



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

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.

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 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.

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Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Allergy		
Antihistamines - 1St Generation		
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	Tier 2	
<i>ciproheptadine 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 injection solution 25 mg/ml</i>	Tier 2	
<i>promethazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	
Nasal Antihistamine		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 2	MO
Antiemesis/Antivertigo		
Antiemitic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Antiemitic/Antivertigo Agents		
<i>COMPRO RECTAL SUPPOSITORY 25 MG</i>	Tier 2	
<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	
<i>PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG</i>	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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 2		<i>terbutaline</i> <i>subcutaneous solution 1 mg/ml</i>	Tier 2	
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 2		Beta-Adrenergic Agents, Inhaled, Short Acting		
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Tier 3		<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 2	MO
Asthma And Copd			<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
Anticholinergic, Orally Inhaled Short Acting			<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>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	MO	<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 2	MO
Anticholinergics, Orally Inhaled Long Acting			XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 3	MO
SPIRIVA RESPIMAT INHALATION MIST 2.5 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
Beta-Adrenergic Agents					
<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			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	MO
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	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
Beta-Adrenergic Agents, Orally Inhaled, Long Acting			WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	MO
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 5	DS	Glucocorticoids, Orally Inhaled		
Beta-Adrenergic And Anticholinergic Combinations			ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 2	MO	ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 3	ST; MO
Beta-Adrenergic And Glucocorticoid Combinations					
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	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	Leukotriene Receptor Antagonists		
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 2	MO	<i>montelukast oral tablet 10 mg</i>	Tier 2	MO
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 2	MO; Age	<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 2	MO
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab			Mast Cell Stabilizers, Orally Inhaled		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; MO	<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 2	MO
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; MO	Xanthines		
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab			ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 2	MO
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5	PA; DS	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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Autonomic Nervous System Disorders				Behavioral Health - Antidepressants	
Alzheimer's Therapy, Nmda Receptor Antagonists				Alpha-2 Receptor Antagonist Antidepressants	
memantine oral tablet 10 mg, 5 mg	Tier 2	MO	mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Tier 2	MO
memantine oral tablets, dose pack 5-10 mg	Tier 2		Maois - Non-Selective & Irreversible		
Cholinesterase Inhibitors			MARPLAN ORAL TABLET 10 MG	Tier 3	MO
donepezil oral tablet 10 mg, 5 mg	Tier 2	MO	phenelzine oral tablet 15 mg	Tier 2	MO
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 2	MO	tranylcypromine oral tablet 10 mg	Tier 2	MO
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 2	MO	Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 3	MO	bupropion hcl oral tablet 100 mg, 75 mg	Tier 2	MO
physostigmine salicylate injection solution 1 mg/ml	Tier 2		bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 2	MO
pyridostigmine bromide oral syrup 60 mg/5 ml	Tier 2	MO	Selective Serotonin Reuptake Inhibitor (Ssris)		
pyridostigmine bromide oral tablet 60 mg	Tier 2	MO	citalopram oral solution 10 mg/5 ml	Tier 2	MO
pyridostigmine bromide oral tablet extended release 180 mg	Tier 2	MO	citalopram oral tablet 10 mg, 20 mg, 40 mg	Tier 2	MO
			escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 2	MO
			fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	MO	Ssri & 5Ht1a Partial Agonist Antidepressant		
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO	<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	MO	Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 2	MO	<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg</i>	Tier 2	DS
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO	Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	MO	<i>amoxapine oral tablet 25 mg</i>	Tier 2	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	MO	<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 2	MO	<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 2	MO	<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	MO
<i>venlafaxine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	MO	<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO	<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	DS
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	MO	<i>diazepam injection solution 5 mg/ml</i>	Tier 2	DS
Behavioral Health - Other					
Adrenergics, Aromatic, Non-Catecholamine					
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 2	DS	<i>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</i>	Tier 2	DS
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	DS	<i>lorazepam oral concentrate 2 mg/ml</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>lorazepam oral tablet 0.5 mg, 1 mg, 2 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	<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 2	DS
Anti-Anxiety Drugs					
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 2	MO	Anti-Mania Drugs		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 2	MO	<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	Tier 2	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	MO	<i>lithium carbonate oral tablet 300 mg</i>	Tier 2	MO
Anti-Anxiety - Benzodiazepines					
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	DS	<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 2	MO
			<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Antipsych,Dopamine			<i>clozapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	DS
Antag.,Diphenylbutyliperidines			<i>lurasidone oral tablet</i> 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	MO
<i>pimozide oral tablet</i> 2 mg	Tier 2	MO	<i>olanzapine oral tablet</i> 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 2	MO
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed			<i>paliperidone oral tablet extended release</i> 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 2	PA; MO
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 5	PA; DS	<i>quetiapine oral tablet</i> 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 2	MO
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 5	PA; DS	<i>quetiapine oral tablet extended release</i> 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 2	MO
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed			<i>risperidone oral solution</i> 1 mg/ml	Tier 2	MO
<i>aripiprazole oral tablet</i> 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 2	MO	<i>risperidone oral tablet</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 5	PA; DS; QL	<i>ziprasidone hcl oral capsule</i> 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	MO
REXULTI ORAL TABLET 3 MG, 4 MG	Tier 5	PA; DS	Antipsychotics,Dopamine Antagonists, Thioxanthenes		
Antipsychotics, Dopamine & Serotonin Antagonists			<i>thiothixene oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	MO
<i>loxapine succinate oral capsule</i> 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	MO			
Antipsychotics,Atypical,Dopamine,& Serotonin Antag					
<i>asenapine maleate sublingual tablet</i> 10 mg, 2.5 mg, 5 mg	Tier 2	PA; MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Antipsychotics,Dopamine					
Antagonists,Butyrophenones					
<i>droperidol injection solution 2.5 mg/ml</i>	Tier 2		<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	Tier 2	MO	<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 2		<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	MO
Anti-Psychotics,Phenothiazines					Barbiturates
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 2		<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2	MO
<i>chlorpromazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</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
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 2	MO	<i>SECONAL SODIUM ORAL CAPSULE 100 MG</i>	Tier 3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 2	MO	Narcolepsy And Sleep Disorder Therapy Agents		
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 2	MO	<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	DS
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO	<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 2	DS
Narcotic Antagonists					
			<i>naloxone injection solution 0.4 mg/ml</i>	Tier 2	
			<i>naloxone injection syringe 1 mg/ml</i>	Tier 2	
			<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>naltrexone oral tablet 50 mg</i>	Tier 2	MO	<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
Sedative-Hypnotics - Benzodiazepines			<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	DS
<i>flurazepam oral capsule 15 mg</i>	Tier 2	DS	<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 2	DS
<i>temazepam oral capsule 15 mg, 30 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
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 2	DS	Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
Sedative-Hypnotics, Non-Barbiturate			<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MO
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 2	DS	Cardiovascular Disease - Arrhythmia		
Tx For Adhd - Selective Alpha-2A Receptor Agonist			Antiarrhythmics		
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	MO	<i>adenosine intravenous syringe 3 mg/ml</i>	Tier 2	
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy			<i>amiodarone intravenous solution 50 mg/ml</i>	Tier 2	
<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>amiodarone oral tablet 200 mg</i>	Tier 2	MO
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	DS	<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 2	MO
<i>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG</i>	Tier 2	DS			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 2	MO	Cardiovascular Disease - Cardiac Stimulant		
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 2	MO	Adrenergic Agents,Catecholamines		
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)	Tier 2		ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)	Tier 3	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 2	MO	epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 3	MO	epinephrine injection syringe 0.1 mg/ml	Tier 2	
PACERONE ORAL TABLET 200 MG	Tier 2	MO	Digitalis Glycosides		
procainamide injection solution 100 mg/ml	Tier 2		DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	MO
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 2	MO	DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	MO
quinidine gluconate oral tablet extended release 324 mg	Tier 2	MO	digoxin injection solution 250 mcg/ml (0.25 mg/ml)	Tier 2	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 2	MO	digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 3	MO
			digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Cardiovascular Disease - Hypertension					
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic					
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 2	MO	<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 2	MO
Alpha/Beta-Adrenergic Blocking Agents					
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 2	MO	<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 2	MO
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	MO	<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 2	MO
Alpha-Adrenergic Blocking Agents					
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 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
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 2		<i>QBRELIS ORAL SOLUTION 1 MG/ML</i>	Tier 3	MO; Age
<i>phentolamine injection recon soln 5 mg</i>	Tier 2	RB; QL	Antihypertensives, Angiotensin Receptor Antagonist		
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	MO	<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	MO	Antihypertensives, Miscellaneous		
			<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	Tier 2	
			Antihypertensives, Sympatholytic		
			<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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
guanfacine oral tablet 1 mg, 2 mg	Tier 2	MO	propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 2	MO
methyldopa oral tablet 250 mg, 500 mg	Tier 2	MO	propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	MO
Antihypertensives, Vasodilators					
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	MO	SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 2	MO
minoxidil oral tablet 10 mg, 2.5 mg	Tier 2	MO	SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 2	MO
Beta-Adrenergic Blocking Agents					
acebutolol oral capsule 200 mg, 400 mg	Tier 2	MO	sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 2	MO
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 2	MO	Beta-Adrenergic Blocking Agents/Thiazide & Related		
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 2	MO	atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 2	MO
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	MO	bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 2	MO
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	MO	Calcium Channel Blocking Agents		
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 2	MO	amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	MO
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
diltiazem hcl intravenous solution 5 mg/ml	Tier 2		verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 2	MO
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 2	MO	Loop Diuretics		
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 2	MO	bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	MO
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 2	MO	ethacrynone sodium intravenous recon soln 50 mg	Tier 5	DS
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 2	MO	furosemide injection solution 10 mg/ml	Tier 2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 2	MO	furosemide injection syringe 10 mg/ml	Tier 2	
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	MO; Age	furosemide oral solution 10 mg/ml	Tier 2	MO
nifedipine oral capsule 10 mg, 20 mg	Tier 2	MO	furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 2	MO
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 2	MO	torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 2	MO
nimodipine oral capsule 30 mg	Tier 2		Potassium Sparing Diuretics		
verapamil intravenous solution 2.5 mg/ml	Tier 2		amiloride oral tablet 5 mg	Tier 2	MO
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 2	MO	DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 3	MO
			spironolactone oral suspension 25 mg/5 ml	Tier 2	MO; Age
			spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 2	MO
			triamterene oral capsule 100 mg, 50 mg	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Potassium Sparing Diuretics In Combination			Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	MO	<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2	MO	<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	MO	<i>OPSUMIT ORAL TABLET 10 MG</i>	Tier 5	PA; DS
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			Pulmonary Antihypertensives, Prostacyclin-Type		
<i>ADCIRCA ORAL TABLET 20 MG</i>	Tier 5	DS	<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i>	Tier 5	DS
<i>ALYQ ORAL TABLET 20 MG</i>	Tier 2	MO	<i>epoprostenol intravenous recon soln 1.5 mg</i>	Tier 5	DS
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 2	DS; PR	<i>REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML</i>	Tier 6	DS
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 2	RB; PR; QL	<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 6	DS
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 2	MO	<i>VELETRI INTRAVENOUS RECON SOLN 1.5 MG</i>	Tier 5	DS
<i>TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)</i>	Tier 5	DS; Age	<i>VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML</i>	Tier 3	DS
Thiazide And Related Diuretics			<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
hydrochlorothiazide oral capsule 12.5 mg	Tier 2	MO			MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	MO	lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 2	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	MO			
Vasodilators, Combination					
isosorbide-hydralazine oral tablet 20-37.5 mg	Tier 2	MO			
Cardiovascular Disease - Lipid Irregularity					
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 2	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS			
			rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 2	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS	<i>colestipol oral tablet 1 gram</i>	Tier 2	MO
			<i>PREVALITE ORAL POWDER 4 GRAM</i>	Tier 2	MO
			<i>PREVALITE ORAL POWDER IN PACKET 4 GRAM</i>	Tier 2	MO
			<i>QUESTRAN ORAL POWDER 4 GRAM</i>	Tier 3	MO
Lipotropics					
<i>ezetimibe oral tablet 10 mg</i>			<i>ezetimibe oral tablet 10 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>			<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 2	MO
<i>gemfibrozil oral tablet 600 mg</i>			<i>gemfibrozil oral tablet 600 mg</i>	Tier 2	MO
Cardiovascular Disease - Miscellaneous Agents					
Adrenergic Vasopressor Agents					
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>			<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>			<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MO
Angiotensin Receptor-Neprilysin Inhibitor Comb(Arni)					
<i>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</i>			<i>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</i>	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Cardiovascular Disease - Vasodilation					
Vasodilators,Corona ry					
ISORDIL ORAL TABLET 40 MG	Tier 3	MO	<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	Tier 2	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 2	MO	Vasodilators,Peripher al		
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	MO	<i>ergoloid oral tablet 1 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	Contraception/Oxytocics		
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	MO	ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO; QL
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	MO	ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO; QL
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 2	MO	<i>etongestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	MO; QL
<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	HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Tier 1	MO; QL
Contraceptives,Injectable					
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML			DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 6	MO
Contraceptives,Oral					
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG			AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG			ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO	BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO	BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
APRI ORAL TABLET 0.15-0.03 MG	Tier 1	MO	BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	MO	BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO	CAMILA ORAL TABLET 0.35 MG	Tier 1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO	CHATEAL (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO	CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO	CYCLAFEM 1/35 (28) ORAL TABLET 1-35 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	CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO	CYRED EQ ORAL TABLET 0.15-0.03 MG	Tier 1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO	CYRED ORAL TABLET 0.15-0.03 MG	Tier 1	MO
AYUNA ORAL TABLET 0.15-0.03 MG	Tier 1	MO	DASSETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO	FEMYNOR ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
DEBLITANE ORAL TABLET 0.35 MG	Tier 1	MO	GIANVI (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	Tier 1	MO	HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 1	MO	HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
ELLA ORAL TABLET 30 MG	Tier 1	MO	HAILEY ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
EMOQUETTE ORAL TABLET 0.15-0.03 MG	Tier 1	MO	HEATHER ORAL TABLET 0.35 MG	Tier 1	MO
EMZAHH ORAL TABLET 0.35 MG	Tier 1	MO	INCASSIA ORAL TABLET 0.35 MG	Tier 1	MO
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	MO	ISIBLOOM ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 1	MO	JASMIEL (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
ERRIN ORAL TABLET 0.35 MG	Tier 1	MO	JENCYCLA ORAL TABLET 0.35 MG	Tier 1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO	JULEBER ORAL TABLET 0.15-0.03 MG	Tier 1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 1	MO	JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO	JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO	LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO	LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	MO
KALLIGA ORAL TABLET 0.15-0.03 MG	Tier 1	MO	<i>levonorgestrel-ethynodiol dihydrochloride oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 1	MO
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO	<i>levonorgestrel estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	MO
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	Tier 1	MO	LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 1	MO
KURVELO (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO	LILLOW (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	LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO	LORYNA (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO	LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	Tier 1	MO
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO	LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO	LYLEQ ORAL TABLET 0.35 MG	Tier 1	MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	MO	LYZA ORAL TABLET 0.35 MG	Tier 1	MO
			MARLISSA (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	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
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO	NORLYDA ORAL TABLET 0.35 MG	Tier 1	MO
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO	NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO	NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO	NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO	NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO	NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
NIKKI (28) ORAL TABLET 3-0.02 MG	Tier 1	MO	NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
NORA-BE ORAL TABLET 0.35 MG	Tier 1	MO	NYMYO ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 1	MO	OCELLA ORAL TABLET 3-0.03 MG	Tier 1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	MO	ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	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	PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	Tier 1	MO	TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 1	MO	TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO	TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO	TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
SHAROBEL ORAL TABLET 0.35 MG	Tier 1	MO	TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO	TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO	TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
SYEDA ORAL TABLET 3-0.03 MG	Tier 1	MO	TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO	TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO	TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	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			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO	Oxytocics		
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO	<i>carboprost tromethamine intramuscular solution 250 mcg/ml</i>	Tier 5	DS
TULANA ORAL TABLET 0.35 MG	Tier 1	MO	HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	Tier 5	DS
VESTURA (28) ORAL TABLET 3-0.02 MG	Tier 1	MO	<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	Tier 2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO	<i>methylergonovine oral tablet 0.2 mg</i>	Tier 2	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO	<i>oxytocin injection solution 10 unit/ml</i>	Tier 3	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO	PITOCIN INJECTION SOLUTION 10 UNIT/ML	Tier 3	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO	Cough And Cold		
ZARAH ORAL TABLET 3-0.03 MG	Tier 1	MO	Antitussives, Non-Narcotic		
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO	<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 2	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO	Narcotic Antitussive-1St Generation Antihistamine		
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Tier 1	MO	<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	Tier 2	DS; Age

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Narcotic Antitussive-Anticholinergic Comb.					Dermatology - Acne
					Acne Agents, Systemic
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	Tier 2	DS; Age	ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 2	DS; Age	AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 2	
Narcotic Antitussive-Expectorant Combination					CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG
codeine-guaifenesin oral liquid 10-100 mg/5 ml	Tier 2	DS; Age	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age	MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age	ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age	Acne Agents, Topical		
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	DS; Age	<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 2	MO
Nose Preparations, Vasoconstrictors (Rx)					<i>sulfacetamide sodium (acne) topical suspension 10 %</i>
ADRENALIN NASAL SOLUTION 1 MG/ML	Tier 3		Rosacea Agents, Topical		
epinephrine hcl nasal solution 1 mg/ml	Tier 2		<i>metronidazole topical cream 0.75 %</i>	Tier 2	
			<i>metronidazole topical gel 0.75 %</i>	Tier 2	
			ROSADAN TOPICAL CREAM 0.75 %	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Topical Preparations, Antibacterials					
DERMAZENE TOPICAL CREAM 1-1 %	Tier 2		<i>erythromycin with ethanol topical solution 2 %</i>	Tier 2	MO
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 2		<i>gentamicin topical cream 0.1 %</i>	Tier 2	
Vitamin A Derivatives					
<i>adapalene topical gel 0.3 %</i>	Tier 2	MO	<i>gentamicin topical ointment 0.1 %</i>	Tier 2	
AVITA TOPICAL CREAM 0.025 %	Tier 2	PA; MO	<i>mupirocin calcium topical cream 2 %</i>	Tier 2	
AVITA TOPICAL GEL 0.025 %	Tier 2	PA; MO	<i>mupirocin topical ointment 2 %</i>	Tier 2	
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	Tier 3	PA; MO	Topical Antifungal/Antiinflammatory, Steriod Agent		
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	Tier 3	PA; MO	<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
<i>tretinoiin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	PA; MO	Topical Antifungals		
<i>tretinoiin topical gel 0.01 %, 0.025 %</i>	Tier 2	PA; MO	<i>ciclopirox topical cream 0.77 %</i>	Tier 2	
Dermatology - Antiinfective			<i>ketonconazole topical cream 2 %</i>	Tier 2	
Topical Antibiotics			<i>ketonconazole topical shampoo 2 %</i>	Tier 2	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 2	MO	KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 2	MO	NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 2	MO	<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	
			<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 2		Topical Anti-Inflammatory Steroidal		
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2		<i>alclometasone topical ointment 0.05 %</i>	Tier 2	MO
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2		<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	MO
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2		<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	MO
Topical Antiparasitics			<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	MO
<i>permethrin topical cream 5 %</i>	Tier 2		<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	MO
Topical Sulfonamides			<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2	MO
<i>silver sulfadiazine topical cream 1 %</i>	Tier 2		<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2	MO
SSD TOPICAL CREAM 1 %	Tier 2		<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 2	MO
Dermatology - Antiinflammatory			<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	MO
Interleukin-13 (IL-13) Inhibitors, Mab			<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 2	MO
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 5	PA; MO	<i>clobetasol scalp solution 0.05 %</i>	Tier 2	MO
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; MO	<i>clobetasol topical cream 0.05 %</i>	Tier 2	MO
			<i>clobetasol topical gel 0.05 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
clobetasol topical ointment 0.05 %	Tier 2	MO	fluocinonide topical ointment 0.05 %	Tier 2	MO
clobetasol topical shampoo 0.05 %	Tier 2	MO	fluocinonide topical solution 0.05 %	Tier 2	MO
clobetasol-emollient topical cream 0.05 %	Tier 2	MO	FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 2	MO
CLOBEX TOPICAL SHAMPOO 0.05 %	Tier 3	MO	fluocinonide-emollient topical cream 0.05 %	Tier 2	MO
CLODAN TOPICAL SHAMPOO 0.05 %	Tier 3	MO	halobetasol propionate topical cream 0.05 %	Tier 2	MO
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	MO	halobetasol propionate topical ointment 0.05 %	Tier 2	MO
CORMAX SCALP SOLUTION 0.05 %	Tier 2	MO	hydrocortisone butyrate topical cream 0.1 %	Tier 2	MO
desonide topical cream 0.05 %	Tier 2	MO	hydrocortisone butyrate topical ointment 0.1 %	Tier 2	MO
desonide topical ointment 0.05 %	Tier 2	MO	hydrocortisone butyrate topical solution 0.1 %	Tier 2	MO
desoximetasone topical cream 0.25 %	Tier 2	MO	hydrocortisone butyr-emollient topical cream 0.1 %	Tier 2	MO
fluocinolone and shower cap scalp oil 0.01 %	Tier 2	MO	hydrocortisone topical cream 2.5 %	Tier 2	MO
fluocinolone topical cream 0.01 %, 0.025 %	Tier 2	MO	hydrocortisone topical cream with perineal applicator 2.5 %	Tier 2	MO
fluocinolone topical oil 0.01 %	Tier 2	MO	hydrocortisone topical lotion 2.5 %	Tier 2	MO
fluocinolone topical ointment 0.025 %	Tier 2	MO	hydrocortisone topical ointment 2.5 %	Tier 2	MO
fluocinolone topical solution 0.01 %	Tier 2	MO	mometasone topical cream 0.1 %	Tier 2	MO
fluocinonide topical cream 0.05 %	Tier 2	MO			
fluocinonide topical gel 0.05 %	Tier 2	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>mometasone topical ointment 0.1 %</i>	Tier 2	MO	Antiseborrheic Agents		
<i>mometasone topical solution 0.1 %</i>	Tier 2	MO	<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	MO	Irrigants		
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	MO	AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	Tier 2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	MO	AQUA CARE STERILE WATER IRRIGATION SOLUTION	Tier 2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 2	MO	<i>lactated ringers irrigation solution</i>	Tier 3	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	MO	<i>ringer's irrigation solution</i>	Tier 2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	MO	<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 2	MO	<i>water for irrigation, sterile irrigation solution</i>	Tier 2	
Dermatology - Miscellaneous			Keratolytics		
Antiperspirants			<i>podofilox topical solution 0.5 %</i>	Tier 2	MO
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 3	MO	Topical Antineoplastic & Premalignant Lesion Agnts		
DRYSOL TOPICAL SOLUTION 20 %	Tier 3	MO	<i>fluorouracil topical cream 5 %</i>	Tier 2	
			<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 2	
Topical Local Anesthetics					
			<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>lidocaine topical ointment 5 %</i>	Tier 2				
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	MO			
Topical/Mucous Membr./Subcut. Enzymes			Antipsoriatics Agents		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	Tier 5	DS	<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	MO
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3		<i>calcipotriene topical cream 0.005 %</i>	Tier 2	MO
Dermatology - Psoriasis/Eczema			<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	MO
Antipsoriatic Agents, Systemic			CALCITRENE TOPICAL OINTMENT 0.005 %	Tier 2	MO
<i>acitretin oral capsule 10 mg, 25 mg</i>	Tier 2		<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 2	MO
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; MO	DRITHOCREME HP TOPICAL CREAM 1 %	Tier 3	MO
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; MO	<i>tazarotene topical cream 0.05 %, 0.1 %</i>	Tier 2	MO
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 5	PA; DS	<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 2	MO
<i>methoxsalen oral capsule, liqd-filled,rapid rel 10 mg</i>	Tier 2		TAZORAC TOPICAL CREAM 0.05 %	Tier 3	MO
			TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 3	MO
			VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	Tier 3	MO
Topical Immunosuppressive Agents			Topical Immunosuppressive Agents		
			<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Diabetes					
Antihyperglycemic (Glp-1 Receptor Agonist)					glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg
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	Tier 2	MO	repaglinide oral tablet 0.5 mg, 1 mg, 2 mg
Antihyperglycemic, Sod/Gluc Cotransport 2 (SGLT2) Inhibitor					Antihyperglycemic, Insulin-Response Enhancer (N-S)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	MO	pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 2	MO
Antihyperglycemic, Alpha-Glucosidase Inhibitor (N-S)					Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 2	MO	metformin oral solution 500 mg/5 ml	Tier 2	MO
Antihyperglycemic, DPP-4 Inhibitors					metformin oral tablet 1,000 mg, 500 mg, 850 mg
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	Tier 3	PA; MO	metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 2	MO
TRADJENTA ORAL TABLET 5 MG	Tier 3	PA; MO	RIOMET ORAL SOLUTION 500 MG/5 ML	Tier 3	MO
Antihyperglycemic, Insulin-Release Stimulant Type					Blood Sugar Diagnostics
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 2	MO	ACCU-CHEK AVIVA PLUS TEST STRIP STRIP	Tier 7	MO; QL
glipizide oral tablet 10 mg, 5 mg	Tier 2	MO	ACCU-CHEK COMPACT PLUS TEST 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ACCUTREND GLUCOSE TEST STRIPS STRIP	Tier 7	MO; QL	CLEVER CHOICE MICRO TEST STRIP STRIP	Tier 7	MO; QL
ADVANCED GLUC METER TEST STRIP STRIP	Tier 7	MO; QL	CLEVER CHOICE PRO STRIP	Tier 7	MO; QL
ADVOCATE REDI-CODE PLUS STRIP	Tier 7	MO; QL	CLEVER CHOICE TALK TEST STRIP	Tier 7	MO; QL
ADVOCATE REDI-CODE STRIP	Tier 7	MO; QL	CLEVER CHOICE TEST STRIPS STRIP	Tier 7	MO; QL
ADVOCATE TEST STRIPS STRIP	Tier 7	MO; QL	CLEVER CHOICE VOICE PLUS TEST STRIP	Tier 7	MO; QL
AGAMATRIX AMP TEST STRIPS STRIP	Tier 7	MO; QL	CONTOUR NEXT TEST STRIPS STRIP	Tier 7	MO; QL
AGAMATRIX PRESTO TEST STRIPS STRIP	Tier 7	MO; QL	CONTOUR PLUS TEST STRIP STRIP	Tier 7	MO; QL
ASSURE 4 STRIPS STRIP	Tier 7	MO; QL	CONTOUR TEST STRIPS STRIP	Tier 7	MO; QL
ASSURE PLATINUM TEST STRIP STRIP	Tier 7	MO; QL	COOL GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
ASSURE PRISM MULTI STRIP STRIP	Tier 7	MO; QL	DARIO BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
BIONIME RIGHTEST TEST STRIPS STRIP	Tier 7	MO; QL	DIATRUE PLUS TEST STRIP STRIP	Tier 7	MO; QL
BLOOD GLUCOSE TEST STRIP	Tier 7	MO; QL	EASY GLUCO G2 STRIP	Tier 7	MO; QL
BLULINK GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL	EASY PLUS II TEST STRIP	Tier 7	MO; QL
BREEZE 2 TEST STRIPS STRIP	Tier 7	MO; QL	EASY STEP STRIP	Tier 7	MO; QL
CARESENS N TEST STRIPS STRIP	Tier 7	MO; QL	EASY TALK GLUCOSE TEST STRIP	Tier 7	MO; QL
CARETOUCH TEST STRIP STRIP	Tier 7	MO; QL	EASY TALK PLUS II TEST STRIP STRIP	Tier 7	MO; QL
CHOICEDM CLARUS STRIP	Tier 7	MO; QL	EASY TOUCH BLULINK TEST STRIP STRIP	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
EASY TOUCH TEST STRIP STRIP	Tier 7	MO; QL	EVENCARE PROVIEW TEST STRIP STRIP	Tier 7	MO; QL
EASY TRAK GLUCOSE TEST STRIP	Tier 7	MO; QL	EVENCARE TEST STRIP	Tier 7	MO; QL
EASY TRAK II TEST STRIP STRIP	Tier 7	MO; QL	EVOLUTION TEST STRIPS STRIP	Tier 7	MO; QL
EASYGLUCO PLUS STRIP	Tier 7	MO; QL	EZ SMART PLUS TEST STRIP	Tier 7	MO; QL
EASYGLUCO TEST STRIP	Tier 7	MO; QL	EZ SMART TEST STRIP	Tier 7	MO; QL
EASYMAX 15 TEST STRIPS STRIP	Tier 7	MO; QL	FIFTY50 TEST STRIP STRIP	Tier 7	MO; QL
EASYMAX STRIP	Tier 7	MO; QL	FORA 6 CONNECT GLUCOSE STRIP STRIP	Tier 7	MO; QL
ELEMENT COMPACT TEST STRIPS STRIP	Tier 7	MO; QL	FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	Tier 7	MO; QL
ELEMENT TEST STRIPS STRIP	Tier 7	MO; QL	FORA D15G STRIPS STRIP	Tier 7	MO; QL
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	Tier 7	MO; QL	FORA D20 STRIP	Tier 7	MO; QL
EMBRACE EVO TEST STRIPS STRIP	Tier 7	MO; QL	FORA D40-G31 TEST STRIPS STRIP	Tier 7	MO; QL
EMBRACE PRO TEST STRIPS STRIP	Tier 7	MO; QL	FORA G20 STRIP	Tier 7	MO; QL
EMBRACE TALK TEST STRIPS STRIP	Tier 7	MO; QL	FORA G30-PREMIUM V10 TEST STRP STRIP	Tier 7	MO; QL
EMBRACE WAVE GLUCOSE TEST STRP STRIP	Tier 7	MO; QL	FORA GD50 TEST STRIPS STRIP	Tier 7	MO; QL
EVENCARE G2 STRIP	Tier 7	MO; QL	FORA GTEL GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
EVENCARE G3 TEST STRIP	Tier 7	MO; QL	FORA TEST STRIP STRIP	Tier 7	MO; QL
EVENCARE MINI GLUCOSE TEST STR STRIP	Tier 7	MO; QL	FORA TN'G ADVAN PRO TEST STRIP STRIP	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
FORA TN'G VOICE TEST STRIPS STRIP	Tier 7	MO; QL	GLUCO NAVII TEST STRIP STRIP	Tier 7	MO; QL
FORA V10 STRIP	Tier 7	MO; QL	GLUCOCARD 01 SENSOR PLUS STRIP	Tier 7	MO; QL
FORA V10-V12-D10-D20 STRIPS STRIP	Tier 7	MO; QL	GLUCOCARD EXPRESSION STRIP	Tier 7	MO; QL
FORA V12 GLUCOSE STRIP	Tier 7	MO; QL	GLUCOCARD SHINE TEST STRIPS STRIP	Tier 7	MO; QL
FORA V20 STRIP	Tier 7	MO; QL	GLUCOCARD VITAL SENSOR STRIP	Tier 7	MO; QL
FORA V30A STRIP	Tier 7	MO; QL	GLUCOCARD VITAL TEST STRIPS STRIP	Tier 7	MO; QL
FORACARE GD20 STRIP	Tier 7	MO; QL	GLUCOCOM GLUCOSE STRIP	Tier 7	MO; QL
FORACARE GD40 TEST STRIPS STRIP	Tier 7	MO; QL	GM100 STRIP	Tier 7	MO; QL
FORTISCARE G1 TEST STRIP STRIP	Tier 7	MO; QL	GOJJI BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
FORTISCARE GLUCOSE TEST STRIPS STRIP	Tier 7	MO; QL	GOODLIFE AC-302 TEST STRIP STRIP	Tier 7	MO; QL
FREESTYLE INSULINX STRIP	Tier 7	MO; QL	HARMONY GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 7	MO; QL	HEALTHPRO TEST STRIPS STRIP	Tier 7	MO; QL
FREESTYLE LITE STRIPS STRIP	Tier 7	MO; QL	IGLUCOSE TEST STRIP STRIP	Tier 7	MO; QL
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 7	MO; QL	INFINITY TEST STRIPS STRIP	Tier 7	MO; QL
FREESTYLE TEST STRIP	Tier 7	MO; QL	INFINITY VOICE TEST STRIP STRIP	Tier 7	MO; QL
GE100 BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL	MICRO BLOOD GLUCOSE STRIP	Tier 7	MO; QL
GE333 BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL	MICRODOT BLOOD GLUCOSE SYSTEM STRIP	Tier 7	MO; QL
GENULTIMATE TEST STRIP STRIP	Tier 7	MO; QL			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
MICRODOT XTRA BLOOD GLUCOSE STRIP	Tier 7	MO; QL	PRECISION Q-I-D TEST STRIP	Tier 7	MO; QL
MYGLUCOHEALTH STRIP	Tier 7	MO; QL	PRECISION XTRA TEST STRIP	Tier 7	MO; QL
NEUTEK 2TEK TEST STRIPS STRIP	Tier 7	MO; QL	PREMIER TEST STRIP STRIP	Tier 7	MO; QL
NOVA MAX GLUCOSE TEST STRIP	Tier 7	MO; QL	PREMIUM V10 STRIP	Tier 7	MO; QL
ON CALL EXPRESS TEST STRIP STRIP	Tier 7	MO; QL	PRO VOICE V8-V9 TEST STRIP STRIP	Tier 7	MO; QL
ON CALL PLUS TEST STRIP STRIP	Tier 7	MO; QL	PRODIGY NO CODING STRIP	Tier 7	MO; QL
ON CALL VIVID TEST STRIP STRIP	Tier 7	MO; QL	PTS PANELS EGLU TEST STRIP STRIP	Tier 7	MO; QL
ONETOUCH ULTRA TEST STRIP	Tier 7	MO; QL	QUINTET AC STRIP	Tier 7	MO; QL
ONETOUCH VERIO TEST STRIPS STRIP	Tier 7	MO; QL	QUINTET GLUCOSE TEST STRIPS STRIP	Tier 7	MO; QL
OPTIUM EZ STRIP	Tier 7	MO; QL	REFUAH PLUS STRIP	Tier 7	MO; QL
OPTIUM TEST STRIP	Tier 7	MO; QL	RELION CONFIRM-MICRO STRIP	Tier 7	MO; QL
OPTUMRX STRIP	Tier 7	MO; QL	RELION PRIME TEST STRIPS STRIP	Tier 7	MO; QL
PHARMACIST CHOICE STRIP	Tier 7	MO; QL	RELION ULTIMA STRIP	Tier 7	MO; QL
PIP BLOOD GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL	REVEAL TEST STRIP STRIP	Tier 7	MO; QL
PLATINUM TEST STRIP STRIP	Tier 7	MO; QL	RIGHTEST GS250S TEST STRIPS STRIP	Tier 7	MO; QL
PRECISION PCX PLUS TEST STRIP	Tier 7	MO; QL	RIGHTEST GS260 TEST STRIPS STRIP	Tier 7	MO; QL
PRECISION PCX TEST STRIP	Tier 7	MO; QL	RIGHTEST GS550 TEST STRIPS STRIP	Tier 7	MO; QL
PRECISION POINT OF CARE TEST STRIP	Tier 7	MO; QL	RIGHTEST GS700 TEST STRIP STRIP	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
RIGHTEST MAX TEST STRIP STRIP	Tier 7	MO; QL	WAVESENSE JAZZ STRIP	Tier 7	MO; QL
SMART SENSE TEST STRIPS STRIP	Tier 7	MO; QL	WAVESENSE PRESTO STRIP	Tier 7	MO; QL
SMARTEST TEST STRIP	Tier 7	MO; QL	Diabetic Supplies		
SOLUS V2 TEST STRIPS STRIP	Tier 7	MO; QL	2TEK CONTROL (HIGH-NORMAL) SOLUTION	Tier 7	MO
SURE-TEST EASYPLUS MINI STRIP	Tier 7	MO; QL	2TEK GLUCOSE/BLOOD PRESSURE KIT	Tier 7	MO
TD GOLD TEST STRIP STRIP	Tier 7	MO; QL	ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	Tier 7	MO
TELCARE TEST STRIPS STRIP	Tier 7	MO; QL	ACCU-CHEK AVIVA PLUS METER	Tier 7	MO
TEST N'GO TEST STRIP	Tier 7	MO; QL	ACCU-CHEK COMPACT PLUS CONTROL SOLUTION	Tier 7	MO
TRUE METRIX GLUCOSE TEST STRIP STRIP	Tier 7	MO; QL	ACCU-CHEK FASTCLIX LANCING DEV KIT	Tier 7	MO
TRUE METRIX PRO TEST STRIP STRIP	Tier 7	MO; QL	ACCU-CHEK GUIDE GLUCOSE METER	Tier 7	MO
TRUETEST TEST STRIPS STRIP	Tier 7	MO; QL	ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	Tier 7	MO
TRUETRACK TEST STRIP	Tier 7	MO; QL	ACCU-CHEK GUIDE ME GLUCOSE MTR	Tier 7	MO
ULTIMA TEST STRIPS STRIP	Tier 7	MO; QL	ACCU-CHEK MULTICLIX LANCET KIT	Tier 7	MO
ULTRATRAK STRIP	Tier 7	MO; QL	ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	Tier 7	MO
ULTRATRAK ULTIMATE STRIP	Tier 7	MO; QL	ACCU-CHEK SOFT DEV LANCETS KIT	Tier 7	MO
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			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ACCUTREND GLUCOSE CONTROL SOLUTION	Tier 7	MO	ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	Tier 7	MO
ADJUSTABLE LANCING DEVICE	Tier 7		ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION	Tier 7	MO
ADVANCED GLUCOSE METER	Tier 7	MO	AGAMATRIX AMP GLUC MONITOR SYS	Tier 7	MO
ADVANCED LANCING DEVICE KIT	Tier 7	MO	AGAMATRIX CONTROL HIGH SOLUTION	Tier 7	MO
ADVOCATE BLOOD GLUCOSE MONITOR	Tier 7	MO	AGAMATRIX CONTROL NORM-HI SOLUTION	Tier 7	MO
ADVOCATE CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO	AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION	Tier 7	MO
ADVOCATE DUO DEVICE	Tier 7		AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION	Tier 7	MO
ADVOCATE LANCING DEVICE	Tier 7		ALTERNATE SITE LANCING DEVICE	Tier 7	
ADVOCATE LOW CONTROL SOLUTION	Tier 7	MO	AQUA LANCE LANCING DEVICE	Tier 7	
ADVOCATE RAPID-SAFE LANCING	Tier 7		ASSURE 4 CONTROL SOLUTION COMBO PACK	Tier 7	MO
ADVOCATE REDI-CODE DUO METER DEVICE	Tier 7		ASSURE DOSE NORMAL CONTROL SOLUTION	Tier 7	MO
ADVOCATE REDI-CODE GLU MONITOR	Tier 7	MO	ASSURE DOSE NORM-HI CONTROL SOLUTION	Tier 7	MO
ADVOCATE REDI-CODE GLU MONITOR KIT	Tier 7	MO	ASSURE PLATINUM GLUCOSE METER	Tier 7	MO
ADVOCATE REDI-CODE PLUS	Tier 7	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	Tier 7	MO	BREEZE 2 CONTROL SOLUTION, NML SOLUTION	Tier 7	MO
ASSURE PRISM MULTI METER	Tier 7	MO	BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	Tier 7	MO
AUTO-LANCET MINI	Tier 7		CARELANCE ULT LANCING DEVICE	Tier 7	
AUTOLET IMPRESSION LANC DEV KIT	Tier 7	MO	CAREONE LANCING DEVICE	Tier 7	MO; QL
AUTOLET LANCING DEVICE	Tier 7		CARESENS CONTROL A AND B SOLUTION	Tier 7	MO
AUTOLET PLUS LANCING DEVICE	Tier 7		CARESENS CONTROL A NORMAL SOLUTION	Tier 7	MO
BIONIME RIGHTEST GM300 SYSTEM KIT	Tier 7	MO	CARESENS N	Tier 7	MO
BIOTEL CARE BGM-4 METER	Tier 7	MO	CARESENS N FELIZ BT GLUC METER	Tier 7	MO
<i>blood glucose contrl hi,normal solution</i>	Tier 7	MO	CARESENS N FELIZ GLUCOSE METER	Tier 7	MO
<i>blood glucose control, normal solution</i>	Tier 7	MO	CARESENS N KIT	Tier 7	MO
<i>blood glucose ctl high,nml,low solution</i>	Tier 7	MO	CARESENS N VOICE	Tier 7	MO
BLOOD GLUCOSE MONITORING KIT	Tier 7	MO	CARESENS N VOICE KIT	Tier 7	MO
<i>blood-glucose meter</i>	Tier 7	MO	CARESENS PREM LANCING DEVICE	Tier 7	
<i>blood-glucose meter kit</i>	Tier 7	MO	CARESOFT LANCING DEVICE	Tier 7	
BLULINK DIABETIC TEST BUNDLE KIT	Tier 7	MO	CARETOUCH CONTROL SOLN L2-L3 SOLUTION	Tier 7	MO
BLULINK GLUCOSE MONITOR SYSTEM	Tier 7	MO	CARETOUCH GLUCOSE MONITORING KIT	Tier 7	MO
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
CARETOUCH LANCING DEVICE	Tier 7		CONTOUR CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO
CHOICE DM CLARUS NORM CONTROL SOLUTION	Tier 7	MO	CONTOUR CONTROL SOLUTION, NML SOLUTION	Tier 7	MO
CHOICEDM CLARUS	Tier 7	MO	CONTOUR METER	Tier 7	MO
CHOSEN LANCING DEVICE	Tier 7		CONTOUR METER KIT	Tier 7	MO
CLEVER CHEK BLOOD GLUCOSE	Tier 7	MO	CONTOUR NEXT EZ METER	Tier 7	MO
CLEVER CHEK BLOOD GLUCOSE SYST KIT	Tier 7	MO	CONTOUR NEXT EZ METER KIT	Tier 7	MO
CLEVER CHOICE BLOOD GLUC SYS	Tier 7	MO	CONTOUR NEXT GEN METER	Tier 7	MO
CLEVER CHOICE GLUCOSE MONITOR	Tier 7	MO	CONTOUR NEXT GEN METER KIT	Tier 7	MO
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	Tier 7	MO	CONTOUR NEXT GLUCOSE METER KIT	Tier 7	MO
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	Tier 7	MO	CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION	Tier 7	MO
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	Tier 7	MO	CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	Tier 7	MO
CLEVER CHOICE MICRO	Tier 7	MO	CONTOUR NEXT METER	Tier 7	MO
CLEVER CHOICE PRO	Tier 7	MO	CONTOUR NEXT ONE METER	Tier 7	MO
CLEVER CHOICE TALK GLUCOSE SYS	Tier 7	MO	CONTOUR PLUS BLUE METER	Tier 7	MO
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	Tier 7	MO	CONTROL AST MONITORING SYSTEM	Tier 7	MO
			COOL BLOOD GLUCOSE METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
COOL BLOOD GLUCOSE METER KIT	Tier 7	MO	EASY STEP HIGH CONTROL SOLN SOLUTION	Tier 7	MO
COOL CONTROL A SOLUTION SOLUTION	Tier 7	MO	EASY STEP LOW CONTROL SOLUTION SOLUTION	Tier 7	MO
COOL CONTROL B SOLUTION SOLUTION	Tier 7	MO	EASY STEP NORMAL CONTROL SOLN SOLUTION	Tier 7	MO
DIATRUE CONTROL SOLN NORMAL SOLUTION	Tier 7	MO	EASY TALK BLOOD GLUCOSE METER	Tier 7	MO
DIATRUE CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO	EASY TALK HIGH CONTROL SOLUTION	Tier 7	MO
DIATRUE CONTROL SOLUTION LOW SOLUTION	Tier 7	MO	EASY TALK LOW CONTROL SOLUTION	Tier 7	MO
DIATRUE PLUS BLOOD GLUCOSE MET	Tier 7	MO	EASY TALK PLUS II HIGH CONTROL SOLUTION	Tier 7	MO
DROPLET GENTHEEL LANCING DEVICE	Tier 7		EASY TALK PLUS II LOW CONTROL SOLUTION	Tier 7	MO
DROPLET LANCING DEVICE	Tier 7		EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	Tier 7	MO
EASY MINI EJECT LANCING DEVICE	Tier 7		EASY TOUCH BLULINK GLUC SYST	Tier 7	MO
EASY PLUS II BLOOD GLUCOSE MET	Tier 7	MO	EASY TOUCH GLUCOSE MONITOR	Tier 7	MO
EASY PLUS II HIGH CONTROL SOLUTION	Tier 7	MO	EASY TOUCH HIGH-LOW CONTROL SOLUTION	Tier 7	MO
EASY PLUS II LOW CONTROL SOLUTION	Tier 7	MO	EASY TOUCH LANCING DEVICE	Tier 7	
EASY STEP BLOOD GLUCOSE METER	Tier 7	MO	EASY TRAK BLOOD GLUCOSE METER	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
EASY TRAK HIGH CONTROL SOLUTION	Tier 7	MO	ELEMENT COMPACT HIGH CONTROL SOLUTION	Tier 7	MO
EASY TRAK II BLOOD GLUCOSE MTR	Tier 7	MO	ELEMENT COMPACT NORMAL CONTROL SOLUTION	Tier 7	MO
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	Tier 7	MO	ELEMENT COMPACT V GLUCOSE MTR	Tier 7	MO
EASY TRAK LOW CONTROL SOLUTION	Tier 7	MO	ELEMENT HIGH CONTROL SOLUTION	Tier 7	MO
EASYGLUCO METER KIT	Tier 7	MO	ELEMENT LOW CONTROL SOLUTION	Tier 7	MO
EASYGLUCO MONITORING SYSTEM KIT	Tier 7	MO	ELEMENT NORMAL CONTROL SOLUTION	Tier 7	MO
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	Tier 7	MO	ELEMENT PLUS BLOOD GLUCOSE KIT KIT	Tier 7	MO
EASymax 15 LEVEL 2 SOLUTION	Tier 7	MO	EMBRACE BLOOD GLUCOSE KIT	Tier 7	MO
EASymax NG	Tier 7	MO	EMBRACE BLOOD GLUCOSE SYSTEM	Tier 7	MO
EASymax NG KIT	Tier 7	MO	EMBRACE EVO BLOOD GLUCOSE KIT KIT	Tier 7	MO
EASymax NORMAL CONTROL SOLUTION	Tier 7	MO	EMBRACE EVO GLUCOSE MONITOR	Tier 7	MO
EASymax T1 KIT	Tier 7	MO	EMBRACE EVO LEVEL 1 SOLUTION	Tier 7	MO
EASymax V SPEAKING GLUCOSE SYS	Tier 7	MO	EMBRACE GLUCOSE CONTROL HIGH SOLUTION	Tier 7	MO
EASY-TOUCH BLOOD GLUCOSE METER	Tier 7	MO			
ELEMENT COMPACT GLUCOSE METER	Tier 7	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
EMBRACE GLUCOSE CONTROL LOW SOLUTION	Tier 7	MO	EVENCARE MINI MONITOR SYSTEM	Tier 7	MO
EMBRACE LANCING DEVICE	Tier 7		EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION	Tier 7	MO
EMBRACE PRO GLUCOSE METER	Tier 7	MO	EVENCARE SOLUTION	Tier 7	MO
EMBRACE PRO SOLUTION	Tier 7	MO	EVOLUTION BLOOD GLUCOSE METER KIT	Tier 7	MO
EMBRACE TALK BLOOD GLUCOSE SYS KIT	Tier 7	MO	EVOLUTION NORMAL CONTROL SOLUTION	Tier 7	MO
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION	Tier 7	MO	EZ SMART CONTROL SOLUTION	Tier 7	MO
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	Tier 7	MO	EZ SMART PLUS SYSTEM KIT	Tier 7	MO; QL
EMBRACE TALK GLUCOSE MONITOR	Tier 7	MO	EZ SMART SYSTEM KIT	Tier 7	MO
EMBRACE WAVE PLUS GLUCOSE MTR	Tier 7	MO	FORA D10 KIT	Tier 7	MO
EVENCARE G2	Tier 7	MO	FORA D15 GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
EVENCARE G2 SOLUTION	Tier 7	MO	FORA D20 KIT	Tier 7	MO
EVENCARE G3 CONTROL SOLUTION	Tier 7	MO	FORA D40D GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
EVENCARE G3 GLUCOSE METER KIT	Tier 7	MO	FORA D40G GLUCOSE-BP MONITOR DEVICE	Tier 7	MO
EVENCARE KIT	Tier 7	MO	FORA G20 KIT	Tier 7	MO
EVENCARE MINI GLUCOSE CONTROL SOLUTION	Tier 7	MO	FORA G30A	Tier 7	MO
			FORA GD50 BLOOD GLUCOSE SYSTEM	Tier 7	MO

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FORA HIGH CONTROL SOLUTION	Tier 7	MO	FORACARE GDH NORMAL CONTROL SOLUTION	Tier 7	MO
FORA LANCING DEVICE	Tier 7		FORTISCARE BLOOD GLUCOSE SYST KIT	Tier 7	MO
FORA LOW CONTROL SOLUTION	Tier 7	MO	FORTISCARE HIGH SOLUTION	Tier 7	MO
FORA NORMAL CONTROL SOLUTION	Tier 7	MO	FORTISCARE LOW SOLUTION	Tier 7	MO
FORA PREMIUM V10 GLUCOSE METER	Tier 7	MO	FORTISCARE NORMAL SOLUTION	Tier 7	MO
FORA TEST N'GO VOICE METER	Tier 7	MO	FORTISCARE T1 BLOOD GLUC SYS	Tier 7	MO
FORA TN'G VOICE METER	Tier 7	MO	FREESTYLE CONTROL SOLUTION	Tier 7	MO
FORA V10 KIT	Tier 7	MO	FREESTYLE FLASH SYSTEM KIT	Tier 7	MO
FORA V12 BLOOD GLUCOSE SYSTEM	Tier 7	MO	FREESTYLE FREEDOM KIT	Tier 7	MO
FORA V12 BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO	FREESTYLE FREEDOM LITE KIT	Tier 7	MO
FORA V20 KIT	Tier 7	MO	FREESTYLE INSULINX	Tier 7	MO
FORA V30A	Tier 7	MO	FREESTYLE LITE METER KIT	Tier 7	MO
FORA V30A KIT	Tier 7	MO	FREESTYLE PRECISION NEO METER	Tier 7	MO
FORACARE GD20 GLUCOSE METER	Tier 7	MO	FREESTYLE SIDEKICK II KIT	Tier 7	MO
FORACARE GD40A GLUCOSE METER	Tier 7	MO	FREESTYLE SYSTEM KIT KIT	Tier 7	MO
FORACARE GD40B GLUCOSE METER	Tier 7	MO	GDRIVE KIT	Tier 7	MO
FORACARE GDH HIGH CONTROL SOLUTION	Tier 7	MO	GE100 BLOOD GLUCOSE SYSTEM	Tier 7	MO
FORACARE GDH LOW CONTROL SOLUTION	Tier 7	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
GE100 BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO	GLUCOCARD SHINE XL METER	Tier 7	MO
GE100 CONTROL SOLUTION NORMAL SOLUTION	Tier 7	MO	GLUCOCARD VITAL KIT	Tier 7	MO
GE333 BLOOD GLUCOSE SYSTEM	Tier 7	MO	GLUCOCOM BLOOD GLUCOSE KIT	Tier 7	MO
GE333 CONTROL SOLUTION NORMAL SOLUTION	Tier 7	MO	GLUCOCOM CONTROL HIGH SOLUTION	Tier 7	MO
GLUCO NAVII GLUCOSE MONITOR KIT	Tier 7	MO	GLUCOCOM CONTROL NORMAL SOLUTION	Tier 7	MO
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION	Tier 7	MO	GLUCOSE CONTROL SOLUTION	Tier 7	MO
GLUCOCARD 01 METER KIT	Tier 7	MO	GLUCOSE KETONE CONTROL SOLN SOLUTION	Tier 7	MO
GLUCOCARD 01 NORMAL CONTROL SOLUTION	Tier 7	MO	GM100 KIT	Tier 7	MO
GLUCOCARD EXPRESSION	Tier 7	MO	GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	Tier 7	MO
GLUCOCARD EXPRESSION KIT	Tier 7	MO	GOJJI LANCING DEVICE	Tier 7	
GLUCOCARD EXPRESSION SOLUTION	Tier 7	MO	GOODLIFE AC-302 GLUCOSE METER	Tier 7	MO
GLUCOCARD SHINE CONNEX METER	Tier 7	MO	GUARDIAN REAL-TIME GLU MONITOR	Tier 7	MO
GLUCOCARD SHINE EXPRESS METER	Tier 7	MO	HARMONY CONTROL L1,L3 SOLUTION	Tier 7	MO
GLUCOCARD SHINE METER	Tier 7	MO	HEALTHPRO GLUCOSE MONITOR	Tier 7	MO
GLUCOCARD SHINE METER KIT KIT	Tier 7	MO	HEALTHPRO HIGH-LOW CONTROL SOLUTION	Tier 7	MO
GLUCOCARD SHINE SOLUTION	Tier 7	MO	HEALTHY ACCENTS AUTOLET	Tier 7	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
HYPOLANCE AST LANCING KIT	Tier 7	MO	MEDISENSE COMBO PACK	Tier 7	MO
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	Tier 7	MO	MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK	Tier 7	MO
INCONTROL LANCING DEVICE	Tier 7		MEDISENSE GLUCOSE KETONE COMBO PACK	Tier 7	MO
INFINITY CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO	MEDISENSE MID CONTROL SOLUTION	Tier 7	MO
INFINITY CONTROL SOLUTION LOW SOLUTION	Tier 7	MO	MEDPOINT NORMAL CONTROL SOLUTION	Tier 7	MO
INFINITY CONTROL SOLUTION NORM SOLUTION	Tier 7	MO	METER-CHECK SOLUTION	Tier 7	MO
INFINITY METER KIT KIT	Tier 7	MO	MICRODOT BLOOD GLUCOSE SYSTEM	Tier 7	MO
INFINITY STARTER KIT KIT	Tier 7	MO	MICRODOT BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	Tier 7	MO	MICRODOT HIGH-LOW CONTROL SOLUTION	Tier 7	MO
INFINITY VOICE GLUCOSE MONITOR	Tier 7	MO	MICRODOT NORMAL CONTROL SOLUTION	Tier 7	MO
JAZZ WIRELESS 2 METER KIT KIT	Tier 7	MO	MICROLET 2 LANCING DEVICE KIT	Tier 7	MO
<i>lancing device</i>	Tier 7		MICROLET NEXT LANCING DEVICE KIT	Tier 7	MO
LANCING DEVICE WITH LANCETS	Tier 7		MINI LANCING DEVICE	Tier 7	
<i>lancing device with lancets kit</i>	Tier 7	MO	MULTI-LANCET DEVICE 2 KIT	Tier 7	MO
LANCING SYSTEM	Tier 7				
LANZO LANCING DEVICE KIT	Tier 7	MO			
LITE TOUCH LANCING DEVICE	Tier 7				

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	Tier 7	MO	ONETOUCH DELICA PLUS LANC DEV KIT	Tier 7	MO
MYGLUCOHEALTH KIT	Tier 7	MO	ONETOUCH SOLUTIONS COMPLETE KIT	Tier 7	MO
NOVAMAX PLUS GLU-KET SOLUTION	Tier 7	MO	ONETOUCH SOLUTIONS FIT KIT	Tier 7	MO
ON CALL EXPRESS CONTROL SOLUTION	Tier 7	MO	ONETOUCH SOLUTIONS STARTER KIT	Tier 7	MO
ON CALL EXPRESS METER	Tier 7	MO	ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 7	MO; QL
ON CALL EXPRESS METER KIT	Tier 7	MO	ONETOUCH ULTRA CONTROL SOLUTION	Tier 7	MO
ON CALL LANCING DEVICE	Tier 7		ONETOUCH ULTRA2 METER	Tier 7	MO
ON CALL PLUS CONTROL SOLUTION	Tier 7	MO	ONETOUCH ULTRA2 METER KIT	Tier 7	MO
ON CALL PLUS LANCING DEVICE	Tier 7		ONETOUCH ULTRAMINI KIT	Tier 7	MO
ON CALL PLUS METER	Tier 7	MO	ONETOUCH VERIO FLEX METER	Tier 7	MO
ON CALL PLUS METER KIT	Tier 7	MO	ONETOUCH VERIO FLEX START KIT	Tier 7	MO
ON CALL VIVID CONTROL SOLUTION	Tier 7	MO	ONETOUCH VERIO HIGH CONTROL SOLUTION	Tier 7	MO
ON CALL VIVID METER	Tier 7	MO	ONETOUCH VERIO IQ METER	Tier 7	MO
ON CALL VIVID METER KIT	Tier 7	MO	ONETOUCH VERIO IQ METER KIT	Tier 7	MO
ON CALL VIVID PAL METER	Tier 7	MO	ONETOUCH VERIO METER	Tier 7	MO
ON CALL VIVID PAL METER KIT	Tier 7	MO	ONETOUCH VERIO MID CONTROL SOLUTION	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ONETOUCH VERIO REFLECT KIT	Tier 7	MO	PREMIER CLASSIC GLUCOSE METER	Tier 7	MO
ONETOUCH VERIO REFLECT METER	Tier 7	MO	PREMIER COMPACT GLUCOSE METER KIT	Tier 7	MO
ONETOUCH VERIO REFLECT START KIT	Tier 7	MO	PREMIER VOICE GLUCOSE METER	Tier 7	MO
OPTUMRX	Tier 7	MO	PREMIUM BLOOD GLUCOSE MONITOR	Tier 7	MO
OPTUMRX KIT	Tier 7	MO	PREMIUM V10	Tier 7	MO
OPTUMRX SOLUTION	Tier 7	MO	PRESTO PRO BLOOD GLUCOSE METER	Tier 7	MO
PHARMACIST CHOICE GLUCOSE SYS	Tier 7	MO	PRO VOICE V8 GLUCOSE MONITOR	Tier 7	MO
PIP BLOOD GLUCOSE MONITOR	Tier 7	MO	PRO VOICE V9 GLUCOSE MONITOR	Tier 7	MO
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	Tier 7	MO	PRODIGY AUTOCODE METER KIT	Tier 7	MO
PLATINUM GLUCOSE METER KIT	Tier 7	MO	PRODIGY AUTOCODE MONITOR SYST	Tier 7	MO
POGO AUTOMATIC BLOOD GLUC SYS	Tier 7	MO	PRODIGY CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO
PRECISION	Tier 7	MO	PRODIGY CONTROL SOLUTION,HIGH SOLUTION	Tier 7	MO
PRECISION GLUCOSE CONTROL SOLN COMBO PACK	Tier 7	MO	PRODIGY LANCING DEVICE	Tier 7	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK	Tier 7	MO	PRODIGY POCKET METER KIT	Tier 7	MO
PRECISION XTRA MONITOR	Tier 7	MO	PRODIGY VOICE GLUCOSE METER KIT	Tier 7	MO
PREMIER BLU GLUCOSE METER	Tier 7	MO	QUINTET AC	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
QUINTET BLOOD GLUCOSE METER	Tier 7	MO	RIGHTEST GD500 LANCING DEVICE	Tier 7	
REFUAH PLUS GLUCOSE CONTROL SOLUTION	Tier 7	MO	RIGHTEST GM250S GLUCOSE METER	Tier 7	MO
REFUAH PLUS GLUCOSE MONITOR KIT	Tier 7	MO	RIGHTEST GM260 GLUCOSE METER	Tier 7	MO
RELIAMED MINI LANCING DEVICE	Tier 7		RIGHTEST GM550 SYSTEM KIT	Tier 7	MO
RELION ALL-IN-ONE METER KIT	Tier 7	MO	RIGHTEST GM700SB GLUCOSE METER	Tier 7	MO
RELION CONFIRM KIT	Tier 7	MO	RIGHTEST GT333 GLUCOSE METER	Tier 7	MO
RELION MICRO GLUCOSE MONITOR	Tier 7	MO	RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION	Tier 7	MO
RELION MICRO GLUCOSE MONITOR KIT	Tier 7	MO	RIGHTEST MAX PLUS GLUCOSE MTR	Tier 7	MO
RELION PRIME METER	Tier 7	MO	SAFE-CLIP BY MAIL DEVICE	Tier 7	MO
REVEAL BLOOD GLUCOSE METER KIT	Tier 7	MO	SAFE-CLIP NEEDLE STORAGE DEV DEVICE	Tier 7	MO
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	Tier 7	MO	SIDEKICK BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO
RIGHTEST CONTROL SOLUTION NORM SOLUTION	Tier 7	MO	SMART CARESENS N KIT	Tier 7	MO
RIGHTEST GC250S CNTRL SOL NORM SOLUTION	Tier 7	MO	SMART SENSE MONITORING SYSTEM	Tier 7	MO
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION	Tier 7	MO	SMARTDIABETES VANTAGE	Tier 7	
			SMARTTEST CONTROL SOLUTION	Tier 7	MO
			SMARTTEST EJECT KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
SMARTEST PERSONA GLUCOSE METER	Tier 7	MO	SURE-PEN LANCING DEVICE	Tier 7	
SMARTEST PERSONA STARTER KIT	Tier 7	MO	SURE-TEST EASYPLUS MINI METER	Tier 7	MO
SMARTEST PRONTO GLUCOSE METER	Tier 7	MO	SURE-TEST EASYPLUS MINI SOLUTION	Tier 7	MO
SMARTEST PRONTO STARTER KIT	Tier 7	MO	TD GOLD BLOOD GLUCOSE MONITOR	Tier 7	MO
SMARTEST PROTEGE KIT	Tier 7	MO	TD GOLD LEVEL 1 CONTROL SOLUTION	Tier 7	MO
SMARTEST SMART CODE METER KIT	Tier 7	MO	TD GOLD LEVEL 2 CONTROL SOLUTION	Tier 7	MO
SMARTEST TALKING METER KIT	Tier 7	MO	TD GOLD LEVEL 3 CONTROL SOLUTION	Tier 7	MO
SOLUS V2 AUDIBLE METER	Tier 7	MO	TD GOLD VOICE GLUCOSE MONITOR	Tier 7	MO
SOLUS V2 AUDIBLE METER KIT	Tier 7	MO	TEL CARE BGM KIT	Tier 7	MO
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION	Tier 7	MO	TEL CARE BLOOD GLUCOSE KIT KIT	Tier 7	MO
SOLUS V2 CONTROL SOLUTION, HIGH SOLUTION	Tier 7	MO	TEL CARE CONTROL SOLUTION	Tier 7	MO
SOLUS V2 LANCING DEVICE KIT	Tier 7	MO	TEST N'GO BLOOD GLUCOSE SYSTEM	Tier 7	MO
SURE COMFORT LANCING PEN	Tier 7		TRUE METRIX AIR GLUCOSE METER	Tier 7	MO
SUREFLEX DEVICE WITH LANCETS KIT	Tier 7	MO	TRUE METRIX AIR GLUCOSE METER KIT	Tier 7	MO
SUREFLEX LANCING DEVICE	Tier 7		TRUE METRIX GLUCOSE METER	Tier 7	MO
			TRUE METRIX GLUCOSE METER KIT	Tier 7	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
TRUE METRIX GO GLUCOSE METER	Tier 7	MO	ULTRATRAK NORMAL CONTROL SOLUTION	Tier 7	MO
TRUE METRIX LEVEL 1 SOLUTION	Tier 7	MO	ULTRATRAK ULTIMATE	Tier 7	MO
TRUE METRIX LEVEL 2 SOLUTION	Tier 7	MO	ULTRATRAK ULTIMATE SOLUTION	Tier 7	MO
TRUE METRIX LEVEL 3 SOLUTION	Tier 7	MO	UNISTIK 2 COMFORT LANCET 28 GAUGE	Tier 7	MO
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO	UNISTIK 2 DEVICE KIT	Tier 7	MO
TRUECONTROL LEVEL 0 SOLUTION	Tier 7	MO	UNISTIK 2 EXTRA LANCET 21 GAUGE	Tier 7	MO
TRUECONTROL LEVEL 1 SOLUTION	Tier 7	MO	UNISTIK 2 NORMAL LANCET 21 GAUGE	Tier 7	MO
TRUEDRAW LANCING DEVICE	Tier 7		UNISTIK 3 COMFORT LANCET 28 GAUGE	Tier 7	MO; QL
TRUERESULT BLOOD GLUCOSE SYSTM KIT	Tier 7	MO	UNISTIK 3 DUAL LANCET 18 GAUGE	Tier 7	MO
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	Tier 7	MO	UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 7	MO; QL
TRUETRACK SMART SYSTEM KIT	Tier 7	MO	UNISTRIP HIGH CONTROL SOLUTION	Tier 7	MO
ULTI-LANCE	Tier 7		UNISTRIP LOW CONTROL SOLUTION	Tier 7	MO
ULTI-LANCE KIT	Tier 7	MO	VERASENS BLOOD GLUCOSE METER	Tier 7	MO
ULTIMA MONITOR	Tier 7	MO	VERASENS CONTROL SOLN-LEVEL 1 SOLUTION	Tier 7	MO
ULTRATRAK GLUCOSE METER	Tier 7	MO	VERASENS METER STARTER KIT KIT	Tier 7	MO
ULTRATRAK GLUCOSE METER KIT	Tier 7	MO			
ULTRATRAK HIGH-LOW CONTROL SOLUTION	Tier 7	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	Tier 7	MO	Insulins		
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Tier 7	MO	ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	PA
VIVAGUARD INO CTRL SOLN-L2 SOLUTION	Tier 7	MO	HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 3	PA
VIVAGUARD INO SMART GLUC METER	Tier 7	MO	HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	PA
VIVAGUARD LANCING DEVICE	Tier 7		HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	PA
WAVENSENSE AMP KIT	Tier 7	MO	HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
WAVENSENSE CONTROL SOLUTION SOLUTION	Tier 7	MO	HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	MO
WAVENSENSE PRESTO	Tier 7	MO	HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	PA
Hyperglycemics					
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 3				
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2				

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3		NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3		Urine Glucose Test Aids		
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 3		DAIStIX STRIP	Tier 7	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	MO	NO-STICK GLUCOSE STRIP	Tier 7	MO
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>	Tier 3	PA	Urine Glucose/Acetone Test Aids,Strips		
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 3		KETO-DIASTIX STRIP	Tier 7	MO
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 3		Ear - General Disorders		
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 2	PA; MO	Ear Preparations, Misc. Anti-Infectives		
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 2	PA	<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	MO
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 2	MO	<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 2	
			Ear Preparations, Antibiotics		
			COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSIO N 3.3-3-10-0.5 MG/ML	Tier 3	
			CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSIO N 3.3-3-10-0.5 MG/ML	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 2		calcium acetate(phosphat bind) oral tablet 667 mg	Tier 2	MO
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 2		KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
ofloxacin otic (ear) drops 0.3 %	Tier 2		LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 5	DS; PR; QL
Otic Preparations, Anti-Inflammatory-Antibiotics			sevelamer carbonate oral powder in packet 2.4 gram	Tier 2	MO
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %	Tier 2		sevelamer carbonate oral tablet 800 mg	Tier 2	MO
Electrolyte Regulation			sodium polystyrene sulfonate oral powder	Tier 2	
Bicarbonate Producing/Containing Agents			SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)	Tier 2		SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)	Tier 2		Electrolyte Maintenance		
Electrolyte Depleters			<i>lactated ringers</i> intravenous parenteral solution	Tier 3	
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 2	MO	<i>ringer's</i> intravenous parenteral solution	Tier 2	
Potassium Replacement			KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ		
			Tier 3	MO	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 2	MO	Sodium/Saline Preparations		
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 2	MO	BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Tier 2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 2	MO	BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	Tier 2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 3	MO	BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE	Tier 2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i>	Tier 2		CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	Tier 2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 2		NORMAL SALINE FLUSH INJECTION SYRINGE	Tier 2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 2	MO	<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	MO	<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Tier 2	MO	<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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
sodium chloride injection syringe 0.9 %	Tier 2		Follicle Stim./Luteinizing Hormones		
sodium chloride intravenous solution 4 meq/ml	Tier 2		MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	DS; RB
Endocrine Disorder - Fertility			Follicle-Stimulating Hormone (Fsh)		
Drugs To Treat Impotency			GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 5	DS; RB
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	RB; QL	GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	DS; RB
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	RB; QL	GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 5	DS; RB
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	RB; QL	Human Chorionic Gonadotropin (Hcg)		
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	Tier 3	RB; QL	chorionic gonadotropin, human intramuscular recon soln 10,000 unit	Tier 5	DS; RB
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 2	RB; QL	NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	DS; RB
Fertility Stimulating Preparations, Non-Fsh			PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	DS; RB
CLOMID ORAL TABLET 50 MG	Tier 3	RB			
clomiphene citrate oral tablet 50 mg	Tier 2	RB			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Endocrine Disorder - Other			Calcimimetic, Parathyroid Calcium Enhancer		
Adrenocorticotrophic Hormones			<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 5	DS
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5	PA; DS	Growth Hormones		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 5	PA; DS	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
Antidiuretic And Vasopressor Hormones			Lhrh(GnRH) Agonist Analog Pituitary Suppressants		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 2		SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 3	PA
<i>desmopressin nasal spray with pump 10 mcg/spray non-refrig (0.1 ml)</i>	Tier 2	MO	Lhrh(GnRH) Antagonist, Pituitary Suppressant Agents		
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray refrig (0.1 ml)</i>	Tier 2	MO	ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 5	PA; DS
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 2	MO	Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
Bone Resorption Inhibitors			OSPHENA ORAL TABLET 60 MG	Tier 3	DS; RB; QL
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 2	MO	Pituitary Suppressive Agents		
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 2	MO	<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	MO
<i>pamidronate intravenous recon soln 90 mg</i>	Tier 6		<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	MO
<i>raloxifene oral tablet 60 mg</i>	Tier 2	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Endocrine Disorder - Thyroid			Eye - General Disorders		
Antithyroid Preparations			Eye Antibiotic-Corticoid Combinations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	MO	<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 2	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	MO	<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 2	
Iodine Containing Agents			<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 2		<i>PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %</i>	Tier 3	
<i>SSKI ORAL SOLUTION 1 GRAM/ML</i>	Tier 2		Eye Antiinflammatory Agents		
Thyroid Hormones			<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2	MO
<i>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</i>	Tier 2	MO	<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 2	MO	<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 2	MO
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 2	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2		FLUCAINE OPHTHALMIC (EYE) DROPS 0.25-0.5 %	Tier 2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	MO	<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 2		<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	MO	<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	MO	Eye Sulfonamides		
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	MO	BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	Tier 2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	MO	BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	Tier 3	
Eye Antivirals			<i>sulacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2		<i>sulacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
Eye Local Anesthetics			Eye Vasoconstrictors (Rx Only)		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 2		<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 2	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 2		Ophthalmic Antibiotics		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 2		<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 2		<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3		TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 2		Ophthalmic Anti-Inflammatory Immunomodulator-Type		
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2		<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 2	DS; QL
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2		Ophthalmic Mast Cell Stabilizers		
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 2		<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2	MO
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 2		Ophthalmic Preparations, Miscellaneous		
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2		BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 2		HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 2		PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 2		Eye - Glaucoma		
			Carbonic Anhydrase Inhibitors		
			<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	MO
			<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>acetazolamide sodium injection recon soln 500 mg</i>	Tier 2		<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 2	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	MO	CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 2 %	Tier 3	
Miotics/Other Intraoc. Pressure Reducers					
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	MO	CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 2	MO	<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	Tier 2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 2	MO	HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 2	MO	<i>homatropine hbr ophthalmic (eye) drops 5 %</i>	Tier 2	MO
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 2	MO	ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	MO	<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 2	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	MO	Eye - Miscellaneous Artificial Tears		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2	MO	LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2	MO	Eye Diagnostic Agents		
Mydriatics					
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 2	MO	BIOGLO OPHTHALMIC (EYE) STRIP 1 MG	Tier 2	
			GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Eye Irrigations					
BALANCED SALT INTRAOCULAR SOLUTION	Tier 2		Gout And Related Diseases		
Ophth Vasc. Endothelial Growth Factor Antagonists					
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	Tier 6	MO	colchicine oral tablet 0.6 mg	Tier 2	MO
Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody					
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	Tier 6	MO	Hyperuricemia Tx - Purine Inhibitors		
Fluid Replacement			allopurinol oral tablet 100 mg, 300 mg	Tier 2	MO
Iv Solutions: Dextrose-Saline			febuxostat oral tablet 40 mg, 80 mg	Tier 2	ST; MO; QL
d5 % and 0.9 % sodium chloride intravenous parenteral solution	Tier 2		Uricosuric Agents		
d5 %-0.45 % sodium chloride intravenous parenteral solution	Tier 2		probenecid oral tablet 500 mg	Tier 2	MO
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	Tier 2		Hematological Disorders		
Iv Solutions: Dextrose-Water			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
dextrose 5 % in water (d5w) intravenous parenteral solution	Tier 2		warfarin 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
Antifibrinolytic Agents					
AMICAR ORAL SOLUTION 250 MG/ML (25 %)					
aminocaproic acid oral solution 250 mg/ml (25 %)					
aminocaproic acid oral tablet 1,000 mg, 500 mg					

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Antihemophilic Factors			RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT	Tier 5	DS
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	DS	Direct Factor Xa Inhibitors		
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 5	DS	XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 500-1,200 UNIT	Tier 5	DS	XARELTO ORAL TABLET 10 MG, 2.5 MG	Tier 3	MO; QL
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 5	DS	Factor IX Complex (Pcc) Preparations		
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	DS	PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 5	DS
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	DS	Factor IX Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 500 (+/-) UNIT			ALPHANINE SD INTRAVENOUS RECON SOLN 500 (+/-) UNIT	Tier 5	DS
Hematinics, Other			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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 2	
Hemorrheologic Agents			HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	MO	<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 2	
Heparin And Related Preparations			<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 2	
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	Tier 2	MO	<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 2	
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 2		<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	Tier 2		LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	Tier 3	MO
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2		Human Monoclonal Antibody Complement(C5) Inhibitor		
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2		ULTOMIRIS INTRAVENOUS SOLUTION 10 MG/ML, 100 MG/ML	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Leukocyte (Wbc) Stimulants			<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	DS	<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 2	MO
			Platelet Reducing Agents		
			<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 2	MO
			Thrombin Inhibitors, Selective, Direct, & Reversible		
			<i>dabigatran etexilate oral capsule 110 mg, 150 mg</i>	Tier 2	MO
			<i>PRADAXA ORAL CAPSULE 110 MG, 150 MG</i>	Tier 3	MO
			Thrombolytic Enzymes		
			<i>ACTIVASE INTRAVENOUS RECON SOLN 100 MG</i>	Tier 3	
			<i>CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG</i>	Tier 3	
			Thrombopoietin Receptor Agonists		
			<i>ALVAIZ ORAL TABLET 18 MG, 9 MG</i>	Tier 5	DS; QL
			<i>ALVAIZ ORAL TABLET 36 MG, 54 MG</i>	Tier 5	DS
<i>hetastarch 6 % in 0.9 % nacl intravenous solution 6 %</i>	Tier 2				
Platelet Aggregation Inhibitors					
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	MO			
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	MO			
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	MO			
<i>clopidogrel oral tablet 75 mg</i>	Tier 2	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Topical Hemostatics					
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 3		Hormonal Deficiency		
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100	Tier 3		Androgenic Agents		
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM	Tier 3		DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Tier 3	DS
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50	Tier 3		METHITEST ORAL TABLET 10 MG	Tier 3	MO
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50	Tier 3		<i>methyltestosterone oral capsule 10 mg</i>	Tier 2	MO
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 2		<i>oxandrolone oral tablet 2.5 mg</i>	Tier 2	MO
Vitamin K Preparations					
MEPHYTON ORAL TABLET 5 MG	Tier 3		<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 2	DS
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 5	DS	<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2		Estrogen/Androgen Combinations		
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 5	DS	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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 2	MO	<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 2	MO
Estrogenic Agents					
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	<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 2	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3		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
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	PREMARIN INJECTION RECON SOLN 25 MG	Tier 3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	MO	Progestational Agents		
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	Tier 2	MO	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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Immunization					
Antisera					
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	<i>imiquimod topical cream in packet 5 %</i>	Tier 2	
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	INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 6	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	Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn		
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	Tier 3		SIMULECT INTRAVENOUS RECON SOLN 10 MG	Tier 6	
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	Immunosuppressive s		
			<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	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	CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 5	DS
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 2	MO	Carbapenems (Thienamycins)		
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 6	MO	<i>ertapenem injection recon soln 1 gram</i>	Tier 5	DS
<i>sirolimus oral solution 1 mg/ml</i>	Tier 5	MO	<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	Tier 2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO	Cephalosporins - 1St Generation		
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 2	MO	<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	Tier 2	
Infectious Disease - Bacterial			<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	Tier 2	
Absorbable Sulfonamides			<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 2	MO	<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 2	MO	Cephalosporins - 2Nd Generation		
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 2	MO	<i>cefotetan injection recon soln 1 gram, 2 gram</i>	Tier 2	
Betalactams			<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>aztreonam injection recon soln 1 gram, 2 gram</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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	Tier 2		CLAFORAN INJECTION RECON SOLN 2 GRAM	Tier 3	
Cephalosporins - 3Rd Generation			CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	Tier 3	
<i>cefdinir oral capsule 300 mg</i>	Tier 2		TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM	Tier 2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2		TAZICEF INTRAVENOUS RECON SOLN 1 GRAM	Tier 3	
<i>cefixime oral capsule 400 mg</i>	Tier 2		Cephalosporins - 4Th Generation		
<i>cefixime oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2		<i>cefepime injection recon soln 1 gram, 2 gram</i>	Tier 2	
<i>cefotaxime injection recon soln 2 gram</i>	Tier 2		Chemotherapeutics, Antibacterial, Misc.		
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2		<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 2	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i>	Tier 2		<i>methenamine hippurate oral tablet 1 gram</i>	Tier 2	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 2		PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 3	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	Tier 2		<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	Tier 2		TRIMPEX ORAL SOLUTION 50 MG/5 ML	Tier 3	
			Macrolides		
			<i>azithromycin oral packet 1 gram</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	MO	<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 2	MO	<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2		<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2		<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	Tier 2	
E.E.S. 400 ORAL TABLET 400 MG	Tier 2		<i>erythromycin oral tablet, delayed release (dr/lec) 250 mg, 333 mg, 500 mg</i>	Tier 2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3		ZITHROMAX ORAL PACKET 1 GRAM	Tier 3	MO
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3		Nitrofuran Derivatives		
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Tier 3		<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	Tier 2		<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 2	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	Tier 3		<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 2	
Oxazolidinones					
			<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 5	DS
			<i>linezolid oral tablet 600 mg</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	Tier 5	DS	<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i>	Tier 2	
Penicillins			<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	Tier 2	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2		<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</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		AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2		BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	Tier 3	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2		<i>dicloxacillin oral capsule 250 mg, 500 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>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 2		<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 2		<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	Tier 2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 2		<i>penicillin g sodium injection recon soln 5 million unit</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2		<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2		<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT	Tier 2		<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	Tier 2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	Tier 2		<i>levofloxacin oral solution 250 mg/10 ml</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		<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
Quinolones			<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	Tier 3		<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	Tier 2	
Tetracyclines					
CIPRO ORAL SUSPENSION,MICR OCAPSULE RECON 250 MG/5 ML	Tier 3		DOXY-100 INTRAVENOUS RECON SOLN 100 MG	Tier 2	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2		<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 2	MO	<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 5	DS
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 2	MO	<i>ketoconazole oral tablet 200 mg</i>	Tier 2	PA
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 2	MO	<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 5	PA; DS
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 2	MO	<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	
<i>minocycline oral tablet 100 mg</i>	Tier 2	MO	<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 2	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 2	MO	<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 2		Antifungal Antibiotics		
Infectious Disease - Fungal			<i>AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG</i>	Tier 5	DS
Antifungal Agents			<i>amphotericin b injection recon soln 50 mg</i>	Tier 5	DS
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2		<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	Tier 5	DS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	Tier 2		<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	Tier 5	DS
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 2		<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2		<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 2		THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	DS
nystatin oral suspension 100,000 unit/ml	Tier 2		Anti-Mycobacterium Agents		
nystatin oral tablet 500,000 unit	Tier 2		ethambutol oral tablet 100 mg, 400 mg	Tier 2	
Infectious Disease - Miscellaneous			isoniazid oral solution 50 mg/5 ml	Tier 2	
Aminoglycosides			isoniazid oral tablet 100 mg, 300 mg	Tier 2	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	Tier 2		pyrazinamide oral tablet 500 mg	Tier 2	
gentamicin injection solution 20 mg/2 ml, 40 mg/ml	Tier 2		Antitubercular Antibiotics		
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	Tier 2		rifampin oral capsule 150 mg, 300 mg	Tier 2	
neomycin oral tablet 500 mg	Tier 2		Lincosamides		
streptomycin intramuscular recon soln 1 gram	Tier 2		clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 2	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 2	DS	clindamycin palmitate hcl oral recon soln 75 mg/5 ml	Tier 2	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	Tier 2		CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 2	
Antileprotics			clindamycin phosphate injection solution 150 mg/ml	Tier 2	
dapsone oral tablet 100 mg, 25 mg	Tier 2	MO	Vancomycin And Derivatives		
			FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml</i>	Tier 2		Antimalarial Drugs		
<i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg</i>	Tier 2		<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 2	MO
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 2		<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2	
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	Tier 2		<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 2	MO
Infectious Disease - Parasitic			DARAPRIM ORAL TABLET 25 MG	Tier 5	DS
Amebacides			<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 2	MO
<i>paromomycin oral capsule 250 mg</i>	Tier 2		<i>mefloquine oral tablet 250 mg</i>	Tier 2	MO
Anaerobic Antiprotozoal-Antibacterial Agents			<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 3	
<i>LIKMEZ ORAL SUSPENSION 500 MG/5 ML</i>	Tier 3	Age	<i>pyrimethamine oral tablet 25 mg</i>	Tier 5	DS
<i>metronidazole oral capsule 375 mg</i>	Tier 2		Antiprotozoal Drugs,Miscellaneous		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2		<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 5	DS
Anthelmintics			<i>NEBUPENT INHALATION RECON SOLN 300 MG</i>	Tier 3	MO
<i>albendazole oral tablet 200 mg</i>	Tier 2		<i>pentamidine inhalation recon soln 300 mg</i>	Tier 2	MO
<i>ivermectin oral tablet 3 mg</i>	Tier 2		<i>pentamidine injection recon soln 300 mg</i>	Tier 2	
<i>praziquantel oral tablet 600 mg</i>	Tier 2				

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Infectious Disease - Viral					
Antiretroviral- Integrase Inhibitor And Nnrti Comb.					
JULUCA ORAL TABLET 50-25 MG	Tier 5	MO	<i>foscarnet intravenous solution 24 mg/ml</i>	Tier 2	
Antiretroviral- Integrase Inhibitor And Nrti Comb.					
DOVATO ORAL TABLET 50-300 MG	Tier 3	MO	FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Tier 2	
Antiviral - Main Protease (Mpro) Inhibitor			<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 2	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	Tier 3	QL; Age	<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 2	
Antivirals, General			<i>rimantadine oral tablet 100 mg</i>	Tier 2	
<i>acyclovir oral capsule 200 mg</i>	Tier 2	MO	<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 2	MO	<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 5	DS
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	MO	<i>valganciclovir oral tablet 450 mg</i>	Tier 5	DS
<i>acyclovir sodium intravenous recon soln 1,000 mg</i>	Tier 2		Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 2		APTIVUS ORAL CAPSULE 250 MG	Tier 3	MO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	MO	<i>darunavir oral tablet 600 mg, 800 mg</i>	Tier 5	MO
FLUMADINE ORAL TABLET 100 MG	Tier 3		PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 5	MO
Antivirals, Hiv-Spec, Nucleoside- Nucleotide Analog					
CIMDUO ORAL TABLET 300-300 MG			Tier 5	MO	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	Tier 2	MO; \$0 COPAY IF USED FOR PREVENTION OF HIV	INTELENCE ORAL TABLET 25 MG	Tier 3	MO
TEMIXYS ORAL TABLET 300-300 MG	Tier 5	MO	nevirapine oral suspension 50 mg/5 ml	Tier 2	MO
Antivirals, Hiv-Specific, Nucleoside Analog, Rti Comb					
abacavir-lamivudine oral tablet 600-300 mg	Tier 5	MO	nevirapine oral tablet 200 mg	Tier 2	MO
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Tier 5	MO	nevirapine oral tablet extended release 24 hr 400 mg	Tier 2	MO
lamivudine-zidovudine oral tablet 150-300 mg	Tier 2	MO	RESCRIPTOR ORAL TABLET 200 MG	Tier 2	MO
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.					
maraviroc oral tablet 150 mg, 300 mg	Tier 5	MO	abacavir oral solution 20 mg/ml	Tier 2	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	Tier 5	MO	abacavir oral tablet 300 mg	Tier 2	MO
Antivirals, Hiv-Specific, Non-Nucleoside, Rti					
EDURANT ORAL TABLET 25 MG	Tier 5	MO	didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg	Tier 2	MO
efavirenz oral capsule 200 mg, 50 mg	Tier 2	MO	emtricitabine oral capsule 200 mg	Tier 2	MO
efavirenz oral tablet 600 mg	Tier 2	MO	EMTRIVA ORAL CAPSULE 200 MG	Tier 3	MO
etravirine oral tablet 100 mg, 200 mg	Tier 5	MO	lamivudine oral solution 10 mg/ml	Tier 2	MO
			lamivudine oral tablet 150 mg, 300 mg	Tier 2	MO
			stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 2	MO
			VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG	Tier 2	MO	<i>ritonavir oral tablet 100 mg</i>	Tier 2	MO	
<i>zidovudine oral capsule 100 mg</i>	Tier 2	MO	VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	MO	
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 2	MO	Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
<i>zidovudine oral tablet 300 mg</i>	Tier 2	MO	ISENTRESS ORAL TABLET 400 MG	Tier 5	MO	
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 5	MO	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 2	MO	TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 5	MO	
Antivirals, Hiv-Specific, Protease Inhibitor Comb			Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 5	MO	COMPLERA ORAL TABLET 200-25-300 MG	Tier 5	MO	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 5	MO	<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 2	MO	
Antivirals, Hiv-Specific, Protease Inhibitors			ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3	MO	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 2	MO	SYMFI LO ORAL TABLET 400-300-300 MG	Tier 3	MO	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 2	MO	SYMFI ORAL TABLET 600-300-300 MG	Tier 3	MO	
<i>fosamprenavir oral tablet 700 mg</i>	Tier 2	MO				
INVIRASE ORAL TABLET 500 MG	Tier 5	MO				

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor			<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 3	MO	Hepatitis C Treatment Agents		
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3	MO	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	DS
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo			PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 2	DS
VOSEVI ORAL TABLET 400-100-100 MG	Tier 3	PA; DS	RIBASPHERE ORAL CAPSULE 200 MG	Tier 2	
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			<i>ribavirin oral capsule 200 mg</i>	Tier 2	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Tier 5	PA; DS	<i>ribavirin oral tablet 200 mg</i>	Tier 2	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 5	PA; DS	Inflammatory Disease		
Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh			Anti-Arthritic And Chelating Agents		
SOVALDI ORAL TABLET 400 MG	Tier 3	DS	<i>penicillamine oral capsule 250 mg</i>	Tier 2	MO
Hepatitis B Treatment Agents			Anti-Flam. Interleukin-1 Receptor Antagonist		
<i>adefovir oral tablet 10 mg</i>	Tier 2	DS	KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 5	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			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Anti-Inflammatory Tumor Necrosis Factor Inhibitor					
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 3	PA; MO	INFLECTRA INTRAVENOUS RECON SOLN 100 MG	Tier 6	DS
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor					
leflunomide oral tablet 10 mg, 20 mg			Tier 2	MO	
Anti-Inflammatory, Phosp hodiesterase-4(Pde4) Inhib.					
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	
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor					
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG			Tier 5	DS	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML			Tier 5	PA; MO	
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML			Tier 5	PA; MO	
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML	Tier 5	PA; DS			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Bradykinin B2 Receptor Antagonists			<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	MO
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 5	DS; QL	KENALOG INJECTION SUSPENSION 10 MG/ML	Tier 6	
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 5	DS; QL	MEDROL ORAL TABLET 2 MG	Tier 3	
Glucocorticoids			<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	Tier 2		<i>methylprednisolone oral tablet 16 mg, 4 mg</i>	Tier 2	
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	Tier 2		<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 2	
<i>cortisone oral tablet 25 mg</i>	Tier 2		<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier 2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 80 MG/ML	Tier 3		MILLIPRED ORAL TABLET 5 MG	Tier 3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3		<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2		<i>prednisolone oral tablet 5 mg</i>	Tier 2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2		<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>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2		<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	MO
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Tier 2		<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>prednisone oral tablets, dose pack 5 mg</i>	Tier 2	MO	ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA; DS
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		TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA; DS
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3		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
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	Tier 3		TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA; DS
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML	Tier 3		Janus Kinase (Jak) Inhibitors		
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG	Tier 3		XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA; DS
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Tier 6		XELJANZ ORAL TABLET 10 MG	Tier 3	DS; QL
Gold Salts			XELJANZ ORAL TABLET 5 MG	Tier 5	PA; DS
RIDAURA ORAL CAPSULE 3 MG	Tier 3	MO	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	Tier 5	PA; DS
Interleukin-6 (IL-6) Receptor Inhibitors			Mineralocorticoids		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA; DS	<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 2	MO
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 2	MO
<i>IBU ORAL TABLET 400 MG, 600 MG, 800 MG</i>	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
Local Anesthesia		
Local Anesthetics		
<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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>lidocaine-epinephrine injection solution 0.5 %</i> -1:200,000, 1 %-1:100,000, 2 %-1:100,000	Tier 2		Lower Gastrointestinal Disorders - Bowel Inflamm		
MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000	Tier 2		Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx		
NESACAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	Tier 3		<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 2	MO
SENSORCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.5 %-1:200,000	Tier 2		<i>mesalamine rectal suppository 1,000 mg</i>	Tier 2	MO
SENSORCAINE-MPF INJECTION SOLUTION 0.75 % (7.5 MG/ML)	Tier 2		Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat		
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000	Tier 2		<i>balsalazide oral capsule 750 mg</i>	Tier 2	MO
VIVACAINE INJECTION CARTRIDGE 0.5 %-1:200,000	Tier 2		<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 2	MO
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	Tier 3		<i>mesalamine oral tablet,delayed release (dr/ec) 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/ec) 500 mg</i>	Tier 2	MO
			Integrin Receptor Antagonist, Monoclonal Antibody		
			ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 5	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Irritable Bowel Agents, Guanylate Cylase-C Agonist				Bile Salts	
TRULANCE ORAL TABLET 3 MG	Tier 3	PA; MO	<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 2	MO
Rectal Preparations				Laxatives And Cathartics	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 2	MO	COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 2	MO	CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	MO
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)				GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1
COLOCORT RECTAL ENEMA 100 MG/60 ML	Tier 2	MO	GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 2	MO	GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	
Lower Gastrointestinal Disorders - Other				<i>lactulose oral solution 10 gram/15 ml</i>	Tier 2
Ammonia Inhibitors				<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 2
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	MO	<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i>	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 2	MO			
Antidiarrheals					
<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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Medical Supplies					
Durable Medical Equipment,Misc(Group 1)					
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 7	MO; QL	ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE	Tier 7	MO; QL
2-IN-1 LANCET DEVICE 30 GAUGE	Tier 7	MO; QL	BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	Tier 7	MO; QL
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 7	MO; QL	BD ULTRA FINE LANCETS 33 GAUGE	Tier 7	MO; QL
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 7	MO; QL	BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 7	MO; QL
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 7	MO; QL	BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 7	MO; QL
ACCU-CHEK SOFTCLIX LANCETS	Tier 7	MO; QL	BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 7	MO; QL
ACTI-LANCE LANCETS 23 GAUGE, 28 GAUGE	Tier 7	MO; QL	CAREONE THIN LANCET	Tier 7	MO; QL
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL	CAREONE ULTRA THIN LANCET	Tier 7	MO; QL
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL	CARESENS LANCETS 30 GAUGE	Tier 7	MO; QL
ALTERNATE SITE LANCET 26 GAUGE	Tier 7	MO; QL	CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 7	MO; QL
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 28 GAUGE	Tier 7	MO; QL	CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
ASSURE LANCE 28 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
COLOR LANCETS 21 GAUGE	Tier 7	MO; QL	EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	Tier 7	MO; QL
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 7	MO; QL	E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 7	MO; QL
COMFORT LANCETS	Tier 7	MO; QL	E-Z JECT THIN LANCETS 28 GAUGE	Tier 7	MO; QL
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 7	MO; QL	EZ SMART LANCETS 28 GAUGE	Tier 7	MO; QL
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 7	MO; QL	EZ-LETS 26 GAUGE	Tier 7	MO; QL
DROPLET LANCETS 30 GAUGE	Tier 7	MO; QL	FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 7	MO; QL
EASY COMFORT LANCETS 30 GAUGE	Tier 7	MO; QL	FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 7	MO; QL
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 7	MO; QL	FINGERSTIX LANCETS	Tier 7	MO; QL
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 7	MO; QL	FORACARE LANCETS 30 GAUGE	Tier 7	MO; QL
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 7	MO; QL	FREESTYLE LANCETS 28 GAUGE	Tier 7	MO; QL
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 7	MO; QL	FREESTYLE UNISTIK 2	Tier 7	MO; QL
EMBRACE LANCETS 30 GAUGE	Tier 7	MO; QL	GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 7	MO; QL	MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 7	MO; QL
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL	NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 7	MO; QL
INVACARE LANCETS 30 GAUGE	Tier 7	MO; QL	NOVA SUREFLEX LANCETS	Tier 7	MO; QL
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 7	MO; QL	ON CALL LANCET 30 GAUGE	Tier 7	MO; QL
LANCETS, SUPER THIN	Tier 7	MO; QL	ON CALL PLUS LANCET 30 GAUGE	Tier 7	MO; QL
LANCETS,THIN , 23 GAUGE, 28 GAUGE	Tier 7	MO; QL	ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
LANCETS,ULTRA THIN , 26 GAUGE	Tier 7	MO; QL	ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 7	MO; QL
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL	ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 7	MO; QL
MEDISENSE THIN LANCETS 28 GAUGE	Tier 7	MO; QL	ONETOUCH SURESOFT LANCING DEV 28 GAUGE	Tier 7	MO; QL
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	Tier 7	MO; QL	ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	Tier 7	MO; QL
MICRO THIN LANCETS 33 GAUGE	Tier 7	MO; QL	ONETOUCH ULTRASOFT LANCETS	Tier 7	MO; QL
MICRODOT LANCET 28 GAUGE	Tier 7	MO; QL	ON-THE-GO LANCETS 30 GAUGE	Tier 7	MO; QL
MICROLET LANCET	Tier 7	MO; QL	PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
MOBILE LANCETS 30 GAUGE	Tier 7	MO; QL	PIP LANCET 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
MONOLET LANCETS 21 GAUGE	Tier 7	MO; QL			
MONOLET THIN LANCETS 28 GAUGE	Tier 7	MO; QL			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 7	MO; QL	RELION THIN LANCETS 26 GAUGE	Tier 7	MO; QL
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 7	MO; QL	RELION ULTRA THIN PLUS LANCETS	Tier 7	MO; QL
PRO COMFORT SAFETY LANCET 30 GAUGE	Tier 7	MO; QL	RIGHTEST GL300 LANCETS 30 GAUGE	Tier 7	MO; QL
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 7	MO; QL	SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 7	MO; QL
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 7	MO; QL	SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
PURE COMFORT LANCETS 30 GAUGE	Tier 7	MO; QL	SAFETY-LET LANCETS 30 GAUGE	Tier 7	MO; QL
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 7	MO; QL	SINGLE-LET	Tier 7	MO; QL
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 7	MO; QL	SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 7	MO; QL
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL	SMARTEST LANCET	Tier 7	MO; QL
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL	SOFT TOUCH LANCETS	Tier 7	MO; QL
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL	SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 7	MO; QL
RELIAMED TWIST AND CAP LANCET 28 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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 7	MO; QL	ULTRA THIN II LANCETS 30 GAUGE	Tier 7	MO; QL
SURE-TOUCH LANCET	Tier 7	MO; QL	ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 7	MO; QL
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 7	MO; QL	ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 7	MO; QL
TELCARE LANCETS 30 GAUGE	Tier 7	MO; QL	ULTRA TLC LANCETS	Tier 7	MO; QL
THIN LANCETS 26 GAUGE	Tier 7	MO; QL	ULTRA-CARE LANCETS 30 GAUGE	Tier 7	MO; QL
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 7	MO; QL	ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 7	MO; QL
TRUE COMFORT LANCET 30 GAUGE	Tier 7	MO; QL	ULTRA-THIN II LANCETS 28 GAUGE	Tier 7	MO; QL
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL	UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 7	MO; QL
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 7	MO; QL	UNILET EXCELITE II LANCET	Tier 7	MO; QL
ULTILET BASIC LANCETS 30 GAUGE	Tier 7	MO; QL	UNILET EXCELITE LANCET	Tier 7	MO; QL
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL	UNILET GP LANCET	Tier 7	MO; QL
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 7	MO; QL	UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 7	MO; QL
ULTILET SAFETY LANCETS 23 GAUGE	Tier 7	MO; QL	UNILET LANCETS 30 GAUGE	Tier 7	MO; QL
ULTRA FINE LANCETS 30 GAUGE	Tier 7	MO; QL	UNILET SUPER THIN LANCETS 30 GAUGE	Tier 7	MO; QL

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
UNISTIK 3 LANCETS 21 GAUGE	Tier 7	MO; QL	Syringes And Accessories		
UNISTIK COMFORT LANCETS 28 GAUGE	Tier 7	MO	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
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 7	MO; QL	BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 7	MO
UNISTIK EXTRA LANCETS 21 GAUGE	Tier 7	MO	BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 7	MO
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 7	MO	BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 7	MO
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE	Tier 7	MO; QL	BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 7	MO
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 7	MO; QL	BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 7	MO
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			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	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
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 7	MO	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 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 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
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	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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
DROPLET INSULIN 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	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 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 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 7	MO	EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	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	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	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	<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 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
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	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	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
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 7	MO	MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	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	MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 7	MO
MINIMED SYRINGE RESERVOIR 1.8 ML	Tier 7	MO	PARADIGM RESERVOIR 1.8 ML	Tier 7	MO
MONOJECT INSULIN SAFETY 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", 29 GAUGE X 1/2"	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	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	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", 1 ML 30 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
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	TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 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
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	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
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 31 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	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 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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
THINPRO INSULIN 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	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
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	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
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 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 30 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
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	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	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"	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-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
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 7	MO	ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	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	VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 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	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	Tier 3	
Miscellaneous Agents			EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	Tier 2	
Anaphylaxis Therapy Agents			Parasympathetic Agents		
ADYPHREN AMP INJECTION KIT 1 MG/ML	Tier 3		<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	MO
ADYPHREN INJECTION KIT 1 MG/ML	Tier 3		<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 2	MO
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	Tier 3	QL	Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML	Tier 2		<i>sapropterin oral powder in packet 100 mg</i>	Tier 2	DS
<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	<i>sapropterin oral tablet,soluble 100 mg</i>	Tier 2	DS
Neoplastic Disease			Alkylating Agents		
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	Tier 2		<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram</i>	Tier 6	
EPINEPHRINESNAP INJECTION KIT 1 MG/ML	Tier 3		<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	
			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	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>ifosfamide</i> <i>intravenous recon soln 3 gram</i>	Tier 6		<i>daunorubicin</i> <i>intravenous solution 5 mg/ml</i>	Tier 6	
LEUKERAN ORAL TABLET 2 MG	Tier 3		<i>doxorubicin</i> <i>intravenous recon soln 50 mg</i>	Tier 6	
<i>melphalan oral tablet 2 mg</i>	Tier 2		<i>mitomycin</i> <i>intravenous recon soln 40 mg, 5 mg</i>	Tier 6	
MYLERAN ORAL TABLET 2 MG	Tier 3		MUTAMYCIN INTRAVENOUS RECON SOLN 40 MG, 5 MG	Tier 6	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	Tier 5	DS	Anti-Cd20 (B Lymphocyte) Monoclonal Antibody		
<i>temozolomide oral capsule 20 mg, 5 mg</i>	Tier 2		RIABNI INTRAVENOUS SOLUTION 10 MG/ML	Tier 6	
<i>thiotepa injection recon soln 15 mg</i>	Tier 5	DS	Antimetabolites		
Antiandrogenic Agents			ADRUCIL INTRAVENOUS SOLUTION 5 GRAM/100 ML	Tier 6	
<i>abiraterone oral tablet 250 mg</i>	Tier 2	DS	<i>azacitidine injection recon soln 100 mg</i>	Tier 6	
<i>bicalutamide oral tablet 50 mg</i>	Tier 2	MO	<i>capecitabine oral tablet 150 mg</i>	Tier 2	
<i>flutamide oral capsule 125 mg</i>	Tier 2	MO	<i>capecitabine oral tablet 500 mg</i>	Tier 2	MO
XTANDI ORAL CAPSULE 40 MG	Tier 5	DS	<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	Tier 6	
XTANDI ORAL TABLET 80 MG	Tier 5	DS	<i>cytarabine injection solution 20 mg/ml</i>	Tier 6	
Antibiotic Antineoplastics					
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	Tier 6				
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 6				

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml	Tier 6		Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody		
gemcitabine intravenous recon soln 200 mg	Tier 6		MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 6	
mercaptopurine oral tablet 50 mg	Tier 2	MO	Antineoplastic Aromatase Inhibitors		
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 2	MO	<i>anastrozole oral tablet 1 mg</i>	Tier 2	MO
methotrexate sodium injection solution 25 mg/ml	Tier 2	MO	<i>exemestane oral tablet 25 mg</i>	Tier 2	MO
methotrexate sodium oral tablet 2.5 mg	Tier 2	MO	<i>letrozole oral tablet 2.5 mg</i>	Tier 2	MO
pemetrexed disodium intravenous solution 25 mg/ml	Tier 6	MO	Antineoplastic - Braf Kinase Inhibitors		
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 5	DS	ZELBORAF ORAL TABLET 240 MG	Tier 5	DS
TABLOID ORAL TABLET 40 MG	Tier 3	MO	Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
Antineoplast Egf Receptor Blocker Rcmb Mc Antibody			COTELLIC ORAL TABLET 20 MG	Tier 3	DS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	Tier 6		Antineoplastic - Mtor Kinase Inhibitors		
KANJINTI INTRAVENOUS RECON SOLN 420 MG	Tier 6	MO	<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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Antineoplastic Immunomodulator Agents			IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA; DS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 5	DS	IMBRUVICA ORAL TABLET 420 MG	Tier 5	PA; DS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 5	DS	IMBRUVICA ORAL TABLET 560 MG	Tier 5	DS
Antineoplastic Systemic Enzyme Inhibitors			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
ALECensa ORAL CAPSULE 150 MG	Tier 3	DS	<i>lapatinib oral tablet 250 mg</i>	Tier 5	DS
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	DS	<i>pazopanib oral tablet 200 mg</i>	Tier 5	DS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	DS	SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5	PA; DS
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 5	PA; DS	<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 5	DS
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 2	DS	TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 5	DS
<i>gefitinib oral tablet 250 mg</i>	Tier 5	DS	TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 5	PA; DS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	DS	TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	DS; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	DS	ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	DS
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 2	DS			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab			IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	DS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 6	DS	Chemotherapy Rescue/Antidote Agents		
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors			<i>leucovorin calcium injection recon soln 50 mg</i>	Tier 2	
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5	DS	<i>leucovorin calcium oral tablet 25 mg</i>	Tier 2	
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 5	DS	<i>leucovorin calcium oral tablet 5 mg</i>	Tier 2	MO
Antineoplastics,Mis cellaneous			MESNEX ORAL TABLET 400 MG	Tier 3	
<i>dacarbazine intravenous recon soln 100 mg</i>	Tier 6		Selective Estrogen Receptor Modulators (Serm)		
<i>etoposide oral capsule 50 mg</i>	Tier 2		<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 2	MO
LYSODREN ORAL TABLET 500 MG	Tier 3	DS	Steroid Antineoplastics		
MATULANE ORAL CAPSULE 50 MG	Tier 5	DS	EMCYT ORAL CAPSULE 140 MG	Tier 5	DS
<i>tretinooin (antineoplastic) oral capsule 10 mg</i>	Tier 2	DS	<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	MO
Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab			Vinca Alkaloids		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 6	MO	VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	Tier 6	
			<i>vincristine intravenous solution 1 mg/ml</i>	Tier 6	
			<i>vinorelbine intravenous solution 50 mg/5 ml</i>	Tier 6	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Neurological Disease - Miscellaneous			GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 2	DS
Agents To Treat Multiple Sclerosis			<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 2	MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5	PA; DS	Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 5	PA; DS	<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 2	MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 3	DS	Amyotrophic Lateral Sclerosis Agents		
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 3	DS	<i>riluzole oral tablet 50 mg</i>	Tier 2	MO
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	Tier 2	MO; QL	Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	Tier 2	MO	SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	PA; MO
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 3	DS	Movement Disorders(Drug Therapy)		
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 3	DS	<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	MO
<i> fingolimod oral capsule 0.5 mg</i>	Tier 2	MO; QL	Oral/Pharyngeal Disorders		
<i> glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 2	DS	Dental Aids And Preparations		
			<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 2	
			ORALONE DENTAL PASTE 0.1 %	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
PERIOPARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 2		Blood Testing Preparations, In-Vitro		
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 2	MO	CARETOUCH KETONE TEST STRIP STRIP	Tier 7	MO
Nose Preparations, Miscellaneous (Rx)			FORA 6 CONNECT KETONE STRIP STRIP	Tier 7	MO
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	Tier 2	ST; MO	FORA GTEL KETONE TEST STRIP STRIP	Tier 7	MO
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	Tier 2	ST	FORA TN'G ADV VOICE KETO STRIP STRIP	Tier 7	MO
Periodontal Collagenase Inhibitors			GOJJI BLOOD KETONE TEST STRIP STRIP	Tier 7	MO
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	MO	NOVAMAX PLUS KETONE STRIP	Tier 7	MO
Other Drugs			PRECISION XTRA B-KETONE STRIP	Tier 7	MO; QL
Abortifacient, Progestrone Receptor Antagonist-Typ			General Anesthetics - Benzodiazepine, Injectable		
MIFEPREX ORAL TABLET 200 MG	Tier 3		<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 2	DS; QL
<i>mifepristone oral tablet 200 mg</i>	Tier 2		<i>midazolam injection solution 5 mg/ml</i>	Tier 2	DS; QL
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.			General Anesthetics, Inhalant		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 2	MO	<i>desflurane inhalation liquid 100 %</i>	Tier 2	
			<i>isoflurane inhalation liquid 99.9 %</i>	Tier 2	
			<i>sevoflurane inhalation liquid</i>	Tier 2	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
TERRELL INHALATION LIQUID 99.9 %	Tier 2		Metabolic Function Diagnostics		
General Anesthetics, Injectables					
BREVITAL INJECTION RECON SOLN 500 MG	Tier 3		METOPIRONE ORAL CAPSULE 250 MG	Tier 3	
General Inhalation Agents					
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 2		BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 5	DS
sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %	Tier 2		CHEMET ORAL CAPSULE 100 MG	Tier 3	
Metabolic Deficiency Agents					
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 3	MO	deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 2	MO
CARNITOR ORAL SOLUTION 100 MG/ML	Tier 3	MO	deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 2	MO
CARNITOR ORAL TABLET 330 MG	Tier 3	MO	deferoxamine injection recon soln 500 mg	Tier 5	DS
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 2	MO	sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	Tier 2	
levocarnitine oral solution 100 mg/ml	Tier 2	MO	Needles/Needleless Devices		
levocarnitine oral tablet 330 mg	Tier 2	MO	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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 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	BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	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	BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 7	MO
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	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
ASSURE ID DUO-SHIELD NEEDLE 30 GAUGE X 3/16"	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
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 7	MO	CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
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			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	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
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	EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	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	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
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	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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
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	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
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	<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
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 7	MO	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
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 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
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	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
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 7	MO	PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 7	MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	Tier 7	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	Tier 7	MO	TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 7	MO
RELION PEN NEEDLES NEEDLE 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
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	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
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 7	MO	ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	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	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
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 7	MO	ULTRA THIN 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	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	UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 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	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
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	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
UNIFINE PEN NEEDLE NEEDLE 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
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	Neuromuscular Blocking Agents		
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	BOTOX INJECTION RECON SOLN 100 UNIT	Tier 6	
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16"	Tier 7	MO	<i>succinylcholine chloride injection solution 20 mg/ml</i>	Tier 2	
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16"	Tier 7	MO	Parenteral Amino Acid Solutions And Combinations		
			CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
SYNTHAMIN 17 WITHOUT ELYTE INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	MO	TRUEPLUS KETONE STRIP	Tier 7	MO
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 3	MO	Urine Test Aids,Miscellaneous		
Somatostatic Agents			ALBUSTIX REAGENT STRIP	Tier 7	
<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	CHEMSTRIP 2 STRIP	Tier 7	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 2	MO	CHEMSTRIP MICRAL STRIP	Tier 7	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	Tier 5	DS	Water		
Suspending Agents			BACTERIOSTATIC WATER-KANJINTI INJECTION SOLUTION	Tier 3	
GELFILM IMPLANT FILM	Tier 3		BACTERIOSTATIC WATER-OGIVRI INJECTION SOLUTION	Tier 2	
Urine Acetone Test Aids			BACTERIOSTATIC WATER-TRAZIMERA INJECTION SOLUTION	Tier 3	
KETONE CARE STRIP	Tier 7	MO	STERILE WATER FOR INJECTION INJECTION SOLUTION	Tier 2	
KETONE URINE TEST STRIP	Tier 7	MO	<i>water for inject, bacteriostat injection solution</i>	Tier 2	
KETOSTIX STRIP	Tier 7	MO	<i>water for injection, sterile injection solution</i>	Tier 2	
			Other Respiratory Disorders		
			Antifibrotic Therapy - Pyridone Analogs		
			<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Mucolytics					
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 2		hydromorphone (pf) injection solution 10 mg/ml	Tier 2	DS
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	DS	hydromorphone injection solution 1 mg/ml	Tier 2	DS
Pain Management - Analgesics					
Analgesic/Antipyretics, Salicylates					
salsalate oral tablet 500 mg, 750 mg	Tier 2		hydromorphone oral liquid 1 mg/ml	Tier 2	DS
Analgesics Narcotic, Anesthetic Adjunct Agents					
fentanyl citrate (pf) injection solution 50 mcg/ml	Tier 2	DS	hydromorphone rectal suppository 3 mg	Tier 2	DS
Analgesics,Narcotics					
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 2	PA; DS	METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 2	DS
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 2	DS	methadone oral concentrate 10 mg/ml	Tier 2	DS
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	Tier 2	DS; Age	methadone oral solution 5 mg/5 ml	Tier 2	DS
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 2	DS	methadone oral tablet 10 mg, 5 mg	Tier 2	DS
			methadone oral tablet,soluble 40 mg	Tier 2	DS
			METHADOSE ORAL TABLET,SOLUBLE 40 MG	Tier 2	DS
			morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 2	DS
			morphine oral tablet 15 mg, 30 mg	Tier 2	DS

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 2	DS	<i>ERGOMAR SUBLINGUAL TABLET 2 MG</i>	Tier 3	QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	DS	<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 2	QL
<i>oxycodone oral capsule 5 mg</i>	Tier 2	DS	<i>MIGERGOT RECTAL SUPPOSITORY 2-100 MG</i>	Tier 3	QL
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	DS	<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2	QL
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	DS	<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 2	QL
<i>oxycodone oral tablet 10 mg, 5 mg</i>	Tier 2	DS	<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	QL
<i>tramadol oral tablet 50 mg</i>	Tier 2	DS; Age	<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 2	QL
Antimigraine Preparations			<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	MO; PR	<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	Tier 2	QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	MO; PR	<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 2	QL
CAFERGOT ORAL TABLET 1-100 MG	Tier 3	QL	<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 2	QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 2	QL	<i>zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg</i>	Tier 2	ST; QL
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 5	ST	<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 2	QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 2	QL			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Narcotic Analgesic & Non-Salicylate Analgesic Comb					
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 2	DS; Age	<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 2	DS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 2	DS; Age	Parkinsons Disease		
ENDOCET ORAL TABLET 5-325 MG	Tier 2	DS	Antiparkinsonism Drugs, Anticholinergics		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 2	DS	<i>benztropine injection solution 1 mg/ml</i>	Tier 2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	DS	<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MO
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	Tier 2	DS	<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	MO
LORCET HD ORAL TABLET 10-325 MG	Tier 2	DS	Antiparkinsonism Drugs, Other		
LORCET PLUS ORAL TABLET 7.5-325 MG	Tier 2	DS	<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	MO
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Tier 2	DS	<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2	MO
PERCO CET ORAL TABLET 5-325 MG	Tier 2	DS	<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	MO
Narcotic Withdrawal Therapy Agents					
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 2	DS	<i>bromocriptine oral capsule 5 mg</i>	Tier 2	MO
			<i>bromocriptine oral tablet 2.5 mg</i>	Tier 2	MO
			<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	MO
			<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
			<i>entacapone oral tablet 200 mg</i>	Tier 2	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	MO	<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 2	DS
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	MO	<i>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</i>	Tier 3	PA; DS
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	MO	<i>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)</i>	Tier 3	PA; DS
Decarboxylase Inhibitors					
<i>carbidopa oral tablet 25 mg</i>	Tier 2	MO			
Seizure Disorder			Anticonvulsants		
Anticonvulsant - Benzodiazepine Type			<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 2	MO
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 2	MO	<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 2	MO
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 2	MO	<i>carbamazepine oral tablet 200 mg</i>	Tier 2	MO
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	DS	<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 2	MO
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	DS	<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 2	MO
<i>DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG</i>	Tier 3	DS	<i>CELONTIN ORAL CAPSULE 300 MG</i>	Tier 3	MO
<i>DIASTAT RECTAL KIT 2.5 MG</i>	Tier 3	DS	<i>DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG</i>	Tier 3	MO

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO	<i>lamotrigine oral tablet extended release</i> 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Tier 2	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 2	MO	<i>lamotrigine oral tablet, chewable dispersible</i> 25 mg, 5 mg	Tier 2	MO
<i>divalproex oral tablet, extended release 24 hr 250 mg, 500 mg</i>	Tier 2	MO	<i>levetiracetam oral solution</i> 100 mg/ml, 500 mg/5 ml (5 ml)	Tier 2	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 2	MO	<i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 2	MO
EPITOL ORAL TABLET 200 MG	Tier 2	MO	<i>levetiracetam oral tablet extended release</i> 24 hr 500 mg, 750 mg	Tier 2	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	MO; Age	<i>methsuximide oral capsule</i> 300 mg	Tier 2	MO
<i>ethosuximide oral capsule 250 mg</i>	Tier 2	MO	<i>oxcarbazepine oral suspension</i> 300 mg/5 ml (60 mg/ml)	Tier 2	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 2	MO	<i>oxcarbazepine oral tablet</i> 150 mg, 300 mg, 600 mg	Tier 2	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 2	MO	<i>phenytoin oral suspension</i> 100 mg/4 ml, 125 mg/5 ml	Tier 2	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	MO	<i>phenytoin oral tablet, chewable</i> 50 mg	Tier 2	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 2	MO	<i>phenytoin sodium extended oral capsule</i> 100 mg	Tier 2	DS
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	MO	<i>phenytoin sodium intravenous solution</i> 50 mg/ml	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 2	MO			
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2	MO			
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 2	MO	<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	MO	<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	MO
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	MO	LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	Tier 3	PA; MO; Age
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 2	MO	<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	MO	<i>orphenadrine citrate injection solution 30 mg/ml</i>	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	MO	<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 2	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 2	MO	Smoking Cessation		
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	MO; Age	Smoking Deterrent- Nicotinic Recept.Partial Agonist		
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	MO	<i>varenicline oral tablet 1 mg</i>	Tier 1	
Skeletal Muscle Disorder			Smoking Deterrents, Other		
Skeletal Muscle Relaxants			<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	
<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				

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

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	Tier 2		Urinary Tract - Functional Disorders		
famotidine intravenous solution 10 mg/ml	Tier 2		Benign Prostatic Hypertrophy/Micturition Agents		
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	Tier 2	MO	alfuzosin oral tablet extended release 24 hr 10 mg	Tier 2	MO
nizatidine oral solution 150 mg/10 ml	Tier 2	MO	finasteride oral tablet 5 mg	Tier 2	MO
Intestinal Motility Stimulants			tamsulosin oral capsule 0.4 mg	Tier 2	MO
metoclopramide hcl injection solution 5 mg/ml	Tier 2		Cystine-Depleting Agents, Nephropathic Cystinosis		
metoclopramide hcl injection syringe 5 mg/ml	Tier 2		CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	MO
metoclopramide hcl oral solution 5 mg/5 ml	Tier 2		Kidney Stone Agents		
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 2		tiopronin oral tablet 100 mg	Tier 5	DS
Proton-Pump Inhibitors			Urinary Ph Modifiers		
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	Tier 2	MO	K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 3	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 2	MO	potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)	Tier 2	MO
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg	Tier 2	MO	UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Urinary Tract Analgesic Agents			<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>		
RIMSO-50 INTRAVESICAL SOLUTION 50 %	Tier 6		Tier 2	MO	
Urinary Tract Antispasmodic, M(3) Selective Antag.			Vitamin And/Or Mineral Deficiency		
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL	Folic Acid Preparations		
Urinary Tract Antispasmodic/Antiincontinence Agent			<i>folic acid injection solution 5 mg/ml</i>	Tier 2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	MO	<i>folic acid oral tablet 1 mg</i>	Tier 2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	MO	Iron Replacement		
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 2	MO	VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML	Tier 3	
<i>trospium oral tablet 20 mg</i>	Tier 2	MO	Magnesium Salts Replacement		
Vaginal Disorders			<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	Tier 2	
Vaginal Antibiotics			Mineral Replacement,Miscellaneous		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2		ADDAMEL N INTRAVENOUS SOLUTION 5.33-0.34-0.54 MCG-MG-MG/ML	Tier 2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 2		COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML	Tier 2	
<i>VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)</i>	Tier 2		<i>cupric chloride intravenous solution 0.4 mg/ml</i>	Tier 2	
Vaginal Estrogen Preparations					
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Tier 3	MO			

Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use	Drug Name	Drug Tier	Necessary Actions, Restrictions or Limits on Use
Multivitamin Preparations					
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML	Tier 3		<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
Vitamin A Preparations					
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML	Tier 5	DS	<i>DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)</i>	Tier 2	
Vitamin B1 Preparations					
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 2		<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	MO
Vitamin B12 Preparations					
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 2	MO	<i>OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT)</i>	Tier 2	
DODEX INJECTION SOLUTION 1,000 MCG/ML	Tier 2	MO	<i>VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)</i>	Tier 2	MO
Vitamin B6 Preparations					
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 2		<i>WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT)</i>	Tier 2	
Vitamin D Preparations					
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	MO	Zinc Replacement		
			<i>zinc sulfate intravenous solution 5 mg/ml</i>	Tier 2	
Weight Reduction					
Anorexic Agents					
			<i>diethylpropion oral tablet 25 mg</i>	Tier 2	DS; RB
			<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 2	DS; RB
			<i>phentermine oral tablet 37.5 mg</i>	Tier 2	RB
			<i>QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG</i>	Tier 3	PA; MO; RB

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ተዘጋጀተዋል፡ ወደ ማረከተለው ቁጥር ፭.፻፭፻፷፻ **1-800-632-9700 (TTY 711)**.

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