



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.

Table of Contents

| | |
|---|-----|
| Allergy..... | 3 |
| Antiemesis/Antivertigo..... | 3 |
| Asthma And Copd..... | 4 |
| Autonomic Nervous System Disorders..... | 7 |
| Behavioral Health - Antidepressants..... | 7 |
| Behavioral Health - Other..... | 9 |
| Cardiovascular Disease - Arrhythmia..... | 12 |
| Cardiovascular Disease - Cardiac Stimulant..... | 13 |
| Cardiovascular Disease - Hypertension..... | 14 |
| Cardiovascular Disease - Lipid Irregularity..... | 18 |
| Cardiovascular Disease - Miscellaneous Agents..... | 19 |
| Cardiovascular Disease - Vasodilation..... | 19 |
| Contraception/Oxytocics..... | 20 |
| Cough And Cold..... | 26 |
| Dermatology - Acne..... | 27 |
| Dermatology - Antiinfective..... | 28 |
| Dermatology - Antiinflammatory..... | 29 |
| Dermatology - Miscellaneous..... | 31 |
| Dermatology - Psoriasis/Eczema..... | 32 |
| Diabetes..... | 32 |
| Ear - General Disorders..... | 54 |
| Electrolyte Regulation..... | 55 |
| Endocrine Disorder - Fertility..... | 57 |
| Endocrine Disorder - Other..... | 57 |
| Endocrine Disorder - Thyroid..... | 58 |
| Eye - General Disorders..... | 59 |
| Eye - Glaucoma..... | 61 |
| Eye - Miscellaneous..... | 62 |
| Fluid Replacement..... | 63 |
| Gout And Related Diseases..... | 63 |
| Hematological Disorders..... | 63 |
| Hormonal Deficiency..... | 67 |
| Immunization..... | 69 |
| Immunosuppression/Modulation..... | 69 |
| Infectious Disease - Bacterial..... | 70 |
| Infectious Disease - Fungal..... | 75 |
| Infectious Disease - Miscellaneous..... | 76 |
| Infectious Disease - Parasitic..... | 77 |
| Infectious Disease - Viral..... | 78 |
| Inflammatory Disease..... | 82 |
| Local Anesthesia..... | 85 |
| Lower Gastrointestinal Disorders - Bowel Inflammat..... | 86 |
| Lower Gastrointestinal Disorders - Other..... | 87 |
| Medical Supplies..... | 88 |
| Miscellaneous Agents..... | 101 |
| Neoplastic Disease..... | 102 |
| Neurological Disease - Miscellaneous..... | 108 |

| | |
|--|-----|
| Oral/Pharyngeal Disorders | 109 |
| Other Drugs | 109 |
| Other Respiratory Disorders | 117 |
| Pain Management - Analgesics | 117 |
| Parkinsons Disease | 119 |
| Seizure Disorder | 120 |
| Skeletal Muscle Disorder | 122 |
| Smoking Cessation | 123 |
| Upper Gastrointestinal Disorders - Digestive | 123 |
| Upper Gastrointestinal Disorders - Spastic Disease | 123 |
| Upper Gastrointestinal Disorders - Ulcer Disease | 124 |
| Urinary Tract - Functional Disorders | 125 |
| Vaginal Disorders | 125 |
| Vitamin And/Or Mineral Deficiency | 126 |
| Weight Reduction | 127 |

CURRENT AS OF 2/20/2024

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Allergy | | |
| Allergenic Extracts, Therapeutics | | |
| <i>aller xt-weed pollen-sagebrush injection solution 1:20</i> | Tier 6 | MO |
| Antihistamines - 1St Generation | | |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | Tier 2 | |
| <i>cyproheptadine oral tablet 4 mg</i> | Tier 2 | |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | Tier 2 | |
| <i>hydroxyzine hcl intramuscular solution 50 mg/ml</i> | Tier 2 | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | Tier 2 | MO |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>promethazine 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 aerosol,spray 137 mcg (0.1 %)</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Antiemesis/Antivertigo | | |
| Antiemetic, Cannabinoid-Type | | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | Tier 2 | |
| Antiemetic/Antivertigo Agents | | |
| COMPRO RECTAL SUPPOSITORY 25 MG | 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 | |
| PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG | Tier 2 | |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | Tier 2 | |
| <i>prochlorperazine rectal suppository 25 mg</i> | Tier 2 | |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i> | Tier 2 | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG | Tier 2 | |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> | Tier 2 | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS | Tier 3 | |
| Asthma And Copd | | |
| Anticholinergic, Orally Inhaled Short Acting | | |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | Tier 2 | MO |
| Anticholinergics, Orally Inhaled Long Acting | | |
| SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | Tier 3 | MO |
| Beta-Adrenergic Agents | | |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | Tier 2 | MO |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | Tier 2 | MO |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | Tier 2 | MO |
| <i>terbutaline subcutaneous solution 1 mg/ml</i> | Tier 2 | |
| Beta-Adrenergic Agents, Inhaled, Short Acting | | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | Tier 2 | MO |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | Tier 2 | MO |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> | Tier 2 | MO |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> | Tier 2 | MO |
| XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | Tier 3 | MO |
| XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML | Tier 3 | MO |
| Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting | | |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | Tier 3 | MO |
| Beta-Adrenergic Agents, Orally Inhaled, Long Acting | | |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> | Tier 5 | DS |
| Beta-Adrenergic And Anticholinergic Combinations | | |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | Tier 2 | MO |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | Tier 3 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION | Tier 3 | PA; MO |
| 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 | PA; MO |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> | Tier 2 | MO |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i> | Tier 2 | MO; Age |
| Interleukin-4(II-4) Receptor Alpha Antagonist, Mab | | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | Tier 5 | PA; DS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | Tier 5 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Interleukin-5(II-5) Receptor Alpha Antagonist, Mab | | |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | Tier 5 | PA; DS |
| Leukotriene Receptor Antagonists | | |
| <i>montelukast oral tablet 10 mg</i> | Tier 2 | MO |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> | Tier 2 | MO |
| Mast Cell Stabilizers, Orally Inhaled | | |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | Tier 2 | MO |
| Xanthines | | |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML | Tier 2 | MO |
| THEO-24 ORAL CAPSULE, EXTENDE D 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 |
|--|-----------|--|
| Autonomic Nervous System Disorders | | |
| Alzheimer's Therapy, Nmda Receptor Antagonists | | |
| <i>memantine oral tablet 10 mg, 5 mg</i> | Tier 2 | MO |
| <i>memantine oral tablets, dose pack 5-10 mg</i> | Tier 2 | |
| Cholinesterase Inhibitors | | |
| <i>donepezil oral tablet 10 mg, 5 mg</i> | Tier 2 | MO |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | Tier 2 | MO |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | Tier 2 | MO |
| MESTINON ORAL SYRUP 60 MG/5 ML | Tier 3 | MO |
| <i>physostigmine salicylate injection solution 1 mg/ml</i> | Tier 2 | |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> | Tier 2 | MO |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | Tier 2 | MO |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Behavioral Health - Antidepressants | | |
| Alpha-2 Receptor Antagonist Antidepressants | | |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | Tier 2 | MO |
| Maois - Non-Selective & Irreversible | | |
| MARPLAN ORAL TABLET 10 MG | Tier 3 | MO |
| <i>phenelzine oral tablet 15 mg</i> | Tier 2 | MO |
| <i>tranylcypromine oral tablet 10 mg</i> | Tier 2 | MO |
| Norepinephrine And Dopamine Reuptake Inhib (Ndris) | | |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | Tier 2 | MO |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | Tier 2 | MO |
| Selective Serotonin Reuptake Inhibitor (Ssris) | | |
| <i>citalopram oral solution 10 mg/5 ml</i> | Tier 2 | MO |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 2 | MO |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 2 | MO |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> | Tier 2 | MO |

| 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 |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 2 | MO |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| Serotonin-2 Antagonist/Reuptake Inhibitors (Saris) | | |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | Tier 2 | MO |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i> | Tier 2 | MO |
| Serotonin-Norepinephrine Reuptake-Inhib (Snris) | | |
| <i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> | Tier 2 | MO |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> | Tier 2 | MO |
| <i>venlafaxine oral tablet 100 mg, 50 mg, 75 mg</i> | Tier 2 | MO |

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

| 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>nortriptyline oral solution 10 mg/5 ml</i> | Tier 2 | MO |
| 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>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> | Tier 2 | DS |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | Tier 2 | DS |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 2 | DS |
| Anti-Alcoholic Preparations | | |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i> | Tier 2 | MO |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | Tier 2 | MO |
| Anti-Anxiety - Benzodiazepines | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | Tier 2 | DS |
| <i>diazepam injection solution 5 mg/ml</i> | Tier 2 | DS |
| <i>diazepam injection syringe 5 mg/ml</i> | Tier 2 | DS |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | Tier 2 | DS |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML | Tier 2 | DS |
| <i>lorazepam oral concentrate 2 mg/ml</i> | Tier 2 | DS |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | DS |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | Tier 2 | DS |
| Anti-Anxiety Drugs | | |
| <i>buspirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i> | Tier 2 | MO |
| Anti-Mania Drugs | | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg</i> | Tier 2 | MO |
| <i>lithium carbonate oral tablet 300 mg</i> | Tier 2 | MO |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i> | Tier 2 | MO |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antipsych,Dopamine Antag.,Diphenylbutylpiperidines | | |
| <i>pimozide oral tablet 2 mg</i> | Tier 2 | MO |
| Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed | | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | Tier 5 | PA; DS |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | Tier 5 | PA; DS |
| Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed | | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | Tier 2 | MO |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | Tier 5 | PA; DS; QL |
| REXULTI ORAL TABLET 3 MG, 4 MG | Tier 5 | PA; DS |
| Antipsychotics, Dopamine & Serotonin Antagonists | | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 2 | MO |
| Antipsychotics,Atypical,Dopamine,& Serotonin Antag | | |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 2 | PA; MO |

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | Tier 2 | MO |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 2 | MO |
| Barbiturates | | |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | Tier 2 | MO |
| <i>phenobarbital oral tablet 100 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 2 | MO |
| SECONAL SODIUM ORAL CAPSULE 100 MG | Tier 3 | |
| Narcolepsy And Sleep Disorder Therapy Agents | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | Tier 2 | DS |
| <i>modafinil oral tablet 100 mg, 200 mg</i> | Tier 2 | DS |
| 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 |
|---|-----------|--|
| <i>naltrexone oral tablet 50 mg</i> | Tier 2 | MO |
| Sedative-Hypnotics - Benzodiazepines | | |
| <i>flurazepam oral capsule 15 mg</i> | Tier 2 | DS |
| <i>temazepam oral capsule 15 mg, 30 mg</i> | Tier 2 | DS |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i> | Tier 2 | DS |
| Sedative-Hypnotics, Non-Barbiturate | | |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> | Tier 2 | DS |
| Tx For Adhd - Selective Alpha-2A Receptor Agonist | | |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 2 | MO |
| Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy | | |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | Tier 2 | DS |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 2 | DS |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG | Tier 2 | DS |

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| 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 |
| 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>labetalol oral tablet 100 mg, 200 mg, 300 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>phenoxybenzamine oral capsule 10 mg</i> | Tier 2 | |
| <i>phentolamine injection recon soln 5 mg</i> | Tier 2 | RB; QL |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | Tier 2 | MO |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Angiotensin Receptor Antag./Thiazide Diuretic Comb | | |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | Tier 2 | MO |
| Antihypertensives, Ace Inhibitors | | |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 2 | MO |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | Tier 2 | MO |
| Antihypertensives, Angiotensin Receptor Antagonist | | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 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 |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | Tier 2 | MO |
| Antihypertensives, Vasodilators | | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | Tier 2 | MO |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | Tier 2 | MO |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | Tier 2 | MO |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 2 | MO |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> | Tier 2 | MO |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | Tier 2 | MO |

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | Tier 2 | MO |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | Tier 2 | MO |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 2 | MO |
| Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib | | |
| ADCIRCA ORAL TABLET 20 MG | Tier 5 | DS |
| ALYQ ORAL TABLET 20 MG | Tier 2 | MO |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> | Tier 2 | DS; PR |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> | Tier 2 | RB; PR; QL |
| <i>tadalafil (pulm.hypertension) oral tablet 20 mg</i> | Tier 2 | MO; QL |
| Pulmonary Anti-Htn, Endothelin Receptor Antagonist | | |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | Tier 2 | MO |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | Tier 2 | MO |
| OPSUMIT ORAL TABLET 10 MG | Tier 5 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Pulmonary Antihypertensives, Prostaglandin-Type | | |
| <i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> | Tier 6 | DS |
| <i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> | Tier 6 | DS |
| FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG | Tier 6 | DS |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML | Tier 6 | DS |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> | Tier 6 | DS |
| VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG | Tier 6 | DS |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML | Tier 3 | DS |
| Thiazide And Related Diuretics | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | Tier 2 | MO |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>metolazone oral tablet</i> 10 mg, 2.5 mg, 5 mg | Tier 2 | MO |
| Vasodilators, Combination | | |
| <i>isosorbide-hydralazine oral tablet</i> 20-37.5 mg | Tier 2 | MO |
| Cardiovascular Disease - Lipid Irregularity | | |
| Antihyperlipidemic - Hmg Coa Reductase Inhibitors | | |
| <i>atorvastatin oral tablet</i> 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 |
| <i>lovastatin oral tablet</i> 10 mg, 20 mg, 40 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 |
|--|-----------|--|
| <i>pravastatin oral tablet</i> 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 |
| <i>rosuvastatin oral tablet</i> 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 |
| <i>simvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg, 80 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 |
|---|-----------|--|
| Bile Salt Sequestrants | | |
| <i>cholestyramine (with sugar) oral powder 4 gram</i> | Tier 2 | MO |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> | Tier 2 | MO |
| CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM | Tier 2 | MO |
| CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM | Tier 2 | MO |
| <i>cholestyramine-aspartame oral powder in packet 4 gram</i> | Tier 2 | MO |
| <i>colesevelam oral tablet 625 mg</i> | Tier 2 | MO |
| <i>colestipol oral granules 5 gram</i> | Tier 2 | MO |
| <i>colestipol oral packet 5 gram</i> | Tier 2 | MO |
| <i>colestipol oral tablet 1 gram</i> | Tier 2 | MO |
| PREVALITE ORAL POWDER 4 GRAM | Tier 2 | MO |
| PREVALITE ORAL POWDER IN PACKET 4 GRAM | Tier 2 | MO |
| QUESTRAN ORAL POWDER 4 GRAM | Tier 3 | MO |
| Lipotropics | | |
| <i>ezetimibe oral tablet 10 mg</i> | Tier 2 | MO |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | Tier 2 | MO |

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

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

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

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

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

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

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG | Tier 1 | MO |
| MYZILRA ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | Tier 1 | MO |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | MO |
| NIKKI (28) ORAL TABLET 3-0.02 MG | Tier 1 | MO |
| NORA-BE ORAL TABLET 0.35 MG | Tier 1 | MO |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> | Tier 1 | MO |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | Tier 1 | MO |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> | Tier 1 | MO |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i> | Tier 1 | MO |
| NORLYDA ORAL TABLET 0.35 MG | Tier 1 | MO |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) | Tier 1 | MO |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | MO |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | Tier 1 | MO |
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | MO |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | Tier 1 | MO |
| NYMYO ORAL TABLET 0.25-35 MG-MCG | Tier 1 | MO |
| OCELLA ORAL TABLET 3-0.03 MG | Tier 1 | MO |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| PHILITH ORAL TABLET 0.4-35 MG-MCG | Tier 1 | MO |
| PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG | Tier 1 | MO |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| RECLIPSEN (28) ORAL TABLET 0.15- 0.03 MG | Tier 1 | MO |
| SHAROBEL ORAL TABLET 0.35 MG | Tier 1 | MO |
| SPRINTEC (28) ORAL TABLET 0.25- 35 MG-MCG | Tier 1 | MO |
| SRONYX ORAL TABLET 0.1-20 MG- MCG | Tier 1 | MO |
| SYEDA ORAL TABLET 3-0.03 MG | Tier 1 | MO |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG- 20 MCG (21)/75 MG (7) | Tier 1 | MO |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | MO |
| TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG- 35 MCG (28) | Tier 1 | MO |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG- 35 MCG (28) | Tier 1 | MO |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG- 35 MCG (28) | Tier 1 | MO |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG- 25 MCG | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG- 25 MCG | Tier 1 | MO |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG- 25 MCG | Tier 1 | MO |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG- 25 MCG | Tier 1 | MO |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG- 35 MCG (28) | Tier 1 | MO |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG- 35 MCG (28) | Tier 1 | MO |
| TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG- 35 MCG (28) | Tier 1 | MO |
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG- 35 MCG (28) | Tier 1 | MO |
| TRIVORA (28) ORAL TABLET 50-30 (6)/75- 40 (5)/125-30(10) | Tier 1 | MO |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG- 25 MCG | Tier 1 | MO |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG- 35 MCG (28) | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| TULANA ORAL TABLET 0.35 MG | Tier 1 | MO |
| VESTURA (28) ORAL TABLET 3-0.02 MG | Tier 1 | MO |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG | Tier 1 | MO |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG | Tier 1 | MO |
| WERA (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | MO |
| ZARAH ORAL TABLET 3-0.03 MG | Tier 1 | MO |
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | MO |
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | MO |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG | Tier 1 | MO |
| Oxytocics | | |
| <i>carboprost tromethamine intramuscular solution 250 mcg/ml</i> | Tier 5 | DS |
| HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML | Tier 5 | DS |
| <i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>methylergonovine oral tablet 0.2 mg</i> | Tier 2 | |
| <i>oxytocin injection solution 10 unit/ml</i> | Tier 3 | |
| PITOCIN INJECTION SOLUTION 10 UNIT/ML | Tier 3 | |
| Cough And Cold | | |
| Antitussives, Non-Narcotic | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | Tier 2 | |
| Narcotic Antitussive-1st Generation Antihistamine | | |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i> | Tier 2 | DS; Age |
| Narcotic Antitussive-Anticholinergic Comb. | | |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> | Tier 2 | DS; Age |
| HYDROMET ORAL SYRUP 5-1.5 MG/5 ML | Tier 2 | DS; Age |
| Narcotic Antitussive-Expectorant Combination | | |
| CHERATUSSIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> | Tier 2 | DS; Age |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |
| GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |
| ROBAFEN AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |
| VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |
| Nose Preparations, Vasoconstrictors (Rx) | | |
| ADRENALIN NASAL SOLUTION 1 MG/ML | Tier 3 | |
| <i>epinephrine hcl nasal solution 1 mg/ml</i> | Tier 2 | |
| Dermatology - Acne | | |
| Acne Agents, Systemic | | |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 2 | |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| Acne Agents, Topical | | |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> | Tier 2 | MO |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | Tier 2 | MO |
| Rosacea Agents, Topical | | |
| <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 | |
| Topical Preparations, Antibacterials | | |
| DERMAZENE TOPICAL CREAM 1-1 % | Tier 2 | |
| <i>hydrocortisone-iodoquinol topical cream 1-1 %</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Vitamin A Derivatives | | |
| <i>adapalene topical gel 0.3 %</i> | Tier 2 | MO |
| AVITA TOPICAL CREAM 0.025 % | Tier 2 | MO; Age |
| AVITA TOPICAL GEL 0.025 % | Tier 2 | MO; Age |
| RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % | Tier 3 | MO; Age |
| RETIN-A TOPICAL GEL 0.01 %, 0.025 % | Tier 3 | MO; Age |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | Tier 2 | MO; Age |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i> | Tier 2 | MO; Age |
| Dermatology - Antiinfective | | |
| Topical Antibiotics | | |
| <i>clindamycin phosphate topical lotion 1 %</i> | Tier 2 | MO |
| <i>clindamycin phosphate topical solution 1 %</i> | Tier 2 | MO |
| <i>erythromycin with ethanol topical gel 2 %</i> | Tier 2 | MO |
| <i>erythromycin with ethanol topical solution 2 %</i> | Tier 2 | MO |
| <i>gentamicin topical cream 0.1 %</i> | Tier 2 | |
| <i>gentamicin topical ointment 0.1 %</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>mupirocin calcium topical cream 2 %</i> | Tier 2 | |
| <i>mupirocin topical ointment 2 %</i> | Tier 2 | |
| Topical Antifungal/Antiinflammatory, Steriod Agent | | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | Tier 2 | |
| Topical Antifungals | | |
| <i>ciclopirox topical cream 0.77 %</i> | Tier 2 | |
| <i>ketconazole topical cream 2 %</i> | Tier 2 | |
| <i>ketconazole topical shampoo 2 %</i> | Tier 2 | |
| KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM | Tier 2 | |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM | Tier 2 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | Tier 2 | |
| <i>nystatin topical ointment 100,000 unit/gram</i> | Tier 2 | |
| <i>nystatin topical powder 100,000 unit/gram</i> | Tier 2 | |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | Tier 2 | |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>betamethasone valerate topical lotion 0.1 %</i> | Tier 2 | MO |
| <i>betamethasone valerate topical ointment 0.1 %</i> | Tier 2 | MO |
| <i>betamethasone, augmented topical cream 0.05 %</i> | Tier 2 | MO |
| <i>betamethasone, augmented topical gel 0.05 %</i> | Tier 2 | MO |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | Tier 2 | MO |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol scalp solution 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol topical cream 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol topical gel 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol topical ointment 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol topical shampoo 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol-emollient topical cream 0.05 %</i> | Tier 2 | MO |
| CLOBEX TOPICAL SHAMPOO 0.05 % | Tier 3 | MO |
| CLODAN TOPICAL SHAMPOO 0.05 % | Tier 3 | MO |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| CORMAX SCALP SOLUTION 0.05 % | Tier 2 | MO |
| <i>desonide topical cream 0.05 %</i> | Tier 2 | MO |
| <i>desonide topical ointment 0.05 %</i> | Tier 2 | MO |
| <i>desoximetasone topical cream 0.25 %</i> | Tier 2 | MO |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i> | Tier 2 | MO |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i> | Tier 2 | MO |
| <i>fluocinolone topical oil 0.01 %</i> | Tier 2 | MO |
| <i>fluocinolone topical ointment 0.025 %</i> | Tier 2 | MO |
| <i>fluocinolone topical solution 0.01 %</i> | Tier 2 | MO |
| <i>fluocinonide topical cream 0.05 %</i> | Tier 2 | MO |
| <i>fluocinonide topical gel 0.05 %</i> | Tier 2 | MO |
| <i>fluocinonide topical ointment 0.05 %</i> | Tier 2 | MO |
| <i>fluocinonide topical solution 0.05 %</i> | Tier 2 | MO |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 % | Tier 2 | MO |
| <i>fluocinonide-emollient topical cream 0.05 %</i> | Tier 2 | MO |
| <i>halobetasol propionate topical cream 0.05 %</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>halobetasol propionate topical ointment 0.05 %</i> | Tier 2 | MO |
| <i>hydrocortisone butyrate topical cream 0.1 %</i> | Tier 2 | MO |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i> | Tier 2 | MO |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | Tier 2 | MO |
| <i>hydrocortisone butyr-emollient topical cream 0.1 %</i> | Tier 2 | MO |
| <i>hydrocortisone topical cream 2.5 %</i> | Tier 2 | MO |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | Tier 2 | MO |
| <i>hydrocortisone topical lotion 2.5 %</i> | Tier 2 | MO |
| <i>hydrocortisone topical ointment 2.5 %</i> | Tier 2 | MO |
| <i>mometasone topical cream 0.1 %</i> | Tier 2 | MO |
| <i>mometasone topical ointment 0.1 %</i> | Tier 2 | MO |
| <i>mometasone topical solution 0.1 %</i> | Tier 2 | MO |
| PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | Tier 2 | MO |
| PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | Tier 2 | MO |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> | Tier 2 | MO |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | Tier 2 | MO |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier 2 | MO |
| TRIDERM TOPICAL CREAM 0.1 %, 0.5 % | Tier 2 | MO |
| Dermatology - Miscellaneous | | |
| Antiperspirants | | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % | Tier 3 | MO |
| DRYSOL TOPICAL SOLUTION 20 % | Tier 3 | MO |
| Antiseborrheic Agents | | |
| <i>selenium sulfide topical lotion 2.5 %</i> | Tier 2 | |
| Emollients | | |
| CERAVE PM TOPICAL LOTION,EXTENDED RELEASE | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Irrigants | | |
| AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % | Tier 2 | |
| AQUA CARE STERILE WATER IRRIGATION SOLUTION | Tier 2 | |
| <i>lactated ringers irrigation solution</i> | Tier 3 | |
| <i>ringer's irrigation solution</i> | Tier 2 | |
| <i>sodium chloride irrigation solution 0.9 %</i> | Tier 2 | |
| <i>water for irrigation, sterile irrigation solution</i> | Tier 2 | |
| Keratolytics | | |
| <i>podofilox topical solution 0.5 %</i> | Tier 2 | MO |
| Protectives | | |
| DML TOPICAL LOTION | Tier 6 | |
| Topical Antineoplastic & Premalignant Lesion Agnts | | |
| <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 |
|---|-----------|--|
| <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 | | |
| AMPHADASE INJECTION SOLUTION 150 UNIT/ML | Tier 5 | DS |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | Tier 3 | |
| Dermatology - Psoriasis/Eczema | | |
| Antipsoriatic Agents, Systemic | | |
| <i>acitretin oral capsule 10 mg, 25 mg</i> | Tier 2 | |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | Tier 5 | MO |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | Tier 5 | MO |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | Tier 2 | |
| Antipsoriatics Agents | | |
| <i>calcipotriene scalp solution 0.005 %</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>calcipotriene topical cream 0.005 %</i> | Tier 2 | PA; MO |
| <i>calcitriol topical ointment 3 mcg/gram</i> | Tier 2 | MO |
| DRITHOCREME HP TOPICAL CREAM 1 % | Tier 3 | MO |
| <i>tazarotene topical cream 0.1 %</i> | Tier 2 | MO |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> | Tier 2 | MO |
| TAZORAC TOPICAL CREAM 0.05 % | Tier 3 | MO |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % | Tier 3 | MO |
| VECTICAL TOPICAL OINTMENT 3 MCG/GRAM | Tier 3 | MO |
| Topical Immunosuppressive Agents | | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | Tier 2 | MO |
| Diabetes | | |
| Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist) | | |
| 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 |

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--|
| CONTOUR NEXT TEST STRIPS STRIP | Tier 7 | MO; QL |
| CONTOUR TEST STRIPS STRIP | Tier 7 | MO; QL |
| COOL GLUCOSE TEST STRIP STRIP | Tier 7 | MO; QL |
| DARIO BLOOD GLUCOSE TEST STRIP STRIP | Tier 7 | MO; QL |
| DIATRUE PLUS TEST STRIP STRIP | Tier 7 | MO; QL |
| EASY GLUCO G2 STRIP | Tier 7 | MO; QL |
| EASY PLUS II TEST STRIP | Tier 7 | MO; QL |
| EASY STEP STRIP | Tier 7 | MO; QL |
| EASY TALK GLUCOSE TEST STRIP | Tier 7 | MO; QL |
| EASY TALK PLUS II TEST STRIP STRIP | Tier 7 | MO; QL |
| EASY TOUCH BLU LINK TEST STRIP STRIP | Tier 7 | MO; QL |
| EASY TOUCH TEST STRIP STRIP | Tier 7 | MO; QL |
| EASY TRAK GLUCOSE TEST STRIP | Tier 7 | MO; QL |
| EASY TRAK II TEST STRIP STRIP | Tier 7 | MO; QL |
| EASYGLUCO PLUS STRIP | Tier 7 | MO; QL |
| EASYGLUCO TEST STRIP | Tier 7 | MO; QL |
| EASYMAX 15 TEST STRIPS STRIP | Tier 7 | MO; QL |
| EASYMAX STRIP | Tier 7 | MO; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------|-----------|--|
| ELEMENT COMPACT TEST STRIPS STRIP | Tier 7 | MO; QL |
| ELEMENT TEST STRIPS STRIP | Tier 7 | MO; QL |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP | Tier 7 | MO; QL |
| EMBRACE EVO TEST STRIPS STRIP | Tier 7 | MO; QL |
| EMBRACE PRO TEST STRIPS STRIP | Tier 7 | MO; QL |
| EMBRACE TALK TEST STRIPS STRIP | Tier 7 | MO; QL |
| EMBRACE WAVE GLUCOSE TEST STRIP STRIP | Tier 7 | MO; QL |
| EVENCARE G2 STRIP | Tier 7 | MO; QL |
| EVENCARE G3 TEST STRIP | Tier 7 | MO; QL |
| EVENCARE MINI GLUCOSE TEST STR STRIP | Tier 7 | MO; QL |
| EVENCARE PROVIEW TEST STRIP STRIP | Tier 7 | MO; QL |
| EVENCARE TEST STRIP | Tier 7 | MO; QL |
| EVOLUTION TEST STRIPS STRIP | Tier 7 | MO; QL |
| EZ SMART PLUS TEST STRIP | Tier 7 | MO; QL |
| EZ SMART TEST STRIP | Tier 7 | MO; QL |
| FIFTY50 TEST STRIP STRIP | Tier 7 | MO; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--|
| FORA 6 CONNECT GLUCOSE STRIP STRIP | Tier 7 | MO; QL |
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP | Tier 7 | MO; QL |
| FORA D15G STRIPS STRIP | Tier 7 | MO; QL |
| FORA D20 STRIP | Tier 7 | MO; QL |
| FORA D40-G31 TEST STRIPS STRIP | Tier 7 | MO; QL |
| FORA G20 STRIP | Tier 7 | MO; QL |
| FORA G30-PREMIUM V10 TEST STRP STRIP | Tier 7 | MO; QL |
| FORA GD50 TEST STRIPS STRIP | Tier 7 | MO; QL |
| FORA GTEL GLUCOSE TEST STRIP STRIP | Tier 7 | MO; QL |
| FORA TEST STRIP STRIP | Tier 7 | MO; QL |
| FORA TN'G ADVAN PRO TEST STRIP STRIP | Tier 7 | MO; QL |
| FORA TN'G VOICE TEST STRIPS STRIP | Tier 7 | MO; QL |
| FORA V10 STRIP | Tier 7 | MO; QL |
| FORA V10-V12-D10-D20 STRIPS STRIP | Tier 7 | MO; QL |
| FORA V12 GLUCOSE STRIP | Tier 7 | MO; QL |
| FORA V20 STRIP | Tier 7 | MO; QL |
| FORA V30A STRIP | Tier 7 | MO; QL |
| FORACARE GD20 STRIP | Tier 7 | MO; QL |
| FORACARE GD40 TEST STRIPS STRIP | Tier 7 | MO; QL |

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|------------------------------------|-----------|--|
| ON CALL PLUS TEST STRIP STRIP | Tier 7 | MO; QL |
| ON CALL VIVID TEST STRIP STRIP | Tier 7 | MO; QL |
| ONETOUCH ULTRA TEST STRIP | Tier 7 | MO; QL |
| ONETOUCH VERIO TEST STRIPS STRIP | Tier 7 | MO; QL |
| OPTIUM EZ STRIP | Tier 7 | MO; QL |
| OPTIUM TEST STRIP | Tier 7 | MO; QL |
| OPTUMRX STRIP | Tier 7 | MO; QL |
| PHARMACIST CHOICE STRIP | Tier 7 | MO; QL |
| PIP BLOOD GLUCOSE TEST STRIP STRIP | Tier 7 | MO; QL |
| PRECISION PCX PLUS TEST STRIP | Tier 7 | MO; QL |
| PRECISION PCX TEST STRIP | Tier 7 | MO; QL |
| PRECISION POINT OF CARE TEST STRIP | Tier 7 | MO; QL |
| PRECISION Q-I-D TEST STRIP | Tier 7 | MO; QL |
| PRECISION XTRA TEST STRIP | Tier 7 | MO; QL |
| PREMIER TEST STRIP STRIP | Tier 7 | MO; QL |
| PREMIUM V10 STRIP | Tier 7 | MO; QL |
| PRO VOICE V8-V9 TEST STRIP STRIP | Tier 7 | MO; QL |
| PRODIGY NO CODING STRIP | Tier 7 | MO; QL |
| PTS PANELS EGLU TEST STRIP STRIP | Tier 7 | MO; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------|-----------|--|
| QUINTET AC STRIP | Tier 7 | MO; QL |
| QUINTET GLUCOSE TEST STRIPS STRIP | Tier 7 | MO; QL |
| REFUAH PLUS STRIP | Tier 7 | MO; QL |
| RELION CONFIRM-MICRO STRIP | Tier 7 | MO; QL |
| RELION PRIME TEST STRIPS STRIP | Tier 7 | MO; QL |
| RELION ULTIMA STRIP | Tier 7 | MO; QL |
| REVEAL TEST STRIP STRIP | Tier 7 | MO; QL |
| RIGHTEST GS250S TEST STRIPS STRIP | Tier 7 | MO; QL |
| RIGHTEST GS260 TEST STRIPS STRIP | Tier 7 | MO; QL |
| RIGHTEST GS550 TEST STRIPS STRIP | Tier 7 | MO; QL |
| RIGHTEST GS700 TEST STRIP STRIP | Tier 7 | MO; QL |
| RIGHTEST GT333 TEST STRIP STRIP | Tier 7 | MO; QL |
| RIGHTEST MAX TEST STRIP STRIP | Tier 7 | MO; QL |
| SMART SENSE TEST STRIPS STRIP | Tier 7 | MO; QL |
| SMARTEST TEST STRIP | Tier 7 | MO; QL |
| SOLUS V2 TEST STRIPS STRIP | Tier 7 | MO; QL |
| SURE-TEST EASYPLUS MINI STRIP | Tier 7 | MO; QL |
| TD GOLD TEST STRIP STRIP | Tier 7 | MO; QL |
| TELCARE TEST STRIPS STRIP | Tier 7 | MO; QL |

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION | Tier 7 | MO |
| AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION | Tier 7 | MO |
| ALTERNATE SITE LANCING DEVICE | Tier 7 | |
| AQUA LANCE LANCING DEVICE | Tier 7 | |
| ASSURE 4 CONTROL SOLUTION COMBO PACK | Tier 7 | MO |
| ASSURE DOSE NORMAL CONTROL SOLUTION | Tier 7 | MO |
| ASSURE DOSE NORM-HI CONTROL SOLUTION | Tier 7 | MO |
| ASSURE PLATINUM GLUCOSE METER | Tier 7 | MO |
| ASSURE PRISM CONTROL 1-2 SOLN SOLUTION | Tier 7 | MO |
| ASSURE PRISM MULTI METER | Tier 7 | MO |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN | Tier 7 | PA; MO |
| AUTO-LANCET MINI | Tier 7 | |
| AUTOLET IMPRESSION LANC DEV KIT | Tier 7 | MO |
| AUTOLET LANCING DEVICE | Tier 7 | |
| AUTOLET PLUS LANCING DEVICE | Tier 7 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN | Tier 7 | PA; MO |
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN | Tier 7 | PA; MO |
| BIONIME RIGHTEST GM300 SYSTEM KIT | Tier 7 | MO |
| BIOTEL CARE BGM-4 METER | Tier 7 | MO |
| <i>blood glucose contrl hi,normal solution</i> | Tier 7 | MO |
| <i>blood glucose control, normal solution</i> | Tier 7 | MO |
| <i>blood glucose ctl high,nml,low solution</i> | Tier 7 | MO |
| BLOOD GLUCOSE MONITORING KIT | Tier 7 | MO |
| <i>blood-glucose meter</i> | Tier 7 | MO |
| <i>blood-glucose meter kit</i> | Tier 7 | MO |
| BREEZE 2 CONTROL SOLUTION, LOW SOLUTION | Tier 7 | MO |
| BREEZE 2 CONTROL SOLUTION, NML SOLUTION | Tier 7 | MO |
| BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION | Tier 7 | MO |
| CARELANCE ULT LANCING DEVICE | Tier 7 | |
| CAREONE LANCING DEVICE | Tier 7 | MO; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| CARESENS CONTROL A AND B SOLUTION | Tier 7 | MO |
| CARESENS CONTROL A NORMAL SOLUTION | Tier 7 | MO |
| CARESENS N | Tier 7 | MO |
| CARESENS N FELIZ BT GLUC METER | Tier 7 | MO |
| CARESENS N FELIZ GLUCOSE METER | Tier 7 | MO |
| CARESENS N KIT | Tier 7 | MO |
| CARESENS N VOICE | Tier 7 | MO |
| CARESENS N VOICE KIT | Tier 7 | MO |
| CARESENS PREM LANCING DEVICE | Tier 7 | |
| CARESOFT LANCING DEVICE | Tier 7 | |
| CARETOUCH CONTROL SOLN L2-L3 SOLUTION | Tier 7 | MO |
| CARETOUCH GLUCOSE MONITORING KIT | Tier 7 | MO |
| CARETOUCH LANCING DEVICE | Tier 7 | |
| CHOICE DM CLARUS NORM CONTROL SOLUTION | Tier 7 | MO |
| CHOICEDM CLARUS | Tier 7 | MO |
| CLEVER CHEK BLOOD GLUCOSE | Tier 7 | MO |
| CLEVER CHEK BLOOD GLUCOSE SYST KIT | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| CLEVER CHOICE BLOOD GLUC SYS | Tier 7 | MO |
| CLEVER CHOICE GLUCOSE MONITOR | Tier 7 | MO |
| CLEVER CHOICE LEVEL 1 CONTROL SOLUTION | Tier 7 | MO |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION | Tier 7 | MO |
| CLEVER CHOICE LEVEL 3 CONTROL SOLUTION | Tier 7 | MO |
| CLEVER CHOICE MICRO | Tier 7 | MO |
| CLEVER CHOICE PRO | Tier 7 | MO |
| CLEVER CHOICE TALK GLUCOSE SYS | Tier 7 | MO |
| CONTOUR CONTROL SOLUTION, HIGH SOLUTION | Tier 7 | MO |
| CONTOUR CONTROL SOLUTION, LOW SOLUTION | Tier 7 | MO |
| CONTOUR CONTROL SOLUTION, NML SOLUTION | Tier 7 | MO |
| CONTOUR METER | Tier 7 | MO |
| CONTOUR METER KIT | Tier 7 | MO |
| CONTOUR NEXT EZ METER | Tier 7 | MO |
| CONTOUR NEXT EZ METER KIT | Tier 7 | MO |

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

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

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

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

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--|
| FORA TN'G VOICE METER | Tier 7 | MO |
| FORA V10 KIT | Tier 7 | MO |
| FORA V12 BLOOD GLUCOSE SYSTEM | Tier 7 | MO |
| FORA V12 BLOOD GLUCOSE SYSTEM KIT | Tier 7 | MO |
| FORA V20 KIT | Tier 7 | MO |
| FORA V30A | Tier 7 | MO |
| FORA V30A KIT | Tier 7 | MO |
| FORACARE GD20 GLUCOSE METER | Tier 7 | MO |
| FORACARE GD40A GLUCOSE METER | Tier 7 | MO |
| FORACARE GD40B GLUCOSE METER | Tier 7 | MO |
| FORACARE GDH HIGH CONTROL SOLUTION | Tier 7 | MO |
| FORACARE GDH LOW CONTROL SOLUTION | Tier 7 | MO |
| FORACARE GDH NORMAL CONTROL SOLUTION | Tier 7 | MO |
| FORTISCARE BLOOD GLUCOSE SYST KIT | Tier 7 | MO |
| FORTISCARE HIGH SOLUTION | Tier 7 | MO |
| FORTISCARE LOW SOLUTION | Tier 7 | MO |
| FORTISCARE NORMAL SOLUTION | Tier 7 | MO |
| FORTISCARE T1 BLOOD GLUC SYS | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| FREESTYLE CONTROL SOLUTION | Tier 7 | MO |
| FREESTYLE FLASH SYSTEM KIT | Tier 7 | MO |
| FREESTYLE FREEDOM KIT | Tier 7 | MO |
| FREESTYLE FREEDOM LITE KIT | Tier 7 | MO |
| FREESTYLE INSULINX | Tier 7 | MO |
| FREESTYLE LITE METER KIT | Tier 7 | MO |
| FREESTYLE PRECISION NEO METER | Tier 7 | MO |
| FREESTYLE SIDEKICK II KIT | Tier 7 | MO |
| FREESTYLE SYSTEM KIT KIT | Tier 7 | MO |
| GDRIVE KIT | Tier 7 | MO |
| GE100 BLOOD GLUCOSE SYSTEM | Tier 7 | MO |
| GE100 BLOOD GLUCOSE SYSTEM KIT | Tier 7 | MO |
| GE100 CONTROL SOLUTION NORMAL SOLUTION | Tier 7 | MO |
| GE333 BLOOD GLUCOSE SYSTEM | Tier 7 | MO |
| GE333 CONTROL SOLUTION NORMAL SOLUTION | Tier 7 | MO |
| GLUCO NAVII GLUCOSE MONITOR KIT | Tier 7 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| GLUCOSE CONTROL SOLUTION | Tier 7 | MO |
| GLUCOSE KETONE CONTROL SOLN SOLUTION | Tier 7 | MO |
| GM100 KIT | Tier 7 | MO |
| GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION | Tier 7 | MO |
| GOJJI LANCING DEVICE | Tier 7 | |
| GOODLIFE AC-302 GLUCOSE METER | Tier 7 | MO |
| HARMONY CONTROL L1,L3 SOLUTION | Tier 7 | MO |
| HEALTHPRO GLUCOSE MONITOR | Tier 7 | MO |
| HEALTHPRO HIGH-LOW CONTROL SOLUTION | Tier 7 | MO |
| HEALTHY ACCENTS AUTOLET | Tier 7 | |
| HYPOLANCE AST LANCING KIT | Tier 7 | MO |
| IGLUCOSE BLOOD GLUCOSE MONITOR KIT | Tier 7 | MO |
| INCONTROL LANCING DEVICE | Tier 7 | |
| INFINITY CONTROL SOLUTION HIGH SOLUTION | Tier 7 | MO |
| INFINITY CONTROL SOLUTION LOW SOLUTION | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| INFINITY CONTROL SOLUTION NORM SOLUTION | Tier 7 | MO |
| INFINITY METER KIT KIT | Tier 7 | MO |
| INFINITY STARTER KIT KIT | Tier 7 | MO |
| INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION | Tier 7 | MO |
| INFINITY VOICE GLUCOSE MONITOR | Tier 7 | MO |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | Tier 7 | MO |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN | Tier 7 | MO |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN | Tier 7 | MO |
| JAZZ WIRELESS 2 METER KIT KIT | Tier 7 | MO |
| <i>lancing device</i> | Tier 7 | |
| LANCING DEVICE WITH LANCETS | Tier 7 | |
| <i>lancing device with lancets kit</i> | Tier 7 | MO |
| LANCING SYSTEM | Tier 7 | |
| LANZO LANCING DEVICE KIT | Tier 7 | MO |
| LITE TOUCH LANCING DEVICE | Tier 7 | |
| MEDISENSE COMBO PACK | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK | Tier 7 | MO |
| MEDISENSE GLUCOSE KETONE COMBO PACK | Tier 7 | MO |
| MEDISENSE MID CONTROL SOLUTION | Tier 7 | MO |
| MEDPOINT NORMAL CONTROL SOLUTION | Tier 7 | MO |
| METER-CHECK SOLUTION | Tier 7 | MO |
| MICRODOT BLOOD GLUCOSE SYSTEM | Tier 7 | MO |
| MICRODOT BLOOD GLUCOSE SYSTEM KIT | Tier 7 | MO |
| MICRODOT HIGH-LOW CONTROL SOLUTION | Tier 7 | MO |
| MICRODOT NORMAL CONTROL SOLUTION | Tier 7 | MO |
| MICROLET 2 LANCING DEVICE KIT | Tier 7 | MO |
| MICROLET NEXT LANCING DEVICE KIT | Tier 7 | MO |
| MINI LANCING DEVICE | Tier 7 | |
| MULTI-LANCET DEVICE 2 KIT | Tier 7 | MO |
| MYGLUCOHEALTH CONTROL SOLUTION SOLUTION | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---------------------------------------|-----------|--|
| MYGLUCOHEALTH KIT | Tier 7 | MO |
| NOVA MAX GLUCOSE CONTROL SOLUTION | Tier 7 | MO |
| NOVAMAX PLUS GLU-KET SOLUTION | Tier 7 | MO |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN | Tier 7 | PA; MO |
| ON CALL EXPRESS CONTROL SOLUTION | Tier 7 | MO |
| ON CALL EXPRESS METER | Tier 7 | MO |
| ON CALL EXPRESS METER KIT | Tier 7 | MO |
| ON CALL LANCING DEVICE | Tier 7 | |
| ON CALL PLUS CONTROL SOLUTION | Tier 7 | MO |
| ON CALL PLUS LANCING DEVICE | Tier 7 | |
| ON CALL PLUS METER | Tier 7 | MO |
| ON CALL PLUS METER KIT | Tier 7 | MO |
| ON CALL VIVID CONTROL SOLUTION | Tier 7 | MO |
| ON CALL VIVID METER | Tier 7 | MO |
| ON CALL VIVID METER KIT | Tier 7 | MO |
| ON CALL VIVID PAL METER | Tier 7 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| ONETOUCH VERIO METER | Tier 7 | MO |
| ONETOUCH VERIO MID CONTROL SOLUTION | Tier 7 | MO |
| ONETOUCH VERIO REFLECT METER | Tier 7 | MO |
| ONETOUCH VERIO REFLECT START KIT | Tier 7 | MO |
| OPTUMRX | Tier 7 | MO |
| OPTUMRX KIT | Tier 7 | MO |
| OPTUMRX SOLUTION | Tier 7 | MO |
| PHARMACIST CHOICE GLUCOSE SYS | Tier 7 | MO |
| PIP BLOOD GLUCOSE MONITOR | Tier 7 | MO |
| PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION | Tier 7 | MO |
| POGO AUTOMATIC BLOOD GLUC SYS | Tier 7 | MO |
| PRECISION | Tier 7 | MO |
| PRECISION GLUCOSE CONTROL SOLN COMBO PACK | Tier 7 | MO |
| PRECISION GLUCOSE/KETONE CONTR COMBO PACK | Tier 7 | MO |
| PRECISION XTRA MONITOR | Tier 7 | MO |
| PREMIER BLU GLUCOSE METER | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| PREMIER CLASSIC GLUCOSE METER | Tier 7 | MO |
| PREMIER COMPACT GLUCOSE METER KIT | Tier 7 | MO |
| PREMIER VOICE GLUCOSE METER | Tier 7 | MO |
| PREMIUM BLOOD GLUCOSE MONITOR | Tier 7 | MO |
| PREMIUM V10 | Tier 7 | MO |
| PRESTO PRO BLOOD GLUCOSE METER | Tier 7 | MO |
| PRO VOICE V8 GLUCOSE MONITOR | Tier 7 | MO |
| PRO VOICE V9 GLUCOSE MONITOR | Tier 7 | MO |
| PRODIGY AUTOCODE METER KIT | Tier 7 | MO |
| PRODIGY AUTOCODE MONITOR SYST | Tier 7 | MO |
| PRODIGY CONTROL SOLUTION, LOW SOLUTION | Tier 7 | MO |
| PRODIGY CONTROL SOLUTION,HIGH SOLUTION | Tier 7 | MO |
| PRODIGY LANCING DEVICE | Tier 7 | |
| PRODIGY POCKET METER KIT | Tier 7 | MO |
| PRODIGY VOICE GLUCOSE METER KIT | Tier 7 | MO |
| QUINTET AC | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| QUINTET BLOOD GLUCOSE METER | Tier 7 | MO |
| REFUAH PLUS GLUCOSE CONTROL SOLUTION | Tier 7 | MO |
| REFUAH PLUS GLUCOSE MONITOR KIT | Tier 7 | MO |
| RELIAMED MINI LANCING DEVICE | Tier 7 | |
| RELION ALL-IN-ONE METER KIT | Tier 7 | MO |
| RELION CONFIRM KIT | Tier 7 | MO |
| RELION MICRO GLUCOSE MONITOR | Tier 7 | MO |
| RELION MICRO GLUCOSE MONITOR KIT | Tier 7 | MO |
| RELION PRIME METER | Tier 7 | MO |
| REVEAL BLOOD GLUCOSE METER KIT | Tier 7 | MO |
| RIGHTEST CONTROL SOLUTION HIGH SOLUTION | Tier 7 | MO |
| RIGHTEST CONTROL SOLUTION NORM SOLUTION | Tier 7 | MO |
| RIGHTEST GC250S CNTRL SOL NORM SOLUTION | Tier 7 | MO |
| RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| RIGHTEST GD500 LANCING DEVICE | Tier 7 | |
| RIGHTEST GM250S GLUCOSE METER | Tier 7 | MO |
| RIGHTEST GM260 GLUCOSE METER | Tier 7 | MO |
| RIGHTEST GM550 SYSTEM KIT | Tier 7 | MO |
| RIGHTEST GM700SB GLUCOSE METER | Tier 7 | MO |
| RIGHTEST GT333 GLUCOSE METER | Tier 7 | MO |
| RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION | Tier 7 | MO |
| RIGHTEST MAX PLUS GLUCOSE MTR | Tier 7 | MO |
| SAFE-CLIP BY MAIL DEVICE | Tier 7 | MO |
| SAFE-CLIP NEEDLE STORAGE DEV DEVICE | Tier 7 | MO |
| SIDEKICK BLOOD GLUCOSE SYSTEM KIT | Tier 7 | MO |
| SMART CARESENS N KIT | Tier 7 | MO |
| SMART SENSE MONITORING SYSTEM | Tier 7 | MO |
| SMARTDIABETES VANTAGE | Tier 7 | |
| SMARTEST CONTROL SOLUTION | Tier 7 | MO |
| SMARTEST EJECT KIT | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| SMARTEST PERSONA GLUCOSE METER | Tier 7 | MO |
| SMARTEST PERSONA STARTER KIT | Tier 7 | MO |
| SMARTEST PRONTO GLUCOSE METER | Tier 7 | MO |
| SMARTEST PRONTO STARTER KIT | Tier 7 | MO |
| SMARTEST PROTEGE KIT | Tier 7 | MO |
| SMARTEST SMART CODE METER KIT | Tier 7 | MO |
| SMARTEST TALKING METER KIT | Tier 7 | MO |
| SOLUS V2 AUDIBLE METER | Tier 7 | MO |
| SOLUS V2 AUDIBLE METER KIT | Tier 7 | MO |
| SOLUS V2 CONTROL SOLUTION, LOW SOLUTION | Tier 7 | MO |
| SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION | Tier 7 | MO |
| SOLUS V2 LANCING DEVICE KIT | Tier 7 | MO |
| SURE COMFORT LANCING PEN | Tier 7 | |
| SUREFLEX DEVICE WITH LANCETS KIT | Tier 7 | MO |
| SUREFLEX LANCING DEVICE | Tier 7 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------|-----------|--|
| SURE-PEN LANCING DEVICE | Tier 7 | |
| SURE-TEST EASYPLUS MINI METER | Tier 7 | MO |
| SURE-TEST EASYPLUS MINI SOLUTION | Tier 7 | MO |
| TD GOLD BLOOD GLUCOSE MONITOR | Tier 7 | MO |
| TD GOLD LEVEL 1 CONTROL SOLUTION | Tier 7 | MO |
| TD GOLD LEVEL 2 CONTROL SOLUTION | Tier 7 | MO |
| TD GOLD LEVEL 3 CONTROL SOLUTION | Tier 7 | MO |
| TD GOLD VOICE GLUCOSE MONITOR | Tier 7 | MO |
| TELCARE BGM KIT | Tier 7 | MO |
| TELCARE BLOOD GLUCOSE KIT KIT | Tier 7 | MO |
| TELCARE CONTROL SOLUTION | Tier 7 | MO |
| TEST N'GO BLOOD GLUCOSE SYSTEM | Tier 7 | MO |
| TRUE METRIX AIR GLUCOSE METER | Tier 7 | MO |
| TRUE METRIX AIR GLUCOSE METER KIT | Tier 7 | MO |
| TRUE METRIX GLUCOSE METER | Tier 7 | MO |
| TRUE METRIX GLUCOSE METER KIT | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------|-----------|--|
| TRUE METRIX GO GLUCOSE METER | Tier 7 | MO |
| TRUE METRIX LEVEL 1 SOLUTION | Tier 7 | MO |
| TRUE METRIX LEVEL 2 SOLUTION | Tier 7 | MO |
| TRUE METRIX LEVEL 3 SOLUTION | Tier 7 | MO |
| TRUE2GO BLOOD GLUCOSE SYSTEM KIT | Tier 7 | MO |
| TRUECONTROL LEVEL 0 SOLUTION | Tier 7 | MO |
| TRUECONTROL LEVEL 1 SOLUTION | Tier 7 | MO |
| TRUEDRAW LANCING DEVICE | Tier 7 | |
| TRUERESULT BLOOD GLUCOSE SYSTM KIT | Tier 7 | MO |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT | Tier 7 | MO |
| TRUETRACK SMART SYSTEM KIT | Tier 7 | MO |
| ULTI-LANCE | Tier 7 | |
| ULTI-LANCE KIT | Tier 7 | MO |
| ULTIMA MONITOR | Tier 7 | MO |
| ULTRATRAK GLUCOSE METER | Tier 7 | MO |
| ULTRATRAK GLUCOSE METER KIT | Tier 7 | MO |
| ULTRATRAK HIGH-LOW CONTROL SOLUTION | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| ULTRATRAK NORMAL CONTROL SOLUTION | Tier 7 | MO |
| ULTRATRAK ULTIMATE | Tier 7 | MO |
| ULTRATRAK ULTIMATE SOLUTION | Tier 7 | MO |
| UNISTIK 2 COMFORT LANCET 28 GAUGE | Tier 7 | MO |
| UNISTIK 2 DEVICE KIT | Tier 7 | MO |
| UNISTIK 2 EXTRA LANCET 21 GAUGE | Tier 7 | MO |
| UNISTIK 2 NORMAL LANCET 21 GAUGE | Tier 7 | MO |
| UNISTIK 3 COMFORT LANCET 28 GAUGE | Tier 7 | MO; QL |
| UNISTIK 3 DUAL LANCET 18 GAUGE | Tier 7 | MO |
| UNISTIK 3 NORMAL LANCET 23 GAUGE | Tier 7 | MO; QL |
| UNISTRIP HIGH CONTROL SOLUTION | Tier 7 | MO |
| UNISTRIP LOW CONTROL SOLUTION | Tier 7 | MO |
| VERASENS BLOOD GLUCOSE METER | Tier 7 | MO |
| VERASENS CONTROL SOLN-LEVEL 1 SOLUTION | Tier 7 | MO |
| VERASENS METER STARTER KIT KIT | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION | Tier 7 | MO |
| VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION | Tier 7 | MO |
| VIVAGUARD INO CTRL SOLN-L2 SOLUTION | Tier 7 | MO |
| VIVAGUARD INO GLUCOSE METER | Tier 7 | MO |
| VIVAGUARD INO SMART GLUC METER | Tier 7 | MO |
| VIVAGUARD LANCING DEVICE | Tier 7 | |
| WAVESENSE AMP KIT | Tier 7 | MO |
| WAVESENSE CONTROL SOLUTION SOLUTION | Tier 7 | MO |
| WAVESENSE PRESTO | Tier 7 | MO |
| WAVESENSE PRESTO KIT | Tier 7 | MO |
| 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 |
|--|-----------|--|
| Insulins | | |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | Tier 3 | PA |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | Tier 3 | PA |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | Tier 3 | PA |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | Tier 3 | PA |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 3 | |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | Tier 3 | |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 3 | PA |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 3 | |
| HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML | Tier 3 | |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | Tier 3 | |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | Tier 3 | MO |
| <i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i> | Tier 3 | PA; MO |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> | Tier 3 | |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> | Tier 2 | PA; MO |
| <i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> | Tier 2 | PA |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i> | Tier 2 | MO |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Urine Glucose Test Aids | | |
| DIASTIX STRIP | Tier 7 | MO |
| NO-STICK GLUCOSE STRIP | Tier 7 | MO |
| Urine Glucose/Acetone Test Aids, Strips | | |
| KETO-DIASTIX STRIP | Tier 7 | MO |
| Ear - General Disorders | | |
| Ear Preparations, Misc. Anti-Infectives | | |
| <i>acetic acid otic (ear) solution 2 %</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, SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 3 | |
| CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 3 | |
| <i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 2 | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | Tier 2 | |
| Otic Preparations, Anti-Inflammatory-Antibiotics | | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> | Tier 2 | |
| Electrolyte Regulation | | |
| Bicarbonate Producing/Containing Agents | | |
| <i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i> | Tier 2 | |
| <i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i> | Tier 2 | |
| Electrolyte Depleters | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | Tier 2 | MO |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML | Tier 2 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | Tier 5 | DS; PR; QL |
| <i>sevelamer carbonate oral powder in packet 2.4 gram</i> | Tier 2 | MO |
| <i>sevelamer carbonate oral tablet 800 mg</i> | Tier 2 | MO |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 2 | |
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML | Tier 2 | |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML | Tier 3 | |
| Electrolyte Maintenance | | |
| <i>lactated ringers intravenous parenteral solution</i> | Tier 3 | |
| <i>ringer's intravenous parenteral solution</i> | Tier 2 | |
| Potassium Replacement | | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier 3 | MO |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| KLOR-CON M10 ORAL TABLET, ER PARTICLES/CRYSTALS 10 MEQ | Tier 2 | MO |
| KLOR-CON M20 ORAL TABLET, ER PARTICLES/CRYSTALS 20 MEQ | Tier 2 | MO |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier 3 | MO |
| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i> | Tier 2 | |
| <i>potassium chloride intravenous solution 2 meq/ml</i> | Tier 2 | |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | Tier 2 | MO |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | Tier 2 | MO |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i> | Tier 2 | MO |
| Sodium/Saline Preparations | | |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE | Tier 2 | |
| BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE | Tier 2 | |
| CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE | Tier 2 | |
| NORMAL SALINE FLUSH INJECTION SYRINGE | Tier 2 | |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i> | Tier 2 | |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | Tier 2 | |
| <i>sodium chloride 0.9 % (flush) injection syringe</i> | Tier 2 | |
| <i>sodium chloride 0.9 % injection solution</i> | Tier 2 | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | Tier 2 | |
| <i>sodium chloride 0.9 % intravenous piggyback</i> | Tier 2 | |
| <i>sodium chloride injection syringe 0.9 %</i> | Tier 2 | |
| <i>sodium chloride intravenous parenteral solution 4 meq/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Endocrine Disorder - Fertility | | |
| Drugs To Treat Impotency | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG | Tier 3 | RB; QL |
| CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG | Tier 3 | RB; QL |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG | Tier 3 | RB; QL |
| MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG | Tier 3 | RB; QL |
| <i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | Tier 2 | RB; QL |
| Fertility Stimulating Preparations, Non-Fsh | | |
| CLOMID ORAL TABLET 50 MG | Tier 3 | RB |
| <i>clomiphene citrate oral tablet 50 mg</i> | Tier 2 | RB |
| Follicle Stim./Luteinizing Hormones | | |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT | Tier 5 | RB; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Follicle-Stimulating Hormone (Fsh) | | |
| GONAL-F RFF REDIRECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML | Tier 5 | RB; DS |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT | Tier 5 | RB; DS |
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT | Tier 5 | RB; DS |
| Human Chorionic Gonadotropin (Hcg) | | |
| <i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> | Tier 5 | RB; DS |
| NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT | Tier 5 | RB; DS |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT | Tier 5 | RB; DS |
| Endocrine Disorder - Other | | |
| Adrenocorticotrophic Hormones | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | Tier 5 | PA; DS |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | Tier 5 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antidiuretic And Vasopressor Hormones | | |
| <i>desmopressin injection solution 4 mcg/ml</i> | Tier 2 | |
| <i>desmopressin nasal spray with pump 10 mcg/spray non-refrig (0.1 ml)</i> | Tier 2 | MO |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray refrig (0.1 ml)</i> | Tier 2 | MO |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | Tier 2 | MO |
| Bone Resorption Inhibitors | | |
| <i>alendronate oral tablet 35 mg, 70 mg</i> | Tier 2 | MO |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | Tier 2 | MO |
| <i>pamidronate intravenous recon soln 90 mg</i> | Tier 6 | |
| <i>raloxifene oral tablet 60 mg</i> | Tier 2 | MO |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | Tier 6 | MO |
| Calcimimetic, Parathyroid Calcium Enhancer | | |
| <i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Growth Hormones | | |
| 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 |
| Lhrh(Gnrh) Agonist Analog Pituitary Suppressants | | |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | Tier 3 | PA |
| Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents | | |
| ORLISSA ORAL TABLET 150 MG, 200 MG | Tier 5 | PA; DS |
| Menopausal Sympt Supp-Sel Estrogen Recep Modulator | | |
| OSPHENA ORAL TABLET 60 MG | Tier 3 | RB; DS; QL |
| Pituitary Suppressive Agents | | |
| <i>cabergoline oral tablet 0.5 mg</i> | Tier 2 | MO |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | Tier 2 | MO |
| Endocrine Disorder - Thyroid | | |
| Antithyroid Preparations | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Tier 2 | MO |
| <i>propylthiouracil oral tablet 50 mg</i> | Tier 2 | MO |

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| OMNIPRED OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | Tier 3 | MO |
| PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | Tier 3 | MO |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % | Tier 3 | MO |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | Tier 2 | MO |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | Tier 2 | MO |
| Eye Antivirals | | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | Tier 2 | |
| Eye Local Anesthetics | | |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % | Tier 2 | |
| ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % | Tier 2 | |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % | Tier 2 | |
| FLUCAINE OPHTHALMIC (EYE) DROPS 0.25-0.5 % | Tier 2 | |
| <i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> | Tier 2 | |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> | Tier 2 | |
| Eye Sulfonamides | | |
| BLEPH-10 OPHTHALMIC (EYE) DROPS 10 % | Tier 2 | |
| BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % | Tier 3 | |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % | Tier 3 | |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | Tier 2 | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | Tier 2 | |
| Eye Vasoconstrictors (Rx Only) | | |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i> | Tier 2 | |
| Ophthalmic Antibiotics | | |
| AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM | Tier 2 | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | Tier 2 | |

| 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 | |
| CILOXAN OPTHALMIC (EYE) OINTMENT 0.3 % | Tier 3 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | Tier 2 | |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | Tier 2 | |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> | Tier 2 | |
| GENTAK OPTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM) | Tier 2 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | Tier 2 | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> | Tier 2 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> | Tier 2 | |
| POLYCIN OPTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM | Tier 2 | |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | Tier 2 | |
| TOBREX OPTHALMIC (EYE) OINTMENT 0.3 % | Tier 3 | |
| Ophthalmic Anti-Inflammatory Immunomodulator-Type | | |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> | Tier 2 | DS; QL |
| Ophthalmic Mast Cell Stabilizers | | |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | Tier 2 | MO |
| Ophthalmic Preparations, Miscellaneous | | |
| BIOLON INTRAOCULAR SYRINGE 10 MG/ML | Tier 3 | |
| HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML | Tier 3 | |
| PROVISC INTRAOCULAR SYRINGE 10 MG/ML | Tier 3 | |
| 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 |
|--|-----------|--|
| <i>acetazolamide sodium injection recon soln 500 mg</i> | Tier 2 | |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | Tier 2 | MO |
| Miotics/Other Intraoc. Pressure Reducers | | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | Tier 2 | MO |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | Tier 2 | MO |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | Tier 2 | MO |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | Tier 2 | MO |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> | Tier 2 | MO |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | Tier 2 | MO |
| PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 % | Tier 3 | MO |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | Tier 2 | MO |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> | Tier 2 | MO |
| Mydriatics | | |
| <i>atropine ophthalmic (eye) drops 1 %</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>atropine ophthalmic (eye) ointment 1 %</i> | Tier 2 | MO |
| CYCLOGYL OPTHALMIC (EYE) DROPS 0.5 %, 2 % | Tier 3 | |
| CYCLOMYDRIL OPTHALMIC (EYE) DROPS 0.2-1 % | Tier 3 | |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> | Tier 2 | |
| HOMATROPAIRE OPTHALMIC (EYE) DROPS 5 % | Tier 2 | MO |
| <i>homatropine hbr ophthalmic (eye) drops 5 %</i> | Tier 2 | MO |
| ISOPTO ATROPINE OPTHALMIC (EYE) DROPS 1 % | Tier 3 | MO |
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i> | Tier 2 | |
| Eye - Miscellaneous | | |
| Artificial Tears | | |
| LACRISERT OPTHALMIC (EYE) INSERT 5 MG | Tier 3 | MO |
| Eye Diagnostic Agents | | |
| BIOGLO OPTHALMIC (EYE) STRIP 1 MG | Tier 2 | |
| GLOSTRIPS OPTHALMIC (EYE) STRIP 1 MG | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Eye Irrigations | | |
| BALANCED SALT INTRAOCULAR SOLUTION | Tier 2 | |
| Opth Vasc. Endothelial Growth Factor Antagonists | | |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML | Tier 6 | MO |
| Opth. Vegf-A Receptor Antag. Rcmb Mc Antibody | | |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML | Tier 6 | MO |
| LUCENTIS INTRAVITREAL SOLUTION 0.5 MG/0.05 ML | Tier 6 | MO |
| Fluid Replacement | | |
| Iv Solutions: Dextrose-Saline | | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | Tier 2 | |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | Tier 2 | |
| <i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Iv Solutions: Dextrose-Water | | |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> | Tier 2 | |
| Gout And Related Diseases | | |
| Colchicine | | |
| <i>colchicine oral tablet 0.6 mg</i> | Tier 2 | MO |
| Hyperuricemia Tx - Purine Inhibitors | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | Tier 2 | MO |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | Tier 2 | ST; MO; QL |
| Uricosuric Agents | | |
| <i>probenecid oral tablet 500 mg</i> | Tier 2 | MO |
| Hematological Disorders | | |
| Anticoagulants, Coumarin Type | | |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | Tier 2 | MO |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 2 | MO |
| Antifibrinolytic Agents | | |
| AMICAR ORAL SOLUTION 250 MG/ML (25 %) | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> | Tier 2 | |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> | Tier 2 | |
| Antihemophilic Factors | | |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 5 | DS |
| ADVATE INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 250 (+/-) UNIT | Tier 6 | DS |
| HELIXATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 5 | DS |
| HELIXATE FS INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 250 (+/-) UNIT | Tier 6 | DS |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT | Tier 6 | DS |
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 500-1,200 UNIT | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| HUMATE-P INTRAVENOUS RECON SOLN 250-600 UNIT | Tier 6 | DS |
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT | Tier 6 | DS |
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 5 | DS |
| KOGENATE FS INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 250 (+/-) UNIT | Tier 6 | DS |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 5 | DS |
| KOVALTRY INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 250 (+/-) UNIT | Tier 6 | DS |
| RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT | Tier 5 | DS |
| RECOMBINATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT | Tier 6 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Direct Factor Xa Inhibitors | | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | Tier 3 | |
| XARELTO ORAL TABLET 10 MG, 2.5 MG | Tier 3 | MO; QL |
| Factor Ix Complex (Pcc) Preparations | | |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT | Tier 5 | DS |
| PROFILNINE INTRAVENOUS RECON SOLN 500 (+/-) UNIT | Tier 6 | DS |
| Factor Ix Preparations | | |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 6 | DS |
| MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT | Tier 6 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| 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 |
| 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 |
| Hemorrhologic Agents | | |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | Tier 2 | MO |
| Heparin And Related Preparations | | |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> | Tier 2 | |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i> | Tier 2 | |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i> | Tier 2 | |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | Tier 2 | |
| <i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i> | Tier 2 | |
| HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML | Tier 2 | |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | Tier 2 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | Tier 2 | |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i> | Tier 2 | |
| <i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML | Tier 3 | |
| Human Monoclonal Antibody Complement(C5) Inhibitor | | |
| ULTOMIRIS INTRAVENOUS SOLUTION 10 MG/ML, 100 MG/ML | Tier 3 | MO |
| Leukocyte (Wbc) Stimulants | | |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | Tier 5 | DS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 5 | DS |
| Plasma Expanders | | |
| <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 |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| BRILINTA ORAL TABLET 60 MG, 90 MG | Tier 3 | MO |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | Tier 2 | MO |
| <i>clopidogrel oral tablet 75 mg</i> | Tier 2 | MO |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | Tier 2 | MO |
| <i>prasugrel 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 150 mg</i> | Tier 2 | MO |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG | Tier 3 | MO |
| Thrombolytic Enzymes | | |
| ACTIVASE INTRAVENOUS RECON SOLN 100 MG | Tier 3 | |
| CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG | Tier 3 | |
| Topical Hemostatics | | |
| GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100 | Tier 3 | |
| GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM | Tier 3 | |
| GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50 | Tier 3 | |
| SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50 | Tier 3 | |
| THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT | Tier 2 | |
| Vitamin K Preparations | | |
| MEPHYTON ORAL TABLET 5 MG | Tier 3 | |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> | Tier 5 | DS |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> | Tier 2 | |
| VITAMIN K1 INJECTION SOLUTION 10 MG/ML | Tier 5 | DS |
| Hormonal Deficiency | | |
| Androgenic Agents | | |
| ANADROL-50 ORAL TABLET 50 MG | Tier 5 | DS |
| ANDROID ORAL CAPSULE 10 MG | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML | Tier 3 | DS |
| METHITEST ORAL TABLET 10 MG | Tier 3 | MO |
| <i>methyltestosterone oral capsule 10 mg</i> | Tier 2 | MO |
| <i>oxandrolone oral tablet 2.5 mg</i> | Tier 2 | MO |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | Tier 2 | DS |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> | Tier 2 | |
| TESTRED ORAL CAPSULE 10 MG | Tier 3 | MO |
| Estrogen/Androgen Combinations | | |
| 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 |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| 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 |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | Tier 3 | |
| DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 2 | MO |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | MO |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 2 | MO |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 2 | MO |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 2 | MO |
| PREMARIN INJECTION RECON SOLN 25 MG | Tier 3 | |
| Progestational Agents | | |
| <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 |
| Immunization | | |
| Antisera | | |
| GAMMAKED 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 |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 3 | DS |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | Tier 3 | DS |
| HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML | Tier 3 | |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | Tier 5 | PA; DS |
| OCTAGAM INTRAVENOUS SOLUTION 5 % | Tier 6 | MO |
| Immunosuppression /Modulation | | |
| Immunomodulators | | |
| <i>imiquimod topical cream in packet 5 %</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | Tier 6 | DS |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML | Tier 6 | DS |
| Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn | | |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG | Tier 6 | |
| Immunosuppressives | | |
| <i>azathioprine oral tablet 50 mg</i> | Tier 2 | MO |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> | Tier 2 | MO |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | Tier 2 | MO |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | Tier 2 | MO |
| GENGRAF ORAL SOLUTION 100 MG/ML | Tier 2 | MO |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | Tier 2 | MO |

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | Tier 2 | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | Tier 2 | |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i> | Tier 2 | |
| Cephalosporins - 3Rd Generation | | |
| <i>cefdinir oral capsule 300 mg</i> | Tier 2 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 2 | |
| <i>cefixime oral capsule 400 mg</i> | Tier 2 | |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml</i> | Tier 2 | |
| <i>cefotaxime injection recon soln 2 gram</i> | Tier 2 | |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i> | Tier 2 | |
| <i>ceftazidime injection recon soln 2 gram, 6 gram</i> | Tier 2 | |
| <i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | Tier 2 | |
| <i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i> | Tier 2 | |
| CLAFORAN INJECTION RECON SOLN 2 GRAM | Tier 3 | |
| CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM | Tier 3 | |
| TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM | Tier 2 | |
| TAZICEF INTRAVENOUS RECON SOLN 1 GRAM | Tier 3 | |
| Cephalosporins - 4Th Generation | | |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> | Tier 2 | |
| Chemotherapeutics, Antibacterial, Misc. | | |
| <i>fosfomycin tromethamine oral packet 3 gram</i> | Tier 2 | |
| <i>methenamine hippurate oral tablet 1 gram</i> | Tier 2 | |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML | Tier 3 | |
| <i>trimethoprim oral tablet 100 mg</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| TRIMPEX ORAL SOLUTION 50 MG/5 ML | Tier 3 | |
| Macrolides | | |
| <i>azithromycin oral packet 1 gram</i> | Tier 2 | MO |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | Tier 2 | MO |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | Tier 2 | MO |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 2 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | Tier 2 | |
| E.E.S. 400 ORAL TABLET 400 MG | Tier 2 | |
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | Tier 3 | |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | Tier 3 | |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML | Tier 3 | |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG | Tier 2 | |

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

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

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

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

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

| 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>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | Tier 2 | MO |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i> | Tier 2 | MO |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | Tier 2 | MO |
| <i>minocycline oral tablet 100 mg</i> | Tier 2 | MO |
| MONDOXYNE NL ORAL CAPSULE 100 MG | Tier 2 | MO |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | Tier 2 | |
| Infectious Disease - Fungal | | |
| Antifungal Agents | | |
| <i>clotrimazole mucous membrane troche 10 mg</i> | Tier 2 | |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i> | Tier 2 | |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | Tier 2 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | Tier 5 | DS |
| <i>ketoconazole oral tablet 200 mg</i> | Tier 2 | PA |
| <i>posaconazole oral tablet, delayed release (dr/lec) 100 mg</i> | Tier 5 | PA; DS |
| <i>terbinafine hcl oral tablet 250 mg</i> | Tier 2 | |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | Tier 2 | |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | Tier 2 | |
| Antifungal Antibiotics | | |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG | Tier 5 | DS |
| <i>amphotericin b injection recon soln 50 mg</i> | Tier 5 | DS |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> | Tier 5 | DS |
| <i>caspofungin intravenous recon soln 50 mg, 70 mg</i> | Tier 5 | DS |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | Tier 2 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | Tier 2 | |
| <i>nystatin oral suspension 100,000 unit/ml</i> | Tier 2 | |
| <i>nystatin oral tablet 500,000 unit</i> | Tier 2 | |
| Infectious Disease - Miscellaneous | | |
| Aminoglycosides | | |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | Tier 2 | |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i> | Tier 2 | |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i> | Tier 2 | |
| <i>neomycin oral tablet 500 mg</i> | Tier 2 | |
| <i>streptomycin intramuscular recon soln 1 gram</i> | Tier 2 | |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | Tier 2 | DS |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i> | Tier 2 | |
| Antileptotics | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | Tier 3 | DS |
| Anti-Mycobacterium Agents | | |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | Tier 2 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | Tier 2 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | Tier 2 | |
| <i>pyrazinamide oral tablet 500 mg</i> | Tier 2 | |
| Antitubercular Antibiotics | | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | Tier 2 | |
| Lincosamides | | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | Tier 2 | |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> | Tier 2 | |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML | Tier 2 | |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> | Tier 2 | |
| 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 |
|--|-----------|--|
| <i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml</i> | Tier 2 | |
| <i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg</i> | Tier 2 | |
| <i>vancomycin oral capsule 125 mg, 250 mg</i> | Tier 2 | |
| <i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i> | Tier 2 | |
| Infectious Disease - Parasitic | | |
| Amebicides | | |
| <i>paromomycin oral capsule 250 mg</i> | Tier 2 | |
| Anaerobic Antiprotozoal-Antibacterial Agents | | |
| <i>metronidazole oral capsule 375 mg</i> | Tier 2 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | Tier 2 | |
| Anthelmintics | | |
| <i>albendazole oral tablet 200 mg</i> | Tier 2 | |
| <i>ivermectin oral tablet 3 mg</i> | Tier 2 | |
| <i>praziquantel oral tablet 600 mg</i> | Tier 2 | |
| Antimalarial Drugs | | |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>chloroquine phosphate oral tablet 250 mg</i> | Tier 2 | |
| <i>chloroquine phosphate oral tablet 500 mg</i> | Tier 2 | MO |
| DARAPRIM ORAL TABLET 25 MG | Tier 5 | DS |
| <i>hydroxychloroquine oral tablet 200 mg</i> | Tier 2 | MO |
| <i>mefloquine oral tablet 250 mg</i> | Tier 2 | MO |
| <i>primaquine oral tablet 26.3 mg</i> | Tier 3 | |
| <i>pyrimethamine oral tablet 25 mg</i> | Tier 5 | DS |
| Antiprotozoal Drugs, Miscellaneous | | |
| <i>atovaquone oral suspension 750 mg/5 ml</i> | Tier 5 | DS |
| NEBUPENT INHALATION RECON SOLN 300 MG | Tier 3 | MO |
| <i>pentamidine inhalation recon soln 300 mg</i> | Tier 2 | MO |
| <i>pentamidine injection recon soln 300 mg</i> | Tier 2 | |
| Infectious Disease - Viral | | |
| Antiretroviral-Integrase Inhibitor And Nrti Comb. | | |
| JULUCA ORAL TABLET 50-25 MG | Tier 5 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Antiretroviral-Integrase Inhibitor And Nrti Comb. | | |
| DOVATO ORAL TABLET 50-300 MG | Tier 5 | MO |
| Antiviral - Main Protease (Mpro) Inhibitor | | |
| PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG | Tier 3 | QL; Age |
| Antivirals, General | | |
| <i>acyclovir oral capsule 200 mg</i> | Tier 2 | MO |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | Tier 2 | MO |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | Tier 2 | MO |
| <i>acyclovir sodium intravenous recon soln 1,000 mg</i> | Tier 2 | |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | Tier 2 | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | Tier 2 | MO |
| FLUMADINE ORAL TABLET 100 MG | Tier 3 | |
| <i>foscarnet intravenous solution 24 mg/ml</i> | Tier 2 | |
| FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> | Tier 2 | |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> | Tier 2 | |
| <i>rimantadine oral tablet 100 mg</i> | Tier 2 | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> | Tier 2 | MO |
| <i>valganciclovir oral recon soln 50 mg/ml</i> | Tier 5 | DS |
| <i>valganciclovir oral tablet 450 mg</i> | Tier 5 | DS |
| Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib | | |
| APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML | Tier 3 | MO |
| APTIVUS ORAL CAPSULE 250 MG | Tier 3 | MO |
| <i>darunavir oral tablet 600 mg, 800 mg</i> | Tier 5 | MO |
| PREZISTA ORAL TABLET 150 MG, 75 MG | Tier 5 | MO |
| 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 |
|--|-----------|--|
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> | Tier 2 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| TEMIXYS ORAL TABLET 300-300 MG | Tier 5 | MO |
| Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb | | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | Tier 5 | MO |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> | Tier 5 | MO |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | Tier 2 | MO |
| Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag. | | |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> | Tier 5 | MO |
| SELZENTRY ORAL TABLET 25 MG, 75 MG | Tier 5 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Antivirals, Hiv-Specific, Non-Nucleoside, Rti | | |
| EDURANT ORAL TABLET 25 MG | Tier 5 | MO |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | Tier 2 | MO |
| <i>efavirenz oral tablet 600 mg</i> | Tier 2 | MO |
| <i>etravirine oral tablet 100 mg, 200 mg</i> | Tier 5 | MO |
| INTELENCE ORAL TABLET 25 MG | Tier 3 | MO |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | Tier 2 | MO |
| <i>nevirapine oral tablet 200 mg</i> | Tier 2 | MO |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | Tier 2 | MO |
| RESCRIPTOR ORAL TABLET 200 MG | Tier 2 | MO |
| Antivirals, Hiv-Specific, Nucleoside Analog, Rti | | |
| <i>abacavir oral solution 20 mg/ml</i> | Tier 2 | MO |
| <i>abacavir oral tablet 300 mg</i> | Tier 2 | MO |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | Tier 2 | MO |
| <i>emtricitabine oral capsule 200 mg</i> | Tier 2 | MO |
| EMTRIVA ORAL CAPSULE 200 MG | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>lamivudine oral solution 10 mg/ml</i> | Tier 2 | MO |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> | Tier 2 | MO |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | Tier 2 | MO |
| VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL) | Tier 2 | MO |
| VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG | Tier 2 | MO |
| <i>zidovudine oral capsule 100 mg</i> | Tier 2 | MO |
| <i>zidovudine oral syrup 10 mg/ml</i> | Tier 2 | MO |
| <i>zidovudine oral tablet 300 mg</i> | Tier 2 | MO |
| Antivirals, Hiv-Specific, Nucleotide Analog, Rti | | |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | Tier 2 | MO |
| Antivirals, Hiv-Specific, Protease Inhibitor Comb | | |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> | Tier 5 | MO |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i> | Tier 5 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Antivirals, Hiv-Specific, Protease Inhibitors | | |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> | Tier 2 | MO |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | Tier 2 | MO |
| <i>fosamprenavir oral tablet 700 mg</i> | Tier 2 | MO |
| INVIRASE ORAL TABLET 500 MG | Tier 5 | MO |
| <i>ritonavir oral tablet 100 mg</i> | Tier 2 | MO |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | Tier 2 | MO |
| Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr | | |
| ISENTRESS ORAL TABLET 400 MG | Tier 5 | MO |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | Tier 5 | MO |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | Tier 5 | MO |
| Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti | | |
| COMPLERA ORAL TABLET 200-25-300 MG | Tier 5 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i> | Tier 2 | MO |
| ODEFSEY ORAL TABLET 200-25-25 MG | Tier 3 | MO |
| SYMFI LO ORAL TABLET 400-300-300 MG | Tier 3 | MO |
| SYMFI ORAL TABLET 600-300-300 MG | Tier 3 | MO |
| Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor | | |
| BIKTARVY ORAL TABLET 50-200-25 MG | Tier 3 | MO |
| GENVOYA ORAL TABLET 150-150-200-10 MG | Tier 3 | MO |
| Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo | | |
| VOSEVI ORAL TABLET 400-100-100 MG | Tier 3 | PA; DS |
| Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo. | | |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> | Tier 5 | PA; DS |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> | Tier 5 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh | | |
| SOVALDI ORAL TABLET 400 MG | Tier 3 | DS |
| Hepatitis B Treatment Agents | | |
| <i>adefovir oral tablet 10 mg</i> | Tier 2 | DS |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | Tier 2 | MO |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | Tier 3 | MO |
| <i>lamivudine oral tablet 100 mg</i> | Tier 2 | MO |
| Hepatitis C Treatment Agents | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Tier 2 | DS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | Tier 2 | DS |
| RIBASPHERE ORAL CAPSULE 200 MG | Tier 2 | |
| <i>ribavirin oral capsule 200 mg</i> | Tier 2 | |
| <i>ribavirin oral tablet 200 mg</i> | Tier 2 | |
| Inflammatory Disease | | |
| Anti-Arthritic And Chelating Agents | | |
| <i>penicillamine oral capsule 250 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Anti-Flam. Interleukin-1 Receptor Antagonist | | |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | Tier 5 | DS |
| Anti-Inflammatory Tumor Necrosis Factor Inhibitor | | |
| AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | Tier 3 | PA; MO |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML | Tier 3 | PA; MO |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | Tier 5 | PA; DS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | Tier 5 | PA; DS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | Tier 5 | PA; DS |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML | Tier 5 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG | Tier 6 | DS |
| Anti-Inflammatory, Pyrimidine Synthesis Inhibitor | | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | Tier 2 | MO |
| Anti-Inflammatory, Phosphodiesterase-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 6 | DS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | Tier 5 | PA; MO |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | Tier 5 | PA; MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Bradykinin B2 Receptor Antagonists | | |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> | Tier 5 | DS; QL |
| SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML | Tier 5 | DS; QL |
| Glucocorticoids | | |
| A-HYDROCORT INJECTION RECON SOLN 100 MG | Tier 2 | |
| <i>betamethasone acet, sod phos injection suspension 6 mg/ml</i> | Tier 2 | |
| <i>budesonide oral capsule, delayed, extended release 3 mg</i> | Tier 2 | |
| <i>cortisone oral tablet 25 mg</i> | Tier 2 | |
| DECADRON ORAL ELIXIR 0.5 MG/5 ML | Tier 2 | |
| DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG | Tier 2 | |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 80 MG/ML | Tier 3 | |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML | Tier 3 | |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | Tier 2 | |

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

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <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 |
| <i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i> | Tier 2 | |
| MARCAINE INJECTION SOLUTION 0.5 % (5 MG/ML) | Tier 6 | |
| MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000 | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| NESACAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %) | Tier 3 | |
| SENSORCAINE INJECTION SOLUTION 0.5 % (5 MG/ML) | Tier 6 | |
| SENSORCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.5 %-1:200,000 | Tier 2 | |
| SENSORCAINE-MPF INJECTION SOLUTION 0.75 % (7.5 MG/ML) | Tier 2 | |
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000 | Tier 2 | |
| VIVACAINE INJECTION CARTRIDGE 0.5 %-1:200,000 | Tier 2 | |
| XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %) | Tier 3 | |
| Lower Gastrointestinal Disorders - Bowel Inflammat | | |
| Chronic Inflamm. Colon Dx, 5-A-Salicylat,Rectal Tx | | |
| <i>mesalamine rectal enema 4 gram/60 ml</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>mesalamine rectal suppository 1,000 mg</i> | Tier 2 | MO |
| Drug Tx-Chronic Inflamm. Colon Dx, 5-Aminosalicylat | | |
| <i>balsalazide oral capsule 750 mg</i> | Tier 2 | MO |
| <i>mesalamine oral capsule, extended release 500 mg</i> | Tier 2 | MO |
| <i>mesalamine oral tablet, delayed release (dr/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 |
| Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth | | |
| <i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i> | Tier 6 | |
| 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 |
|---|-----------|--|
| Irritable Bowel Agents, Guanylate Cylase-C Agonist | | |
| TRULANCE ORAL TABLET 3 MG | Tier 3 | PA; MO |
| Rectal Preparations | | |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG | Tier 2 | MO |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> | Tier 2 | MO |
| Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr) | | |
| COLOCORT RECTAL ENEMA 100 MG/60 ML | Tier 2 | MO |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> | Tier 2 | MO |
| Lower Gastrointestinal Disorders - Other | | |
| Ammonia Inhibitors | | |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML | Tier 2 | MO |
| 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 |
|---|-----------|--|
| Bile Salts | | |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | Tier 2 | MO |
| Laxatives And Cathartics | | |
| COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM | Tier 1 | |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML | Tier 2 | MO |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM | Tier 1 | |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | Tier 1 | |
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | Tier 1 | |
| <i>lactulose oral solution 10 gram/15 ml</i> | Tier 2 | MO |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> | Tier 2 | PA; MO |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i> | Tier 1 | |

| 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 |
| 2-IN-1 LANCET DEVICE 30 GAUGE | Tier 7 | MO; QL |
| ACCU-CHEK FASTCLIX LANCET DRUM | Tier 7 | MO; QL |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE | Tier 7 | MO; QL |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE | Tier 7 | MO; QL |
| ACCU-CHEK SOFTCLIX LANCETS | Tier 7 | MO; QL |
| ACTI-LANCE LANCETS 23 GAUGE, 28 GAUGE | Tier 7 | MO; QL |
| ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| ALTERNATE SITE LANCET 26 GAUGE | Tier 7 | MO; QL |
| ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 28 GAUGE | Tier 7 | MO; QL |
| ASSURE LANCE 28 GAUGE | Tier 7 | MO; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| BD ULTRA FINE LANCETS 33 GAUGE | Tier 7 | MO; QL |
| BD ULTRA-FINE II LANCETS 30 GAUGE | Tier 7 | MO; QL |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE | Tier 7 | MO; QL |
| BUTTERFLY TOUCH LANCET 30 GAUGE | Tier 7 | MO; QL |
| CAREONE THIN LANCET | Tier 7 | MO; QL |
| CAREONE ULTRA THIN LANCET | Tier 7 | MO; QL |
| CARESENS LANCETS 30 GAUGE | Tier 7 | MO; QL |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE | Tier 7 | MO; QL |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| CLEVER CHEK LANCETS 30 GAUGE | Tier 7 | MO; QL |
| COAGUCHEK LANCETS | Tier 7 | MO; QL |
| COLOR LANCETS 21 GAUGE | Tier 7 | MO; QL |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| E-Z JECT THIN LANCETS 28 GAUGE | Tier 7 | MO; QL |
| EZ SMART LANCETS 28 GAUGE | Tier 7 | MO; QL |
| EZ-LETS 26 GAUGE | Tier 7 | MO; QL |
| FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE | Tier 7 | MO; QL |
| FINE 30 UNIVERSAL LANCETS 30 GAUGE | Tier 7 | MO; QL |
| FINGERSTIX LANCETS | Tier 7 | MO; QL |
| FORACARE LANCETS 30 GAUGE | Tier 7 | MO; QL |
| FREESTYLE LANCETS 28 GAUGE | Tier 7 | MO; QL |
| FREESTYLE UNISTIK 2 | Tier 7 | MO; QL |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| GOJJI LANCETS 30 GAUGE | Tier 7 | MO; QL |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE | Tier 7 | MO; QL |
| INCONTROL SUPER THIN LANCETS 30 GAUGE | Tier 7 | MO; QL |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE | Tier 7 | MO; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| INVACARE LANCETS 30 GAUGE | Tier 7 | MO; QL |
| <i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i> | Tier 7 | MO; QL |
| LANCETS, SUPER THIN | Tier 7 | MO; QL |
| LANCETS, THIN , 23 GAUGE, 28 GAUGE | Tier 7 | MO; QL |
| LANCETS, ULTRA THIN , 26 GAUGE | Tier 7 | MO; QL |
| LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| MEDISENSE THIN LANCETS 28 GAUGE | Tier 7 | MO; QL |
| MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| MICRO THIN LANCETS 33 GAUGE | Tier 7 | MO; QL |
| MICROLET LANCET | Tier 7 | MO; QL |
| MOBILE LANCETS 30 GAUGE | Tier 7 | MO; QL |
| MONOLET LANCETS 21 GAUGE | Tier 7 | MO; QL |
| MONOLET THIN LANCETS 28 GAUGE | Tier 7 | MO; QL |
| MYGLUCOHEALTH LANCETS 30 GAUGE | Tier 7 | MO; QL |
| NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE | Tier 7 | MO; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| NOVA SUREFLEX LANCETS | Tier 7 | MO; QL |
| ON CALL LANCET 30 GAUGE | Tier 7 | MO; QL |
| ON CALL PLUS LANCET 30 GAUGE | Tier 7 | MO; QL |
| ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE | Tier 7 | MO; QL |
| ONETOUCH SURESOFT LANCING DEV 28 GAUGE | Tier 7 | MO; QL |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE | Tier 7 | MO; QL |
| ONETOUCH ULTRASOFT LANCETS | Tier 7 | MO; QL |
| ON-THE-GO LANCETS 30 GAUGE | Tier 7 | MO; QL |
| PIP LANCET 28 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE | Tier 7 | MO; QL |
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE | Tier 7 | MO; QL |
| PRO COMFORT SAFETY LANCET 30 GAUGE | Tier 7 | MO; QL |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| SAFETY-LET LANCETS 30 GAUGE | Tier 7 | MO; QL |
| SINGLE-LET | Tier 7 | MO; QL |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| SMARTEST LANCET | Tier 7 | MO; QL |
| SOFT TOUCH LANCETS | Tier 7 | MO; QL |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| STERILANCE TL 30 GAUGE, 32 GAUGE | Tier 7 | MO; QL |
| SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| SURE-LANCE , 26 GAUGE, 28 GAUGE | Tier 7 | MO; QL |
| SURE-LANCE ULTRA THIN 30 GAUGE | Tier 7 | MO; QL |
| SURE-TOUCH LANCET | Tier 7 | MO; QL |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| TELCARE LANCETS 30 GAUGE | Tier 7 | MO; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| THIN LANCETS 26 GAUGE | Tier 7 | MO; QL |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE | Tier 7 | MO; QL |
| TRUE COMFORT LANCET 30 GAUGE | Tier 7 | MO; QL |
| TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| TWIST LANCETS 30 GAUGE, 32 GAUGE | Tier 7 | MO; QL |
| ULTILET BASIC LANCETS 30 GAUGE | Tier 7 | MO; QL |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| ULTILET SAFETY LANCETS 23 GAUGE | Tier 7 | MO; QL |
| ULTRA FINE LANCETS 30 GAUGE | Tier 7 | MO; QL |
| ULTRA THIN II LANCETS 30 GAUGE | Tier 7 | MO; QL |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE | Tier 7 | MO; QL |
| ULTRA THIN PLUS LANCETS 33 GAUGE | Tier 7 | MO; QL |
| ULTRA TLC LANCETS | Tier 7 | MO; QL |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE | Tier 7 | MO; QL |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE | Tier 7 | MO; QL |
| 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 |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Syringes And Accessories | | |
| 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 |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" | Tier 7 | MO |
| BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" | Tier 7 | MO |
| BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" | Tier 7 | MO |
| BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" | Tier 7 | MO |
| BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| 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 |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 | Tier 7 | MO |
| BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" | Tier 7 | MO |
| 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 |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" | Tier 7 | MO |
| CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 7 | MO |
| 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 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | Tier 7 | MO |

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

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

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

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

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

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

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

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

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 7 | MO |
| ULTRA-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-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | Tier 7 | MO |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | Tier 7 | MO |

| 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 |
| Miscellaneous Agents | | |
| Anaphylaxis Therapy Agents | | |
| ADYPHREN AMP INJECTION KIT 1 MG/ML | Tier 3 | |
| ADYPHREN INJECTION KIT 1 MG/ML | Tier 3 | |
| EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML | Tier 2 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | Tier 2 | QL |
| EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML | Tier 2 | |
| EPINEPHRINESNAP INJECTION KIT 1 MG/ML | Tier 3 | |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML | Tier 2 | |
| EPISNAP INJECTION KIT 1 MG/ML | Tier 3 | |
| Metabolic Disease Enzyme Replacement, Gaucher's Dx | | |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | Tier 6 | DS |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | Tier 6 | DS |
| Parasympathetic Agents | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 2 | MO |
| <i>pilocarpine hcl oral tablet 5 mg</i> | Tier 2 | MO |
| Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase | | |
| <i>sapropterin oral powder in packet 100 mg</i> | Tier 5 | DS |
| <i>sapropterin oral tablet, soluble 100 mg</i> | Tier 5 | DS |
| Systemic Enzyme Inhibitors | | |
| ARALAST NP INTRAVENOUS RECON SOLN 500 MG | Tier 6 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Neoplastic Disease | | |
| Alkylating Agents | | |
| ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG | Tier 6 | DS |
| BICNU INTRAVENOUS RECON SOLN 100 MG | Tier 6 | |
| <i>carboplatin intravenous solution 10 mg/ml</i> | Tier 6 | |
| <i>carmustine intravenous recon soln 100 mg</i> | Tier 6 | |
| <i>cisplatin intravenous solution 1 mg/ml</i> | Tier 6 | |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | Tier 6 | |
| <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 1 GRAM, 3 GRAM | Tier 6 | |
| <i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> | Tier 6 | |
| KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| LEUKERAN ORAL TABLET 2 MG | Tier 3 | |
| <i>melphalan hcl intravenous recon soln 50 mg</i> | Tier 6 | DS |
| <i>melphalan oral tablet 2 mg</i> | Tier 2 | |
| MYLERAN ORAL TABLET 2 MG | Tier 3 | |
| PARAPLATIN INTRAVENOUS SOLUTION 10 MG/ML | Tier 6 | |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i> | Tier 5 | DS |
| <i>temozolomide oral capsule 20 mg, 5 mg</i> | Tier 2 | |
| TEPADINA INJECTION RECON SOLN 15 MG | Tier 6 | DS |
| <i>thiotepa injection recon soln 15 mg</i> | Tier 6 | DS |
| Antiandrogenic Agents | | |
| <i>abiraterone oral tablet 250 mg</i> | Tier 2 | DS |
| <i>bicalutamide oral tablet 50 mg</i> | Tier 2 | MO |
| <i>flutamide oral capsule 125 mg</i> | Tier 2 | MO |
| XTANDI ORAL CAPSULE 40 MG | Tier 5 | DS |
| XTANDI ORAL TABLET 80 MG | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antibiotic Antineoplastics | | |
| ADRIAMYCIN INTRAVENOUS RECON SOLN 10 MG, 50 MG | Tier 6 | |
| ADRIAMYCIN INTRAVENOUS SOLUTION 50 MG/25 ML | Tier 6 | |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | Tier 6 | |
| COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG | Tier 6 | DS |
| <i>dactinomycin intravenous recon soln 0.5 mg</i> | Tier 6 | DS |
| <i>daunorubicin intravenous solution 5 mg/ml</i> | Tier 6 | |
| <i>doxorubicin intravenous recon soln 10 mg, 50 mg</i> | Tier 6 | |
| <i>doxorubicin intravenous solution 50 mg/25 ml</i> | Tier 6 | |
| IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML | Tier 6 | |
| <i>idarubicin intravenous solution 1 mg/ml</i> | Tier 6 | |
| <i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG | Tier 6 | |
| Anti-Cd20 (B Lymphocyte) Monoclonal Antibody | | |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | Tier 6 | |
| Antimetabolites | | |
| ADRUCIL INTRAVENOUS SOLUTION 5 GRAM/100 ML, 500 MG/10 ML | Tier 6 | |
| <i>azacitidine injection recon soln 100 mg</i> | Tier 6 | |
| <i>capecitabine oral tablet 150 mg</i> | Tier 2 | |
| <i>capecitabine oral tablet 500 mg</i> | Tier 2 | MO |
| <i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i> | Tier 6 | |
| <i>cytarabine injection solution 20 mg/ml</i> | Tier 6 | |
| <i>fludarabine intravenous recon soln 50 mg</i> | Tier 6 | |
| <i>fludarabine intravenous solution 50 mg/2 ml</i> | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> | Tier 6 | |
| <i>gemcitabine intravenous recon soln 1 gram, 200 mg</i> | Tier 6 | |
| <i>mercaptopurine oral tablet 50 mg</i> | Tier 2 | MO |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 2 | MO |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | Tier 2 | MO |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | Tier 2 | MO |
| NIPENT INTRAVENOUS RECON SOLN 10 MG | Tier 6 | DS |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i> | Tier 6 | MO |
| PURIXAN ORAL SUSPENSION 20 MG/ML | Tier 5 | DS |
| TABLOID ORAL TABLET 40 MG | Tier 3 | MO |
| VIDAZA INJECTION RECON SOLN 100 MG | Tier 6 | |
| Antineoplast Egf Receptor Blocker Rcmb Mc Antibody | | |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| KANJINTI INTRAVENOUS RECON SOLN 420 MG | Tier 6 | MO |
| Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody | | |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | Tier 6 | |
| Antineoplastic Aromatase Inhibitors | | |
| <i>anastrozole oral tablet 1 mg</i> | Tier 2 | MO |
| <i>exemestane oral tablet 25 mg</i> | Tier 2 | MO |
| <i>letrozole oral tablet 2.5 mg</i> | Tier 2 | MO |
| Antineoplastic - Braf Kinase Inhibitors | | |
| ZELBORAF ORAL TABLET 240 MG | Tier 5 | DS |
| Antineoplastic - Mek1 And Mek2 Kinase Inhibitors | | |
| COTELLIC ORAL TABLET 20 MG | Tier 3 | DS |
| Antineoplastic - Mtor Kinase Inhibitors | | |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> | Tier 6 | DS |
| TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) | Tier 6 | DS |
| Antineoplastic - Topoisomerase I Inhibitors | | |
| HYCAMTIN INTRAVENOUS RECON SOLN 4 MG | Tier 6 | DS |
| <i>topotecan intravenous recon soln 4 mg</i> | Tier 6 | |
| Antineoplastic Immunomodulator Agents | | |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> | Tier 5 | DS |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | Tier 5 | DS |
| Antineoplastic Systemic Enzyme Inhibitors | | |
| ALECENSA ORAL CAPSULE 150 MG | Tier 3 | DS |
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG | Tier 6 | MO |
| BRUKINSA ORAL CAPSULE 80 MG | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | Tier 5 | DS |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> | Tier 2 | DS |
| <i>gefitinib oral tablet 250 mg</i> | Tier 5 | DS |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | Tier 5 | DS |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | Tier 5 | DS |
| <i>imatinib oral tablet 100 mg, 400 mg</i> | Tier 2 | DS |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | Tier 5 | PA; DS |
| IMBRUVICA ORAL TABLET 420 MG, 560 MG | Tier 5 | PA; DS |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) | Tier 5 | DS |
| <i>lapatinib oral tablet 250 mg</i> | Tier 5 | DS |
| <i>pazopanib oral tablet 200 mg</i> | Tier 5 | DS |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | Tier 5 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 5 | DS |
| TAGRISZO ORAL TABLET 40 MG, 80 MG | Tier 5 | DS |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | Tier 5 | PA; DS |
| TUKYSA ORAL TABLET 150 MG, 50 MG | Tier 5 | DS; QL |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | Tier 5 | DS |
| Antineoplastic, Anti-Programmed Death-1 (Pd-1) Mab | | |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | Tier 6 | DS |
| Antineoplastic, Histone Deacetylase Inhibitors, Hdis | | |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG | Tier 6 | DS |
| Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG | Tier 5 | DS |
| Antineoplastics Antibody/Antibody-Drug Complexes | | |
| BLINCYTO INTRAVENOUS KIT 35 MCG | Tier 6 | DS |
| Antineoplastics,Miscellaneous | | |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | Tier 6 | |
| <i>dacarbazine intravenous recon soln 100 mg, 200 mg</i> | Tier 6 | |
| <i>etoposide intravenous solution 20 mg/ml</i> | Tier 6 | |
| <i>etoposide oral capsule 50 mg</i> | Tier 2 | |
| LYSODREN ORAL TABLET 500 MG | Tier 3 | DS |
| MATULANE ORAL CAPSULE 50 MG | Tier 5 | DS |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | Tier 6 | MO |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i> | Tier 6 | |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| TOPOSAR INTRAVENOUS SOLUTION 20 MG/ML | Tier 6 | |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | Tier 2 | DS |
| Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab | | |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | Tier 6 | MO |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML | Tier 6 | DS |
| Chemotherapy Rescue/Antidote Agents | | |
| <i>amifostine crystalline intravenous recon soln 500 mg</i> | Tier 6 | DS |
| ETHYOL INTRAVENOUS RECON SOLN 500 MG | Tier 6 | DS |
| <i>leucovorin calcium injection recon soln 50 mg</i> | Tier 2 | |
| <i>leucovorin calcium oral tablet 25 mg</i> | Tier 2 | |
| <i>leucovorin calcium oral tablet 5 mg</i> | Tier 2 | MO |
| <i>mesna intravenous solution 100 mg/ml</i> | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| MESNEX INTRAVENOUS SOLUTION 100 MG/ML | Tier 6 | |
| MESNEX ORAL TABLET 400 MG | Tier 3 | |
| Selective Estrogen Receptor Modulators (Serm) | | |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | Tier 2 | MO |
| Steroid Antineoplastics | | |
| EMCYT ORAL CAPSULE 140 MG | Tier 5 | DS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | Tier 2 | MO |
| Vinca Alkaloids | | |
| NAVELBINE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5 ML | Tier 6 | |
| <i>vinblastine intravenous solution 1 mg/ml</i> | Tier 6 | |
| VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2 ML | Tier 6 | |
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> | Tier 6 | |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Neurological Disease - Miscellaneous | | |
| Agents To Treat Multiple Sclerosis | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | Tier 5 | PA; DS |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | Tier 5 | PA; DS |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | Tier 3 | DS |
| BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG | Tier 3 | DS |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i> | Tier 2 | MO; QL |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i> | Tier 2 | MO |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG | Tier 3 | DS |
| EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG | Tier 3 | DS |
| <i>fingolimod oral capsule 0.5 mg</i> | Tier 2 | MO; QL |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> | Tier 2 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML | Tier 2 | DS |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | Tier 2 | MO |
| Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr | | |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> | Tier 2 | MO |
| Amyotrophic Lateral Sclerosis Agents | | |
| <i>riluzole oral tablet 50 mg</i> | Tier 2 | MO |
| Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib | | |
| SAVELLA ORAL TABLET 100 MG | Tier 3 | PA; MO |
| SAVELLA ORAL TABLET 12.5 MG, 25 MG, 50 MG | Tier 3 | PA; MO; QL |
| Movement Disorders(Drug Therapy) | | |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> | Tier 2 | MO |
| Oral/Pharyngeal Disorders | | |
| 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 |
|--|-----------|--|
| PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 % | Tier 2 | |
| PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % | Tier 2 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | Tier 2 | MO |
| Nose Preparations, Miscellaneous (Rx) | | |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i> | Tier 2 | ST; MO |
| Periodontal Collagenase Inhibitors | | |
| <i>doxycycline hyclate oral tablet 20 mg</i> | Tier 2 | MO |
| Other Drugs | | |
| Abortifacient,Progesterone Receptor Antagonist-Typ | | |
| MIFEPREX ORAL TABLET 200 MG | Tier 3 | |
| <i>mifepristone oral tablet 200 mg</i> | Tier 2 | |
| Appetite Stim. For Anorexia,Cachexia, Wasting Synd. | | |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Blood Testing Preparations, In-Vitro | | |
| CARETOUCH KETONE TEST STRIP STRIP | Tier 7 | MO |
| FORA 6 CONNECT KETONE STRIP STRIP | Tier 7 | MO |
| FORA GTEL KETONE TEST STRIP STRIP | Tier 7 | MO |
| FORA TN'G ADV VOICE KETO STRIP STRIP | Tier 7 | MO |
| GOJJI BLOOD KETONE TEST STRIP STRIP | Tier 7 | MO |
| NOVAMAX PLUS KETONE STRIP | Tier 7 | MO |
| PRECISION XTRA B-KETONE STRIP | Tier 7 | MO; QL |
| General Anesthetics - Benzodiazepine, Injectable | | |
| <i>midazolam (pf) injection solution 5 mg/ml</i> | Tier 2 | DS; QL |
| <i>midazolam injection solution 5 mg/ml</i> | Tier 2 | DS; QL |
| General Anesthetics, Inhalant | | |
| <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 |
|---|-----------|--|
| TERRELL INHALATION LIQUID 99.9 % | Tier 2 | |
| General Anesthetics, Injectable | | |
| BREVITAL INJECTION RECON SOLN 500 MG | Tier 3 | |
| <i>ketamine injection solution 100 mg/ml</i> | Tier 2 | |
| General Inhalation Agents | | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % | Tier 2 | |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i> | Tier 2 | |
| Herbal Drugs | | |
| <i>ashwagandha root extract oral capsule 300 mg</i> | Tier 6 | |
| <i>garlic extract oral tablet 400 mg</i> | Tier 6 | |
| <i>garlic oral tablet 400 mg</i> | Tier 6 | |
| GARLIC-X ORAL TABLET 400 MG | Tier 6 | |
| Metabolic Deficiency Agents | | |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| CARNITOR ORAL SOLUTION 100 MG/ML | Tier 3 | MO |
| CARNITOR ORAL TABLET 330 MG | Tier 3 | MO |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> | Tier 2 | MO |
| <i>levocarnitine oral solution 100 mg/ml</i> | Tier 2 | MO |
| <i>levocarnitine oral tablet 330 mg</i> | Tier 2 | MO |
| Metabolic Function Diagnostics | | |
| METOPIRONE ORAL CAPSULE 250 MG | Tier 3 | |
| Metallic Poison, Agents To Treat | | |
| BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML | Tier 5 | DS |
| CHEMET ORAL CAPSULE 100 MG | Tier 3 | |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> | Tier 2 | MO |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> | Tier 2 | MO |
| <i>deferoxamine injection recon soln 500 mg</i> | Tier 5 | DS |
| <i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Needles/Needleless Devices | | |
| 1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" | Tier 7 | MO |
| AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| ASSURE ID DUO-SHIELD NEEDLE 30 GAUGE X 3/16" | Tier 7 | MO |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" | Tier 7 | MO |

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

| 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 |
| COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |

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

| 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 |
| LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" | Tier 7 | MO |
| MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" | Tier 7 | MO |
| MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" | Tier 7 | MO |
| MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" | Tier 7 | MO |
| NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" | Tier 7 | MO |
| NOVOTWIST NEEDLE 32 GAUGE X 1/5" | Tier 7 | MO |

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

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

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Somatostatic Agents | | |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | Tier 2 | MO |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i> | Tier 2 | MO |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG | Tier 6 | DS |
| Suspending Agents | | |
| GELFILM IMPLANT FILM | Tier 3 | |
| Urine Acetone Test Aids | | |
| KETONE CARE STRIP | Tier 7 | MO |
| KETONE URINE TEST STRIP | Tier 7 | MO |
| KETOSTIX STRIP | Tier 7 | MO |
| TRUEPLUS KETONE STRIP | Tier 7 | MO |
| Urine Test Aids, Miscellaneous | | |
| ALBUSTIX REAGENT STRIP | Tier 7 | |
| CHEMSTRIP 2 STRIP | Tier 7 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| CHEMSTRIP MICRAL STRIP | Tier 7 | |
| Water | | |
| BACTERIOSTATIC WATER-KANJINTI INJECTION SOLUTION | Tier 3 | |
| BACTERIOSTATIC WATER-TRAZIMERA INJECTION SOLUTION | Tier 3 | |
| STERILE WATER FOR INJECTION INJECTION SOLUTION | Tier 2 | |
| <i>water for inject, bacteriostat injection solution</i> | Tier 2 | |
| <i>water for injection, sterile injection solution</i> | Tier 2 | |
| Other Respiratory Disorders | | |
| Antifibrotic Therapy - Pyridone Analogs | | |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> | Tier 2 | DS |
| Mucolytics | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | Tier 2 | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Pain Management - Analgesics | | |
| Analgesic/Antipyretics, Salicylates | | |
| <i>salsalate oral tablet 500 mg, 750 mg</i> | Tier 2 | |
| Analgesics Narcotic, Anesthetic Adjunct Agents | | |
| <i>fentanyl citrate (pf) injection solution 50 mcg/ml</i> | Tier 2 | DS |
| Analgesics, Narcotics | | |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | Tier 2 | PA; DS |
| <i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i> | Tier 2 | DS |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | Tier 2 | DS; Age |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | Tier 2 | DS |
| <i>hydromorphone (pf) injection solution 10 mg/ml</i> | Tier 2 | DS |
| <i>hydromorphone injection solution 1 mg/ml</i> | Tier 2 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i> | Tier 2 | DS |
| <i>hydromorphone oral liquid 1 mg/ml</i> | Tier 2 | DS |
| <i>hydromorphone oral tablet 2 mg, 4 mg</i> | Tier 2 | DS |
| <i>hydromorphone rectal suppository 3 mg</i> | Tier 2 | DS |
| METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML | Tier 2 | DS |
| <i>methadone oral concentrate 10 mg/ml</i> | Tier 2 | DS |
| <i>methadone oral solution 5 mg/5 ml</i> | Tier 2 | DS |
| <i>methadone oral tablet 10 mg, 5 mg</i> | Tier 2 | DS |
| <i>methadone oral tablet, soluble 40 mg</i> | Tier 2 | DS |
| METHADOSE ORAL TABLET, SOLUBLE 40 MG | Tier 2 | DS |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | Tier 2 | DS |
| <i>morphine oral tablet 15 mg, 30 mg</i> | Tier 2 | DS |
| <i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | Tier 2 | DS |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i> | Tier 2 | DS |
| <i>oxycodone oral capsule 5 mg</i> | Tier 2 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>oxycodone oral concentrate 20 mg/ml</i> | Tier 2 | DS |
| <i>oxycodone oral solution 5 mg/5 ml</i> | Tier 2 | DS |
| <i>oxycodone oral tablet 5 mg</i> | Tier 2 | DS |
| <i>tramadol oral tablet 50 mg</i> | Tier 2 | DS; Age |
| Antimigraine Preparations | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | Tier 3 | MO; PR; QL |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | Tier 3 | MO; PR; QL |
| CAFERGOT ORAL TABLET 1-100 MG | Tier 3 | QL |
| <i>dihydroergotamine injection solution 1 mg/ml</i> | Tier 2 | QL |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | Tier 5 | ST |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> | Tier 2 | QL |
| ERGOMAR SUBLINGUAL TABLET 2 MG | Tier 3 | QL |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | Tier 2 | QL |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | Tier 3 | QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | Tier 2 | QL |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i> | Tier 2 | QL |
| <i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> | Tier 2 | QL |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> | Tier 2 | QL |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 2 | QL |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> | Tier 2 | QL |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | Tier 2 | QL |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> | Tier 2 | QL |
| <i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> | Tier 2 | ST; QL |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | Tier 2 | QL |
| Narcotic Analgesic & Non-Salicylate Analgesic Comb | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | Tier 2 | DS; Age |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i> | Tier 2 | DS; Age |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| ENDOCET ORAL TABLET 5-325 MG | Tier 2 | DS |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | Tier 2 | DS |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 2 | DS |
| LORCET (HYDROCODONE) ORAL TABLET 5-325 MG | Tier 2 | DS |
| LORCET HD ORAL TABLET 10-325 MG | Tier 2 | DS |
| LORCET PLUS ORAL TABLET 7.5-325 MG | Tier 2 | DS |
| <i>oxycodone-acetaminophen oral tablet 5-325 mg</i> | Tier 2 | DS |
| PERCOCET ORAL TABLET 5-325 MG | Tier 2 | DS |
| Narcotic Withdrawal Therapy Agents | | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | Tier 2 | DS |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | Tier 2 | DS |
| Parkinsons Disease | | |
| Antiparkinsonism Drugs, Anticholinergic | | |
| <i>benztropine injection solution 1 mg/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | MO |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | Tier 2 | MO |
| Antiparkinsonism Drugs,Other | | |
| <i>amantadine hcl oral capsule 100 mg</i> | Tier 2 | MO |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | Tier 2 | MO |
| <i>amantadine hcl oral tablet 100 mg</i> | Tier 2 | MO |
| <i>bromocriptine oral capsule 5 mg</i> | Tier 2 | MO |
| <i>bromocriptine oral tablet 2.5 mg</i> | Tier 2 | MO |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 2 | MO |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | Tier 2 | MO |
| <i>entacapone oral tablet 200 mg</i> | Tier 2 | MO |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | Tier 2 | MO |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | Tier 2 | MO |
| <i>selegiline hcl oral capsule 5 mg</i> | Tier 2 | MO |
| <i>selegiline hcl oral tablet 5 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Decarboxylase Inhibitors | | |
| <i>carbidopa oral tablet 25 mg</i> | Tier 2 | MO |
| Seizure Disorder | | |
| Anticonvulsant - Benzodiazepine Type | | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | Tier 2 | MO |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | Tier 2 | MO |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | DS |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | DS |
| DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG | Tier 3 | DS |
| DIASTAT RECTAL KIT 2.5 MG | Tier 3 | DS |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> | Tier 2 | DS |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | Tier 5 | PA; DS |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 5 MG/SPRAY (0.1 ML) | Tier 3 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| VALTOCO NASAL SPRAY, NON-AEROSOL 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2) | Tier 5 | PA; DS |
| Anticonvulsants | | |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | Tier 2 | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | Tier 2 | MO |
| <i>carbamazepine oral tablet 200 mg</i> | Tier 2 | MO |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | Tier 2 | MO |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | Tier 2 | MO |
| CELONTIN ORAL CAPSULE 300 MG | Tier 3 | MO |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG | Tier 3 | MO |
| DILANTIN ORAL CAPSULE 30 MG | Tier 3 | MO |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> | Tier 2 | MO |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> | Tier 2 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i> | Tier 2 | MO |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> | Tier 2 | MO |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> | Tier 2 | MO |
| <i>methsuximide oral capsule 300 mg</i> | Tier 2 | MO |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> | Tier 2 | MO |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | Tier 2 | MO |
| <i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i> | Tier 2 | MO |
| <i>phenytoin oral tablet, chewable 50 mg</i> | Tier 2 | MO |
| <i>phenytoin sodium extended oral capsule 100 mg</i> | Tier 2 | MO |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | Tier 2 | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | Tier 2 | MO |
| <i>primidone oral tablet 250 mg, 50 mg</i> | Tier 2 | MO |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> | Tier 2 | MO |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | Tier 2 | MO |
| <i>valproic acid oral capsule 250 mg</i> | Tier 2 | MO |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | Tier 3 | MO; Age |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| Skeletal Muscle Disorder | | |
| Skeletal Muscle Relaxants | | |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | Tier 2 | MO |
| <i>chlorzoxazone oral tablet 500 mg</i> | Tier 2 | |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | Tier 2 | |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | Tier 2 | |
| <i>orphenadrine citrate injection solution 30 mg/ml</i> | Tier 2 | |
| <i>tizanidine oral tablet 2 mg, 4 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Smoking Cessation | | |
| Smoking Deterrent- Nicotinic Recept.Partial Agonist | | |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG | Tier 1 | |
| CHANTIX ORAL TABLET 1 MG | Tier 1 | |
| <i>varenicline oral tablet 1 mg</i> | Tier 1 | |
| Smoking Deterrents, Other | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | Tier 1 | |
| Upper Gastrointestinal Disorders - Digestive | | |
| Pancreatic Enzymes | | |
| 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 |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| 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 |
| Upper Gastrointestinal Disorders - Spastic Disease | | |
| Anticholinergics/Antispasmodics | | |
| <i>dicyclomine intramuscular solution 10 mg/ml</i> | Tier 2 | |
| <i>dicyclomine oral capsule 10 mg</i> | Tier 2 | MO |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | Tier 2 | MO |
| <i>dicyclomine oral tablet 20 mg</i> | Tier 2 | MO |
| Belladonna Alkaloids | | |
| <i>atropine injection solution 0.4 mg/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Upper Gastrointestinal Disorders - Ulcer Disease | | |
| Anticholinergics, Quaternary Ammonium | | |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> | Tier 2 | DS |
| <i>glycopyrrolate injection solution 0.2 mg/ml</i> | Tier 2 | MO |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | Tier 2 | MO |
| <i>propantheline oral tablet 15 mg</i> | Tier 2 | |
| 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 |
| Histamine H2-Receptor Inhibitors | | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | Tier 2 | MO |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | Tier 2 | |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | Tier 2 | |
| <i>famotidine intravenous solution 10 mg/ml</i> | Tier 2 | |

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Multivitamin Preparations | | |
| INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML | Tier 3 | |
| Vitamin A Preparations | | |
| AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML | Tier 5 | DS |
| Vitamin B Preparations | | |
| FOLBIC ORAL TABLET 2.5-25-2 MG | Tier 6 | |
| NIVA-FOL ORAL TABLET 2.5-25-2 MG | Tier 6 | |
| WESTAB MAX ORAL TABLET 2.5-25-2 MG | Tier 6 | |
| Vitamin B1 Preparations | | |
| <i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i> | Tier 2 | |
| Vitamin B12 Preparations | | |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> | Tier 2 | MO |
| DODEX INJECTION SOLUTION 1,000 MCG/ML | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Vitamin B6 Preparations | | |
| <i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i> | Tier 2 | |
| Vitamin D Preparations | | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | Tier 2 | MO |
| <i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i> | Tier 2 | |
| DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 2 | |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | Tier 2 | MO |
| OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 2 | |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 2 | MO |
| WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 2 | |
| 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 | RB; DS |
| <i>diethylpropion oral tablet extended release 75 mg</i> | Tier 2 | RB; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>phentermine oral tablet 37.5 mg</i> | Tier 2 | RB |
| QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG | Tier 3 | PA; MO; RB |

Index

| | | |
|---|--|---|
| 1ST TIER UNIFINE PENTIPS..... 111 | ACCU-CHEK SMARTVIEW CONTRL SOL.....38 | ADVANCED TRAVEL LANCETS..... 88 |
| 1ST TIER UNIFINE PENTIPS PLUS..... 111 | ACCU-CHEK SMARTVIEW TEST STRIP.....33 | ADVATE..... 64 |
| 1ST TIER UNILET COMFORTOUCH.....88 | ACCU-CHEK SOFT DEV LANCETS..... 38 | ADVOCATE BLOOD GLUCOSE MONITOR..... 38 |
| 2-IN-1 LANCET DEVICE..... 88 | ACCU-CHEK SOFTCLIX LANCETS.....88 | ADVOCATE CONTROL SOLUTION HIGH..... 39 |
| 2TEK CONTROL (HIGH- NORMAL)..... 38 | ACCU-CHEK SOFTCLIX LANCETS.....88 | ADVOCATE DUO.....39 |
| 2TEK GLUCOSE/BLOOD PRESSURE.....38 | ACCU-CHEK SOFTCLIX LANCETS.....88 | ADVOCATE LANCET.....88 |
| <i>abacavir</i>80 | ACCU-CHEK SOFTCLIX LANCETS.....88 | ADVOCATE LANCING DEVICE..... 39 |
| <i>abacavir-lamivudine</i>79 | ACCU-CHEK SOFTCLIX TEST STRIPS..... 33 | ADVOCATE LOW CONTROL..... 39 |
| <i>abacavir-lamivudine- zidovudine</i> 79 | ACCU-CHEK SOFTCLIX TEST STRIPS..... 33 | ADVOCATE PEN NEEDLE. 111 |
| <i>abiraterone</i> 103 | <i>acebutolol</i> 15 | ADVOCATE RAPID-SAFE LANCING.....39 |
| ABOUTTIME PEN NEEDLE 111 | <i>acetaminophen-codeine</i> 119 | ADVOCATE REDI-CODE.....33 |
| ABRAXANE..... 107 | <i>acetazolamide</i> 61 | ADVOCATE REDI-CODE DUO METER..... 39 |
| <i>acamprosate</i>9 | <i>acetazolamide sodium</i>62 | ADVOCATE REDI-CODE GLU MONITOR..... 39 |
| <i>acarbose</i>33 | <i>acetic acid</i>54 | ADVOCATE REDI-CODE PLUS..... 33, 39 |
| ACCU-CHEK AVIVA CONTROL SOLN..... 38 | <i>acetylcysteine</i> 117 | ADVOCATE REDI-CODE PLUS CTRL L.....39 |
| ACCU-CHEK AVIVA PLUS METER.....38 | <i>acitretin</i> 32 | ADVOCATE REDI-CODE+ CTRL HIGH..... 39 |
| ACCU-CHEK AVIVA PLUS TEST STRP.....33 | ACTEMRA..... 85 | ADVOCATE SYRINGES..... 94 |
| ACCU-CHEK COMPACT PLUS CONTROL.....38 | ACTEMRA ACTPEN..... 85 | ADVOCATE TEST STRIPS...34 |
| ACCU-CHEK COMPACT PLUS TEST.....33 | ACTHAR.....57 | ADYPHREN..... 101 |
| ACCU-CHEK FASTCLIX LANCET DRUM.....88 | ACTI-LANCE LANCETS.....88 | ADYPHREN AMP..... 101 |
| ACCU-CHEK FASTCLIX LANCING DEV..... 38 | ACTIVASE.....67 | AFIRMELLE.....20 |
| ACCU-CHEK GUIDE GLUCOSE METER..... 38 | <i>acyclovir</i>78 | AGAMATRIX AMP GLUC MONITOR SYS..... 39 |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL.....38 | <i>acyclovir sodium</i> 78 | AGAMATRIX AMP TEST STRIPS.....34 |
| ACCU-CHEK GUIDE ME GLUCOSE MTR..... 38 | <i>adapalene</i>28 | AGAMATRIX CONTROL HIGH.....39 |
| ACCU-CHEK GUIDE TEST STRIPS.....33 | ADBRY..... 29 | AGAMATRIX CONTROL NORM-HI..... 39 |
| ACCU-CHEK MULTICLIX LANCET..... 38 | ADCIRCA..... 17 | AGAMATRIX CONTROL SOLN-LEVEL 2..... 39 |
| ACCU-CHEK NANO.....38 | ADDAMEL N.....126 | AGAMATRIX CONTROL SOLN-LEVEL 4..... 39 |
| ACCU-CHEK SAFE-T-PRO.. 88 | <i>adefovir</i>82 | AGAMATRIX PRESTO TEST STRIPS..... 34 |
| ACCU-CHEK SAFE-T-PRO PLUS..... 88 | <i>adenosine</i> 12 | A-HYDROCORT.....83 |
| | ADJUSTABLE LANCING DEVICE..... 38 | AJOVY AUTOINJECTOR.... 118 |
| | ADMELOG SOLOSTAR U- 100 INSULIN..... 53 | |
| | ADRENALIN..... 13, 27 | |
| | ADRIAMYCIN..... 103 | |
| | ADRUCIL..... 104 | |
| | ADVAIR HFA..... 5 | |
| | ADVANCED GLUC METER TEST STRIP.....33 | |
| | ADVANCED GLUCOSE METER..... 38 | |
| | ADVANCED LANCING DEVICE..... 38 | |

| | | | | | |
|---|-----|--------------------------------------|--------|--------------------------------------|---------|
| AJOVY SYRINGE..... | 118 | <i>amoxicillin-pot clavulanate</i> | 73, 74 | ASSURE PLATINUM TEST STRIP..... | 34 |
| AK-POLY-BAC..... | 60 | AMPHADASE..... | 32 | ASSURE PRISM CONTROL 1-2 SOLN..... | 39 |
| <i>albendazole</i> | 77 | <i>amphotericin b</i> | 76 | ASSURE PRISM MULTI METER..... | 39 |
| ALBUSTIX REAGENT..... | 116 | <i>amphotericin b liposome</i> | 76 | ASSURE PRISM MULTI STRIP..... | 34 |
| <i>albuterol sulfate</i> | 4 | <i>ampicillin</i> | 74 | <i>atazanavir</i> | 81 |
| ALCAINE..... | 60 | <i>ampicillin sodium</i> | 74 | <i>atenolol</i> | 15 |
| <i>alclometasone</i> | 29 | <i>ampicillin-sulbactam</i> | 74 | <i>atenolol-chlorthalidone</i> | 15 |
| ALECENSA..... | 105 | ANADROL-50..... | 67 | <i>atomoxetine</i> | 12 |
| <i>alendronate</i> | 58 | <i>anagrelide</i> | 67 | <i>atorvastatin</i> | 18 |
| <i>alfuzosin</i> | 125 | <i>anastrozole</i> | 105 | <i>atovaquone</i> | 78 |
| ALIQOPA..... | 105 | ANDROID..... | 67 | <i>atovaquone-proguanil</i> | 77 |
| ALKERAN (AS HCL)..... | 102 | ANUCORT-HC..... | 87 | <i>atropine</i> | 62, 123 |
| <i>aller xt-weed pollen-sagebrush</i> | 3 | APRI..... | 20 | AUBRA..... | 20 |
| <i>allopurinol</i> | 63 | APTIVUS..... | 79 | AUBRA EQ..... | 20 |
| ALPHANINE SD..... | 65 | APTIVUS (WITH VITAMIN E)..... | 79 | AUGMENTIN..... | 74 |
| <i>alprazolam</i> | 9 | AQINJECT PEN NEEDLE... | 111 | AUROVELA 1.5/30 (21)..... | 21 |
| ALTACAINE..... | 60 | AQUA CARE SODIUM CHLORIDE..... | 31 | AUROVELA 1/20 (21)..... | 21 |
| ALTAFLUOR BENOX..... | 60 | AQUA CARE STERILE WATER..... | 31 | AUROVELA FE 1.5/30 (28)... | 21 |
| ALTAVERA (28)..... | 20 | AQUA LANCE LANCING DEVICE..... | 39 | AUROVELA FE 1-20 (28)..... | 21 |
| ALTERNATE SITE LANCET. | 88 | AQUASOL A..... | 126 | AUTOJECT 2 INJECTION DEVICE..... | 39 |
| ALTERNATE SITE LANCING DEVICE..... | 39 | ARALAST NP..... | 102 | AUTO-LANCET MINI..... | 39 |
| ALVESCO..... | 5 | ARANELLE (28)..... | 20 | AUTOLET IMPRESSION LANC DEV..... | 39 |
| ALYACEN 1/35 (28)..... | 20 | <i>arformoterol</i> | 5 | AUTOLET LANCING DEVICE..... | 39 |
| ALYACEN 7/7/7 (28)..... | 20 | <i>aripiprazole</i> | 10 | AUTOLET PLUS LANCING DEVICE..... | 39 |
| ALYQ..... | 17 | <i>armodafinil</i> | 11 | AUTOPEN 1 TO 21 UNITS... | 40 |
| <i>amantadine hcl</i> | 120 | <i>asenapine maleate</i> | 10 | AUTOPEN 2 TO 42 UNITS... | 40 |
| AMBISOME..... | 76 | <i>ashwagandha root extract</i> ... | 110 | AVELOX IN NAACL (ISO-OSMOTIC)..... | 74 |
| <i>ambrisentan</i> | 17 | ASMANEX HFA..... | 6 | AVIANE..... | 21 |
| AMICAR..... | 63 | ASMANEX TWISTHALER..... | 6 | AVITA..... | 28 |
| <i>amifostine crystalline</i> | 107 | <i>aspirin-dipyridamole</i> | 66 | AVONEX..... | 108 |
| <i>amikacin</i> | 76 | ASSURE 4 CONTROL SOLUTION..... | 39 | AYUNA..... | 21 |
| <i>amiloride</i> | 16 | ASSURE 4 STRIPS..... | 34 | <i>azacitidine</i> | 104 |
| <i>amiloride-hydrochlorothiazide</i> | 16 | ASSURE DOSE NORMAL CONTROL..... | 39 | <i>azathioprine</i> | 70 |
| <i>aminocaproic acid</i> | 64 | ASSURE DOSE NORM-HI CONTROL..... | 39 | <i>azelastine</i> | 3 |
| <i>amiodarone</i> | 12 | ASSURE HAEMOLANCE PLUS..... | 88 | <i>azithromycin</i> | 72 |
| <i>amitriptyline</i> | 8 | ASSURE ID DUO-SHIELD.. | 111 | <i>aztreonam</i> | 71 |
| <i>amitriptyline-chlordiazepoxide</i> | 8 | ASSURE LANCE..... | 88 | <i>bacitracin</i> | 60 |
| AMJEVITA(CF)..... | 82 | ASSURE LANCE PLUS..... | 89 | <i>bacitracin-polymyxin b</i> | 61 |
| AMJEVITA(CF) AUTOINJECTOR..... | 82 | ASSURE PLATINUM GLUCOSE METER..... | 39 | <i>baclofen</i> | 122 |
| <i>amlodipine</i> | 15 | | | | |
| AMNESTEEM..... | 27 | | | | |
| <i>amoxapine</i> | 8 | | | | |
| <i>amoxicillin</i> | 73 | | | | |

| | | | | | |
|--|-----|--|----------|---|---------|
| BACTERIOSTATIC WATER-KANJINTI..... | 117 | BD ULTRA-FINE ORIG PEN NEEDLE..... | 112 | BLOOD GLUCOSE MONITORING..... | 40 |
| BACTERIOSTATIC WATER-TRAZIMERA..... | 117 | BD ULTRA-FINE SHORT PEN NEEDLE..... | 112 | BLOOD GLUCOSE TEST..... | 34 |
| BAL IN OIL..... | 111 | BD VEO INSULIN SYR (HALF UNIT)..... | 94 | <i>blood-glucose meter</i> | 40 |
| BALANCED SALT..... | 63 | BD VEO INSULIN SYRINGE UF..... | 95 | <i>bosentan</i> | 17 |
| <i>balsalazide</i> | 87 | BELEODAQ..... | 106 | BOTOX..... | 116 |
| BALZIVA (28)..... | 21 | <i>benazepril</i> | 14 | BREEZE 2 CONTROL SOLUTION, LOW..... | 40 |
| BAQSIMI..... | 53 | <i>benzonatate</i> | 26 | BREEZE 2 CONTROL SOLUTION, NML..... | 40 |
| BAVENCIO..... | 107 | <i>benztropine</i> | 119, 120 | BREEZE 2 CONTROL SOLUTION,HIGH..... | 40 |
| BD AUTOSHIELD DUO PEN NEEDLE..... | 111 | <i>betamethasone acet,sod phos</i> | 83 | BREEZE 2 TEST STRIPS..... | 34 |
| BD ECLIPSE LUER-LOK..... | 94 | <i>betamethasone dipropionate</i> | 29 | BREVITAL..... | 110 |
| BD INSULIN SYRINGE..... | 94 | <i>betamethasone valerate</i> | 29 | BREYNA..... | 5 |
| BD INSULIN SYRINGE (HALF UNIT)..... | 94 | <i>betamethasone, augmented</i> | 29 | BRIELLYN..... | 21 |
| BD INSULIN SYRINGE MICRO-FINE..... | 94 | BETASERON..... | 108 | BRILINTA..... | 67 |
| BD INSULIN SYRINGE SAFETY-LOK..... | 94 | <i>betaxolol</i> | 62 | <i>brimonidine</i> | 62 |
| BD INSULIN SYRINGE SLIP TIP..... | 94 | <i>bethanechol chloride</i> | 102 | <i>bromocriptine</i> | 120 |
| BD INSULIN SYRINGE ULTRA-FINE..... | 94 | <i>bicalutamide</i> | 103 | BRUKINSA..... | 105 |
| BD LO-DOSE MICRO-FINE IV..... | 94 | BICILLIN L-A..... | 74 | <i>budesonide</i> | 6, 83 |
| BD LO-DOSE ULTRA-FINE.. | 94 | BICNU..... | 102 | BULLSEYE MINI SAFETY LANCETS..... | 89 |
| BD MICROTAINER LANCET..... | 89 | BIKTARVY..... | 81 | <i>bumetanide</i> | 16 |
| BD NANO 2ND GEN PEN NEEDLE..... | 112 | BIOGLO..... | 62 | <i>bupivacaine (pf)</i> | 85 |
| BD POSIFLUSH NORMAL SALINE 0.9..... | 56 | BIOLON..... | 61 | <i>bupivacaine hcl</i> | 85, 86 |
| BD PRE-FILLED NORMAL SALINE..... | 56 | BIONIME RIGHTEST GM300 SYSTEM..... | 40 | <i>bupivacaine-epinephrine</i> | 86 |
| BD PRE-FILLED SALINE BLUNT CAN..... | 56 | BIONIME RIGHTEST TEST STRIPS..... | 34 | <i>bupivacaine-epinephrine (pf)</i> | 86 |
| BD SAFETYGLIDE INSULIN SYRINGE..... | 94 | BIOTEL CARE BGM-4 METER..... | 40 | <i>buprenorphine</i> | 117 |
| BD SAFETYGLIDE SYRINGE..... | 94 | <i>bisoprolol fumarate</i> | 15 | <i>buprenorphine hcl</i> | 119 |
| BD ULTRA FINE LANCETS.. | 89 | <i>bisoprolol- hydrochlorothiazide</i> | 15 | <i>buprenorphine-naloxone</i> | 119 |
| BD ULTRA-FINE II LANCETS..... | 89 | <i>bleomycin</i> | 103 | <i>bupropion hcl</i> | 7 |
| BD ULTRA-FINE MINI PEN NEEDLE..... | 112 | BLEPH-10..... | 60 | <i>bupropion hcl (smoking deter)</i> | 123 |
| BD ULTRA-FINE NANO PEN NEEDLE..... | 112 | BLEPHAMIDE..... | 60 | <i>buspirone</i> | 9 |
| | | BLEPHAMIDE S.O.P..... | 60 | <i>butorphanol</i> | 117 |
| | | BLINCYTO..... | 107 | BUTTERFLY TOUCH LANCET..... | 89 |
| | | BLISOVI FE 1.5/30 (28)..... | 21 | BYOOVIZ..... | 63 |
| | | BLISOVI FE 1/20 (28)..... | 21 | <i>cabergoline</i> | 58 |
| | | <i>blood glucose contrl hi,normal</i> | 40 | CAFERGOT..... | 118 |
| | | <i>blood glucose control, normal</i> | 40 | <i>calcipotriene</i> | 32 |
| | | <i>blood glucose ctl high,nml,low</i> | 40 | <i>calcitonin (salmon)</i> | 58 |
| | | | | <i>calcitriol</i> | 32, 127 |
| | | | | <i>calcium acetate(phosphat bind)</i> | 55 |
| | | | | CALQUENCE (ACALABRUTINIB MAL)..... | 106 |
| | | | | CAMILA..... | 21 |

| | | | | | |
|--------------------------------------|-----|--|--------|---|--------|
| <i>capecitabine</i> | 104 | <i>carmustine</i> | 102 | <i>cholecalciferol (vitamin d3)</i> .. | 127 |
| <i>captopril</i> | 14 | CARNITOR..... | 111 | <i>cholestyramine (with sugar)</i> ... | 19 |
| <i>carbamazepine</i> | 121 | CARNITOR (SUGAR-FREE) | | CHOLESTYRAMINE LIGHT.. | 19 |
| <i>carbidopa</i> | 120 | | 110 | <i>cholestyramine-aspartame</i> | 19 |
| <i>carbidopa-levodopa</i> | 120 | CARTIA XT..... | 15 | <i>chorionic gonadotropin,</i> | |
| <i>carboplatin</i> | 102 | <i>carvedilol</i> | 14 | <i>human</i> | 57 |
| <i>carboprost tromethamine</i> | 26 | <i>caspofungin</i> | 76 | <i>ciclopirox</i> | 28 |
| CAREFINE PEN NEEDLE...112 | | CATHFLO ACTIVASE..... | 67 | <i>cilostazol</i> | 67 |
| CARELANCE ULT | | CAVERJECT..... | 57 | CILOXAN..... | 61 |
| LANCING DEVICE..... | 40 | CAVERJECT IMPULSE..... | 57 | CIMDUO..... | 79 |
| CAREONE LANCING | | CAYSTON..... | 71 | <i>cimetidine hcl</i> | 124 |
| DEVICE..... | 40 | <i>cefazolin</i> | 71 | <i>cinacalcet</i> | 58 |
| CAREONE THIN LANCET.... | 89 | <i>cefazolin in dextrose (iso-os)</i> .. | 71 | CIPRO..... | 74 |
| CAREONE ULTRA THIN | | <i>cefdinir</i> | 71 | <i>ciprofloxacin</i> | 75 |
| LANCET..... | 89 | <i>cefepime</i> | 72 | <i>ciprofloxacin hcl</i> | 61, 75 |
| CARESENS CONTROL A | | <i>cefixime</i> | 71 | <i>ciprofloxacin in 5 % dextrose</i> .. | 75 |
| AND B..... | 40 | <i>cefotaxime</i> | 71 | <i>ciprofloxacin-</i> | |
| CARESENS CONTROL A | | <i>cefotetan</i> | 71 | <i>dexamethasone</i> | 55 |
| NORMAL..... | 40 | <i>cefpodoxime</i> | 71 | <i>cisplatin</i> | 102 |
| CARESENS LANCETS..... | 89 | <i>ceftazidime</i> | 71 | <i>citalopram</i> | 7 |
| CARESENS N..... | 40 | <i>ceftriaxone</i> | 72 | CLAFORAN..... | 72 |
| CARESENS N FELIZ BT | | <i>ceftriaxone in dextrose,iso-</i> | | CLARAVIS..... | 27 |
| GLUC METER..... | 40 | <i>os</i> | 71 | <i>clarithromycin</i> | 72 |
| CARESENS N FELIZ | | <i>cefuroxime axetil</i> | 71 | CLEARSHIELD SODIUM | |
| GLUCOSE METER..... | 40 | <i>cefuroxime sodium</i> | 71 | CHLOR FLUSH..... | 56 |
| CARESENS N TEST | | <i>celecoxib</i> | 85 | CLEVER CHEK BLOOD | |
| STRIPS..... | 34 | CELONTIN..... | 121 | GLUCOSE..... | 40 |
| CARESENS N VOICE..... | 40 | <i>cephalexin</i> | 71 | CLEVER CHEK BLOOD | |
| CARESENS PREM | | CERAVE PM..... | 31 | GLUCOSE SYST..... | 40 |
| LANCING DEVICE..... | 40 | CEREZYME..... | 102 | CLEVER CHEK LANCETS.... | 89 |
| CARESOFT LANCING | | CHANTIX..... | 123 | CLEVER CHOICE BLOOD | |
| DEVICE..... | 40 | CHANTIX CONTINUING | | GLUC SYS..... | 41 |
| CARETOUCH CONTROL | | MONTH BOX..... | 123 | CLEVER CHOICE | |
| SOLN L2-L3..... | 40 | CHATEAL (28)..... | 21 | GLUCOSE MONITOR..... | 41 |
| CARETOUCH GLUCOSE | | CHATEAL EQ (28)..... | 21 | CLEVER CHOICE LEVEL 1 | |
| MONITORING..... | 40 | CHEMET..... | 111 | CONTROL..... | 41 |
| CARETOUCH INSULIN | | CHEMSTRIP 2..... | 116 | CLEVER CHOICE LEVEL 2 | |
| SYRINGE..... | 95 | CHEMSTRIP MICRAL..... | 117 | CONTROL..... | 41 |
| CARETOUCH KETONE | | CHERATUSSIN AC..... | 26 | CLEVER CHOICE LEVEL 3 | |
| TEST STRIP..... | 110 | <i>chlordiazepoxide hcl</i> | 9 | CONTROL..... | 41 |
| CARETOUCH LANCING | | <i>chlordiazepoxide-clidinium</i> .. | 124 | CLEVER CHOICE MICRO.... | 41 |
| DEVICE..... | 40 | <i>chlorhexidine gluconate</i> | 109 | CLEVER CHOICE MICRO | |
| CARETOUCH PEN | | <i>chloroquine phosphate</i> | 78 | TEST STRIP..... | 34 |
| NEEDLE..... | 112 | <i>chlorpromazine</i> | 11 | CLEVER CHOICE PRO.. | 34, 41 |
| CARETOUCH SAFETY | | <i>chlorthalidone</i> | 17 | CLEVER CHOICE TALK | |
| LANCETS..... | 89 | <i>chlorzoxazone</i> | 122 | GLUCOSE SYS..... | 41 |
| CARETOUCH TEST STRIP.. | 34 | CHOICE DM CLARUS | | CLEVER CHOICE TALK | |
| CARETOUCH TWIST | | NORM CONTROL..... | 40 | TEST..... | 34 |
| LANCET..... | 89 | CHOICEDM CLARUS.... | 34, 40 | | |

| | | | | | |
|---|-------------|-------------------------------------|-----|---|-------|
| CLEVER CHOICE TEST STRIPS..... | 34 | COMFORT TOUCH ULT THIN LANCETS..... | 89 | COVARYX..... | 68 |
| CLEVER CHOICE VOICE PLUS TEST..... | 34 | COMPLERA..... | 81 | COVARYX H.S..... | 68 |
| CLICKFINE PEN NEEDLE.. | 112 | COMPRO..... | 3 | CREON..... | 123 |
| CLIMARA..... | 68 | CONSTULOSE..... | 88 | CRIXIVAN..... | 81 |
| <i>clindamycin hcl</i> | 77 | CONTOUR CONTROL SOLUTION, HIGH..... | 41 | <i>cromolyn</i> | 6, 61 |
| <i>clindamycin palmitate hcl</i> | 77 | CONTOUR CONTROL SOLUTION, LOW..... | 41 | <i>cupric chloride</i> | 126 |
| CLINDAMYCIN PEDIATRIC.. | 77 | CONTOUR CONTROL SOLUTION, NML..... | 41 | <i>cyanocobalamin (vitamin b-12)</i> | 126 |
| <i>clindamycin phosphate</i> | 28, 77, 125 | CONTOUR METER..... | 41 | CYCLAFEM 1/35 (28)..... | 21 |
| <i>clindamycin-benzoyl peroxide</i> | 27 | CONTOUR NEXT EZ METER..... | 41 | CYCLAFEM 7/7/7 (28)..... | 21 |
| CLINISOL SF 15 %..... | 116 | CONTOUR NEXT GEN METER..... | 41 | <i>cyclobenzaprine</i> | 122 |
| <i>clobazam</i> | 120 | CONTOUR NEXT GLUCOSE METER..... | 41 | CYCLOGYL..... | 62 |
| <i>clobetasol</i> | 29 | CONTOUR NEXT LEV 1 CONTROL SOL..... | 41 | CYCLOMYDRIL..... | 62 |
| <i>clobetasol-emollient</i> | 29 | CONTOUR NEXT LEV 2 CONTROL SOL..... | 41 | <i>cyclopentolate</i> | 62 |
| CLOBEX..... | 29 | CONTOUR NEXT METER..... | 41 | <i>cyclophosphamide</i> | 102 |
| CLODAN..... | 29 | CONTOUR NEXT ONE METER..... | 41 | <i>cyclosporine</i> | 61 |
| CLOMID..... | 57 | CONTOUR NEXT TEST STRIPS..... | 34 | <i>cyclosporine modified</i> | 70 |
| <i>clomiphene citrate</i> | 57 | CONTROL AST MONITORING SYSTEM..... | 41 | <i>cyproheptadine</i> | 3 |
| <i>clomipramine</i> | 8 | COOL BLOOD GLUCOSE METER..... | 41 | CYRED..... | 21 |
| <i>clonazepam</i> | 120 | COOL CONTROL A SOLUTION..... | 41 | CYRED EQ..... | 21 |
| <i>clonidine hcl</i> | 14 | COOL CONTROL B SOLUTION..... | 41 | CYSTAGON..... | 125 |
| <i>clopidogrel</i> | 67 | COOL GLUCOSE TEST STRIP..... | 34 | <i>cytarabine</i> | 104 |
| <i>clotrimazole</i> | 75 | COPPER CHLORIDE..... | 126 | <i>cytarabine (pf)</i> | 104 |
| <i>clotrimazole-betamethasone</i> | 28 | CORDRAN TAPE LARGE ROLL..... | 29 | <i>d5 % and 0.9 % sodium chloride</i> | 63 |
| <i>clozapine</i> | 10 | CORMAX..... | 30 | <i>d5 %-0.45 % sodium chloride</i> | 63 |
| COAGUCHEK LANCETS..... | 89 | <i>cortisone</i> | 83 | <i>dabigatran etexilate</i> | 67 |
| <i>codeine sulfate</i> | 117 | CORTISPORIN-TC..... | 54 | <i>dacarbazine</i> | 107 |
| <i>codeine-guaifenesin</i> | 27 | CORTROPHIN GEL..... | 57 | <i>dactinomycin</i> | 103 |
| <i>colchicine</i> | 63 | COSENTYX (2 SYRINGES).. | 32 | <i>dalfampridine</i> | 109 |
| <i>colesevelam</i> | 19 | COSENTYX PEN (2 PENS).. | 32 | <i>danazol</i> | 58 |
| <i>colestipol</i> | 19 | COSMEGEN..... | 103 | <i>dantrolene</i> | 122 |
| COLOCORT..... | 87 | COTELLIC..... | 105 | <i>dapsone</i> | 76 |
| COLOR LANCETS..... | 89 | | | DARAPRIM..... | 78 |
| COLY-MYCIN S..... | 54 | | | DARIO BLOOD GLUCOSE TEST STRIP..... | 34 |
| COLYTE WITH FLAVOR PACKS..... | 88 | | | <i>darunavir</i> | 79 |
| COMFORT EZ INSULIN SYRINGE..... | 95 | | | DASETTA 1/35 (28)..... | 21 |
| COMFORT EZ LANCETS..... | 89 | | | DASETTA 7/7/7 (28)..... | 21 |
| COMFORT EZ PEN NEEDLES..... | 112 | | | <i>daunorubicin</i> | 103 |
| COMFORT LANCETS..... | 89 | | | DEBLITANE..... | 21 |
| COMFORT TOUCH PEN NEEDLE..... | 112 | | | DECADRON..... | 83 |
| COMFORT TOUCH PLUS SAFETY LANC..... | 89 | | | DECARA..... | 127 |
| | | | | <i>deferasirox</i> | 111 |
| | | | | <i>deferoxamine</i> | 111 |
| | | | | DEPO-ESTRADIOL..... | 68 |
| | | | | DEPO-MEDROL..... | 83 |

| | | | | | |
|---|--------|---|---------|--|-----|
| DEPO-SUBQ PROVERA 104..... | 20 | <i>dimenhydrinate</i> | 3 | EASY COMFORT PEN NEEDLES..... | 112 |
| DEPO-TESTOSTERONE..... | 68 | <i>dimethyl fumarate</i> | 108 | EASY GLIDE INSULIN SYRINGE..... | 95 |
| DERMAZENE..... | 27 | <i>diphenhydramine hcl</i> | 3 | EASY GLUCO G2..... | 34 |
| <i>desflurane</i> | 110 | <i>diphenoxylate-atropine</i> | 87 | EASY MINI EJECT LANCING DEVICE..... | 42 |
| <i>desipramine</i> | 8 | <i>dipyridamole</i> | 67 | EASY PLUS II BLOOD GLUCOSE MET..... | 42 |
| <i>desmopressin</i> | 58 | <i>disopyramide phosphate</i> | 12 | EASY PLUS II HIGH CONTROL..... | 42 |
| <i>desogestrel-ethinyl estradiol</i> .. | 21 | <i>disulfiram</i> | 9 | EASY PLUS II LOW CONTROL..... | 42 |
| <i>desonide</i> | 30 | <i>divalproex</i> | 121 | EASY PLUS II TEST..... | 34 |
| <i>desoximetasone</i> | 30 | DML..... | 31 | EASY STEP..... | 34 |
| <i>dexamethasone</i> | 83, 84 | DODEX..... | 126 | EASY STEP BLOOD GLUCOSE METER..... | 42 |
| DEXAMETHASONE INTENSOL..... | 83 | <i>dofetilide</i> | 13 | EASY STEP HIGH CONTROL SOLN..... | 42 |
| <i>dexamethasone sodium phosphate</i> | 59, 84 | <i>donepezil</i> | 7 | EASY STEP LOW CONTROL SOLUTION..... | 42 |
| <i>dexmethylphenidate</i> | 12 | <i>dorzolamide</i> | 62 | EASY STEP NORMAL CONTROL SOLN..... | 42 |
| <i>dextroamphetamine sulfate</i> | 9 | <i>dorzolamide-timolol</i> | 62 | EASY TALK BLOOD GLUCOSE METER..... | 42 |
| <i>dextroamphetamine- amphetamine</i> | 9 | DOTTI..... | 68 | EASY TALK GLUCOSE TEST..... | 34 |
| <i>dextrose 5 % in water (d5w)</i> .. | 63 | DOVATO..... | 78 | EASY TALK HIGH CONTROL..... | 42 |
| <i>dextrose 5%-0.2 % sod chloride</i> | 63 | <i>doxazosin</i> | 14 | EASY TALK LOW CONTROL..... | 42 |
| DIASTAT..... | 120 | <i>doxepin</i> | 8 | EASY TALK PLUS II HIGH CONTROL..... | 42 |
| DIASTAT ACUDIAL..... | 120 | <i>doxorubicin</i> | 103 | EASY TALK PLUS II LOW CONTROL..... | 42 |
| DIASTIX..... | 54 | DOXY-100..... | 75 | EASY TALK PLUS II TEST STRIP..... | 34 |
| DIATRUE CONTROL SOLN NORMAL..... | 41 | <i>doxycycline hyclate</i> | 75, 109 | EASY TOUCH..... | 113 |
| DIATRUE CONTROL SOLUTION HIGH..... | 41 | <i>doxycycline monohydrate</i> | 75 | EASY TOUCH BLU CTRL SOLN-L1,L3..... | 42 |
| DIATRUE CONTROL SOLUTION LOW..... | 42 | DRITHOCREME HP..... | 32 | EASY TOUCH BLU LINK GLUC SYST..... | 42 |
| DIATRUE PLUS BLOOD GLUCOSE MET..... | 42 | <i>dronabinol</i> | 3 | EASY TOUCH BLU LINK TEST STRIP..... | 34 |
| DIATRUE PLUS TEST STRIP..... | 34 | <i>droperidol</i> | 11 | EASY TOUCH GLUCOSE MONITOR..... | 42 |
| <i>diazepam</i> | 9, 120 | DROPLET GENTEEL LANCING DEVICE..... | 42 | EASY TOUCH HIGH-LOW CONTROL..... | 42 |
| <i>diclofenac sodium</i> | 59 | DROPLET INSULIN SYRINGE..... | 95 | | |
| <i>dicloxacillin</i> | 74 | DROPLET LANCETS..... | 89 | | |
| <i>dicyclomine</i> | 123 | DROPLET LANCING DEVICE..... | 42 | | |
| <i>didanosine</i> | 80 | DROPLET PEN NEEDLE... | 112 | | |
| <i>diethylpropion</i> | 127 | <i>drospirenone-ethinyl estradiol</i> | 21 | | |
| DIGITEK..... | 13 | <i>droxidopa</i> | 19 | | |
| DIGOX..... | 13 | DRYSOL..... | 31 | | |
| <i>digoxin</i> | 13 | DRYSOL DAB-O-MATIC..... | 31 | | |
| <i>dihydroergotamine</i> | 118 | <i>duloxetine</i> | 8 | | |
| DILANTIN..... | 121 | DUPIXENT PEN..... | 6 | | |
| DILANTIN INFATABS..... | 121 | DUPIXENT SYRINGE..... | 6 | | |
| <i>diltiazem hcl</i> | 15, 16 | DYRENIUM..... | 16 | | |
| DILT-XR..... | 16 | E.E.S. 400..... | 72 | | |
| | | E.E.S. GRANULES..... | 72 | | |
| | | EASY COMFORT INSULIN SYRINGE..... | 95 | | |
| | | EASY COMFORT LANCETS..... | 89 | | |

| | | | | | |
|-------------------------------------|-----|---|--------|---|---------|
| EASY TOUCH INSULIN SYRINGE..... | 96 | EDEX..... | 57 | EMBRACE PRO GLUCOSE METER..... | 43 |
| EASY TOUCH LANCETS..... | 89 | EDURANT..... | 80 | EMBRACE PRO TEST STRIPS..... | 35 |
| EASY TOUCH LANCING DEVICE..... | 42 | EEMT..... | 68 | EMBRACE SAFETY LANCET..... | 89 |
| EASY TOUCH LUER LOCK INSULIN..... | 96 | EEMT HS..... | 68 | EMBRACE TALK BLOOD GLUCOSE SYS..... | 43 |
| EASY TOUCH PEN NEEDLE..... | 113 | <i>efavirenz</i> | 80 | EMBRACE TALK CONTROL-HIGH (L2)..... | 44 |
| EASY TOUCH SAFETY LANCETS..... | 89 | <i>efavirenz-lamivu-tenofov disop</i> | 81 | EMBRACE TALK CONTROL-LOW (L1)..... | 44 |
| EASY TOUCH TEST STRIP..... | 34 | ELEMENT COMPACT GLUCOSE METER..... | 43 | EMBRACE TALK CONTROL-HIGH (L2)..... | 44 |
| EASY TOUCH TWIST LANCETS..... | 89 | ELEMENT COMPACT HIGH CONTROL..... | 43 | EMBRACE TALK CONTROL-LOW (L1)..... | 44 |
| EASY TOUCH UNI-SLIP..... | 96 | ELEMENT COMPACT NORMAL CONTROL..... | 43 | EMBRACE TALK GLUCOSE MONITOR..... | 44 |
| EASY TRAK BLOOD GLUCOSE METER..... | 42 | ELEMENT COMPACT TEST STRIPS..... | 35 | EMBRACE TALK TEST STRIPS..... | 35 |
| EASY TRAK GLUCOSE TEST..... | 34 | ELEMENT COMPACT V GLUCOSE MTR..... | 43 | EMBRACE WAVE GLUCOSE TEST STRP..... | 35 |
| EASY TRAK HIGH CONTROL..... | 42 | ELEMENT HIGH CONTROL..... | 43 | EMBRACE WAVE PLUS GLUCOSE MTR..... | 44 |
| EASY TRAK II BLOOD GLUCOSE MTR..... | 42 | ELEMENT LOW CONTROL..... | 43 | EMCYT..... | 108 |
| EASY TRAK II CTRL SOLN-NORMAL..... | 42 | ELEMENT NORMAL CONTROL..... | 43 | EMOQUETTE..... | 21 |
| EASY TRAK II TEST STRIP..... | 34 | ELEMENT PLUS BLOOD GLUCOSE KIT..... | 43 | <i>emtricitabine</i> | 80 |
| EASY TRAK LOW CONTROL..... | 42 | ELEMENT TEST STRIPS..... | 35 | <i>emtricitabine-tenofovir (tdf)</i> | 79 |
| EASY TWIST AND CAP LANCETS..... | 89 | <i>eletriptan</i> | 118 | EMTRIVA..... | 80 |
| EASYGLUCO METER..... | 42 | ELIXOPHYLLIN..... | 6 | ENBREL..... | 82 |
| EASYGLUCO MONITORING SYSTEM..... | 43 | ELLA..... | 21 | ENBREL SURECLICK..... | 82 |
| EASYGLUCO PLUS..... | 34 | ELURYNG..... | 20 | ENDOCET..... | 119 |
| EASYGLUCO PLUS NORMAL CONTROL..... | 43 | EMBRACE BLOOD GLUCOSE..... | 43 | ENILLORING..... | 20 |
| EASYGLUCO TEST..... | 34 | EMBRACE BLOOD GLUCOSE SYSTEM..... | 35, 43 | <i>enoxaparin</i> | 65 |
| EASYMAX..... | 34 | EMBRACE EVO BLOOD GLUCOSE KIT..... | 43 | ENPRESSE..... | 21 |
| EASYMAX 15 LEVEL 2..... | 43 | EMBRACE EVO GLUCOSE MONITOR..... | 43 | ENSKYCE..... | 22 |
| EASYMAX 15 TEST STRIPS..... | 34 | EMBRACE EVO LEVEL 1..... | 43 | <i>entacapone</i> | 120 |
| EASYMAX LOW CONTROL..... | 43 | EMBRACE EVO TEST STRIPS..... | 35 | <i>entecavir</i> | 82 |
| EASYMAX NG..... | 43 | EMBRACE GLUCOSE CONTROL HIGH..... | 43 | ENTRESTO..... | 19 |
| EASYMAX NORMAL CONTROL..... | 43 | EMBRACE GLUCOSE CONTROL LOW..... | 43 | ENTYVIO PEN..... | 87 |
| EASYMAX V SPEAKING GLUCOSE SYS..... | 43 | EMBRACE LANCETS..... | 89 | ENULOSE..... | 87 |
| EASY-TOUCH BLOOD GLUCOSE METER..... | 43 | EMBRACE LANCING DEVICE..... | 43 | EPINEPHINE PROFESSIONAL EMS..... | 101 |
| | | EMBRACE PEN NEEDLE... .. | 113 | <i>epinephrine</i> | 13, 101 |
| | | EMBRACE PRO..... | 43 | <i>epinephrine hcl</i> | 27 |
| | | | | EPINEPHRINE PROFESSIONAL..... | 101 |
| | | | | EPINEPHRINESNAP..... | 101 |
| | | | | EPINEPHRINESNAP-EMS..... | 101 |
| | | | | EPINEPHRINESNAP-V..... | 102 |
| | | | | EPISNAP..... | 102 |
| | | | | EPITOL..... | 121 |
| | | | | EPIVIR HBV..... | 82 |

| | | | | | |
|--|---------|---------------------------------------|-----|---|---------|
| EPOGEN..... | 65 | EVENCARE MINI | | <i>flecainide</i> | 13 |
| <i>epoprostenol</i> | 17 | MONITOR SYSTEM..... | 44 | FLOLAN..... | 17 |
| <i>epoprostenol (glycine)</i> | 17 | EVENCARE PROVIEW | | FLUCAINE..... | 60 |
| EPRONTIA..... | 121 | CONTROL-L2,L3..... | 44 | <i>fluconazole</i> | 75 |
| ERBITUX..... | 104 | EVENCARE PROVIEW | | <i>fluconazole in nacl (iso-osm)</i> .. | 75 |
| <i>ergocalciferol (vitamin d2)</i> ... | 127 | TEST STRIP..... | 35 | <i>flucytosine</i> | 76 |
| <i>ergoloid</i> | 20 | EVENCARE TEST..... | 35 | <i>fludarabine</i> | 104 |
| ERGOMAR..... | 118 | <i>everolimus (antineoplastic)</i> .. | 105 | <i>fludrocortisone</i> | 85 |
| <i>ergotamine-caffeine</i> | 118 | EVOLUTION BLOOD | | FLUMADINE..... | 78 |
| <i>erlotinib</i> | 106 | GLUCOSE METER..... | 44 | <i>fluocinolone</i> | 30 |
| ERRIN..... | 22 | EVOLUTION NORMAL | | <i>fluocinolone and shower cap</i> .. | 30 |
| <i>ertapenem</i> | 71 | CONTROL..... | 44 | <i>fluocinonide</i> | 30 |
| ERYPED 200..... | 72 | EVOLUTION TEST STRIPS.. | 35 | FLUOCINONIDE-E..... | 30 |
| ERYPED 400..... | 72 | EXEL INSULIN..... | 96 | <i>fluocinonide-emollient</i> | 30 |
| ERY-TAB..... | 72 | <i>exemestane</i> | 105 | <i>fluorescein-proparacaine</i> | 60 |
| ERYTHROCIN..... | 73 | EXTAVIA..... | 108 | <i>fluorometholone</i> | 59 |
| <i>erythromycin</i> | 61, 73 | EYLEA..... | 63 | <i>fluorouracil</i> | 31, 104 |
| <i>erythromycin ethylsuccinate</i> .. | 73 | E-Z JECT LANCETS..... | 90 | <i>fluoxetine</i> | 7, 8 |
| <i>erythromycin lactobionate</i> | 73 | E-Z JECT THIN LANCETS.... | 90 | <i>fluphenazine decanoate</i> | 11 |
| <i>erythromycin with ethanol</i> | 28 | EZ SMART CONTROL..... | 44 | <i>fluphenazine hcl</i> | 11 |
| <i>escitalopram oxalate</i> | 7 | EZ SMART LANCETS..... | 90 | <i>flurazepam</i> | 12 |
| ESTARYLLA..... | 22 | EZ SMART PLUS SYSTEM.. | 44 | <i>flurbiprofen sodium</i> | 59 |
| ESTRACE..... | 125 | EZ SMART PLUS TEST..... | 35 | <i>flutamide</i> | 103 |
| <i>estradiol</i> | 68, 126 | EZ SMART SYSTEM..... | 44 | <i>fluticasone propionate</i> | 6 |
| <i>estradiol valerate</i> | 68 | EZ SMART TEST..... | 35 | <i>fluticasone propion-</i> | |
| <i>estrogens-</i> | | <i>ezetimibe</i> | 19 | <i>salmeterol</i> | 5 |
| <i>methyltestosterone</i> | 68 | EZ-LETS..... | 90 | <i>fluvoxamine</i> | 8 |
| <i>ethacrynate sodium</i> | 16 | FALMINA (28)..... | 22 | FML FORTE..... | 59 |
| <i>ethambutol</i> | 77 | <i>famciclovir</i> | 78 | FOLBIC..... | 126 |
| <i>ethosuximide</i> | 121 | <i>famotidine</i> | 124 | <i>folic acid</i> | 126 |
| <i>ethyl chloride</i> | 31 | <i>famotidine (pf)</i> | 124 | FORA 6 CONNECT | |
| <i>ethynodiol diac-eth estradiol</i> .. | 22 | <i>famotidine (pf)-nacl (iso-os)</i> | 124 | GLUCOSE STRIP..... | 35 |
| ETHYOL..... | 107 | FASENRA PEN..... | 6 | FORA 6 CONNECT | |
| <i>etodolac</i> | 85 | <i>febuxostat</i> | 63 | KETONE STRIP..... | 110 |
| <i>etonogestrel-ethinyl estradiol</i> .. | 20 | <i>felbamate</i> | 121 | FORA 6CONN-GTEL-TN'G | |
| <i>etoposide</i> | 107 | <i>felodipine</i> | 16 | ADV STRIP..... | 35 |
| <i>etravirine</i> | 80 | FEMYNOR..... | 22 | FORA D10..... | 44 |
| EUTHYROX..... | 59 | <i>fenofibrate</i> | 19 | FORA D15 GLUCOSE-BP | |
| EVENCARE..... | 44 | <i>fentanyl</i> | 117 | MONITOR..... | 44 |
| EVENCARE G2..... | 35, 44 | <i>fentanyl citrate (pf)</i> | 117 | FORA D15G STRIPS..... | 35 |
| EVENCARE G3 CONTROL.. | 44 | FIFTY50 SAFETY SEAL | | FORA D20..... | 35, 44 |
| EVENCARE G3 GLUCOSE | | LANCETS..... | 90 | FORA D40D GLUCOSE-BP | |
| METER..... | 44 | FIFTY50 TEST STRIP..... | 35 | MONITOR..... | 44 |
| EVENCARE G3 TEST..... | 35 | <i>finasteride</i> | 125 | FORA D40G GLUCOSE-BP | |
| EVENCARE MINI | | FINE 30 UNIVERSAL | | MONITOR..... | 44 |
| GLUCOSE CONTROL..... | 44 | LANCETS..... | 90 | FORA D40-G31 TEST | |
| EVENCARE MINI | | FINGERSTIX LANCETS..... | 90 | STRIPS..... | 35 |
| GLUCOSE TEST STR..... | 35 | <i>fingolimod</i> | 108 | FORA G20..... | 35, 44 |
| | | FIRVANQ..... | 77 | FORA G30A..... | 44 |

| | | | |
|-------------------------|--------------------------------------|---|------------|
| FORA G30-PREMIUM V10 | FORTISCARE BLOOD | GDRIVE..... | 45 |
| TEST STRP..... | GLUCOSE SYST..... | GE100 BLOOD GLUCOSE | |
| 35 | 45 | SYSTEM..... | 45 |
| FORA GD50 BLOOD | FORTISCARE G1 TEST | GE100 BLOOD GLUCOSE | |
| GLUCOSE SYSTEM..... | STRIP..... | TEST STRIP..... | 36 |
| 44 | 36 | GE100 CONTROL | |
| FORA GD50 TEST STRIPS.. | FORTISCARE GLUCOSE | SOLUTION NORMAL..... | 45 |
| 35 | TEST STRIPS..... | GE333 BLOOD GLUCOSE | |
| FORA GTEL GLUCOSE | FORTISCARE HIGH..... | SYSTEM..... | 45 |
| TEST STRIP..... | 45 | GE333 BLOOD GLUCOSE | |
| 35 | FORTISCARE LOW..... | TEST STRIP..... | 36 |
| FORA GTEL KETONE | FORTISCARE NORMAL..... | GE333 CONTROL | |
| TEST STRIP..... | 45 | SOLUTION NORMAL..... | 45 |
| 110 | FORTISCARE T1 BLOOD | <i>gefitinib</i> | 106 |
| FORA HIGH CONTROL..... | GLUC SYS..... | GELFILM..... | 116 |
| 44 | 45 | GELFOAM COMPRESSED | |
| FORA LANCING DEVICE.... | <i>fosamprenavir</i> | SIZE 100..... | 67 |
| 44 | 81 | GELFOAM SPONGE SIZE | |
| FORA LOW CONTROL..... | <i>fosaprepitant</i> | 100..... | 67 |
| 44 | 3 | GELFOAM SPONGE SIZE | |
| FORA NORMAL CONTROL.. | <i>foscarnet</i> | 12-7MM..... | 67 |
| 44 | 78 | 50..... | 67 |
| FORA PREMIUM V10 | FOSCAVIR..... | <i>gemcitabine</i> | 104 |
| GLUCOSE METER..... | 78 | <i>gemfibrozil</i> | 19 |
| 44 | <i>fosfomycin tromethamine</i> | GENERLAC..... | 87 |
| FORA TEST N'GO VOICE | 72 | GENGRAF..... | 70 |
| METER..... | FREESTYLE CONTROL..... | GENSTRIP TEST STRIP..... | 36 |
| 44 | 45 | GENTAK..... | 61 |
| FORA TEST STRIP..... | FREESTYLE FLASH | <i>gentamicin</i> | 28, 61, 76 |
| 35 | SYSTEM..... | <i>gentamicin sulfate (ped) (pf)</i> .. | 76 |
| FORA TN'G ADV VOICE | FREESTYLE FREEDOM..... | GENULTIMATE TEST | |
| KETO STRIP..... | FREESTYLE FREEDOM | STRIP..... | 36 |
| 110 | LITE..... | GENVOYA..... | 81 |
| FORA TN'G ADVAN PRO | FREESTYLE INSULINX.. | GIANVI (28)..... | 22 |
| TEST STRIP..... | 36, 45 | <i>glatiramer</i> | 108 |
| 35 | FREESTYLE INSULINX | GLATOPA..... | 109 |
| FORA TN'G VOICE METER. | TEST STRIPS..... | GLEOSTINE..... | 102 |
| 45 | 36 | <i>glimepiride</i> | 33 |
| FORA TN'G VOICE TEST | FREESTYLE LANCETS..... | <i>glipizide</i> | 33 |
| STRIPS..... | 90 | GLOSTRIPS..... | 62 |
| 35 | FREESTYLE LITE METER... 45 | GLUCAGON EMERGENCY | |
| FORA V10..... | 36 | KIT (HUMAN)..... | 53 |
| 35, 45 | FREESTYLE LITE STRIPS... 36 | GLUCO NAVII GLUCOSE | |
| FORA V10-V12-D10-D20 | FREESTYLE PRECISION..... | MONITOR..... | 45 |
| STRIPS..... | 96 | GLUCO NAVII TEST STRIP.. | 36 |
| 35 | FREESTYLE PRECISION | GLUCOCARD 01 HI- | |
| FORA V12 BLOOD | NEO METER..... | NORMAL CONTROL..... | 46 |
| GLUCOSE SYSTEM..... | 45 | GLUCOCARD 01 METER.... | 46 |
| 45 | FREESTYLE PRECISION | | |
| FORA V12 GLUCOSE..... | NEO STRIPS..... | | |
| 35 | 36 | | |
| FORA V20..... | FREESTYLE SIDEKICK II.... | | |
| 35, 45 | 45 | | |
| FORA V30A..... | FREESTYLE SYSTEM KIT... 45 | | |
| 35, 45 | 45 | | |
| FORACARE GD20..... | FREESTYLE TEST..... | | |
| 35 | 36 | | |
| FORACARE GD20 | FREESTYLE UNISTIK 2..... | | |
| GLUCOSE METER..... | 90 | | |
| 45 | <i>furosemide</i> | | |
| FORACARE GD40 TEST | 16 | | |
| STRIPS..... | G TUSSIN AC..... | | |
| 35 | 27 | | |
| FORACARE GD40A | <i>gabapentin</i> | | |
| GLUCOSE METER..... | 121 | | |
| 45 | <i>galantamine</i> | | |
| FORACARE GD40B | 7 | | |
| GLUCOSE METER..... | GAMMAKED..... | | |
| 45 | 69 | | |
| FORACARE GDH HIGH | GAMUNEX-C..... | | |
| CONTROL..... | 69 | | |
| 45 | <i>garlic</i> | | |
| FORACARE GDH LOW | 110 | | |
| CONTROL..... | <i>garlic extract</i> | | |
| 45 | 110 | | |
| FORACARE GDH NORMAL | GARLIC-X..... | | |
| CONTROL..... | 110 | | |
| 45 | <i>gatifloxacin</i> | | |
| FORACARE GDH NORMAL | 61 | | |
| CONTROL..... | GAVILYTE-C..... | | |
| 45 | 88 | | |
| FORACARE LANCETS..... | 88 | | |
| 90 | GAVILYTE-G..... | | |
| | 88 | | |

| | | | | | |
|--------------------------------------|--------|---|--------|---|------------|
| GLUCOCARD 01 NORMAL CONTROL..... | 46 | GONAL-F RFF REDI-JECT ... | 57 | HEPARIN | |
| GLUCOCARD 01 SENSOR PLUS..... | 36 | GOODLIFE AC-302 | | LOCKFLUSH(PORCINE)(PF)..... | 66 |
| GLUCOCARD EXPRESSION..... | 36, 46 | GLUCOSE METER..... | 46 | <i>heparin, porcine (pf)</i> | 66 |
| GLUCOCARD SHINE..... | 46 | GOODLIFE AC-302 TEST STRIP | 36 | <i>hetastarch 6 % in 0.9 % nacl</i> | 66 |
| GLUCOCARD SHINE CONNEX METER..... | 46 | <i>granisetron hcl</i> | 3 | HIZENTRA..... | 69 |
| GLUCOCARD SHINE EXPRESS METER..... | 46 | <i>griseofulvin microsize</i> | 76 | HOMATROPAIRE..... | 62 |
| GLUCOCARD SHINE METER..... | 46 | <i>griseofulvin ultramicrosize</i> | 76 | <i>homatropine hbr</i> | 62 |
| GLUCOCARD SHINE METER KIT..... | 46 | GUAIATUSSIN AC..... | 27 | HUMALOG JUNIOR | |
| GLUCOCARD SHINE TEST STRIPS..... | 36 | GUAIFENESIN AC..... | 27 | KWIKPEN U-100..... | 53 |
| GLUCOCARD SHINE XL METER..... | 46 | <i>guanfacine</i> | 12, 14 | HUMALOG KWIKPEN | |
| GLUCOCARD VITAL..... | 46 | HAILEY..... | 22 | INSULIN..... | 53 |
| GLUCOCARD VITAL SENSOR..... | 36 | HAILEY FE 1.5/30 (28)..... | 22 | HUMALOG U-100 INSULIN.. | 53 |
| GLUCOCARD VITAL TEST STRIPS..... | 36 | HAILEY FE 1/20 (28)..... | 22 | HUMATE-P..... | 64 |
| GLUCOCOM BLOOD GLUCOSE..... | 46 | <i>halobetasol propionate</i> | 30 | HUMIRA(CF)..... | 82 |
| GLUCOCOM CONTROL HIGH..... | 46 | HALOETTE..... | 20 | HUMULIN 70/30 U-100 | |
| GLUCOCOM CONTROL NORMAL..... | 46 | <i>haloperidol</i> | 11 | INSULIN..... | 53 |
| GLUCOCOM GLUCOSE..... | 36 | <i>haloperidol decanoate</i> | 11 | HUMULIN N NPH INSULIN | |
| GLUCOCOM LANCETS..... | 90 | <i>haloperidol lactate</i> | 11 | KWIKPEN..... | 53 |
| GLUCOSE CONTROL..... | 46 | HARMONY CONTROL L1,L3..... | 46 | HUMULIN N NPH U-100 | |
| GLUCOSE KETONE CONTROL SOLN..... | 46 | HARMONY GLUCOSE TEST STRIP..... | 36 | INSULIN..... | 54 |
| <i>glyburide</i> | 33 | HEALON PRO..... | 61 | HUMULIN R REGULAR U-100 INSULN..... | 54 |
| <i>glycopyrrolate</i> | 124 | HEALTHPRO GLUCOSE MONITOR..... | 46 | HUMULIN R U-500 (CONC) | |
| GM100..... | 36, 46 | HEALTHPRO HIGH-LOW CONTROL..... | 46 | INSULIN..... | 54 |
| GOJJI BLOOD GLUCOSE TEST STRIP | 36 | HEALTHPRO TEST STRIPS | 36 | KWIKPEN..... | 54 |
| GOJJI BLOOD KETONE TEST STRIP | 110 | HEALTHWISE INSULIN SYRINGE..... | 96 | HYCAMTIN..... | 105 |
| GOJJI GLUCOSE CNTRL SOL-NORMAL..... | 46 | HEALTHWISE PEN NEEDLE..... | 113 | <i>hydralazine</i> | 15 |
| GOJJI LANCETS..... | 90 | HEALTHY ACCENTS AUTOLET | 46 | <i>hydrochlorothiazide</i> | 17 |
| GOJJI LANCING DEVICE..... | 46 | HEALTHY ACCENTS UNIFINE PENTIP | 113 | <i>hydrocodone-acetaminophen</i> | 119 |
| GOLYTELY..... | 88 | HEALTHY ACCENTS UNILET LANCET | 90 | <i>hydrocodone-chlorpheniramine</i> | 26 |
| GONAL-F..... | 57 | HEATHER..... | 22 | <i>hydrocodone-homatropine</i> | 26 |
| GONAL-F RFF..... | 57 | HELIKATE FS..... | 64 | <i>hydrocortisone</i> | 30, 84, 87 |
| | | HEMABATE..... | 26 | <i>hydrocortisone acetate</i> | 87 |
| | | HEMOPIL M HIGH..... | 64 | <i>hydrocortisone butyrate</i> | 30 |
| | | HEP FLUSH-10 (PF)..... | 65 | <i>hydrocortisone butyr-emollient</i> | 30 |
| | | <i>heparin (porcine)</i> | 66 | <i>hydrocortisone-acetic acid</i> | 54 |
| | | <i>heparin (porcine) in 5 % dex</i> | 66 | <i>hydrocortisone-iodoquinol</i> | 27 |
| | | <i>heparin lock flush (porcine)</i> ... | 66 | HYDROMET..... | 26 |
| | | | | <i>hydromorphone</i> | 117, 118 |
| | | | | <i>hydromorphone (pf)</i> | 117 |
| | | | | <i>hydroxychloroquine</i> | 78 |
| | | | | <i>hydroxyurea</i> | 102 |
| | | | | <i>hydroxyzine hcl</i> | 3 |
| | | | | HYPERTET (PF)..... | 69 |

| | | | |
|----------------------------------|---|---|--------|
| HYPOLANCE AST | INPEN (FOR HUMALOG) | <i>ketamine</i> | 110 |
| LANCING..... | GREY..... | <i>ketoconazole</i> | 28, 76 |
| 46 | INPEN (FOR HUMALOG) | KETO-DIASTIX..... | 54 |
| HYQVIA..... | PINK..... | KETONE CARE..... | 116 |
| 69 | <i>insulin glargine-yfgn</i> | KETONE URINE TEST..... | 116 |
| IBRANCE..... | <i>insulin lispro</i> | <i>ketoprofen</i> | 85 |
| 106 | INSULIN SYRINGE..... | <i>ketorolac</i> | 59, 85 |
| IBU..... | INSULIN SYRINGE | KETOSTIX..... | 116 |
| 85 | MICROFINE..... | KEYTRUDA..... | 106 |
| <i>ibuprofen</i> | <i>insulin syringe needleless</i> | KINERET..... | 82 |
| 85 | <i>insulin syringe-needle u-100</i> .. | KIONEX (WITH SORBITOL)..... | 55 |
| <i>icatibant</i> | 96 | KISQALI..... | 106 |
| 83 | INSUPEN PEN NEEDLE..... | KLAYESTA..... | 28 |
| IDAMYCIN PFS..... | 113 | KLOR-CON 10..... | 55 |
| 103 | INTELENCE..... | KLOR-CON 8..... | 55 |
| <i>idarubicin</i> | 80 | KLOR-CON M10..... | 56 |
| 103 | INTRON A..... | KLOR-CON M20..... | 56 |
| IFEX..... | INVACARE LANCETS..... | KOATE..... | 64 |
| 102 | INVIRASE..... | KOGENATE FS..... | 64 |
| <i>ifosfamide</i> | <i>ipratropium bromide</i> | KOVALTRY..... | 64 |
| 102 | 4, 109 | K-PHOS ORIGINAL..... | 125 |
| IGLUOSE BLOOD | <i>ipratropium-albuterol</i> | K-TAB..... | 56 |
| GLUCOSE MONITOR..... | 5 | KURVELO (28)..... | 22 |
| 46 | ISENTRESS..... | <i>labetalol</i> | 14 |
| IGLUOSE TEST STRIP..... | 81 | <i>lacosamide</i> | 121 |
| 36 | ISIBLOOM..... | LACRISERT..... | 62 |
| <i>imatinib</i> | <i>isoflurane</i> | <i>lactated ringers</i> | 31, 55 |
| 106 | 110 | <i>lactulose</i> | 88 |
| IMBRUVICA..... | <i>isoniazid</i> | <i>lamivudine</i> | 80, 82 |
| 106 | 77 | <i>lamivudine-zidovudine</i> | 79 |
| IMFINZI..... | ISOPTO ATROPINE..... | <i>lamotrigine</i> | 121 |
| 107 | 62 | <i>lancets</i> | 90 |
| <i>imipenem-cilastatin</i> | ISORDIL..... | LANCETS, SUPER THIN..... | 90 |
| 71 | 19 | LANCETS, THIN..... | 90 |
| <i>imipramine hcl</i> | <i>isosorbide dinitrate</i> | LANCETS, ULTRA THIN..... | 90 |
| 8 | 19 | <i>lancing device</i> | 47 |
| <i>imiquimod</i> | <i>isosorbide mononitrate</i> | LANCING DEVICE WITH | |
| 69 | 19 | LANCETS..... | 47 |
| INCASSIA..... | <i>isosorbide-hydralazine</i> | <i>lancing device with lancets</i> | 47 |
| 22 | 18 | LANCING SYSTEM..... | 47 |
| INCONTROL LANCING | <i>isotretinoin</i> | <i>lansoprazole</i> | 124 |
| DEVICE..... | 27 | LANZO LANCING DEVICE... | 47 |
| 46 | IVERMECTIN..... | <i>lapatinib</i> | 106 |
| INCONTROL PEN NEEDLE | JANTOVEN..... | LARIN 1.5/30 (21)..... | 22 |
| 113 | 63 | LARIN 1/20 (21)..... | 23 |
| INCONTROL SUPER THIN | JARDIANCE..... | LARIN FE 1.5/30 (28)..... | 23 |
| LANCETS..... | JASMIEL (28)..... | LARIN FE 1/20 (28)..... | 23 |
| 90 | 22 | LARISSIA..... | 23 |
| INCONTROL ULTRA THIN | JAZZ WIRELESS 2 METER | <i>latanoprost</i> | 62 |
| LANCETS..... | KIT..... | | |
| 90 | 47 | | |
| <i>indomethacin</i> | JENCYCLA..... | | |
| 85 | 22 | | |
| INFINITY CONTROL | JOLIVETTE..... | | |
| SOLUTION HIGH..... | 22 | | |
| 46 | JULEBER..... | | |
| INFINITY CONTROL | 22 | | |
| SOLUTION LOW..... | JULUCA..... | | |
| 46 | 78 | | |
| INFINITY CONTROL | JUNEL 1.5/30 (21)..... | | |
| SOLUTION NORM..... | 22 | | |
| 47 | JUNEL 1/20 (21)..... | | |
| INFINITY METER KIT..... | 22 | | |
| 47 | JUNEL FE 1.5/30 (28)..... | | |
| INFINITY STARTER KIT..... | 22 | | |
| 47 | JUNEL FE 1/20 (28)..... | | |
| INFINITY TEST STRIPS..... | 22 | | |
| 36 | KALLIGA..... | | |
| INFINITY VOICE CTRL | 22 | | |
| SOLN-LVL 2..... | KANJINTI..... | | |
| 47 | 105 | | |
| INFINITY VOICE GLUCOSE | KATERZIA..... | | |
| MONITOR..... | 16 | | |
| 47 | KELNOR 1/35 (28)..... | | |
| INFINITY VOICE TEST | 22 | | |
| STRIP..... | KELNOR 1-50 (28)..... | | |
| 36 | 22 | | |
| INFLECTRA..... | KEMOPLAT..... | | |
| 83 | 102 | | |
| INFUVITE ADULT..... | KENALOG..... | | |
| 126 | 84 | | |
| INJECT EASE LANCETS..... | | | |
| 90 | | | |
| INPEN (FOR HUMALOG) | | | |
| BLUE..... | | | |
| 47 | | | |

| | | | | |
|--|--------|--|---------------------------------------|-------------|
| <i>ledipasvir-sofosbuvir</i> | 81 | LORCET | <i>megestrol</i> | 108, 109 |
| LEENA 28..... | 23 | (HYDROCODONE)..... | <i>meloxicam</i> | 85 |
| <i>leflunomide</i> | 83 | LORCET HD..... | <i>melphalan</i> | 103 |
| <i>lenalidomide</i> | 105 | LORCET PLUS..... | <i>melphalan hcl</i> | 103 |
| LESSINA..... | 23 | LORYNA (28)..... | <i>memantine</i> | 7 |
| <i>letrozole</i> | 105 | <i>losartan</i> | MENOPUR..... | 57 |
| <i>leucovorin calcium</i> | 107 | <i>losartan-hydrochlorothiazide</i> .. | MEPHYTON..... | 67 |
| LEUKERAN..... | 103 | <i>lovastatin</i> | <i>mercaptopurine</i> | 104 |
| <i>levabuterol hcl</i> | 4 | LOVENOX..... | <i>mesalamine</i> | 86, 87 |
| <i>levabuterol tartrate</i> | 4 | <i>loxapine succinate</i> | <i>mesna</i> | 107 |
| <i>levetiracetam</i> | 122 | LO-ZUMANDIMINE (28)..... | MESNEX..... | 108 |
| <i>levobunolol</i> | 62 | <i>lubiprostone</i> | MESTINON..... | 7 |
| <i>levocarnitine</i> | 111 | LUCENTIS..... | METADATE ER..... | 12 |
| <i>levocarnitine (with sugar)</i> | 111 | <i>lurasidone</i> | METER-CHECK..... | 47 |
| <i>levofloxacin</i> | 75 | LUTERA (28)..... | <i>metformin</i> | 33 |
| <i>levofloxacin in d5w</i> | 75 | LYLEQ..... | <i>methadone</i> | 118 |
| LEVONEST (28)..... | 23 | LYLLANA..... | METHADONE INTENSOL... | 118 |
| <i>levonorgestrel-ethinyl estrad</i> .. | 23 | LYSODREN..... | METHADOSE..... | 118 |
| <i>levonorg-eth estrad triphasic</i> .. | 23 | LYZA..... | <i>methazolamide</i> | 62 |
| LEVORA-28..... | 23 | <i>magnesium sulfate</i> | <i>methenamine hippurate</i> | 72 |
| <i>levothyroxine</i> | 59 | <i>maraviroc</i> | <i>methimazole</i> | 58 |
| <i>lidocaine</i> | 32 | MARCAINE..... | METHITEST..... | 68 |
| <i>lidocaine (pf)</i> | 13, 86 | MARCAINE-EPINEPHRINE.. | <i>methocarbamol</i> | 122 |
| <i>lidocaine hcl</i> | 86 | MARLISSA (28)..... | <i>methotrexate sodium</i> | 104 |
| <i>lidocaine hcl-hydrocortison</i> | | MARPLAN..... | <i>methotrexate sodium (pf)</i> | 104 |
| <i>ac</i> | 87 | MATULANE..... | <i>methoxsalen</i> | 32 |
| LIDOCAINE VISCOUS..... | 86 | MAXICOMFORT II PEN | <i>methsuximide</i> | 122 |
| <i>lidocaine-epinephrine</i> | 86 | NEEDLE..... | <i>methyl dopa</i> | 15 |
| <i>lidocaine-prilocaine</i> | 32 | MAXICOMFORT INSULIN | <i>methylergonovine</i> | 26 |
| LILLOW (28)..... | 23 | SYRINGE..... | <i>methylphenidate hcl</i> | 12 |
| <i>linezolid</i> | 73 | MAXI-COMFORT INSULIN | <i>methylprednisolone</i> | 84 |
| <i>liothyronine</i> | 59 | SYRINGE..... | <i>methylprednisolone acetate</i> ... | 84 |
| <i>lisinopril</i> | 14 | MAXI-TUSS AC..... | <i>methylprednisolone sodium</i> | |
| <i>lisinopril-hydrochlorothiazide</i> .. | 14 | MEDISENSE..... | <i>succ</i> | 84 |
| LITE TOUCH INSULIN PEN | | MEDISENSE CONTROLS | <i>methyltestosterone</i> | 68 |
| NEEDLES..... | 113 | 1-HI 1-LO..... | <i>metoclopramide hcl</i> | 124 |
| LITE TOUCH INSULIN | | MEDISENSE GLUCOSE | <i>metolazone</i> | 18 |
| SYRINGE..... | 97 | KETONE..... | METOPIRONE..... | 111 |
| LITE TOUCH LANCETS..... | 90 | MEDISENSE MID | <i>metoprolol succinate</i> | 15 |
| LITE TOUCH LANCING | | CONTROL..... | <i>metoprolol tartrate</i> | 15 |
| DEVICE..... | 47 | MEDISENSE THIN | <i>metronidazole</i> | 27, 77, 125 |
| <i>lithium carbonate</i> | 9 | LANCETS..... | <i>mexiletine</i> | 13 |
| <i>lithium citrate</i> | 9 | MEDLANCE PLUS | MICRO BLOOD GLUCOSE.. | 36 |
| LOESTRIN 1/20 (21)..... | 23 | LANCETS..... | MICRO THIN LANCETS..... | 90 |
| LOKELMA..... | 55 | MEDPOINT NORMAL | MICRODOT BLOOD | |
| <i>lopinavir-ritonavir</i> | 80 | CONTROL..... | GLUCOSE SYSTEM..... | 36, 47 |
| <i>lorazepam</i> | 9 | MEDROL..... | MICRODOT HIGH-LOW | |
| LORAZEPAM INTENSOL..... | 9 | <i>medroxyprogesterone</i> | CONTROL..... | 47 |
| | | <i>mefloquine</i> | | |
| | | | | |

| | | | | |
|-----------------------------|------------------------------------|------------|---|--------|
| MICRODOT INSULIN PEN | MONO-LINYAH..... | 23 | NITRO-BID..... | 20 |
| NEEDLE..... | MONONESSA (28)..... | 24 | NITRO-DUR..... | 20 |
| MICRODOT NORMAL | MONONINE..... | 65 | <i>nitrofurantoin</i> | 73 |
| CONTROL..... | <i>montelukast</i> | 6 | <i>nitrofurantoin macrocrystal</i> | 73 |
| MICRODOT XTRA BLOOD | <i>morphine</i> | 118 | <i>nitrofurantoin monohydr/m-</i> | |
| GLUCOSE..... | <i>morphine concentrate</i> | 118 | <i>cryst</i> | 73 |
| MICROGESTIN 1.5/30 (21)... | <i>moxifloxacin</i> | 61, 75 | <i>nitroglycerin</i> | 20 |
| MICROGESTIN 1/20 (21)..... | <i>moxifloxacin-</i> | | NIVA-FOL..... | 126 |
| MICROGESTIN FE 1.5/30 | <i>sod.chloride(iso)</i> | 75 | NIVESTYM..... | 66 |
| (28)..... | MULTI-LANCET DEVICE 2... 47 | | <i>nizatidine</i> | 124 |
| MICROGESTIN FE 1/20 | <i>mupirocin</i> | 28 | NORA-BE..... | 24 |
| (28)..... | <i>mupirocin calcium</i> | 28 | <i>norethindrone</i> | |
| MICROLET 2 LANCING | MUSE..... | 57 | (<i>contraceptive</i>)..... | 24 |
| DEVICE..... | MUTAMYCIN..... | 104 | <i>norethindrone acetate</i> | 69 |
| MICROLET LANCET..... | MVASI..... | 105 | <i>norethindrone ac-eth</i> | |
| MICROLET NEXT LANCING | <i>mycophenolate mofetil</i> | 70 | <i>estradiol</i> | 24 |
| DEVICE..... | MYGLUCOHEALTH..... | 36, 48 | <i>norethindrone-e.estradiol-</i> | |
| <i>midazolam</i> | MYGLUCOHEALTH | | <i>iron</i> | 24 |
| <i>midazolam (pf)</i> | CONTROL SOLUTION..... | 47 | <i>norgestimate-ethinyl</i> | |
| <i>midodrine</i> | MYGLUCOHEALTH | | <i>estradiol</i> | 24 |
| MIFEPREX..... | LANCETS..... | 90 | NORLYDA..... | 24 |
| <i>mifepristone</i> | MYLERAN..... | 103 | NORMAL SALINE FLUSH.... | 56 |
| MIGERGOT..... | MYORISAN..... | 27 | NORPACE CR..... | 13 |
| MILI..... | MYZILRA..... | 24 | NORTREL 0.5/35 (28)..... | 24 |
| MILLIPRED..... | <i>nabumetone</i> | 85 | NORTREL 1/35 (21)..... | 24 |
| MINI LANCING DEVICE..... | <i>nadolol</i> | 15 | NORTREL 1/35 (28)..... | 24 |
| MINI ULTRA-THIN II..... | <i>naloxone</i> | 11 | NORTREL 7/7/7 (28)..... | 24 |
| MINIMED SYRINGE | <i>naltrexone</i> | 12 | <i>nortriptyline</i> | 9 |
| RESERVOIR..... | <i>naproxen</i> | 85 | NO-STICK GLUCOSE..... | 54 |
| MINITRAN..... | <i>naratriptan</i> | 119 | NOVA MAX GLUCOSE | |
| <i>minocycline</i> | NAVELBINE..... | 108 | CONTROL..... | 48 |
| <i>minoxidil</i> | NAYZILAM..... | 120 | NOVA MAX GLUCOSE | |
| <i>mirtazapine</i> | NEBUPENT..... | 78 | TEST..... | 36 |
| <i>misoprostol</i> | NEBUSAL..... | 110 | NOVA SAFETY LANCETS.... | 90 |
| <i>mitomycin</i> | NECON 0.5/35 (28)..... | 24 | NOVA SUREFLEX | |
| <i>mitoxantrone</i> | <i>nefazodone</i> | 8 | LANCETS..... | 91 |
| MOBILE LANCETS..... | <i>neomycin</i> | 76 | NOVAMAX PLUS GLU-KET.. | 48 |
| <i>modafinil</i> | <i>neomycin-polymyxin b-</i> | | NOVAMAX PLUS KETONE | 110 |
| <i>mometasone</i> | <i>dexameth</i> | 59 | NOVAREL..... | 57 |
| MONDOXYNE NL..... | <i>neomycin-polymyxin-hc</i> | | NOVOFINE AUTOCOVER.. | 113 |
| MONOJECT INSULIN | | 54, 55, 59 | NOVOLIN N FLEXPEN..... | 54 |
| SAFETY SYRING..... | NESACAINE..... | 86 | NOVOPEN ECHO..... | 48 |
| MONOJECT INSULIN | NEUTEK 2TEK TEST | | NOVOTWIST..... | 113 |
| SYRINGE..... | STRIPS..... | 36 | NULOJIX..... | 70 |
| MONOJECT SYRINGE..... | <i>nevirapine</i> | 80 | NYAMYC..... | 28 |
| MONOJECT ULTRA | <i>nifedipine</i> | 16 | NYLIA 1/35 (28)..... | 24 |
| COMFORT INSULIN..... | NIKKI (28)..... | 24 | NYLIA 7/7/7 (28)..... | 24 |
| MONOLET LANCETS..... | <i>nimodipine</i> | 16 | NYMYO..... | 24 |
| MONOLET THIN LANCETS.. | NIPENT..... | 104 | <i>nystatin</i> | 28, 76 |

| | | | | |
|-------------------------------------|--------|-----------------------------------|---------------------------------------|-----|
| <i>nystatin-triamcinolone</i> | 28, 29 | ONETOUCH SOLUTIONS | OSPHERA..... | 58 |
| NYSTOP..... | 29 | FIT..... | OTEZLA..... | 83 |
| OCELLA..... | 24 | ONETOUCH SOLUTIONS | OTEZLA STARTER..... | 83 |
| OCTAGAM..... | 69 | STARTER..... | <i>oxacillin in dextrose(iso-</i> | |
| <i>octreotide acetate</i> | 116 | ONETOUCH SURESOFT | <i>osm)</i> | 74 |
| ODEFSEY..... | 81 | LANCING DEV..... | <i>oxandrolone</i> | 68 |
| <i>ofloxacin</i> | 55, 61 | 48, 91 | <i>oxazepam</i> | 9 |
| <i>olanzapine</i> | 10 | ONETOUCH ULTRA | <i>oxcarbazepine</i> | 122 |
| <i>omeprazole</i> | 124 | CONTROL..... | <i>oxybutynin chloride</i> | 125 |
| OMNIPRED..... | 60 | ONETOUCH ULTRA TEST... 37 | <i>oxycodone</i> | 118 |
| OMNITROPE..... | 58 | ONETOUCH ULTRA2 | <i>oxycodone-acetaminophen</i> . | 119 |
| ON CALL EXPRESS | | METER..... | <i>oxytocin</i> | 26 |
| CONTROL..... | 48 | ONETOUCH ULTRAMINI..... | OZEMPIC..... | 32 |
| ON CALL EXPRESS | | ONETOUCH ULTRASOFT 2 | PACERONE..... | 13 |
| METER..... | 48 | LANCET..... | <i>paclitaxel</i> | 107 |
| ON CALL EXPRESS TEST | | ONETOUCH ULTRASOFT | <i>paclitaxel protein-bound</i> | 107 |
| STRIP..... | 36 | LANCETS..... | <i>paliperidone</i> | 10 |
| ON CALL LANCET..... | 91 | ONETOUCH VERIO FLEX | <i>pamidronate</i> | 58 |
| ON CALL LANCING | | METER..... | <i>pantoprazole</i> | 124 |
| DEVICE..... | 48 | ONETOUCH VERIO FLEX | PARADIGM RESERVOIR..... | 98 |
| ON CALL PLUS CONTROL.. | 48 | START..... | PARAPLATIN..... | 103 |
| ON CALL PLUS LANCET..... | 91 | ONETOUCH VERIO HIGH | PAROEX ORAL RINSE..... | 109 |
| ON CALL PLUS LANCING | | CONTROL..... | <i>paromomycin</i> | 77 |
| DEVICE..... | 48 | ONETOUCH VERIO IQ | <i>paroxetine hcl</i> | 8 |
| ON CALL PLUS METER..... | 48 | METER..... | PAXLOVID..... | 78 |
| ON CALL PLUS TEST | | ONETOUCH VERIO | <i>pazopanib</i> | 106 |
| STRIP..... | 37 | METER..... | <i>peg 3350-electrolytes</i> | 88 |
| ON CALL VIVID CONTROL.. | 48 | ONETOUCH VERIO MID | PEGASYS..... | 82 |
| ON CALL VIVID METER..... | 48 | CONTROL..... | <i>pemetrexed disodium</i> | 104 |
| ON CALL VIVID PAL | | ONETOUCH VERIO | PEN NEEDLE..... | 114 |
| METER..... | 48 | REFLECT METER..... | <i>pen needle, diabetic</i> | 114 |
| ON CALL VIVID TEST | | ONETOUCH VERIO | <i>penicillamine</i> | 82 |
| STRIP..... | 37 | REFLECT START..... | <i>penicillin g potassium</i> | 74 |
| <i>ondansetron</i> | 3 | ONETOUCH VERIO TEST | <i>penicillin g procaine</i> | 74 |
| <i>ondansetron hcl</i> | 3 | STRIPS..... | <i>penicillin g sodium</i> | 74 |
| <i>ondansetron hcl (pf)</i> | 3 | ON-THE-GO LANCETS..... | <i>penicillin v potassium</i> | 74 |
| ONETOUCH DELICA LANC | | 91 | <i>pentamidine</i> | 78 |
| DEVICE..... | 48 | OPSUMIT..... | PENTASA..... | 87 |
| ONETOUCH DELICA | | OPTIMAL D3..... | PENTIPS..... | 114 |
| LANCETS..... | 91 | 127 | <i>pentoxifylline</i> | 65 |
| ONETOUCH DELICA PLUS | | OPTIUM EZ..... | PERCOCET..... | 119 |
| LANC DEV..... | 48 | 37 | PERIOGARD..... | 109 |
| ONETOUCH DELICA PLUS | | OPTIUM TEST..... | <i>permethrin</i> | 29 |
| LANCET..... | 91 | 37 | <i>perphenazine</i> | 11 |
| ONETOUCH DELICA | | OPTUMRX..... | PFIZERPEN-G..... | 74 |
| SAFETY LANCET..... | 91 | 37, 49 | PHARMACIST CHOICE..... | 37 |
| ONETOUCH SOLUTIONS | | ORALONE..... | PHARMACIST CHOICE | |
| COMPLETE..... | 48 | ORENCIA..... | GLUCOSE SYS..... | 49 |
| | | 83 | PHENADOZ..... | 3 |
| | | ORENCIA (WITH | | |
| | | MALTOSE)..... | | |
| | | 83 | | |
| | | ORENCIA CLICKJECT..... | | |
| | | 83 | | |
| | | ORILISSA..... | | |
| | | 58 | | |
| | | <i>orphenadrine citrate</i> | | |
| | | 122 | | |
| | | ORSYTHIA..... | | |
| | | 24 | | |
| | | <i>oseltamivir</i> | | |
| | | 79 | | |

| | | | | | |
|--|---------|-----------------------------------|--------|---|------|
| <i>phenelzine</i> | 7 | PRECISION GLUCOSE | | PRO COMFORT INSULIN | |
| <i>phenobarbital</i> | 11 | CONTROL SOLN..... | 49 | SYRINGE..... | 98 |
| <i>phenoxybenzamine</i> | 14 | PRECISION | | PRO COMFORT LANCET.... | 91 |
| <i>phentermine</i> | 127 | GLUCOSE/KETONE | | PRO COMFORT PEN | |
| <i>phentolamine</i> | 14 | CONTR..... | 49 | NEEDLE..... | 114 |
| <i>phenylephrine hcl</i> | 60 | PRECISION PCX PLUS | | PRO COMFORT SAFETY | |
| <i>phenytoin</i> | 122 | TEST..... | 37 | LANCET..... | 91 |
| <i>phenytoin sodium</i> | 122 | PRECISION PCX TEST..... | 37 | PRO VOICE V8 GLUCOSE | |
| <i>phenytoin sodium extended</i> | 122 | PRECISION POINT OF | | MONITOR..... | 49 |
| PHILITH..... | 24 | CARE TEST..... | 37 | PRO VOICE V8-V9 TEST | |
| PHOSPHOLINE IODIDE..... | 62 | PRECISION Q-I-D TEST..... | 37 | STRIP..... | 37 |
| <i>physostigmine salicylate</i> | 7 | PRECISION XTRA B- | | PRO VOICE V9 GLUCOSE | |
| <i>phytonadione (vitamin k1)</i> | 67 | KETONE..... | 110 | MONITOR..... | 49 |
| <i>pilocarpine hcl</i> | 62, 102 | PRECISION XTRA | | <i>probenecid</i> | 63 |
| <i>pimozide</i> | 10 | MONITOR..... | 49 | <i>procainamide</i> | 13 |
| <i>pioglitazone</i> | 33 | PRECISION XTRA TEST..... | 37 | <i>prochlorperazine</i> | 4 |
| PIP BLOOD GLUCOSE | | PRED FORTE..... | 60 | <i>prochlorperazine edisylate</i> | 3 |
| MONITOR..... | 49 | PRED MILD..... | 60 | <i>prochlorperazine maleate</i> | 4 |
| PIP BLOOD GLUCOSE | | PRED-G..... | 59 | PROCRIT..... | 65 |
| TEST STRIP..... | 37 | <i>prednisolone</i> | 84 | PROCTO-MED HC..... | 30 |
| PIP GLUCOSE CONTROL | | <i>prednisolone acetate</i> | 60 | PROCTOSOL HC..... | 30 |
| SOLN L1-L2..... | 49 | <i>prednisolone sodium</i> | | PROCTOZONE-HC..... | 31 |
| PIP LANCET..... | 91 | <i>phosphate</i> | 60, 84 | PRODIGY AUTOCODE | |
| PIP PEN NEEDLE..... | 114 | <i>prednisone</i> | 84 | METER..... | 49 |
| <i>piperacillin-tazobactam</i> | 74 | <i>pregabalin</i> | 122 | PRODIGY AUTOCODE | |
| <i>pirfenidone</i> | 117 | PREGNYL..... | 57 | MONITOR SYST..... | 49 |
| PIRMELLA..... | 24 | PREMARIN..... | 69 | PRODIGY CONTROL | |
| PITOCIN..... | 26 | PREMIER BLU GLUCOSE | | SOLUTION, LOW..... | 49 |
| <i>podofilox</i> | 31 | METER..... | 49 | PRODIGY CONTROL | |
| POGO AUTOMATIC | | PREMIER CLASSIC | | SOLUTION,HIGH..... | 49 |
| BLOOD GLUC SYS..... | 49 | GLUCOSE METER..... | 49 | PRODIGY INSULIN | |
| POLYCIN..... | 61 | PREMIER COMPACT | | SYRINGE..... | 98 |
| <i>polymyxin b sulf-</i> | | GLUCOSE METER..... | 49 | PRODIGY LANCETS..... | 91 |
| <i>trimethoprim</i> | 61 | PREMIER TEST STRIP..... | 37 | PRODIGY LANCING | |
| PORTIA 28..... | 24 | PREMIER VOICE | | DEVICE..... | 49 |
| <i>posaconazole</i> | 76 | GLUCOSE METER..... | 49 | PRODIGY NO CODING..... | 37 |
| <i>potassium chlorid-d5-</i> | | PREMIUM BLOOD | | PRODIGY POCKET METER..... | 49 |
| <i>0.45%nacl</i> | 56 | GLUCOSE MONITOR..... | 49 | PRODIGY TWIST TOP | |
| <i>potassium chloride</i> | 56 | PREMIUM V10..... | 37, 49 | LANCET..... | 91 |
| <i>potassium citrate</i> | 125 | PRESSURE ACTIVATED | | PRODIGY VOICE | |
| <i>potassium iodide</i> | 59 | LANCETS..... | 91 | GLUCOSE METER..... | 49 |
| PRADAXA..... | 67 | PRESTO PRO BLOOD | | PROFILNINE..... | 65 |
| <i>pramipexole</i> | 120 | GLUCOSE METER..... | 49 | <i>progesterone</i> | 69 |
| <i>prasugrel</i> | 67 | PREVALITE..... | 19 | <i>progesterone micronized</i> | 69 |
| <i>pravastatin</i> | 18 | PREVIFEM..... | 24 | PROGRAF..... | 70 |
| <i>praziquantel</i> | 77 | PREZISTA..... | 79 | <i>promethazine</i> | 3, 4 |
| <i>prazosin</i> | 14 | <i>primaquine</i> | 78 | PROMETHEGAN..... | 4 |
| PRECISION..... | 49 | <i>primidone</i> | 122 | <i>propafenone</i> | 13 |
| | | PRIMSOL..... | 72 | <i>propantheline</i> | 124 |

| | | | | | |
|--------------------------------------|--------|-------------------------------------|-----|-------------------------------------|--------|
| <i>propracetamol</i> | 60 | RELION CONFIRM..... | 50 | RIGHTEST GS260 TEST STRIPS..... | 37 |
| <i>propranolol</i> | 15 | RELION CONFIRM-MICRO.. | 37 | RIGHTEST GS550 TEST STRIPS..... | 37 |
| <i>propylthiouracil</i> | 58 | RELION MICRO GLUCOSE MONITOR..... | 50 | RIGHTEST GS700 TEST STRIP..... | 37 |
| PROVISC..... | 61 | RELION NEEDLES..... | 114 | RIGHTEST GT333 GLUCOSE METER..... | 50 |
| PTS PANELS EGLU TEST STRIP..... | 37 | RELION PEN NEEDLES.... | 114 | RIGHTEST GT333 LEV 2 CTRL SOLN..... | 50 |
| PULMOZYME..... | 117 | RELION PRIME METER..... | 50 | RIGHTEST GT333 TEST STRIP..... | 37 |
| PURE COMFORT LANCETS..... | 91 | RELION PRIME TEST STRIPS..... | 37 | RIGHTEST MAX PLUS GLUCOSE MTR..... | 50 |
| PURE COMFORT PEN NEEDLE..... | 114 | RELION THIN LANCETS.... | 91 | RIGHTEST MAX TEST STRIP..... | 37 |
| PURE COMFORT SAFETY LANCETS..... | 91 | RELION ULTIMA..... | 37 | RILUZOLE..... | 109 |
| PURIXAN..... | 104 | RELION ULTRA THIN PLUS LANCETS..... | 91 | RIMANTADINE..... | 79 |
| PUSH BUTTON SAFETY LANCETS..... | 91 | REMODULIN..... | 17 | RINGER'S..... | 31, 55 |
| <i>pyrazinamide</i> | 77 | <i>repaglinide</i> | 33 | RIOMET..... | 33 |
| <i>pyridostigmine bromide</i> | 7 | RESCRIPTOR..... | 80 | <i>risperidone</i> | 10 |
| <i>pyridoxine (vitamin b6)</i> | 127 | RETIN-A..... | 28 | <i>ritonavir</i> | 81 |
| <i>pyrimethamine</i> | 78 | REVEAL BLOOD GLUCOSE METER..... | 50 | <i>rizatriptan</i> | 119 |
| QSYMIA..... | 127 | REVEAL TEST STRIP..... | 37 | ROBAFEN AC..... | 27 |
| QUESTRAN..... | 19 | REVLIMID..... | 105 | <i>ropinirole</i> | 120 |
| <i>quetiapine</i> | 10 | REXULTI..... | 10 | ROSDAN..... | 27 |
| <i>quinidine gluconate</i> | 13 | RIABNI..... | 104 | <i>rosuvastatin</i> | 18 |
| <i>quinidine sulfate</i> | 13 | RIBASPHERE..... | 82 | SAFE-CLIP BY MAIL..... | 50 |
| QUINTET AC..... | 37, 49 | <i>ribavirin</i> | 82 | SAFE-CLIP NEEDLE STORAGE DEV..... | 50 |
| QUINTET BLOOD GLUCOSE METER..... | 50 | RIDAURA..... | 85 | SAFESNAP INSULIN | |
| QUINTET GLUCOSE TEST STRIPS..... | 37 | <i>rifampin</i> | 77 | SYRINGE..... | 98 |
| <i>raloxifene</i> | 58 | RIGHTEST CONTROL SOLUTION HIGH..... | 50 | SAFETY LANCETS..... | 91 |
| READYLANCE SAFETY LANCETS..... | 91 | RIGHTEST CONTROL SOLUTION NORM..... | 50 | SAFETY SEAL LANCETS.... | 92 |
| RECLIPSEN (28)..... | 25 | RIGHTEST GC250S CNTRL SOL NORM..... | 50 | SAFETY-LET LANCETS.... | 92 |
| RECOMBINATE..... | 64 | RIGHTEST GC700 LEV 2 CTRL SOLN..... | 50 | SAJAZIR..... | 83 |
| REFUAH PLUS..... | 37 | RIGHTEST GD500 LANCING DEVICE..... | 50 | <i>salsalate</i> | 117 |
| REFUAH PLUS GLUCOSE CONTROL..... | 50 | RIGHTEST GL300 LANCETS..... | 91 | SANDOSTATIN LAR DEPOT..... | 116 |
| REFUAH PLUS GLUCOSE MONITOR..... | 50 | RIGHTEST GM250S GLUCOSE METER..... | 50 | SANTYL..... | 32 |
| RELIAMED LANCET..... | 91 | RIGHTEST GM260 GLUCOSE METER..... | 50 | <i>sapropterin</i> | 102 |
| RELIAMED MINI LANCING DEVICE..... | 50 | RIGHTEST GM550 SYSTEM..... | 50 | SAVELLA..... | 109 |
| RELIAMED SAFETY SEAL LANCETS..... | 91 | RIGHTEST GM700SB GLUCOSE METER..... | 50 | <i>scopolamine base</i> | 4 |
| RELIAMED TWIST AND CAP LANCET..... | 91 | RIGHTEST GS250S TEST STRIPS..... | 37 | SECONAL SODIUM..... | 11 |
| RELION ALL-IN-ONE METER..... | 50 | | | <i>selegiline hcl</i> | 120 |
| | | | | <i>selenium sulfide</i> | 31 |
| | | | | SELZENTRY..... | 79 |
| | | | | SENSORCAINE..... | 86 |

| | | | | | |
|---|-------------|--|-----|---|--------|
| SENSORCAINE-EPINEPHRINE..... | 86 | <i>sodium chloride 0.9 % (flush)</i> | 56 | <i>sulfacetamide sodium (acne)</i> | 27 |
| SENSORCAINE-MPF..... | 86 | <i>sodium nitroprusside</i> | 14 | <i>sulfacetamide-prednisolone</i> | 60 |
| SENSORCAINE-MPF/EPINEPHRINE..... | 86 | <i>sodium polystyrene sulfonate</i> | 55 | <i>sulfamethoxazole-trimethoprim</i> | 70 |
| <i>sertraline</i> | 8 | <i>sodium thiosulfate</i> | 111 | <i>sulfasalazine</i> | 87 |
| <i>sevelamer carbonate</i> | 55 | <i>sofosbuvir-velpatasvir</i> | 81 | SULFATRIM..... | 70 |
| <i>sevoflurane</i> | 110 | SOFT TOUCH LANCETS..... | 92 | <i>sulindac</i> | 85 |
| SHAROBEL..... | 25 | <i>solifenacin</i> | 125 | <i>sumatriptan</i> | 119 |
| SIDEKICK BLOOD GLUCOSE SYSTEM..... | 50 | SOLU-CORTEF..... | 84 | <i>sumatriptan succinate</i> | 119 |
| <i>sildenafil (pulm.hypertension)</i> | 17 | SOLU-CORTEF ACT-O-VIAL (PF)..... | 84 | <i>sunitinib malate</i> | 106 |
| <i>silver sulfadiazine</i> | 29 | SOLU-MEDROL..... | 84 | SUPER THIN LANCETS..... | 92 |
| SIMULECT..... | 70 | SOLU-MEDROL (PF)..... | 84 | SURE COMFORT INS. SYR. U-100..... | 98 |
| <i>simvastatin</i> | 18 | SOLUS V2 AUDIBLE METER..... | 51 | SURE COMFORT INSULIN SYRINGE..... | 98 |
| SINGLE-LET..... | 92 | SOLUS V2 CONTROL SOLUTION, LOW..... | 51 | SURE COMFORT LANCETS..... | 92 |
| <i>sirolimus</i> | 70 | SOLUS V2 CONTROL SOLUTION,HIGH..... | 51 | SURE COMFORT LANCING PEN..... | 51 |
| SMART CARESENS N..... | 50 | SOLUS V2 CONTROL SOLUTION,HIGH..... | 51 | SURE COMFORT LANCING PEN..... | 51 |
| SMART SENSE LANCETS... .. | 92 | SOLUS V2 LANCETS..... | 92 | SURE COMFORT LANCING NEEDLE..... | 114 |
| SMART SENSE MONITORING SYSTEM..... | 50 | SOLUS V2 LANCING DEVICE..... | 51 | SURE-FINE PEN NEEDLES..... | 114 |
| SMART SENSE TEST STRIPS..... | 37 | SOLUS V2 TEST STRIPS..... | 37 | SUREFLEX DEVICE WITH LANCETS..... | 51 |
| SMARTDIABETES VANTAGE..... | 50 | SORINE..... | 15 | SUREFLEX LANCING DEVICE..... | 51 |
| SMARTEST CONTROL..... | 50 | <i>sotalol</i> | 15 | SURE-JECT INSULIN SYRINGE..... | 99 |
| SMARTEST EJECT..... | 50 | SOTALOL AF..... | 15 | SURE-LANCE..... | 92 |
| SMARTEST LANCET..... | 92 | SOVALDI..... | 82 | SURE-LANCE ULTRA THIN..... | 92 |
| SMARTEST PERSONA GLUCOSE METER..... | 51 | SPIRIVA RESPIMAT..... | 4 | SURE-PEN LANCING DEVICE..... | 51 |
| SMARTEST PERSONA STARTER..... | 51 | <i>spironolactone</i> | 16 | SURE-TEST EASYPLUS MINI..... | 37, 51 |
| SMARTEST PRONTO GLUCOSE METER..... | 51 | <i>spironolactone-hydrochlorothiaz</i> | 17 | SURE-TEST EASYPLUS MINI METER..... | 51 |
| SMARTEST PRONTO STARTER..... | 51 | SPRINTEC (28)..... | 25 | SURE-TOUCH LANCET..... | 92 |
| SMARTEST PROTEGE..... | 51 | SPRYCEL..... | 106 | SURGIFOAM..... | 67 |
| SMARTEST SMART CODE METER..... | 51 | SPS (WITH SORBITOL)..... | 55 | SYEDA..... | 25 |
| SMARTEST TALKING METER..... | 51 | SRONYX..... | 25 | SYMFI..... | 81 |
| SMARTEST TEST..... | 37 | SSD..... | 29 | SYMFI LO..... | 81 |
| <i>sodium bicarbonate</i> | 55 | SSKI..... | 59 | SYNAREL..... | 58 |
| <i>sodium chlor 0.9%</i> | 31, 56, 110 | <i>stavudine</i> | 80 | SYNTHAMIN 17 WITHOUT ELYTE..... | 116 |
| <i>bacteriostat</i> | 56 | STERILANCE TL..... | 92 | TABLOID..... | 104 |
| <i>sodium chloride</i> | 31, 56, 110 | STERILE WATER FOR INJECTION..... | 117 | <i>tacrolimus</i> | 32, 70 |
| <i>sodium chloride 0.45 %</i> | 56 | STIOLTO RESPIMAT..... | 5 | <i>tadalafil</i> | 57 |
| <i>sodium chloride 0.9 %</i> | 56 | <i>streptomycin</i> | 76 | <i>tadalafil (pulm. hypertension)</i> | 17 |
| | | STRIVERDI RESPIMAT..... | 5 | | |
| | | SUBVENITE..... | 122 | | |
| | | <i>succinylcholine chloride</i> | 116 | | |
| | | <i>sucralfate</i> | 124 | | |
| | | <i>sulfacetamide sodium</i> | 60 | | |

| | | | | | |
|--------------------------------------|-----|-----------------------------------|-------------|---------------------------|-----|
| TAGRISSE | 106 | <i>testosterone cypionate</i> | 68 | <i>triamterene-</i> | |
| <i>tamoxifen</i> | 108 | TESTRED | 68 | <i>hydrochlorothiazid</i> | 17 |
| <i>tamsulosin</i> | 125 | <i>tetrabenazine</i> | 109 | <i>triazolam</i> | 12 |
| TARINA FE 1/20 (28) | 25 | <i>tetracaine hcl</i> | 60 | TRIDERM | 31 |
| TARINA FE 1-20 EQ (28) | 25 | <i>tetracycline</i> | 75 | TRI-ESTARYLLA | 25 |
| TASIGNA | 106 | THALOMID | 77 | <i>trifluoperazine</i> | 11 |
| <i>tazarotene</i> | 32 | THEO-24 | 6 | <i>trifluridine</i> | 60 |
| TAZICEF | 72 | <i>theophylline</i> | 6 | <i>trihexyphenidyl</i> | 120 |
| TAZORAC | 32 | <i>thiamine hcl (vitamin b1)</i> | 126 | TRI-LINYAH | 25 |
| TD GOLD BLOOD | | THIN LANCETS | 92 | TRI-LO-ESTARYLLA | 25 |
| GLUCOSE MONITOR | 51 | THINPRO INSULIN | | TRI-LO-MARZIA | 25 |
| TD GOLD LEVEL 1 | | SYRINGE | 99 | TRI-LO-MILI | 25 |
| CONTROL | 51 | <i>thioridazine</i> | 11 | TRI-LO-SPRINTEC | 25 |
| TD GOLD LEVEL 2 | | <i>thiotepa</i> | 103 | <i>trimethoprim</i> | 72 |
| CONTROL | 51 | <i>thiothixene</i> | 10 | TRI-MILI | 25 |
| TD GOLD LEVEL 3 | | THROMBIN-JMI | 67 | TRIMPEX | 72 |
| CONTROL | 51 | <i>timolol maleate</i> | 62 | TRI-NYMYO | 25 |
| TD GOLD TEST STRIP | 37 | <i>tiopronin</i> | 125 | TRI-PREVIFEM (28) | 25 |
| TD GOLD VOICE | | TIVICAY | 81 | TRI-SPRINTEC (28) | 25 |
| GLUCOSE MONITOR | 51 | TIVICAY PD | 81 | TRIVORA (28) | 25 |
| TECHLITE INSULIN | | <i>tizanidine</i> | 122 | TRI-VYLIBRA | 25 |
| SYRINGE | 99 | <i>tobramycin</i> | 61 | TRI-VYLIBRA LO | 25 |
| TECHLITE INSULN | | <i>tobramycin in 0.225 % nacl</i> | 76 | <i>tropicamide</i> | 62 |
| SYR(HALF UNIT) | 99 | <i>tobramycin sulfate</i> | 76 | <i>tropium</i> | 125 |
| TECHLITE LANCETS | 92 | TOBREX | 61 | TRUE COMFORT INSULIN | |
| TECHLITE PEN NEEDLE | 114 | TOPCARE CLICKFINE | 114 | SYRINGE | 99 |
| TELCARE BGM | 51 | TOPCARE ULTRA | | TRUE COMFORT LANCET | 92 |
| TELCARE BLOOD | | COMFORT | 99 | TRUE COMFORT PEN | |
| GLUCOSE KIT | 51 | TOPCARE UNIVERSAL1 | | NEEDLE | 114 |
| TELCARE CONTROL | 51 | LANCET | 92 | TRUE COMFORT PRO INS | |
| TELCARE LANCETS | 92 | <i>topiramate</i> | 122 | SYRINGE | 99 |
| TELCARE TEST STRIPS | 37 | TOPOSAR | 107 | TRUE METRIX AIR | |
| <i>temazepam</i> | 12 | <i>topotecan</i> | 105 | GLUCOSE METER | 51 |
| TEMIXYS | 79 | TORISEL | 105 | TRUE METRIX GLUCOSE | |
| <i>temozolomide</i> | 103 | <i>torseamide</i> | 16 | METER | 51 |
| <i>temsirolimus</i> | 105 | TRADJENTA | 33 | TRUE METRIX GLUCOSE | |
| <i>tenofovir disoproxil fumarate</i> | 80 | <i>tramadol</i> | 118 | TEST STRIP | 38 |
| TEPADINA | 103 | TRANSDERM-SCOP | 4 | TRUE METRIX GO | |
| <i>terazosin</i> | 14 | <i>tranylcypromine</i> | 7 | GLUCOSE METER | 52 |
| <i>terbinafine hcl</i> | 76 | TRAVASOL 10 % | 116 | TRUE METRIX LEVEL 1 | 52 |
| <i>terbutaline</i> | 4 | <i>trazodone</i> | 8 | TRUE METRIX LEVEL 2 | 52 |
| <i>teriflunomide</i> | 109 | <i>treprostinil sodium</i> | 17 | TRUE METRIX LEVEL 3 | 52 |
| TERRELL | 110 | <i>tretinoin</i> | 28 | TRUE METRIX PRO TEST | |
| TERUMO INSULIN | | <i>tretinoin (antineoplastic)</i> | 107 | STRIP | 38 |
| SYRINGE | 99 | TRI FEMYNOR | 25 | TRUE2GO BLOOD | |
| TEST N'GO BLOOD | | <i>triamcinolone acetanide</i> | | GLUCOSE SYSTEM | 52 |
| GLUCOSE SYSTEM | 51 | | 31, 84, 109 | TRUECONTROL LEVEL 0 | 52 |
| TEST N'GO TEST | 38 | <i>triamterene</i> | 16 | TRUECONTROL LEVEL 1 | 52 |
| <i>testosterone</i> | 68 | | | | |

| | | | | | |
|-------------------------------------|-----|------------------------------------|-----|---|----------|
| TRUEDRAW LANCING DEVICE..... | 52 | ULTRACARE INSULIN SYRINGE..... | 101 | UNISTIK 3 DUAL LANCET.... | 52 |
| TRUEPLUS INSULIN..... | 100 | ULTRA-CARE LANCETS..... | 93 | UNISTIK 3 EXTRA LANCET . | 93 |
| TRUEPLUS KETONE..... | 116 | ULTRACARE PEN NEEDLE | 115 | UNISTIK 3 GENTLE..... | 93 |
| TRUEPLUS LANCETS..... | 92 | ULTRALANCE LANCETS..... | 93 | UNISTIK 3 LANCETS..... | 93 |
| TRUEPLUS PEN NEEDLE.. | 115 | ULTRA-THIN II (SHORT) INS SYR..... | 101 | UNISTIK 3 NORMAL LANCET | 52 |
| TRUERESULT BLOOD GLUCOSE SYSTM..... | 52 | ULTRA-THIN II (SHORT) PEN NDL..... | 115 | UNISTIK COMFORT LANCETS..... | 93 |
| TRUETEST TEST STRIPS... | 38 | ULTRA-THIN II INS PEN NEEDLES..... | 115 | UNISTIK CZT LANCET | 93 |
| TRUETRACK BLOOD GLUCOSE SYSTEM..... | 52 | ULTRA-THIN II INSULIN SYRINGE..... | 101 | UNISTIK EXTRA LANCETS.. | 93 |
| TRUETRACK SMART SYSTEM..... | 52 | ULTRA-THIN II LANCETS..... | 93 | UNISTIK NORMAL LANCETS..... | 93 |
| TRUETRACK TEST | 38 | ULTRATRAK..... | 38 | UNISTIK PRO LANCET | 93 |
| TRULANCE..... | 87 | ULTRATRAK GLUCOSE METER..... | 52 | UNISTIK SAFETY | 93 |
| TUKYSA..... | 106 | ULTRATRAK HIGH-LOW CONTROL..... | 52 | UNISTIK TOUCH LANCETS. | 93 |
| TULANA..... | 26 | ULTRATRAK NORMAL CONTROL..... | 52 | UNISTRIP HIGH CONTROL. | 52 |
| TWIST LANCETS..... | 92 | ULTRATRAK ULTIMATE 38, 52 | | UNISTRIP LOW CONTROL.. | 52 |
| ULTICARE..... | 100 | UNIFINE PEN NEEDLE..... | 115 | UNISTRIP1 TEST STRIP..... | 38 |
| ULTICARE PEN NEEDLE... | 115 | UNIFINE PENTIPS..... | 115 | UNIVERSAL 1 LANCETS..... | 93 |
| ULTI-LANCE..... | 52 | UNIFINE PENTIPS PLUS... | 115 | UROQID-ACID NO.2..... | 125 |
| ULTILET BASIC LANCETS... | 92 | UNIFINE PROTECT | 115 | <i>ursodiol</i> | 88 |
| ULTILET CLASSIC LANCETS..... | 92 | UNIFINE SAFECONTROL.. | 115 | <i>valacyclovir</i> | 79 |
| ULTILET INSULIN SYRINGE..... | 100 | UNIFINE ULTRA PEN NEEDLE..... | 115 | <i>valganciclovir</i> | 79 |
| ULTILET LANCETS..... | 92 | UNILET COMFORTOUCH LANCET | 93 | <i>valproic acid</i> | 122 |
| ULTILET PEN NEEDLE..... | 115 | UNILET EXCELITE II LANCET | 93 | <i>valproic acid (as sodium salt)</i> | 122 |
| ULTILET SAFETY LANCETS..... | 92 | UNILET EXCELITE LANCET | 93 | VALTOCO..... | 120, 121 |
| ULTIMA MONITOR..... | 52 | UNILET GP LANCET | 93 | <i>vancomycin</i> | 77 |
| ULTIMA TEST STRIPS..... | 38 | UNILET LANCET..... | 93 | <i>vancomycin in dextrose 5 %</i> .. | 77 |
| ULTOMIRIS..... | 66 | UNILET LANCETS..... | 93 | VANDAZOLE..... | 125 |
| ULTRA CMFT INS SYR (HALF UNIT)..... | 100 | UNILET SUPER THIN LANCETS..... | 93 | VANISHPOINT SYRINGE... | 101 |
| ULTRA COMFORT INSULIN SYRINGE..... | 100 | UNISTIK 2 COMFORT LANCET | 52 | <i>varenicline</i> | 123 |
| ULTRA FINE LANCETS..... | 92 | UNISTIK 2 DEVICE..... | 52 | VECTICAL..... | 32 |
| ULTRA FLO INSUL SYR(HALF UNIT)..... | 100 | UNISTIK 2 EXTRA LANCET . | 52 | VELETRI..... | 17 |
| ULTRA FLO INSULIN SYRINGE..... | 100 | UNISTIK 2 NORMAL LANCET | 52 | VENCLEXTA..... | 106 |
| ULTRA FLO PEN NEEDLE . | 115 | UNISTIK 3 COMFORT LANCET | 52 | VENCLEXTA STARTING PACK..... | 107 |
| ULTRA THIN II LANCETS..... | 92 | UNISTIK 3 DUAL LANCET.... | 52 | <i>venlafaxine</i> | 8 |
| ULTRA THIN LANCETS..... | 92 | UNISTIK 3 EXTRA LANCET . | 93 | VENOFER..... | 126 |
| ULTRA THIN PEN NEEDLE | 115 | UNISTIK 3 GENTLE..... | 93 | VENTAVIS..... | 17 |
| ULTRA THIN PLUS LANCETS..... | 92 | UNISTIK 3 LANCETS..... | 93 | <i>verapamil</i> | 16 |
| ULTRA TLC LANCETS..... | 92 | UNISTIK 3 NORMAL LANCET | 52 | VERASENS BLOOD GLUCOSE METER..... | 52 |

| | | | |
|--|-----|------------------------------|--------|
| VERIFINE INSULIN | | WAVESENSE AMP..... | 53 |
| SYRINGE..... | 101 | WAVESENSE CONTROL | |
| VERIFINE PEN NEEDLE.... | 116 | SOLUTION..... | 53 |
| VERIFINE PLUS PEN | | WAVESENSE JAZZ..... | 38 |
| NEEDLE..... | 116 | WAVESENSE PRESTO.. | 38, 53 |
| VERIFINE SAFETY | | WEEKLY-D..... | 127 |
| LANCET MINI..... | 93 | WERA (28)..... | 26 |
| VERIFINE UNIVERSAL | | WESTAB MAX..... | 126 |
| LANCET..... | 93 | WIXELA INHUB..... | 5 |
| VESTURA (28)..... | 26 | XARELTO..... | 65 |
| VIDAZA..... | 104 | XARELTO DVT-PE TREAT | |
| VIDEX 2 GRAM PEDIATRIC. | 80 | 30D START..... | 65 |
| VIDEX EC..... | 80 | XELJANZ..... | 85 |
| VIENVA..... | 26 | XELJANZ XR..... | 85 |
| <i>vilazodone</i> | 8 | XOPENEX..... | 5 |
| <i>vinblastine</i> | 108 | XOPENEX CONCENTRATE...4 | |
| VINCASAR PFS..... | 108 | XOPENEX HFA..... | 5 |
| <i>vincristine</i> | 108 | XTANDI..... | 103 |
| <i>vinorelbine</i> | 108 | XYLOCAINE-MPF..... | 86 |
| VIRACEPT..... | 81 | ZARAH..... | 26 |
| VIRTUSSIN AC..... | 27 | ZELBORAF..... | 105 |
| VITAMIN D2..... | 127 | ZENATANE..... | 27 |
| VITAMIN K1..... | 67 | ZENPEP..... | 123 |
| VIVACAINE..... | 86 | <i>zidovudine</i> | 80 |
| VIVAGUARD INO CTRL | | <i>zinc sulfate</i> | 127 |
| SOLN-L1,2,3..... | 53 | <i>ziprasidone hcl</i> | 10 |
| VIVAGUARD INO CTRL | | ZITHROMAX..... | 73 |
| SOLN-L1,L3..... | 53 | <i>zoledronic acid</i> | 58 |
| VIVAGUARD INO CTRL | | <i>zolmitriptan</i> | 119 |
| SOLN-L2..... | 53 | <i>zolpidem</i> | 12 |
| VIVAGUARD INO | | ZONISADE..... | 122 |
| GLUCOSE METER..... | 53 | <i>zonisamide</i> | 122 |
| VIVAGUARD INO SMART | | ZOSYN IN DEXTROSE | |
| GLUC METER..... | 53 | (ISO-OSM)..... | 74 |
| VIVAGUARD INO TEST | | ZOVIA 1/35E (28)..... | 26 |
| STRIP..... | 38 | ZOVIA 1-35 (28)..... | 26 |
| VIVAGUARD LANCET..... | 93 | ZUMANDIMINE (28)..... | 26 |
| VIVAGUARD LANCING | | ZYDELIG..... | 106 |
| DEVICE..... | 53 | ZYVOX..... | 73 |
| <i>voriconazole</i> | 76 | | |
| VOSEVI..... | 81 | | |
| VPRIV..... | 102 | | |
| VRAYLAR..... | 10 | | |
| VYFEMLA (28)..... | 26 | | |
| VYLIBRA..... | 26 | | |
| <i>warfarin</i> | 63 | | |
| <i>water for inject, bacteriostat</i> . | 117 | | |
| <i>water for injection, sterile</i> | 117 | | |
| <i>water for irrigation, sterile</i> | 31 | | |

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no-cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY **711**)።

عربية (Arabic) ملحوظة: إذا لم تتحدث بحديث عربي فإن خدمات المساعدة لعدة اللغوي متوفرة لك بالجان. لتصل برفق **1-800-632-9700** (TTY **711**)

Bàsòò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké n̄ Bàsòò-wùdù-po-nyò jũ ní, níí, à wùdù kà kò dò po-poò béin n̄ gbo kpáa. Đá **1-800-632-9700** (TTY **711**)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY **711**)。

فارسى (Farsi) توجه: اگر بھ زبان فارسی سیکھتے ہو میکی ہنس ہیات نزل وی صورت و اگنا برای
ش مہر ام میٹل دبا 1-800-632-9700 (TTY 711) تہا بگی ید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700 (TTY 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700 (TTY 711)**.

Igbo (Igbo) NRUBAMA: O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi.
Kpọọ **1-800-632-9700 (TTY 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-632-9700 (TTY 711)** まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700 (TTY 711)** 번으로 전화해 주십시오.

Naabeehó (Navajo) Dít baa akó nínízin: Dít saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kóji' hódíilnih **1-800-632-9700 (TTY 711)**.

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700 (TTY: 711)** (फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700 (TTY 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700 (TTY 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700 (TTY 711)**.

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700 (TTY 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700 (TTY 711)**.

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700 (TTY 711)**.