP	Tier 7	MO; QL
ADVOCATE REDICODE PLUS STRIP	Tier 7	MO; QL
ADVOCATE REDICODE STRIP	Tier 7	MO; QL
ADVOCATE TEST STRIPS STRIP	Tier 7	MO; QL
AGAMATRIX AMP TEST STRIPS STRIP	Tier 7	MO; QL
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

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

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

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



Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
FORA G20 STRIP	Tier 7	MO; QL
FORA G30-PREMIUM V10 TEST STRIP 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
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

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

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

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
ADVOCATE DUO DEVICE	Tier 7	
ADVOCATE LANCING DEVICE	Tier 7	
ADVOCATE LOW CONTROL SOLUTION	Tier 7	MO
ADVOCATE RAPID-SAFE LANCING	Tier 7	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION	Tier 7	MO
ALTERNATE SITE LANCING DEVICE	Tier 7	
AQUA LANCE LANCING DEVICE	Tier 7	

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
CARESENS PREM LANCING DEVICE	Tier 7	
CARESENS S CONTROL A AND B SOLUTION	Tier 7	MO
CARESENS S FIT GLUCOSE METER	Tier 7	MO
CARESOFT 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
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

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

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

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



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

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
FORA D15 GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
FORA D20 KIT	Tier 7	MO
FORA D40D GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
FORA D40G GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
FORA G20 KIT	Tier 7	MO
FORA G30A	Tier 7	MO
FORA GD50 BLOOD GLUCOSE SYSTEM	Tier 7	MO
FORA HIGH CONTROL SOLUTION	Tier 7	MO
FORA LANCING DEVICE	Tier 7	
FORA LOW CONTROL SOLUTION	Tier 7	MO
FORA NORMAL CONTROL SOLUTION	Tier 7	MO
FORA PREMIUM V10 GLUCOSE METER	Tier 7	MO
FORA TEST N'GO VOICE METER	Tier 7	MO
FORA TN'G VOICE METER	Tier 7	MO
FORA V10 KIT	Tier 7	MO
FORA V12 BLOOD GLUCOSE SYSTEM	Tier 7	MO
FORA V12 BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
FORA V20 KIT	Tier 7	MO

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
PRECISION GLUCOSE CONTROL SOLN COMBO PACK	Tier 7	MO
PRECISION GLUCOSE/KETONE CONTR COMBO PACK	Tier 7	MO
PRECISION XTRA MONITOR	Tier 7	MO
PREMIER BLU GLUCOSE METER	Tier 7	MO
PREMIER CLASSIC GLUCOSE METER	Tier 7	MO
PREMIER COMPACT GLUCOSE METER KIT	Tier 7	MO
PREMIER VOICE GLUCOSE METER	Tier 7	MO
PREMIUM BLOOD GLUCOSE MONITOR	Tier 7	MO
PREMIUM V10	Tier 7	MO
PRESTO PRO BLOOD GLUCOSE METER	Tier 7	MO
PRO VOICE V8 GLUCOSE MONITOR	Tier 7	MO
PRO VOICE V9 GLUCOSE MONITOR	Tier 7	MO
PRODIGY AUTOCODE METER KIT	Tier 7	MO
PRODIGY AUTOCODE MONITOR SYST	Tier 7	MO
PRODIGY CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO



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

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

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

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
WAVESENSE CONTROL SOLUTION SOLUTION	Tier 7	MO
WAVESENSE PRESTO	Tier 7	MO
WAVESENSE PRESTO KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 3	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	PA
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	PA
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	MO

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
<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	
<b>Ear Preparations, Antibiotics</b>		
COLY-MYCIN S OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	

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

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

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

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



Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
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; QL
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 2	DS; RB; QL
<b>Fertility Stimulating Preparations, Non-Fsh</b>		
CLOMID ORAL TABLET 50 MG	Tier 3	RB
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 2	RB

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<b>Follicle Stim./Luteinizing Hormones</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	DS; RB
<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; RB
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	DS; RB
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 5	DS; RB
<b>Human Chorionic Gonadotropin (Hcg)</b>		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 5	DS; RB
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	DS; RB
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	DS; RB

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<b>Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.</b>		
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5	MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5	MO
<b>Bone Resorption Inhibitors</b>		
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<b>Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents</b>		
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	DS; RB; QL

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	
FML FORTE OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 2	
PRED FORTE OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	MO
PRED MILD OPTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	MO
<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 OPTHALMIC (EYE) DROPS 0.5 %	Tier 2	
ALTACAINE OPTHALMIC (EYE) DROPS 0.5 %	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ALTAFLUOR BENOX OPTHALMIC (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 OPTHALMIC (EYE) DROPS 10 %	Tier 2	
BLEPHAMIDE OPTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	Tier 3	
BLEPHAMIDE S.O.P. OPTHALMIC (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	

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<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 OPTHALMIC (EYE) DROPS 0.125 %	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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 OPTHALMIC (EYE) DROPS 0.5 %, 2 %	Tier 3	
CYCLOMYDRIL OPTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	Tier 2	
HOMATROPAIRE OPTHALMIC (EYE) DROPS 5 %	Tier 2	MO
ISOPTO ATROPINE OPTHALMIC (EYE) DROPS 1 %	Tier 3	MO
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 2	
<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	



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

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



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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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>Hemorrhheologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	MO
<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	

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

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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>oxandrolone oral tablet 2.5 mg</i>	Tier 2	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 2	DS
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 2	
<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
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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 2	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	MO
PREMARIN INJECTION RECON SOLN 25 MG	Tier 3	
<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	RB
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 2	MO

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

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

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

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



Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	Tier 2	
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefдинir oral capsule 300 mg</i>	Tier 2	
<i>cefдинir 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>cefподoxime oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i>	Tier 2	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 2	
<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	

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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(drlec) 250 mg</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (drlec) 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	
<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

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

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

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	Tier 5	DS
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	Tier 5	DS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	

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

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



Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	Tier 2	
<b>Infectious Disease - Parasitic</b>		
<b>Amebicides</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
<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

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



Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	MO
FLUMADINE ORAL TABLET 100 MG	Tier 3	
<i>foscarnet intravenous solution 24 mg/ml</i>	Tier 2	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Tier 2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 2	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 2	

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<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
RESCRIPTOR ORAL TABLET 200 MG	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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	Tier 2	MO
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG	Tier 2	MO
<i>zidovudine oral capsule 100 mg</i>	Tier 2	MO
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 2	MO
<i>zidovudine oral tablet 300 mg</i>	Tier 2	MO
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	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 2	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
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 5	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Tier 5	PA; DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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 2	DS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 2	DS
<i>ribavirin oral capsule 200 mg</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	

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 sodium 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 5	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



Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 7	MO; QL
SMARTTEST 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
LYNPARZA ORAL TABLET 100 MG	Tier 5	DS; QL
LYNPARZA ORAL TABLET 150 MG	Tier 5	DS
<i>pazopanib oral tablet 200 mg</i>	Tier 5	DS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5	PA; DS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 5	DS

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	
<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(dr/ec) 120 mg</i>	Tier 2	MO; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 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



Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<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>Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab</b>		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 5	DS
<b>Movement Disorders(Drug Therapy)</b>		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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
<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,Proges terone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG	Tier 3	

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

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

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

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 7	MO
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 7	MO
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

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

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

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

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



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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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	MO
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	MO
<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

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>methadone oral concentrate 10 mg/ml</i>	Tier 2	DS
<i>methadone oral solution 5 mg/5 ml</i>	Tier 2	DS
<i>methadone oral tablet 10 mg, 5 mg</i>	Tier 2	DS
<i>methadone oral tablet, soluble 40 mg</i>	Tier 2	DS
METHADOSE ORAL TABLET, SOLUBLE 40 MG	Tier 2	DS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	DS
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	DS
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 2	DS
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	DS
<i>oxycodone oral capsule 5 mg</i>	Tier 2	DS
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	DS
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	DS
<i>oxycodone oral tablet 10 mg, 5 mg</i>	Tier 2	DS
<i>tramadol oral tablet 50 mg</i>	Tier 2	DS; Age

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	Tier 2	QL
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 2	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 2	QL
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i>	Tier 2	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 2	QL
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 2	DS; Age
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 2	DS; Age
ENDOCET ORAL TABLET 5-325 MG	Tier 2	DS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 2	DS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
oxycodone-acetaminophen oral tablet 5-325 mg	Tier 2	DS
PERCOCET ORAL TABLET 5-325 MG	Tier 2	DS
<b>Narcotic Withdrawal Therapy Agents</b>		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 2	DS
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 2	DS
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs, Anticholinergic</b>		
benztropine injection solution 1 mg/ml	Tier 2	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	MO
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 2	MO
<b>Antiparkinsonism Drugs, Other</b>		
amantadine hcl oral capsule 100 mg	Tier 2	MO
amantadine hcl oral solution 50 mg/5 ml	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
amantadine hcl oral tablet 100 mg	Tier 2	MO
bromocriptine oral capsule 5 mg	Tier 2	MO
bromocriptine oral tablet 2.5 mg	Tier 2	MO
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	MO
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 2	MO
entacapone oral tablet 200 mg	Tier 2	MO
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 2	MO
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 2	MO
selegiline hcl oral capsule 5 mg	Tier 2	MO
selegiline hcl oral tablet 5 mg	Tier 2	MO
<b>Decarboxylase Inhibitors</b>		
carbidopa oral tablet 25 mg	Tier 2	MO
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
clobazam oral suspension 2.5 mg/ml	Tier 2	MO

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	MO
<i>lacosamide oral solution 10 mg/ml</i>	Tier 2	MO
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 2	MO
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 2	MO
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	Tier 2	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	Tier 2	MO
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	MO
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



Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<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>chlorzoxazone oral tablet 500 mg</i>	Tier 2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	Tier 3	PA; MO; Age
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	Tier 2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 2	MO
<b>Smoking Cessation</b>		
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
<i>varenicline tartrate oral tablet 1 mg</i>	Tier 1	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	
<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

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

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

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

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

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

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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
<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>diethylpropion oral tablet 25 mg</i>	Tier 2	DS; RB

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 2	DS; 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; MO; RB





<i>alprazolam</i> .....	9	AQUA LANCE LANCING		AUTOLET IMPRESSION	
ALTACAINE.....	60	DEVICE.....	39	LANC DEV.....	40
ALTAFLUOR BENOX.....	60	AQUASOL A.....	123	AUTOLET LANCING	
ALTAVERA (28).....	21	ARANELLE (28).....	21	DEVICE.....	40
ALTERNATE SITE LANCET .	87	<i>arformoterol</i> .....	5	AUTOLET PLUS LANCING	
ALTERNATE SITE		<i>aripiprazole</i> .....	10	DEVICE.....	40
LANCING DEVICE.....	39	<i>armodafinil</i> .....	11	AUTOSHIELD DUO PEN	
ALVAIZ.....	66	<i>asenapine maleate</i> .....	10	NEEDLE.....	108
ALVESCO.....	5	ASMANEX HFA.....	5	AUVI-Q.....	100
ALYACEN 1/35 (28).....	21	ASMANEX TWISTHALER.....	6	AVELOX IN NAACL (ISO-	
ALYACEN 7/7/7 (28).....	21	<i>aspirin-dipyridamole</i> .....	66	OSMOTIC).....	74
ALYQ.....	17	ASSURE 4 CONTROL		AVIANE.....	21
<i>amantadine hcl</i> .....	117	SOLUTION.....	40	AVITA.....	28
AMBISOME.....	75	ASSURE 4 STRIPS.....	34	AVONEX.....	105
<i>ambrisentan</i> .....	17	ASSURE DOSE NORMAL		AYUNA.....	21
AMICAR.....	63	CONTROL.....	40	<i>azacitidine</i> .....	102
<i>amikacin</i> .....	76	ASSURE DOSE NORM-HI		<i>azathioprine</i> .....	69
<i>amiloride</i> .....	16	CONTROL.....	40	<i>azelastine</i> .....	3
<i>amiloride-</i>		ASSURE HAEMOLANCE		<i>azithromycin</i> .....	71, 72
<i>hydrochlorothiazide</i> .....	17	PLUS.....	87	AZO VAGINAL PH TEST	
<i>aminocaproic acid</i> .....	64	ASSURE ID DUO-SHIELD ..	108	STRIP.....	114
<i>amiodarone</i> .....	12	ASSURE LANCE.....	87	<i>aztreonam</i> .....	70
<i>amitriptyline</i> .....	8	ASSURE LANCE PLUS.....	87	<i>bacitracin</i> .....	61
<i>amitriptyline-</i>		ASSURE PLATINUM		<i>bacitracin-polymyxin b</i> .....	61
<i>chlordiazepoxide</i> .....	8	GLUCOSE METER.....	40	<i>baclofen</i> .....	120
AMJEVITA(CF).....	81	ASSURE PLATINUM TEST		BACTERIOSTATIC	
AMJEVITA(CF)		STRIP.....	34	WATER-KANJINTI.....	114
AUTOINJECTOR.....	81	ASSURE PRISM CONTROL		BACTERIOSTATIC	
<i>amlodipine</i> .....	15	1-2 SOLN.....	40	WATER-OGIVRI.....	114
AMNESTEEM.....	27	ASSURE PRISM MULTI		BACTERIOSTATIC	
<i>amoxapine</i> .....	8	METER.....	40	WATER-TRAZIMERA.....	114
<i>amoxicillin</i> .....	73	ASSURE PRISM MULTI		BAL IN OIL.....	108
<i>amoxicillin-pot clavulanate</i> .....	73	STRIP.....	34	BALANCED SALT.....	63
AMPHADASE.....	32	<i>atazanavir</i> .....	80	<i>balsalazide</i> .....	86
<i>amphotericin b</i> .....	75	<i>atenolol</i> .....	15	BALZIVA (28).....	22
<i>amphotericin b liposome</i> .....	75	<i>atenolol-chlorthalidone</i> .....	15	BAQSIMI.....	53
<i>ampicillin</i> .....	73	<i>atomoxetine</i> .....	12	BAVENCIO.....	105
<i>ampicillin sodium</i> .....	73	<i>atorvastatin</i> .....	18	BD AUTOSHIELD DUO	
<i>ampicillin-sulbactam</i> .....	73	<i>atovaquone</i> .....	77	PEN NEEDLE.....	109
<i>anagrelide</i> .....	66	<i>atovaquone-proguanil</i> .....	77	BD ECLIPSE LUER-LOK.....	93
<i>anastrozole</i> .....	103	<i>atropine</i> .....	62, 121	BD INSULIN SYRINGE.....	93
ANUCORT-HC.....	86	AUBRA.....	21	BD INSULIN SYRINGE	
APRI.....	21	AUBRA EQ.....	21	(HALF UNIT).....	93
APTIVUS.....	78	AUGMENTIN.....	73	BD INSULIN SYRINGE	
AQINJECT PEN NEEDLE ...	108	AUROVELA 1.5/30 (21).....	21	MICRO-FINE.....	93
AQUA CARE SODIUM		AUROVELA 1/20 (21).....	21	BD INSULIN SYRINGE SLIP	
CHLORIDE.....	31	AUROVELA FE 1.5/30 (28)...	21	TIP.....	93
AQUA CARE STERILE		AUROVELA FE 1-20 (28).....	21	BD INSULIN SYRINGE	
WATER.....	31	AUTO-LANCET MINI.....	40	ULTRA-FINE.....	93



BD LO-DOSE MICRO-FINE IV.....	93	BIONIME RIGHTEST GM300 SYSTEM.....	40	BULLSEYE MINI SAFETY LANCETS.....	88
BD LO-DOSE ULTRA-FINE..	93	BIONIME RIGHTEST TEST STRIPS.....	34	<i>bumetanide</i> .....	16
BD MICROTAINER LANCET.....	87	BIOTEL CARE BGM-4 METER.....	40	<i>bupivacaine (pf)</i> .....	85
BD NANO 2ND GEN PEN NEEDLE.....	109	<i>bisoprolol fumarate</i> .....	15	<i>bupivacaine hcl</i> .....	85
BD POSIFLUSH NORMAL SALINE 0.9.....	56	<i>bisoprolol-</i> <i>hydrochlorothiazide</i> .....	15	<i>bupivacaine-epinephrine</i> .....	85
BD PRE-FILLED NORMAL SALINE.....	56	<i>bleomycin</i> .....	102	<i>bupivacaine-epinephrine (pf)</i> .....	85
BD PRE-FILLED SALINE BLUNT CAN.....	56	BLEPH-10.....	60	<i>buprenorphine</i> .....	115
BD SAFETYGLIDE INSULIN SYRINGE.....	93	BLEPHAMIDE.....	60	<i>buprenorphine hcl</i> .....	117
BD SAFETYGLIDE SYRINGE.....	93	BLEPHAMIDE S.O.P.....	60	<i>buprenorphine-naloxone</i> .....	117
BD ULTRA FINE LANCETS..	87	BLISOVI FE 1.5/30 (28).....	22	<i>bupropion hcl</i> .....	7
BD ULTRA-FINE II LANCETS.....	87	BLISOVI FE 1/20 (28).....	22	<i>bupropion hcl (smoking deter)</i> .....	120
BD ULTRA-FINE MINI PEN NEEDLE.....	109	<i>blood glucose contrl hi,normal</i> .....	40	<i>buspirone</i> .....	9
BD ULTRA-FINE NANO PEN NEEDLE.....	109	<i>blood glucose control, normal</i> .....	40	<i>butorphanol</i> .....	115
BD ULTRA-FINE ORIG PEN NEEDLE.....	109	<i>blood glucose ctl high,nml,low</i> .....	40	BUTTERFLY TOUCH LANCET.....	88
BD ULTRA-FINE SHORT PEN NEEDLE.....	109	BLOOD GLUCOSE MONITORING.....	40	BYOOVIZ.....	63
BD VEO INSULIN SYR (HALF UNIT).....	93	BLOOD GLUCOSE TEST....	34	<i>cabergoline</i> .....	59
BD VEO INSULIN SYRINGE UF.....	93	<i>blood-glucose meter</i> .....	40	<i>calcipotriene</i> .....	32
<i>benazepril</i> .....	14	BLULINK DIABETIC TEST BUNDLE.....	40	<i>calcitonin (salmon)</i> .....	58
<i>benzonatate</i> .....	27	BLULINK GLUCOSE MONITOR SYSTEM.....	40	<i>calcitriol</i> .....	124
<i>benztropine</i> .....	117	BLULINK GLUCOSE TEST STRIP.....	34	<i>calcium acetate(phospat bind)</i> .....	55
<i>betamethasone acet,sod phos</i> .....	82	<i>bosentan</i> .....	17	CALQUENCE (ACALABRUTINIB MAL).....	103
<i>betamethasone dipropionate</i> .....	29	BOTOX.....	113	CAMILA.....	22
<i>betamethasone valerate</i> .....	29	BREEZE 2 CONTROL SOLUTION, LOW.....	40	<i>capecitabine</i> .....	102
<i>betamethasone, augmented</i> .....	29, 30	BREEZE 2 CONTROL SOLUTION, NML.....	40	<i>captopril</i> .....	14
BETASERON.....	105	BREEZE 2 CONTROL SOLUTION,HIGH.....	40	<i>carbamazepine</i> .....	118
<i>betaxolol</i> .....	62	BREEZE 2 CONTROL SOLUTION,HIGH.....	40	<i>carbidopa</i> .....	117
<i>bethanechol chloride</i> .....	101	BREEZE 2 TEST STRIPS....	34	<i>carbidopa-levodopa</i> .....	117
<i>bicalutamide</i> .....	101	BREVITAL.....	107	<i>carboprost tromethamine</i> .....	26
BICILLIN L-A.....	73	BREYNA.....	5	CAREFINE PEN NEEDLE..	109
BIKTARVY.....	80	BRIELLYN.....	22	CARELANCE ULT LANCING DEVICE.....	40
BIOGLO.....	62	BRILINTA.....	66	CAREONE LANCING DEVICE.....	40
BIOLON.....	61	<i>brimonidine</i> .....	62	CAREONE THIN LANCET....	88
		<i>bromocriptine</i> .....	117	CAREONE ULTRA THIN LANCET.....	88
		BRUKINSA.....	103	CARESENS CONTROL A AND B.....	40
		<i>budesonide</i> .....	6, 82	CARESENS CONTROL A NORMAL.....	40
				CARESENS LANCETS.....	88
				CARESENS N.....	40
				CARESENS N FELIZ BT GLUC METER.....	40

CARESENS N FELIZ	<i>ceftazidime</i> .....	71	CLEARSHIELD SODIUM
GLUCOSE METER.....	<i>ceftriaxone</i> .....	71	CHLOR FLUSH.....
40	<i>ceftriaxone in dextrose,iso-</i>		CLEVER CHEK BLOOD
CARESENS N TEST	<i>os</i> .....	71	GLUCOSE.....
STRIPS.....	<i>cefuroxime axetil</i> .....	70	41
34	<i>cefuroxime sodium</i> .....	70, 71	CLEVER CHEK BLOOD
CARESENS N VOICE.....	<i>celecoxib</i> .....	84	GLUCOSE SYST.....
40	CELONTIN.....	118	41
CARESENS PREM	<i>cephalexin</i> .....	70	CLEVER CHEK LANCETS....
LANCING DEVICE.....	CHATEAL EQ (28).....	22	88
41	CHEMET.....	108	CLEVER CHOICE BLOOD
CARESENS S CONTROL A	CHEMSTRIP 2.....	114	GLUC SYS.....
AND B.....	CHEMSTRIP MICRAL.....	114	41
41	<i>chlordiazepoxide hcl</i> .....	9	CLEVER CHOICE
CARESENS S FIT	<i>chlordiazepoxide-clidinium</i> ..	121	GLUCOSE MONITOR.....
GLUCOSE METER.....	<i>chlorhexidine gluconate</i> .....	106	41
41	<i>chloroquine phosphate</i> .....	77	CLEVER CHOICE LEVEL 1
CARESENS S TEST STRIP..	<i>chlorpromazine</i> .....	11	CONTROL.....
34	<i>chlorthalidone</i> .....	17	41
CARESOFT LANCING	<i>chlorzoxazone</i> .....	120	CLEVER CHOICE LEVEL 2
DEVICE.....	CHOICE DM CLARUS		CONTROL.....
41	NORM CONTROL.....	41	41
CARETOUCH CONTROL	CHOICEDM CLARUS.....	34, 41	CLEVER CHOICE LEVEL 3
SOLN L2-L3.....	<i>cholecalciferol (vitamin d3)</i> ..	124	CONTROL.....
41	<i>cholestyramine (with sugar)</i> ...	19	41
CARETOUCH GLUCOSE	CHOLESTYRAMINE LIGHT..	19	CLEVER CHOICE MICRO....
MONITORING.....	<i>cholestyramine-aspartame</i> ....	19	41
41	<i>chorionic gonadotropin,</i>		CLEVER CHOICE MICRO
CARETOUCH INSULIN	<i>human</i> .....	57	TEST STRIP.....
SYRINGE.....	CHOSEN LANCET.....	88	34
93	CHOSEN LANCING		CLEVER CHOICE PRO..
CARETOUCH KETONE	DEVICE.....	41	34, 41
TEST STRIP.....	CHOSEN SAFETY LANCET..	88	CLEVER CHOICE TALK
107	<i>ciclopirox</i> .....	28	GLUCOSE SYS.....
CARETOUCH LANCING	<i>cilostazol</i> .....	66	41
DEVICE.....	CILOXAN.....	61	CLEVER CHOICE TALK
41	CIMDUO.....	78	TEST.....
CARETOUCH PEN	<i>cimetidine hcl</i> .....	121	34
NEEDLE.....	<i>cinacalcet</i> .....	58	CLEVER CHOICE TEST
109	CIPRO.....	74	STRIPS.....
CARETOUCH SAFETY	<i>ciprofloxacin</i> .....	74	34
LANCETS.....	<i>ciprofloxacin hcl</i> .....	61, 74	CLEVER CHOICE VOICE
88	<i>ciprofloxacin in 5 % dextrose</i> ..	74	PLUS TEST.....
CARETOUCH TEST STRIP..	<i>ciprofloxacin-</i>		34
34	<i>dexamethasone</i> .....	55	CLICKFINE PEN NEEDLE..
CARETOUCH TWIST	<i>citalopram</i> .....	7	109
LANCET.....	CLAFORAN.....	71	CLIMARA.....
88	CLARAVIS.....	27	68
CARNITOR.....	<i>clarithromycin</i> .....	72	<i>clindamycin hcl</i> .....
108			76
CARNITOR (SUGAR-FREE)			<i>clindamycin palmitate hcl</i> .....
.....			76
107			CLINDAMYCIN PEDIATRIC..
CARTIA XT.....			76
15			<i>clindamycin phosphate</i>
<i>carvedilol</i> .....			.....
14			28, 76, 123
<i>casprofungin</i> .....			<i>clindamycin-benzoyl</i>
75			<i>peroxide</i> .....
CATHFLO ACTIVASE.....			28
66			CLINISOL SF 15 %.....
CAVERJECT.....			113
57			<i>clobazam</i> .....
CAVERJECT IMPULSE.....			117, 118
57			<i>clobetasol</i> .....
CAYSTON.....			30
70			<i>clobetasol-emollient</i> .....
<i>cefazolin</i> .....			30
70			CLOBEX.....
<i>cefazolin in dextrose (iso-os)</i> ..			30
70			CLODAN.....
<i>cefdinir</i> .....			30
71			CLOMID.....
<i>cefepime</i> .....			57
71			<i>clomiphene citrate</i> .....
<i>cefixime</i> .....			57
71			<i>clomipramine</i> .....
<i>cefotaxime</i> .....			8
71			<i>clonazepam</i> .....
<i>cefotetan</i> .....			118
70			<i>clonidine hcl</i> .....
<i>cefpodoxime</i> .....			14
71			

<i>clopidogrel</i> .....	66	CONTOUR NEXT TEST STRIPS.....	34	<i>cytarabine (pf)</i> .....	102
<i>clotrimazole</i> .....	75	CONTOUR PLUS BLUE METER.....	42	<i>d5 % and 0.9 % sodium chloride</i> .....	63
<i>clotrimazole-betamethasone</i> .....	28	CONTOUR PLUS TEST STRIP.....	34	<i>d5 %-0.45 % sodium chloride</i> .....	63
<i>clozapine</i> .....	10	CONTOUR TEST STRIPS....	34	<i>dabigatran etexilate</i> .....	66
COAGUCHEK LANCETS.....	88	CONTROL AST MONITORING SYSTEM.....	42	<i>dacarbazine</i> .....	104
<i>codeine sulfate</i> .....	115	COOL BLOOD GLUCOSE METER.....	42	<i>dalfampridine</i> .....	106
<i>codeine-guaifenesin</i> .....	27	COOL CONTROL A SOLUTION.....	42	<i>danazol</i> .....	59
<i>colchicine</i> .....	63	COOL CONTROL B SOLUTION.....	42	<i>dantrolene</i> .....	120
<i>colesevelam</i> .....	19	COOL GLUCOSE TEST STRIP.....	34	<i>dapsone</i> .....	76
<i>colestipol</i> .....	19, 20	COPPER CHLORIDE.....	123	DARAPRIM.....	77
COLOCORT.....	86	CORDRAN TAPE LARGE ROLL.....	30	DARIO BLOOD GLUCOSE TEST STRIP.....	34
COLOR LANCETS.....	88	<i>cortisone</i> .....	82	<i>darunavir</i> .....	78
COLY-MYCIN S.....	54	CORTISPORIN-TC.....	55	<i>dasatinib</i> .....	103
COMFORT EZ INSULIN SYRINGE.....	94	CORTROPHIN GEL.....	58	DASETTA 1/35 (28).....	22
COMFORT EZ LANCETS....	88	COSENTYX.....	32	DASETTA 7/7/7 (28).....	22
COMFORT EZ PEN NEEDLES.....	109	COSENTYX (2 SYRINGES)..	32	<i>daunorubicin</i> .....	102
COMFORT LANCETS.....	88	COSENTYX PEN (2 PENS)..	32	DEBLITANE.....	22
COMFORT TOUCH PEN NEEDLE.....	109	COTELLIC.....	103	DECARA.....	124
COMFORT TOUCH PLUS SAFETY LANC.....	88	COVARYX.....	67	<i>deferasirox</i> .....	108
COMFORT TOUCH ULT THIN LANCETS.....	88	COVARYX H.S.....	67	<i>deferroxamine</i> .....	108
COMPLERA.....	80	CREON.....	120	DEPO-ESTRADIOL.....	68
COMPRO.....	3	CRIXIVAN.....	80	DEPO-MEDROL.....	82
CONSTULOSE.....	87	<i>cromolyn</i> .....	6, 61	DEPO-SUBQ PROVERA 104.....	21
CONTOUR CONTROL SOLUTION, HIGH.....	41	<i>cupric chloride</i> .....	123	DEPO-TESTOSTERONE.....	67
CONTOUR CONTROL SOLUTION, LOW.....	41	<i>cyanocobalamin (vitamin b-12)</i> .....	123	DERMAZENE.....	28
CONTOUR CONTROL SOLUTION, NML.....	41	CYCLAFEM 1/35 (28).....	22	<i>desflurane</i> .....	107
CONTOUR METER.....	41	CYCLAFEM 7/7/7 (28).....	22	<i>desipramine</i> .....	8
CONTOUR NEXT EZ METER.....	41	<i>cyclobenzaprine</i> .....	120	<i>desmopressin</i> .....	58
CONTOUR NEXT GEN METER.....	41	CYCLOGYL.....	62	<i>desogestrel-ethinyl estradiol</i> ..	22
CONTOUR NEXT GLUCOSE METER.....	41	CYCLOMYDRIL.....	62	<i>desonide</i> .....	30
CONTOUR NEXT LEV 1 CONTROL SOL.....	41	<i>cyclopentolate</i> .....	62	<i>desoximetasone</i> .....	30
CONTOUR NEXT LEV 2 CONTROL SOL.....	42	<i>cyclophosphamide</i> .....	101	<i>dexamethasone</i> .....	83
CONTOUR NEXT METER....	42	<i>cyclosporine</i> .....	61	DEXAMETHASONE INTENSOL.....	82
CONTOUR NEXT ONE METER.....	42	<i>cyclosporine modified</i> .....	69	<i>dexamethasone sodium phosphate</i> .....	59, 83
		<i>cyproheptadine</i> .....	3	<i>dexmethylphenidate</i> .....	12
		CYRED.....	22	<i>dextroamphetamine sulfate</i> .....	9
		CYRED EQ.....	22	<i>dextroamphetamine-amphetamine</i> .....	9
		CYSTAGON.....	122	<i>dextrose 5 % in water (d5w)</i> ..	63
		<i>cytarabine</i> .....	102	<i>dextrose 5%-0.2 % sod chloride</i> .....	63
				DIASTAT.....	118
				DIASTAT ACUDIAL.....	118

DIASTIX.....	54	DROPLET GENTEEL		EASY TALK GLUCOSE	
DIATRUE CONTROL SOLN		LANCING DEVICE.....	42	TEST.....	35
NORMAL.....	42	DROPLET INSULIN		EASY TALK HIGH	
DIATRUE CONTROL		SYRINGE.....	94	CONTROL.....	42
SOLUTION HIGH.....	42	DROPLET LANCETS.....	88	EASY TALK LOW	
DIATRUE CONTROL		DROPLET LANCING		CONTROL.....	42
SOLUTION LOW.....	42	DEVICE.....	42	EASY TALK PLUS II HIGH	
DIATRUE PLUS BLOOD		DROPLET PEN NEEDLE....	109	CONTROL.....	42
GLUCOSE MET.....	42	<i>drospirenone-ethinyl</i>		EASY TALK PLUS II LOW	
DIATRUE PLUS TEST		<i>estradiol</i> .....	22	CONTROL.....	42
STRIP.....	34	<i>droxidopa</i> .....	20	EASY TALK PLUS II TEST	
<i>diazepam</i> .....	9, 118	DRYSOL.....	31	STRIP.....	35
<i>diclofenac sodium</i> .....	59	DRYSOL DAB-O-MATIC.....	31	EASY TOUCH.....	110
<i>dicloxacillin</i> .....	73	<i>duloxetine</i> .....	8	EASY TOUCH BLU CTRL	
<i>dicyclomine</i> .....	121	DUPIXENT PEN.....	6	SOLN-L1,L3.....	43
<i>didanosine</i> .....	79	DUPIXENT SYRINGE.....	6	EASY TOUCH BLULINK	
<i>diethylpropion</i> .....	124	DYRENIUM.....	16	GLUC SYST.....	43
DIGITEK.....	13	E.E.S. 400.....	72	EASY TOUCH BLULINK	
DIGOX.....	13	E.E.S. GRANULES.....	72	TEST STRIP.....	35
<i>digoxin</i> .....	13	EASY COMFORT INSULIN		EASY TOUCH GLUCOSE	
<i>dihydroergotamine</i> .....	116	SYRINGE.....	94	MONITOR.....	43
DILANTIN.....	118	EASY COMFORT		EASY TOUCH HIGH-LOW	
DILANTIN INFATABS.....	118	LANCETS.....	88	CONTROL.....	43
<i>diltiazem hcl</i> .....	16	EASY COMFORT PEN		EASY TOUCH INSULIN	
DILT-XR.....	16	NEEDLES.....	109	SYRINGE.....	95
<i>dimenhydrinate</i> .....	3	EASY GLIDE INSULIN		EASY TOUCH LANCETS.....	88
<i>dimethyl fumarate</i> .....	105	SYRINGE.....	94	EASY TOUCH LANCING	
<i>diphenhydramine hcl</i> .....	3	EASY GLUCO G2.....	35	DEVICE.....	43
<i>diphenoxylate-atropine</i> .....	86	EASY MINI EJECT		EASY TOUCH LUER LOCK	
<i>dipyridamole</i> .....	66	LANCING DEVICE.....	42	INSULIN.....	95
<i>disopyramide phosphate</i> .....	13	EASY PLUS II BLOOD		EASY TOUCH PEN	
<i>disulfiram</i> .....	9	GLUCOSE MET.....	42	NEEDLE.....	110
<i>divalproex</i> .....	118	EASY PLUS II HIGH		EASY TOUCH SAFETY	
DODEX.....	124	CONTROL.....	42	LANCETS.....	88
<i>dofetilide</i> .....	13	EASY PLUS II LOW		EASY TOUCH TEST STRIP..	35
<i>donepezil</i> .....	7	CONTROL.....	42	EASY TOUCH TWIST	
<i>dorzolamide</i> .....	62	EASY PLUS II TEST.....	35	LANCETS.....	88
<i>dorzolamide-timolol</i> .....	62	EASY STEP.....	35	EASY TOUCH UNI-SLIP.....	95
DOTTI.....	68	EASY STEP BLOOD		EASY TRAK BLOOD	
DOVATO.....	77	GLUCOSE METER.....	42	GLUCOSE METER.....	43
<i>doxazosin</i> .....	14	EASY STEP HIGH		EASY TRAK GLUCOSE	
<i>doxepin</i> .....	8, 9	CONTROL SOLN.....	42	TEST.....	35
<i>doxorubicin</i> .....	102	EASY STEP LOW		EASY TRAK HIGH	
DOXY-100.....	74	CONTROL SOLUTION.....	42	CONTROL.....	43
<i>doxycycline hyclate</i> .....	74, 106	EASY STEP NORMAL		EASY TRAK II BLOOD	
<i>doxycycline monohydrate</i> .....	74, 75	CONTROL SOLN.....	42	GLUCOSE MTR.....	43
DRITHOCREME HP.....	32	EASY TALK BLOOD		EASY TRAK II CTRL SOLN-	
<i>dronabinol</i> .....	3	GLUCOSE METER.....	42	NORMAL.....	43
<i>droperidol</i> .....	11			EASY TRAK II TEST STRIP..	35



EASY TRAK LOW CONTROL.....	43	ELIGARD (6 MONTH).....	58	<i>emtricitabine-tenofovir (tdf)</i> ....	78
EASY TWIST AND CAP LANCETS.....	88	ELIXOPHYLLIN.....	6	EMTRIVA.....	79
EASYGLUCO METER.....	43	ELLA.....	22	EMZAHH.....	22
EASYGLUCO MONITORING SYSTEM.....	43	ELURYNG.....	21	ENBREL.....	81
EASYGLUCO PLUS.....	35	EMBRACE BLOOD GLUCOSE SYSTEM.....	35, 43	ENBREL SURECLICK.....	82
EASYGLUCO PLUS NORMAL CONTROL.....	43	EMBRACE EVO BLOOD GLUCOSE KIT.....	44	ENDOCET.....	116
EASYGLUCO TEST.....	35	EMBRACE EVO GLUCOSE MONITOR.....	44	ENILLORING.....	21
EASYMAX.....	35	EMBRACE EVO LEVEL 1.....	44	<i>enoxaparin</i> .....	65
EASYMAX 15 LEVEL 2.....	43	EMBRACE EVO TEST STRIPS.....	35	ENPRESSE.....	22
EASYMAX 15 TEST STRIPS.....	35	EMBRACE GLUCOSE CONTROL HIGH.....	44	ENSKYCE.....	22
EASYMAX NG.....	43	EMBRACE GLUCOSE CONTROL LOW.....	44	<i>entacapone</i> .....	117
EASYMAX NORMAL CONTROL.....	43	EMBRACE LANCETS.....	88	<i>entecavir</i> .....	81
EASYMAX T1.....	43	EMBRACE LANCING DEVICE.....	44	ENTRESTO.....	20
EASYMAX V SPEAKING GLUCOSE SYS.....	43	EMBRACE PEN NEEDLE... ..	110	ENTYVIO PEN.....	86
EASY-TOUCH BLOOD GLUCOSE METER.....	43	EMBRACE PRO.....	44	ENULOSE.....	86
EDEX.....	57	EMBRACE PRO GLUCOSE METER.....	44	EPINEPHINE PROFESSIONAL EMS.....	100
EDURANT.....	79	EMBRACE PRO TEST STRIPS.....	35	<i>epinephrine</i> .....	13, 100
EEMT.....	67	EMBRACE SAFETY LANCET.....	88	<i>epinephrine hcl</i> .....	27
EEMT HS.....	67	EMBRACE TALK BLOOD GLUCOSE SYS.....	44	EPINEPHRINE PROFESSIONAL.....	101
<i>efavirenz</i> .....	79	EMBRACE TALK CONTROL-HIGH (L2).....	44	EPINEPHRINESNAP.....	101
<i>efavirenz-lamivu-tenofov disop</i> .....	80	EMBRACE TALK CONTROL-LOW (L1).....	44	EPINEPHRINESNAP-EMS.....	101
ELEMENT COMPACT GLUCOSE METER.....	43	EMBRACE TALK GLUCOSE MONITOR.....	44	EPINEPHRINESNAP-V.....	101
ELEMENT COMPACT HIGH CONTROL.....	43	EMBRACE TALK TEST STRIPS.....	35	EPITOL.....	118
ELEMENT COMPACT NORMAL CONTROL.....	43	EMBRACE WAVE CONTROL-HIGH (L2).....	44	EPIVIR HBV.....	81
ELEMENT COMPACT TEST STRIPS.....	35	EMBRACE WAVE CONTROL-LOW (L1).....	44	<i>epplerenone</i> .....	16
ELEMENT COMPACT V GLUCOSE MTR.....	43	EMBRACE WAVE GLUCOSE TEST STRP.....	35	EPOGEN.....	65
ELEMENT HIGH CONTROL.....	43	EMBRACE WAVE PLUS GLUCOSE MTR.....	44	<i>epoprostenol</i> .....	17
ELEMENT LOW CONTROL.....	43	EMCYT.....	105	<i>epoprostenol (glycine)</i> .....	17
ELEMENT NORMAL CONTROL.....	43	EMOQUETTE.....	22	EPRONTIA.....	118
ELEMENT PLUS BLOOD GLUCOSE KIT.....	43	<i>emtricitabine</i> .....	79	ERBITUX.....	103
ELEMENT TEST STRIPS.....	35			<i>ergocalciferol (vitamin d2)</i> ... ..	124
<i>eletriptan</i> .....	116			<i>ergoloid</i> .....	21
ELIGARD (4 MONTH).....	58			ERGOMAR.....	116

ESTRACE.....	123	EZ SMART TEST.....	35	FML FORTE.....	60
<i>estradiol</i> .....	68, 123	<i>ezetimibe</i> .....	20	<i>folic acid</i> .....	123
<i>estradiol valerate</i> .....	68	EZ-LETS.....	88	FORA 6 CONNECT	
ESTRATEST F.S.....	67	FALMINA (28).....	22	GLUCOSE STRIP.....	35
<i>estrogens-</i>		<i>famciclovir</i> .....	78	FORA 6 CONNECT	
<i>methyltestosterone</i> .....	68	<i>famotidine</i> .....	121	KETONE STRIP.....	107
<i>ethacrynate sodium</i> .....	16	<i>famotidine (pf)</i> .....	121	FORA 6CONN-GTEL-TN'G	
<i>ethambutol</i> .....	76	<i>famotidine (pf)-nacl (iso-os)</i>	121	ADV STRIP.....	35
<i>ethosuximide</i> .....	118	FASENRA PEN.....	6	FORA D10.....	44
<i>ethyl chloride</i> .....	32	<i>febuxostat</i> .....	63	FORA D15 GLUCOSE-BP	
<i>ethynodiol diac-eth estradiol</i> ..	22	<i>felbamate</i> .....	118, 119	MONITOR.....	45
<i>etodolac</i> .....	84	<i>felodipine</i> .....	16	FORA D15G STRIPS.....	35
<i>etonogestrel-ethinyl estradiol</i> ..	21	FEMYNOR.....	22	FORA D20.....	35, 45
<i>etoposide</i> .....	104	<i>fenofibrate</i> .....	20	FORA D40D GLUCOSE-BP	
<i>etravirine</i> .....	79	<i>fentanyl</i> .....	115	MONITOR.....	45
EUTHYROX.....	59	<i>fentanyl citrate (pf)</i> .....	114	FORA D40G GLUCOSE-BP	
EVENCARE.....	44	FIFTY50 SAFETY SEAL		MONITOR.....	45
EVENCARE G2.....	35, 44	LANCETS.....	89	FORA D40-G31 TEST	
EVENCARE G3 CONTROL..	44	FIFTY50 TEST STRIP.....	35	STRIPS.....	35
EVENCARE G3 GLUCOSE		<i>finasteride</i> .....	122	FORA G20.....	36, 45
METER.....	44	FINE 30 UNIVERSAL		FORA G30A.....	45
EVENCARE G3 TEST.....	35	LANCETS.....	89	FORA G30-PREMIUM V10	
EVENCARE MINI		FINGERSTIX LANCETS.....	89	TEST STRP.....	36
GLUCOSE CONTROL.....	44	<i> fingolimod</i> .....	105	FORA GD50 BLOOD	
EVENCARE MINI		FIRVANQ.....	76	GLUCOSE SYSTEM.....	45
GLUCOSE TEST STR.....	35	<i>flecainide</i> .....	13	FORA GD50 TEST STRIPS..	36
EVENCARE MINI		<i>fluconazole</i> .....	75	FORA GTEL GLUCOSE	
MONITOR SYSTEM.....	44	<i>fluconazole in nacl (iso-osm)</i> ..	75	TEST STRIP.....	36
EVENCARE PROVIEW		<i>flucytosine</i> .....	75	FORA GTEL KETONE	
CONTROL-L2,L3.....	44	<i>fludrocortisone</i> .....	84	TEST STRIP.....	107
EVENCARE PROVIEW		FLUMADINE.....	78	FORA HIGH CONTROL.....	45
TEST STRIP.....	35	<i>fluocinolone</i> .....	30	FORA LANCING DEVICE.....	45
EVENCARE TEST.....	35	<i>fluocinolone and shower cap</i> ..	30	FORA LOW CONTROL.....	45
<i>everolimus (antineoplastic)</i> ..	103	<i>fluocinonide</i> .....	30	FORA NORMAL CONTROL..	45
EVOLUTION BLOOD		FLUOCINONIDE-E.....	30	FORA PREMIUM V10	
GLUCOSE METER.....	44	<i>fluocinonide-emollient</i> .....	30	GLUCOSE METER.....	45
EVOLUTION NORMAL		<i>fluorescein-proparacaine</i> .....	60	FORA TEST N'GO VOICE	
CONTROL.....	44	<i>fluorometholone</i> .....	60	METER.....	45
EVOLUTION TEST STRIPS..	35	<i>fluorouracil</i> .....	32, 102	FORA TEST STRIP.....	36
EXEL INSULIN.....	95	<i>fluoxetine</i> .....	8	FORA TN'G ADV VOICE	
<i>exemestane</i> .....	103	<i>fluphenazine decanoate</i> .....	11	KETO STRIP.....	107
EYLEA.....	63	<i>fluphenazine hcl</i> .....	11	FORA TN'G ADVAN PRO	
E-Z JECT LANCETS.....	88	<i>flurazepam</i> .....	12	TEST STRIP.....	36
E-Z JECT THIN LANCETS...	88	<i>flurbiprofen sodium</i> .....	60	FORA TN'G VOICE METER..	45
EZ SMART CONTROL.....	44	<i>flutamide</i> .....	101	FORA TN'G VOICE TEST	
EZ SMART LANCETS.....	88	<i>fluticasone propionate</i> .....	6	STRIPS.....	36
EZ SMART PLUS SYSTEM..	44	<i>fluticasone propion-</i>		FORA V10.....	36, 45
EZ SMART PLUS TEST.....	35	<i>salmeterol</i> .....	5	FORA V10-V12-D10-D20	
EZ SMART SYSTEM.....	44	<i>fluvoxamine</i> .....	8	STRIPS.....	36

FORA V12 BLOOD GLUCOSE SYSTEM.....	45	FREESTYLE PRECISION .....	95	GENULTIMATE TEST STRIP .....	36
FORA V12 GLUCOSE .....	36	FREESTYLE PRECISION NEO METER.....	46	GENVOYA.....	80
FORA V20.....	36, 45	FREESTYLE PRECISION NEO STRIPS.....	36	GIANVI (28).....	22
FORA V30A.....	36, 45	FREESTYLE SIDEKICK II.....	46	<i>glatiramer</i> .....	105
FORACARE GD20.....	36	FREESTYLE SYSTEM KIT ...	46	GLATOPA.....	106
FORACARE GD20 GLUCOSE METER.....	45	FREESTYLE TEST.....	36	GLEOSTINE.....	101
FORACARE GD40 TEST STRIPS.....	36	FREESTYLE UNISTIK 2.....	89	<i>glimepiride</i> .....	33
FORACARE GD40A GLUCOSE METER.....	45	<i>furosemide</i> .....	16	<i>glipizide</i> .....	33
FORACARE GD40B GLUCOSE METER.....	45	G TUSSIN AC.....	27	GLOSTRIPS.....	63
FORACARE GDH HIGH CONTROL.....	45	<i>gabapentin</i> .....	119	GLUCAGON EMERGENCY KIT (HUMAN).....	53
FORACARE GDH LOW CONTROL.....	45	<i>galantamine</i> .....	7	GLUCO NAVII GLUCOSE MONITOR.....	46
FORACARE GDH NORMAL CONTROL.....	45	GALLIFREY.....	68	GLUCO NAVII TEST STRIP ..	36
FORACARE LANCETS.....	89	GAMMAKED.....	69	GLUCOCARD 01 HI- NORMAL CONTROL.....	46
FORTISCARE BLOOD GLUCOSE SYST.....	45	GAMUNEX-C.....	69	GLUCOCARD 01 METER....	46
FORTISCARE G1 TEST STRIP .....	36	<i>gatifloxacin</i> .....	61	GLUCOCARD 01 NORMAL CONTROL.....	46
FORTISCARE GLUCOSE TEST STRIPS.....	36	GAVILYTE-C.....	87	GLUCOCARD 01 SENSOR PLUS.....	36
FORTISCARE HIGH.....	45	GAVILYTE-G.....	87	GLUCOCARD EXPRESSION.....	36, 46
FORTISCARE LOW.....	45	GDRIVE.....	46	GLUCOCARD SHINE.....	46
FORTISCARE NORMAL.....	45	GE100 BLOOD GLUCOSE SYSTEM.....	46	GLUCOCARD SHINE CONNEX METER.....	46
FORTISCARE T1 BLOOD GLUC SYS.....	45	GE100 BLOOD GLUCOSE TEST STRIP .....	36	GLUCOCARD SHINE EXPRESS METER.....	46
<i>fosamprenavir</i> .....	80	GE100 CONTROL SOLUTION NORMAL.....	46	GLUCOCARD SHINE METER.....	46
<i>fosaprepitant</i> .....	3	GE333 BLOOD GLUCOSE SYSTEM.....	46	GLUCOCARD SHINE METER KIT.....	46
<i>foscarnet</i> .....	78	GE333 BLOOD GLUCOSE TEST STRIP .....	36	GLUCOCARD SHINE TEST STRIPS.....	36
FOSCAVIR.....	78	GE333 CONTROL SOLUTION NORMAL.....	46	GLUCOCARD SHINE XL METER.....	46
<i>fosfomycin tromethamine</i> .....	71	<i>gefitinib</i> .....	104	GLUCOCARD VITAL.....	46
FREESTYLE CONTROL.....	45	GELFILM.....	114	GLUCOCARD VITAL SENSOR.....	36
FREESTYLE FLASH SYSTEM.....	45	GELFOAM COMPRESSED SIZE 100.....	67	GLUCOCARD VITAL TEST STRIPS.....	36
FREESTYLE FREEDOM.....	45	GELFOAM SPONGE SIZE 100.....	67	GLUCOCOM BLOOD GLUCOSE.....	46
FREESTYLE FREEDOM LITE.....	45	GELFOAM SPONGE SIZE 12-7MM.....	67	GLUCOCOM CONTROL HIGH.....	46
FREESTYLE INSULINX..	36, 46	GELFOAM SPONGE SIZE 50.....	67	GLUCOCOM CONTROL NORMAL.....	46
FREESTYLE INSULINX TEST STRIPS.....	36	<i>gemcitabine</i> .....	102	GLUCOCOM GLUCOSE.....	36
FREESTYLE LANCETS.....	89	<i>gemfibrozil</i> .....	20		
FREESTYLE LITE METER...	46	GENERLAC.....	86		
FREESTYLE LITE STRIPS...	36	GENGRAF.....	69		
		GENTAK.....	61		
		<i>gentamicin</i> .....	28, 61, 76		
		<i>gentamicin sulfate (ped) (pf)</i> ..	76		



GLUCOCOM LANCETS.....	89	HEALTHPRO TEST STRIPS	37	<i>hydrocodone-</i>	
GLUCOSE CONTROL.....	46	HEALTHWISE INSULIN		<i>chlorpheniramine</i> .....	27
GLUCOSE KETONE		SYRINGE.....	95	<i>hydrocodone-homatropine</i> .....	27
CONTROL SOLN.....	46	HEALTHWISE PEN		<i>hydrocortisone</i> .....	30, 31, 83, 86
<i>glyburide</i> .....	33	NEEDLE.....	110	<i>hydrocortisone acetate</i> .....	86
<i>glyburide-metformin</i> .....	33	HEALTHY ACCENTS		<i>hydrocortisone butyrate</i> .....	30
<i>glycopyrrolate</i> .....	121	AUTOLET.....	47	<i>hydrocortisone butyr-</i>	
GM100.....	36, 46	HEALTHY ACCENTS		<i>emollient</i> .....	30
GOJJI BLOOD GLUCOSE		UNIFINE PENTIP.....	110	<i>hydrocortisone sod</i>	
TEST STRIP.....	36	HEALTHY ACCENTS		<i>succinate</i> .....	83
GOJJI BLOOD KETONE		UNILET LANCET.....	89	<i>hydrocortisone-acetic acid</i> .....	54
TEST STRIP.....	107	HEATHER.....	23	<i>hydrocortisone-iodoquinol</i> .....	28
GOJJI GLUCOSE CNTRL		HEMABATE.....	26	HYDROMET.....	27
SOL-NORMAL.....	46	HEMOPIL M HIGH.....	64	<i>hydromorphone</i> .....	115
GOJJI LANCETS.....	89	HEP FLUSH-10 (PF).....	65	<i>hydromorphone (pf)</i> .....	115
GOJJI LANCING DEVICE....	47	<i>heparin (porcine)</i> .....	65	<i>hydroxychloroquine</i> .....	77
GOLYTELY.....	87	<i>heparin (porcine) in 5 % dex</i> ..	65	<i>hydroxyurea</i> .....	101
GONAL-F.....	57	<i>heparin lock flush (porcine)</i> ...	65	<i>hydroxyzine hcl</i> .....	3
GONAL-F RFF.....	57	HEPARIN		HYPERTET (PF).....	69
GONAL-F RFF REDI-JECT...	57	LOCKFLUSH(PORCINE)(PF		HYPOLANCE AST	
GOODLIFE AC-302		).....	65	LANCING.....	47
GLUCOSE METER.....	47	<i>heparin, porcine (pf)</i> .....	65	HYQVIA.....	69
GOODLIFE AC-302 TEST		<i>hetastarch 6 % in 0.9 % nacl</i> ..	66	IBRANCE.....	104
STRIP.....	36	HIZENTRA.....	69	IBU.....	84
<i>granisetron hcl</i> .....	3	HOMATROPAIRE.....	62	<i>ibuprofen</i> .....	84
GRANIX.....	66	HUMALOG JUNIOR		<i>icatibant</i> .....	82
<i>griseofulvin microsize</i> .....	75	KWIKPEN U-100.....	53	IFEX.....	101
<i>griseofulvin ultramicrosize</i> ....	75	HUMALOG KWIKPEN		<i>ifosfamide</i> .....	101
GUAIFENESIN AC.....	27	INSULIN.....	53	IGLUCOSE BLOOD	
<i>guanfacine</i> .....	12, 15	HUMALOG U-100 INSULIN..	53	GLUCOSE MONITOR.....	47
GUARDIAN REAL-TIME		HUMATE-P.....	64	IGLUCOSE TEST STRIP.....	37
GLU MONITOR.....	47	HUMIRA(CF).....	82	IHEALTH CONTROL SOLN	
HAILEY.....	23	HUMULIN 70/30 U-100		LEVEL 2.....	47
HAILEY FE 1.5/30 (28).....	23	INSULIN.....	53	IHEALTH GLUCO PLUS	
HAILEY FE 1/20 (28).....	23	HUMULIN N NPH INSULIN		METER.....	47
<i>halobetasol propionate</i> .....	30	KWIKPEN.....	54	IHEALTH GLUCOSE TEST	
HALOETTE.....	21	HUMULIN N NPH U-100		STRIP.....	37
<i>haloperidol</i> .....	11	INSULIN.....	54	<i>imatinib</i> .....	104
<i>haloperidol decanoate</i> .....	11	HUMULIN R REGULAR U-		IMBRUVICA.....	104
<i>haloperidol lactate</i> .....	11	100 INSULN.....	54	IMFINZI.....	105
HARMONY CONTROL		HUMULIN R U-500 (CONC)		<i>imipenem-cilastatin</i> .....	70
L1,L3.....	47	INSULIN.....	54	<i>imipramine hcl</i> .....	9
HARMONY GLUCOSE		HUMULIN R U-500 (CONC)		<i>imiquimod</i> .....	69
TEST STRIP.....	37	KWIKPEN.....	54	INCASSIA.....	23
HEALON PRO.....	61	<i>hydralazine</i> .....	15	INCONTROL LANCING	
HEALTHPRO GLUCOSE		<i>hydrochlorothiazide</i> .....	18	DEVICE.....	47
MONITOR.....	47	<i>hydrocodone-</i>		INCONTROL PEN NEEDLE	110
HEALTHPRO HIGH-LOW		<i>acetaminophen</i> .....	116	INCONTROL SUPER THIN	
CONTROL.....	47			LANCETS.....	89

INCONTROL ULTRA THIN	JAZZ WIRELESS 2 METER	LANCETS,ULTRA THIN.....	89
LANCETS.....	KIT.....	<i>lancing device</i> .....	47
<i>indomethacin</i> .....	JENCYCLA.....	LANCING DEVICE WITH	
INFINITY CONTROL	JULEBER.....	LANCETS.....	47
SOLUTION HIGH.....	JULUCA.....	<i>lancing device with lancets</i> ....	47
INFINITY CONTROL	JUNEL 1.5/30 (21).....	LANCING SYSTEM.....	47
SOLUTION LOW.....	JUNEL 1/20 (21).....	<i>lansoprazole</i> .....	122
INFINITY CONTROL	JUNEL FE 1.5/30 (28).....	LANZO LANCING DEVICE...	47
SOLUTION NORM.....	JUNEL FE 1/20 (28).....	<i>lapatinib</i> .....	104
INFINITY METER KIT.....	KALLIGA.....	LARIN 1.5/30 (21).....	23
INFINITY STARTER KIT.....	KANJINTI.....	LARIN 1/20 (21).....	23
INFINITY TEST STRIPS.....	KATERZIA.....	LARIN FE 1.5/30 (28).....	23
INFINITY VOICE CTRL	KELNOR 1/35 (28).....	LARIN FE 1/20 (28).....	23
SOLN-LVL 2.....	KELNOR 1/50 (28).....	LARISSIA.....	23
INFINITY VOICE GLUCOSE	KENALOG.....	<i>latanoprost</i> .....	62
MONITOR.....	<i>ketamine</i> .....	<i>ledipasvir-sofosbuvir</i> .....	80
INFINITY VOICE TEST	<i>ketoconazole</i> .....	LEENA 28.....	23
STRIP.....	KETO-DIASTIX.....	<i>leflunomide</i> .....	82
INFLECTRA.....	KETONE CARE.....	<i>lenalidomide</i> .....	103
INFUVITE ADULT.....	KETONE URINE TEST.....	LESSINA.....	23
INJECT EASE LANCETS.....	<i>ketoprofen</i> .....	<i>letrozole</i> .....	103
<i>insulin degludec</i> .....	<i>ketorolac</i> .....	<i>leucovorin calcium</i> .....	105
<i>insulin glargine-yfgn</i> .....	KETOSTIX.....	LEUKERAN.....	101
<i>insulin lispro</i> .....	KEYTRUDA.....	<i>levabuterol hcl</i> .....	4
INSULIN SYRINGE.....	KINERET.....	<i>levabuterol tartrate</i> .....	4
INSULIN SYRINGE	KIONEX (WITH SORBITOL).	<i>levetiracetam</i> .....	119
MICROFINE.....	KISQALI.....	<i>levobunolol</i> .....	62
<i>insulin syringe needleless</i> .....	KLAYESTA.....	<i>levocarnitine</i> .....	108
<i>insulin syringe-needle u-100</i> ..	KLOR-CON 10.....	<i>levocarnitine (with sugar)</i> ....	108
INSUPEN PEN NEEDLE.....	KLOR-CON 8.....	<i>levofloxacin</i> .....	74
INTELENCE.....	KLOR-CON M10.....	<i>levofloxacin in d5w</i> .....	74
INTRON A.....	KLOR-CON M20.....	LEVONEST (28).....	23
INVACARE LANCETS.....	KOATE.....	<i>levonorgestrel-ethinyl estrad.</i>	24
<i>ipratropium bromide</i> .....	KOGENATE FS.....	<i>levonorg-eth estrad triphasic.</i>	24
<i>ipratropium-albuterol</i> .....	KOVALTRY.....	LEVORA-28.....	24
ISENTRESS.....	K-PHOS ORIGINAL.....	<i>levothyroxine</i> .....	59
ISIBLOOM.....	K-TAB.....	<i>lidocaine</i> .....	32
<i>isoflurane</i> .....	KURVELO (28).....	<i>lidocaine (pf)</i> .....	13, 85
<i>isoniazid</i> .....	<i>labetalol</i> .....	<i>lidocaine hcl</i> .....	85
ISOPTO ATROPINE.....	<i>lacosamide</i> .....	LIDOCAINE VISCOUS.....	85
ISORDIL.....	LACRISERT.....	<i>lidocaine-epinephrine</i> .....	85
<i>isosorbide dinitrate</i> .....	<i>lactated ringers</i> .....	<i>lidocaine-prilocaine</i> .....	32
<i>isosorbide mononitrate</i> .....	<i>lactulose</i> .....	LIKMEZ.....	77
<i>isosorbide-hydralazine</i> .....	<i>lamivudine</i> .....	LILLOW (28).....	24
<i>isotretinoin</i> .....	<i>lamivudine-zidovudine</i> .....	<i>linezolid</i> .....	72
<i>ivermectin</i> .....	<i>lamotrigine</i> .....	<i>liothyronine</i> .....	59
JANTOVEN.....	<i>lancets</i> .....	<i>liraglutide</i> .....	33
JARDIANCE.....	LANCETS, SUPER THIN.....	<i>lisinopril</i> .....	14
JASMIEL (28).....	LANCETS, THIN.....	<i>lisinopril-hydrochlorothiazide.</i>	14

LITE TOUCH INSULIN PEN	MEDISENSE CONTROLS	<i>methyltestosterone</i> ..... 67
NEEDLES..... 110	1-HI 1-LO..... 47	<i>metoclopramide hcl</i> ..... 121, 122
LITE TOUCH INSULIN	MEDISENSE GLUCOSE	<i>metolazone</i> ..... 18
SYRINGE..... 96	KETONE..... 47	METOPIRONE..... 108
LITE TOUCH LANCETS..... 89	MEDISENSE MID	<i>metoprolol succinate</i> ..... 15
LITE TOUCH LANCING	CONTROL..... 47	<i>metoprolol tartrate</i> ..... 15
DEVICE..... 47	MEDISENSE THIN	<i>metronidazole</i> ..... 28, 77, 123
<i>lithium carbonate</i> ..... 9	LANCETS..... 89	<i>mexiletine</i> ..... 13
<i>lithium citrate</i> ..... 10	MEDLANCE PLUS	MICRO BLOOD GLUCOSE.. 37
LOESTRIN 1/20 (21)..... 24	LANCETS..... 89	MICRO THIN LANCETS..... 89
LOKELMA..... 55	MEDPOINT NORMAL	MICRODOT BLOOD
<i>lopinavir-ritonavir</i> ..... 80	CONTROL..... 47	GLUCOSE SYSTEM. 37, 47, 48
<i>lorazepam</i> ..... 9	MEDROL..... 83	MICRODOT HIGH-LOW
LORAZEPAM INTENSOL..... 9	<i>medroxyprogesterone</i> ..... 68	CONTROL..... 48
LORCET	<i>mefloquine</i> ..... 77	MICRODOT INSULIN PEN
(HYDROCODONE)..... 117	<i>megestrol</i> ..... 105, 107	NEEDLE..... 110
LORCET HD..... 117	<i>meloxicam</i> ..... 84	MICRODOT LANCET..... 89
LORCET PLUS..... 117	<i>melphalan</i> ..... 101	MICRODOT NORMAL
LORYNA (28)..... 24	<i>memantine</i> ..... 7	CONTROL..... 48
<i>losartan</i> ..... 14	MENOPUR..... 57	MICRODOT XTRA BLOOD
<i>losartan-hydrochlorothiazide</i> . 14	MEPHYTON..... 67	GLUCOSE..... 37
<i>lovastatin</i> ..... 18	<i>mercaptapurine</i> ..... 102	MICROGESTIN 1.5/30 (21)... 24
LOVENOX..... 66	<i>mesalamine</i> ..... 86	MICROGESTIN 1/20 (21)..... 24
<i>loxapine succinate</i> ..... 10	<i>mesna</i> ..... 105	MICROGESTIN FE 1.5/30
LO-ZUMANDIMINE (28)..... 24	MESNEX..... 105	(28)..... 24
<i>lubiprostone</i> ..... 87	MESTINON..... 7	MICROGESTIN FE 1/20
<i>lurasidone</i> ..... 10	METADATE ER..... 12	(28)..... 24
LUTERA (28)..... 24	METER-CHECK..... 47	MICROLET 2 LANCING
LYLEQ..... 24	<i>metformin</i> ..... 33	DEVICE..... 48
LYLLANA..... 68	<i>methadone</i> ..... 115	MICROLET LANCET..... 89
LYNPARZA..... 104	METHADONE INTENSOL... 115	MICROLET NEXT LANCING
LYSODREN..... 104	METHADOSE..... 115	DEVICE..... 48
LYVISPAH..... 120	<i>methazolamide</i> ..... 62	<i>midazolam</i> ..... 107
LYZA..... 24	<i>methenamine hippurate</i> ..... 71	<i>midazolam (pf)</i> ..... 107
<i>magnesium sulfate</i> ..... 123	<i>methimazole</i> ..... 59	<i>midodrine</i> ..... 20
<i>maraviroc</i> ..... 79	METHITEST..... 67	MIFEPREX..... 106
MARCAINE-EPINEPHRINE.. 85	<i>methocarbamol</i> ..... 120	<i>mifepristone</i> ..... 107
MARLISSA (28)..... 24	<i>methohexital</i> ..... 107	MIGERGOT..... 116
MARPLAN..... 7	<i>methotrexate sodium</i> ..... 102	MILI..... 24
MATULANE..... 104	<i>methotrexate sodium (pf)</i> ..... 102	MINI LANCING DEVICE..... 48
MAXICOMFORT II PEN	<i>methoxsalen</i> ..... 32	MINI ULTRA-THIN II..... 110
NEEDLE..... 110	<i>methsuximide</i> ..... 119	MINIMED SYRINGE
MAXICOMFORT INSULIN	<i>methyldopa</i> ..... 15	RESERVOIR..... 96
SYRINGE..... 96	<i>methylergonovine</i> ..... 26, 27	MINITRAN..... 20
MAXI-COMFORT INSULIN	<i>methylphenidate hcl</i> ..... 12	<i>minocycline</i> ..... 75
SYRINGE..... 96	<i>methylprednisolone</i> ..... 83	<i>minoxidil</i> ..... 15
MAXI-TUSS AC..... 27	<i>methylprednisolone acetate</i> ... 83	<i>mirtazapine</i> ..... 7
MEDISENSE..... 47	<i>methylprednisolone sodium</i>	<i>misoprostol</i> ..... 121
	<i>succ</i> ..... 83	<i>mitomycin</i> ..... 102

MOBILE LANCETS.....	89	<i>neomycin-polymyxin b-</i>		NYAMYC.....	29
<i>modafinil</i> .....	11	<i>dexameth</i> .....	59	NYLIA 1/35 (28).....	25
<i>mometasone</i> .....	31	<i>neomycin-polymyxin-hc</i> ...	55, 59	NYLIA 7/7/7 (28).....	25
MONDOXYNE NL.....	75	NESACAINE.....	85	NYMYO.....	25
MONOJECT INSULIN		NEUTEK 2TEK TEST		<i>nystatin</i> .....	29, 75
SAFETY SYRINGE.....	96	STRIPS.....	37	<i>nystatin-triamcinolone</i> .....	29
MONOJECT INSULIN		<i>nevirapine</i> .....	79	NYSTOP.....	29
SYRINGE.....	97	<i>nifedipine</i> .....	16	OCELLA.....	25
MONOJECT SYRINGE.....	97	NIKKI (28).....	24	<i>octreotide acetate</i> .....	113
MONOJECT ULTRA		<i>nimodipine</i> .....	16	<i>octreotide,microspheres</i> .....	113
COMFORT INSULIN.....	97	NITRO-BID.....	20	ODEFSEY.....	80
MONOLET LANCETS.....	89	NITRO-DUR.....	20	<i>ofloxacin</i> .....	55, 61
MONOLET THIN LANCETS..	89	<i>nitrofurantoin</i> .....	72	<i>olanzapine</i> .....	10
MONO-LINYAH.....	24	<i>nitrofurantoin macrocrystal</i> ....	72	<i>omeprazole</i> .....	122
<i>montelukast</i> .....	6	<i>nitrofurantoin monohyd/m-</i>		OMNITROPE.....	58
<i>morphine</i> .....	115	<i>cryst</i> .....	72	ON CALL EXPRESS	
<i>morphine concentrate</i> .....	115	<i>nitroglycerin</i> .....	20, 21	CONTROL.....	48
<i>moxifloxacin</i> .....	61, 74	<i>nizatidine</i> .....	121	ON CALL EXPRESS	
<i>moxifloxacin-</i>		NORA-BE.....	24	METER.....	48
<i>sod.chloride(iso)</i> .....	74	<i>norethindrone</i>		ON CALL EXPRESS TEST	
MULTI-LANCET DEVICE 2... 48		( <i>contraceptive</i> ).....	24	STRIP.....	37
<i>mupirocin</i> .....	28	<i>norethindrone acetate</i> .....	68	ON CALL LANCET.....	89
<i>mupirocin calcium</i> .....	28	<i>norethindrone ac-eth</i>		ON CALL LANCING	
MUSE.....	57	<i>estradiol</i> .....	24	DEVICE.....	48
MUTAMYCIN.....	102	<i>norethindrone-e.estradiol-</i>		ON CALL PLUS CONTROL..	48
MVASI.....	103	<i>iron</i> .....	24	ON CALL PLUS LANCET.....	89
<i>mycophenolate mofetil</i> ....	69, 70	<i>norgestimate-ethinyl</i>		ON CALL PLUS LANCING	
MYGLUCOHEALTH.....	37, 48	<i>estradiol</i> .....	24	DEVICE.....	48
MYGLUCOHEALTH		NORLYDA.....	25	ON CALL PLUS METER.....	48
CONTROL SOLUTION.....	48	NORMAL SALINE FLUSH....	56	ON CALL PLUS TEST	
MYGLUCOHEALTH		NORPACE CR.....	13	STRIP.....	37
LANCETS.....	89	NORTREL 0.5/35 (28).....	25	ON CALL VIVID CONTROL..	48
MYLERAN.....	101	NORTREL 1/35 (21).....	25	ON CALL VIVID METER.....	48
MYORISAN.....	27	NORTREL 1/35 (28).....	25	ON CALL VIVID PAL	
<i>nabumetone</i> .....	84	NORTREL 7/7/7 (28).....	25	METER.....	48
<i>nadolol</i> .....	15	<i>nortriptyline</i> .....	9	ON CALL VIVID TEST	
<i>naloxone</i> .....	11, 12	NO-STICK GLUCOSE.....	54	STRIP.....	37
<i>naltrexone</i> .....	12	NOVA MAX GLUCOSE		<i>ondansetron</i> .....	3
NANO 2ND GEN PEN		TEST.....	37	<i>ondansetron hcl</i> .....	3
NEEDLE.....	110	NOVA SAFETY LANCETS....	89	<i>ondansetron hcl (pf)</i> .....	3
NANO PEN NEEDLE.....	110	NOVA SUREFLEX		ONETOUCH DELICA PLUS	
<i>naproxen</i> .....	84	LANCETS.....	89	LANC DEV.....	48
<i>naratriptan</i> .....	116	NOVAMAX PLUS GLU-KET..	48	ONETOUCH DELICA PLUS	
NAYZILAM.....	118	NOVAMAX PLUS KETONE	107	LANCET.....	89
NEBUPENT.....	77	NOVAREL.....	57	ONETOUCH DELICA	
NEBUSAL.....	107	NOVOFINE AUTOCOVER..	110	SAFETY LANCET.....	90
NECON 0.5/35 (28).....	24	NOVOLIN N FLEXPEN.....	54	ONETOUCH SOLUTIONS	
<i>nefazodone</i> .....	8	NOVOTWIST.....	111	COMPLETE.....	48
<i>neomycin</i> .....	76	NULOJIX.....	70		



ONETOUCH SOLUTIONS FIT..... 48	OTEZLA.....82	<i>phentermine</i> ..... 124
ONETOUCH SOLUTIONS STARTER.....48	OTEZLA STARTER..... 82	<i>phentolamine</i> ..... 14
ONETOUCH SURESOFT LANCING DEV..... 48, 90	<i>oxacillin in dextrose(iso- osm)</i> .....73	<i>phenylephrine hcl</i> ..... 60
ONETOUCH ULTRA CONTROL.....48	<i>oxandrolone</i> .....67	<i>phenytoin</i> ..... 119
ONETOUCH ULTRA TEST... 37	<i>oxazepam</i> ..... 9	<i>phenytoin sodium</i> ..... 119
ONETOUCH ULTRA2 METER.....48	<i>oxcarbazepine</i> ..... 119	<i>phenytoin sodium extended</i> .119
ONETOUCH ULTRASOFT 2 LANCET..... 90	<i>oxybutynin chloride</i> ..... 122	PHILITH.....25
ONETOUCH ULTRASOFT LANCETS.....90	<i>oxycodone</i> ..... 115	PHOSPHOLINE IODIDE..... 62
ONETOUCH VERIO FLEX METER.....49	<i>oxycodone-acetaminophen</i> . 117	<i>physostigmine salicylate</i> .....7
ONETOUCH VERIO FLEX START.....49	<i>oxytocin</i> ..... 27	<i>phytonadione (vitamin k1)</i> ..... 67
ONETOUCH VERIO HIGH CONTROL.....49	OZEMPIC..... 33	<i>pilocarpine hcl</i> .....62, 101
ONETOUCH VERIO METER.....49	PACERONE..... 13	<i>pimozide</i> ..... 10
ONETOUCH VERIO MID CONTROL.....49	<i>paliperidone</i> ..... 10	<i>pioglitazone</i> ..... 33
ONETOUCH VERIO REFLECT..... 49	<i>pamidronate</i> .....58	PIP BLOOD GLUCOSE MONITOR.....49
ONETOUCH VERIO REFLECT METER.....49	<i>pantoprazole</i> ..... 122	PIP BLOOD GLUCOSE TEST STRIP.....37
ONETOUCH VERIO REFLECT START..... 49	PARADIGM RESERVOIR.... 97	PIP GLUCOSE CONTROL SOLN L1-L2.....49
ONETOUCH VERIO TEST STRIPS.....37	<i>paromomycin</i> ..... 77	PIP LANCET.....90
ON-THE-GO LANCETS..... 90	<i>paroxetine hcl</i> ..... 8	PIP PEN NEEDLE..... 111
OPSUMIT..... 17	PAXLOVID.....78	<i>piperacillin-tazobactam</i> .....74
OPTIMAL D3..... 124	<i>pazopanib</i> ..... 104	<i>pirfenidone</i> ..... 114
OPTIUM EZ..... 37	<i>peg 3350-electrolytes</i> ..... 87	PIRMELLA.....25
OPTIUM TEST..... 37	PEGASYS..... 81	PITOCIN.....27
OPTUMRX.....37, 49	<i>pemetrexed disodium</i> ..... 102	PLATINUM GLUCOSE METER.....49
ORALONE..... 106	PEN NEEDLE..... 111	PLATINUM TEST STRIP.....37
ORENCIA..... 82	<i>pen needle, diabetic</i> ..... 111	<i>podofilox</i> ..... 31
ORENCIA (WITH MALTOSE)..... 82	<i>penicillamine</i> ..... 81	POGO AUTOMATIC BLOOD GLUC SYS.....49
ORENCIA CLICKJECT.....82	<i>penicillin g potassium</i> ..... 73	POLYCIN.....61
ORLISSA..... 58	<i>penicillin g procaine</i> ..... 73	<i>polymyxin b sulf- trimethoprim</i> .....61
<i>orphenadrine citrate</i> .....120	<i>penicillin g sodium</i> ..... 73	PORTIA 28..... 25
ORSYTHIA..... 25	<i>penicillin v potassium</i> .....73	<i>posaconazole</i> ..... 75
<i>oseltamivir</i> ..... 78	<i>pentamidine</i> ..... 77	<i>potassium chlorid-d5- 0.45%nacl</i> .....56
OSPHENA..... 58	PENTASA.....86	<i>potassium chloride</i> .....56
	PENTIPS PEN NEEDLE.... 111	<i>potassium citrate</i> ..... 122
	<i>pentoxifylline</i> .....65	<i>potassium iodide</i> .....59
	PERCOCET.....117	<i>pramipexole</i> ..... 117
	PERFECT POINT SAFETY LANCETS..... 90	<i>prasugrel hcl</i> .....66
	PERIOGARD..... 106	<i>pravastatin</i> ..... 18
	<i>permethrin</i> ..... 29	<i>praziquantel</i> .....77
	<i>perphenazine</i> ..... 11	<i>prazosin</i> ..... 14
	PFIZERPEN-G..... 74	PRECISION.....49
	PHARMACIST CHOICE..... 37	PRECISION GLUCOSE CONTROL SOLN..... 49
	PHARMACIST CHOICE GLUCOSE SYS..... 49	
	PHENADOZ.....3	
	<i>phenelzine</i> ..... 7	
	<i>phenobarbital</i> ..... 11	
	<i>phenoxybenzamine</i> ..... 14	

PRECISION	PRO COMFORT LANCET ....	90	PTS PANELS EGLU TEST
GLUCOSE/KETONE	PRO COMFORT PEN		STRIP .....
CONTR.....	NEEDLE.....	111	PULMOZYME.....
PRECISION PCX PLUS	PRO COMFORT SAFETY		PURE COMFORT
TEST .....	LANCET .....	90	LANCETS.....
PRECISION PCX TEST .....	PRO VOICE V8 GLUCOSE		PURE COMFORT PEN
PRECISION POINT OF	MONITOR.....	49	NEEDLE.....
CARE TEST.....	PRO VOICE V8-V9 TEST		PURE COMFORT SAFETY
PRECISION Q-I-D TEST .....	STRIP .....	37	LANCETS.....
PRECISION XTRA B-	PRO VOICE V9 GLUCOSE		PURIXAN.....
KETONE.....	MONITOR.....	49	PUSH BUTTON SAFETY
PRECISION XTRA	<i>probenecid</i> .....	63	LANCETS.....
MONITOR.....	<i>procainamide</i> .....	13	<i>pyrazinamide</i> .....
PRECISION XTRA TEST .....	<i>prochlorperazine</i> .....	3	<i>pyridostigmine bromide</i> .....
PRED FORTE.....	<i>prochlorperazine edisylate</i> .....	3	<i>pyridoxine (vitamin b6)</i> .....
PRED MILD.....	<i>prochlorperazine maleate</i> .....	3	<i>pyrimethamine</i> .....
PRED-G.....	PROCRT .....	65	QBRELIS.....
<i>prednisolone</i> .....	PROCTO-MED HC.....	31	QSYMIA.....
<i>prednisolone acetate</i> .....	PROCTOSOL HC.....	31	QUESTRAN.....
<i>prednisolone sodium</i>	PROCTOZONE-HC.....	31	<i>quetiapine</i> .....
<i>phosphate</i> .....	PRODIGY AUTOCODE		<i>quinidine gluconate</i> .....
<i>prednisone</i> .....	METER.....	49	<i>quinidine sulfate</i> .....
<i>pregabalin</i> .....	PRODIGY AUTOCODE		QUINTET AC.....
PREGNYL.....	MONITOR SYST .....	49	QUINTET BLOOD
PREMARIN.....	PRODIGY CONTROL		GLUCOSE METER.....
PREMIER BLU GLUCOSE	SOLUTION, LOW.....	49	QUINTET GLUCOSE TEST
METER.....	PRODIGY CONTROL		STRIPS.....
PREMIER CLASSIC	SOLUTION,HIGH.....	50	<i>raloxifene</i> .....
GLUCOSE METER.....	PRODIGY INSULIN		READYLANCE SAFETY
PREMIER COMPACT	SYRINGE.....	97	LANCETS.....
GLUCOSE METER.....	PRODIGY LANCETS.....	90	RECLIPSEN (28).....
PREMIER TEST STRIP .....	PRODIGY LANCING		RECOMBINATE.....
PREMIER VOICE	DEVICE.....	50	REFUAH PLUS.....
GLUCOSE METER.....	PRODIGY NO CODING.....	37	REFUAH PLUS GLUCOSE
PREMIUM BLOOD	PRODIGY POCKET METER.....	50	CONTROL.....
GLUCOSE MONITOR.....	PRODIGY TWIST TOP		REFUAH PLUS GLUCOSE
PREMIUM V10.....	LANCET .....	90	MONITOR.....
PRESSURE ACTIVATED	PRODIGY VOICE		RELIAMED LANCET.....
LANCETS.....	GLUCOSE METER.....	50	RELIAMED MINI LANCING
PRESTO PRO BLOOD	PROFILNINE.....	64	DEVICE.....
GLUCOSE METER.....	<i>progesterone</i> .....	68	RELIAMED SAFETY SEAL
PREVALITE.....	<i>progesterone micronized</i> .....	68	LANCETS.....
PREVIFEM.....	<i>promethazine</i> .....	3	RELIAMED TWIST AND
PREZISTA.....	PROMETHEGAN.....	3	CAP LANCET.....
<i>primaquine</i> .....	<i>propafenone</i> .....	13	RELION ALL-IN-ONE
<i>primidone</i> .....	<i>proparacaine</i> .....	60	METER.....
PRIMSOL.....	<i>propranolol</i> .....	15	RELION CONFIRM.....
PRO COMFORT INSULIN	<i>propylthiouracil</i> .....	59	RELION CONFIRM-MICRO..
SYRINGE.....	PROVISC.....	61	38



RELION MICRO GLUCOSE MONITOR.....	50	RIGHTEST GS550 TEST STRIPS.....	38	SENSORCAINE-MPF/EPINEPHRINE.....	85
RELION NEEDLES.....	111	RIGHTEST GS700 TEST STRIP.....	38	<i>sertraline</i> .....	8
RELION PEN NEEDLES.....	111	RIGHTEST GT333 GLUCOSE METER.....	50	<i>sevelamer carbonate</i> .....	55
RELION PRIME METER.....	50	RIGHTEST GT333 LEV 2 CTRL SOLN.....	50	<i>sevoflurane</i> .....	107
RELION PRIME TEST STRIPS.....	38	RIGHTEST GT333 TEST STRIP.....	38	SHAROBEL.....	25
RELION THIN LANCETS.....	90	RIGHTEST MAX PLUS GLUCOSE MTR.....	50	<i>sildenafil (pulm.hypertension)</i> .....	17
RELION ULTIMA.....	38	RIGHTEST MAX TEST STRIP.....	38	<i>silver sulfadiazine</i> .....	29
RELION ULTRA THIN PLUS LANCETS.....	90	<i>riluzole</i> .....	106	SIMULECT.....	69
REMODULIN.....	17	<i>rimantadine</i> .....	78	<i>simvastatin</i> .....	19
<i>repaglinide</i> .....	33	RIMSO-50.....	122	SINGLE-LET.....	90
RESCRIPTOR.....	79	<i>ringer's</i> .....	31, 55	<i>sirolimus</i> .....	70
RETIN-A.....	28	RIOMET.....	33	<i>sitagliptin</i> .....	33
REVEAL BLOOD GLUCOSE METER.....	50	<i>risperidone</i> .....	10	SMART CARESENS N.....	51
REVEAL TEST STRIP.....	38	<i>ritonavir</i> .....	80	SMART SENSE LANCETS...	91
REVLIMID.....	103	<i>rizatriptan</i> .....	116	SMART SENSE MONITORING SYSTEM.....	51
REXULTI.....	10	<i>ropinirole</i> .....	117	SMART SENSE TEST STRIPS.....	38
RIABNI.....	102	ROSDAN.....	28	SMARTDIABETES VANTAGE.....	51
<i>ribavirin</i> .....	81	<i>rosuvastatin</i> .....	19	SMARTEST CONTROL.....	51
RIDAURA.....	84	<i>sacubitril-valsartan</i> .....	20	SMARTEST EJECT.....	51
<i>rifampin</i> .....	76	SAFE-CLIP BY MAIL.....	50	SMARTEST LANCET.....	91
RIGHTEST CONTROL SOLUTION HIGH.....	50	SAFE-CLIP NEEDLE STORAGE DEV.....	50	SMARTEST PERSONA GLUCOSE METER.....	51
RIGHTEST CONTROL SOLUTION NORM.....	50	SAFESNAP INSULIN SYRINGE.....	97	SMARTEST PERSONA STARTER.....	51
RIGHTEST GC250S CNTRL SOL NORM.....	50	SAFETY LANCETS.....	90	SMARTEST PRONTO GLUCOSE METER.....	51
RIGHTEST GC700 LEV 2 CTRL SOLN.....	50	SAFETY SEAL LANCETS.....	90	SMARTEST PRONTO STARTER.....	51
RIGHTEST GD500 LANCING DEVICE.....	50	SAFETY-LET LANCETS.....	90	SMARTEST PROTEGE.....	51
RIGHTEST GL300 LANCETS.....	90	SAJAZIR.....	82	SMARTEST PROTEGE SMART CODE METER.....	51
RIGHTEST GM250S GLUCOSE METER.....	50	<i>salsalate</i> .....	114	SMARTEST TALKING METER.....	51
RIGHTEST GM260 GLUCOSE METER.....	50	SANDOSTATIN LAR DEPOT.....	113	SMARTEST TEST.....	38
RIGHTEST GM550 SYSTEM.....	50	SANTYL.....	32	<i>sodium bicarbonate</i> .....	55
RIGHTEST GM700SB GLUCOSE METER.....	50	<i>sapropterin</i> .....	101	<i>sodium chlor 0.9% bacteriostat</i> .....	56
RIGHTEST GS250S TEST STRIPS.....	38	SAVELLA.....	106	<i>sodium chloride</i> .....	31, 57, 107
RIGHTEST GS260 TEST STRIPS.....	38	<i>scopolamine base</i> .....	4	<i>sodium chloride 0.45 %</i> .....	56
		<i>selegiline hcl</i> .....	117	<i>sodium chloride 0.9 %</i> .....	56
		<i>selenium sulfide</i> .....	31	<i>sodium chloride 0.9 % (flush)</i> .....	56
		SELZENTRY.....	79	<i>sodium nitroprusside</i> .....	14
		SENSORCAINE-EPINEPHRINE.....	85		
		SENSORCAINE-MPF.....	85		

<i>sodium polystyrene sulfonate</i> .....	55	<i>sulfamethoxazole-trimethoprim</i> .....	70	<i>tamoxifen</i> .....	105
<i>sodium thiosulfate</i> .....	108	<i>sulfasalazine</i> .....	86	<i>tamsulosin</i> .....	122
<i>sofosbuvir-velpatasvir</i> .....	81	SULFATRIM.....	70	TARINA FE 1/20 (28).....	25
<i>solifenacin</i> .....	122	<i>sulindac</i> .....	84	TARINA FE 1-20 EQ (28).....	25
SOLU-CORTEF.....	83	<i>sumatriptan</i> .....	116	<i>tazarotene</i> .....	32
SOLU-CORTEF ACT-O-VIAL (PF).....	83	<i>sumatriptan succinate</i> .....	116	TAZICEF.....	71
SOLU-MEDROL.....	83	<i>sunitinib malate</i> .....	104	TAZORAC.....	32
SOLU-MEDROL (PF).....	83	SUPER THIN LANCETS.....	91	TD GOLD BLOOD GLUCOSE MONITOR.....	51
SOLUS V2 AUDIBLE METER.....	51	SURE COMFORT INS. SYR. U-100.....	97	TD GOLD LEVEL 1 CONTROL.....	51
SOLUS V2 CONTROL SOLUTION, LOW.....	51	SURE COMFORT INSULIN SYRINGE.....	97	TD GOLD LEVEL 2 CONTROL.....	51
SOLUS V2 CONTROL SOLUTION,HIGH.....	51	SURE COMFORT LANCETS.....	91	TD GOLD LEVEL 3 CONTROL.....	51
SOLUS V2 LANCETS.....	91	SURE COMFORT LANCING PEN.....	51	TD GOLD TEST STRIP.....	38
SOLUS V2 LANCING DEVICE.....	51	SURE COMFORT PEN NEEDLE.....	111	TD GOLD VOICE GLUCOSE MONITOR.....	51
SOLUS V2 TEST STRIPS.....	38	SURE-FINE PEN NEEDLES.....	111	TECHLITE INSULIN SYRINGE.....	98
SORINE.....	15	SUREFLEX DEVICE WITH LANCETS.....	51	TECHLITE INSULN SYR(HALF UNIT).....	98
<i>sotalol</i> .....	15	SUREFLEX LANCING DEVICE.....	51	TECHLITE LANCETS.....	91
SOTALOL AF.....	15	SURE-JECT INSULIN SYRINGE.....	98	TECHLITE PEN NEEDLE... ..	111
SOVALDI.....	81	SURE-LANCE.....	91	TECHLITE PLUS PEN NEEDLE.....	111
SPIRIVA RESPIMAT.....	4	SURE-LANCE ULTRA THIN.....	91	TEL CARE BGM.....	51
<i>spironolactone</i> .....	16	SURE-PEN LANCING DEVICE.....	51	TEL CARE BLOOD GLUCOSE KIT.....	51
<i>spironolacton-hydrochlorothiaz</i> .....	17	SURE-TEST EASYPLUS MINI.....	38, 51	TEL CARE CONTROL.....	51
SPRINTEC (28).....	25	SURE-TEST EASYPLUS MINI METER.....	51	TEL CARE LANCETS.....	91
SPRYCEL.....	104	SURE-TOUCH LANCET.....	91	TEL CARE TEST STRIPS.....	38
SPS (WITH SORBITOL).....	55	SURGIFOAM.....	67	<i>temazepam</i> .....	12
SRONYX.....	25	SYEDA.....	25	TEMIXYS.....	78
SSD.....	29	SYMFI.....	80	<i>temozolomide</i> .....	101
SSKI.....	59	SYMFI LO.....	80	<i>tenofovir disoproxil fumarate</i> .....	79
<i>stavudine</i> .....	79	SYNAREL.....	58	<i>terazosin</i> .....	14
STEGLUJAN.....	33	SYNTHAMIN 17 WITHOUT ELYTE.....	113	<i>terbinafine hcl</i> .....	75
STERILANCE TL.....	91	TABLOID.....	102	<i>terbutaline</i> .....	4
STERILE WATER FOR INJECTION.....	114	<i>tacrolimus</i> .....	32, 70	<i>teriflunomide</i> .....	106
STIOLTO RESPIMAT.....	5	<i>tadalafil</i> .....	57	TERRELL.....	107
<i>streptomycin</i> .....	76	<i>tadalafil (pulm. hypertension)</i> .....	17	TERUMO INSULIN SYRINGE.....	98
STRIVERDI RESPIMAT.....	5	TADLIQ.....	17	TEST N'GO BLOOD GLUCOSE SYSTEM.....	52
SUBVENITE.....	119	TAGRISSO.....	104	TEST N'GO TEST.....	38
<i>succinylcholine chloride</i> .....	113			<i>testosterone</i> .....	67
<i>sucralfate</i> .....	121			<i>testosterone cypionate</i> .....	67
<i>sulfacetamide sodium</i> .....	60			<i>tetrabenazine</i> .....	106
<i>sulfacetamide sodium (acne)</i> .....	28				
<i>sulfacetamide-prednisolone</i> .....	60				

<i>tetracaine hcl</i> .....	60	<i>trihexyphenidyl</i> .....	117	TRUETRACK BLOOD	
<i>tetracycline</i> .....	75	TRI-LINYAH.....	25	GLUCOSE SYSTEM.....	52
THALOMID.....	76	TRI-LO-ESTARYLLA.....	25	TRUETRACK SMART	
THEO-24.....	6	TRI-LO-MARZIA.....	26	SYSTEM.....	52
<i>theophylline</i> .....	6	TRI-LO-MILI.....	26	TRUETRACK TEST.....	38
<i>thiamine hcl (vitamin b1)</i> .....	123	TRI-LO-SPRINTEC.....	26	TRULANCE.....	86
THIN LANCETS.....	91	<i>trimethoprim</i> .....	71	TUKYSA.....	104
THINPRO INSULIN		TRI-MILI.....	26	TULANA.....	26
SYRINGE.....	98	TRI-NYMYO.....	26	TWIST LANCETS.....	91
<i>thioridazine</i> .....	11	TRI-PREVIFEM (28).....	26	TYENNE.....	84
<i>thiotepa</i> .....	101	TRI-SPRINTEC (28).....	26	TYENNE AUTOINJECTOR... 84	
<i>thiothixene</i> .....	11	TRIVORA (28).....	26	TYSABRI.....	106
THROMBIN-JMI.....	67	TRI-VYLIBRA.....	26	ULTICARE.....	99
<i>timolol maleate</i> .....	62	TRI-VYLIBRA LO.....	26	ULTICARE PEN NEEDLE... 112	
<i>tiopronin</i> .....	122	<i>tropicamide</i> .....	62	ULTI-LANCE.....	52
TIVICAY.....	80	<i>trospium</i> .....	122	ULTILET BASIC LANCETS... 91	
TIVICAY PD.....	80	TRUE COMFORT INSULIN		ULTILET CLASSIC	
<i>tizanidine</i> .....	120	SYRINGE.....	98	LANCETS.....	91
<i>tobramycin</i> .....	61	TRUE COMFORT LANCET.. 91		ULTILET INSULIN	
<i>tobramycin in 0.225 % nacl</i> ... 76		TRUE COMFORT PEN		SYRINGE.....	99
<i>tobramycin sulfate</i> .....	76	NEEDLE.....	112	ULTILET LANCETS.....	91
TOBEX.....	61	TRUE COMFORT PRO INS		ULTILET PEN NEEDLE..... 112	
TOPCARE CLICKFINE.....	111	SYRINGE.....	98	ULTILET SAFETY	
TOPCARE ULTRA		TRUE METRIX AIR		LANCETS.....	91
COMFORT.....	98	GLUCOSE METER.....	52	ULTIMA MONITOR.....	52
TOPCARE UNIVERSAL1		TRUE METRIX GLUCOSE		ULTIMA TEST STRIPS.....	38
LANCET.....	91	METER.....	52	ULTOMIRIS.....	66
<i>topiramate</i> .....	119	TRUE METRIX GLUCOSE		ULTRA CMFT INS SYR	
TORPENZ.....	103	TEST STRIP.....	38	(HALF UNIT).....	99
<i>torseamide</i> .....	16	TRUE METRIX GO		ULTRA COMFORT INSULIN	
<i>tramadol</i> .....	115	GLUCOSE METER.....	52	SYRINGE.....	99
TRANSDERM-SCOP.....	4	TRUE METRIX LEVEL 1..... 52		ULTRA FINE LANCETS.....	91
<i>tranylcypramine</i> .....	7	TRUE METRIX LEVEL 2..... 52		ULTRA FLO INSUL	
TRAVASOL 10 %.....	113	TRUE METRIX LEVEL 3..... 52		SYR(HALF UNIT).....	99
<i>trazodone</i> .....	8	TRUE METRIX PRO TEST		ULTRA FLO INSULIN	
<i>treprostinil sodium</i> .....	17	STRIP.....	38	SYRINGE.....	99
<i>tretinoin</i> .....	28	TRUE2GO BLOOD		ULTRA FLO PEN NEEDLE. 112	
<i>tretinoin (antineoplastic)</i> ..... 105		GLUCOSE SYSTEM.....	52	ULTRA THIN II LANCETS..... 91	
TRI FEMYNOR.....	25	TRUECONTROL LEVEL 0... 52		ULTRA THIN LANCETS..... 91	
<i>triamcinolone acetonide</i>		TRUECONTROL LEVEL 1... 52		ULTRA THIN PEN NEEDLE 112	
.....	31, 83, 106	TRUEDRAW LANCING		ULTRA THIN PLUS	
<i>triamterene</i> .....	16	DEVICE.....	52	LANCETS.....	91
<i>triamterene-</i>		TRUEPLUS INSULIN.....	99	ULTRA TLC LANCETS.....	91
<i>hydrochlorothiazid</i> .....	17	TRUEPLUS KETONE.....	114	ULTRACARE INSULIN	
<i>triazolam</i> .....	12	TRUEPLUS LANCETS.....	91	SYRINGE.....	100
TRIDERM.....	31	TRUEPLUS PEN NEEDLE.. 112		ULTRA-CARE LANCETS..... 91	
TRI-ESTARYLLA.....	25	TRUERESULT BLOOD		ULTRACARE PEN NEEDLE	
<i>trifluoperazine</i> .....	11	GLUCOSE SYSTM.....	52	.....	112
<i>trifluridine</i> .....	60	TRUETEST TEST STRIPS... 38			

ULTRA-FINE INSULIN	UNISTIK 3 DUAL LANCET ....52	VERIFINE PEN NEEDLE.... 113
SYRINGE..... 100	UNISTIK 3 EXTRA LANCET .92	VERIFINE PLUS PEN
ULTRA-FINE PEN NEEDLE 112	UNISTIK 3 GENTLE..... 92	NEEDLE..... 113
ULTRALANCE LANCETS..... 91	UNISTIK 3 LANCETS.....92	VERIFINE SAFETY
ULTRA-THIN II (SHORT)	UNISTIK 3 NORMAL	LANCET MINI.....92
INS SYR..... 100	LANCET..... 52	VERIFINE UNIVERSAL
ULTRA-THIN II (SHORT)	UNISTIK COMFORT	LANCET..... 92
PEN NDL..... 112	LANCETS.....92	VESTURA (28)..... 26
ULTRA-THIN II INS PEN	UNISTIK CZT LANCET..... 92	VIDEX 2 GRAM PEDIATRIC.79
NEEDLES..... 112	UNISTIK EXTRA LANCETS..92	VIDEX EC..... 79
ULTRA-THIN II INSULIN	UNISTIK NORMAL	VIENVA..... 26
SYRINGE..... 100	LANCETS..... 92	<i>vilazodone</i> ..... 8
ULTRA-THIN II LANCETS.....91	UNISTIK PRO LANCET..... 92	VINCASAR PFS..... 105
ULTRATRAK..... 38	UNISTIK SAFETY..... 92	<i>vincristine</i> .....105
ULTRATRAK GLUCOSE	UNISTIK TOUCH LANCETS.92	<i>vinorelbine</i> ..... 105
METER..... 52	UNISTRIP HIGH CONTROL. 52	VIRACEPT.....80
ULTRATRAK HIGH-LOW	UNISTRIP LOW CONTROL.. 53	VIRTUSSIN AC..... 27
CONTROL..... 52	UNISTRIP1 TEST STRIP..... 38	VITAMIN D2..... 124
ULTRATRAK NORMAL	UNIVERSAL 1 LANCETS.....92	VITAMIN K1.....67
CONTROL..... 52	UROQID-ACID NO.2..... 122	VIVACAINE..... 85
ULTRATRAK ULTIMATE 38, 52	<i>ursodiol</i> ..... 87	VIVAGUARD INO CTRL
UNIFINE PEN NEEDLE..... 112	<i>valacyclovir</i> ..... 78	SOLN-L1,2,3.....53
UNIFINE PENTIPS..... 112	<i>valganciclovir</i> ..... 78	VIVAGUARD INO CTRL
UNIFINE PENTIPS PLUS... 112	<i>valproic acid</i> .....119	SOLN-L1,L3.....53
UNIFINE PROTECT..... 112	<i>valproic acid (as sodium</i>	VIVAGUARD INO CTRL
UNIFINE SAFECONTROL.. 113	<i>salt)</i> ..... 119	SOLN-L2.....53
UNIFINE SAFECONTROL	VALTOCO..... 118	VIVAGUARD INO
PEN NEEDLE..... 113	<i>vancomycin</i> .....76, 77	GLUCOSE METER..... 53
UNIFINE ULTRA PEN	<i>vancomycin in dextrose 5 %</i> ..76	VIVAGUARD INO SMART
NEEDLE..... 113	VANDAZOLE..... 123	GLUC METER..... 53
UNILET COMFORTOUCH	VANISHPOINT SYRINGE... 100	VIVAGUARD INO TEST
LANCET..... 92	<i>varenicline tartrate</i> ..... 120	STRIP..... 38
UNILET EXCELITE II	VELETRI..... 17	VIVAGUARD LANCET..... 92
LANCET..... 92	VENCLEXTA..... 104	VIVAGUARD LANCING
UNILET EXCELITE	VENCLEXTA STARTING	DEVICE..... 53
LANCET..... 92	PACK..... 104	VIVAGUARD SAFETY
UNILET GP LANCET..... 92	<i>venlafaxine</i> ..... 8	LANCET..... 92
UNILET LANCET.....92	VENOFER..... 123	<i>voriconazole</i> ..... 75
UNILET LANCETS..... 92	VENTAVIS..... 17	VOSEVI..... 80
UNILET SUPER THIN	<i>verapamil</i> ..... 16	VRAYLAR..... 10
LANCETS..... 92	VERASENS BLOOD	VYFEMLA (28)..... 26
UNISTIK 2 COMFORT	GLUCOSE METER..... 53	VYLIBRA..... 26
LANCET..... 52	VERASENS CONTROL	<i>warfarin</i> .....63
UNISTIK 2 DEVICE..... 52	SOLN-LEVEL 1..... 53	<i>water for inject, bacteriostat</i> .114
UNISTIK 2 EXTRA LANCET . 52	VERASENS METER	<i>water for injection, sterile</i> ..... 114
UNISTIK 2 NORMAL	STARTER KIT..... 53	<i>water for irrigation, sterile</i> ..... 31
LANCET..... 52	VERASENS TEST STRIP..... 38	WAVESENSE AMP..... 53
UNISTIK 3 COMFORT	VERIFINE INSULIN	WAVESENSE CONTROL
LANCET..... 52	SYRINGE..... 100	SOLUTION..... 53

WAVESENSE JAZZ.....	38
WAVESENSE PRESTO..	38, 53
WEEKLY-D.....	124
WERA (28).....	26
WIXELA INHUB.....	5
XARELTO.....	64
XARELTO DVT-PE TREAT 30D START.....	64
XELJANZ.....	84
XELJANZ XR.....	84
XOPENEX.....	4
XOPENEX HFA.....	4
XTANDI.....	101
XYLOCAINE-MPF.....	85
ZARAH.....	26
ZELBORAF.....	103
ZENATANE.....	27
ZENPEP.....	120
<i>zidovudine</i> .....	79
<i>zinc sulfate</i> .....	124
<i>ziprasidone hcl</i> .....	10
ZITHROMAX.....	72
<i>zolmitriptan</i> .....	116
<i>zolpidem</i> .....	12
ZONISADE.....	119
<i>zonisamide</i> .....	120
ZOSYN IN DEXTROSE (ISO-OSM).....	74
ZOVIA 1/35E (28).....	26
ZOVIA 1-35 (28).....	26
ZUMANDIMINE (28).....	26
ZYDELIG.....	104
ZYVOX.....	72

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