BLUE RX VALUE PLUS℠ FORMULARY

HOW TO READ THE FORMULARY

All drugs are listed by their generic names and/or most common proprietary (brand) name. Specific drug listings may be accessed either by generic (in lowercase) or brand name (in uppercase) and by therapeutic drug tier. Any drug not found in this formulary listing, or any formulary updates published by Wellmark, shall be considered excluded from your benefit.

Once the product is located, the following items can be viewed:

Drug Tier: Drugs are categorized within tiers on the formulary. Each tier is assigned a cost, which is determined by the member's pharmacy benefit plan.

Tier Designation in Formulary Below

	Formulary Tier 1	Formulary Tier 2	Formulary Tier 3
Value Plus Plan 3 Tier	Tier 1	Tier 2	Tier 3
Value Plus Plan 2 Tier	Tier 1	Tier 2 and Tier 3 combined	
Value Plus Plan 1 Tier	Tier 1, Tier 2 and Tier 3 combined		

Specialty Drugs: Specialty drugs are high-cost injectable, infused, oral or inhaled drugs for the ongoing treatment of a chronic condition. These drugs generally require close supervision and monitoring of the patient's drug therapy. Specialty drugs may be categorized within tiers on the formulary or as drugs covered under your medical benefit.

- **Specialty Drugs Preferred (SP-P):** Drugs in this category will process with the preferred specialty drug cost-share.
- **Specialty Drugs Non-Preferred (SP-NP):** Drugs in this category will process with the non-preferred specialty cost-share, and will have a higher cost share than preferred specialty drugs.
- **Specialty Medical (SP-M):** Drugs in this category will be covered under your medical benefit.

Drug Name: This lists the generic name for the product (lowercase) OR the brand name or common reference name for the product (UPPERCASE).

Requirements/Limits: This lists Wellmark Pharmacy programs that may impact a particular drug or class of drugs and are described in the legend below.

HEALTH CARE REFORM PREVENTIVE DRUGS

Preventive drugs with an "A" or "B" rating in the current recommendations of the United States Preventive Services Task Force (USPSTF) and immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are not associated with any cost share for members on plans with this benefit.

A complete list of recommendations and guidelines related to preventive services can be found at Healthcare.gov. Recommended preventive items and services are subject to change and are subject to medical management.

BENEFIT COVERAGE AND LIMITATIONS

This printed formulary does not define benefit coverage and limitations. Many members have specific benefit inclusions, exclusions, copayments or a lack of coverage, which are not reflected in the Blue Rx Value Plus formulary. Members should contact their Plan Sponsor or Wellmark Customer Service at the number on the back of their ID card if they have questions regarding their coverage. Please note that the formulary process is evolutionary and changes can occur throughout the year. The following topics may or may not be applicable depending on the parameters of your specific benefits.

FORMULARY EXCEPTION PROCESS

Drugs not included in this list shall be considered non-formulary and are **NOT COVERED**. In some instances, Wellmark will consider coverage exceptions. Coverage of non-formulary drugs may be requested by the health professional through an exception request

for a non-formulary prescription drug (outlined below). Generally, one of the following following guidelines must be documented in order for an exception to be granted:

- All covered formulary drugs on any tier will be ineffective; OR
- All covered formulary drugs on any tier have been ineffective; OR
- All covered formulary drugs on any tier would not be as effective as the non-formulary drug; OR
- All covered formulary drugs would have adverse effects.

COMMON DRUG EXCLUSIONS

Due to benefit design parameters, some plan sponsors may choose to exclude certain drug classes. Prior authorization is generally not available for drugs that are specifically excluded by benefit design. Common excluded drugs may include, but are not limited to:

- Over-the-counter (OTC) drugs or their equivalents unless otherwise specified in the formulary listing.
- Drug products used for cosmetic purposes.
- Experimental drug products, or any drug product used in an experimental manner.
- Replacement of a lost or stolen drug.
- Foreign drugs or drugs not approved by the United States Food & Drug Administration (FDA).

CONTACT INFORMATION

The Blue Rx Value Plus formulary is designed to assist physicians, members and other health care professionals in the selection of cost-effective agents. Wellmark encourages your input and feedback on how we can assist in improving this document and the formulary management process.

Please direct your communications to:

Wellmark Blue Cross and Blue Shield
1331 Grand Avenue
P.O. Box 9232
Des Moines, IA 50306

In addition to the Blue Rx Value Plus formulary, other quick reference guides are available at Wellmark.com.

LEGEND		
TIER		DESCRIPTION
1	TIER 1	
2	TIER 2	
3	TIER 3	
4	SP-P	
5	SP-NP	
6	SP-M	
TYPE		DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame. Amounts over the specified quantity limits are not a covered benefit unless Post-Quantity Limit Prior Authorization is available.
PA	Prior Authorization	This indicates a drug requires prior authorization before it is covered under your benefit. Your health care provider will need to contact our Pharmacy program at 800-600-8065. Hours of operation are Monday- Friday: 8 a.m. to 6 p.m. CST.
AL	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
MN-PA	Medical Necessity Prior Authorization	This indicates a drug requires prior authorization before it is covered under your benefit. Your health care provider will need to contact our Pharmacy program at 800-600- 8065. Hours of operation are Monday - Friday: 8 a.m. to 6 p.m. CST. The intent of formulary medical necessity prior authorization is to confirm the appropriate coverage of the target drugs when evidence is provided documenting a trial and failure of the preferred formulary alternatives.
GA	Generic Available	Indicates a generic equivalent is available for a brand name drug. In most cases, when you purchase a brand name drug that has an FDA-approved A-rated generic equivalent, Wellmark will pay only what it would have paid for the equivalent generic drug. You will be responsible for your payment obligation for the equivalent generic drug and any remaining cost difference up to the maximum allowed fee for the brand name drug.
PV	Preventive	Preventive drugs are prescribed to prevent the occurrence of a disease or condition and are defined by the Internal Revenue Service. The preventive drug enhanced benefit is available on specific high deductible health plans. This is an optional benefit that waives the deductible for preventive drugs. Please read your enrollment information to see how preventive drugs are covered specific to your plan.

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY DRUGS			
butalbital-aspirin-caffeine	*butalbital-aspirin-caffeine 50-325-40 mg cap*	TIER 1	
celecoxib	*celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)*	TIER 1	QL (60 PER 30 DAYS)
choline-mag trisalicylate	*choline-mag trisalicylate 500 mg/5ml liquid*	TIER 1	
diclofenac epolamine	*diclofenac epolamine 1.3 % patch*	TIER 1	
diclofenac potassium	*diclofenac potassium 50 mg tab*	TIER 1	
diclofenac sodium	*diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)*	TIER 1	
diclofenac sodium	*diclofenac sodium 1.5 % solution*	TIER 1	QL (300 PER 30 DAY(S))
diclofenac sodium er	*diclofenac sodium er 100 mg tab er 24h*	TIER 1	
diclofenac-misoprostol	*diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)*	TIER 1	
diflunisal	*diflunisal 500 mg tab*	TIER 1	
etodolac	*etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)*	TIER 1	
etodolac er	*etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)*	TIER 1	
fenoprofen calcium	*fenoprofen calcium (400 mg cap, 600 mg tab)*	TIER 1	
flurbiprofen	*flurbiprofen (50 mg tab, 100 mg tab)*	TIER 1	
ibu	*ibu (400 mg tab, 600 mg tab, 800 mg tab)*	TIER 1	
ibuprofen	*ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)*	TIER 1	
INDOCIN	INDOCIN 25 MG/5ML SUSPENSION *indomethacin*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INDOCIN	INDOCIN 50 MG SUPPOS *indomethacin*	TIER 3	
indomethacin	*indomethacin (25 mg cap, 50 mg cap)*	TIER 1	
indomethacin er	*indomethacin er 75 mg cap er*	TIER 1	
KETOPROFEN ER	KETOPROFEN ER 200 MG CAP ER 24H *ketoprofen*	TIER 1	
ketorolac tromethamine	*ketorolac tromethamine 10 mg tab*	TIER 1	
klofensaid ii	*klofensaid ii 1.5 % solution*	TIER 1	QL (300 PER 30 DAY(S))
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP) *meclofenamate sodium*	TIER 1	
mefenamic acid	*mefenamic acid 250 mg cap*	TIER 1	
meloxicam	*meloxicam (7.5 mg tab, 15 mg tab)*	TIER 1	
nabumetone	*nabumetone (500 mg tab, 750 mg tab)*	TIER 1	
naproxen	*naproxen (250 mg tab, 375 mg tab, 500 mg tab)*	TIER 1	
naproxen dr	*naproxen dr (dr 375 mg tab dr, dr 500 mg tab dr)*	TIER 1	
naproxen sodium	*naproxen sodium (275 mg tab, 550 mg tab)*	TIER 1	
oxaprozin	*oxaprozin 600 mg tab*	TIER 1	
piroxicam	*piroxicam (10 mg cap, 20 mg cap)*	TIER 1	
profeno	*profeno 600 mg tab*	TIER 1	
salsalate	*salsalate (500 mg tab, 750 mg tab)*	TIER 1	
sulindac	*sulindac (150 mg tab, 200 mg tab)*	TIER 1	
TOLMETIN SODIUM	TOLMETIN SODIUM (200 MG TAB, 400 MG CAP, 600 MG TAB) *tolmetin sodium*	TIER 1	
OPIOID ANALGESICS, LONG-ACTING			
buprenorphine	*buprenorphine (5 patch wk, 7.5 patch wk, 10 patch wk, 15 patch wk, 20 patch wk)*	TIER 1	PA, QL (4 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fentanyl	*fentanyl (12 patch 72hr, 25 patch 72hr, 37.5 patch 72hr, 50 patch 72hr, 62.5 patch 72hr, 75 patch 72hr, 87.5 patch 72hr, 100 patch 72hr)*	TIER 1	PA, QL (10 PER 25)
hydromorphone hcl er	*hydromorphone hcl er (er 8 mg tb24 deter, er 12 mg tb24 deter, er 16 mg tb24 deter, er 32 mg tb24 deter)*	TIER 1	PA, QL (30 PER 25)
levorphanol tartrate	*levorphanol tartrate 2 mg tab*	TIER 1	PA, QL (120 PER 25)
methadone hcl	*methadone hcl (10 mg tab, 10 mg/ml conc)*	TIER 1	PA, QL (60 PER 25)
methadone hcl	*methadone hcl 10 mg/5ml solution*	TIER 1	PA, QL (300 PER 25)
methadone hcl	*methadone hcl 40 mg tab sol*	TIER 1	
methadone hcl	*methadone hcl 5 mg tab*	TIER 1	PA, QL (90 PER 25)
methadone hcl	*methadone hcl 5 mg/5ml solution*	TIER 1	PA, QL (450 PER 25)
methadone hcl intensol	*methadone hcl intensol 10 mg/ml conc*	TIER 1	PA, QL (60 PER 25)
methadose	*methadose 40 mg tab sol*	TIER 1	
morphine sulfate er	*morphine sulfate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 30 mg cap er 24h, er 40 mg cap er 24h, er 100 mg cap er 24h, er 100 mg tab er, er 200 mg tab er)*	TIER 1	PA, QL (60 PER 25)
morphine sulfate er	*morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er)*	TIER 1	PA, QL (90 PER 25)
morphine sulfate er	*morphine sulfate er (er 50 mg cap er 24h, er 60 mg cap er 24h, er 80 mg cap er 24h)*	TIER 1	PA, QL (30 PER 25)
OXYCODONE HCL ER	OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 20 MG TB12 DETER, ER 80 MG TB12 DETER) *oxycodone hcl*	TIER 2	PA, QL (60 PER 25)
oxycodone hcl er	*oxycodone hcl er (er 15 mg tb12 deter, er 30 mg tb12 deter, er 60 mg tb12 deter)*	TIER 1	PA, QL (60 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OXYCODONE HCL ER	OXYCODONE HCL ER 40 MG TB12 DETER *oxycodone hcl*	TIER 2	PA, QL (90 PER 25)
OXYCONTIN	OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER) *oxycodone hcl*	TIER 2	PA, QL (60 PER 25)
OXYCONTIN	OXYCONTIN 40 MG TB12 DETER *oxycodone hcl*	TIER 2	PA, QL (90 PER 25)
OXYMORPHONE HCL ER	OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 30 MG TAB ER 12H, ER 40 MG TAB ER 12H) *oxymorphone hcl*	TIER 1	PA, QL (60 PER 25)
OXYMORPHONE HCL ER	OXYMORPHONE HCL ER 20 MG TAB ER 12H *oxymorphone hcl*	TIER 1	PA, QL (90 PER 25)
tramadol hcl er (biphasic)	*tramadol hcl er (biphasic) (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)*	TIER 1	PA, QL (30 PER 25)
tramadol hcl er	*tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)*	TIER 1	PA, QL (30 PER 25)
OPIOID ANALGESICS, SHORT-ACTING			
acetaminophen-codeine #2	*acetaminophen-codeine #2 300-15 mg tab*	TIER 1	QL (400 PER 25)
acetaminophen-codeine #3	*acetaminophen-codeine #3 300-30 mg tab*	TIER 1	QL (360 PER 25)
acetaminophen-codeine #4	*acetaminophen-codeine #4 300-60 mg tab*	TIER 1	QL (180 PER 25)
acetaminophen-codeine	*acetaminophen-codeine 120-12 mg/5ml solution*	TIER 1	QL (2700 PER 25)
acetaminophen-codeine	*acetaminophen-codeine 300-15 mg tab*	TIER 1	QL (400 PER 25)
acetaminophen-codeine	*acetaminophen-codeine 300-30 mg tab*	TIER 1	QL (360 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
acetaminophen-codeine	*acetaminophen-codeine 300-60 mg tab*	TIER 1	QL (180 PER 25)
APAP-CAFF-DIHYDROCODEINE	APAP-CAFF-DIHYDROCODEINE (320.5-30-16 MG CAP, 325-30-16 MG TAB) *acetaminophen-caff-dihydrocod*	TIER 1	QL (300 PER 25)
ascomp-codeine	*ascomp-codeine 50-325-40-30 mg cap*	TIER 1	
butalbital-apap-caff-cod	*butalbital-apap-caff-cod (50-325-40-30 mg cap, 50-300-40-30 mg cap)*	TIER 1	
butalbital-asa-caff-codeine	*butalbital-asa-caff-codeine 50-325-40-30 mg cap*	TIER 1	
butorphanol tartrate	*butorphanol tartrate 10 mg/ml solution*	TIER 1	QL (4 PER 30 DAYS)
carisoprodol-aspirin-codeine	*carisoprodol-aspirin-codeine 200-325-16 mg tab*	TIER 1	
CODEINE SULFATE	CODEINE SULFATE (15 MG TAB, 30 MG TAB, 60 MG TAB) *codeine sulfate*	TIER 1	PA, QL (42 PER 25)
DVORAH	DVORAH 325-30-16 MG TAB *acetaminophen-caff-dihydrocod*	TIER 1	QL (300 PER 25)
endocet	*endocet (2.5-325 mg tab, 5-325 mg tab)*	TIER 1	QL (360 PER 25)
endocet	*endocet 10-325 mg tab*	TIER 1	QL (180 PER 25)
endocet	*endocet 7.5-325 mg tab*	TIER 1	QL (240 PER 25)
fentanyl citrate	*fentanyl citrate (100 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab)*	TIER 1	PA
fentanyl citrate	*fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)*	TIER 1	PA
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)*	TIER 1	QL (2700 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (5-325 mg tab, 5-300 mg tab)*	TIER 1	QL (240 PER 25)
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (7.5-300 mg tab, 7.5-325 mg tab)*	TIER 1	QL (180 PER 25)
hydrocodone-acetaminophen	*hydrocodone-acetaminophen 10-300 mg tab*	TIER 1	QL (180 PER 25 DAY(S))
hydrocodone-acetaminophen	*hydrocodone-acetaminophen 10-325 mg tab*	TIER 1	QL (180 PER 24)
hydrocodone-ibuprofen	*hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)*	TIER 1	QL (50 PER 25)
hydromorphone hcl	*hydromorphone hcl 1 mg/ml liquid*	TIER 1	PA, QL (600 PER 25)
hydromorphone hcl	*hydromorphone hcl 2 mg tab*	TIER 1	PA, QL (180 PER 25)
HYDROMORPHONE HCL	HYDROMORPHONE HCL 3 MG SUPPOS *hydromorphone hcl*	TIER 1	PA, QL (120 PER 25)
hydromorphone hcl	*hydromorphone hcl 4 mg tab*	TIER 1	PA, QL (150 PER 25)
hydromorphone hcl	*hydromorphone hcl 8 mg tab*	TIER 1	PA, QL (60 PER 25)
ibudone	*ibudone (5-200 mg tab, 10-200 mg tab)*	TIER 1	QL (50 PER 25)
lorcet	*lorcet 5-325 mg tab*	TIER 1	QL (240 PER 25)
lorcet hd	*lorcet hd 10-325 mg tab*	TIER 1	QL (180 PER 24)
lorcet plus	*lorcet plus 7.5-325 mg tab*	TIER 1	QL (180 PER 25)
meperidine hcl	*meperidine hcl (50 mg tab, 100 mg tab)*	TIER 1	PA, QL (18 PER 25)
MEPERIDINE HCL	MEPERIDINE HCL 50 MG/5ML SOLUTION *meperidine hcl*	TIER 1	PA, QL (90 PER 25)
morphine sulfate	*morphine sulfate (30 mg tab, 30 mg suppos)*	TIER 1	PA, QL (90 PER 25)
MORPHINE SULFATE	MORPHINE SULFATE (5 MG SUPPOS, 10 MG SUPPOS, 15 MG TAB) *morphine sulfate*	TIER 1	PA, QL (180 PER 25)
morphine sulfate (concentrate)	*morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)*	TIER 1	PA, QL (135 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
morphine sulfate	*morphine sulfate 10 mg/5ml solution*	TIER 1	PA, QL (900 PER 25)
MORPHINE SULFATE	MORPHINE SULFATE 20 MG SUPPOS *morphine sulfate*	TIER 1	PA, QL (120 PER 25)
morphine sulfate	*morphine sulfate 20 mg/5ml solution*	TIER 1	PA, QL (675 PER 25)
NORCO	NORCO 5-325 MG TAB *hydrocodone-acetaminophen*	TIER 1	QL (240 PER 25), GA
oxycodone hcl	*oxycodone hcl (20 mg tab, 100 mg/5ml conc)*	TIER 1	PA, QL (90 PER 25)
oxycodone hcl	*oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab)*	TIER 1	PA, QL (180 PER 25)
oxycodone hcl	*oxycodone hcl 15 mg tab*	TIER 1	PA, QL (120 PER 25)
oxycodone hcl	*oxycodone hcl 30 mg tab*	TIER 1	PA, QL (60 PER 25)
oxycodone hcl	*oxycodone hcl 5 mg/5ml solution*	TIER 1	PA, QL (900 PER 25)
oxycodone-acetaminophen	*oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)*	TIER 1	QL (360 PER 25)
oxycodone-acetaminophen	*oxycodone-acetaminophen 10-325 mg tab*	TIER 1	QL (180 PER 25)
oxycodone-acetaminophen	*oxycodone-acetaminophen 7.5-325 mg tab*	TIER 1	QL (240 PER 25)
oxycodone-aspirin	*oxycodone-aspirin 4.8355-325 mg tab*	TIER 1	QL (360 PER 25)
OXYCODONE-IBUPROFEN	OXYCODONE-IBUPROFEN 5-400 MG TAB *oxycodone-ibuprofen*	TIER 1	QL (28 PER 25)
oxymorphone hcl	*oxymorphone hcl 10 mg tab*	TIER 1	PA, QL (90 PER 25)
oxymorphone hcl	*oxymorphone hcl 5 mg tab*	TIER 1	PA, QL (180 PER 25)
pentazocine-naloxone hcl	*pentazocine-naloxone hcl 50-0.5 mg tab*	TIER 1	PA, QL (120 PER 25)
tramadol hcl	*tramadol hcl 50 mg tab*	TIER 1	PA, QL (180 PER 25)
tramadol-acetaminophen	*tramadol-acetaminophen 37.5-325 mg tab*	TIER 1	QL (40 PER 25)
trezix	*trezix 320.5-30-16 mg cap*	TIER 1	QL (300 PER 25)
VERDROCET	VERDROCET 2.5-325 MG TAB *hydrocodone-acetaminophen*	TIER 1	QL (360 PER 25)
vicodin	*vicodin 5-300 mg tab*	TIER 1	QL (240 PER 25)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vicodin es	*vicodin es 7.5-300 mg tab*	TIER 1	QL (180 PER 25)
vicodin hp	*vicodin hp 10-300 mg tab*	TIER 1	QL (180 PER 25 DAY(S))
ANESTHETICS LOCAL ANESTHETICS			
7t lido	*7t lido 2 % gel*	TIER 1	
glydo	*glydo 2 % prsyr*	TIER 1	
lidocaine	*lidocaine 5 % ointment*	TIER 1	
lidocaine	*lidocaine 5 % patch*	TIER 1	QL (3 PER DAY)
LIDOCAINE HCL	LIDOCAINE HCL 4 % SOLUTION *lidocaine hcl (mouth-throat)*	TIER 1	
lidocaine hcl urethral/mucosal	*lidocaine hcl urethral/mucosal (2 % gel, 2 % prsyr)*	TIER 1	
lidocaine pak	*lidocaine pak 5 % ointment*	TIER 1	
lidocaine viscous hcl	*lidocaine viscous hcl 2 % solution*	TIER 1	
lidocaine-prilocaine	*lidocaine-prilocaine 2.5-2.5 % cream*	TIER 1	
premium lidocaine	*premium lidocaine 5 % ointment*	TIER 1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS ALCOHOL DETERRENTS/ANTI-CRAVING			
acamprosate calcium	*acamprosate calcium 333 mg tab dr*	TIER 1	PV
disulfiram	*disulfiram (250 mg tab, 500 mg tab)*	TIER 1	PV
naltrexone hcl	*naltrexone hcl 50 mg tab*	TIER 1	PV
OPIOID DEPENDENCE TREATMENTS			
buprenorphine hcl	*buprenorphine hcl (2 mg sl tab, 8 mg sl tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
buprenorphine hcl-naloxone hcl	*buprenorphine hcl-naloxone hcl (-naloxone 2-0.5 mg film, -naloxone 2-0.5 mg sl tab, -naloxone 4-1 mg film, -naloxone 8-2 mg sl tab, -naloxone 8-2 mg film, -naloxone 12-3 mg film)*	TIER 1	PV
OPIOID REVERSAL AGENTS			
NALOXONE HCL	NALOXONE HCL (0.4 MG/ML SOLN CART, 2 MG/2ML SOLN PRSYR) *naloxone hcl*	TIER 1	
NARCAN	NARCAN 4 MG/0.1ML LIQUID *naloxone hcl*	TIER 2	
SMOKING CESSATION AGENTS			
buproban	*buproban 150 mg tab er 12h*	TIER 1	
bupropion hcl er (smoking det)	*bupropion hcl er (smoking det) 150 mg tab er 12h*	TIER 1	
ANTIBACTERIALS AMINOGLYCOSIDES			
ARIKAYCE	ARIKAYCE 590 MG/8.4ML SUSPENSION *amikacin sulfate liposome*	SP-P	QL (236 PER 28 DAY(S))
GENTAK	GENTAK 0.3 % OINTMENT *gentamicin sulfate (ophth)*	TIER 1	
gentamicin sulfate	*gentamicin sulfate (0.1 % cream, 0.1 % ointment, 0.3 % solution)*	TIER 1	
neomycin sulfate	*neomycin sulfate 500 mg tab*	TIER 1	
paromomycin sulfate	*paromomycin sulfate 250 mg cap*	TIER 1	
tobramycin	*tobramycin 0.3 % solution*	TIER 1	
tobramycin sulfate	*tobramycin sulfate (1.2 gm/30ml solution, 1.2 gm recon soln, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)*	TIER 1	
TOBREX	TOBREX 0.3 % OINTMENT *tobramycin (ophth)*	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS, OTHER			
BACITRACIN	BACITRACIN 500 UNIT/GM OINTMENT *bacitracin (ophthalmic)*	TIER 1	
benzoyl peroxide-erythromycin	*benzoyl peroxide-erythromycin 5-3 % gel*	TIER 1	
CLEOCIN	CLEOCIN 100 MG SUPPOS *clindamycin phosphate vaginal*	TIER 3	
CLEOCIN PHOSPHATE	CLEOCIN PHOSPHATE (300 MG/2ML SOLUTION, 600 MG/4ML SOLUTION, 900 MG/6ML SOLUTION) *clindamycin phosphate*	TIER 1	GA
clindacin etz	*clindacin etz 1 % swab*	TIER 1	
clindacin-p	*clindacin-p 1 % swab*	TIER 1	
clindamycin hcl	*clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)*	TIER 1	
clindamycin palmitate hcl	*clindamycin palmitate hcl 75 mg/5ml recon soln*	TIER 1	
clindamycin phosphate	*clindamycin phosphate (1 % lotion, 1 % gel, 1 % swab, 2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)*	TIER 1	
clindamycin phosphate	*clindamycin phosphate 1 % foam*	TIER 1	PA
clindamycin phosphate	*clindamycin phosphate 1 % solution*	TIER 1	QL (180 PER 30 DAY(S))
colistimethate sodium (cba)	*colistimethate sodium (cba) 150 mg recon soln*	SP-M	
COLY-MYCIN M	COLY-MYCIN M 150 MG RECON SOLN *colistimethate sodium*	SP-M	GA
FIRVANQ	FIRVANQ (25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN) *vancomycin hcl*	TIER 2	QL (450 PER 23 DAY(S))
HYOPHEN	HYOPHEN 81.6 MG TAB *methenamine-hyosc-methylene blue-benzoic acid-phenyl sal*	TIER 1	
linezolid	*linezolid (100 mg/5ml recon susp, 600 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mafenide acetate	*mafenide acetate 5 % packet*	TIER 1	
me/naphos/mb/hyo1	*me/naphos/mb/hyo1 81.6 mg tab*	TIER 1	
methenamine hippurate	*methenamine hippurate 1 gm tab*	TIER 1	
methenamine mandelate	*methenamine mandelate (0.5 gm tab, 1 gm tab)*	TIER 1	
metronidazole	*metronidazole (0.75 % gel, 250 mg tab, 375 mg cap, 500 mg tab)*	TIER 1	
MONUROL	MONUROL 3 GM PACKET *fosfomycin tromethamine*	TIER 2	
mupirocin	*mupirocin 2 % ointment*	TIER 1	
MUPIROCIN CALCIUM	MUPIROCIN CALCIUM 2 % CREAM *mupirocin calcium (topical)*	TIER 1	QL (60 PER 30 DAY(S))
nitrofurantoin	*nitrofurantoin 25 mg/5ml suspension*	TIER 1	
nitrofurantoin macrocrystal	*nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)*	TIER 1	
nitrofurantoin monohyd macro	*nitrofurantoin monohyd macro 100 mg cap*	TIER 1	
phosphasal	*phosphasal 81.6 mg tab*	TIER 1	
PRIMSOL	PRIMSOL 50 MG/5ML SOLUTION *trimethoprim hcl*	TIER 3	
SIVEXTRO	SIVEXTRO 200 MG TAB *tedizolid phosphate*	TIER 3	
SULFAMYLON	SULFAMYLON 85 MG/GM CREAM *mafenide acetate*	TIER 3	
tinidazole	*tinidazole (250 mg tab, 500 mg tab)*	TIER 1	
trimethoprim	*trimethoprim 100 mg tab*	TIER 1	
urelle	*urelle 81 mg tab*	TIER 1	
uretron d/s	*uretron d/s tab*	TIER 1	
uribel	*uribel 118 mg cap*	TIER 1	
URIMAR-T	URIMAR-T 120 MG TAB *methenamine-hyosc-methylene blue-sod phos-phenyl sal*	TIER 1	
urin ds	*urin ds tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
uro-458	*uro-458 81 mg tab*	TIER 1	
uro-mp	*uro-mp 118 mg cap*	TIER 1	
uryl	*uryl 81.6 mg tab*	TIER 1	
ustell	*ustell 120 mg cap*	TIER 1	
uticap	*uticap 120 mg cap*	TIER 1	
utira-c	*utira-c 81.6 mg tab*	TIER 1	
utrona-c	*utrona-c 81.6 mg tab*	TIER 1	
vancomycin hcl	*vancomycin hcl (5 gm recon soln, 750 mg recon soln)*	TIER 1	
vandazole	*vandazole 0.75 % gel*	TIER 1	
vilamit mb	*vilamit mb 118 mg cap*	TIER 1	
vilevev mb	*vilevev mb 81 mg tab*	TIER 1	
XIFAXAN	XIFAXAN (200 MG TAB, 550 MG TAB) *rifaximin*	TIER 2	
BETA-LACTAM, CEPHALOSPORINS			
cefaclor	*cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap)*	TIER 1	
CEFACLOR ER	CEFACLOR ER 500 MG TAB ER 12H *cefaclor monohydrate*	TIER 3	
cefadroxil	*cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg/5ml recon susp, 500 mg cap)*	TIER 1	
cefdinir	*cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)*	TIER 1	
cefditoren pivoxil	*cefditoren pivoxil (200 mg tab, 400 mg tab)*	TIER 1	
cefepime hcl	*cefepime hcl (1 gm recon soln, 2 gm recon soln)*	TIER 2	
CEFEPIME-DEXTROSE	CEFEPIME-DEXTROSE 1-5 GM-%(50ML) RECON SOLN *cefepime hcl-dextrose*	TIER 2	
cefixime	*cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cefpodoxime proxetil	*cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg/5ml recon susp, 100 mg tab, 200 mg tab)*	TIER 1	
cefprozil	*cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)*	TIER 1	
ceftriaxone sodium	*ceftriaxone sodium (1 gm recon soln, 250 mg recon soln, 500 mg recon soln)*	TIER 1	
cefuroxime axetil	*cefuroxime axetil (250 mg tab, 500 mg tab)*	TIER 1	
cephalexin	*cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab, 500 mg cap, 750 mg cap)*	TIER 1	
MAXIPIME	MAXIPIME (1 GM RECON SOLN, 2 GM RECON SOLN) *cefepime hcl*	TIER 2	GA
SUPRAX	SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP) *cefixime*	TIER 3	
BETA-LACTAM, OTHER			
AZACTAM	AZACTAM 1 GM RECON SOLN *aztreonam*	TIER 2	GA
aztreonam	*aztreonam 1 gm recon soln*	TIER 2	
BETA-LACTAM, PENICILLINS			
amoxicillin	*amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg chew tab, 250 mg cap, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amoxicillin-pot clavulanate	*amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 200-28.5 mg chew tab, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)*	TIER 1	
amoxicillin-pot clavulanate er	*amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h*	TIER 1	
AMPICILLIN	AMPICILLIN 500 MG CAP *ampicillin*	TIER 1	
BICILLIN L-A	BICILLIN L-A (600000 UNIT/ML SUSPENSION, 1200000 UNIT/2ML SUSPENSION, 2400000 UNIT/4ML SUSPENSION) *penicillin g benzathine*	TIER 1	
dicloxacillin sodium	*dicloxacillin sodium (250 mg cap, 500 mg cap)*	TIER 1	
penicillin v potassium	*penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, 250 mg tab, 500 mg tab)*	TIER 1	
MACROLIDES			
AZASITE	AZASITE 1 % SOLUTION *azithromycin (ophth)*	TIER 3	
azithromycin	*azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)*	TIER 1	
clarithromycin	*clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp, 250 mg tab, 500 mg tab)*	TIER 1	
clarithromycin er	*clarithromycin er 500 mg tab er 24h*	TIER 1	
ERY	ERY 2 % PAD *erythromycin (acne aid)*	TIER 1	GA
ery-tab	*ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)*	TIER 1	
ERYTHROCIN STEARATE	ERYTHROCIN STEARATE 250 MG TAB *erythromycin stearate*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
erythromycin	*erythromycin (2 % pad, 2 % gel, 2 % solution, 5 mg/gm ointment, 250 mg tab dr, 333 mg tab dr, 500 mg tab dr)*	TIER 1	
erythromycin base	*erythromycin base (250 mg tab, 250 mg cp dr part, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)*	TIER 1	
erythromycin ethylsuccinate	*erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)*	TIER 1	
KLARITY-A	KLARITY-A 1 % SOLUTION *azithromycin (ophth)*	TIER 3	
QUINOLONES			
BESIVANCE	BESIVANCE 0.6 % SUSPENSION *besifloxacin hcl*	TIER 3	
CILOXAN	CILOXAN 0.3 % OINTMENT *ciprofloxacin hcl (ophth)*	TIER 3	
ciprofloxacin	*ciprofloxacin 500 mg/5ml (10%) recon susp*	TIER 1	
ciprofloxacin hcl	*ciprofloxacin hcl (0.2 % solution, 0.3 % solution, 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)*	TIER 1	
CIPROFLOXACIN-CIPROFLOX HCL ER	CIPROFLOXACIN-CIPROFLOX HCL ER (ER 500 MG TAB ER 24H, ER 1000 MG TAB ER 24H) *ciprofloxacin-ciprofloxacin hcl*	TIER 1	
gatifloxacin	*gatifloxacin 0.5 % solution*	TIER 1	
levofloxacin	*levofloxacin (0.5 % solution, 25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)*	TIER 1	
MOXEZA	MOXEZA 0.5 % SOLUTION *moxifloxacin hcl (ophth)*	TIER 3	
moxifloxacin hcl	*moxifloxacin hcl (0.5 % solution, 400 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ofloxacin	*ofloxacin (0.3 % solution, 300 mg tab, 400 mg tab)*	TIER 1	
SULFONAMIDES			
silver sulfadiazine	*silver sulfadiazine 1 % cream*	TIER 1	
ssd	*ssd 1 % cream*	TIER 1	
sulfacetamide sodium	*sulfacetamide sodium (10 % ointment, 10 % solution)*	TIER 1	
sulfacetamide sodium (acne)	*sulfacetamide sodium (acne) 10 % lotion*	TIER 1	
SULFADIAZINE	SULFADIAZINE 500 MG TAB *sulfadiazine*	TIER 1	
sulfamethoxazole-trimethoprim	*sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)*	TIER 1	
sulfatrim pediatric	*sulfatrim pediatric 200-40 mg/5ml suspension*	TIER 1	
TETRACYCLINES			
avidoxy	*avidoxy 100 mg tab*	TIER 1	PA
coremino	*coremino (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)*	TIER 1	PA
demeclocycline hcl	*demeclocycline hcl (150 mg tab, 300 mg tab)*	TIER 1	
doxycycline hyclate	*doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg tab, 100 mg cap)*	TIER 1	
doxycycline hyclate	*doxycycline hyclate (50 mg tab dr, 75 mg tab dr, 100 mg tab dr, 150 mg tab dr)*	TIER 1	PA
doxycycline monohydrate	*doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 100 mg cap)*	TIER 1	
doxycycline monohydrate	*doxycycline monohydrate (50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)*	TIER 1	PA
minocycline hcl	*minocycline hcl (50 mg tab, 50 mg cap, 75 mg tab, 75 mg cap, 100 mg cap, 100 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
minocycline hcl er	*minocycline hcl er (er 45 mg tab er 24h, er 55 mg tab er 24h, er 65 mg tab er 24h, er 80 mg tab er 24h, er 90 mg tab er 24h, er 105 mg tab er 24h, er 115 mg tab er 24h, er 135 mg tab er 24h)*	TIER 1	PA
mondoxyne nl	*mondoxyne nl (50 mg cap, 100 mg cap)*	TIER 1	
morgidox	*morgidox (50 mg cap, 100 mg cap)*	TIER 1	
soloxide	*soloxide 150 mg tab dr*	TIER 1	PA
tetracycline hcl	*tetracycline hcl (250 mg cap, 500 mg cap)*	TIER 1	
VIBRAMYCIN	VIBRAMYCIN 50 MG/5ML SYRUP *doxycycline calcium*	TIER 3	
ANTICONVULSANTS ANTICONVULSANTS, OTHER			
DIACOMIT	DIACOMIT (250 MG CAP, 250 MG PACKET) *stiripentol*	SP-P	PA, QL (360 PER 30 DAY(S))
DIACOMIT	DIACOMIT (500 MG PACKET, 500 MG CAP) *stiripentol*	SP-P	PA, QL (180 PER 30 DAY(S))
EPIDIOLEX	EPIDIOLEX 100 MG/ML SOLUTION *cannabidiol*	SP-P	PA, QL (600 PER 30 DAY(S))
levetiracetam	*levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)*	TIER 1	PV
levetiracetam er	*levetiracetam er (er 500 mg tab er 24h, er 750 mg tab er 24h)*	TIER 1	PV
roweepra	*roweepra (500 mg tab, 750 mg tab, 1000 mg tab)*	TIER 1	PV
roweepra xr	*roweepra xr (500 mg tab er 24h, 750 mg tab er 24h)*	TIER 1	PV
CALCIUM CHANNEL MODIFYING AGENTS			
CELONTIN	CELONTIN 300 MG CAP *methsuximide*	TIER 2	PV
ethosuximide	*ethosuximide (250 mg/5ml solution, 250 mg cap)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
zonisamide	*zonisamide (25 mg cap, 50 mg cap, 100 mg cap)*	TIER 1	PV
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS			
clobazam	*clobazam 10 mg tab*	TIER 1	PA, QL (120 PER 30 DAYS)
clobazam	*clobazam 2.5 mg/ml suspension*	TIER 1	PA, QL (480 PER 30 DAYS)
clobazam	*clobazam 20 mg tab*	TIER 1	PA, QL (60 PER 30 DAYS)
diazepam	*diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)*	TIER 1	
divalproex sodium	*divalproex sodium (125 mg tab dr, 125 mg cap dr, 250 mg tab dr, 500 mg tab dr)*	TIER 1	PV
divalproex sodium er	*divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)*	TIER 1	PV
gabapentin	*gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)*	TIER 1	
LYRICA CR	LYRICA CR (82.5 MG TAB ER 24H, 165 MG TAB ER 24H, 330 MG TAB ER 24H) *pregabalin (once-daily)*	TIER 3	
phenobarbital	*phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)*	TIER 1	PV
primidone	*primidone (50 mg tab, 250 mg tab)*	TIER 1	PV
SABRIL	SABRIL (500 MG TAB, 500 MG PACKET) *vigabatrin*	SP-NP	QL (180 PER 30 DAYS), GA
tiagabine hcl	*tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)*	TIER 1	PV
valproic acid	*valproic acid (250 mg cap, 250 mg/5ml solution)*	TIER 1	PV
vigabatrin	*vigabatrin (500 mg tab, 500 mg packet)*	SP-P	QL (180 PER 30 DAYS)
vigadrone	*vigadrone 500 mg packet*	SP-P	QL (180 PER 30 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUTAMATE REDUCING AGENTS			
felbamate	*felbamate (400 mg tab, 600 mg/5ml suspension, 600 mg tab)*	TIER 1	PV
lamotrigine	*lamotrigine (5 mg chew tab, 25 mg tab, 25 mg chew tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 100 mg tab, 150 mg tab, 200 mg tab disp, 200 mg tab)*	TIER 1	PV
lamotrigine er	*lamotrigine er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h, er 250 mg tab er 24h, er 300 mg tab er 24h)*	TIER 1	PV
subvenite	*subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)*	TIER 1	PV
topiramate	*topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)*	TIER 1	PV
topiramate er	*topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cp24 sprnk)*	TIER 1	PV
SODIUM CHANNEL AGENTS			
BANZEL	BANZEL (200 MG TAB, 400 MG TAB) *rufinamide*	TIER 2	PA, QL (240 PER 30 DAYS), PV
BANZEL	BANZEL 40 MG/ML SUSPENSION *rufinamide*	TIER 2	PA, QL (2400 PER 30 DAYS), PV
carbamazepine	*carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
carbamazepine er	*carbamazepine er (er 100 mg tab er 12h, er 100 mg cap er 12h, er 200 mg tab er 12h, er 200 mg cap er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)*	TIER 1	PV
epitol	*epitol 200 mg tab*	TIER 1	PV
oxcarbazepine	*oxcarbazepine (150 mg tab, 300 mg/5ml suspension, 300 mg tab, 600 mg tab)*	TIER 1	PV
PEGANONE	PEGANONE 250 MG TAB *ethotoin*	TIER 2	PV
phenytoin	*phenytoin (50 mg chew tab, 125 mg/5ml suspension)*	TIER 1	PV
phenytoin infatabs	*phenytoin infatabs 50 mg chew tab*	TIER 1	PV
phenytoin sodium extended	*phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)*	TIER 1	PV
VIMPAT	VIMPAT (10 MG/ML SOLUTION, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) *lacosamide*	TIER 2	PV
ANTIDEMENTIA AGENTS ANTIDEMENTIA AGENTS, OTHER			
ERGOLOID MESYLATES	ERGOLOID MESYLATES 1 MG TAB *ergoloid mesylates*	TIER 1	
CHOLINESTERASE INHIBITORS			
donepezil hcl	*donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab disp, 10 mg tab, 23 mg tab)*	TIER 1	
galantamine hydrobromide	*galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)*	TIER 1	
galantamine hydrobromide er	*galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
rivastigmine	*rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)*	TIER 1	
rivastigmine tartrate	*rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)*	TIER 1	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST			
memantine hcl	*memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)*	TIER 1	
memantine hcl er	*memantine hcl er (er 7 mg cap er 24h, er 14 mg cap er 24h, er 21 mg cap er 24h, er 28 mg cap er 24h)*	TIER 1	
ANTIDEPRESSANTS ANTIDEPRESSANTS, OTHER			
bupropion hcl	*bupropion hcl (75 mg tab, 100 mg tab)*	TIER 1	PV
bupropion hcl er (sr)	*bupropion hcl er (sr) (er 100 mg tab er 12h, er 150 mg tab er 12h, er 200 mg tab er 12h)*	TIER 1	PV
bupropion hcl er (xl)	*bupropion hcl er (xl) (er 150 mg tab er 24h, er 300 mg tab er 24h)*	TIER 1	PV
CHLORDIAZEPOXIDE-AMITRIPTYLINE	CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB) *chlordiazepoxide-amitriptyline*	TIER 1	
mirtazapine	*mirtazapine (7.5 mg tab, 15 mg tab disp, 15 mg tab, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)*	TIER 1	PV
olanzapine-fluoxetine hcl	*olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PERPHENAZINE-AMITRIPTYLINE	PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-50 MG TAB, 4-25 MG TAB, 4-10 MG TAB) *perphenazine-amitriptyline*	TIER 1	
MONOAMINE OXIDASE INHIBITORS			
MARPLAN	MARPLAN 10 MG TAB *isocarboxazid*	TIER 2	PV
phenelzine sulfate	*phenelzine sulfate 15 mg tab*	TIER 1	PV
tranylcypromine sulfate	*tranylcypromine sulfate 10 mg tab*	TIER 1	PV
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)			
citalopram hydrobromide	*citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)*	TIER 1	PV
desvenlafaxine er	*desvenlafaxine er (er 50 mg tab er 24h, er 100 mg tab er 24h)*	TIER 1	PA, QL (30 PER 30 DAYS)
desvenlafaxine succinate er	*desvenlafaxine succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h)*	TIER 1	QL (30 PER 30 DAYS)
escitalopram oxalate	*escitalopram oxalate (5 mg/5ml solution, 5 mg tab, 10 mg tab, 20 mg tab)*	TIER 1	PV
FLUOXETINE HCL	FLUOXETINE HCL (10 MG CAP, 20 MG/5ML SOLUTION, 20 MG CAP, 40 MG CAP, 90 MG CAP DR) *fluoxetine hcl*	TIER 1	PV
fluvoxamine maleate	*fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
fluvoxamine maleate er	*fluvoxamine maleate er (er 100 mg cap er 24h, er 150 mg cap er 24h)*	TIER 1	PA, PV
MAPROTILINE HCL	MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB) *maprotiline hcl*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nefazodone hcl	*nefazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)*	TIER 1	PV
paroxetine hcl	*paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)*	TIER 1	PV
paroxetine hcl er	*paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)*	TIER 1	PV
paroxetine mesylate	*paroxetine mesylate 7.5 mg cap*	TIER 1	QL (30 PER 30 DAYS)
sertraline hcl	*sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
trazodone hcl	*trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)*	TIER 1	PV
venlafaxine hcl	*venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)*	TIER 1	PV
venlafaxine hcl er	*venlafaxine hcl er (er 37.5 mg cap er 24h, er 75 mg cap er 24h, er 150 mg cap er 24h)*	TIER 1	PV
TRICYCLICS			
amitriptyline hcl	*amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)*	TIER 1	PV
AMOXAPINE	AMOXAPINE (25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB) *amoxapine*	TIER 1	PV
clomipramine hcl	*clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)*	TIER 1	PV
desipramine hcl	*desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)*	TIER 1	PV
doxepin hcl	*doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)*	TIER 1	PV
imipramine hcl	*imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nortriptyline hcl	*nortriptyline hcl (10 mg/5ml solution, 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)*	TIER 1	PV
protriptyline hcl	*protriptyline hcl (5 mg tab, 10 mg tab)*	TIER 1	PV
trimipramine maleate	*trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)*	TIER 1	PV
ANTIEMETICS ANTIEMETICS, OTHER			
compro	*compro 25 mg suppos*	TIER 1	
metoclopramide hcl	*metoclopramide hcl (5 mg/5ml solution, 5 mg tab disp, 5 mg tab, 10 mg tab, 10 mg/10ml solution)*	TIER 1	
perphenazine	*perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)*	TIER 1	PV
phenadoz	*phenadoz (12.5 mg suppos, 25 mg suppos)*	TIER 1	
prochlorperazine	*prochlorperazine 25 mg suppos*	TIER 1	
prochlorperazine maleate	*prochlorperazine maleate (5 mg tab, 10 mg tab)*	TIER 1	
promethazine hcl	*promethazine hcl (12.5 mg tab, 12.5 mg suppos, 25 mg tab, 25 mg suppos, 50 mg suppos, 50 mg tab)*	TIER 1	
PROMETHEGAN	PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS) *promethazine hcl*	TIER 1	GA
scopolamine	*scopolamine 1 mg/3days patch 72hr*	TIER 1	
trimethobenzamide hcl	*trimethobenzamide hcl 300 mg cap*	TIER 1	
EMETOGENIC THERAPY ADJUNCTS			
ANZEMET	ANZEMET (50 MG TAB, 100 MG TAB) *dolasetron mesylate*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aprepitant	*aprepitant (40 mg cap, 80 & 125 mg cap, 80 mg cap, 125 mg cap)*	TIER 1	
CESAMET	CESAMET 1 MG CAP *nabilone*	TIER 2	
dronabinol	*dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)*	TIER 1	
EMEND	EMEND 125 MG RECON SUSP *aprepitant*	TIER 2	
granisetron hcl	*granisetron hcl 1 mg tab*	TIER 1	
ondansetron	*ondansetron (4 mg tab disp, 8 mg tab disp)*	TIER 1	
ondansetron hcl	*ondansetron hcl (4 mg tab, 8 mg tab, 24 mg tab)*	TIER 1	
ondansetron hcl	*ondansetron hcl 4 mg/5ml solution*	TIER 1	QL (300 PER 30 DAYS)
ANTIFUNGALS			
bio-statin	*bio-statin powder*	TIER 1	
ciclodan	*ciclodan 8 % solution*	TIER 1	
ciclopirox	*ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)*	TIER 1	
ciclopirox olamine	*ciclopirox olamine (0.77 % cream, 0.77 % suspension)*	TIER 1	
clotrimazole	*clotrimazole (10 mg troche, 10 mg lozenge)*	TIER 1	
econazole nitrate	*econazole nitrate 1 % cream*	TIER 1	QL (170 PER 30 DAY(S))
fluconazole	*fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)*	TIER 1	
flucytosine	*flucytosine (250 mg cap, 500 mg cap)*	TIER 1	
griseofulvin microsize	*griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)*	TIER 1	
griseofulvin ultramicrosize	*griseofulvin ultramicrosize (125 mg tab, 250 mg tab)*	TIER 1	
itraconazole	*itraconazole (10 mg/ml solution, 100 mg cap)*	TIER 1	PA
ketoconazole	*ketoconazole (2 % shampoo, 200 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ketoconazole	*ketoconazole 2 % cream*	TIER 1	QL (240 PER 30 DAY(S))
ketoconazole	*ketoconazole 2 % foam*	TIER 1	QL (200 PER 30 DAY(S))
luliconazole	*luliconazole 1 % cream*	TIER 1	
miconazole-zinc oxide-petrolat	*miconazole-zinc oxide-petrolat 0.25-15-81.35 % ointment*	TIER 1	
naftifine hcl	*naftifine hcl (1 % cream, 1 % gel, 2 % cream)*	TIER 1	
NATACYN	NATACYN 5 % SUSPENSION *natamycin*	TIER 3	
nyamyc	*nyamyc 100000 unit/gm powder*	TIER 1	
nystatin	*nystatin (100000 unit/gm powder, 100000 unit/ml suspension, 100000 unit/gm ointment, 100000 unit/gm cream, 500000 unit tab)*	TIER 1	
nystatin-triamcinolone	*nystatin-triamcinolone (cream, ointment)*	TIER 1	
nystop	*nystop 100000 unit/gm powder*	TIER 1	
posaconazole	*posaconazole 100 mg tab dr*	TIER 1	
terbinafine hcl	*terbinafine hcl 250 mg tab*	TIER 1	
terconazole	*terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)*	TIER 1	
VFEND IV	VFEND IV 200 MG RECON SOLN *voriconazole*	TIER 2	GA
voriconazole	*voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)*	TIER 1	
voriconazole	*voriconazole 200 mg recon soln*	TIER 2	
ANTIGOUT AGENTS			
allopurinol	*allopurinol (100 mg tab, 300 mg tab)*	TIER 1	
colchicine	*colchicine (0.6 mg tab, 0.6 mg cap)*	TIER 1	
colchicine-probenecid	*colchicine-probenecid 0.5-500 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
febuxostat	*febuxostat (40 mg tab, 80 mg tab)*	TIER 1	
probenecid	*probenecid 500 mg tab*	TIER 1	
ANTIMIGRAINE AGENTS ERGOT ALKALOIDS			
dihydroergotamine mesylate	*dihydroergotamine mesylate 1 mg/ml solution*	TIER 1	
ergotamine-caffeine	*ergotamine-caffeine 1-100 mg tab*	TIER 1	
MIGERGOT	MIGERGOT 2-100 MG SUPPOS *ergotamine w/ caffeine*	TIER 1	
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS			
almotriptan malate	*almotriptan malate (6.25 mg tab, 12.5 mg tab)*	TIER 1	QL (12 PER 30 DAYS)
eletriptan hydrobromide	*eletriptan hydrobromide (20 mg tab, 40 mg tab)*	TIER 1	PA, QL (12 PER 30 DAYS)
frovatriptan succinate	*frovatriptan succinate 2.5 mg tab*	TIER 1	PA, QL (18 PER 30 DAYS)
naratriptan hcl	*naratriptan hcl (1 mg tab, 2.5 mg tab)*	TIER 1	QL (12 PER 30 DAYS)
rizatriptan benzoate	*rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab disp, 10 mg tab)*	TIER 1	QL (18 PER 30 DAYS)
sumatriptan	*sumatriptan 20 mg/act solution*	TIER 1	QL (12 PER 30 DAYS)
sumatriptan	*sumatriptan 5 mg/act solution*	TIER 1	QL (24 PER 30 DAYS)
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE (6 MG/0.5ML SOLN PRSYR, 25 MG TAB, 50 MG TAB, 100 MG TAB) *sumatriptan succinate*	TIER 1	QL (12 PER 30 DAYS)
sumatriptan succinate	*sumatriptan succinate (6 soln a-inj, 6 solution)*	TIER 1	PA, QL (12 PER 30 DAYS)
sumatriptan succinate	*sumatriptan succinate 4 mg/0.5ml soln a-inj*	TIER 1	PA, QL (18 PER 30 DAYS)
sumatriptan succinate refill	*sumatriptan succinate refill 4 mg/0.5ml soln cart*	TIER 1	PA, QL (18 PER 30 DAYS)
sumatriptan succinate refill	*sumatriptan succinate refill 6 mg/0.5ml soln cart*	TIER 1	PA, QL (12 PER 30 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sumatriptan-naproxen sodium	*sumatriptan-naproxen sodium 85-500 mg tab*	TIER 1	PA, QL (9 PER 30 DAYS)
zolmitriptan	*zolmitriptan (2.5 mg tab disp, 2.5 mg tab, 5 mg tab, 5 mg tab disp)*	TIER 1	QL (12 PER 30 DAYS)
ANTIMIGRAINE AGENTS, OTHER			
AIMOVIG (140 MG DOSE)	AIMOVIG (140 MG DOSE) 70 MG/ML SOLN A-INJ *erenumab-aooe*	SP-NP	PA, QL (1 PER 30 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
AIMOVIG	AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ) *erenumab-aooe*	SP-NP	QL (1 PER 30 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
AJOVY	AJOVY 225 MG/1.5ML SOLN PRSYR *fremanezumab-vfrm*	SP-P	PA, QL (3 PER 90 DAY(S))
EMGALITY	EMGALITY (100 MG/ML SOLN PRSYR, 120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR) *galcanezumab-gnlm*	SP-P	PA, QL (1 PER 28 DAY(S))
ANTIMYASTHENIC AGENTS PARASYMPATHOMIMETICS			
GUANIDINE HCL	GUANIDINE HCL 125 MG TAB *guanidine hcl*	TIER 3	
pyridostigmine bromide	*pyridostigmine bromide (60 mg tab, 60 mg/5ml solution)*	TIER 1	
pyridostigmine bromide er	*pyridostigmine bromide er 180 mg tab er*	TIER 1	
RUZURGI	RUZURGI 10 MG TAB *amifampridine*	SP-P	PA, QL (240 PER 30 DAY(S))
ANTIMYCOBACTERIALS ANTIMYCOBACTERIALS, OTHER			
dapsone	*dapsone (25 mg tab, 100 mg tab)*	TIER 1	
rifabutin	*rifabutin 150 mg cap*	TIER 1	
ANTITUBERCULARS			
cycloserine	*cycloserine 250 mg cap*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ethambutol hcl	*ethambutol hcl (100 mg tab, 400 mg tab)*	TIER 1	
ISONIAZID	ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, 300 MG TAB) *isoniazid*	TIER 1	
PASER	PASER 4 GM PACKET *aminosalicylic acid*	TIER 1	
PRIFTIN	PRIFTIN 150 MG TAB *rifapentine*	TIER 3	
pyrazinamide	*pyrazinamide 500 mg tab*	TIER 1	
rifampin	*rifampin (150 mg cap, 300 mg cap)*	TIER 1	
TRECATOR	TRECATOR 250 MG TAB *ethionamide*	TIER 3	
ANTINEOPLASTICS ALKYLATING AGENTS			
cyclophosphamide	*cyclophosphamide (25 mg cap, 50 mg cap)*	TIER 1	
GLEOSTINE	GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP) *lomustine*	TIER 2	
LEUKERAN	LEUKERAN 2 MG TAB *chlorambucil*	TIER 2	
MATULANE	MATULANE 50 MG CAP *procarbazine hcl*	TIER 2	
melphalan	*melphalan 2 mg tab*	TIER 1	
MYLERAN	MYLERAN 2 MG TAB *busulfan*	TIER 2	
TEMODAR	TEMODAR (5 MG CAP, 20 MG CAP, 100 MG CAP, 140 MG CAP, 180 MG CAP, 250 MG CAP) *temozolomide*	SP-NP	GA
temozolomide	*temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)*	SP-P	
VALCHLOR	VALCHLOR 0.016 % GEL *mechlorethamine hcl (topical)*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIANDROGENS			
abiraterone acetate	*abiraterone acetate 250 mg tab*	SP-P	
bicalutamide	*bicalutamide 50 mg tab*	TIER 1	
ERLEADA	ERLEADA 60 MG TAB *apalutamide*	SP-P	
flutamide	*flutamide 125 mg cap*	TIER 1	
nilutamide	*nilutamide 150 mg tab*	TIER 1	
NUBEQA	NUBEQA 300 MG TAB *darolutamide*	SP-P	
XTANDI	XTANDI 40 MG CAP *enzalutamide*	SP-P	
YONSA	YONSA 125 MG TAB *abiraterone acetate*	SP-P	
ZYTIGA	ZYTIGA (250 MG TAB, 500 MG TAB) *abiraterone acetate*	SP-P	
ANTIANGIOGENIC AGENTS			
POMALYST	POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP) *pomalidomide*	SP-P	
REVLIMID	REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP) *lenalidomide*	SP-P	
THALOMID	THALOMID (50 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP) *thalidomide*	SP-P	
ANTIESTROGENS/MODIFIERS			
EMCYT	EMCYT 140 MG CAP *estramustine phosphate sodium*	SP-P	
SOLTAMOX	SOLTAMOX 10 MG/5ML SOLUTION *tamoxifen citrate*	TIER 2	PA, PV
tamoxifen citrate	*tamoxifen citrate (10 mg tab, 20 mg tab)*	TIER 1	PA, PV
toremifene citrate	*toremifene citrate 60 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIMETABOLITES			
capecitabine	*capecitabine (150 mg tab, 500 mg tab)*	SP-P	
DROXIA	DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP) *hydroxyurea (sickle cell anemia)*	TIER 3	
FLUOROURACIL	FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION, 5 % CREAM) *fluorouracil (topical)*	TIER 1	
hydroxyurea	*hydroxyurea 500 mg cap*	TIER 1	
mercaptopurine	*mercaptopurine 50 mg tab*	TIER 1	
TABLOID	TABLOID 40 MG TAB *thioguanine*	TIER 2	
XELODA	XELODA (150 MG TAB, 500 MG TAB) *capecitabine*	SP-NP	GA
ANTINEOPLASTICS, OTHER			
ALUNBRIG	ALUNBRIG (30 MG TAB, 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB) *brigatinib*	SP-P	
BALVERSA	BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB) *erdafitinib*	SP-P	
BRUKINSA	BRUKINSA 80 MG CAP *zanubrutinib*	SP-P	
IDHIFA	IDHIFA (50 MG TAB, 100 MG TAB) *enasidenib mesylate*	SP-P	
leucovorin calcium	*leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg recon soln)*	TIER 1	
LONSURF	LONSURF (15-6.14 MG TAB, 20-8.19 MG TAB) *trifluridine-tipiracil*	SP-P	
NINLARO	NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP) *ixazomib citrate*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROZLYTREK	ROZLYTREK 100 MG CAP *entrectinib*	SP-P	QL (30 PER 30 DAY(S))
ROZLYTREK	ROZLYTREK 200 MG CAP *entrectinib*	SP-P	QL (90 PER 30 DAY(S))
RUBRACA	RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB) *rucaparib camsylate*	SP-P	
RYDAPT	RYDAPT 25 MG CAP *midostaurin*	SP-P	
SYLATRON	SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT) *peginterferon alfa-2b (antineoplastic)*	SP-P	
SYNRIBO	SYNRIBO 3.5 MG RECON SOLN *omacetaxine mepesuccinate*	SP-M	
TIBSOVO	TIBSOVO 250 MG TAB *ivosidenib*	SP-P	
VITRAKVI	VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP) *larotrectinib sulfate*	SP-P	
VIZIMPRO	VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB) *dacomitinib*	SP-P	
XOSPATA	XOSPATA 40 MG TAB *gilteritinib fumarate*	SP-P	
XPOVIO (100 MG ONCE WEEKLY)	XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK *selinexor*	SP-P	
XPOVIO (60 MG ONCE WEEKLY)	XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK *selinexor*	SP-P	
XPOVIO (80 MG ONCE WEEKLY)	XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK *selinexor*	SP-P	
XPOVIO (80 MG TWICE WEEKLY)	XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZEJULA	ZEJULA 100 MG CAP *niraparib tosylate*	SP-P	
ZOLINZA	ZOLINZA 100 MG CAP *vorinostat*	SP-P	
AROMATASE INHIBITORS, 3RD GENERATION			
anastrozole	*anastrozole 1 mg tab*	TIER 1	PV
exemestane	*exemestane 25 mg tab*	TIER 1	PV
letrozole	*letrozole 2.5 mg tab*	TIER 1	PV
ENZYME INHIBITORS			
ETOPOSIDE	ETOPOSIDE 50 MG CAP *etoposide*	SP-P	
HYCAMTIN	HYCAMTIN (0.25 MG CAP, 1 MG CAP) *topotecan hcl*	SP-P	
LORBRENA	LORBRENA (25 MG TAB, 100 MG TAB) *lorlatinib*	SP-P	
PIQRAY 200MG DAILY DOSE	PIQRAY 200MG DAILY DOSE 200 MG TAB THPK *alpelisib*	SP-P	
PIQRAY 250MG DAILY DOSE	PIQRAY 250MG DAILY DOSE 200 & 50 MG TAB THPK *alpelisib*	SP-P	
PIQRAY 300MG DAILY DOSE	PIQRAY 300MG DAILY DOSE 2X150 MG TAB THPK *alpelisib*	SP-P	
MOLECULAR TARGET INHIBITORS			
AFINITOR	AFINITOR (2.5 MG TAB, 7.5 MG TAB) *everolimus*	SP-NP	QL (60 PER 30 DAYS), GA
AFINITOR	AFINITOR 10 MG TAB *everolimus*	SP-P	QL (60 PER 30 DAYS)
AFINITOR	AFINITOR 5 MG TAB *everolimus*	SP-NP	QL (120 PER 30 DAYS), GA
AFINITOR DISPERZ	AFINITOR DISPERZ (2 MG TAB SOL, 3 MG TAB SOL, 5 MG TAB SOL) *everolimus*	SP-P	
ALECENSA	ALECENSA 150 MG CAP *alectinib hcl*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BOSULIF	BOSULIF (100 MG TAB, 400 MG TAB, 500 MG TAB) *bosutinib*	SP-P	
BRAFTOVI	BRAFTOVI (50 MG CAP, 75 MG CAP) *encorafenib*	SP-P	
CABOMETYX	CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB) *cabozantinib s-malate*	SP-P	
CALQUENCE	CALQUENCE 100 MG CAP *acalabrutinib*	TIER 2	
CAPRELSA	CAPRELSA (100 MG TAB, 300 MG TAB) *vandetanib*	SP-P	
COMETRIQ (100 MG DAILY DOSE)	COMETRIQ (100 MG DAILY DOSE) 1 X 80 & 1 X 20 MG KIT *cabozantinib s-malate*	SP-P	
COMETRIQ (140 MG DAILY DOSE)	COMETRIQ (140 MG DAILY DOSE) 1 X 80 & 3 X 20 MG KIT *cabozantinib s-malate*	SP-P	
COMETRIQ (60 MG DAILY DOSE)	COMETRIQ (60 MG DAILY DOSE) 20 MG KIT *cabozantinib s-malate*	SP-P	
COPIKTRA	COPIKTRA (15 MG CAP, 25 MG CAP) *duvelisib*	SP-P	
COTELLIC	COTELLIC 20 MG TAB *cobimetinib fumarate*	SP-P	
DAURISMO	DAURISMO (25 MG TAB, 100 MG TAB) *glasdegib maleate*	SP-P	
ERIVEDGE	ERIVEDGE 150 MG CAP *vismodegib*	SP-P	
erlotinib hcl	*erlotinib hcl (25 mg tab, 100 mg tab, 150 mg tab)*	SP-P	
everolimus	*everolimus (2.5 mg tab, 7.5 mg tab)*	SP-P	QL (60 PER 30 DAYS)
everolimus	*everolimus 5 mg tab*	SP-P	QL (120 PER 30 DAYS)
FARYDAK	FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP) *panobinostat lactate*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GILOTRIF	GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB) *afatinib dimaleate*	SP-P	
GLEEVEC	GLEEVEC (100 MG TAB, 400 MG TAB) *imatinib mesylate*	SP-NP	GA
IBRANCE	IBRANCE (75 MG CAP, 100 MG CAP, 125 MG CAP) *palbociclib*	SP-P	
ICLUSIG	ICLUSIG (15 MG TAB, 45 MG TAB) *ponatinib hcl*	SP-P	
imatinib mesylate	*imatinib mesylate (100 mg tab, 400 mg tab)*	SP-P	
IMBRUVICA	IMBRUVICA (70 MG CAP, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB) *ibrutinib*	SP-P	
INLYTA	INLYTA (1 MG TAB, 5 MG TAB) *axitinib*	SP-P	
IRESSA	IRESSA 250 MG TAB *gefitinib*	SP-P	
JAKAFI	JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB) *ruxolitinib phosphate*	SP-P	
KISQALI 200 DOSE	KISQALI 200 DOSE 200 MG TAB THPK *ribociclib succinate*	SP-P	
KISQALI 400 DOSE	KISQALI 400 DOSE 200 MG TAB THPK *ribociclib succinate*	SP-P	
KISQALI 600 DOSE	KISQALI 600 DOSE 200 MG TAB THPK *ribociclib succinate*	SP-P	
KISQALI FEMARA 200 DOSE	KISQALI FEMARA 200 DOSE 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	SP-P	
KISQALI FEMARA 400 DOSE	KISQALI FEMARA 400 DOSE 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KISQALI FEMARA 600 DOSE	KISQALI FEMARA 600 DOSE 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	SP-P	
LENVIMA 10 MG DAILY DOSE	LENVIMA 10 MG DAILY DOSE 10 MG CAP THPK *lenvatinib mesylate*	SP-P	
LENVIMA 12 MG DAILY DOSE	LENVIMA 12 MG DAILY DOSE 4 (3) MG CAP THPK *lenvatinib mesylate*	SP-P	
LENVIMA 14 MG DAILY DOSE	LENVIMA 14 MG DAILY DOSE 10 & 4 MG CAP THPK *lenvatinib mesylate*	SP-P	
LENVIMA 18 MG DAILY DOSE	LENVIMA 18 MG DAILY DOSE 10 & 4 (2) MG CAP THPK *lenvatinib mesylate*	SP-P	
LENVIMA 20 MG DAILY DOSE	LENVIMA 20 MG DAILY DOSE 10 (2) MG CAP THPK *lenvatinib mesylate*	SP-P	
LENVIMA 24 MG DAILY DOSE	LENVIMA 24 MG DAILY DOSE 10 (2) & 4 MG CAP THPK *lenvatinib mesylate*	SP-P	
LENVIMA 4 MG DAILY DOSE	LENVIMA 4 MG DAILY DOSE 4 MG CAP THPK *lenvatinib mesylate*	SP-P	
LENVIMA 8 MG DAILY DOSE	LENVIMA 8 MG DAILY DOSE 4 (2) MG CAP THPK *lenvatinib mesylate*	SP-P	
LYNPARZA	LYNPARZA (100 MG TAB, 150 MG TAB) *olaparib*	SP-P	
MEKINIST	MEKINIST (0.5 MG TAB, 2 MG TAB) *trametinib dimethyl sulfoxide*	SP-P	
MEKTOVI	MEKTOVI 15 MG TAB *binimetinib*	SP-P	
NERLYNX	NERLYNX 40 MG TAB *neratinib maleate*	TIER 2	
NEXAVAR	NEXAVAR 200 MG TAB *sorafenib tosylate*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ODOMZO	ODOMZO 200 MG CAP *sonidegib phosphate*	SP-P	
SPRYCEL	SPRYCEL (20 MG TAB, 50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB) *dasatinib*	SP-P	
STIVARGA	STIVARGA 40 MG TAB *regorafenib*	SP-P	
SUTENT	SUTENT (12.5 MG CAP, 25 MG CAP, 37.5 MG CAP, 50 MG CAP) *sunitinib malate*	SP-P	
TAFINLAR	TAFINLAR (50 MG CAP, 75 MG CAP) *dabrafenib mesylate*	SP-P	
TAGRISSO	TAGRISSO (40 MG TAB, 80 MG TAB) *osimertinib mesylate*	SP-P	
TALZENNA	TALZENNA (0.25 MG CAP, 1 MG CAP) *talazoparib tosylate*	SP-P	PA
TARCEVA	TARCEVA (25 MG TAB, 100 MG TAB, 150 MG TAB) *erlotinib hcl*	SP-NP	GA
TASIGNA	TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP) *nilotinib hcl*	SP-P	
TYKERB	TYKERB 250 MG TAB *lapatinib ditosylate*	SP-P	QL (180 PER 30 DAYS)
VENCLEXTA	VENCLEXTA (10 MG TAB, 50 MG TAB, 100 MG TAB) *venetoclax*	SP-P	
VENCLEXTA STARTING PACK	VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK *venetoclax*	SP-P	
VERZENIO	VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) *abemaciclib*	SP-NP	
VOTRIENT	VOTRIENT 200 MG TAB *pazopanib hcl*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XALKORI	XALKORI (200 MG CAP, 250 MG CAP) *crizotinib*	SP-P	
ZELBORAF	ZELBORAF 240 MG TAB *vemurafenib*	SP-P	
ZYDELIG	ZYDELIG (100 MG TAB, 150 MG TAB) *idelalisib*	SP-P	
ZYKADIA	ZYKADIA (150 MG CAP, 150 MG TAB) *ceritinib*	SP-P	
RETINOIDS			
bexarotene	*bexarotene 75 mg cap*	SP-P	
PANRETIN	PANRETIN 0.1 % GEL *alitretinoin*	TIER 3	
TARGRETIN	TARGRETIN 1 % GEL *bexarotene (topical)*	SP-P	
TARGRETIN	TARGRETIN 75 MG CAP *bexarotene*	SP-NP	GA
tretinoin	*tretinoin 10 mg cap*	TIER 1	
TREATMENT ADJUNCTS			
MESNEX	MESNEX 400 MG TAB *mesna*	TIER 2	
ANTIPARASITICS ANTIHELMINTHICS			
albendazole	*albendazole 200 mg tab*	TIER 1	
ivermectin	*ivermectin 3 mg tab*	TIER 1	
praziquantel	*praziquantel 600 mg tab*	TIER 1	
ANTIPROTOZOALS			
ALINIA	ALINIA (100 MG/5ML RECON SUSP, 500 MG TAB) *nitazoxanide*	TIER 3	
atovaquone	*atovaquone 750 mg/5ml suspension*	TIER 1	
atovaquone-proguanil hcl	*atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)*	TIER 1	PV
chloroquine phosphate	*chloroquine phosphate (250 mg tab, 500 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DARAPRIM	DARAPRIM 25 MG TAB *pyrimethamine*	TIER 2	
hydroxychloroquine sulfate	*hydroxychloroquine sulfate 200 mg tab*	TIER 1	
IMPAVIDO	IMPAVIDO 50 MG CAP *miltefosine*	TIER 3	
MEFLOQUINE HCL	MEFLOQUINE HCL 250 MG TAB *mefloquine hcl*	TIER 1	PV
pentamidine isethionate	*pentamidine isethionate 300 mg recon soln*	TIER 1	
primaquine phosphate	*primaquine phosphate 26.3 mg tab*	TIER 1	PV
quinine sulfate	*quinine sulfate 324 mg cap*	TIER 1	
PEDICULICIDES/SCABICIDES			
crotan	*crotan 10 % lotion*	TIER 1	
EURAX	EURAX 10 % CREAM *crotamiton*	TIER 3	
LINDANE	LINDANE 1 % SHAMPOO *lindane*	TIER 1	
malathion	*malathion 0.5 % lotion*	TIER 1	
permethrin	*permethrin 5 % cream*	TIER 1	
ULESFIA	ULESFIA 5 % LOTION *benzyl alcohol (pediculicide)*	TIER 3	
ANTIPARKINSON AGENTS ANTICHOLINERGICS			
benztropine mesylate	*benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)*	TIER 1	
trihexyphenidyl hcl	*trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)*	TIER 1	
ANTIPARKINSON AGENTS, OTHER			
amantadine hcl	*amantadine hcl (50 mg/5ml syrup, 100 mg cap, 100 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
carbidopa-levodopa-entacapone	*carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)*	TIER 1	
entacapone	*entacapone 200 mg tab*	TIER 1	
tolcapone	*tolcapone 100 mg tab*	TIER 1	
DOPAMINE AGONISTS			
APOKYN	APOKYN 30 MG/3ML SOLN CART *apomorphine hydrochloride*	SP-M	
bromocriptine mesylate	*bromocriptine mesylate (2.5 mg tab, 5 mg cap)*	TIER 1	
pramipexole dihydrochloride	*pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)*	TIER 1	
pramipexole dihydrochloride er	*pramipexole dihydrochloride er (er 0.375 mg tab er 24h, er 0.75 mg tab er 24h, er 1.5 mg tab er 24h, er 2.25 mg tab er 24h, er 3 mg tab er 24h, er 3.75 mg tab er 24h, er 4.5 mg tab er 24h)*	TIER 1	PA
ropinirole hcl	*ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)*	TIER 1	
ropinirole hcl er	*ropinirole hcl er (er 2 mg tab er 24h, er 4 mg tab er 24h, er 6 mg tab er 24h, er 8 mg tab er 24h, er 12 mg tab er 24h)*	TIER 1	PA
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS			
carbidopa	*carbidopa 25 mg tab*	TIER 1	
carbidopa-levodopa	*carbidopa-levodopa (10-100 mg tab disp, 10-100 mg tab, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab disp, 25-250 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
carbidopa-levodopa er	*carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)*	TIER 1	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS			
rasagiline mesylate	*rasagiline mesylate (0.5 mg tab, 1 mg tab)*	TIER 1	
selegiline hcl	*selegiline hcl (5 mg tab, 5 mg cap)*	TIER 1	
ANTIPSYCHOTICS 1ST GENERATION/TYPICAL			
chlorpromazine hcl	*chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)*	TIER 1	PV
FLUPHENAZINE HCL	FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 5 MG/ML CONC, 5 MG TAB, 10 MG TAB) *fluphenazine hcl*	TIER 1	PV
haloperidol	*haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)*	TIER 1	PV
haloperidol lactate	*haloperidol lactate 2 mg/ml conc*	TIER 1	PV
loxapine succinate	*loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)*	TIER 1	PV
PIMOZIDE	PIMOZIDE (1 MG TAB, 2 MG TAB) *pimozide*	TIER 1	
thioridazine hcl	*thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
thiothixene	*thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)*	TIER 1	PV
trifluoperazine hcl	*trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
2ND GENERATION/ATYPICAL			
aripiprazole	*aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab disp, 10 mg tab, 15 mg tab disp, 15 mg tab, 20 mg tab, 30 mg tab)*	TIER 1	PV
LATUDA	LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 80 MG TAB, 120 MG TAB) *lurasidone hcl*	TIER 3	
olanzapine	*olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab disp, 15 mg tab, 20 mg tab disp, 20 mg tab)*	TIER 1	PV
paliperidone er	*paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h, er 6 mg tab er 24h, er 9 mg tab er 24h)*	TIER 1	
quetiapine fumarate	*quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)*	TIER 1	PV
quetiapine fumarate er	*quetiapine fumarate er (er 50 mg tab er 24h, er 150 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h, er 400 mg tab er 24h)*	TIER 1	PV
risperidone	*risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab disp, 0.5 mg tab, 1 mg tab disp, 1 mg tab, 1 mg/ml solution, 2 mg tab disp, 2 mg tab, 3 mg tab disp, 3 mg tab, 4 mg tab disp, 4 mg tab)*	TIER 1	PV
risperidone m-tab	*risperidone m-tab (0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)*	TIER 1	PV
ziprasidone hcl	*ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TREATMENT-RESISTANT			
clozapine	*clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)*	TIER 1	PV
ANTISPASTICITY AGENTS			
baclofen	*baclofen (10 mg tab, 20 mg tab)*	TIER 1	
BOTOX	BOTOX (100 RECON SOLN, 200 RECON SOLN) *onabotulinumtoxina*	SP-M	PA
dantrolene sodium	*dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)*	TIER 1	
tizanidine hcl	*tizanidine hcl (2 mg tab, 4 mg tab)*	TIER 1	
ANTIVIRALS ANTI-CYTOMEGALOVIRUS (CMV) AGENTS			
JULUCA	JULUCA 50-25 MG TAB *dolutegravir sodium-rilpivirine hcl*	TIER 2	
valganciclovir hcl	*valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)*	TIER 1	
ANTI-HEPATITIS B (HBV) AGENTS			
adefovir dipivoxil	*adefovir dipivoxil 10 mg tab*	TIER 1	
entecavir	*entecavir (0.5 mg tab, 1 mg tab)*	TIER 1	
EPIVIR HBV	EPIVIR HBV 5 MG/ML SOLUTION *lamivudine (hbv)*	TIER 3	
lamivudine	*lamivudine 100 mg tab*	TIER 1	
VEMLIDY	VEMLIDY 25 MG TAB *tenofovir alafenamide fumarate*	SP-P	
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS			
DAKLINZA	DAKLINZA (30 MG TAB, 60 MG TAB) *daclatasvir dihydrochloride*	SP-NP	QL (28 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPCLUSA	EPCLUSA 400-100 MG TAB *sofosbuvir-velpatasvir*	SP-P	PA, QL (28 PER 28 DAYS)
HARVONI	HARVONI 45-200 MG TAB *ledipasvir-sofosbuvir*	SP-P	PA, QL (28 PER 28 DAY(S))
HARVONI	HARVONI 90-400 MG TAB *ledipasvir-sofosbuvir*	SP-P	PA, QL (28 PER 28 DAYS)
LEDIPASVIR-SOFOSBUVIR	LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB *ledipasvir-sofosbuvir*	SP-P	PA, QL (28 PER 28 DAYS)
MAVYRET	MAVYRET 100-40 MG TAB *glecaprevir-pibrentasvir*	SP-P	PA, QL (84 PER 28 DAY(S))
SOFOSBUVIR-VELPATASVIR	SOFOSBUVIR-VELPATASVIR 400-100 MG TAB *sofosbuvir-velpatasvir*	SP-P	PA, QL (28 PER 28 DAYS)
SOVALDI	SOVALDI 200 MG TAB *sofosbuvir*	SP-NP	QL (28 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
SOVALDI	SOVALDI 400 MG TAB *sofosbuvir*	SP-NP	QL (28 PER 28 DAYS), MN-PA (Medically Necessary Prior Authorization)
TECHNIVIE	TECHNIVIE 12.5-75-50 MG TAB *ombitasvir-paritaprevir-ritonavir*	SP-NP	QL (56 PER 28 DAYS), MN-PA (Medically Necessary Prior Authorization)
VIEKIRA PAK	VIEKIRA PAK 12.5-75-50 &250 MG TAB THPK *ombitasvir-paritaprevir-ritonavir-dasabuvir*	SP-NP	QL (112 PER 28 DAYS), MN-PA (Medically Necessary Prior Authorization)
VOSEVI	VOSEVI 400-100-100 MG TAB *sofosbuvir-velpatasvir-voxilaprevir*	SP-P	PA, QL (28 PER 28 DAY(S))
ZEPATIER	ZEPATIER 50-100 MG TAB *elbasvir-grazoprevir*	SP-NP	QL (28 PER 28 DAYS), MN-PA (Medically Necessary Prior Authorization)
ANTI-HEPATITIS C (HCV) AGENTS, OTHER			
moderiba	*moderiba 200 mg tab*	TIER 1	
PEGASYS	PEGASYS (180 MCG/0.5ML SOLUTION, 180 MCG/ML SOLUTION) *peginterferon alfa-2a*	SP-P	PA, QL (4 PER 28 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEGASYS PROCLICK	PEGASYS PROCLICK (135 SOLUTION, 180 SOLUTION) *peginterferon alfa-2a*	SP-P	PA, QL (4 PER 28 DAYS)
PEGINTRON	PEGINTRON 50 MCG/0.5ML KIT *peginterferon alfa-2b*	SP-P	
ribasphere	*ribasphere (200 mg tab, 200 mg cap)*	TIER 1	
ribavirin	*ribavirin (200 mg cap, 200 mg tab)*	TIER 1	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)			
GENVOYA	GENVOYA 150-150-200-10 MG TAB *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*	TIER 2	
ISENTRESS	ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 400 MG TAB) *raltegravir potassium*	TIER 2	
ISENTRESS	ISENTRESS 100 MG PACKET *raltegravir potassium*	TIER 3	
ISENTRESS HD	ISENTRESS HD 600 MG TAB *raltegravir potassium*	TIER 2	
STRIBILD	STRIBILD 150-150-200-300 MG TAB *elvitegravir-cobicistat-emtricitabine-tenofovir df*	TIER 2	
SYMTUZA	SYMTUZA 800-150-200-10 MG TAB *darunavir-cobicistat-emtricitabine-tenofovir alafenamide*	TIER 2	
TIVICAY	TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB) *dolutegravir sodium*	TIER 2	
VITEKTA	VITEKTA (85 MG TAB, 150 MG TAB) *elvitegravir*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)			
ATRIPLA	ATRIPLA 600-200-300 MG TAB *efavirenz-emtricitabine-tenofovir disoproxil fumarate*	TIER 2	
COMPLERA	COMPLERA 200-25-300 MG TAB *emtricitabine-rilpivirine-tenofovir disoproxil fumarate*	TIER 2	
DELSTRIGO	DELSTRIGO 100-300-300 MG TAB *doravirine-lamivudine-tenofovir disoproxil fumarate*	TIER 2	
EDURANT	EDURANT 25 MG TAB *rilpivirine hcl*	TIER 2	
efavirenz	*efavirenz (50 mg cap, 200 mg cap, 600 mg tab)*	TIER 1	
INTELENCE	INTELENCE (25 MG TAB, 100 MG TAB, 200 MG TAB) *etravirine*	TIER 2	
nevirapine	*nevirapine (50 mg/5ml suspension, 200 mg tab)*	TIER 1	
nevirapine er	*nevirapine er (er 100 mg tab er 24h, er 400 mg tab er 24h)*	TIER 1	
ODEFSEY	ODEFSEY 200-25-25 MG TAB *emtricitabine-rilpivirine-tenofovir alafenamide fumarate*	TIER 2	
PIFELTRO	PIFELTRO 100 MG TAB *doravirine*	TIER 2	
RESCRIPTOR	RESCRIPTOR (100 MG TAB, 200 MG TAB) *delavirdine mesylate*	TIER 2	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)			
abacavir sulfate	*abacavir sulfate (20 mg/ml solution, 300 mg tab)*	TIER 1	
abacavir sulfate-lamivudine	*abacavir sulfate-lamivudine 600-300 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
abacavir-lamivudine-zidovudine	*abacavir-lamivudine-zidovudine 300-150-300 mg tab*	TIER 1	
CIMDUO	CIMDUO 300-300 MG TAB *lamivudine-tenofovir disoproxil fumarate*	TIER 2	
didanosine	*didanosine (125 mg cap dr, 200 mg cap dr, 250 mg cap dr, 400 mg cap dr)*	TIER 1	
EMTRIVA	EMTRIVA (10 MG/ML SOLUTION, 200 MG CAP) *emtricitabine*	TIER 2	
lamivudine	*lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab)*	TIER 1	
lamivudine-zidovudine	*lamivudine-zidovudine 150-300 mg tab*	TIER 1	
stavudine	*stavudine (1 mg/ml recon soln, 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	TIER 1	
TEMIXYS	TEMIXYS 300-300 MG TAB *lamivudine-tenofovir disoproxil fumarate*	TIER 2	
tenofovir disoproxil fumarate	*tenofovir disoproxil fumarate 300 mg tab*	TIER 1	
TRUVADA	TRUVADA (100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB, 200-300 MG TAB) *emtricitabine-tenofovir disoproxil fumarate*	TIER 2	
VIDEX	VIDEX (2 GM RECON SOLN, 4 GM RECON SOLN) *didanosine*	TIER 3	
VIREAD	VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB) *tenofovir disoproxil fumarate*	TIER 2	
VIREAD	VIREAD 40 MG/GM POWDER *tenofovir disoproxil fumarate*	TIER 3	
zidovudine	*zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, OTHER			
BIKTARVY	BIKTARVY 50-200-25 MG TAB *bictegravir-emtricitabine-tenofovir alafenamide fumarate*	TIER 2	
DESCOVY	DESCOVY 200-25 MG TAB *emtricitabine-tenofovir alafenamide fumarate*	TIER 2	
DOVATO	DOVATO 50-300 MG TAB *dolutegravir sodium-lamivudine*	TIER 2	
FUZEON	FUZEON 90 MG RECON SOLN *enfuvirtide*	SP-P	
SELZENTRY	SELZENTRY (25 MG TAB, 75 MG TAB, 150 MG TAB, 300 MG TAB) *maraviroc*	TIER 2	
SELZENTRY	SELZENTRY 20 MG/ML SOLUTION *maraviroc*	TIER 3	
SYMFI	SYMFI 600-300-300 MG TAB *efavirenz-lamivudine-tenofovir disoproxil fumarate*	TIER 2	
SYMFI LO	SYMFI LO 400-300-300 MG TAB *efavirenz-lamivudine-tenofovir disoproxil fumarate*	TIER 2	
TRIUMEQ	TRIUMEQ 600-50-300 MG TAB *abacavir-dolutegravir-lamivudine*	TIER 2	
TYBOST	TYBOST 150 MG TAB *cobicistat*	TIER 2	
ANTI-HIV AGENTS, PROTEASE INHIBITORS			
APTIVUS	APTIVUS 100 MG/ML SOLUTION *tipranavir*	TIER 3	
APTIVUS	APTIVUS 250 MG CAP *tipranavir*	TIER 2	
atazanavir sulfate	*atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CRIXIVAN	CRIXIVAN (200 MG CAP, 400 MG CAP) *indinavir sulfate*	TIER 2	
EVOTAZ	EVOTAZ 300-150 MG TAB *atazanavir sulfate-cobicistat*	TIER 3	
fosamprenavir calcium	*fosamprenavir calcium 700 mg tab*	TIER 1	
INVIRASE	INVIRASE (200 MG CAP, 500 MG TAB) *saquinavir mesylate*	TIER 2	
KALETRA	KALETRA (100-25 MG TAB, 200-50 MG TAB) *lopinavir-ritonavir*	TIER 2	
LEXIVA	LEXIVA 50 MG/ML SUSPENSION *fosamprenavir calcium*	TIER 3	
lopinavir-ritonavir	*lopinavir-ritonavir 400-100 mg/5ml solution*	TIER 1	
NORVIR	NORVIR (80 MG/ML SOLUTION, 100 MG PACKET) *ritonavir*	TIER 3	
NORVIR	NORVIR 100 MG CAP *ritonavir*	TIER 2	
PREZCOBIX	PREZCOBIX 800-150 MG TAB *darunavir-cobicistat*	TIER 3	
PREZISTA	PREZISTA (75 MG TAB, 150 MG TAB, 600 MG TAB, 800 MG TAB) *darunavir ethanolate*	TIER 2	
PREZISTA	PREZISTA 100 MG/ML SUSPENSION *darunavir ethanolate*	TIER 3	
REYATAZ	REYATAZ 50 MG PACKET *atazanavir sulfate*	TIER 3	
ritonavir	*ritonavir 100 mg tab*	TIER 1	
VIRACEPT	VIRACEPT (250 MG TAB, 625 MG TAB) *nelfinavir mesylate*	TIER 2	
ANTI-INFLUENZA AGENTS			
oseltamivir phosphate	*oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELENZA DISKHALER	RELENZA DISKHALER 5 MG/BLISTER AER POW BA *zanamivir*	TIER 2	
RIMANTADINE HCL	RIMANTADINE HCL 100 MG TAB *rimantadine hydrochloride*	TIER 1	
ANTIHERPETIC AGENTS			
acyclovir	*acyclovir (5 % cream, 5 % ointment, 200 mg/5ml suspension, 200 mg cap, 400 mg tab, 800 mg tab)*	TIER 1	
famciclovir	*famciclovir (125 mg tab, 250 mg tab, 500 mg tab)*	TIER 1	
TRIFLURIDINE	TRIFLURIDINE 1 % SOLUTION *trifluridine*	TIER 1	
valacyclovir hcl	*valacyclovir hcl (1 gm tab, 500 mg tab)*	TIER 1	
ANXIOLYTICS ANXIOLYTICS, OTHER			
buspirone hcl	*buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)*	TIER 1	
meprobamate	*meprobamate (200 mg tab, 400 mg tab)*	TIER 1	
BENZODIAZEPINES			
alprazolam	*alprazolam (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab disp, 1 mg tab, 2 mg tab disp, 2 mg tab)*	TIER 1	
alprazolam er	*alprazolam er (er 0.5 mg tab er 24h, er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h)*	TIER 1	
ALPRAZOLAM INTENSOL	ALPRAZOLAM INTENSOL 1 MG/ML CONC *alprazolam*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
alprazolam xr	*alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)*	TIER 1	
chlordiazepoxide hcl	*chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)*	TIER 1	
clonazepam	*clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)*	TIER 1	PV
clorazepate dipotassium	*clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)*	TIER 1	
diazepam	*diazepam (2 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 5 mg tab, 10 mg tab)*	TIER 1	
diazepam intensol	*diazepam intensol 5 mg/ml conc*	TIER 1	
lorazepam	*lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)*	TIER 1	
lorazepam intensol	*lorazepam intensol 2 mg/ml conc*	TIER 1	
oxazepam	*oxazepam (10 mg cap, 15 mg cap, 30 mg cap)*	TIER 1	
BIPOLAR AGENTS MOOD STABILIZERS			
LITHIUM	LITHIUM 8 MEQ/5ML SOLUTION *lithium*	TIER 3	
lithium carbonate	*lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)*	TIER 1	
lithium carbonate er	*lithium carbonate er (er 300 mg tab er, er 450 mg tab er)*	TIER 1	
BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS			
acarbose	*acarbose (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
alogliptin benzoate	*alogliptin benzoate (6.25 mg tab, 12.5 mg tab, 25 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
alogliptin-metformin hcl	*alogliptin-metformin hcl (12.5-500 mg tab, 12.5-1000 mg tab)*	TIER 1	
alogliptin-pioglitazone	*alogliptin-pioglitazone (12.5-30 mg tab, 12.5-45 mg tab, 12.5-15 mg tab, 25-30 mg tab, 25-15 mg tab, 25-45 mg tab)*	TIER 1	
BYDUREON	BYDUREON 2 MG PEN *exenatide*	TIER 2	QL (4 PER 28 DAYS), PV
BYDUREON BCISE	BYDUREON BCISE 2 MG/0.85ML A-INJ *exenatide*	TIER 2	QL (4 PER 28 DAY(S))
BYETTA 10 MCG PEN	BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN *exenatide*	TIER 3	QL (1 PER 30 DAYS)
BYETTA 5 MCG PEN	BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN *exenatide*	TIER 3	QL (1 PER 30 DAYS)
CHLORPROPAMIDE	CHLORPROPAMIDE (100 MG TAB, 250 MG TAB) *chlorpropamide*	TIER 1	PV
glimepiride	*glimepiride (1 mg tab, 2 mg tab, 4 mg tab)*	TIER 1	PV
glipizide	*glipizide (5 mg tab, 10 mg tab)*	TIER 1	PV
glipizide er	*glipizide er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)*	TIER 1	PV
glipizide xl	*glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)*	TIER 1	PV
glipizide-metformin hcl	*glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)*	TIER 1	PV
glyburide	*glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)*	TIER 1	PV
glyburide micronized	*glyburide micronized (1.5 mg tab, 3 mg tab, 6 mg tab)*	TIER 1	PV
glyburide-metformin	*glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVOKAMET	INVOKAMET (50-500 MG TAB, 50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB) *canagliflozin-metformin hcl*	TIER 2	PV
INVOKAMET XR	INVOKAMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H) *canagliflozin-metformin hcl*	TIER 2	PV
INVOKANA	INVOKANA (100 MG TAB, 300 MG TAB) *canagliflozin*	TIER 2	PV
JANUMET	JANUMET (50-1000 MG TAB, 50-500 MG TAB) *sitagliptin-metformin hcl*	TIER 2	PV
JANUMET XR	JANUMET XR (50-500 MG TAB ER 24H, 50-1000 MG TAB ER 24H, 100-1000 MG TAB ER 24H) *sitagliptin-metformin hcl*	TIER 2	PV
JANUVIA	JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB) *sitagliptin phosphate*	TIER 2	PV
JARDIANCE	JARDIANCE (10 MG TAB, 25 MG TAB) *empagliflozin*	TIER 2	PV
metformin hcl	*metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)*	TIER 1	PV
METFORMIN HCL	METFORMIN HCL 500 MG/5ML SOLUTION *metformin hcl*	TIER 2	PA, QL (765 PER 30 DAY(S))
metformin hcl er	*metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)*	TIER 1	PV
miglitol	*miglitol (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	
nateglinide	*nateglinide (60 mg tab, 120 mg tab)*	TIER 1	PV
OZEMPIC	OZEMPIC 0.25 OR 0.5 MG/DOSE SOLN PEN *semaglutide*	TIER 2	QL (1 PER 28 DAY(S))
OZEMPIC	OZEMPIC 1 MG/DOSE SOLN PEN *semaglutide*	TIER 2	QL (2 PER 28 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pioglitazone hcl	*pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)*	TIER 1	PV
pioglitazone hcl-glimepiride	*pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)*	TIER 1	PV
pioglitazone hcl-metformin hcl	*pioglitazone hcl-metformin hcl (-metformin 15-850 mg tab, -metformin 15-500 mg tab)*	TIER 1	PV
repaglinide	*repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)*	TIER 1	PV
REPAGLINIDE-METFORMIN HCL	REPAGLINIDE-METFORMIN HCL (1-500 MG TAB, 2-500 MG TAB) *repaglinide-metformin hcl*	TIER 1	
RIOMET	RIOMET 500 MG/5ML SOLUTION *metformin hcl*	TIER 2	PA, QL (765 PER 30 DAY(S)), PV
SYMLINPEN 120	SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN *pramlintide acetate*	TIER 2	PV
SYMLINPEN 60	SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN *pramlintide acetate*	TIER 2	PV
SYNJARDY	SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB) *empagliflozin-metformin hcl*	TIER 2	PV
SYNJARDY XR	SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H) *empagliflozin-metformin hcl*	TIER 2	PV
TOLAZAMIDE	TOLAZAMIDE (250 MG TAB, 500 MG TAB) *tolazamide*	TIER 1	PV
TOLBUTAMIDE	TOLBUTAMIDE 500 MG TAB *tolbutamide*	TIER 1	PV
VICTOZA	VICTOZA 18 MG/3ML SOLN PEN *liraglutide*	TIER 2	QL (3 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLYCEMIC AGENTS			
GLUCAGEN HYPOKIT	GLUCAGEN HYPOKIT 1 MG RECON SOLN *glucagon hcl (rdna)*	TIER 2	
GLUCAGON EMERGENCY	GLUCAGON EMERGENCY 1 MG KIT *glucagon (rdna)*	TIER 2	
INSULINS			
BASAGLAR KWIKPEN	BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN *insulin glargine*	TIER 2	PV
FIASP	FIASP 100 UNIT/ML SOLUTION *insulin aspart (with niacinamide)*	TIER 2	PV
FIASP FLEXTOUCH	FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN *insulin aspart (with niacinamide)*	TIER 2	PV
FIASP PENFILL	FIASP PENFILL 100 UNIT/ML SOLN CART *insulin aspart (with niacinamide)*	TIER 2	
HUMULIN R U-500 (CONCENTRATED)	HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION *insulin regular (human)*	TIER 2	PV
HUMULIN R U-500 KWIKPEN	HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN *insulin regular (human)*	TIER 2	PV
INSULIN ASP PROT & ASP FLEXPEN	INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	TIER 2	PV
INSULIN ASPART	INSULIN ASPART 100 UNIT/ML SOLUTION *insulin aspart*	TIER 2	PV
INSULIN ASPART FLEXPEN	INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN *insulin aspart*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN ASPART PENFILL	INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART *insulin aspart*	TIER 2	PV
INSULIN ASPART PROT & ASPART	INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	TIER 2	PV
LEVEMIR	LEVEMIR 100 UNIT/ML SOLUTION *insulin detemir*	TIER 2	PV
LEVEMIR FLEXTOUCH	LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN *insulin detemir*	TIER 2	PV
NOVOLIN 70/30	NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	TIER 2	PV
NOVOLIN 70/30 FLEXPEN	NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	TIER 2	
NOVOLIN 70/30 FLEXPEN RELION	NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	TIER 2	
NOVOLIN 70/30 RELION	NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	TIER 2	PV
NOVOLIN N	NOVOLIN N 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	TIER 2	PV
NOVOLIN N FLEXPEN	NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	TIER 2	
NOVOLIN N FLEXPEN RELION	NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLIN N RELION	NOVOLIN N RELION 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	TIER 2	PV
NOVOLIN R	NOVOLIN R 100 UNIT/ML SOLUTION *insulin regular (human)*	TIER 2	PV
NOVOLIN R RELION	NOVOLIN R RELION 100 UNIT/ML SOLUTION *insulin regular (human)*	TIER 2	PV
NOVOLOG	NOVOLOG 100 UNIT/ML SOLUTION *insulin aspart*	TIER 2	PV
NOVOLOG FLEXPEN	NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN *insulin aspart*	TIER 2	PV
NOVOLOG MIX 70/30	NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	TIER 2	PV
NOVOLOG MIX 70/30 FLEXPEN	NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	TIER 2	PV
NOVOLOG PENFILL	NOVOLOG PENFILL 100 UNIT/ML SOLN CART *insulin aspart*	TIER 2	PV
TRESIBA	TRESIBA 100 UNIT/ML SOLUTION *insulin degludec*	TIER 2	PV
TRESIBA FLEXTOUCH	TRESIBA FLEXTOUCH (100 SOLN PEN, 200 SOLN PEN) *insulin degludec*	TIER 2	PV
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS ANTICOAGULANTS			
COUMADIN	COUMADIN (1 MG TAB, 2 MG TAB, 2.5 MG TAB, 3 MG TAB, 4 MG TAB, 5 MG TAB, 6 MG TAB, 7.5 MG TAB, 10 MG TAB) *warfarin sodium*	TIER 2	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELIQUIS	ELIQUIS (2.5 MG TAB, 5 MG TAB) *apixaban*	TIER 2	PV
ELIQUIS STARTER PACK	ELIQUIS STARTER PACK 5 MG TAB *apixaban*	TIER 2	PV
enoxaparin sodium	*enoxaparin sodium (30 mg/0.3ml solution, 40 mg/0.4ml solution, 60 mg/0.6ml solution, 80 mg/0.8ml solution, 100 mg/ml solution, 120 mg/0.8ml solution, 150 mg/ml solution, 300 mg/3ml solution)*	TIER 1	PV
fondaparinux sodium	*fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)*	TIER 1	PV
FRAGMIN	FRAGMIN (2500 UNIT/0.2ML SOLUTION, 5000 UNIT/0.2ML SOLUTION, 7500 UNIT/0.3ML SOLUTION, 10000 UNIT/ML SOLUTION, 12500 UNIT/0.5ML SOLUTION, 15000 UNIT/0.6ML SOLUTION, 18000 UNT/0.72ML SOLUTION, 95000 UNIT/3.8ML SOLUTION) *dalteparin sodium*	TIER 2	PV
HEPARIN LOCK FLUSH	HEPARIN LOCK FLUSH (1 SOLUTION, 2 SOLUTION, 10 SOLUTION, 100 SOLUTION) *heparin sodium (porcine) lock flush*	TIER 1	
heparin sodium (porcine)	*heparin sodium (porcine) (5000 solution, 10000 solution)*	TIER 1	
heparin sodium (porcine) pf	*heparin sodium (porcine) pf 5000 unit/0.5ml solution*	TIER 1	
heparin sodium lock flush	*heparin sodium lock flush 100 unit/ml solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
jantoven	*jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)*	TIER 1	PV
warfarin sodium	*warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)*	TIER 1	PV
XARELTO	XARELTO (2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) *rivaroxaban*	TIER 2	PV
BLOOD FORMATION MODIFIERS			
anagrelide hcl	*anagrelide hcl (0.5 mg cap, 1 mg cap)*	TIER 1	
ARANESP (ALBUMIN FREE)	ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 60 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 100 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR) *darbepoetin alfa*	SP-P	
DOPTELET	DOPTELET 20 MG TAB *avatrombopag maleate*	SP-P	QL (60 PER 30 DAY(S))
EPOGEN	EPOGEN (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION) *epoetin alfa*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FULPHILA	FULPHILA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-jmdb*	SP-P	
GRANIX	GRANIX (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) *tbo-filgrastim*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
LEUKINE	LEUKINE 250 MCG RECON SOLN *sargramostim*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
MIRCERA	MIRCERA (30 SOLN PRSYR, 150 SOLN PRSYR) *methoxy polyethylene glycol-epoetin beta*	SP-P	
MOZOBIL	MOZOBIL 24 MG/1.2ML SOLUTION *plerixafor*	SP-M	
MULPLETA	MULPLETA 3 MG TAB *lusutrombopag*	SP-P	QL (7 PER 14 DAY(S))
NEULASTA	NEULASTA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim*	SP-P	
NEULASTA ONPRO	NEULASTA ONPRO 6 MG/0.6ML PREF SY KT *pegfilgrastim*	SP-P	
NEUPOGEN	NEUPOGEN (300 MCG/ML SOLUTION, 300 MCG/0.5ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR) *filgrastim*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
NIVESTYM	NIVESTYM (300 MCG/ML SOLUTION, 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) *filgrastim-aafi*	SP-P	
NPLATE	NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN) *romiplostim*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROCRIT	PROCRIT (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION, 40000 SOLUTION) *epoetin alfa*	SP-P	
PROMACTA	PROMACTA (25 MG TAB, 50 MG TAB) *eltrombopag olamine*	SP-P	QL (90 PER 30 DAYS)
PROMACTA	PROMACTA 12.5 MG TAB *eltrombopag olamine*	SP-P	QL (30 PER 30 DAYS)
PROMACTA	PROMACTA 75 MG TAB *eltrombopag olamine*	SP-P	QL (60 PER 30 DAYS)
RETACRIT	RETACRIT (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 40000 SOLUTION) *epoetin alfa-epbx*	SP-P	
TAVALISSE	TAVALISSE (100 MG TAB, 150 MG TAB) *fostamatinib disodium*	SP-P	PA
UDENYCA	UDENYCA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-cbqv*	SP-P	
ZARXIO	ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) *filgrastim-sndz*	SP-P	
ZIEXTENZO	ZIEXTENZO 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-bmez*	SP-P	
HEMOSTASIS AGENTS			
ADVATE	ADVATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN) *antihemophilic factor rahf-pfm*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADYNOVATE	ADYNOVATE (250 RECON SOLN, 500 RECON SOLN, 750 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *antihemophilic factor (recombinant) pegylated*	SP-M	
AFSTYLA	AFSTYLA (250 KIT, 500 KIT, 1000 KIT, 1500 KIT, 2000 KIT, 2500 KIT, 3000 KIT) *antihemophilic factor (recombinant) single chain*	SP-M	
ALPHANATE/VWF COMPLEX/HUMAN	ALPHANATE/VWF COMPLEX/HUMAN (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN) *antihemophilic factor/von willebrand factor complex (human)*	SP-M	
ALPHANINE SD	ALPHANINE SD (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN) *coagulation factor ix*	SP-M	
ALPROLIX	ALPROLIX (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN) *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	SP-M	
aminocaproic acid	*aminocaproic acid (0.25 gm/ml solution, 500 mg tab, 1000 mg tab)*	TIER 1	
BEBULIN	BEBULIN 200-1200 UNIT RECON SOLN *factor ix complex*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BENEFIX	BENEFIX (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) *coagulation factor ix (recombinant)*	SP-M	
COAGADEX	COAGADEX (250 RECON SOLN, 500 RECON SOLN) *coagulation factor x (human)*	SP-M	
ELOCTATE	ELOCTATE (250 RECON SOLN, 500 RECON SOLN, 750 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN, 5000 RECON SOLN, 6000 RECON SOLN) *antihemophilic factor (recomb) fc fusion protein (rfviiifc)*	SP-M	
FEIBA	FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN) *antiinhibitor coagulant complex*	SP-M	
FEIBA NF	FEIBA NF RECON SOLN *antiinhibitor coagulant complex*	SP-M	
HELIXATE FS	HELIXATE FS (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) *antihemophilic factor (recombinant)*	SP-M	
HEMLIBRA	HEMLIBRA (30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION) *emicizumab-kxwh*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEMOFIL M	HEMOFIL M (250 RECON SOLN, 500 RECON SOLN, 801-1500 RECON SOLN, 1000 RECON SOLN, 1501-2000 RECON SOLN, 1700 RECON SOLN) *antihemophilic factor (human)*	SP-M	
HUMATE-P	HUMATE-P (250-600 RECON SOLN, 500-1200 RECON SOLN, 1000-2400 RECON SOLN) *antihemophilic factor/von willebrand factor complex (human)*	SP-M	
IDELVION	IDELVION (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3500 RECON SOLN) *coagulation factor ix recomb albumin fusion protein (rix-fp)*	SP-M	
IXINITY	IXINITY (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *coagulation factor ix (recombinant)*	SP-M	
JIVI	JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *antihemophilic factor (recombinant) pegylated-aucl*	SP-M	
KOATE	KOATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN) *antihemophilic factor (human)*	SP-M	
KOATE-DVI	KOATE-DVI (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN) *antihemophilic factor (human)*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KOGENATE FS	KOGENATE FS (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) *antihemophilic factor (recombinant)*	SP-M	
KOGENATE FS BIO-SET	KOGENATE FS BIO-SET (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) *antihemophilic factor (recombinant)*	SP-M	
KOVALTRY	KOVALTRY (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *antihemophilic factor (recombinant)*	SP-M	
MONOCLATE-P	MONOCLATE-P (1000 KIT, 1500 KIT) *antihemophilic factor (human)*	SP-M	
MONONINE	MONONINE 1000 UNIT RECON SOLN *coagulation factor ix*	SP-M	
NOVOEIGHT	NOVOEIGHT (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *antihemophilic factor (recombinant)*	SP-M	
NOVOSEVEN RT	NOVOSEVEN RT (1 MG RECON SOLN, 2 MG RECON SOLN, 5 MG RECON SOLN, 8 MG RECON SOLN) *coagulation factor viia (recombinant)*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NUWIQ	NUWIQ (250 KIT, 250 RECON SOLN, 500 RECON SOLN, 500 KIT, 1000 KIT, 1000 RECON SOLN, 2000 KIT, 2000 RECON SOLN, 2500 RECON SOLN, 2500 KIT, 3000 RECON SOLN, 3000 KIT, 4000 KIT, 4000 RECON SOLN) *antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)*	SP-M	
OBIZUR	OBIZUR 500 UNIT RECON SOLN *antihemophilic factor (recombinant porcine) (rpfviii)*	SP-M	
PROFILNINE	PROFILNINE (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN) *factor ix complex*	SP-M	
PROFILNINE SD	PROFILNINE SD (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN) *factor ix complex*	SP-M	
REBINYN	REBINYN (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN) *coagulation factor ix (recombinant) glycopegylated*	SP-M	
RECOMBINATE	RECOMBINATE (220-400 RECON SOLN, 401-800 RECON SOLN, 801-1240 RECON SOLN, 1241-1800 RECON SOLN, 1801-2400 RECON SOLN) *antihemophilic factor (recombinant)*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RIXUBIS	RIXUBIS (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN) *coagulation factor ix (recombinant)*	SP-M	
tranexamic acid	*tranexamic acid 650 mg tab*	TIER 1	
VONVENDI	VONVENDI (650 RECON SOLN, 1300 RECON SOLN) *von willebrand factor (recombinant)*	SP-M	
WILATE	WILATE (500-500 RECON SOLN, 500-500 KIT, 1000-1000 RECON SOLN, 1000-1000 KIT) *antihemophilic factor/von willebrand factor complex (human)*	SP-M	
XYNTHA	XYNTHA (250 KIT, 500 KIT, 1000 KIT, 2000 KIT) *antihemophilic factor (recombinant) plasma/albumin free*	SP-M	
XYNTHA SOLOFUSE	XYNTHA SOLOFUSE (250 KIT, 500 KIT, 1000 KIT, 2000 KIT, 3000 KIT) *antihemophilic factor (recombinant) plasma/albumin free*	SP-M	
PLATELET MODIFYING AGENTS			
aspirin-dipyridamole er	*aspirin-dipyridamole er 25-200 mg cap er 12h*	TIER 1	PV
BRILINTA	BRILINTA (60 MG TAB, 90 MG TAB) *ticagrelor*	TIER 2	PV
cilostazol	*cilostazol (50 mg tab, 100 mg tab)*	TIER 1	
clopidogrel bisulfate	*clopidogrel bisulfate (75 mg tab, 300 mg tab)*	TIER 1	PV
dipyridamole	*dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)*	TIER 1	PV
prasugrel hcl	*prasugrel hcl (5 mg tab, 10 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COAGULANTS			
phytonadione	*phytonadione 5 mg tab*	TIER 1	
CARDIOVASCULAR AGENTS ALPHA-ADRENERGIC AGONISTS			
clonidine	*clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)*	TIER 1	PV
clonidine hcl	*clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)*	TIER 1	PV
guanfacine hcl	*guanfacine hcl (1 mg tab, 2 mg tab)*	TIER 1	QL (30 PER 30 DAY(S)), PV
methyldopa	*methyldopa (250 mg tab, 500 mg tab)*	TIER 1	PV
midodrine hcl	*midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	
ALPHA-ADRENERGIC BLOCKING AGENTS			
doxazosin mesylate	*doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)*	TIER 1	
phenoxybenzamine hcl	*phenoxybenzamine hcl 10 mg cap*	TIER 1	
prazosin hcl	*prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)*	TIER 1	
terazosin hcl	*terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)*	TIER 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS			
candesartan cilexetil	*candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)*	TIER 1	PV
EPROSARTAN MESYLATE	EPROSARTAN MESYLATE 600 MG TAB *eprosartan mesylate*	TIER 1	PV
irbesartan	*irbesartan (75 mg tab, 150 mg tab, 300 mg tab)*	TIER 1	PV
losartan potassium	*losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
olmesartan medoxomil	*olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
telmisartan	*telmisartan (20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	PV
valsartan	*valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)*	TIER 1	PV
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS			
benazepril hcl	*benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV
captopril	*captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
enalapril maleate	*enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)*	TIER 1	PV
fosinopril sodium	*fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV
lisinopril	*lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)*	TIER 1	PV
moexipril hcl	*moexipril hcl (7.5 mg tab, 15 mg tab)*	TIER 1	PV
perindopril erbumine	*perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)*	TIER 1	PV
quinapril hcl	*quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV
ramipril	*ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)*	TIER 1	PV
trandolapril	*trandolapril (1 mg tab, 2 mg tab, 4 mg tab)*	TIER 1	PV
ANTIARRHYTHMICS			
amiodarone hcl	*amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)*	TIER 1	PV
disopyramide phosphate	*disopyramide phosphate (100 mg cap, 150 mg cap)*	TIER 1	PV
dofetilide	*dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)*	TIER 1	
flecainide acetate	*flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEXILETINE HCL	MEXILETINE HCL (150 MG CAP, 200 MG CAP, 250 MG CAP) *mexiletine hcl*	TIER 1	
MULTAQ	MULTAQ 400 MG TAB *dronedarone hcl*	TIER 3	
NORPACE CR	NORPACE CR (100 MG CAP ER 12H, 150 MG CAP ER 12H) *disopyramide phosphate*	TIER 3	
pacerone	*pacerone (100 mg tab, 200 mg tab, 400 mg tab)*	TIER 1	PV
propafenone hcl	*propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)*	TIER 1	PV
propafenone hcl er	*propafenone hcl er (er 225 mg cap er 12h, er 325 mg cap er 12h, er 425 mg cap er 12h)*	TIER 1	PV
quinidine gluconate er	*quinidine gluconate er 324 mg tab er*	TIER 1	
QUINIDINE SULFATE	QUINIDINE SULFATE (200 MG TAB, 300 MG TAB) *quinidine sulfate*	TIER 1	
sorine	*sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)*	TIER 1	PV
sotalol hcl	*sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)*	TIER 1	PV
sotalol hcl (af)	*sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)*	TIER 1	PV
sotalol hydrochloride	*sotalol hydrochloride (80 mg tab, 120 mg tab, 160 mg tab)*	TIER 1	PV
BETA-ADRENERGIC BLOCKING AGENTS			
acebutolol hcl	*acebutolol hcl (200 mg cap, 400 mg cap)*	TIER 1	PV
atenolol	*atenolol (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
betaxolol hcl	*betaxolol hcl (10 mg tab, 20 mg tab)*	TIER 1	PV
bisoprolol fumarate	*bisoprolol fumarate (5 mg tab, 10 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
carvedilol	*carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)*	TIER 1	PV
carvedilol phosphate er	*carvedilol phosphate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 40 mg cap er 24h, er 80 mg cap er 24h)*	TIER 1	PV
labetalol hcl	*labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)*	TIER 1	PV
metoprolol succinate er	*metoprolol succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h)*	TIER 1	PV
metoprolol tartrate	*metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
nadolol	*nadolol (20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	PV
pindolol	*pindolol (5 mg tab, 10 mg tab)*	TIER 1	PV
propranolol hcl	*propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)*	TIER 1	PV
propranolol hcl er	*propranolol hcl er (er 60 mg cap er 24h, er 80 mg cap er 24h, er 120 mg cap er 24h, er 160 mg cap er 24h)*	TIER 1	PV
timolol maleate	*timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)*	TIER 1	PV
CALCIUM CHANNEL BLOCKING AGENTS			
amlodipine besylate	*amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	PV
cartia xt	*cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)*	TIER 1	PV
DILT-XR	DILT-XR (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H) *diltiazem hcl*	TIER 1	PV, GA
diltiazem hcl	*diltiazem hcl (25 mg/5ml solution, 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diltiazem hcl er	*diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h)*	TIER 1	PV
diltiazem hcl er beads	*diltiazem hcl er beads (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, er beads 240 mg cap er 24h, er beads 300 mg cap er 24h, er beads 360 mg cap er 24h, er beads 420 mg cap er 24h)*	TIER 1	PV
diltiazem hcl er coated beads	*diltiazem hcl er coated beads (er beads 120 mg cap er 24h, er beads 180 mg tab er 24h, er beads 180 mg cap er 24h, er beads 240 mg cap er 24h, er beads 240 mg tab er 24h, er beads 300 mg cap er 24h, er beads 300 mg tab er 24h, er beads 360 mg cap er 24h, er beads 360 mg tab er 24h, er beads 420 mg tab er 24h)*	TIER 1	PV
felodipine er	*felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)*	TIER 1	PV
isradipine	*isradipine (2.5 mg cap, 5 mg cap)*	TIER 1	PV
matzim la	*matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)*	TIER 1	PV
nicardipine hcl	*nicardipine hcl (20 mg cap, 30 mg cap)*	TIER 1	PV
nifedipine	*nifedipine (10 mg cap, 20 mg cap)*	TIER 1	PV
nifedipine er	*nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)*	TIER 1	PV
nifedipine er osmotic release	*nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nimodipine	*nimodipine 30 mg cap*	TIER 1	
nisoldipine er	*nisoldipine er (er 8.5 mg tab er 24h, er 17 mg tab er 24h, er 20 mg tab er 24h, er 25.5 mg tab er 24h, er 30 mg tab er 24h, er 34 mg tab er 24h, er 40 mg tab er 24h)*	TIER 1	PV
taztia xt	*taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)*	TIER 1	PV
tiadylt er	*tiadylt er 360 mg cap er 24h*	TIER 1	PV
verapamil hcl	*verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)*	TIER 1	PV
VERAPAMIL HCL ER	VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 120 MG TAB ER, ER 120 MG CAP ER 24H, ER 180 MG TAB ER, ER 180 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 240 MG CAP ER 24H, ER 240 MG TAB ER, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H) *verapamil hcl*	TIER 1	PV
CARDIOVASCULAR AGENTS, OTHER			
aliskiren fumarate	*aliskiren fumarate (150 mg tab, 300 mg tab)*	TIER 1	PV
amiloride-hydrochlorothiazide	*amiloride-hydrochlorothiazide 5-50 mg tab*	TIER 1	PV
amlodipine besy-benazepril hcl	*amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-20 mg cap, 5-10 mg cap, 5-40 mg cap, 10-40 mg cap, 10-20 mg cap)*	TIER 1	PV
amlodipine besylate-valsartan	*amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-320 mg tab, 10-160 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amlodipine-atorvastatin	*amlodipine-atorvastatin (2.5-40 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 5-80 mg tab, 5-20 mg tab, 5-40 mg tab, 5-10 mg tab, 10-40 mg tab, 10-80 mg tab, 10-20 mg tab, 10-10 mg tab)*	TIER 1	PV
amlodipine-olmesartan	*amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-40 mg tab, 10-20 mg tab)*	TIER 1	PV
amlodipine-valsartan-hctz	*amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-25 mg tab, 10-160-12.5 mg tab, 10-320-25 mg tab)*	TIER 1	PV
atenolol-chlorthalidone	*atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)*	TIER 1	PV
benazepril-hydrochlorothiazide	*benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)*	TIER 1	PV
bisoprolol-hydrochlorothiazide	*bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)*	TIER 1	PV
candesartan cilexetil-hctz	*candesartan cilexetil-hctz (16-12.5 mg tab, 32-25 mg tab, 32-12.5 mg tab)*	TIER 1	PV
CAPTOPRIL-HYDROCHLOROTHIAZIDE	CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB) *captopril & hydrochlorothiazide*	TIER 1	PV
DEMSER	DEMSER 250 MG CAP *metyrosine*	TIER 2	
digitek	*digitek (125 mcg tab, 250 mcg tab)*	TIER 1	
digox	*digox (125 mcg tab, 250 mcg tab)*	TIER 1	
digoxin	*digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)*	TIER 1	
enalapril-hydrochlorothiazide	*enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ENTRESTO	ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB) *sacubitril-valsartan*	TIER 3	PA, QL (60 PER 30 DAYS)
fosinopril sodium-hctz	*fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)*	TIER 1	PV
irbesartan-hydrochlorothiazide	*irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)*	TIER 1	PV
isoxsuprine hcl	*isoxsuprine hcl (10 mg tab, 20 mg tab)*	TIER 1	
lisinopril-hydrochlorothiazide	*lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)*	TIER 1	PV
losartan potassium-hctz	*losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)*	TIER 1	PV
METHYLDOPA-HYDROCHLOROTHIAZIDE	METHYLDOPA-HYDROCHLOROTHIAZIDE (250-15 MG TAB, 250-25 MG TAB) *methyldopa & hydrochlorothiazide*	TIER 1	PV
metoprolol-hydrochlorothiazide	*metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)*	TIER 1	PV
NADOLOL-BENDROFLUMETHIAZIDE	NADOLOL-BENDROFLUMETHIAZIDE 40-5 MG TAB *nadolol & bendroflumethiazide*	TIER 1	PV
olmesartan medoxomil-hctz	*olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)*	TIER 1	PV
olmesartan-amlodipine-hctz	*olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-10-12.5 mg tab, 40-5-25 mg tab)*	TIER 1	PV
pentoxifylline er	*pentoxifylline er 400 mg tab er*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROPRANOLOL-HCTZ	PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB) *propranolol & hydrochlorothiazide*	TIER 1	PV
quinapril-hydrochlorothiazide	*quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-25 mg tab, 20-12.5 mg tab)*	TIER 1	PV
ranolazine er	*ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)*	TIER 1	
spironolactone-hctz	*spironolactone-hctz 25-25 mg tab*	TIER 1	PV
telmisartan-amlodipine	*telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-5 mg tab, 80-10 mg tab)*	TIER 1	PV
telmisartan-hctz	*telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)*	TIER 1	PV
trandolapril-verapamil hcl er	*trandolapril-verapamil hcl er (er 1-240 mg tab er, er 2-180 mg tab er, er 2-240 mg tab er, er 4-240 mg tab er)*	TIER 1	PV
triamterene-hctz	*triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)*	TIER 1	PV
valsartan-hydrochlorothiazide	*valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-25 mg tab, 160-12.5 mg tab, 320-12.5 mg tab, 320-25 mg tab)*	TIER 1	PV
VYNDAMAX	VYNDAMAX 61 MG CAP *tafamidis*	SP-P	PA, QL (30 PER 30 DAY(S))
VYNDAQEL	VYNDAQEL 20 MG CAP *tafamidis meglumine (cardiac)*	SP-P	PA, QL (120 PER 30 DAY(S))
DIURETICS, CARBONIC ANHYDRASE INHIBITORS			
acetazolamide	*acetazolamide (125 mg tab, 250 mg tab)*	TIER 1	
acetazolamide er	*acetazolamide er 500 mg cap er 12h*	TIER 1	
KEVEYIS	KEVEYIS 50 MG TAB *dichlorphenamide*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIURETICS, LOOP			
bumetanide	*bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)*	TIER 1	
ethacrynic acid	*ethacrynic acid 25 mg tab*	TIER 1	
furosemide	*furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	
torsemide	*torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)*	TIER 1	
DIURETICS, POTASSIUM-SPARING			
amiloride hcl	*amiloride hcl 5 mg tab*	TIER 1	
eplerenone	*eplerenone (25 mg tab, 50 mg tab)*	TIER 1	
spironolactone	*spironolactone (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	
triamterene	*triamterene (50 mg cap, 100 mg cap)*	TIER 1	
DIURETICS, THIAZIDE			
chlorothiazide	*chlorothiazide (250 mg tab, 500 mg tab)*	TIER 1	PV
chlorthalidone	*chlorthalidone (25 mg tab, 50 mg tab)*	TIER 1	PV
DIURIL	DIURIL 250 MG/5ML SUSPENSION *chlorothiazide*	TIER 3	
hydrochlorothiazide	*hydrochlorothiazide (12.5 mg tab, 12.5 mg cap, 25 mg tab, 50 mg tab)*	TIER 1	PV
indapamide	*indapamide (1.25 mg tab, 2.5 mg tab)*	TIER 1	PV
METHYCLOTHIAZIDE	METHYCLOTHIAZIDE 5 MG TAB *methyclothiazide*	TIER 1	PV
metolazone	*metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES			
fenofibrate	*fenofibrate (48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap)*	TIER 1	PV
fenofibrate micronized	*fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)*	TIER 1	PV
fenofibric acid	*fenofibric acid (35 mg tab, 45 mg cap dr, 105 mg tab, 135 mg cap dr)*	TIER 1	PV
gemfibrozil	*gemfibrozil 600 mg tab*	TIER 1	PV
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS			
atorvastatin calcium	*atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	PV
fluvastatin sodium	*fluvastatin sodium (20 mg cap, 40 mg cap)*	TIER 1	PV
fluvastatin sodium er	*fluvastatin sodium er 80 mg tab er 24h*	TIER 1	
LIVALO	LIVALO (1 MG TAB, 2 MG TAB, 4 MG TAB) *pitavastatin calcium*	TIER 2	PV
lovastatin	*lovastatin (10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV
pravastatin sodium	*pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	PV
rosuvastatin calcium	*rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)*	TIER 1	PV
simvastatin	*simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)*	TIER 1	PV
ZYPITAMAG	ZYPITAMAG (1 MG TAB, 2 MG TAB, 4 MG TAB) *pitavastatin magnesium*	TIER 2	
DYSLIPIDEMICS, OTHER			
cholestyramine	*cholestyramine (4 gm/dose powder, 4 gm packet)*	TIER 1	PV
cholestyramine light	*cholestyramine light (4 gm packet, 4 gm/dose powder)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
colesevelam hcl	*colesevelam hcl (3.75 gm packet, 625 mg tab)*	TIER 1	
colestipol hcl	*colestipol hcl (1 gm tab, 5 gm packet, 5 gm granules)*	TIER 1	PV
ezetimibe	*ezetimibe 10 mg tab*	TIER 1	PV
ezetimibe-simvastatin	*ezetimibe-simvastatin (10-20 mg tab, 10-40 mg tab, 10-10 mg tab, 10-80 mg tab)*	TIER 1	
JUXTAPID	JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 60 MG CAP) *lomitapide mesylate*	SP-P	PA, QL (30 PER 30 DAYS)
KYNAMRO	KYNAMRO 200 MG/ML SOLN PRSYR *mipomersen sodium*	SP-P	PA, QL (4 PER 28 DAYS)
niacin er (antihyperlipidemic)	*niacin er (antihyperlipidemic) (er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er)*	TIER 1	PV
PRALUENT	PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ) *alirocumab*	TIER 3	QL (2 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
prevalite	*prevalite (4 gm packet, 4 gm/dose powder)*	TIER 1	PV
REPATHA	REPATHA 140 MG/ML SOLN PRSYR *evolocumab*	TIER 3	PA, QL (2 PER 28 DAY(S))
REPATHA PUSHTRONEX SYSTEM	REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART *evolocumab*	TIER 3	PA, QL (1 PER 30 DAYS)
REPATHA SURECLICK	REPATHA SURECLICK 140 MG/ML SOLN A-INJ *evolocumab*	TIER 3	PA, QL (2 PER 28 DAY(S))
VASODILATORS, DIRECT-ACTING ARTERIAL			
hydralazine hcl	*hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	PV
minoxidil	*minoxidil (2.5 mg tab, 10 mg tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS			
isosorbide dinitrate	*isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)*	TIER 1	PV
ISOSORBIDE DINITRATE ER	ISOSORBIDE DINITRATE ER 40 MG TAB ER *isosorbide dinitrate*	TIER 1	PV
isosorbide mononitrate	*isosorbide mononitrate (10 mg tab, 20 mg tab)*	TIER 1	PV
isosorbide mononitrate er	*isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)*	TIER 1	PV
minitran	*minitran (0.1 patch 24hr, 0.2 patch 24hr, 0.4 patch 24hr, 0.6 patch 24hr)*	TIER 1	PV
NITRO-BID	NITRO-BID 2 % OINTMENT *nitroglycerin*	TIER 3	
NITRO-TIME	NITRO-TIME (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER) *nitroglycerin*	TIER 1	PV, GA
nitroglycerin	*nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg sl tab, 0.4 mg/spray solution, 0.6 mg/hr patch 24hr, 0.6 mg sl tab)*	TIER 1	PV
nitroglycerin er	*nitroglycerin er (er 2.5 mg cap er, er 6.5 mg cap er, er 9 mg cap er)*	TIER 1	PV
CENTRAL NERVOUS SYSTEM AGENTS ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES			
amphetamine-dextroamphet er	*amphetamine-dextroamphet er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)*	TIER 1	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amphetamine-dextroamphetamine	*amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)*	TIER 1	
dextroamphetamine sulfate	*dextroamphetamine sulfate (5 mg/5ml solution, 5 mg tab, 10 mg tab)*	TIER 1	
dextroamphetamine sulfate er	*dextroamphetamine sulfate er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h)*	TIER 1	PA
methamphetamine hcl	*methamphetamine hcl 5 mg tab*	TIER 1	
VYVANSE	VYVANSE (10 MG CAP, 10 MG CHEW TAB, 20 MG CHEW TAB, 20 MG CAP, 30 MG CAP, 30 MG CHEW TAB, 40 MG CAP, 40 MG CHEW TAB, 50 MG CAP, 50 MG CHEW TAB, 60 MG CAP, 60 MG CHEW TAB, 70 MG CAP) *lisdexamfetamine dimesylate*	TIER 3	PA
zenzedi	*zenzedi (5 mg tab, 10 mg tab)*	TIER 1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES			
atomoxetine hcl	*atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap)*	TIER 1	QL (60 PER 30 DAYS)
atomoxetine hcl	*atomoxetine hcl (80 mg cap, 100 mg cap)*	TIER 1	QL (30 PER 30 DAYS)
clonidine hcl er	*clonidine hcl er 0.1 mg tab er 12h*	TIER 1	
dexmethylphenidate hcl	*dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dexmethylphenidate hcl er	*dexmethylphenidate hcl er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h, er 35 mg cap er 24h, er 40 mg cap er 24h)*	TIER 1	PA
guanfacine hcl er	*guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 4 mg tab er 24h)*	TIER 1	QL (30 PER 30 DAYS)
guanfacine hcl er	*guanfacine hcl er 3 mg tab er 24h*	TIER 1	QL (60 PER 30 DAYS)
metadate er	*metadate er 20 mg tab er*	TIER 1	PA
methylphenidate hcl	*methylphenidate hcl (2.5 mg chew tab, 5 mg tab, 5 mg chew tab, 5 mg/5ml solution, 10 mg/5ml solution, 10 mg tab, 10 mg chew tab, 20 mg tab)*	TIER 1	
methylphenidate hcl er (cd)	*methylphenidate hcl er (cd) (er 10 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 50 mg cap er, er 60 mg cap er)*	TIER 1	PA
methylphenidate hcl er	*methylphenidate hcl er (er 10 mg tab er, er 18 mg tab er, er 18 mg tab er 24h, er 20 mg tab er, er 27 mg tab er, er 27 mg tab er 24h, er 36 mg tab er, er 36 mg tab er 24h, er 54 mg tab er 24h, er 54 mg tab er, er 72 mg tab er)*	TIER 1	PA
methylphenidate hcl er (la)	*methylphenidate hcl er (la) (er 10 mg cap er 24h, er 20 mg cap er 24h, er 30 mg cap er 24h, er 40 mg cap er 24h, er 60 mg cap er 24h)*	TIER 1	PA
CENTRAL NERVOUS SYSTEM, OTHER			
AUSTEDO	AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB) *deutetrabenazine*	SP-P	
butalbital-acetaminophen	*butalbital-acetaminophen 50-325 mg tab*	TIER 1	
butalbital-apap	*butalbital-apap 50-325 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
butalbital-apap-caffeine	*butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)*	TIER 1	
esgic	*esgic 50-325-40 mg cap*	TIER 1	
INGREZZA	INGREZZA (40 MG CAP, 80 MG CAP) *valbenazine tosylate*	SP-P	PA
phrenilin forte	*phrenilin forte 50-300-40 mg cap*	TIER 1	
RADICAVA	RADICAVA 30 MG/100ML SOLUTION *edaravone*	SP-M	PA
riluzole	*riluzole 50 mg tab*	TIER 1	
TEGSEDI	TEGSEDI 284 MG/1.5ML SOLN PRSYR *inotersen sodium*	SP-P	PA, QL (4 PER 28 DAY(S))
TENCON	TENCON 50-325 MG TAB *butalbital-acetaminophen*	TIER 1	GA
tetrabenazine	*tetrabenazine 12.5 mg tab*	SP-P	QL (240 PER 30 DAYS)
tetrabenazine	*tetrabenazine 25 mg tab*	SP-P	QL (120 PER 30 DAYS)
XENAZINE	XENAZINE 12.5 MG TAB *tetrabenazine*	SP-NP	QL (240 PER 30 DAYS), GA
XENAZINE	XENAZINE 25 MG TAB *tetrabenazine*	SP-NP	QL (120 PER 30 DAYS), GA
zebutal	*zebutal 50-325-40 mg cap*	TIER 1	
FIBROMYALGIA AGENTS			
duloxetine hcl	*duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 40 mg cp dr part, 60 mg cp dr part)*	TIER 1	PV
pregabalin	*pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)*	TIER 1	
pregabalin	*pregabalin 20 mg/ml solution*	TIER 1	PA, QL (900 PER 30 DAY(S))
MULTIPLE SCLEROSIS AGENTS			
AMPYRA	AMPYRA 10 MG TAB ER 12H *dalfampridine*	SP-NP	QL (60 PER 30 DAYS), GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUBAGIO	AUBAGIO (7 MG TAB, 14 MG TAB) *teriflunomide*	SP-P	PA, QL (30 PER 30 DAYS)
AVONEX	AVONEX 30 MCG KIT *interferon beta-1a*	SP-NP	PA, QL (4 PER 28 DAYS)
AVONEX PEN	AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT *interferon beta-1a*	SP-NP	PA, QL (4 PER 28 DAYS)
AVONEX PREFILLED	AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT *interferon beta-1a*	SP-NP	PA, QL (4 PER 28 DAYS)
BETASERON	BETASERON 0.3 MG KIT *interferon beta-1b*	SP-P	PA, QL (15 PER 30 DAYS)
COPAXONE	COPAXONE 40 MG/ML SOLN PRSYR *glatiramer acetate*	SP-P	PA, QL (12 PER 28 DAYS), GA
dalfampridine er	*dalfampridine er 10 mg tab er 12h*	SP-P	QL (60 PER 30 DAYS)
EXTAVIA	EXTAVIA 0.3 MG KIT *interferon beta-1b*	SP-NP	QL (15 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GILENYA	GILENYA 0.25 MG CAP *fingolimod hcl*	SP-P	PA, QL (30 PER 30 DAY(S))
GILENYA	GILENYA 0.5 MG CAP *fingolimod hcl*	SP-P	PA, QL (30 PER 30 DAYS)
glatiramer acetate	*glatiramer acetate 40 mg/ml soln prsyr*	SP-P	PA, QL (12 PER 28 DAYS)
glatopa	*glatopa 40 mg/ml soln prsyr*	SP-P	PA, QL (12 PER 28 DAYS)
LEMTRADA	LEMTRADA 12 MG/1.2ML SOLUTION *alemtuzumab (ms)*	SP-M	MN-PA (Medically Necessary Prior Authorization)
MAVENCLAD (10 TABS)	MAVENCLAD (10 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-P	PA, QL (20 PER 9 MONTH(S))
MAVENCLAD (4 TABS)	MAVENCLAD (4 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-P	PA, QL (20 PER 9 MONTH(S))
MAVENCLAD (5 TABS)	MAVENCLAD (5 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-P	PA, QL (20 PER 9 MONTH(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAVENCLAD (6 TABS)	MAVENCLAD (6 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-P	PA, QL (20 PER 9 MONTH(S))
MAVENCLAD (7 TABS)	MAVENCLAD (7 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-P	PA, QL (20 PER 9 MONTH(S))
MAVENCLAD (8 TABS)	MAVENCLAD (8 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-P	PA, QL (20 PER 9 MONTH(S))
MAVENCLAD (9 TABS)	MAVENCLAD (9 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	SP-P	PA, QL (20 PER 9 MONTH(S))
MAYZENT	MAYZENT 0.25 MG TAB *siponimod fumarate*	SP-P	PA, QL (112 PER 28 DAY(S))
MAYZENT	MAYZENT 2 MG TAB *siponimod fumarate*	SP-P	PA, QL (30 PER 30 DAY(S))
MAYZENT STARTER PACK	MAYZENT STARTER PACK 0.25 MG TAB THPK *siponimod fumarate*	SP-P	PA, QL (12 PER 5 DAY(S))
OCREVUS	OCREVUS 300 MG/10ML SOLUTION *ocrelizumab*	SP-M	PA
PLEGRIDY	PLEGRIDY (125 SOLN PEN, 125 SOLN PRSYR) *peginterferon beta-1a*	SP-NP	PA, QL (2 PER 28 DAYS)
PLEGRIDY STARTER PACK	PLEGRIDY STARTER PACK (PACK 63 94 SOLN PRSYR, PACK 63 94 SOLN PEN) *peginterferon beta-1a*	SP-NP	PA, QL (1 PER 28 DAYS)
REBIF	REBIF (22 SOLN PRSYR, 44 SOLN PRSYR) *interferon beta-1a*	SP-P	PA, QL (12 PER 28 DAYS)
REBIF REBIDOSE	REBIF REBIDOSE (22 SOLN A-INJ, 44 SOLN A-INJ) *interferon beta-1a*	SP-P	PA, QL (12 PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK	REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ *interferon beta-1a*	SP-P	PA, QL (12 PER 28 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REBIF TITRATION PACK	REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR *interferon beta-1a*	SP-P	PA, QL (12 PER 28 DAYS)
TECFIDERA	TECFIDERA (120 MG CAP DR, 240 MG CAP DR) *dimethyl fumarate*	SP-P	PA, QL (60 PER 30 DAYS)
TECFIDERA	TECFIDERA 120 & 240 MG MISC *dimethyl fumarate*	SP-P	PA, QL (1 PER FILL)
TYSABRI	TYSABRI 300 MG/15ML CONC *natalizumab*	SP-M	PA, QL (1 PER 28 DAYS)
DENTAL AND ORAL AGENTS			
cevimeline hcl	*cevimeline hcl 30 mg cap*	TIER 1	
chlorhexidine gluconate	*chlorhexidine gluconate 0.12 % solution*	TIER 1	
DEBACTEROL	DEBACTEROL 30-50 % SOLUTION *sulfuric acid-sulfonated phenolics*	TIER 3	
oralone	*oralone 0.1 % paste*	TIER 1	
paroex	*paroex 0.12 % solution*	TIER 1	
pilocarpine hcl	*pilocarpine hcl (5 mg tab, 7.5 mg tab)*	TIER 1	
triamcinolone acetonide	*triamcinolone acetonide (0.1 % paste, 0.1 % cream)*	TIER 1	
DERMATOLOGICAL AGENTS			
acitretin	*acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)*	TIER 1	
adapalene	*adapalene 0.3 % gel*	TIER 1	PA
amnesteem	*amnesteem (10 mg cap, 20 mg cap, 40 mg cap)*	TIER 1	
avita	*avita (0.025 % cream, 0.025 % gel)*	TIER 1	PA
azelaic acid	*azelaic acid 15 % gel*	TIER 1	
calcipotriene	*calcipotriene (0.005 % solution, 0.005 % ointment)*	TIER 1	
calcipotriene	*calcipotriene 0.005 % cream*	TIER 1	QL (120 PER 30 DAY(S))
calcipotriene-betameth diprop	*calcipotriene-betameth diprop 0.005-0.064 % ointment*	TIER 1	QL (120 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
calcitrene	*calcitrene 0.005 % ointment*	TIER 1	
calcitriol	*calcitriol 3 mcg/gm ointment*	TIER 1	
claravis	*claravis 10 mg cap*	TIER 1	
clindamycin phos-benzoyl perox	*clindamycin phos-benzoyl perox (1-5 % gel, 1.2-2.5 % gel, 1.2-5 % gel)*	TIER 1	PA
clindamycin-tretinoin	*clindamycin-tretinoin 1.2-0.025 % gel*	TIER 1	PA
clotrimazole-betamethasone	*clotrimazole-betamethasone (% cream, % lotion)*	TIER 1	
COSENTYX (300 MG DOSE)	COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR *secukinumab*	SP-P	PA, QL (2 PER 28 DAYS)
COSENTYX SENSOREADY (300 MG)	COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ *secukinumab*	SP-P	PA, QL (2 PER 28 DAYS)
dapsone	*dapsone 5 % gel*	TIER 1	PA
diclofenac sodium	*diclofenac sodium 1 % gel*	TIER 1	
DUPIXENT	DUPIXENT (200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR) *dupilumab*	SP-P	PA, QL (2 PER 28 DAY(S))
DUROLANE	DUROLANE 60 MG/3ML PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	MN-PA (Medically Necessary Prior Authorization)
FLUOROPLEX	FLUOROPLEX 1 % CREAM *fluorouracil (topical)*	TIER 3	PA
fluorouracil	*fluorouracil 0.5 % cream*	TIER 1	PA
fluorouracil	*fluorouracil 5 % cream*	TIER 1	
hydrocortisone ace-pramoxine	*hydrocortisone ace-pramoxine (1-1 % cream, 2.5-1 % cream)*	TIER 1	
ILUMYA	ILUMYA 100 MG/ML SOLN PRSYR *tildrakizumab-asmn*	SP-NP	QL (2 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
imiquimod	*imiquimod 5 % cream*	TIER 1	
IMIQUIMOD PUMP	IMIQUIMOD PUMP 3.75 % CREAM *imiquimod*	TIER 1	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
isotretinoin	*isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	TIER 1	
ivermectin	*ivermectin 1 % cream*	TIER 1	PA
lidocaine-hydrocortisone ace	*lidocaine-hydrocortisone ace (2.8-0.55 % gel, 3-2.5 % kit, 3-0.5 % kit, 3-0.5 % cream, 3-1 % kit)*	TIER 1	
methoxsalen rapid	*methoxsalen rapid 10 mg cap*	TIER 1	
metronidazole	*metronidazole (0.75 % gel, 0.75 % lotion, 0.75 % cream, 1 % gel)*	TIER 1	
myorisan	*myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	TIER 1	
neuac	*neuac 1.2-5 % gel*	TIER 1	PA
pimecrolimus	*pimecrolimus 1 % cream*	TIER 1	
PODOCON	PODOCON 25 % SOLUTION *podophyllum resin*	TIER 1	
podofilox	*podofilox 0.5 % solution*	TIER 1	
pramcort	*pramcort 1-1 % cream*	TIER 1	
PROCORT	PROCORT 1.85-1.15 % CREAM *hydrocortisone acetate w/ pramoxine*	TIER 3	
PROCTOFOAM HC	PROCTOFOAM HC 1-1 % FOAM *hydrocortisone acetate w/ pramoxine*	TIER 3	
REGRANEX	REGRANEX 0.01 % GEL *becaplermin*	TIER 3	
rosadan	*rosadan (0.75 % gel, 0.75 % cream)*	TIER 1	
SANTYL	SANTYL 250 UNIT/GM OINTMENT *collagenase*	TIER 3	
selenium sulfide	*selenium sulfide 2.5 % lotion*	TIER 1	
SILIQ	SILIQ 210 MG/1.5ML SOLN PRSYR *brodalumab*	SP-NP	QL (2 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
SKYRIZI 150 DOSE	SKYRIZI 150 DOSE 75 MG/0.83ML PREF SY KT *risankizumab-rzaa*	SP-P	PA, QL (2 PER 56 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STELARA	STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR) *ustekinumab*	SP-P	PA
STELARA	STELARA 130 MG/26ML SOLUTION *ustekinumab (iv)*	SP-M	PA, QL (4 PER FILL)
tacrolimus	*tacrolimus (0.03 % ointment, 0.1 % ointment)*	TIER 1	
TALTZ	TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR) *ixekizumab*	SP-NP	PA, QL (1 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
tazarotene	*tazarotene 0.1 % cream*	TIER 1	
TREMFYA	TREMFYA (100 MG/ML SOLN PRSYR, 100 MG/ML SOLN PEN) *guselkumab*	SP-NP	QL (1 PER 56 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
tretinoin	*tretinoin (0.01 % gel, 0.025 % gel, 0.025 % cream, 0.05 % cream, 0.05 % gel, 0.1 % cream)*	TIER 1	PA
tretinoin microsphere	*tretinoin microsphere (0.04 % gel, 0.1 % gel)*	TIER 1	PA
tretinoin microsphere pump	*tretinoin microsphere pump (pump 0.04 % gel, pump 0.1 % gel)*	TIER 1	PA
VEREGEN	VEREGEN 15 % OINTMENT *sinecatechins*	TIER 3	PA
zenatane	*zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	TIER 1	
ELECTROLYTES/MINERALS/METALS/VITAMINS ELECTROLYTE/MINERAL REPLACEMENT			
bd posiflush	*bd posiflush 0.9 % solution*	TIER 1	
calcium acetate	*calcium acetate 667 mg tab*	TIER 1	
CRYSVITA	CRYSVITA (10 MG/ML SOLUTION, 20 MG/ML SOLUTION, 30 MG/ML SOLUTION) *burosumab-twza*	SP-M	PA
effervescent pot chloride	*effervescent pot chloride 25 meq effer tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
K-PHOS	K-PHOS 500 MG TAB *potassium phosphate monobasic*	TIER 3	
klor-con	*klor-con (8 tab er, 20 packet)*	TIER 1	
klor-con 10	*klor-con 10 10 meq tab er*	TIER 1	
klor-con m10	*klor-con m10 10 meq tab er*	TIER 1	
KLOR-CON M15	KLOR-CON M15 15 MEQ TAB ER *potassium chloride microencapsulated crystals er*	TIER 1	
klor-con m20	*klor-con m20 20 meq tab er*	TIER 1	
klor-con sprinkle	*klor-con sprinkle (8 cap er, 10 cap er)*	TIER 1	
levocarnitine	*levocarnitine (1 gm/10ml solution, 330 mg tab)*	TIER 1	
levocarnitine sf	*levocarnitine sf 1 gm/10ml solution*	TIER 1	
LOKELMA	LOKELMA (5 GM PACKET, 10 GM PACKET) *sodium zirconium cyclosilicate*	SP-P	
monoject flush syringe	*monoject flush syringe 0.9 % solution*	TIER 1	
monoject sodium chloride flush	*monoject sodium chloride flush 0.9 % solution*	TIER 1	
normal saline flush	*normal saline flush 0.9 % solution*	TIER 1	
pot bicarb-pot chloride	*pot bicarb-pot chloride 25 meq effer tab*	TIER 1	
potassium chloride	*potassium chloride (20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)*	TIER 1	
potassium chloride crys er	*potassium chloride crys er (crys er 10 tab er, crys er 20 tab er)*	TIER 1	
potassium chloride er	*potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 20 tab er)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATE STAR	PRENATE STAR 20-1 MG TAB *prenatal vitamins w/ fe asparto glycinate-folic acid*	TIER 2	
saline flush	*saline flush 0.9 % solution*	TIER 1	
saline flush zr	*saline flush zr 0.9 % solution*	TIER 1	
SODIUM BICARBONATE	SODIUM BICARBONATE (4.2 % SOLUTION, 7.5 % SOLUTION) *sodium bicarbonate*	TIER 1	
sodium chloride	*sodium chloride (4 meq/ml solution, 23.4 % solution)*	TIER 1	
sodium chloride (pf)	*sodium chloride (pf) 0.9 % solution*	TIER 1	
sodium chloride flush	*sodium chloride flush 0.9 % solution*	TIER 1	
swabflush saline flush	*swabflush saline flush 0.9 % solution*	TIER 1	
ELECTROLYTE/MINERAL/METAL MODIFIERS			
CHEMET	CHEMET 100 MG CAP *succimer*	TIER 2	
clovique	*clovique 250 mg cap*	TIER 1	
deferasirox	*deferasirox (90 mg tab, 125 mg tab sol, 180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)*	SP-P	
EXJADE	EXJADE (125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL) *deferasirox*	SP-NP	GA
FERRIPROX	FERRIPROX (100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB) *deferiprone*	SP-P	
JADENU	JADENU (90 MG TAB, 180 MG TAB, 360 MG TAB) *deferasirox*	SP-NP	GA
JYNARQUE	JYNARQUE (15 MG TAB, 30 MG TAB) *tolvaptan*	SP-P	PA, QL (60 PER 30 DAYS)
JYNARQUE	JYNARQUE (45 15 MG TAB THPK, 60 30 MG TAB THPK, 90 30 MG TAB THPK) *tolvaptan*	SP-P	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
kionex	*kionex 15 gm/60ml suspension*	TIER 1	
SAMSCA	SAMSCA (15 MG TAB, 30 MG TAB) *tolvaptan*	SP-P	QL (60 PER 30 DAYS)
sodium polystyrene sulfonate	*sodium polystyrene sulfonate (15 gm/60ml suspension, 30 gm/120ml suspension, 50 gm/200ml suspension, powder)*	TIER 1	
sps	*sps 15 gm/60ml suspension*	TIER 1	
trientine hcl	*trientine hcl 250 mg cap*	TIER 1	
PHOSPHATE BINDERS			
calcium acetate (phos binder)	*calcium acetate (phos binder) (667 mg tab, 667 mg cap)*	TIER 1	
lanthanum carbonate	*lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)*	TIER 1	
phospha 250 neutral	*phospha 250 neutral 155-852-130 mg tab*	TIER 1	
phospho-trin 250 neutral	*phospho-trin 250 neutral 155-852-130 mg tab*	TIER 1	
phosphorous	*phosphorous 155-852-130 mg tab*	TIER 1	
sevelamer carbonate	*sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)*	TIER 1	
sevelamer hcl	*sevelamer hcl (400 mg tab, 800 mg tab)*	TIER 1	
VELTASSA	VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET) *patiromer sorbitex calcium*	SP-P	
virt-phos 250 neutral	*virt-phos 250 neutral 155-852-130 mg tab*	TIER 1	
VITAMINS			
ATABEX EC	ATABEX EC 29-1 MG TAB DR *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ATABEX OB	ATABEX OB 29-1 MG TAB *prenatal vit w/ fe bisglycinate chelate-folic acid*	TIER 2	PV
BP FOLINATAL PLUS B	BP FOLINATAL PLUS B 1 MG TAB *prenatal w/ calcium carbonate-vit b6-vit b12-folic acid*	TIER 2	
BP MULTINATAL PLUS	BP MULTINATAL PLUS (30-1 MG TAB, 40-1 MG CHEW TAB) *prenatal without a vit w/ fe fumarate-folic acid*	TIER 2	PV
COMPLETE NATAL DHA	COMPLETE NATAL DHA 29-1-200 & 250 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	TIER 2	PV
COMPLETENATE	COMPLETENATE 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	PV
CONCEPT OB	CONCEPT OB 130-92.4-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	TIER 2	PV
cyanocobalamin	*cyanocobalamin 1000 mcg/ml solution*	TIER 1	
FOLIVANE-OB	FOLIVANE-OB 130-92.4-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	TIER 2	PV
HEMENATAL OB + DHA	HEMENATAL OB + DHA 28-6-1 & 203 MG MISC *prenatal vit w/ fe poly cmplx-fe heme polypept-fa & omega 3*	TIER 2	PV
INATAL ADVANCE	INATAL ADVANCE 90-1 MG TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV
INATAL GT	INATAL GT TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INATAL ULTRA	INATAL ULTRA 90-1 MG TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV
MYNATAL	MYNATAL (90-1MGTAB, CAP) *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV
MYNATAL ADVANCE	MYNATAL ADVANCE TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV
MYNATE 90 PLUS	MYNATE 90 PLUS TAB ER *prenatal vit w/ docusate-fe fumarate-folic acid*	TIER 2	PV
NATALVIT	NATALVIT TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	PV
O-CAL PRENATAL	O-CAL PRENATAL TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	PV
OBSTETRIX DHA	OBSTETRIX DHA 29-1 & 387 MG MISC *prenatal w/fe carbonyl-fa-dss-omega 3 fatty acids*	TIER 2	PV
OBSTETRIX EC	OBSTETRIX EC 29-1 MG TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV
PNV FE FUM/DOCUSATE/FOLIC ACID	PNV FE FUM/DOCUSATE/FOLIC ACID 29-1 MG TAB *prenatal vit w/ docusate-fe fumarate-folic acid*	TIER 2	PV
PNV PRENATAL PLUS MULTIVIT+DHA	PNV PRENATAL PLUS MULTIVIT+DHA 27-1 & 312 MG MISC *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*	TIER 2	
PNV TABS 29-1	PNV TABS 29-1 29-1 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PNV-VP-U	PNV-VP-U 106.5-1 MG CAP *prenatal without a vit w/ fe fumarate-folic acid*	TIER 2	PV
PR NATAL 400	PR NATAL 400 29-1-200 & 400 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	TIER 2	PV
PR NATAL 400 EC	PR NATAL 400 EC 29-1-200 & 400 MG (DR) MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	TIER 2	PV
PR NATAL 430	PR NATAL 430 29-1-200 & 430 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	TIER 2	PV
PR NATAL 430 EC	PR NATAL 430 EC 29-1-200 & 430 MG (DR) MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	TIER 2	PV
PRENAISSANCE NEXT	PRENAISSANCE NEXT 1.2 MG TAB *prenatal w/ calcium-vit b6-folic acid-ginger*	TIER 2	PV
PRENATA	PRENATA 29-1 MG CHEW TAB *prenatal without a vit w/ fe fumarate-folic acid*	TIER 2	PV
PRENATABS FA	PRENATABS FA 29-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	PV
PRENATABS RX	PRENATABS RX 29-1 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	TIER 2	PV
PRENATAL 19	PRENATAL 19 (19CHEWTAB, 19TAB, 1929-1MGCHEWTAB, 1929-1MGTAB) *prenatal vit w/ docusate-fe fumarate-folic acid*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATAL PLUS IRON	PRENATAL PLUS IRON 29-1 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	TIER 2	PV
PRENATAL-U	PRENATAL-U 106.5-1 MG CAP *prenatal without a vit w/ fe fumarate-folic acid*	TIER 2	PV
PREQUE 10	PREQUE 10 15-25-0.5-50 MG TAB *prenatal mv & min w/fe carbonyl-docusate-folic acid-dha*	TIER 2	
PRETAB	PRETAB 29-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	PV
PROVIDA OB	PROVIDA OB 20-20-1.25 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	TIER 2	PV
PUREFE OB PLUS	PUREFE OB PLUS 162-115.2-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	TIER 2	PV
SE-NATAL 19	SE-NATAL 19 (19 MG TAB, 19 MG CHEW TAB) *prenatal vit w/ docusate-fe fumarate-folic acid*	TIER 2	PV
SE-TAN DHA	SE-TAN DHA 15-15-1 MG CAP *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*	TIER 2	
TARON-BC	TARON-BC 20-1 MG & 2 X 25 MG MISC *prenatal without vit a w/ iron carbonyl-folic acid & vit b6*	TIER 2	PV
THRIVITE 19	THRIVITE 19 29-1 MG TAB *prenatal vit w/ docusate-fe fumarate-folic acid*	TIER 2	PV
THRIVITE RX	THRIVITE RX 29-1 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TL FOLATE	TL FOLATE 27-0.5-0.5 MG TAB *prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*	TIER 2	PV
TRIADVANCE	TRIADVANCE 90-1 MG TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV
TRINATAL GT	TRINATAL GT 90-1 MG TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV
TRINATAL RX 1	TRINATAL RX 1 60-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	PV
TRINATE	TRINATE TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	PV
TRIVEEN-DUO DHA	TRIVEEN-DUO DHA 29-1-200 & 400 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	TIER 2	PV
VIL-RX	VIL-RX 29-1 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	TIER 2	PV
VINATE AZ EXTRA	VINATE AZ EXTRA 29-1 MG TAB *prenatal vit w/ fe bisglycinate chelate-folic acid*	TIER 2	PV
VINATE C	VINATE C 30-1 MG TAB *prenatal without a vit w/ fe fumarate-folic acid*	TIER 2	PV
VINATE CALCIUM	VINATE CALCIUM 27-1 MG TAB *prenatal vit w/ iron carbonyl-fe gluconate-folic acid*	TIER 2	
VINATE IC	VINATE IC 162-115.2-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VINATE II	VINATE II 29-1 MG TAB *prenatal vit w/ fe bisglycinate chelate-folic acid*	TIER 2	PV
VINATE M	VINATE M 27-1 MG TAB *prenatal vit w/ selenium-fe fumarate-folic acid*	TIER 2	PV
VINATE ONE	VINATE ONE 60-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	PV
VIRT NATE	VIRT NATE 28-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	PV
VIRT-ADVANCE	VIRT-ADVANCE 90-1 MG TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV
VIRT-VITE GT	VIRT-VITE GT 90-1 MG TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	TIER 2	PV
VITAMEDMD PLUS RX/QUATREFOLIC	VITAMEDMD PLUS RX/QUATREFOLIC 30-0.6-0.4 &300 MG MISC *prenatal without a w/ fe chelate-l methylfolate-fa-dha*	TIER 2	
VOL-NATE	VOL-NATE 28-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	TIER 2	PV
VOL-TAB RX	VOL-TAB RX 29-1 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	TIER 2	PV
VP-GGR-B6 PRENATAL	VP-GGR-B6 PRENATAL 1.2 MG TAB *prenatal w/ calcium-vit b6-folic acid-ginger*	TIER 2	PV
VP-HEME OB + DHA	VP-HEME OB + DHA 28-6-1 & 203 MG MISC *prenatal vit w/ fe poly cmplx-fe heme polypept-fa & omega 3*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL AGENTS ANTISPASMODICS, GASTROINTESTINAL			
chlordiazepoxide-clidinium	*chlordiazepoxide-clidinium 5-2.5 mg cap*	TIER 1	
CUVPOSA	CUVPOSA 1 MG/5ML SOLUTION *glycopyrrolate*	TIER 3	PA, QL (1250 PER 30 DAY(S))
dicyclomine hcl	*dicyclomine hcl (10 mg/5ml solution, 10 mg cap, 20 mg tab)*	TIER 1	
ed-spaz	*ed-spaz 0.125 mg tab disp*	TIER 1	
glycopyrrolate	*glycopyrrolate (1 mg tab, 2 mg tab)*	TIER 1	
hyoscyamine sulfate	*hyoscyamine sulfate (0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg sl tab, 0.125 mg/ml solution, 0.125 mg tab)*	TIER 1	
hyoscyamine sulfate er	*hyoscyamine sulfate er 0.375 mg tab er 12h*	TIER 1	
hyoscyamine sulfate sl	*hyoscyamine sulfate sl 0.125 mg sl tab*	TIER 1	
hyosyne	*hyosyne (0.125 mg/ml solution, 0.125 mg/5ml elixir)*	TIER 1	
methscopolamine bromide	*methscopolamine bromide (2.5 mg tab, 5 mg tab)*	TIER 1	
nulev	*nulev 0.125 mg tab disp*	TIER 1	
oscimin	*oscimin (0.125 mg tab, 0.125 mg sl tab, 0.125 mg tab disp)*	TIER 1	
oscimin sr	*oscimin sr 0.375 mg tab er 12h*	TIER 1	
PROPANTHELINE BROMIDE	PROPANTHELINE BROMIDE 15 MG TAB *propantheline bromide*	TIER 1	
symax-sl	*symax-sl 0.125 mg sl tab*	TIER 1	
symax-sr	*symax-sr 0.375 mg tab er 12h*	TIER 1	
GASTROINTESTINAL AGENTS, OTHER			
amoxicill-clarithro-lansopraz	*amoxicill-clarithro-lansopraz misc*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CHENODAL	CHENODAL 250 MG TAB *chenodiol*	TIER 2	
cromolyn sodium	*cromolyn sodium 100 mg/5ml conc*	TIER 1	
DIPHENOXYLATE-ATROPINE	DIPHENOXYLATE-ATROPINE (MG TAB, MG/5ML LIQUID) *diphenoxylate w/ atropine*	TIER 1	
ENTEREG	ENTEREG 12 MG CAP *alvimopan*	TIER 3	
GATTEX	GATTEX 5 MG KIT *teduglutide (rdna)*	SP-M	
MOVANTIK	MOVANTIK (12.5 MG TAB, 25 MG TAB) *naloxegol oxalate*	TIER 2	PA
opium	*opium 10 mg/ml (1%) tincture*	TIER 1	
PAREGORIC	PAREGORIC 2 MG/5ML TINCTURE *paregoric*	TIER 1	
ursodiol	*ursodiol (250 mg tab, 300 mg cap, 500 mg tab)*	TIER 1	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS			
cimetidine	*cimetidine (300 mg tab, 400 mg tab, 800 mg tab)*	TIER 1	
CIMETIDINE HCL	CIMETIDINE HCL 300 MG/5ML SOLUTION *cimetidine hcl*	TIER 1	
famotidine	*famotidine (40 mg/5ml recon susp, 40 mg tab)*	TIER 1	
nizatidine	*nizatidine (15 mg/ml solution, 150 mg cap, 300 mg cap)*	TIER 1	
ranitidine hcl	*ranitidine hcl (15 mg/ml syrup, 75 mg/5ml syrup, 150 mg cap, 150 mg/10ml syrup, 300 mg tab, 300 mg cap)*	TIER 1	
IRRITABLE BOWEL SYNDROME AGENTS			
alosetron hcl	*alosetron hcl (0.5 mg tab, 1 mg tab)*	TIER 1	
AMITIZA	AMITIZA (8 MCG CAP, 24 MCG CAP) *lubiprostone*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LINZESS	LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP) *linaclotide*	TIER 2	
TRULANCE	TRULANCE 3 MG TAB *plecanatide*	TIER 3	
LAXATIVES			
CASCARA SAGRADA	CASCARA SAGRADA 1 GM/ML FL EXTRACT *cascara sagrada*	TIER 2	
constulose	*constulose 10 gm/15ml solution*	TIER 1	
enulose	*enulose 10 gm/15ml solution*	TIER 1	
gavilyte-c	*gavilyte-c 240 gm recon soln*	TIER 1	PV
gavilyte-g	*gavilyte-g 236 gm recon soln*	TIER 1	PV
gavilyte-n with flavor pack	*gavilyte-n with flavor pack 420 gm recon soln*	TIER 1	PV
generlac	*generlac 10 gm/15ml solution*	TIER 1	
lactulose	*lactulose (10 gm/15ml solution, 20 gm/30ml solution)*	TIER 1	
lactulose encephalopathy	*lactulose encephalopathy 10 gm/15ml solution*	TIER 1	
MOVIPREP	MOVIPREP 100 GM RECON SOLN *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*	TIER 2	PV
OSMOPREP	OSMOPREP 1.102-0.398 GM TAB *sodium phosphate monobasic-sodium phosphate dibasic*	TIER 2	PV
peg 3350-kcl-na bicarb-nacl	*peg 3350-kcl-na bicarb-nacl 420 gm recon soln*	TIER 1	PV
peg-3350/electrolytes	*peg-3350/electrolytes 236 gm recon soln*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUPREP BOWEL PREP KIT	SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION *sodium sulfate-potassium sulfate-magnesium sulfate*	TIER 2	PV
trilyte	*trilyte 420 gm recon soln*	TIER 1	PV
PROTECTANTS			
misoprostol	*misoprostol (100 mcg tab, 200 mcg tab)*	TIER 1	
sucralfate	*sucralfate (1 gm tab, 1 gm/10ml suspension)*	TIER 1	
PROTON PUMP INHIBITORS			
esomeprazole magnesium	*esomeprazole magnesium 40 mg cap dr*	TIER 1	PA, QL (60 PER 30 DAYS)
lansoprazole	*lansoprazole (15 mg tab dr disp, 30 mg tab dr disp)*	TIER 1	PA, QL (60 PER 30 DAYS)
lansoprazole	*lansoprazole 30 mg cap dr*	TIER 1	QL (60 PER 30 DAYS)
omeprazole	*omeprazole (10 mg cap dr, 40 mg cap dr)*	TIER 1	QL (60 PER 30 DAYS)
pantoprazole sodium	*pantoprazole sodium (20 mg tab dr, 40 mg tab dr)*	TIER 1	QL (60 PER 30 DAYS)
rabeprazole sodium	*rabeprazole sodium 20 mg tab dr*	TIER 1	QL (60 PER 30 DAYS)
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
ALDURAZYME	ALDURAZYME 2.9 MG/5ML SOLUTION *laronidase*	SP-M	
BUPHENYL	BUPHENYL (3 GM/TSP POWDER, 500 MG TAB) *sodium phenylbutyrate*	SP-NP	GA
CARBAGLU	CARBAGLU 200 MG TAB *carglumic acid*	SP-P	
CERDELGA	CERDELGA 84 MG CAP *eliglustat tartrate*	SP-P	
CEREZYME	CEREZYME 400 UNIT RECON SOLN *imiglucerase*	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CREON	CREON (3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART, 36000 CP DR PART) *pancrelipase (lipase-protease-amylase)*	TIER 2	
CYSTADANE	CYSTADANE POWDER *betaine*	SP-P	
CYSTAGON	CYSTAGON (50 MG CAP, 150 MG CAP) *cysteamine bitartrate*	TIER 2	
ELAPRASE	ELAPRASE 6 MG/3ML SOLUTION *idursulfase*	SP-M	
ELELYSO	ELELYSO 200 UNIT RECON SOLN *taliglucerase alfa*	SP-M	MN-PA (Medically Necessary Prior Authorization)
FABRAZYME	FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN) *agalsidase beta*	SP-M	
GALAFOLD	GALAFOLD 123 MG CAP *migalastat hcl*	SP-P	PA, QL (14 PER 28 DAY(S))
KUVAN	KUVAN (100 MG PACKET, 100 MG TAB SOL, 500 MG PACKET) *sapropterin dihydrochloride*	SP-P	
LUMIZYME	LUMIZYME 50 MG RECON SOLN *alglucosidase alfa*	SP-M	
miglustat	*miglustat 100 mg cap*	SP-P	PA
NAGLAZYME	NAGLAZYME 1 MG/ML SOLUTION *galsulfase*	SP-M	
nitisinone	*nitisinone (2 mg cap, 5 mg cap, 10 mg cap)*	SP-P	
OCALIVA	OCALIVA 10 MG TAB *obeticholic acid*	SP-P	PA, QL (60 PER 30 DAYS)
OCALIVA	OCALIVA 5 MG TAB *obeticholic acid*	SP-P	PA, QL (30 PER 30 DAYS)
ORFADIN	ORFADIN (2 MG CAP, 5 MG CAP, 10 MG CAP) *nitisinone*	SP-NP	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORFADIN	ORFADIN (4 MG/ML SUSPENSION, 20 MG CAP) *nitisinone*	SP-P	
PALYNZIQ	PALYNZIQ (2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR, 20 MG/ML SOLN PRSYR) *pegvaliase-pqpz*	SP-P	PA
PANCREAZE	PANCREAZE (2600 CP DR PART, 4200 CP DR PART, 10500 CP DR PART, 16800 CP DR PART, 21000 CP DR PART) *pancrelipase (lipase-protease-amylase)*	TIER 2	
PERTZYE	PERTZYE (4000 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 24000-86250 CP DR PART) *pancrelipase (lipase-protease-amylase)*	TIER 2	
PROCYSBI	PROCYSBI (25 MG CAP DR, 75 MG CAP DR) *cysteamine bitartrate*	SP-P	
RAVICTI	RAVICTI 1.1 GM/ML LIQUID *glycerol phenylbutyrate*	SP-P	PA, QL (525 PER 30 DAYS)
sodium phenylbutyrate	*sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)*	SP-P	
STRENSIQ	STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION) *asfotase alfa*	SP-P	PA
SUCRAID	SUCRAID 8500 UNIT/ML SOLUTION *sacrosidase*	TIER 2	
VIOKACE	VIOKACE (10440 TAB, 20880 TAB) *pancrelipase (lipase-protease-amylase)*	TIER 2	
VPRIV	VPRIV 400 UNIT RECON SOLN *velaglucerase alfa*	SP-M	MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZAVESCA	ZAVESCA 100 MG CAP *miglustat*	SP-NP	PA, GA
ZENPEP	ZENPEP (3000-14000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART) *pancrelipase (lipase-protease-amylase)*	TIER 2	
GENITOURINARY AGENTS ANTISPASMODICS, URINARY			
darifenacin hydrobromide er	*darifenacin hydrobromide er (er 7.5 mg tab er 24h, er 15 mg tab er 24h)*	TIER 1	
flavoxate hcl	*flavoxate hcl 100 mg tab*	TIER 1	
oxybutynin chloride	*oxybutynin chloride (5 mg tab, 5 mg/5ml syrup)*	TIER 1	
oxybutynin chloride er	*oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)*	TIER 1	
solifenacin succinate	*solifenacin succinate (5 mg tab, 10 mg tab)*	TIER 1	
tolterodine tartrate	*tolterodine tartrate (1 mg tab, 2 mg tab)*	TIER 1	
tolterodine tartrate er	*tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)*	TIER 1	
trospium chloride	*trospium chloride 20 mg tab*	TIER 1	
trospium chloride er	*trospium chloride er 60 mg cap er 24h*	TIER 1	
BENIGN PROSTATIC HYPERTROPHY AGENTS			
alfuzosin hcl er	*alfuzosin hcl er 10 mg tab er 24h*	TIER 1	
dutasteride	*dutasteride 0.5 mg cap*	TIER 1	
dutasteride-tamsulosin hcl	*dutasteride-tamsulosin hcl 0.5-0.4 mg cap*	TIER 1	
finasteride	*finasteride 5 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
silodosin	*silodosin (4 mg cap, 8 mg cap)*	TIER 1	QL (30 PER 30 DAYS)
tadalafil	*tadalafil (10 mg tab, 20 mg tab)*	TIER 1	QL (6 PER 30 DAYS)
tadalafil	*tadalafil (2.5 mg tab, 5 mg tab)*	TIER 1	QL (30 PER 30 DAYS)
tamsulosin hcl	*tamsulosin hcl 0.4 mg cap*	TIER 1	
GENITOURINARY AGENTS, OTHER			
bethanechol chloride	*bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)*	TIER 1	
cytra k crystals	*cytra k crystals 3300-1002 mg packet*	TIER 1	
D-PENAMINE	D-PENAMINE 125 MG TAB *penicillamine*	TIER 2	
DEPEN TITRATABS	DEPEN TITRATABS 250 MG TAB *penicillamine*	TIER 2	
ELMIRON	ELMIRON 100 MG CAP *pentosan polysulfate sodium*	TIER 3	
LITHOSTAT	LITHOSTAT 250 MG TAB *acetohydroxamic acid*	TIER 3	
phenazo	*phenazo 200 mg tab*	TIER 1	
phenazopyridine hcl	*phenazopyridine hcl 200 mg tab*	TIER 1	
potassium citrate er	*potassium citrate er (er 5 (540 tab er, er 10 (1080 tab er, er 15 (1620 tab er)*	TIER 1	
potassium citrate-citric acid	*potassium citrate-citric acid 1100-334 mg/5ml solution*	TIER 1	
sildenafil citrate	*sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)*	TIER 1	QL (6 PER 30 DAYS)
sod citrate-citric acid	*sod citrate-citric acid 500-334 mg/5ml solution*	TIER 1	
taron-crystals	*taron-crystals 3300-1002 mg packet*	TIER 1	
THIOLA	THIOLA 100 MG TAB *tiopronin*	TIER 2	
THIOLA EC	THIOLA EC (EC 100 MG TAB DR, EC 300 MG TAB DR) *tiopronin*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tricitrates	*tricitrates 550-500-334 mg/5ml solution*	TIER 1	
vardenafil hcl	*vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab disp, 10 mg tab, 20 mg tab)*	TIER 1	QL (6 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)			
ala-cort	*ala-cort 2.5 % cream*	TIER 1	
alclometasone dipropionate	*alclometasone dipropionate (0.05 % cream, 0.05 % ointment)*	TIER 1	
AMCINONIDE	AMCINONIDE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % LOTION) *amcinonide*	TIER 1	
beser	*beser 0.05 % lotion*	TIER 1	
betamethasone dipropionate	*betamethasone dipropionate (0.05 % lotion, 0.05 % cream, 0.05 % ointment)*	TIER 1	
betamethasone dipropionate aug	*betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment, 0.05 % gel)*	TIER 1	
betamethasone valerate	*betamethasone valerate (0.1 % ointment, 0.1 % lotion, 0.1 % cream, 0.12 % foam)*	TIER 1	
clobetasol prop emollient base	*clobetasol prop emollient base 0.05 % cream*	TIER 1	
clobetasol propionate	*clobetasol propionate (0.05 % cream, 0.05 % lotion, 0.05 % foam, 0.05 % solution, 0.05 % ointment, 0.05 % liquid, 0.05 % shampoo, 0.05 % gel)*	TIER 1	
clobetasol propionate e	*clobetasol propionate e 0.05 % cream*	TIER 1	
clobetasol propionate emulsion	*clobetasol propionate emulsion 0.05 % foam*	TIER 1	
clocortolone pivalate	*clocortolone pivalate 0.1 % cream*	TIER 1	QL (90 PER 30 DAY(S))
clocortolone pivalate pump	*clocortolone pivalate pump 0.1 % cream*	TIER 1	QL (90 PER 30 DAY(S))
clodan	*clodan 0.05 % shampoo*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
decadron	*decadron (0.5 mg tab, 0.5 mg/5ml elixir, 0.75 mg tab, 4 mg tab, 6 mg tab)*	TIER 1	
deltasone	*deltasone 20 mg tab*	TIER 1	
DEPO-MEDROL	DEPO-MEDROL 20 MG/ML SUSPENSION *methylprednisolone acetate*	TIER 1	
desonide	*desonide (0.05 % cream, 0.05 % ointment, 0.05 % lotion)*	TIER 1	
desoximetasone	*desoximetasone (0.05 % ointment, 0.05 % cream, 0.05 % gel, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)*	TIER 1	
dexamethasone	*dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)*	TIER 1	
DEXAMETHASONE INTENSOL	DEXAMETHASONE INTENSOL 1 MG/ML CONC *dexamethasone*	TIER 1	
dexamethasone sod phosphate pf	*dexamethasone sod phosphate pf 10 mg/ml solution*	TIER 1	
dexamethasone sodium phosphate	*dexamethasone sodium phosphate (4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 120 mg/30ml solution)*	TIER 1	
EMFLAZA	EMFLAZA (6 MG TAB, 18 MG TAB, 22.75 MG/ML SUSPENSION, 30 MG TAB, 36 MG TAB) *deflazacort*	SP-P	PA
EPIFOAM	EPIFOAM 1-1 % FOAM *pramoxine-hc*	TIER 3	
fludrocortisone acetate	*fludrocortisone acetate 0.1 mg tab*	TIER 1	
fluocinolone acetonide	*fluocinolone acetonide (0.01 % solution, 0.01 % cream, 0.025 % cream, 0.025 % ointment)*	TIER 1	
fluocinolone acetonide body	*fluocinolone acetonide body 0.01 % oil*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluocinolone acetonide scalp	*fluocinolone acetonide scalp 0.01 % oil*	TIER 1	
fluocinonide	*fluocinonide (0.05 % cream, 0.05 % ointment, 0.05 % gel, 0.05 % solution)*	TIER 1	
fluocinonide	*fluocinonide 0.1 % cream*	TIER 1	QL (120 PER 30 DAY(S))
fluocinonide emulsified base	*fluocinonide emulsified base 0.05 % cream*	TIER 1	
flurandrenolide	*flurandrenolide (0.05 % ointment, 0.05 % cream)*	TIER 1	
flurandrenolide	*flurandrenolide 0.05 % lotion*	TIER 1	QL (120 PER 30 DAY(S))
fluticasone propionate	*fluticasone propionate (0.005 % ointment, 0.05 % lotion, 0.05 % cream)*	TIER 1	
halobetasol propionate	*halobetasol propionate (0.05 % ointment, 0.05 % cream)*	TIER 1	
HP ACTHAR	HP ACTHAR 80 UNIT/ML GEL *corticotropin*	SP-M	PA
hydrocortisone	*hydrocortisone (2.5 % cream, 2.5 % lotion, 2.5 % ointment, 5 mg tab, 10 mg tab, 20 mg tab)*	TIER 1	
hydrocortisone ace-pramoxine	*hydrocortisone ace-pramoxine 2.5-1 % cream*	TIER 1	
hydrocortisone butyr lipo base	*hydrocortisone butyr lipo base 0.1 % cream*	TIER 1	QL (60 PER 30 DAY(S))
hydrocortisone butyrate	*hydrocortisone butyrate (0.1 % ointment, 0.1 % cream, 0.1 % solution, 0.1 % lotion)*	TIER 1	
hydrocortisone valerate	*hydrocortisone valerate (0.2 % cream, 0.2 % ointment)*	TIER 1	
KORLYM	KORLYM 300 MG TAB *mifepristone (hyperglycemia)*	SP-P	PA, QL (120 PER 30 DAY(S))
methylprednisolone	*methylprednisolone (4 mg tab thpk, 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)*	TIER 1	
methylprednisolone sodium succ	*methylprednisolone sodium succ 500 mg recon soln*	TIER 1	
mometasone furoate	*mometasone furoate (0.1 % ointment, 0.1 % solution, 0.1 % cream)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nolix	*nolix 0.05 % cream*	TIER 1	
nolix	*nolix 0.05 % lotion*	TIER 1	QL (120 PER 30 DAY(S))
NUCORT	NUCORT 2 % LOTION *hydrocortisone acetate (topical)*	TIER 3	
PRAMOSONE	PRAMOSONE (1-1 % CREAM, 1-2.5 % LOTION, 1-1 % LOTION) *pramoxine-hc*	TIER 1	
PREDNICARBATE	PREDNICARBATE (0.1 % CREAM, 0.1 % OINTMENT) *prednicarbate*	TIER 1	
PREDNISOLONE	PREDNISOLONE 15 MG/5ML SOLUTION *prednisolone*	TIER 1	
prednisolone sodium phosphate	*prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 10 mg tab disp, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)*	TIER 1	
prednisolone sodium phosphate	*prednisolone sodium phosphate 25 mg/5ml solution*	TIER 1	
prednisone	*prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg/5ml solution, 5 mg tab, 10 mg (21) tab thpk, 10 mg tab, 10 mg (48) tab thpk, 20 mg tab, 50 mg tab)*	TIER 1	
PREDNISONE INTENSOL	PREDNISONE INTENSOL 5 MG/ML CONC *prednisone*	TIER 1	
SOLU-CORTEF	SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN) *hydrocortisone sod succinate*	TIER 1	
SOLU-MEDROL	SOLU-MEDROL 500 MG RECON SOLN *methylprednisolone sod succ*	TIER 1	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tovet	*tovet 0.05 % foam*	TIER 1	
triamcinolone acetonide	*triamcinolone acetonide (0.025 % ointment, 0.025 % cream, 0.025 % lotion, 0.1 % ointment, 0.1 % lotion, 0.1 % cream, 0.5 % cream, 0.5 % ointment, 40 mg/ml suspension)*	TIER 1	
triamcinolone acetonide	*triamcinolone acetonide 0.147 mg/gm aero soln*	TIER 1	QL (4.5 PER 1 DAY(S))
triderm	*triderm (0.1 % cream, 0.5 % cream)*	TIER 1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)			
desmopressin ace spray refrig	*desmopressin ace spray refrig 0.01 % solution*	TIER 1	
desmopressin acetate	*desmopressin acetate (0.1 mg tab, 0.2 mg tab)*	TIER 1	
desmopressin acetate spray	*desmopressin acetate spray 0.01 % solution*	TIER 1	
GENOTROPIN	GENOTROPIN (5 MG RECON SOLN, 12 MG RECON SOLN) *somatropin*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
GENOTROPIN MINIQUICK	GENOTROPIN MINIQUICK (0.2 MG RECON SOLN, 0.4 MG RECON SOLN, 0.6 MG RECON SOLN, 0.8 MG RECON SOLN, 1 MG RECON SOLN, 1.2 MG RECON SOLN, 1.4 MG RECON SOLN, 1.6 MG RECON SOLN, 1.8 MG RECON SOLN, 2 MG RECON SOLN) *somatropin*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
HUMATROPE	HUMATROPE (5 MG RECON SOLN, 6 MG RECON SOLN, 12 MG RECON SOLN, 24 MG RECON SOLN) *somatropin*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
INCRELEX	INCRELEX 40 MG/4ML SOLUTION *mecasermin*	SP-P	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NORDITROPIN FLEXPRO	NORDITROPIN FLEXPRO (15 MG/1.5ML SOLUTION, 30 MG/3ML SOLUTION) *somatropin*	SP-P	PA
NORDITROPIN FLEXPRO	NORDITROPIN FLEXPRO (5 SOLUTION, 10 SOLUTION) *somatropin*	SP-P	MN-PA (Medically Necessary Prior Authorization)
NUTROPIN AQ NUSPIN 10	NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLUTION *somatropin*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
NUTROPIN AQ NUSPIN 20	NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLUTION *somatropin*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
NUTROPIN AQ NUSPIN 5	NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLUTION *somatropin*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
NUTROPIN AQ PEN	NUTROPIN AQ PEN 20 MG/2ML SOLUTION *somatropin*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
OMNITROPE	OMNITROPE (5 MG/1.5ML SOLUTION, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLUTION) *somatropin*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
SAIZEN	SAIZEN (5 MG RECON SOLN, 8.8 MG RECON SOLN) *somatropin (non-refrigerated)*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
SAIZEN CLICK.EASY	SAIZEN CLICK.EASY 8.8 MG RECON SOLN *somatropin (non-refrigerated)*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
SAIZENPREP	SAIZENPREP 8.8 MG RECON SOLN *somatropin (non-refrigerated)*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
SEROSTIM	SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN) *somatropin (non-refrigerated)*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
ZOMACTON	ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN) *somatropin*	SP-NP	MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZORBTIVE	ZORBTIVE 8.8 MG RECON SOLN *somatropin (non-refrigerated)*	SP-NP	MN-PA (Medically Necessary Prior Authorization)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)			
ANABOLIC STEROIDS			
ANADROL-50	ANADROL-50 50 MG TAB *oxymetholone*	TIER 2	
oxandrolone	*oxandrolone (2.5 mg tab, 10 mg tab)*	TIER 1	
ANDROGENS			
danazol	*danazol (50 mg cap, 100 mg cap, 200 mg cap)*	TIER 1	
testosterone	*testosterone (1.62 % gel, 12.5 mg/act (1%) gel, 20.25 mg/act (1.62%) gel, 20.25 mg/1.25gm (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)*	TIER 2	PA
testosterone cypionate	*testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)*	TIER 1	
testosterone enanthate	*testosterone enanthate 200 mg/ml solution*	TIER 1	
ESTROGENS			
afirmelle	*afirmelle 0.1-20 mg-mcg tab*	TIER 1	PV
altavera	*altavera 0.15-30 mg-mcg tab*	TIER 1	PV
alyacen 1/35	*alyacen 1/35 1-35 mg-mcg tab*	TIER 1	PV
alyacen 7/7/7	*alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	PV
amabelz	*amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)*	TIER 1	
amethia	*amethia 0.15-0.03 &0.01 mg tab*	TIER 1	PV
amethia lo	*amethia lo 0.1-0.02 & 0.01 mg tab*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amethyst	*amethyst 90-20 mcg tab*	TIER 1	PV
apri	*apri 0.15-30 mg-mcg tab*	TIER 1	PV
aranelle	*aranelle 0.5/1/0.5-35 mg-mcg tab*	TIER 1	PV
ashlyna	*ashlyna 0.15-0.03 &0.01 mg tab*	TIER 1	PV
aubra	*aubra 0.1-20 mg-mcg tab*	TIER 1	PV
aubra eq	*aubra eq 0.1-20 mg-mcg tab*	TIER 1	PV
aurovela 1.5/30	*aurovela 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
aurovela 1/20	*aurovela 1/20 1-20 mg-mcg tab*	TIER 1	PV
aurovela 24 fe	*aurovela 24 fe 1-20 mg-mcg(24) tab*	TIER 1	PV
aurovela fe 1.5/30	*aurovela fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
aurovela fe 1/20	*aurovela fe 1/20 1-20 mg-mcg tab*	TIER 1	PV
aviane	*aviane 0.1-20 mg-mcg tab*	TIER 1	PV
ayuna	*ayuna 0.15-30 mg-mcg tab*	TIER 1	PV
azurette	*azurette 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	PV
balziva	*balziva 0.4-35 mg-mcg tab*	TIER 1	PV
bekyree	*bekyree 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	PV
blisovi 24 fe	*blisovi 24 fe 1-20 mg-mcg(24) tab*	TIER 1	PV
blisovi fe 1.5/30	*blisovi fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
blisovi fe 1/20	*blisovi fe 1/20 1-20 mg-mcg tab*	TIER 1	PV
briellyn	*briellyn 0.4-35 mg-mcg tab*	TIER 1	PV
camrese	*camrese 0.15-0.03 &0.01 mg tab*	TIER 1	PV
camrese lo	*camrese lo 0.1-0.02 & 0.01 mg tab*	TIER 1	PV
caziant	*caziant 0.1/0.125/0.15 - 0.025 mg tab*	TIER 1	PV
chateal	*chateal 0.15-30 mg-mcg tab*	TIER 1	PV
chateal eq	*chateal eq 0.15-30 mg-mcg tab*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLIMARA PRO	CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK *estradiol-levonorgestrel*	TIER 3	
COMBIPATCH	COMBIPATCH (0.05-0.14 PATCH TW, 0.05-0.25 PATCH TW) *estradiol & norethindrone acetate*	TIER 3	
covaryx	*covaryx 1.25-2.5 mg tab*	TIER 1	
covaryx hs	*covaryx hs 0.625-1.25 mg tab*	TIER 1	
cryselle-28	*cryselle-28 0.3-30 mg-mcg tab*	TIER 1	PV
cyclafem 1/35	*cyclafem 1/35 1-35 mg-mcg tab*	TIER 1	PV
cyclafem 7/7/7	*cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	PV
cyred	*cyred 0.15-30 mg-mcg tab*	TIER 1	PV
cyred eq	*cyred eq 0.15-30 mg-mcg tab*	TIER 1	PV
dasetta 1/35	*dasetta 1/35 1-35 mg-mcg tab*	TIER 1	PV
dasetta 7/7/7	*dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	PV
daysee	*daysee 0.15-0.03 &0.01 mg tab*	TIER 1	PV
DELESTROGEN	DELESTROGEN (20 MG/ML OIL, 40 MG/ML OIL) *estradiol valerate*	TIER 1	GA
delyla	*delyla 0.1-20 mg-mcg tab*	TIER 1	PV
DEPO-ESTRADIOL	DEPO-ESTRADIOL 5 MG/ML OIL *estradiol cypionate*	TIER 1	
desogestrel-ethinyl estradiol	*desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)*	TIER 1	PV
dotti	*dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)*	TIER 1	QL (8 PER 28 DAYS)
drospiren-eth estrad-levomefol	*drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
drospirenone-ethinyl estradiol	*drospirenone-ethinyl estradiol (3-0.03 mg tab, 3-0.02 mg tab)*	TIER 1	PV
eemt	*eemt 1.25-2.5 mg tab*	TIER 1	
eemt hs	*eemt hs 0.625-1.25 mg tab*	TIER 1	
elinest	*elinest 0.3-30 mg-mcg tab*	TIER 1	PV
eluryng	*eluryng 0.12-0.015 mg/24hr ring*	TIER 1	
emoquette	*emoquette 0.15-30 mg-mcg tab*	TIER 1	PV
enpresse-28	*enpresse-28 tab*	TIER 1	PV
enskyce	*enskyce 0.15-30 mg-mcg tab*	TIER 1	PV
est estrogens-methyltest	*est estrogens-methyltest 1.25-2.5 mg tab*	TIER 1	
est estrogens-methyltest ds	*est estrogens-methyltest ds 1.25-2.5 mg tab*	TIER 1	
est estrogens-methyltest hs	*est estrogens-methyltest hs 0.625-1.25 mg tab*	TIER 1	
estarylla	*estarylla 0.25-35 mg-mcg tab*	TIER 1	PV
estradiol	*estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)*	TIER 1	QL (8 PER 28 DAYS)
estradiol	*estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)*	TIER 1	
estradiol valerate	*estradiol valerate (20 mg/ml oil, 40 mg/ml oil)*	TIER 1	
estradiol-norethindrone acet	*estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)*	TIER 1	
ESTRING	ESTRING 2 MG RING *estradiol vaginal*	TIER 3	
ethynodiol diac-eth estradiol	*ethynodiol diac-eth estradiol (1-50 tab, 1-35 tab)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
etonogestrel-ethinyl estradiol	*etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring*	TIER 1	
falmina	*falmina 0.1-20 mg-mcg tab*	TIER 1	PV
fayosim	*fayosim 42-21-21-7 days tab*	TIER 1	
femynor	*femynor 0.25-35 mg-mcg tab*	TIER 1	PV
fyavolv	*fyavolv (0.5-2.5 tab, 1-5 tab)*	TIER 1	
gianvi	*gianvi 3-0.02 mg tab*	TIER 1	PV
gildagia	*gildagia 0.4-35 mg-mcg tab*	TIER 1	PV
gildess 1.5/30	*gildess 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
gildess 1/20	*gildess 1/20 1-20 mg-mcg tab*	TIER 1	PV
gildess 24 fe	*gildess 24 fe 1-20 mg-mcg(24) tab*	TIER 1	PV
gildess fe 1.5/30	*gildess fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
gildess fe 1/20	*gildess fe 1/20 1-20 mg-mcg tab*	TIER 1	PV
hailey 1.5/30	*hailey 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
hailey 24 fe	*hailey 24 fe 1-20 mg-mcg(24) tab*	TIER 1	PV
introvale	*introvale 0.15-0.03 mg tab*	TIER 1	PV
isibloom	*isibloom 0.15-30 mg-mcg tab*	TIER 1	PV
jasmiel	*jasmiel 3-0.02 mg tab*	TIER 1	PV
jinteli	*jinteli 1-5 mg-mcg tab*	TIER 1	
jolessa	*jolessa 0.15-0.03 mg tab*	TIER 1	PV
juleber	*juleber 0.15-30 mg-mcg tab*	TIER 1	PV
junel 1.5/30	*junel 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
junel 1/20	*junel 1/20 1-20 mg-mcg tab*	TIER 1	PV
junel fe 1.5/30	*junel fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
junel fe 1/20	*junel fe 1/20 1-20 mg-mcg tab*	TIER 1	PV
junel fe 24	*junel fe 24 1-20 mg-mcg(24) tab*	TIER 1	PV
kaitlib fe	*kaitlib fe 0.8-25 mg-mcg chew tab*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
kalliga	*kalliga 0.15-30 mg-mcg tab*	TIER 1	PV
kariva	*kariva 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	PV
kelnor 1/35	*kelnor 1/35 1-35 mg-mcg tab*	TIER 1	PV
kelnor 1/50	*kelnor 1/50 1-50 mg-mcg tab*	TIER 1	PV
kimidess	*kimidess 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	PV
kurvelo	*kurvelo 0.15-30 mg-mcg tab*	TIER 1	PV
larin 1.5/30	*larin 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
larin 1/20	*larin 1/20 1-20 mg-mcg tab*	TIER 1	PV
larin 24 fe	*larin 24 fe 1-20 mg-mcg(24) tab*	TIER 1	PV
larin fe 1.5/30	*larin fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
larin fe 1/20	*larin fe 1/20 1-20 mg-mcg tab*	TIER 1	PV
larissia	*larissia 0.1-20 mg-mcg tab*	TIER 1	PV
layolis fe	*layolis fe 0.8-25 mg-mcg chew tab*	TIER 1	PV
leena	*leena 0.5/1/0.5-35 mg-mcg tab*	TIER 1	PV
lessina	*lessina 0.1-20 mg-mcg tab*	TIER 1	PV
levonest	*levonest tab*	TIER 1	PV
levonorg-eth estrad triphasic	*levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab*	TIER 1	PV
levonorgest-eth est & eth est	*levonorgest-eth est & eth est 42-21-21-7 days tab*	TIER 1	
levonorgest-eth estrad 91-day	*levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 &0.01 mg tab, 0.15-0.03 mg tab)*	TIER 1	PV
levonorgestrel-ethinyl estrad	*levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)*	TIER 1	PV
levora 0.15/30 (28)	*levora 0.15/30 (28) 0.15-30 mg-mcg tab*	TIER 1	PV
lillow	*lillow 0.15-30 mg-mcg tab*	TIER 1	PV
lo-zumandimine	*lo-zumandimine 3-0.02 mg tab*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lomedia 24 fe	*lomedia 24 fe 1-20 mg-mcg(24) tab*	TIER 1	PV
lopreeza	*lopreeza (0.5-0.1 mg tab, 1-0.5 mg tab)*	TIER 1	
loryna	*loryna 3-0.02 mg tab*	TIER 1	PV
low-ogestrel	*low-ogestrel 0.3-30 mg-mcg tab*	TIER 1	PV
lutera	*lutera 0.1-20 mg-mcg tab*	TIER 1	PV
marlissa	*marlissa 0.15-30 mg-mcg tab*	TIER 1	PV
melodetta 24 fe	*melodetta 24 fe 1-20 mg-mcg(24) chew tab*	TIER 1	
mibelas 24 fe	*mibelas 24 fe 1-20 mg-mcg(24) chew tab*	TIER 1	
microgestin 1.5/30	*microgestin 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
microgestin 1/20	*microgestin 1/20 1-20 mg-mcg tab*	TIER 1	PV
microgestin 24 fe	*microgestin 24 fe 1-20 mg-mcg tab*	TIER 1	PV
microgestin fe 1.5/30	*microgestin fe 1.5/30 1.5-30 mg-mcg tab*	TIER 1	PV
microgestin fe 1/20	*microgestin fe 1/20 1-20 mg-mcg tab*	TIER 1	PV
mili	*mili 0.25-35 mg-mcg tab*	TIER 1	PV
mimvey	*mimvey 1-0.5 mg tab*	TIER 1	
mimvey lo	*mimvey lo 0.5-0.1 mg tab*	TIER 1	
mono-linyah	*mono-linyah 0.25-35 mg-mcg tab*	TIER 1	PV
mononessa	*mononessa 0.25-35 mg-mcg tab*	TIER 1	PV
myzilra	*myzilra tab*	TIER 1	PV
necon 0.5/35 (28)	*necon 0.5/35 (28) 0.5-35 mg-mcg tab*	TIER 1	PV
necon 1/35 (28)	*necon 1/35 (28) 1-35 mg-mcg tab*	TIER 1	PV
necon 7/7/7	*necon 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	PV
nikki	*nikki 3-0.02 mg tab*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
norethin ace-eth estrad-fe	*norethin ace-eth estrad-fe (1-20 mg-mcg(24) chew tab, 1-20 mg-mcg tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)*	TIER 1	PV
norethin-eth estradiol-fe	*norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)*	TIER 1	PV
norethindrone acet-ethinyl est	*norethindrone acet-ethinyl est (1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)*	TIER 1	PV
norethindrone-eth estradiol	*norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)*	TIER 1	
norgestim-eth estrad triphasic	*norgestim-eth estrad triphasic (mg-25 mcg tab, mg-35 mcg tab)*	TIER 1	PV
norgestimate-eth estradiol	*norgestimate-eth estradiol 0.25-35 mg-mcg tab*	TIER 1	PV
nortrel 0.5/35 (28)	*nortrel 0.5/35 (28) 0.5-35 mg-mcg tab*	TIER 1	PV
nortrel 1/35 (21)	*nortrel 1/35 (21) 1-35 mg-mcg tab*	TIER 1	PV
nortrel 1/35 (28)	*nortrel 1/35 (28) 1-35 mg-mcg tab*	TIER 1	PV
nortrel 7/7/7	*nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	PV
ocella	*ocella 3-0.03 mg tab*	TIER 1	PV
OGESTREL	OGESTREL 0.5-50 MG-MCG TAB *norgestrel & ethinyl estradiol*	TIER 1	PV
orsythia	*orsythia 0.1-20 mg-mcg tab*	TIER 1	PV
philith	*philith 0.4-35 mg-mcg tab*	TIER 1	PV
pimtrea	*pimtrea 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	PV
pirmella 1/35	*pirmella 1/35 1-35 mg-mcg tab*	TIER 1	PV
pirmella 7/7/7	*pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab*	TIER 1	PV
portia-28	*portia-28 0.15-30 mg-mcg tab*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREMARIN	PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB) *estrogens, conjugated*	TIER 2	
PREMPHASE	PREMPHASE 0.625-5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	TIER 2	
PREMPRO	PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-5 MG TAB, 0.625-2.5 MG TAB) *conjugated estrogens-medroxyprogesterone acetate*	TIER 2	
previfem	*previfem 0.25-35 mg-mcg tab*	TIER 1	PV
quasense	*quasense 0.15-0.03 mg tab*	TIER 1	PV
rajani	*rajani 3-0.02-0.451 mg tab*	TIER 1	PV
reclipsen	*reclipsen 0.15-30 mg-mcg tab*	TIER 1	PV
rivelsa	*rivelsa 42-21-21-7 days tab*	TIER 1	
setlakin	*setlakin 0.15-0.03 mg tab*	TIER 1	PV
simliya	*simliya 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	PV
simpesse	*simpesse 0.15-0.03 &0.01 mg tab*	TIER 1	PV
solia	*solia 0.15-30 mg-mcg tab*	TIER 1	PV
sprintec 28	*sprintec 28 0.25-35 mg-mcg tab*	TIER 1	PV
sronyx	*sronyx 0.1-20 mg-mcg tab*	TIER 1	PV
syeda	*syeda 3-0.03 mg tab*	TIER 1	PV
tarina 24 fe	*tarina 24 fe 1-20 mg-mcg(24) tab*	TIER 1	PV
tarina fe 1/20	*tarina fe 1/20 1-20 mg-mcg tab*	TIER 1	PV
tarina fe 1/20 eq	*tarina fe 1/20 eq 1-20 mg-mcg tab*	TIER 1	PV
tilia fe	*tilia fe 1-20/1-30/1-35 mg-mcg tab*	TIER 1	PV
tri femynor	*tri femynor 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tri-estarylla	*tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	PV
tri-legest fe	*tri-legest fe 1-20/1-30/1-35 mg-mcg tab*	TIER 1	PV
tri-linyah	*tri-linyah 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	PV
tri-lo-estarylla	*tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	PV
tri-lo-marzia	*tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	PV
tri-lo-mili	*tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	PV
tri-lo-sprintec	*tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	PV
tri-mili	*tri-mili 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	PV
tri-previfem	*tri-previfem 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	PV
tri-sprintec	*tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	PV
tri-vylibra	*tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	PV
tri-vylibra lo	*tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	PV
trinessa (28)	*trinessa (28) 0.18/0.215/0.25 mg-35 mcg tab*	TIER 1	PV
trinessa lo	*trinessa lo 0.18/0.215/0.25 mg-25 mcg tab*	TIER 1	PV
trivora (28)	*trivora (28) tab*	TIER 1	PV
tydemy	*tydemy 3-0.03-0.451 mg tab*	TIER 1	
velivet	*velivet 0.1/0.125/0.15 - 0.025 mg tab*	TIER 1	PV
vestura	*vestura 3-0.02 mg tab*	TIER 1	PV
vienva	*vienva 0.1-20 mg-mcg tab*	TIER 1	PV
viorele	*viorele 0.15-0.02/0.01 mg (21/5) tab*	TIER 1	PV
vyfemla	*vyfemla 0.4-35 mg-mcg tab*	TIER 1	PV
vylibra	*vylibra 0.25-35 mg-mcg tab*	TIER 1	PV
wera	*wera 0.5-35 mg-mcg tab*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
wymzya fe	*wymzya fe 0.4-35 mg-mcg chew tab*	TIER 1	PV
XULANE	XULANE 150-35 MCG/24HR PATCH WK *norelgestromin-ethinyl estradiol*	TIER 1	PV
yuvafem	*yuvafem 10 mcg tab*	TIER 1	
zarah	*zarah 3-0.03 mg tab*	TIER 1	PV
zenchent	*zenchent 0.4-35 mg-mcg tab*	TIER 1	PV
zenchent fe	*zenchent fe 0.4-35 mg-mcg chew tab*	TIER 1	PV
zovia 1/35e (28)	*zovia 1/35e (28) 1-35 mg-mcg tab*	TIER 1	PV
zovia 1/50e (28)	*zovia 1/50e (28) 1-50 mg-mcg tab*	TIER 1	PV
zumandimine	*zumandimine 3-0.03 mg tab*	TIER 1	PV
PROGESTINS			
camila	*camila 0.35 mg tab*	TIER 1	PV
CRINONE	CRINONE 4 % GEL *progesterone (vaginal)*	TIER 3	
deblitane	*deblitane 0.35 mg tab*	TIER 1	PV
errin	*errin 0.35 mg tab*	TIER 1	PV
heather	*heather 0.35 mg tab*	TIER 1	PV
HYDROXYPROGESTERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION *hydroxyprogesterone caproate (antineoplastic)*	SP-M	
hydroxyprogesterone caproate	*hydroxyprogesterone caproate 250 mg/ml oil*	SP-M	QL (250 PER WEEK(S))
incassia	*incassia 0.35 mg tab*	TIER 1	PV
jencycla	*jencycla 0.35 mg tab*	TIER 1	PV
jolivette	*jolivette 0.35 mg tab*	TIER 1	PV
KYLEENA	KYLEENA 19.5 MG IUD *levonorgestrel (iud)*	SP-M	
LILETTA (52 MG)	LILETTA (52 MG) 19.5 MCG/DAY IUD *levonorgestrel (iud)*	SP-M	
lyza	*lyza 0.35 mg tab*	TIER 1	PV
MAKENA	MAKENA 250 MG/ML OIL *hydroxyprogesterone caproate*	SP-M	QL (250 PER WEEK(S)), GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAKENA	MAKENA 275 MG/1.1ML SOLN A-INJ *hydroxyprogesterone caproate*	SP-M	QL (4 PER 28 DAY(S))
medroxyprogesterone acetate	*medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml suspension, 150 mg/ml susp prsyr)*	TIER 1	
megestrol acetate	*megestrol acetate (20 mg tab, 40 mg/ml suspension, 40 mg tab, 400 mg/10ml suspension, 625 mg/5ml suspension)*	TIER 1	
MIRENA (52 MG)	MIRENA (52 MG) 20 MCG/24HR IUD *levonorgestrel (iud)*	SP-M	
NEXPLANON	NEXPLANON 68 MG IMPLANT *etonogestrel*	SP-M	
nora-be	*nora-be 0.35 mg tab*	TIER 1	PV
norethindrone	*norethindrone 0.35 mg tab*	TIER 1	PV
norethindrone acetate	*norethindrone acetate 5 mg tab*	TIER 1	
norlyda	*norlyda 0.35 mg tab*	TIER 1	PV
norlyroc	*norlyroc 0.35 mg tab*	TIER 1	PV
progesterone	*progesterone 50 mg/ml oil*	TIER 1	
progesterone micronized	*progesterone micronized (100 mg cap, 200 mg cap)*	TIER 1	
sharobel	*sharobel 0.35 mg tab*	TIER 1	PV
SKYLA	SKYLA 13.5 MG IUD *levonorgestrel (iud)*	SP-M	
tulana	*tulana 0.35 mg tab*	TIER 1	PV
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS			
raloxifene hcl	*raloxifene hcl 60 mg tab*	TIER 1	PA, PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)			
euthyrox	*euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)*	TIER 1	
levo-t	*levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)*	TIER 1	
levothyroxine sodium	*levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)*	TIER 1	
levoxyl	*levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)*	TIER 1	
liothyronine sodium	*liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)*	TIER 1	
np thyroid	*np thyroid (15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)*	TIER 1	
SYNTHROID	SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB) *levothyroxine sodium*	TIER 2	GA
thyroid	*thyroid (15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
unithroid	*unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)*	TIER 1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)			
cabergoline	*cabergoline 0.5 mg tab*	TIER 1	
ELIGARD	ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT) *leuprolide acetate*	SP-M	
FIRMAGON	FIRMAGON (80 MG RECON SOLN, 120 MG RECON SOLN) *degarelix acetate*	SP-M	
LUPANETA PACK	LUPANETA PACK (PACK3.755MGKIT, PACK11.255MGKIT) *leuprolide acetate & norethindrone acetate*	SP-M	
LUPRON DEPOT (1-MONTH)	LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT) *leuprolide acetate*	SP-M	
LUPRON DEPOT (3-MONTH)	LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT) *leuprolide acetate (3 month)*	SP-M	
LUPRON DEPOT (4-MONTH)	LUPRON DEPOT (4-MONTH) 30 MG KIT *leuprolide acetate (4 month)*	SP-M	
LUPRON DEPOT (6-MONTH)	LUPRON DEPOT (6-MONTH) 45 MG KIT *leuprolide acetate (6 month)*	SP-M	
LUPRON DEPOT-PED (1-MONTH)	LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT) *leuprolide acetate (cpp)*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT-PED (3-MONTH)	LUPRON DEPOT-PED (3-MONTH) (11.25 MG KIT, 30 MG KIT) *leuprolide acetate (cpp) (3 month)*	SP-M	
octreotide acetate	*octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)*	SP-P	
SANDOSTATIN	SANDOSTATIN (50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION) *octreotide acetate*	SP-NP	GA
SANDOSTATIN LAR DEPOT	SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT) *octreotide acetate*	SP-M	MN-PA (Medically Necessary Prior Authorization)
SOMATULINE DEPOT	SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION, 120 MG/0.5ML SOLUTION) *lanreotide acetate*	SP-M	
SOMAVERT	SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN) *pegvisomant*	SP-P	
TRELSTAR MIXJECT	TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP) *triptorelin pamoate*	SP-M	
HORMONAL AGENTS, SUPPRESSANT (THYROID) ANTITHYROID AGENTS			
methimazole	*methimazole (5 mg tab, 10 mg tab)*	TIER 1	
propylthiouracil	*propylthiouracil 50 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMMUNOLOGICAL AGENTS			
ANGIOEDEMA AGENTS			
BERINERT	BERINERT 500 UNIT KIT c1 esterase inhibitor (human)	SP-M	MN-PA (Medically Necessary Prior Authorization)
CINRYZE	CINRYZE 500 UNIT RECON SOLN c1 esterase inhibitor (human)	SP-M	PA
FIRAZYR	FIRAZYR 30 MG/3ML SOLUTION *icatibant acetate*	SP-NP	PA, GA
HAEGARDA	HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN) c1 esterase inhibitor (human)	SP-P	PA
icatibant acetate	*icatibant acetate 30 mg/3ml solution*	SP-P	PA
KALBITOR	KALBITOR 10 MG/ML SOLUTION *ecallantide*	SP-M	PA
RUCONEST	RUCONEST 2100 UNIT RECON SOLN c1 esterase inhibitor (recombinant)	SP-M	PA
TAKHZYRO	TAKHZYRO 300 MG/2ML SOLUTION *lanadelumab-flyo*	SP-P	PA
IMMUNE SUPPRESSANTS			
ASTAGRAF XL	ASTAGRAF XL (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H) *tacrolimus*	SP-P	PV
azathioprine	*azathioprine 50 mg tab*	TIER 1	
CELLCEPT	CELLCEPT (200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB) *mycophenolate mofetil*	TIER 2	GA
CIMZIA	CIMZIA 2 X 200 MG KIT *certolizumab pegol*	SP-NP	QL (1 PER 28 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CIMZIA PREFILLED	CIMZIA PREFILLED 2 X 200 MG/ML KIT *certolizumab pegol*	SP-NP	QL (1 PER 28 DAYS), MN-PA (Medically Necessary Prior Authorization)
CIMZIA STARTER KIT	CIMZIA STARTER KIT 6 X 200 MG/ML KIT *certolizumab pegol*	SP-NP	QL (1 PER FILL), MN-PA (Medically Necessary Prior Authorization)
cyclosporine	*cyclosporine (25 mg cap, 100 mg cap)*	TIER 1	PV
cyclosporine modified	*cyclosporine modified (25 mg cap, 50 mg cap, 100 mg/ml solution, 100 mg cap)*	TIER 1	PV
ENBREL	ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR) *etanercept*	SP-P	PA, QL (8 PER 28 DAYS)
ENBREL MINI	ENBREL MINI 50 MG/ML SOLN CART *etanercept*	SP-P	PA, QL (8 PER 28 DAY(S))
ENBREL SURECLICK	ENBREL SURECLICK 50 MG/ML SOLN A-INJ *etanercept*	SP-P	PA, QL (8 PER 28 DAYS)
ENTYVIO	ENTYVIO 300 MG RECON SOLN *vedolizumab*	SP-M	PA
ENVARSUS XR	ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H) *tacrolimus*	SP-P	
gengraf	*gengraf (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)*	TIER 1	PV
HUMIRA	HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT) *adalimumab*	SP-P	PA, QL (4 PER 28 DAY(S))
HUMIRA	HUMIRA (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT) *adalimumab*	SP-P	PA, QL (4 PER 28 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMIRA PEDIATRIC CROHNS START	HUMIRA PEDIATRIC CROHNS START (80 & 40MG/0.4ML PREF SY KT, 80 PREF SY KT) *adalimumab*	SP-P	PA, QL (1 PER LIFETIME)
HUMIRA PEDIATRIC CROHNS START	HUMIRA PEDIATRIC CROHNS START 40 MG/0.8ML PREF SY KT *adalimumab*	SP-P	PA, QL (4 PER 28 DAYS)
HUMIRA PEN	HUMIRA PEN 40 MG/0.4ML PEN KIT *adalimumab*	SP-P	PA, QL (4 PER 28 DAY(S))
HUMIRA PEN	HUMIRA PEN 40 MG/0.8ML PEN KIT *adalimumab*	SP-P	PA, QL (4 PER 28 DAYS)
HUMIRA PEN-CD/UC/HS STARTER	HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT *adalimumab*	SP-P	PA, QL (4 PER 28 DAYS)
HUMIRA PEN-CD/UC/HS STARTER	HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT *adalimumab*	SP-P	PA, QL (1 PER LIFETIME)
HUMIRA PEN-PS/UV/ADOL HS START	HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT *adalimumab*	SP-P	PA, QL (4 PER 28 DAYS)
HUMIRA PEN-PS/UV/ADOL HS START	HUMIRA PEN-PS/UV/ADOL HS START 80 MG/0.8ML & 40MG/0.4ML PEN KIT *adalimumab*	SP-P	PA, QL (1 PER LIFETIME)
INFLECTRA	INFLECTRA 100 MG RECON SOLN *infliximab-dyyb*	SP-M	PA
KINERET	KINERET 100 MG/0.67ML SOLN PRSYR *anakinra*	SP-NP	QL (28 PER 28 DAYS), MN-PA (Medically Necessary Prior Authorization)
methotrexate	*methotrexate 2.5 mg tab*	TIER 1	
methotrexate sodium	*methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)*	TIER 1	
methotrexate sodium (pf)	*methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 100 mg/4ml solution, 250 mg/10ml solution)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mycophenolate mofetil	*mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)*	TIER 1	PV
mycophenolate sodium	*mycophenolate sodium (180 mg tab dr, 360 mg tab dr)*	TIER 1	PV
NEORAL	NEORAL (25 MG CAP, 100 MG/ML SOLUTION, 100 MG CAP) *cyclosporine modified (for microemulsion)*	TIER 3	GA
OLUMIANT	OLUMIANT (1 MG TAB, 2 MG TAB) *baricitinib*	SP-NP	QL (30 PER 30 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
ORENCIA	ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR) *abatacept*	SP-NP	QL (4 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
ORENCIA	ORENCIA 250 MG RECON SOLN *abatacept*	SP-M	PA, QL (4 PER 28 DAY(S))
ORENCIA CLICKJECT	ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ *abatacept*	SP-NP	QL (4 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
OTREXUP	OTREXUP (10 SOLN A-INJ, 12.5 SOLN A-INJ, 15 SOLN A-INJ, 17.5 SOLN A-INJ, 20 SOLN A-INJ, 22.5 SOLN A-INJ, 25 SOLN A-INJ) *methotrexate (antirheumatic)*	SP-M	
PROGRAF	PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP) *tacrolimus*	TIER 3	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RASUVO	RASUVO (7.5 MG/0.15ML SOLN A-INJ, 10 MG/0.2ML SOLN A-INJ, 12.5 MG/0.25ML SOLN A-INJ, 15 MG/0.3ML SOLN A-INJ, 17.5 MG/0.35ML SOLN A-INJ, 20 MG/0.4ML SOLN A-INJ, 22.5 MG/0.45ML SOLN A-INJ, 25 MG/0.5ML SOLN A-INJ, 30 MG/0.6ML SOLN A-INJ) *methotrexate (antirheumatic)*	SP-M	
REMICADE	REMICADE 100 MG RECON SOLN *infliximab*	SP-M	PA
RENFLEXIS	RENFLEXIS 100 MG RECON SOLN *infliximab-abda*	SP-M	PA
RINVOQ	RINVOQ 15 MG TAB ER 24H *upadacitinib*	SP-P	PA, QL (30 PER 30 DAY(S))
SANDIMMUNE	SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION) *cyclosporine*	TIER 3	GA
SIMPONI	SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) *golimumab*	SP-NP	QL (1 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
SIMPONI ARIA	SIMPONI ARIA 50 MG/4ML SOLUTION *golimumab*	SP-M	PA
sirolimus	*sirolimus (0.5 mg tab, 1 mg/ml solution, 1 mg tab, 2 mg tab)*	TIER 1	PV
tacrolimus	*tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)*	TIER 1	PV
XELJANZ	XELJANZ 10 MG TAB *tofacitinib citrate*	SP-P	PA, QL (60 PER 30 DAY(S))
XELJANZ	XELJANZ 5 MG TAB *tofacitinib citrate*	SP-P	PA, QL (60 PER 30 DAYS)
XELJANZ XR	XELJANZ XR 11 MG TAB ER 24H *tofacitinib citrate*	SP-P	PA, QL (30 PER 30 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZORTRESS	ZORTRESS (0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB) *everolimus (immunosuppressant)*	SP-P	
IMMUNIZING AGENTS, PASSIVE			
ASCENIV	ASCENIV 5 GM/50ML SOLUTION *immune globulin (human)-slra*	SP-M	PA
BIVIGAM	BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION) *immune globulin (human) iv*	SP-M	PA
CARIMUNE NF	CARIMUNE NF (6 GM RECON SOLN, 12 GM RECON SOLN) *immune globulin (human) iv*	SP-M	PA
CUTAQUIG	CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION) *immune globulin (human)-hipp*	SP-M	PA
CUVITRU	CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION) *immune globulin (human) subcutaneous*	SP-M	PA
CYTOGAM	CYTOGAM 50 MG/ML INJECTABLE *cytomegalovirus immune globulin (human)*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLEBOGAMMA DIF	FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 20 GM/200ML SOLUTION) *immune globulin (human) iv*	SP-M	PA
GAMASTAN	GAMASTAN INJECTABLE *immune globulin (human) im*	SP-M	
GAMASTAN S/D	GAMASTAN S/D INJECTABLE *immune globulin (human) im*	SP-M	
GAMMAGARD	GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION) *immune globulin (human) iv or subcutaneous*	SP-M	PA
GAMMAGARD S/D LESS IGA	GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN) *immune globulin (human) iv*	SP-M	PA
GAMMAKED	GAMMAKED (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION) *immune globulin (human) iv or subcutaneous*	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GAMMAPLEX	GAMMAPLEX (5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION) *immune globulin (human) iv*	SP-M	PA
GAMUNEX-C	GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION) *immune globulin (human) iv or subcutaneous*	SP-M	PA
HIZENTRA	HIZENTRA (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION) *immune globulin (human) subcutaneous*	SP-M	PA
HYPERRHO S/D	HYPERRHO S/D (250 SOLN PRSYR, 1500 SOLN PRSYR) *rho d immune globulin (human)*	SP-M	
HYQVIA	HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT) *immune globulin (human)-hyaluronidase (human recombinant)*	SP-M	PA
MICRHOGAM ULTRA-FILTERED PLUS	MICRHOGAM ULTRA-FILTERED PLUS 250 UNIT SOLN PRSYR *rho d immune globulin (human)*	SP-M	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OCTAGAM	OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 25 GM/500ML SOLUTION, 30 GM/300ML SOLUTION) *immune globulin (human) iv*	SP-M	PA
PANZYGA	PANZYGA (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION) *immune globulin (human)-ifas*	SP-M	PA
PRIVIGEN	PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION) *immune globulin (human) iv*	SP-M	PA
RHOGAM ULTRA-FILTERED PLUS	RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR *rho d immune globulin (human)*	SP-M	
RHOPHYLAC	RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR *rho d immune globulin (human)*	SP-M	
VARIZIG	VARIZIG 125 UNIT/1.2ML SOLUTION *varicella-zoster immune globulin (human)*	SP-M	
XEMBIFY	XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION) *immune globulin (human)-klhw*	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMMUNOMODULATORS			
ACTEMRA	ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION) *tocilizumab*	SP-M	PA, QL (40 PER 28 DAYS)
ACTEMRA	ACTEMRA 162 MG/0.9ML SOLN PRSYR *tocilizumab*	SP-NP	QL (4 PER 28 DAYS), MN-PA (Medically Necessary Prior Authorization)
ACTEMRA ACTPEN	ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ *tocilizumab*	SP-NP	QL (4 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
ACTIMMUNE	ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION *interferon gamma-1b*	SP-P	
ARCALYST	ARCALYST 220 MG RECON SOLN *rilonacept*	SP-M	
BENLYSTA	BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) *belimumab*	SP-P	
ILARIS	ILARIS 150 MG/ML SOLUTION *canakinumab*	SP-M	
KEVZARA	KEVZARA (150 SOLN PRSYR, 150 SOLN A-INJ, 200 SOLN PRSYR, 200 SOLN A-INJ) *sarilumab*	SP-NP	QL (2 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
leflunomide	*leflunomide (10 mg tab, 20 mg tab)*	TIER 1	
OTEZLA	OTEZLA 10 & 20 & 30 MG TAB THPK *apremilast*	SP-P	PA, QL (1 PER FILL)
OTEZLA	OTEZLA 30 MG TAB *apremilast*	SP-P	PA, QL (60 PER 30 DAYS)
RIDAURA	RIDAURA 3 MG CAP *auranofin*	TIER 2	
SYNAGIS	SYNAGIS (50 MG/0.5ML SOLUTION, 100 MG/ML SOLUTION) *palivizumab*	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VACCINES			
ACTHIB	ACTHIB RECON SOLN *haemophilus b polysac conj vac*	TIER 2	PV
ADACEL	ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	TIER 2	PV
AFLURIA	AFLURIA SUSPENSION *influenza virus vaccine split*	TIER 2	PV
AFLURIA PRESERVATIVE FREE	AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	TIER 2	PV
AFLURIA QUADRIVALENT	AFLURIA QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSP PRSYR, SUSPENSION) *influenza virus vaccine split quadrivalent*	TIER 2	PV
BEXSERO	BEXSERO SUSP PRSYR *meningococcal vac group b (recombant omv adjuvanted)*	TIER 2	PV
BOOSTRIX	BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	TIER 2	PV
DAPTACEL	DAPTACEL 23-15-5 SUSPENSION *diphtheria, acellular pertussis & tetanus toxoids*	TIER 2	PV
DIPHTHERIA-TETANUS TOXOIDS DT	DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION *diphtheria-tetanus toxoids (dt)*	TIER 2	PV
ENGERIX-B	ENGERIX-B (10 MCG/0.5ML SUSPENSION, 20 MCG/ML SUSPENSION) *hepatitis b vaccine (recomb)*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUAD	FLUAD 0.5 ML SUSP PRSYR *influenza virus vaccine types a & b surface antigen adjuvant*	TIER 2	
FLUARIX QUADRIVALENT	FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	TIER 2	PV
FLUBLOK QUADRIVALENT	FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR *influenza virus vac recomb hemagglutinin (ha) quadrivalent*	TIER 2	
FLUCELVAX QUADRIVALENT	FLUCELVAX QUADRIVALENT (0.5MLSUSPPRSYR, SUSPENSION) *influenza virus vaccine tissue-cultured subunit quadrivalent*	TIER 2	
FLULAVAL QUADRIVALENT	FLULAVAL QUADRIVALENT (0.5MLSUSPPRSYR, SUSPENSION) *influenza virus vaccine split quadrivalent*	TIER 2	PV
FLUMIST QUADRIVALENT	FLUMIST QUADRIVALENT SUSPENSION *influenza virus vaccine live quadrivalent*	TIER 2	PV
FLUZONE HIGH-DOSE	FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR *influenza virus vaccine split high-dose preservative free*	TIER 2	PV
FLUZONE QUADRIVALENT	FLUZONE QUADRIVALENT (0.25 ML SUSP PRSYR, 0.5 ML SUSPENSION, 0.5 ML SUSP PRSYR, SUSPENSION) *influenza virus vaccine split quadrivalent*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GARDASIL 9	GARDASIL 9 (9SUSPPRSYR, 9SUSPENSION) *human papillomavirus (hpv) 9-valent recombinant vaccine*	TIER 2	PV
HAVRIX	HAVRIX (720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION) *hepatitis a vaccine*	TIER 2	PV
HEPLISAV-B	HEPLISAV-B (20 SOLUTION, 20 SOLN PRSYR) *hepatitis b vaccine recombinant adjuvanted*	TIER 2	
HIBERIX	HIBERIX 10 MCG RECON SOLN *haemophilus b polysac conj vac*	TIER 2	PV
INFANRIX	INFANRIX 25-58-10 SUSPENSION *diphtheria, acellular pertussis & tetanus toxoids*	TIER 2	PV
IPOL	IPOL INJECTABLE *poliovirus vaccine, ipv*	TIER 2	PV
KINRIX	KINRIX SUSPENSION *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac*	TIER 2	PV
M-M-R II	M-M-R II RECON SOLN *measles, mumps & rubella virus vaccines*	TIER 2	PV
MENACTRA	MENACTRA INJECTABLE *meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine*	TIER 2	PV
MENVEO	MENVEO RECON SOLN *meningococcal (a,c,y&w-135) oligosaccharide conjugate vac*	TIER 2	PV
PEDIARIX	PEDIARIX SUSPENSION *diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEDVAX HIB	PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION *haemophilus b polysac conj vac*	TIER 2	PV
PENTACEL	PENTACEL RECON SUSP *diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac*	TIER 2	PV
PNEUMOVAX 23	PNEUMOVAX 23 25 MCG/0.5ML INJECTABLE *pneumococcal vac polyvalent*	TIER 2	PV
PREVNAR 13	PREVNAR 13 SUSPENSION *pneumococcal 13-valent conjugate vaccine*	TIER 2	PV
PROQUAD	PROQUAD RECON SUSP *measles-mumps-rubella-varicella virus vaccines*	TIER 2	PV
QUADRACEL	QUADRACEL SUSPENSION *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac*	TIER 2	PV
RECOMBIVAX HB	RECOMBIVAX HB (5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION) *hepatitis b vaccine (recomb)*	TIER 2	PV
ROTARIX	ROTARIX RECON SUSP *rotavirus vaccine, live oral*	TIER 2	PV
ROTATEQ	ROTATEQ SOLUTION *rotavirus vaccine, live oral pentavalent*	TIER 2	PV
SHINGRIX	SHINGRIX 50 MCG/0.5ML RECON SUSP *zoster vaccine recombinant adjuvanted*	TIER 2	AL (At least 50 yrs old), PV
TDVAX	TDVAX 2-2 LF/0.5ML SUSPENSION *tetanus-diphtheria toxoids (td)*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TENIVAC	TENIVAC 5-2 LFU INJECTABLE *tetanus-diphtheria toxoids (td)*	TIER 2	PV
TRUMENBA	TRUMENBA SUSP PRSYR *meningococcal group b vaccine (recombinant)*	TIER 2	PV
TWINRIX	TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR *hepatitis a (inactivated)-hepatitis b (recombinant) vaccines*	TIER 2	PV
VAQTA	VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION) *hepatitis a vaccine*	TIER 2	PV
VARIVAX	VARIVAX 1350 PFU/0.5ML INJECTABLE *varicella virus vaccine live*	TIER 2	PV
XOFLUZA	XOFLUZA (20 MG TAB THPK, 40 MG TAB THPK) *baloxavir marboxil*	TIER 3	
ZOSTAVAX	ZOSTAVAX 19400 UNT/0.65ML RECON SUSP *zoster vaccine live*	TIER 2	PV
INFLAMMATORY BOWEL DISEASE AGENTS AMINOSALICYLATES			
balsalazide disodium	*balsalazide disodium 750 mg cap*	TIER 1	
DIPENTUM	DIPENTUM 250 MG CAP *olsalazine sodium*	TIER 2	
mesalamine	*mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)*	TIER 1	
mesalamine er	*mesalamine er 0.375 gm cap er 24h*	TIER 1	
PENTASA	PENTASA (250 MG CAP ER, 500 MG CAP ER) *mesalamine*	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCORTICOIDS			
anucort-hc	*anucort-hc 25 mg suppos*	TIER 1	
budesonide	*budesonide 3 mg cp dr part*	TIER 1	
budesonide er	*budesonide er 9 mg tab er 24h*	TIER 1	
colocort	*colocort 100 mg/60ml enema*	TIER 1	
hemmorex-hc	*hemmorex-hc 25 mg suppos*	TIER 1	
hydrocortisone	*hydrocortisone (1 % cream, 2.5 % cream, 100 mg/60ml enema)*	TIER 1	
hydrocortisone acetate	*hydrocortisone acetate (25 mg suppos, 30 mg suppos)*	TIER 1	
procto-med hc	*procto-med hc 2.5 % cream*	TIER 1	
procto-pak	*procto-pak 1 % cream*	TIER 1	
proctosol hc	*proctosol hc 2.5 % cream*	TIER 1	
proctozone-hc	*proctozone-hc 2.5 % cream*	TIER 1	
SULFONAMIDES			
sulfasalazine	*sulfasalazine (500 mg tab dr, 500 mg tab)*	TIER 1	
METABOLIC BONE DISEASE AGENTS			
alendronate sodium	*alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 40 mg tab, 70 mg tab)*	TIER 1	PV
calcitonin (salmon)	*calcitonin (salmon) 200 unit/act solution*	TIER 1	PV
calcitriol	*calcitriol (0.25 mcg cap, 0.5 mcg cap)*	TIER 1	
cinacalcet hcl	*cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)*	SP-P	
doxercalciferol	*doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)*	TIER 1	
ergocalciferol	*ergocalciferol 50000 unit cap*	TIER 1	
ETIDRONATE DISODIUM	ETIDRONATE DISODIUM (200 MG TAB, 400 MG TAB) *etidronate disodium*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EVENITY	EVENITY 105 MG/1.17ML SOLN PRSYR *romosozumab-aqqg*	SP-M	PA, QL (2 PER 28 DAY(S))
FORTEO	FORTEO 600 MCG/2.4ML SOLUTION *teriparatide (recombinant)*	SP-P	QL (24 PER MONTH(S)), MN-PA (Medically Necessary Prior Authorization)
ibandronate sodium	*ibandronate sodium 150 mg tab*	TIER 1	PV
NATPARA	NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE) *parathyroid hormone (recombinant)*	SP-M	
paricalcitol	*paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)*	TIER 1	
PROLIA	PROLIA 60 MG/ML SOLN PRSYR *denosumab*	SP-M	
RECLAST	RECLAST 5 MG/100ML SOLUTION *zoledronic acid*	SP-M	GA
risedronate sodium	*risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab dr, 35 mg tab, 150 mg tab)*	TIER 1	PV
SENSIPAR	SENSIPAR (30 MG TAB, 60 MG TAB, 90 MG TAB) *cinacalcet hcl*	SP-NP	GA
TYMLOS	TYMLOS 3120 MCG/1.56ML SOLN PEN *abaloparatide*	SP-P	PA, QL (24 PER MONTH(S))
vitamin d (ergocalciferol)	*vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)*	TIER 1	
XGEVA	XGEVA 120 MG/1.7ML SOLUTION *denosumab*	SP-M	
zoledronic acid	*zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)*	SP-M	
MISCELLANEOUS THERAPEUTIC AGENTS			
1ST CHOICE LANCETS SUPER THIN	1ST CHOICE LANCETS SUPER THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
1ST CHOICE LANCETS THIN	1ST CHOICE LANCETS THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
1ST CHOICE LANCETS ULTRA THIN	1ST CHOICE LANCETS ULTRA THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
1ST TIER UNIFINE PENTIPS	1ST TIER UNIFINE PENTIPS (29G12MMMISC, 31G8MMMISC, 31G5MMMISC, 31G6MMMISC, 32G4MMMISC, 32G6MMMISC, 33G4MMMISC) *insulin pen needle*	TIER 2	
1ST TIER UNIFINE PENTIPS PLUS	1ST TIER UNIFINE PENTIPS PLUS (29G12MMMISC, 31G8MMMISC, 31G6MMMISC, 31G5MMMISC, 32G4MMMISC, 33G4MMMISC) *insulin pen needle*	TIER 2	
1ST TIER UNILET COMFORTOUCH	1ST TIER UNILET COMFORTOUCH MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACCU-CHEK ACTIVE	ACCU-CHEK ACTIVE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ACCU-CHEK AVIVA	ACCU-CHEK AVIVA STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ACCU-CHEK AVIVA PLUS	ACCU-CHEK AVIVA PLUS STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ACCU-CHEK COMPACT PLUS	ACCU-CHEK COMPACT PLUS STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ACCU-CHEK COMPACT TEST DRUM	ACCU-CHEK COMPACT TEST DRUM STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ACCU-CHEK FASTCLIX LANCETS	ACCU-CHEK FASTCLIX LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACCU-CHEK GUIDE	ACCU-CHEK GUIDE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACCU-CHEK MULTICLIX LANCETS	ACCU-CHEK MULTICLIX LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACCU-CHEK SAFE-T PRO LANCETS	ACCU-CHEK SAFE-T PRO LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACCU-CHEK SMARTVIEW	ACCU-CHEK SMARTVIEW STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ACCU-CHEK SOFT TOUCH LANCETS	ACCU-CHEK SOFT TOUCH LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACCU-CHEK SOFTCLIX LANCETS	ACCU-CHEK SOFTCLIX LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACCUTREND GLUCOSE	ACCUTREND GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ACTI-LANCE 28G	ACTI-LANCE 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACTI-LANCE LITE LANCETS 28G	ACTI-LANCE LITE LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACTI-LANCE SPECIAL LANCETS 17G	ACTI-LANCE SPECIAL LANCETS 17G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACTI-LANCE UNIVERSAL 23G	ACTI-LANCE UNIVERSAL 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACTIVE 1ST BLOOD LANCETS 30G	ACTIVE 1ST BLOOD LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ACURA BLOOD GLUCOSE TEST	ACURA BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ADVANCE INTUITION TEST	ADVANCE INTUITION TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ADVANCED MOBILE LANCET	ADVANCED MOBILE LANCET MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADVOCATE INSULIN PEN NEEDLES	ADVOCATE INSULIN PEN NEEDLES (PEN29G12.7MMMISC, PEN31G5MMMISC, PEN31G8MMMISC, PEN33G4MMMISC) *insulin pen needle*	TIER 2	
ADVOCATE INSULIN SYRINGE	ADVOCATE INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	
ADVOCATE LANCETS	ADVOCATE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ADVOCATE LANCETS 30G	ADVOCATE LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ADVOCATE REDI-CODE	ADVOCATE REDI-CODE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ADVOCATE REDI-CODE+ TEST	ADVOCATE REDI-CODE+ TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ADVOCATE SAFETY LANCETS	ADVOCATE SAFETY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ADVOCATE SAFETY LANCETS 26G	ADVOCATE SAFETY LANCETS 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ADVOCATE TEST	ADVOCATE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
AGAMATRIX AMP TEST	AGAMATRIX AMP TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
AGAMATRIX JAZZ TEST	AGAMATRIX JAZZ TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AGAMATRIX KEYNOTE TEST	AGAMATRIX KEYNOTE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
AGAMATRIX PRESTO TEST	AGAMATRIX PRESTO TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
AGAMATRIX ULTRA-THIN LANCETS	AGAMATRIX ULTRA-THIN LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
AIMSCO TWIST LANCETS 32G	AIMSCO TWIST LANCETS 32G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
AIMSCO TWIST LANCETS 33G	AIMSCO TWIST LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
AQUALANCE LANCETS 30G	AQUALANCE LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASCENSIA AUTODISC TEST	ASCENSIA AUTODISC TEST DISK *glucose blood*	TIER 3	
ASSURE 4 TEST	ASSURE 4 TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ASSURE COMFORT LANCETS 28G	ASSURE COMFORT LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE HAEMOLANCE PLUS HIGH	ASSURE HAEMOLANCE PLUS HIGH MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE HAEMOLANCE PLUS LOW	ASSURE HAEMOLANCE PLUS LOW MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE HAEMOLANCE PLUS MICRO	ASSURE HAEMOLANCE PLUS MICRO MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE HAEMOLANCE PLUS NORMAL	ASSURE HAEMOLANCE PLUS NORMAL MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE HAEMOLANCE PLUS PED	ASSURE HAEMOLANCE PLUS PED MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ASSURE ID INSULIN SAFETY SYR	ASSURE ID INSULIN SAFETY SYR (0.5 ML MISC, 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
ASSURE ID SAFETY PEN NEEDLES	ASSURE ID SAFETY PEN NEEDLES (PEN30G8MISC, PEN30G5MISC, PEN31G5MISC) *insulin pen needle*	TIER 2	PV
ASSURE II CHECK	ASSURE II CHECK STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ASSURE LANCE LANCETS	ASSURE LANCE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE LANCE LANCETS 21G	ASSURE LANCE LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE LANCE PLUS SAFETY 25G	ASSURE LANCE PLUS SAFETY 25G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE LANCE PLUS SAFETY 30G	ASSURE LANCE PLUS SAFETY 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE LANCE SAFETY LANCETS	ASSURE LANCE SAFETY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE LANCETS	ASSURE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ASSURE PLATINUM	ASSURE PLATINUM STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ASSURE PRISM MULTI TEST	ASSURE PRISM MULTI TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ASSURE PRO TEST	ASSURE PRO TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
AURORA LANCET SUPER THIN 30G	AURORA LANCET SUPER THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
AURORA LANCET THIN 23G	AURORA LANCET THIN 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AURORA PEN NEEDLES	AURORA PEN NEEDLES (PEN29G12MMMISC, PEN31G6MMMISC, PEN31G8MMMISC) *insulin pen needle*	TIER 2	
AURORA UNIFINE PENTIPS	AURORA UNIFINE PENTIPS (31G5MISC, 32G4MISC) *insulin pen needle*	TIER 2	PV
AUTOLET PLATFORMS	AUTOLET PLATFORMS (MISC, MISC) *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
BAYER BREEZE 2 TEST	BAYER BREEZE 2 TEST DISK *glucose blood*	TIER 3	
BAYER MICROLET LANCETS	BAYER MICROLET LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
BD AUTOSHIELD	BD AUTOSHIELD (5MMMISC, 8MMMISC) *insulin pen needle*	TIER 2	PV
BD AUTOSHIELD DUO	BD AUTOSHIELD DUO 30G X 5 MM MISC *insulin pen needle*	TIER 2	PV
BD INSULIN SYRINGE	BD INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 25G X 1" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, U-100 1 ML MISC) *insulin syringes (disposable)*	TIER 2	PV
BD INSULIN SYRINGE HALF-UNIT	BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	TIER 2	PV
BD INSULIN SYRINGE MICROFINE	BD INSULIN SYRINGE MICROFINE (27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 0.3 ML MISC, 28G 1/2" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BD INSULIN SYRINGE U-40	BD INSULIN SYRINGE U-40 25G X 5/8" 1 ML MISC *insulin syringe/needle u-40*	TIER 2	
BD INSULIN SYRINGE U-500	BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC *insulin syringe/needle u-500*	TIER 2	
BD INSULIN SYRINGE U/F	BD INSULIN SYRINGE U/F (30G 1/2" 0.3 ML MISC, 30G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
BD INSULIN SYRINGE U/F 1/2UNIT	BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	TIER 2	PV
BD INSULIN SYRINGE ULTRAFINE	BD INSULIN SYRINGE ULTRAFINE (29G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 1 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
BD INTEGRA INSULIN SYRINGE	BD INTEGRA INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	TIER 2	
BD INTEGRA SYRINGE	BD INTEGRA SYRINGE 25G X 1" 1 ML MISC *insulin syringe/needle u-100*	TIER 2	PV
BD LANCET ULTRAFINE 30G	BD LANCET ULTRAFINE 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BD LANCET ULTRAFINE 33G	BD LANCET ULTRAFINE 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
BD MICROTAINER LANCETS	BD MICROTAINER LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
BD PEN NEEDLE MICRO U/F	BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC *insulin pen needle*	TIER 2	PV
BD PEN NEEDLE MINI U/F	BD PEN NEEDLE MINI U/F 31G X 5 MM MISC *insulin pen needle*	TIER 2	PV
BD PEN NEEDLE NANO 2ND GEN	BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV
BD PEN NEEDLE NANO U/F	BD PEN NEEDLE NANO U/F 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV
BD PEN NEEDLE ORIGINAL U/F	BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC *insulin pen needle*	TIER 2	
BD PEN NEEDLE SHORT U/F	BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC *insulin pen needle*	TIER 2	
BD SAFETY-LOK INSULIN SYRINGE	BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML MISC *insulin syringe/needle u-100*	TIER 2	
BD SAFETYGLIDE INSULIN SYRINGE	BD SAFETYGLIDE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 1 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
BD SWAB SINGLE USE REGULAR	BD SWAB SINGLE USE REGULAR PAD *alcohol swabs*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BD VEO INSULIN SYRINGE U/F	BD VEO INSULIN SYRINGE U/F (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
BG STAR TEST	BG STAR TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
BLOOD GLUCOSE TEST	BLOOD GLUCOSE TEST (TESTSTRIP, TESTSTRIP) *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
BREEZE 2 TEST	BREEZE 2 TEST DISK *glucose blood*	TIER 3	
BULLSEYE MINI SAFETY LANCETS	BULLSEYE MINI SAFETY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
BULLSEYE SAFETY LANCETS	BULLSEYE SAFETY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CAREFINE PEN NEEDLES	CAREFINE PEN NEEDLES (PEN29G12MMMISC, PEN30G8MMMISC, PEN31G6MMMISC, PEN31G8MMMISC, PEN32G5MMMISC, PEN32G4MMMISC, PEN32G6MMMISC) *insulin pen needle*	TIER 2	PV
CAREONE BLOOD GLUCOSE TEST	CAREONE BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CAREONE INSULIN SYRINGE	CAREONE INSULIN SYRINGE (30G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
CAREONE LANCET THIN 23G	CAREONE LANCET THIN 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CAREONE LANCET ULTRA THIN 28G	CAREONE LANCET ULTRA THIN 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CAREONE UNIFINE PENTIPS	CAREONE UNIFINE PENTIPS (29G12MMMISC, 31G6MMMISC, 31G8MMMISC, 31G5MMMISC, 32G4MMMISC) *insulin pen needle*	TIER 2	PV
CAREONE UNIFINE PENTIPS PLUS	CAREONE UNIFINE PENTIPS PLUS (29G12MMMISC, 31G5MMMISC, 31G6MMMISC, 31G8MMMISC, 32G4MMMISC) *insulin pen needle*	TIER 2	PV
CARESENS LANCETS	CARESENS LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CARESENS N GLUCOSE TEST	CARESENS N GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CARETOUCH INSULIN SYRINGE	CARETOUCH INSULIN SYRINGE (28G 1 ML MISC, 29G 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
CARETOUCH PEN NEEDLES	CARETOUCH PEN NEEDLES (PEN31G6MISC, PEN31G8MISC, PEN31G5MISC, PEN32G5MISC, PEN32G4MISC) *insulin pen needle*	TIER 2	PV
CARETOUCH SAFETY LANCETS	CARETOUCH SAFETY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CARETOUCH SAFETY LANCETS 26G	CARETOUCH SAFETY LANCETS 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CARETOUCH TEST	CARETOUCH TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CARETOUCH TWIST LANCETS 28G	CARETOUCH TWIST LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARETOUCH TWIST LANCETS 30G	CARETOUCH TWIST LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CARETOUCH TWIST LANCETS 33G	CARETOUCH TWIST LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CHEK-STIX CONTROL	CHEK-STIX CONTROL STRIP *acetone (urine) test*	TIER 2	
CHEMSTRIP 10 MD	CHEMSTRIP 10 MD STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP 10/SG	CHEMSTRIP 10/SG STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP 2 GP	CHEMSTRIP 2 GP STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP 5 OB	CHEMSTRIP 5 OB STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP 7	CHEMSTRIP 7 STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP 9	CHEMSTRIP 9 STRIP *multiple urine tests*	TIER 2	
CHEMSTRIP K	CHEMSTRIP K STRIP *acetone (urine) test*	TIER 2	
CHEMSTRIP UGK	CHEMSTRIP UGK STRIP *urine glucose-ketones test*	TIER 2	
CLEANLET LANCETS 28G	CLEANLET LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CLEVER CHEK AUTO-CODE TEST	CLEVER CHEK AUTO-CODE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CLEVER CHEK AUTO-CODE VOICE	CLEVER CHEK AUTO-CODE VOICE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CLEVER CHEK LANCETS	CLEVER CHEK LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CLEVER CHEK TEST	CLEVER CHEK TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CLEVER CHOICE AUTO-CODE TEST	CLEVER CHOICE AUTO-CODE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE COMFORT EZ	CLEVER CHOICE COMFORT EZ (29G12MMMISC, 33G4MMMISC) *insulin pen needle*	TIER 2	
CLEVER CHOICE LANCETS 21G	CLEVER CHOICE LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CLEVER CHOICE LANCETS 23G	CLEVER CHOICE LANCETS 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CLEVER CHOICE LANCETS 28G	CLEVER CHOICE LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CLEVER CHOICE MICRO TEST	CLEVER CHOICE MICRO TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CLEVER CHOICE NO CODING	CLEVER CHOICE NO CODING STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CLEVER CHOICE TALK SYSTEM	CLEVER CHOICE TALK SYSTEM STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CLICKFINE PEN NEEDLES	CLICKFINE PEN NEEDLES (PEN31G6MISC, PEN31G5MISC, PEN31G8MISC, PEN32G4MISC) *insulin pen needle*	TIER 2	PV
CLINISTIX	CLINISTIX STRIP *glucose urine test-(glucose oxidase)*	TIER 2	PV
COAGUCHEK LANCETS	COAGUCHEK LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
COMBISTIX	COMBISTIX STRIP *multiple urine tests*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMFORT ASSIST INSULIN SYRINGE	COMFORT ASSIST INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	
COMFORT ASSURED LANCETS 28G	COMFORT ASSURED LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
COMFORT ASSURED LANCETS 33G	COMFORT ASSURED LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
COMFORT EZ INSULIN SYRINGE	COMFORT EZ INSULIN SYRINGE (28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
COMFORT EZ MICRO PEN NEEDLES	COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMFORT EZ PEN NEEDLES	COMFORT EZ PEN NEEDLES (PEN31G8MISC, PEN31G6MISC, PEN31G5MISC, PEN32G6MISC, PEN32G5MISC, PEN32G8MISC, PEN32G4MISC, PEN33G5MISC, PEN33G4MISC, PEN33G6MISC, PEN33G8MISC) *insulin pen needle*	TIER 2	PV
COMFORT EZ SHORT PEN NEEDLES	COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	TIER 2	
COMFORT LANCETS	COMFORT LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CONTOUR NEXT TEST	CONTOUR NEXT TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CONTOUR TEST	CONTOUR TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CONTROL AST	CONTROL AST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CONTROL TEST	CONTROL TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
COOL BLOOD GLUCOSE TEST STRIPS	COOL BLOOD GLUCOSE TEST STRIPS STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CVS ADVANCED GLUCOSE TEST	CVS ADVANCED GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
CVS KETONE CARE	CVS KETONE CARE STRIP *urine glucose-ketones test*	TIER 2	
CVS LANCETS 21G	CVS LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CVS LANCETS MICRO THIN 33G	CVS LANCETS MICRO THIN 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS LANCETS ORIGINAL	CVS LANCETS ORIGINAL MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CVS LANCETS THIN 26G	CVS LANCETS THIN 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CVS LANCETS ULTRA THIN 30G	CVS LANCETS ULTRA THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CVS LANCETS ULTRA-THIN 30G	CVS LANCETS ULTRA-THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
CVS ULTRA THIN LANCETS	CVS ULTRA THIN LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
D-CARE BLOOD GLUCOSE	D-CARE BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
DIASTAR EASY TEST II LANCETS	DIASTAR EASY TEST II LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DIASTAR EASY TEST LANCETS	DIASTAR EASY TEST LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DIASTIX	DIASTIX STRIP *glucose urine test-(glucose oxidase)*	TIER 2	PV
DIATHRIVE BLOOD GLUCOSE TEST	DIATHRIVE BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
DIATHRIVE GLUCOSE TEST	DIATHRIVE GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
DIATHRIVE LANCET ULTRA THIN 30	DIATHRIVE LANCET ULTRA THIN 30 MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DIATHRIVE LANCETS	DIATHRIVE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DIATRUE PLUS TEST	DIATRUE PLUS TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DROPLET INSULIN SYRINGE	DROPLET INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 15/64" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 15/64" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 15/64" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
DROPLET LANCETS ULTRA THIN 30G	DROPLET LANCETS ULTRA THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DROPLET PEN NEEDLES	DROPLET PEN NEEDLES (PEN29G12MMMISC, PEN30G8MMMISC, PEN31G5MMMISC, PEN31G6MMMISC, PEN31G8MMMISC, PEN32G5MMMISC, PEN32G6MMMISC, PEN32G8MMMISC, PEN32G4MMMISC) *insulin pen needle*	TIER 2	PV
DROPSAFE SAFETY PEN NEEDLES	DROPSAFE SAFETY PEN NEEDLES (PEN6MISC, PEN8MISC) *insulin pen needle*	TIER 2	
DRUG MART LANCETS THIN 26G	DRUG MART LANCETS THIN 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DRUG MART ON-THE-GO LANCET 30G	DRUG MART ON-THE-GO LANCET 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DRUG MART UNIFINE PENTIPS	DRUG MART UNIFINE PENTIPS (29G12MMMISC, 31G5MMMISC, 31G8MMMISC, 31G6MMMISC, 32G4MMMISC) *insulin pen needle*	TIER 2	PV
DRUG MART UNIFINE PENTIPS PLUS	DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV
DRUG MART UNILET LANCETS 28G	DRUG MART UNILET LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DRUG MART UNILET LANCETS 30G	DRUG MART UNILET LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DRUG MART UNILET LANCETS 33G	DRUG MART UNILET LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DUANE READE LANCET ALTERN SITE	DUANE READE LANCET ALTERN SITE MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DUANE READE LANCET SUPER THIN	DUANE READE LANCET SUPER THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DUANE READE LANCET ULTRA THIN	DUANE READE LANCET ULTRA THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
DUANE READE UNIFINE PENTIPS	DUANE READE UNIFINE PENTIPS (29G12MMMISC, 31G8MMMISC, 31G6MMMISC) *insulin pen needle*	TIER 2	
DURAXIN	DURAXIN 300-200-20 MG CAP *acetaminophen-salicylamide-phenyltoloxamine*	TIER 1	
E-Z JECT LANCET MICRO-THIN 33G	E-Z JECT LANCET MICRO-THIN 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
E-Z JECT LANCET SUPER THIN 30G	E-Z JECT LANCET SUPER THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
E-Z JECT LANCETS	E-Z JECT LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
E-Z JECT LANCETS 21G	E-Z JECT LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
E-Z JECT LANCETS THIN 26G	E-Z JECT LANCETS THIN 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY COMFORT INSULIN SYRINGE	EASY COMFORT INSULIN SYRINGE (30G 5/16" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
EASY COMFORT LANCETS	EASY COMFORT LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY COMFORT LANCETS TWIST TOP	EASY COMFORT LANCETS TWIST TOP MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY COMFORT PEN NEEDLES	EASY COMFORT PEN NEEDLES (PEN31G6MISC, PEN31G8MISC, PEN31G5MISC, PEN32G4MISC, PEN33G5MISC, PEN33G6MISC, PEN33G4MISC) *insulin pen needle*	TIER 2	
EASY GLIDE PEN NEEDLES	EASY GLIDE PEN NEEDLES 33G X 4 MM MISC *insulin pen needle*	TIER 2	
EASY PLUS BLOOD GLUCOSE TEST	EASY PLUS BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASY PLUS II GLUCOSE TEST	EASY PLUS II GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASY STEP TEST	EASY STEP TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TALK BLOOD GLUCOSE TEST	EASY TALK BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASY TOUCH FLIPLOCK INSULIN SY	EASY TOUCH FLIPLOCK INSULIN SY (SY 29G 1/2" 1 ML MISC, SY 30G 1/2" 1 ML MISC, SY 30G 5/16" 1 ML MISC, SY 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
EASY TOUCH HEALTHPRO TEST	EASY TOUCH HEALTHPRO TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASY TOUCH INSULIN SAFETY SYR	EASY TOUCH INSULIN SAFETY SYR (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
EASY TOUCH INSULIN SYRINGE	EASY TOUCH INSULIN SYRINGE (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	
EASY TOUCH LANCETS 21G	EASY TOUCH LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH LANCETS 23G	EASY TOUCH LANCETS 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 26G	EASY TOUCH LANCETS 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH LANCETS 26G/TWIST	EASY TOUCH LANCETS 26G/TWIST MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH LANCETS 28G	EASY TOUCH LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH LANCETS 28G/TWIST	EASY TOUCH LANCETS 28G/TWIST MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH LANCETS 30G	EASY TOUCH LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH LANCETS 30G/TWIST	EASY TOUCH LANCETS 30G/TWIST MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH LANCETS 32G	EASY TOUCH LANCETS 32G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH LANCETS 32G/TWIST	EASY TOUCH LANCETS 32G/TWIST MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH LANCETS 33G/TWIST	EASY TOUCH LANCETS 33G/TWIST MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH PEN NEEDLES	EASY TOUCH PEN NEEDLES (PEN29G12MMMISC, PEN30G8MMMISC, PEN31G5MMMISC, PEN31G8MMMISC, PEN31G6MMMISC, PEN32G5MMMISC, PEN32G4MMMISC, PEN32G6MMMISC) *insulin pen needle*	TIER 2	PV
EASY TOUCH SAFETY LANCETS 21G	EASY TOUCH SAFETY LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH SAFETY LANCETS 23G	EASY TOUCH SAFETY LANCETS 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH SAFETY LANCETS 26G	EASY TOUCH SAFETY LANCETS 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SAFETY LANCETS 28G	EASY TOUCH SAFETY LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASY TOUCH SAFETY PEN NEEDLES	EASY TOUCH SAFETY PEN NEEDLES (PEN29G5MMMISC, PEN29G8MMMISC, PEN30G8MMMISC) *insulin pen needle*	TIER 2	PV
EASY TOUCH SHEATHLOCK SYRINGE	EASY TOUCH SHEATHLOCK SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
EASY TOUCH TEST	EASY TOUCH TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASY TRAK BLOOD GLUCOSE TEST	EASY TRAK BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASY TWIST & CAP LANCETS	EASY TWIST & CAP LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EASYGLUCO	EASYGLUCO STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASYGLUCO PLUS	EASYGLUCO PLUS STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASYMAX 15 TEST	EASYMAX 15 TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASYMAX TEST	EASYMAX TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASYPLUS BLOOD GLUCOSE TEST	EASYPLUS BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EASYPRO PLUS	EASYPRO PLUS STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ELEMENT COMPACT TEST	ELEMENT COMPACT TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELEMENT TEST	ELEMENT TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EMBRACE BLOOD GLUCOSE TEST	EMBRACE BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EMBRACE EVO BLOOD GLUCOSE TEST	EMBRACE EVO BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EMBRACE LANCETS ULTRA THIN 30G	EMBRACE LANCETS ULTRA THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EMBRACE PRO GLUCOSE TEST	EMBRACE PRO GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EMBRACE TALK GLUCOSE TEST	EMBRACE TALK GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EQ BLOOD GLUCOSE TEST	EQ BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EQL COLOR LANCETS 21G	EQL COLOR LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EQL COLOR LANCETS MICRO 33G	EQL COLOR LANCETS MICRO 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EQL INSULIN SYRINGE	EQL INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	
EQL SHORT PEN NEEDLE	EQL SHORT PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	TIER 2	
EQL SUPER THIN LANCETS 30G	EQL SUPER THIN LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EQL THIN LANCETS 26G	EQL THIN LANCETS 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EQL TRUETEST TEST	EQL TRUETEST TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EQL TRUETRACK TEST	EQL TRUETRACK TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EQL ULTRA COMFORT INSULIN SYR	EQL ULTRA COMFORT INSULIN SYR (30G 1 ML MISC, 31G 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
EQL ULTRA SHORT PEN NEEDLE	EQL ULTRA SHORT PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	TIER 2	
EUFLEXXA	EUFLEXXA 20 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	MN-PA (Medically Necessary Prior Authorization)
EVENCARE + BLOOD GLUCOSE TEST	EVENCARE + BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EVENCARE BLOOD GLUCOSE TEST	EVENCARE BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EVENCARE G2 TEST	EVENCARE G2 TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EVENCARE G3 TEST	EVENCARE G3 TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EVENCARE MINI GLUCOSE TEST	EVENCARE MINI GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EVOLUTION AUTOCODE	EVOLUTION AUTOCODE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EXEL COMFORT POINT INSULIN SYR	EXEL COMFORT POINT INSULIN SYR (EEL 28G 1/2" 1 ML MISC, EEL 28G 1/2" 0.5 ML MISC, EEL 29G 1/2" 0.3 ML MISC, EEL 29G 1/2" 1 ML MISC, EEL 29G 1/2" 0.5 ML MISC, EEL 30G 5/16" 1 ML MISC, EEL 30G 5/16" 0.3 ML MISC, EEL 30G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
EXEL COMFORT POINT PEN NEEDLE	EXEL COMFORT POINT PEN NEEDLE (EELPEN29G12MMMISC, EELPEN31G6MMMISC, EELPEN31G8MMMISC, EELPEN31G4MMMISC) *insulin pen needle*	TIER 2	
EZ SMART BLOOD GLUCOSE LANCETS	EZ SMART BLOOD GLUCOSE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EZ SMART BLOOD GLUCOSE TEST	EZ SMART BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EZ SMART PLUS GLUCOSE TEST	EZ SMART PLUS GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EZ-LETS LANCETS 21G	EZ-LETS LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EZ-LETS LANCETS 26G	EZ-LETS LANCETS 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EZ-LETS LANCETS 28G	EZ-LETS LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
EZ-LETS LANCETS 30G	EZ-LETS LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
FASTTAKE TEST	FASTTAKE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FIFTY50 GLUCOSE TEST 2.0	FIFTY50 GLUCOSE TEST 2.0 STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIFTY50 PEN NEEDLES	FIFTY50 PEN NEEDLES (PEN31G8MISC, PEN31G5MISC, PEN32G6MISC, PEN32G4MISC) *insulin pen needle*	TIER 2	PV
FIFTY50 SAFETY SEAL LANCETS	FIFTY50 SAFETY SEAL LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
FIFTY50 SUPERIOR COMFORT SYR	FIFTY50 SUPERIOR COMFORT SYR (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
FIFTY50 UNILET LANCETS 33G	FIFTY50 UNILET LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
FINE 30	FINE 30 MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
FINGERSTIX LANCETS	FINGERSTIX LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
FORA BLOOD GLUCOSE TEST	FORA BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA D15G BLOOD GLUCOSE TEST	FORA D15G BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA D20 BLOOD GLUCOSE TEST	FORA D20 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA D40/G31 BLOOD GLUCOSE	FORA D40/G31 BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA G20 BLOOD GLUCOSE TEST	FORA G20 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA G30/PREM V10 GLUCOSE TEST	FORA G30/PREM V10 GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA GD20 TEST	FORA GD20 TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA GD50 BLOOD GLUCOSE TEST	FORA GD50 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA GTEL BLOOD GLUCOSE TEST	FORA GTEL BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA GTEL BLOOD KETONE TEST	FORA GTEL BLOOD KETONE TEST STRIP *ketone blood test*	TIER 2	
FORA LANCETS	FORA LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
FORA TN'G/TN'G VOICE	FORA TN'G/TN'G VOICE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA V10 BLOOD GLUCOSE TEST	FORA V10 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA V12 BLOOD GLUCOSE TEST	FORA V12 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA V20 BLOOD GLUCOSE TEST	FORA V20 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORA V30A BLOOD GLUCOSE TEST	FORA V30A BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORACARE GD40 TEST	FORACARE GD40 TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORACARE PREMIUM V10 TEST	FORACARE PREMIUM V10 TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORACARE TEST N GO TEST	FORACARE TEST N GO TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FORTISCARE TEST	FORTISCARE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FREDS PHARMACY UNIFINE PENTIP+	FREDS PHARMACY UNIFINE PENTIP+ (5MISC, 8MISC) *insulin pen needle*	TIER 2	
FREDS PHARMACY UNIFINE PENTIPS	FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV
FREDS PHARMACY UNILET LANC 28G	FREDS PHARMACY UNILET LANC 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FREDS PHARMACY UNILET LANC 30G	FREDS PHARMACY UNILET LANC 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
FREESTYLE INSULINX TEST	FREESTYLE INSULINX TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FREESTYLE LANCETS	FREESTYLE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
FREESTYLE LITE TEST	FREESTYLE LITE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FREESTYLE PRECISION INS SYR	FREESTYLE PRECISION INS SYR (30G 1 ML MISC, 30G 0.5 ML MISC, 31G 1 ML MISC, 31G 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
FREESTYLE PRECISION NEO TEST	FREESTYLE PRECISION NEO TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FREESTYLE TEST	FREESTYLE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
FREESTYLE UNISTICK II LANCETS	FREESTYLE UNISTICK II LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GE100 BLOOD GLUCOSE TEST	GE100 BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GEL-ONE	GEL-ONE 30 MG/3ML PRSYR *cross-linked hyaluronate*	SP-M	MN-PA (Medically Necessary Prior Authorization)
GELSYN-3	GELSYN-3 16.8 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	MN-PA (Medically Necessary Prior Authorization)
GENSTRIP 50	GENSTRIP 50 STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GENTEEL BUTTERFLY TOUCH LANCET	GENTEEL BUTTERFLY TOUCH LANCET MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GENTEEL CONTACT TIPS (BLUE)	GENTEEL CONTACT TIPS (BLUE) MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GENTEEL CONTACT TIPS (CLEAR)	GENTEEL CONTACT TIPS (CLEAR) MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
GENTEEL CONTACT TIPS (GREEN)	GENTEEL CONTACT TIPS (GREEN) MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
GENTEEL CONTACT TIPS (ORANGE)	GENTEEL CONTACT TIPS (ORANGE) MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
GENTEEL CONTACT TIPS (RAINBOW)	GENTEEL CONTACT TIPS (RAINBOW) MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
GENTEEL CONTACT TIPS (VIOLET)	GENTEEL CONTACT TIPS (VIOLET) MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
GENTEEL CONTACT TIPS (YELLOW)	GENTEEL CONTACT TIPS (YELLOW) MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
GENTEEL NOZZLES	GENTEEL NOZZLES MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
GENULTIMATE TEST	GENULTIMATE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GENVISC 850	GENVISC 850 25 MG/2.5ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	MN-PA (Medically Necessary Prior Authorization)
GHT TEST	GHT TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GLOBAL EASE INJECT PEN NEEDLES	GLOBAL EASE INJECT PEN NEEDLES (PEN29G12MMMISC, PEN31G8MMMISC, PEN31G5MMMISC, PEN32G4MMMISC) *insulin pen needle*	TIER 2	PV
GLOBAL EASY GLIDE INSULIN SYR	GLOBAL EASY GLIDE INSULIN SYR (5/16" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 0.3 ML MISC, 15/64" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLOBAL EASY GLIDE PEN NEEDLES	GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV
GLOBAL INJECT EASE INSULIN SYR	GLOBAL INJECT EASE INSULIN SYR (28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	
GLOBAL INJECT EASE LANCETS 28G	GLOBAL INJECT EASE LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GLOBAL INJECT EASE LANCETS 30G	GLOBAL INJECT EASE LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GLOBAL INSULIN SYRINGES	GLOBAL INSULIN SYRINGES (1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	
GLUCO PERFECT 3 TEST	GLUCO PERFECT 3 TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GLUCOCARD 01 SENSOR PLUS	GLUCOCARD 01 SENSOR PLUS STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GLUCOCARD EXPRESSION TEST	GLUCOCARD EXPRESSION TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GLUCOCARD SHINE TEST	GLUCOCARD SHINE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GLUCOCARD VITAL TEST	GLUCOCARD VITAL TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCARD X-SENSOR	GLUCOCARD X-SENSOR STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GLUCOCOM LANCETS 28G	GLUCOCOM LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GLUCOCOM LANCETS 30G	GLUCOCOM LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GLUCOCOM LANCETS 33G	GLUCOCOM LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GLUCOCOM TEST	GLUCOCOM TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GLUCONAVII BLOOD GLUCOSE TEST	GLUCONAVII BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GLUCOPRO INSULIN SYRINGE	GLUCOPRO INSULIN SYRINGE (30G 1/2" 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
GLUCOSE METER TEST	GLUCOSE METER TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GLUCOSOURCE LANCETS	GLUCOSOURCE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GNP CLICKFINE PEN NEEDLES	GNP CLICKFINE PEN NEEDLES (PEN6MISC, PEN8MISC) *insulin pen needle*	TIER 2	
GNP EASY TOUCH GLUCOSE TEST	GNP EASY TOUCH GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP INSULIN SYRINGE	GNP INSULIN SYRINGE (28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	
GNP LANCETS	GNP LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GNP LANCETS 21G	GNP LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GNP LANCETS MICRO THIN 33G	GNP LANCETS MICRO THIN 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GNP LANCETS SUPER THIN 30G	GNP LANCETS SUPER THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GNP LANCETS THIN	GNP LANCETS THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GNP LANCETS THIN 26G	GNP LANCETS THIN 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GNP MICRO THIN LANCETS 33G	GNP MICRO THIN LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GNP SUPER THIN LANCETS 30G	GNP SUPER THIN LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP ULTRA COM INSULIN SYRINGE	GNP ULTRA COM INSULIN SYRINGE (28G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
GOJJI BLOOD GLUCOSE TEST	GOJJI BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GOJJI BLOOD KETONE TEST	GOJJI BLOOD KETONE TEST STRIP *ketone blood test*	TIER 2	
GOJJI BLOOD TEST STRIP/LANCETS	GOJJI BLOOD TEST STRIP/LANCETS STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GOJJI STERILE LANCETS	GOJJI STERILE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GOODSENSE BLOOD GLUCOSE	GOODSENSE BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
GOODSENSE CLICKFINE PEN NEEDLE	GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	TIER 2	PV
GOODSENSE COLOR LANCETS 33G	GOODSENSE COLOR LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GOODSENSE LANCETS 26G UNIV	GOODSENSE LANCETS 26G UNIV MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GOODSENSE LANCETS 30G	GOODSENSE LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GOODSENSE LANCETS 30G UNIV	GOODSENSE LANCETS 30G UNIV MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GOODSENSE LANCETS 33G	GOODSENSE LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GOODSENSE LANCETS 33G UNIV	GOODSENSE LANCETS 33G UNIV MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
GOODSENSE PEN NEEDLE PENFINE	GOODSENSE PEN NEEDLE PENFINE (PEN31G5MISC, PEN31G8MISC, PEN32G6MISC, PEN32G4MISC) *insulin pen needle*	TIER 2	PV
H-E-B INCONTROL LANCETS 28G	H-E-B INCONTROL LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
H-E-B INCONTROL LANCETS 30G	H-E-B INCONTROL LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
H-E-B INCONTROL LANCETS 33G	H-E-B INCONTROL LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
H-E-B INCONTROL PEN NEEDLES	H-E-B INCONTROL PEN NEEDLES (PEN29G12MMMISC, PEN31G5MMMISC, PEN31G6MMMISC, PEN31G8MMMISC, PEN32G4MMMISC) *insulin pen needle*	TIER 2	PV
H-E-B INCONTROL UNIFINE PENTIP	H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV
HAEMOLANCE	HAEMOLANCE MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
HAEMOLANCE LOW FLOW LANCETS	HAEMOLANCE LOW FLOW LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
HAEMOLANCE PLUS	HAEMOLANCE PLUS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
HAEMOLANCE PLUS HIGH FLOW	HAEMOLANCE PLUS HIGH FLOW MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
HAEMOLANCE PLUS LOW FLOW	HAEMOLANCE PLUS LOW FLOW MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HAEMOLANCE PLUS MAX FLOW	HAEMOLANCE PLUS MAX FLOW MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
HAEMOLANCE PLUS PEDIATRIC FLOW	HAEMOLANCE PLUS PEDIATRIC FLOW MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
HEALTHWISE INSULIN SYR/NEEDLE	HEALTHWISE INSULIN SYR/NEEDLE (30G 0.3 ML MISC, 30G 0.5 ML MISC, 30G 1 ML MISC, 31G 0.5 ML MISC, 31G 0.3 ML MISC, 31G 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
HEALTHWISE LANCETS 30G	HEALTHWISE LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
HEALTHWISE MICRON PEN NEEDLES	HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV
HEALTHWISE MINI PEN NEEDLES	HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	TIER 2	
HEALTHWISE PEN NEEDLES	HEALTHWISE PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	TIER 2	PV
HEALTHWISE SHORT PEN NEEDLES	HEALTHWISE SHORT PEN NEEDLES (PEN5MISC, PEN8MISC) *insulin pen needle*	TIER 2	
HEALTHWISE UNIFINE PENTIPS	HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV
HEALTHY ACCENTS UNIFINE PENTIP	HEALTHY ACCENTS UNIFINE PENTIP (29G12MMMISC, 31G6MMMISC, 31G8MMMISC, 31G5MMMISC, 32G4MMMISC) *insulin pen needle*	TIER 2	PV
HEALTHY ACCENTS UNILET LANCETS	HEALTHY ACCENTS UNILET LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEMA-COMBISTIX	HEMA-COMBISTIX STRIP *multiple urine tests*	TIER 2	
HM ULTICARE INSULIN SYRINGE	HM ULTICARE INSULIN SYRINGE (30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
HM ULTICARE SHORT PEN NEEDLES	HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	TIER 2	
HW EMBRACE PRO GLUCOSE TEST	HW EMBRACE PRO GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
HW EMBRACE TALK GLUCOSE TEST	HW EMBRACE TALK GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
HYALGAN	HYALGAN 20 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	MN-PA (Medically Necessary Prior Authorization)
HYALGAN	HYALGAN 20 MG/2ML SOLUTION *sodium hyaluronate (viscosupplement)*	SP-M	PA
HYMOVIS	HYMOVIS 24 MG/3ML SOLN PRSYR *hyaluronan*	SP-M	PA
IGLUCOSE TEST STRIPS	IGLUCOSE TEST STRIPS STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
IN TOUCH BLOOD GLUCOSE TEST	IN TOUCH BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
IN TOUCH STERILE LANCETS 30G	IN TOUCH STERILE LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
INFINITY BLOOD GLUCOSE TEST	INFINITY BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
INFINITY VOICE	INFINITY VOICE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN SYRINGE	INSULIN SYRINGE (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
INSULIN SYRINGE-NEEDLE U-100	INSULIN SYRINGE-NEEDLE U-100 (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
INSULIN SYRINGE/NEEDLE	INSULIN SYRINGE/NEEDLE (27G 0.5 ML MISC, 28G 1 ML MISC, 28G 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
INSUPEN PEN NEEDLES	INSUPEN PEN NEEDLES (PEN29G12MMMISC, PEN31G5MMMISC, PEN31G8MMMISC, PEN32G4MMMISC, PEN33G4MMMISC) *insulin pen needle*	TIER 2	
INSUPEN SENSITIVE	INSUPEN SENSITIVE (6MISC, 8MISC) *insulin pen needle*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSUPEN ULTRAFIN	INSUPEN ULTRAFIN (29G12MMMISC, 30G8MMMISC, 31G6MMMISC, 31G8MMMISC) *insulin pen needle*	TIER 2	
KETO-DIASTIX	KETO-DIASTIX STRIP *urine glucose-ketones test*	TIER 2	
KETONE TEST	KETONE TEST STRIP *acetone (urine) test*	TIER 2	
KETOSTIX	KETOSTIX STRIP *acetone (urine) test*	TIER 2	
KINNEY LANCETS	KINNEY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
KINNEY THIN LANCETS	KINNEY THIN LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
KINRAY INSULIN SYRINGE	KINRAY INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
KMART VALU INSULIN SYRINGE 29G	KMART VALU INSULIN SYRINGE 29G (0.5 ML MISC, 1 ML MISC) *insulin syringes (disposable)*	TIER 2	PV
KMART VALU INSULIN SYRINGE 30G	KMART VALU INSULIN SYRINGE 30G (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC) *insulin syringes (disposable)*	TIER 2	PV
KROGER BLOOD GLUCOSE TEST	KROGER BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
KROGER HEALTHPRO GLUCOSE TEST	KROGER HEALTHPRO GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KROGER INSULIN SYRINGE	KROGER INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
KROGER LANCETS 21G	KROGER LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
KROGER LANCETS MICRO THIN 33G	KROGER LANCETS MICRO THIN 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
KROGER LANCETS SUPER THIN	KROGER LANCETS SUPER THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
KROGER LANCETS THIN 26G	KROGER LANCETS THIN 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
KROGER LANCETS ULTRATHIN 30G	KROGER LANCETS ULTRATHIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
KROGER PEN NEEDLES	KROGER PEN NEEDLES (PEN29G12MMMISC, PEN31G6MMMISC, PEN31G5MMMISC, PEN31G8MMMISC, PEN32G4MMMISC, PEN33G4MMMISC) *insulin pen needle*	TIER 2	
KROGER PREMIUM GLUCOSE TEST	KROGER PREMIUM GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
KROGER TEST	KROGER TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
LABSTIX	LABSTIX STRIP *multiple urine tests*	TIER 2	
LANCET TRANSPORTER CASE	LANCET TRANSPORTER CASE MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LANCETS	LANCETS (MISC, MISC) *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LANCETS 28G	LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LANCETS 30G	LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LANCETS MICRO THIN 33G	LANCETS MICRO THIN 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LANCETS SUPER THIN 28G	LANCETS SUPER THIN 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LANCETS THIN	LANCETS THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LANCETS ULTRA FINE	LANCETS ULTRA FINE MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LANCETS ULTRA THIN	LANCETS ULTRA THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LANCETS ULTRA THIN 30G	LANCETS ULTRA THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LEADER INSULIN SYRINGE	LEADER INSULIN SYRINGE (28G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
LEADER UNIFINE PENTIPS	LEADER UNIFINE PENTIPS (31G5MISC, 32G4MISC) *insulin pen needle*	TIER 2	PV
LEADER UNIFINE PENTIPS PLUS	LEADER UNIFINE PENTIPS PLUS (31G5MISC, 31G8MISC, 32G4MISC) *insulin pen needle*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIBERTY MEDICAL LANCETS	LIBERTY MEDICAL LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LIBERTY NEXT GENERATION TEST	LIBERTY NEXT GENERATION TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
LIBERTY TEST	LIBERTY TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
LITE TOUCH LANCETS	LITE TOUCH LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LITETOUCH INSULIN SYRINGE	LITETOUCH INSULIN SYRINGE (28G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
LITETOUCH LANCETS	LITETOUCH LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LITETOUCH PEN NEEDLES	LITETOUCH PEN NEEDLES (PEN29G12.7MMMISC, PEN31G8MMMISC, PEN31G5MMMISC, PEN31G6MMMISC, PEN32G4MMMISC) *insulin pen needle*	TIER 2	PV
LIVE BETTER LANCET SUPER THIN	LIVE BETTER LANCET SUPER THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LIVE BETTER LANCET ULTRA THIN	LIVE BETTER LANCET ULTRA THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIVE BETTER PEN NEEDLES	LIVE BETTER PEN NEEDLES (PEN29G12MMMISC, PEN31G6MMMISC, PEN31G8MMMISC) *insulin pen needle*	TIER 2	
LONGS INSULIN SYRINGE	LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC *insulin syringe/needle u-100*	TIER 2	PV
LONGS LANCETS STANDARD	LONGS LANCETS STANDARD MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LONGS LANCETS THIN	LONGS LANCETS THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
LONGS LANCETS ULTRA THIN	LONGS LANCETS ULTRA THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MAGELLAN INSULIN SAFETY SYR	MAGELLAN INSULIN SAFETY SYR (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
MARATHON MEDICAL PENTIPS	MARATHON MEDICAL PENTIPS (29G12MMMISC, 31G8MMMISC, 31G5MMMISC, 32G4MMMISC) *insulin pen needle*	TIER 2	PV
MAXI-COMFORT INSULIN SYRINGE	MAXI-COMFORT INSULIN SYRINGE (0.5 ML MISC, 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
MAXI-COMFORT SAFETY PEN NEEDLE	MAXI-COMFORT SAFETY PEN NEEDLE (PEN5MMMISC, PEN8MMMISC) *insulin pen needle*	TIER 2	PV
MAXICOMFORT II PEN NEEDLE	MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC *insulin pen needle*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAXICOMFORT SYR 27G X 1/2"	MAXICOMFORT SYR 27G X 1/2" (MAICOMFORT 0.5 ML MISC, MAICOMFORT 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
MAXIMA BLOOD GLUCOSE TEST	MAXIMA BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
MEDIC INSULIN SYRINGE	MEDIC INSULIN SYRINGE (0.3 ML MISC, 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
MEDICHOICE SAFETY LANCET	MEDICHOICE SAFETY LANCET MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEDICHOICE SAFETY LANCET EXTRA	MEDICHOICE SAFETY LANCET EXTRA MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEDICHOICE SAFETY LANCET NORM	MEDICHOICE SAFETY LANCET NORM MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEDICINE SHOPPE PEN NEEDLES	MEDICINE SHOPPE PEN NEEDLES (PEN 29G 12MM MISC, PEN 31G 8 MM MISC, PEN 31G 6 MM MISC) *insulin pen needle*	TIER 2	
MEDISENSE THIN LANCETS	MEDISENSE THIN LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEDLANCE LITE 25G	MEDLANCE LITE 25G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEDLANCE PLUS EXTRA 21G	MEDLANCE PLUS EXTRA 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEDLANCE PLUS LANCETS	MEDLANCE PLUS LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEDLANCE PLUS LITE 25G	MEDLANCE PLUS LITE 25G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEDLANCE PLUS SPECIAL 0.8MM	MEDLANCE PLUS SPECIAL 0.8MM MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEDLANCE PLUS SUPERLITE 30G	MEDLANCE PLUS SUPERLITE 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEDLANCE PLUS UNIVERSAL 21G	MEDLANCE PLUS UNIVERSAL 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEDLANCE UNIVERSAL 21G	MEDLANCE UNIVERSAL 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEIJER BLOOD GLUCOSE TEST	MEIJER BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
MEIJER ESSENTIAL GLUCOSE TEST	MEIJER ESSENTIAL GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
MEIJER LANCETS	MEIJER LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEIJER LANCETS THIN	MEIJER LANCETS THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEIJER LANCETS UNIVERSAL 30G	MEIJER LANCETS UNIVERSAL 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEIJER LANCETS UNIVERSAL 33G	MEIJER LANCETS UNIVERSAL 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEIJER PEN NEEDLES	MEIJER PEN NEEDLES (PEN29G12MMMISC, PEN31G6MMMISC, PEN31G8MMMISC) *insulin pen needle*	TIER 2	
MEIJER PREMIUM GLUCOSE TEST	MEIJER PREMIUM GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
MEIJER SUPER THIN LANCETS	MEIJER SUPER THIN LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MEIJER TRUETEST TEST	MEIJER TRUETEST TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
MEIJER TRUETRACK TEST	MEIJER TRUETRACK TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
methergine	*methergine 0.2 mg tab*	TIER 1	
methylergonovine maleate	*methylergonovine maleate 0.2 mg tab*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MICRODOT TEST	MICRODOT TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
MICROLET LANCETS	MICROLET LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MICROTAINER SAFETY FLOW LANCET	MICROTAINER SAFETY FLOW LANCET MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MM EASY TOUCH GLUCOSE	MM EASY TOUCH GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
MM INSULIN SYRINGE/NEEDLE	MM INSULIN SYRINGE/NEEDLE (30G 0.5 ML MISC, 30G 1 ML MISC, 30G 0.3 ML MISC, 31G 0.3 ML MISC, 31G 0.5 ML MISC, 31G 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
MM PEN NEEDLES	MM PEN NEEDLES (PEN31G5MISC, PEN31G8MISC, PEN31G6MISC, PEN32G4MISC) *insulin pen needle*	TIER 2	PV
MM TWIST LANCETS	MM TWIST LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE	MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC) *insulin syringes (disposable)*	TIER 2	PV
MONOJECT ULTRA COMFORT SYRINGE	MONOJECT ULTRA COMFORT SYRINGE (28G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
MONOJECTOR END CAPS	MONOJECTOR END CAPS MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
MONOJECTOR OPD END CAPS	MONOJECTOR OPD END CAPS MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
MONOLET LANCETS	MONOLET LANCETS (MISC, MISC) *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MONOLET OPD LANCETS	MONOLET OPD LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MONOLETTOR SAFETY LANCETS	MONOLETTOR SAFETY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MONOVISC	MONOVISC 88 MG/4ML SOLN PRSYR *hyaluronan*	SP-M	MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MOORE MONO INSULIN SYRINGE	MOORE MONO INSULIN SYRINGE (28G 1 ML MISC, 28G 0.5 ML MISC, 29G 0.5 ML MISC, 29G 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
MPD SAFETY LANCET 21G	MPD SAFETY LANCET 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MPD SAFETY LANCET 23G	MPD SAFETY LANCET 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MPD SAFETY LANCET 28G	MPD SAFETY LANCET 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MPD SAFETY LANCET 30G	MPD SAFETY LANCET 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MS INSULIN SYRINGE	MS INSULIN SYRINGE (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
MULTISTIX	MULTISTIX STRIP *multiple urine tests*	TIER 2	
MULTISTIX 10 SG	MULTISTIX 10 SG STRIP *multiple urine tests*	TIER 2	
MULTISTIX 5	MULTISTIX 5 STRIP *multiple urine tests*	TIER 2	
MULTISTIX 7	MULTISTIX 7 STRIP *multiple urine tests*	TIER 2	
MULTISTIX 8	MULTISTIX 8 STRIP *multiple urine tests*	TIER 2	
MULTISTIX 9	MULTISTIX 9 STRIP *multiple urine tests*	TIER 2	
MULTISTIX 9 SG	MULTISTIX 9 SG STRIP *multiple urine tests*	TIER 2	
MYGLUCOHEALTH LANCETS 30G	MYGLUCOHEALTH LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
MYGLUCOHEALTH TEST	MYGLUCOHEALTH TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
NEUTEK 2TEK TEST	NEUTEK 2TEK TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVA MAX GLUCOSE TEST	NOVA MAX GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
NOVA MAX PLUS KETONE TEST	NOVA MAX PLUS KETONE TEST STRIP *ketone blood test*	TIER 2	
NOVA SAFETY LANCETS 23G	NOVA SAFETY LANCETS 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
NOVA SAFETY LANCETS 28G	NOVA SAFETY LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
NOVA SUREFLEX LANCETS	NOVA SUREFLEX LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
NOVOFINE	NOVOFINE (30G8MISC, 32G6MISC) *insulin pen needle*	TIER 2	PV
NOVOFINE AUTOCOVER	NOVOFINE AUTOCOVER 30G X 8 MM MISC *insulin pen needle*	TIER 2	PV
NOVOFINE PLUS	NOVOFINE PLUS 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV
NOVOTWIST	NOVOTWIST (30G8MISC, 32G5MISC) *insulin pen needle*	TIER 2	PV
ON CALL EXPRESS BLOOD GLUCOSE	ON CALL EXPRESS BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ON CALL LANCETS	ON CALL LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ON CALL PLUS BLOOD GLUCOSE	ON CALL PLUS BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ON CALL PLUS LANCETS	ON CALL PLUS LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ON CALL VIVID BLOOD GLUCOSE	ON CALL VIVID BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ONE DROP TEST	ONE DROP TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONETOUCH DELICA LANCETS 30G	ONETOUCH DELICA LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ONETOUCH DELICA LANCETS 33G	ONETOUCH DELICA LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ONETOUCH DELICA PLUS LANCET30G	ONETOUCH DELICA PLUS LANCET30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ONETOUCH DELICA PLUS LANCET33G	ONETOUCH DELICA PLUS LANCET33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ONETOUCH FINEPOINT LANCETS	ONETOUCH FINEPOINT LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ONETOUCH LANCETS	ONETOUCH LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ONETOUCH SURESOFT LANCING DEV	ONETOUCH SURESOFT LANCING DEV MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
ONETOUCH TEST	ONETOUCH TEST STRIP *glucose blood*	TIER 2	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ONETOUCH ULTRA BLUE	ONETOUCH ULTRA BLUE STRIP *glucose blood*	TIER 2	QL (150 PER 30 DAYS), PV
ONETOUCH ULTRASOFT LANCETS	ONETOUCH ULTRASOFT LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ONETOUCH VERIO	ONETOUCH VERIO STRIP *glucose blood*	TIER 2	QL (150 PER 30 DAYS), PV
OPTIUM TEST	OPTIUM TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
OPTIUMEZ TEST	OPTIUMEZ TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
OPTUMRX BLOOD GLUCOSE TEST	OPTUMRX BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ORTHOVISC	ORTHOVISC 30 MG/2ML SOLN PRSYR *hyaluronan*	SP-M	MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PARAGARD INTRAUTERINE COPPER	PARAGARD INTRAUTERINE COPPER IUD *copper (iud)*	SP-M	
PC LANCETS SUPER THIN 30G	PC LANCETS SUPER THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PC UNIFINE PENTIPS	PC UNIFINE PENTIPS (29G12MMMISC, 31G8MMMISC, 31G6MMMISC, 31G5MMMISC) *insulin pen needle*	TIER 2	
PEN NEEDLES	PEN NEEDLES (PEN29G12MMMISC, PEN30G5MMMISC, PEN30G8MMMISC, PEN31G5MMMISC, PEN31G8MMMISC, PEN31G6MMMISC, PEN32G4MMMISC, PEN32G6MMMISC, PEN32G5MMMISC) *insulin pen needle*	TIER 2	PV
PEN NEEDLES 1/2"	PEN NEEDLES 1/2" 29G X 12MM MISC *insulin pen needle*	TIER 2	PV
PEN NEEDLES 3/16"	PEN NEEDLES 3/16" 31G X 5 MM MISC *insulin pen needle*	TIER 2	PV
PEN NEEDLES 5/16"	PEN NEEDLES 5/16" (PEN30G8MISC, PEN31G8MISC) *insulin pen needle*	TIER 2	
PENTIPS	PENTIPS (29G12MMMISC, 31G8MMMISC, 31G5MMMISC, 31G6MMMISC, 32G4MMMISC) *insulin pen needle*	TIER 2	PV
PERFECT LANCETS 28G	PERFECT LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PERFECT LANCETS 30G	PERFECT LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHARMACIST CHOICE AUTOCODE	PHARMACIST CHOICE AUTOCODE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PHARMACIST CHOICE LANCETS	PHARMACIST CHOICE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PHARMACIST CHOICE NO CODING	PHARMACIST CHOICE NO CODING STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PHARMACY COUNTER LANCETS	PHARMACY COUNTER LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PIP LANCETS 28G	PIP LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PIP LANCETS 30G	PIP LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
POCKETCHEM EZ TEST	POCKETCHEM EZ TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PRECISION PCX	PRECISION PCX STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PRECISION PCX PLUS TEST	PRECISION PCX PLUS TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PRECISION POINT OF CARE TEST	PRECISION POINT OF CARE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PRECISION QID TEST	PRECISION QID TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PRECISION XTRA BLOOD GLUCOSE	PRECISION XTRA BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PRECISION XTRA KETONE	PRECISION XTRA KETONE STRIP *ketone blood test*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREFERRED PLUS INSULIN SYRINGE	PREFERRED PLUS INSULIN SYRINGE (28G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
PREFERRED PLUS LANCETS COLORED	PREFERRED PLUS LANCETS COLORED MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PREFERRED PLUS LANCETS THIN	PREFERRED PLUS LANCETS THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PREFERRED PLUS UNIFINE PENTIPS	PREFERRED PLUS UNIFINE PENTIPS (29G12MMMISC, 31G6MMMISC, 31G5MMMISC, 31G8MMMISC, 32G4MMMISC) *insulin pen needle*	TIER 2	PV
PREMIUM BLOOD GLUCOSE TEST	PREMIUM BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PRESSURE ACTIVAT SAFETY LANCET	PRESSURE ACTIVAT SAFETY LANCET MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PREVENT SAFETY PEN NEEDLES	PREVENT SAFETY PEN NEEDLES (PEN6MISC, PEN8MISC) *insulin pen needle*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRO COMFORT INSULIN SYRINGE	PRO COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
PRO COMFORT LANCETS 30G	PRO COMFORT LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PRO COMFORT LANCETS 31G	PRO COMFORT LANCETS 31G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PRO COMFORT PEN NEEDLES	PRO COMFORT PEN NEEDLES (PEN31G8MISC, PEN32G4MISC, PEN32G6MISC, PEN32G5MISC) *insulin pen needle*	TIER 2	PV
PRO VOICE V8/V9 GLUCOSE	PRO VOICE V8/V9 GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PRODIGY INSULIN SYRINGE	PRODIGY INSULIN SYRINGE (28G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
PRODIGY LANCETS 28G	PRODIGY LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PRODIGY NO CODING BLOOD GLUC	PRODIGY NO CODING BLOOD GLUC STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
PRODIGY SAFETY LANCETS 26G	PRODIGY SAFETY LANCETS 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PRODIGY TWIST TOP LANCETS 28G	PRODIGY TWIST TOP LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PTS PANELS KETONE TEST	PTS PANELS KETONE TEST STRIP *ketone blood test*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PUSH BUTTON SAFETY LANCETS	PUSH BUTTON SAFETY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PUSH BUTTON SAFETY LANCETS 28G	PUSH BUTTON SAFETY LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PX EXTRA SHORT PEN NEEDLES	PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	TIER 2	
PX INSULIN SYRINGE	PX INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
PX LANCETS ULTRA THIN	PX LANCETS ULTRA THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PX LANCETS ULTRA THIN 28G	PX LANCETS ULTRA THIN 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
PX MINI PEN NEEDLES	PX MINI PEN NEEDLES 31G X 5 MM MISC *insulin pen needle*	TIER 2	PV
PX PEN NEEDLE	PX PEN NEEDLE (PEN29G12MMMISC, PEN31G8MMMISC) *insulin pen needle*	TIER 2	
QC LANCETS SUPER THIN 30G	QC LANCETS SUPER THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
QC LANCETS ULTRA THIN	QC LANCETS ULTRA THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
QC PEN NEEDLES	QC PEN NEEDLES (PEN29G12MMMISC, PEN31G6MMMISC, PEN31G8MMMISC) *insulin pen needle*	TIER 2	
QC UNIFINE PENTIPS	QC UNIFINE PENTIPS 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QC UNILET LANCETS 28G	QC UNILET LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
QC UNILET LANCETS MICRO THIN	QC UNILET LANCETS MICRO THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
QUINTET AC BLOOD GLUCOSE TEST	QUINTET AC BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
QUINTET BLOOD GLUCOSE TEST	QUINTET BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
RA ALCOHOL SWABS	RA ALCOHOL SWABS 70 % PAD *alcohol swabs*	TIER 2	
RA E-ZJECT COLOR LANCETS 33G	RA E-ZJECT COLOR LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RA E-ZJECT LANCETS 28G	RA E-ZJECT LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RA E-ZJECT LANCETS THIN 26G	RA E-ZJECT LANCETS THIN 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RA E-ZJECT LANCETS THIN 28G	RA E-ZJECT LANCETS THIN 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RA E-ZJECT LANCETS ULTRA THIN	RA E-ZJECT LANCETS ULTRA THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RA INSULIN SYRINGE	RA INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
RA PEN NEEDLES	RA PEN NEEDLES (PEN5MISC, PEN8MISC) *insulin pen needle*	TIER 2	
RA TRUETEST TEST	RA TRUETEST TEST (TESTSTRIP, TESTSTRIP) *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
READYLANCE SAFETY LANCETS	READYLANCE SAFETY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REFUAH PLUS BLOOD GLUCOSE TEST	REFUAH PLUS BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
RELI-ON INSULIN SYRINGE	RELI-ON INSULIN SYRINGE (0.3 ML MISC, 0.5 ML MISC, X 1/2" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
RELION BLOOD GLUCOSE TEST	RELION BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
RELION CONFIRM/MICRO TEST	RELION CONFIRM/MICRO TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
RELION INSULIN SYRINGE	RELION INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
RELION KETONE	RELION KETONE STRIP *acetone (urine) test*	TIER 2	
RELION KETONE TEST	RELION KETONE TEST STRIP *acetone (urine) test*	TIER 2	
RELION LANCETS MICRO-THIN 33G	RELION LANCETS MICRO-THIN 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RELION LANCETS STANDARD 21G	RELION LANCETS STANDARD 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RELION LANCETS THIN 26G	RELION LANCETS THIN 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RELION LANCETS ULTRA-THIN 30G	RELION LANCETS ULTRA-THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELION MINI PEN NEEDLES	RELION MINI PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	TIER 2	
RELION PEN NEEDLES	RELION PEN NEEDLES (PEN29G12MMMISC, PEN31G6MMMISC, PEN31G8MMMISC, PEN32G4MMMISC) *insulin pen needle*	TIER 2	PV
RELION PREMIER TEST	RELION PREMIER TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
RELION PRIME TEST	RELION PRIME TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
RELION SHORT PEN NEEDLES	RELION SHORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	TIER 2	
RELION ULTIMA TEST	RELION ULTIMA TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
RELION ULTRA THIN LANCETS 30G	RELION ULTRA THIN LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RELION ULTRA THIN PLUS LANCETS	RELION ULTRA THIN PLUS LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
REVEAL BLOOD GLUCOSE TEST	REVEAL BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
REXALL BLOOD GLUCOSE TEST	REXALL BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
REXALL LANCETS ULTRA THIN 30G	REXALL LANCETS ULTRA THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RIGHTEST ALTERNATE SITE ADAPT	RIGHTEST ALTERNATE SITE ADAPT MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
RIGHTEST GL300 LANCETS	RIGHTEST GL300 LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
RIGHTEST GS100 BLOOD GLUCOSE	RIGHTEST GS100 BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RIGHTEST GS300 BLOOD GLUCOSE	RIGHTEST GS300 BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
RIGHTEST GS550 BLOOD GLUCOSE	RIGHTEST GS550 BLOOD GLUCOSE STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
SAFESNAP INSULIN SYRINGE	SAFESNAP INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
SAFETY INSULIN SYRINGES	SAFETY INSULIN SYRINGES (27G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
SAFETY LANCET 21G/PRESSURE ACT	SAFETY LANCET 21G/PRESSURE ACT MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SAFETY LANCET 28G/PRESSURE ACT	SAFETY LANCET 28G/PRESSURE ACT MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SAFETY LANCETS	SAFETY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SAFETY LANCETS 21G	SAFETY LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SAFETY LANCETS 28G	SAFETY LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SAFETY LET LANCETS	SAFETY LET LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SAFETY SEAL LANCETS	SAFETY SEAL LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAPS HEALTH TWIST TOP LANCETS	SAPS HEALTH TWIST TOP LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SAPS TWIST TOP LANCETS	SAPS TWIST TOP LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SAPSCARE TWIST TOP LANCETS	SAPSCARE TWIST TOP LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SB INSULIN SYRINGE	SB INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
SB LANCETS THIN	SB LANCETS THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SB LANCETS ULTRA THIN	SB LANCETS ULTRA THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SCHNUCKS INSULIN SYRINGE	SCHNUCKS INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	PV
SECURESAFE INSULIN SYRINGE	SECURESAFE INSULIN SYRINGE (0.5 ML MISC, 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
SHOPKO ON-THE-GO LANCETS 30G	SHOPKO ON-THE-GO LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SHOPKO UNIFINE PENTIPS	SHOPKO UNIFINE PENTIPS (29G12MMMISC, 31G8MMMISC, 31G5MMMISC, 32G4MMMISC) *insulin pen needle*	TIER 2	PV
SHOPKO UNIFINE PENTIPS PLUS	SHOPKO UNIFINE PENTIPS PLUS (29G12MMMISC, 31G8MMMISC, 31G5MMMISC, 32G4MMMISC) *insulin pen needle*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SHOPKO UNILET LANCETS 28G	SHOPKO UNILET LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SHOPKO UNILET LANCETS 30G	SHOPKO UNILET LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SIDE BUTTON SAFETY LANCET	SIDE BUTTON SAFETY LANCET MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SM ALCOHOL PREP	SM ALCOHOL PREP (70%PAD, PAD) *alcohol swabs*	TIER 2	
SM INSULIN SYRINGE	SM INSULIN SYRINGE 31G X 5/16" 1 ML MISC *insulin syringe/needle u-100*	TIER 2	
SM LANCETS 33G	SM LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SMART SENSE COLOR LANCETS 33G	SMART SENSE COLOR LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SMART SENSE PREMIUM TEST	SMART SENSE PREMIUM TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
SMART SENSE STANDARD LANCETS	SMART SENSE STANDARD LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SMART SENSE SUPER THIN LANCETS	SMART SENSE SUPER THIN LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SMART SENSE THIN LANCETS 26G	SMART SENSE THIN LANCETS 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SMART SENSE VALUE TEST	SMART SENSE VALUE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
SMARTEST BLOOD GLUCOSE TEST	SMARTEST BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
SMARTEST LANCETS 28G	SMARTEST LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SODIUM HYALURONATE	SODIUM HYALURONATE 20 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	MN-PA (Medically Necessary Prior Authorization)
SOLESTA	SOLESTA 50-15 MG/ML GEL *dextranomer-sodium hyaluronate*	SP-M	
SOLIRIS	SOLIRIS 300 MG/30ML SOLUTION *eculizumab*	SP-M	PA
SOLUS V2 LANCETS 28G	SOLUS V2 LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SOLUS V2 TEST	SOLUS V2 TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
SOLUS V2 TWIST LANCETS 30G	SOLUS V2 TWIST LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
STERILANCE PA	STERILANCE PA MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
STERILANCE TL	STERILANCE TL MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SUPARTZ	SUPARTZ 25 MG/2.5ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	MN-PA (Medically Necessary Prior Authorization)
SUPARTZ FX	SUPARTZ FX 25 MG/2.5ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SURE COMFORT INSULIN SYRINGE	SURE COMFORT INSULIN SYRINGE (28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
SURE COMFORT LANCETS 18G	SURE COMFORT LANCETS 18G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURE COMFORT LANCETS 21G	SURE COMFORT LANCETS 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURE COMFORT LANCETS 23G	SURE COMFORT LANCETS 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURE COMFORT LANCETS 28G	SURE COMFORT LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURE COMFORT LANCETS 30G	SURE COMFORT LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURE COMFORT PEN NEEDLES	SURE COMFORT PEN NEEDLES (PEN29G12.7MMMISC, PEN30G8MMMISC, PEN31G8MMMISC, PEN31G5MMMISC, PEN32G4MMMISC, PEN32G6MMMISC) *insulin pen needle*	TIER 2	PV
SURE EDGE TEST	SURE EDGE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SURE-FINE PEN NEEDLES	SURE-FINE PEN NEEDLES (PEN29G12.7MMMISC, PEN31G5MMMISC, PEN31G8MMMISC) *insulin pen needle*	TIER 2	
SURE-JECT INSULIN SYRINGE	SURE-JECT INSULIN SYRINGE (28G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
SURE-LANCE FLAT LANCETS	SURE-LANCE FLAT LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURE-LANCE LANCETS 26G	SURE-LANCE LANCETS 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURE-LANCE THIN LANCETS 28G	SURE-LANCE THIN LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURE-LANCE ULTRA THIN LANCETS	SURE-LANCE ULTRA THIN LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURE-TEST EASYPLUS MINI TEST	SURE-TEST EASYPLUS MINI TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
SURE-TOUCH LANCETS UNIVERSAL	SURE-TOUCH LANCETS UNIVERSAL MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURECHEK BLOOD GLUCOSE TEST	SURECHEK BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
SURELITE LANCETS	SURELITE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
SURESTEP TEST	SURESTEP TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNVISC	SYNVISC 16 MG/2ML SOLN PRSYR *hylan*	SP-M	PA
SYNVISC ONE	SYNVISC ONE 48 MG/6ML SOLN PRSYR *hylan*	SP-M	PA
TECHLITE AST LANCETS	TECHLITE AST LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TECHLITE INSULIN SYRINGE	TECHLITE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
TECHLITE LANCETS	TECHLITE LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TECHLITE LANCETS 30G	TECHLITE LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TECHLITE PEN NEEDLES	TECHLITE PEN NEEDLES (PEN29G12MMMISC, PEN31G5MMMISC, PEN31G8MMMISC, PEN31G6MMMISC, PEN32G4MMMISC, PEN32G6MMMISC, PEN32G8MMMISC) *insulin pen needle*	TIER 2	PV
TELCARE BLOOD GLUCOSE TEST	TELCARE BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TERUMO SURGUARD INSULIN SYR	TERUMO SURGUARD INSULIN SYR (28G 1 ML MISC, 28G 0.5 ML MISC, 29G 1 ML MISC, 29G 0.3 ML MISC, 29G 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
TGT BLOOD GLUCOSE TEST	TGT BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
TGT LANCET ALTERNATE SITE	TGT LANCET ALTERNATE SITE MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TGT LANCET MICRO THIN 33G	TGT LANCET MICRO THIN 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TGT LANCET SUPER THIN 30G	TGT LANCET SUPER THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TGT LANCET THIN 23G	TGT LANCET THIN 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TGT LANCET THIN 26G	TGT LANCET THIN 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TGT LANCET ULTRA THIN 28G	TGT LANCET ULTRA THIN 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TGT LANCET ULTRA THIN 30G	TGT LANCET ULTRA THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
THYROGEN	THYROGEN 1.1 MG RECON SOLN *thyrotropin alfa*	SP-M	
TODAYS HEALTH MINI PEN NEEDLES	TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC *insulin pen needle*	TIER 2	
TODAYS HEALTH PEN NEEDLES	TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC *insulin pen needle*	TIER 2	PV
TODAYS HEALTH SHORT PEN NEEDLE	TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC *insulin pen needle*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TODAYS HEALTH THIN LANCETS 28G	TODAYS HEALTH THIN LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TODAYS HEALTH THIN LANCETS 30G	TODAYS HEALTH THIN LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TOPCARE CLICKFINE PEN NEEDLES	TOPCARE CLICKFINE PEN NEEDLES (PEN6MISC, PEN8MISC) *insulin pen needle*	TIER 2	
TOPCARE LANCETS MICRO-THIN 33G	TOPCARE LANCETS MICRO-THIN 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TOPCARE ULTRA COMFORT INS SYR	TOPCARE ULTRA COMFORT INS SYR (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
TRAVEL LANCETS	TRAVEL LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TRAVEL LANCETS ADVANCED 28G	TRAVEL LANCETS ADVANCED 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TRILURON	TRILURON 20 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	MN-PA (Medically Necessary Prior Authorization)
TRIVISC	TRIVISC 25 MG/2.5ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	MN-PA (Medically Necessary Prior Authorization)
TRUE COMFORT INSULIN SYRINGE	TRUE COMFORT INSULIN SYRINGE (0.5 ML MISC, 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT PEN NEEDLES	TRUE COMFORT PEN NEEDLES (PEN31G6MISC, PEN31G5MISC, PEN32G4MISC) *insulin pen needle*	TIER 2	PV
TRUE COMFORT TWIST TOP LANCETS	TRUE COMFORT TWIST TOP LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TRUE FOCUS BLOOD GLUCOSE STRIP	TRUE FOCUS BLOOD GLUCOSE STRIP STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
TRUE METRIX BLOOD GLUCOSE TEST	TRUE METRIX BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
TRUEPLUS 5-BEVEL PEN NEEDLES	TRUEPLUS 5-BEVEL PEN NEEDLES (PEN29G12.7MMMISC, PEN31G6MMMISC, PEN31G5MMMISC, PEN31G8MMMISC, PEN32G4MMMISC) *insulin pen needle*	TIER 2	PV
TRUEPLUS INSULIN SYRINGE	TRUEPLUS INSULIN SYRINGE (28G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
TRUEPLUS LANCETS 26G	TRUEPLUS LANCETS 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TRUEPLUS LANCETS 28G	TRUEPLUS LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TRUEPLUS LANCETS 30G	TRUEPLUS LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUEPLUS LANCETS 33G	TRUEPLUS LANCETS 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TRUEPLUS PEN NEEDLES	TRUEPLUS PEN NEEDLES (PEN29G12MMMISC, PEN31G8MMMISC, PEN31G5MMMISC, PEN31G6MMMISC, PEN32G4MMMISC) *insulin pen needle*	TIER 2	PV
TRUEPLUS SAFETY LANCETS 28G	TRUEPLUS SAFETY LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
TRUETEST TEST	TRUETEST TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
TRUETRACK TEST	TRUETRACK TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ULTICARE INSULIN SAFETY SYR	ULTICARE INSULIN SAFETY SYR (0.5 ML MISC, 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTICARE INSULIN SYRINGE	ULTICARE INSULIN SYRINGE (28G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
ULTICARE MICRO PEN NEEDLES	ULTICARE MICRO PEN NEEDLES (PEN31G6MISC, PEN31G8MISC, PEN32G4MISC) *insulin pen needle*	TIER 2	PV
ULTICARE MINI PEN NEEDLES	ULTICARE MINI PEN NEEDLES (PEN31G6MISC, PEN32G6MISC) *insulin pen needle*	TIER 2	PV
ULTICARE PEN NEEDLES	ULTICARE PEN NEEDLES (PEN29G12.7MMMISC, PEN29G12MMMISC, PEN31G5MMMISC) *insulin pen needle*	TIER 2	PV
ULTICARE SHORT PEN NEEDLES	ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC *insulin pen needle*	TIER 2	
ULTICARE THIN LANCETS 30G	ULTICARE THIN LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ULTIGUARD SAFEPACK PEN NEEDLE	ULTIGUARD SAFEPACK PEN NEEDLE (PEN31G8MISC, PEN31G5MISC, PEN31G6MISC, PEN32G6MISC, PEN32G4MISC) *insulin pen needle*	TIER 2	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTILET CLASSIC LANCETS	ULTILET CLASSIC LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ULTILET INSULIN SYRINGE	ULTILET INSULIN SYRINGE (30G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC) *insulin syringe/needle u-100*	TIER 2	
ULTILET INSULIN SYRINGE SHORT	ULTILET INSULIN SYRINGE SHORT (30G 5/16" 0.5 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
ULTILET LANCETS	ULTILET LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ULTILET PEN NEEDLE	ULTILET PEN NEEDLE (PEN29G12.7MMMISC, PEN31G5MMMISC, PEN31G8MMMISC, PEN32G4MMMISC) *insulin pen needle*	TIER 2	PV
ULTILET SAFETY LANCETS	ULTILET SAFETY LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ULTILET SAFETY LANCETS 23G	ULTILET SAFETY LANCETS 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ULTIMA TEST	ULTIMA TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ULTOMIRIS	ULTOMIRIS 300 MG/30ML SOLUTION *ravulizumab-cwvz*	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTRA COMFORT INSULIN SYRINGE	ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC *insulin syringe/needle u-100*	TIER 2	
ULTRA THIN LANCETS 28G	ULTRA THIN LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ULTRA THIN LANCETS 30G	ULTRA THIN LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ULTRA THIN LANCETS 31G	ULTRA THIN LANCETS 31G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ULTRA THIN PEN NEEDLES	ULTRA THIN PEN NEEDLES 32G X 4 MM MISC *insulin pen needle*	TIER 2	PV
ULTRA-CARE LANCETS 30G	ULTRA-CARE LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ULTRA-COMFORT INSULIN SYRINGE	ULTRA-COMFORT INSULIN SYRINGE (28G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
ULTRA-THIN II AUTO LANCET	ULTRA-THIN II AUTO LANCET MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTRA-THIN II INS SYR SHORT	ULTRA-THIN II INS SYR SHORT (30G 0.3 ML MISC, 30G 0.5 ML MISC, 30G 1 ML MISC, 31G 0.5 ML MISC, 31G 0.3 ML MISC, 31G 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
ULTRA-THIN II INSULIN SYRINGE	ULTRA-THIN II INSULIN SYRINGE (0.3 ML MISC, 0.5 ML MISC, 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
ULTRA-THIN II LANCETS	ULTRA-THIN II LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
ULTRA-THIN II MINI PEN NEEDLE	ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC *insulin pen needle*	TIER 2	PV
ULTRA-THIN II PEN NEEDLE SHORT	ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC *insulin pen needle*	TIER 2	
ULTRA-THIN II PEN NEEDLES	ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC *insulin pen needle*	TIER 2	
ULTRACARE INSULIN SYRINGE	ULTRACARE INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
ULTRACARE PEN NEEDLES	ULTRACARE PEN NEEDLES (PEN31G6MISC, PEN31G5MISC, PEN31G8MISC, PEN32G5MISC, PEN32G6MISC, PEN32G4MISC, PEN33G4MISC) *insulin pen needle*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTRALANCE	ULTRALANCE MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
ULTRATRAK PRO TEST	ULTRATRAK PRO TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
ULTRATRAK ULTIMATE TEST	ULTRATRAK ULTIMATE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
UNIFINE PENTIPS	UNIFINE PENTIPS (29G 12MM MISC, 30G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC) *insulin pen needle*	TIER 2	
UNIFINE PENTIPS PLUS	UNIFINE PENTIPS PLUS (29G12MMMISC, 30G5MMMISC, 31G5MMMISC, 31G8MMMISC, 31G6MMMISC, 32G4MMMISC, 33G4MMMISC) *insulin pen needle*	TIER 2	
UNILET COMFORTOUCH LANCET	UNILET COMFORTOUCH LANCET (MISC, MISC) *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNILET EXCELITE	UNILET EXCELITE (MISC, MISC) *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNILET EXCELITE II	UNILET EXCELITE II (MISC, MISC) *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNILET G.P. LANCET	UNILET G.P. LANCET (MISC, MISC) *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNILET G.P. SUPERLITE LANCET	UNILET G.P. SUPERLITE LANCET (MISC, MISC) *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNILET GP 28 ULTRA THIN	UNILET GP 28 ULTRA THIN (28MISC, 28MISC) *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNILET LANCET	UNILET LANCET (MISC, MISC) *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNILET MICRO-THIN 33G	UNILET MICRO-THIN 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNILET SUPER-THIN 30G	UNILET SUPER-THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNILET SUPERLITE LANCET	UNILET SUPERLITE LANCET (MISC, MISC) *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNILET ULTRA-THIN 28G	UNILET ULTRA-THIN 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNISTIK 1	UNISTIK 1 (1MISC, 1MISC) *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 2	UNISTIK 2 (2MISC, 2MISC) *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 2 COMFORT	UNISTIK 2 COMFORT MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 2 EXTRA	UNISTIK 2 EXTRA (2MISC, 2MISC) *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 2 NEONATAL	UNISTIK 2 NEONATAL MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 2 NORMAL	UNISTIK 2 NORMAL MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 2 SUPER	UNISTIK 2 SUPER (2MISC, 2MISC) *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 3 COMFORT	UNISTIK 3 COMFORT MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 3 EXTRA	UNISTIK 3 EXTRA MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 3 GENTLE	UNISTIK 3 GENTLE MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNISTIK 3	UNISTIK 3 MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 3 NEONATAL	UNISTIK 3 NEONATAL MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK 3 NORMAL	UNISTIK 3 NORMAL MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNISTIK CZT COMFORT	UNISTIK CZT COMFORT MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK CZT NORMAL	UNISTIK CZT NORMAL MISC *lancets misc.*	TIER 2	QL (150 PER 30 DAY(S))
UNISTIK PRO SAFETY LANCET	UNISTIK PRO SAFETY LANCET MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNISTIK SAFETY LANCETS 28G	UNISTIK SAFETY LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNISTIK SAFETY LANCETS 30G	UNISTIK SAFETY LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNISTIK TOUCH SAFETY LANC 21G	UNISTIK TOUCH SAFETY LANC 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNISTIK TOUCH SAFETY LANC 23G	UNISTIK TOUCH SAFETY LANC 23G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNISTIK TOUCH SAFETY LANC 28G	UNISTIK TOUCH SAFETY LANC 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNISTIK TOUCH SAFETY LANC 30G	UNISTIK TOUCH SAFETY LANC 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNISTRIP1 GENERIC	UNISTRIP1 GENERIC STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
UNIVERSAL 1 LANCETS THIN 26G	UNIVERSAL 1 LANCETS THIN 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNIVERSAL 1 LANCETS THIN 33G	UNIVERSAL 1 LANCETS THIN 33G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
UNIVERSAL 1 LANCETS ULTRA THIN	UNIVERSAL 1 LANCETS ULTRA THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
URISTIX	URISTIX STRIP *multiple urine tests*	TIER 2	
URISTIX 4	URISTIX 4 STRIP *multiple urine tests*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
V-R MONO INSULIN SYRINGE	V-R MONO INSULIN SYRINGE (28G 0.5 ML MISC, 28G 1 ML MISC, 29G 0.5 ML MISC, 29G 0.3 ML MISC, 29G 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
VALUE HEALTH INSULIN SYRINGE	VALUE HEALTH INSULIN SYRINGE (0.5 ML MISC, 1 ML MISC) *insulin syringe/needle u-100*	TIER 2	
VALUE PLUS LANCET STANDARD 21G	VALUE PLUS LANCET STANDARD 21G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
VALUE PLUS LANCETS SUPER THIN	VALUE PLUS LANCETS SUPER THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
VALUE PLUS LANCETS THIN 26G	VALUE PLUS LANCETS THIN 26G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
VALUMARK LANCET SUPER THIN 30G	VALUMARK LANCET SUPER THIN 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
VALUMARK LANCET ULTRA THIN 28G	VALUMARK LANCET ULTRA THIN 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
VALUMARK PEN NEEDLES	VALUMARK PEN NEEDLES (PEN29G12MMMISC, PEN31G8MMMISC, PEN31G6MMMISC) *insulin pen needle*	TIER 2	
VANISHPOINT INSULIN SYRINGE	VANISHPOINT INSULIN SYRINGE (29G 5/16" 1 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 30G 3/16" 1 ML MISC, 30G 3/16" 0.5 ML MISC, 30G 1/2" 0.5 ML MISC) *insulin syringe/needle u-100*	TIER 2	
VERASENS BLOOD GLUCOSE TEST	VERASENS BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VICTORY AGM-4000 TEST	VICTORY AGM-4000 TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
VIDA MIA UNIFINE PENTIPS	VIDA MIA UNIFINE PENTIPS (29G12MMMISC, 31G6MMMISC, 31G8MMMISC, 32G4MMMISC) *insulin pen needle*	TIER 2	PV
VIDA MIA UNILET LANCETS 28G	VIDA MIA UNILET LANCETS 28G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
VIDA MIA UNILET LANCETS 30G	VIDA MIA UNILET LANCETS 30G MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
VISCO-3	VISCO-3 25 MG/2.5ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	SP-M	PA, MN-PA (Medically Necessary Prior Authorization)
VISTOGARD	VISTOGARD 10 GM PACKET *uridine triacetate (emergency treatment)*	SP-P	
VIVAGUARD INO TEST STRIPS	VIVAGUARD INO TEST STRIPS STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
VIVAGUARD LANCETS	VIVAGUARD LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
VOCAL POINT BLOOD GLUCOSE TEST	VOCAL POINT BLOOD GLUCOSE TEST STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
VP INSULIN SYRINGE	VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC *insulin syringe/needle u-100*	TIER 2	
WALGREENS ADV TRAVEL LANCETS	WALGREENS ADV TRAVEL LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
WALGREENS LANCETS	WALGREENS LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
WALGREENS LANCETS MICRO THIN	WALGREENS LANCETS MICRO THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WALGREENS LANCETS SUPER THIN	WALGREENS LANCETS SUPER THIN MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
WALGREENS THIN LANCETS	WALGREENS THIN LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
WALGREENS ULTRA THIN LANCETS	WALGREENS ULTRA THIN LANCETS MISC *lancets*	TIER 2	QL (150 PER 30 DAYS), PV
WAVESENSE PRESTO	WAVESENSE PRESTO STRIP *glucose blood*	TIER 3	QL (150 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
WEGMANS UNIFINE PENTIPS PLUS	WEGMANS UNIFINE PENTIPS PLUS (31G6MISC, 31G5MISC, 31G8MISC, 32G4MISC) *insulin pen needle*	TIER 2	PV
OPHTHALMIC AGENTS OPHTHALMIC AGENTS, OTHER			
AKTEN	AKTEN 3.5 % GEL *lidocaine hcl (ophth)*	TIER 3	
altacaine	*altacaine 0.5 % solution*	TIER 1	
altafrin	*altafrin (2.5 % solution, 10 % solution)*	TIER 1	
ATROPINE SULFATE	ATROPINE SULFATE (1 % SOLUTION, 1 % OINTMENT) *atropine sulfate (ophthalmic)*	TIER 1	
bacitra-neomycin-polymyxin-hc	*bacitra-neomycin-polymyxin-hc 1 % ointment*	TIER 1	
bacitracin-polymyxin b	*bacitracin-polymyxin b 500-10000 unit/gm ointment*	TIER 1	
BETADINE OPHTHALMIC PREP	BETADINE OPHTHALMIC PREP 5 % SOLUTION *povidone-iodine (ophth)*	TIER 3	
BLEPHAMIDE	BLEPHAMIDE 10-0.2 % SUSPENSION *sulfacetamide sod-prednisolone*	TIER 3	
BLEPHAMIDE S.O.P.	BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT *sulfacetamide sod-prednisolone*	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cyclopentolate hcl	*cyclopentolate hcl (0.5 % solution, 1 % solution, 2 % solution)*	TIER 1	
CYSTARAN	CYSTARAN 0.44 % SOLUTION *cysteamine hcl*	SP-P	
homatropaire	*homatropaire 5 % solution*	TIER 1	
homatropine hbr	*homatropine hbr 5 % solution*	TIER 1	
ISOPTO ATROPINE	ISOPTO ATROPINE 1 % SOLUTION *atropine sulfate (ophthalmic)*	TIER 1	
LACRISERT	LACRISERT 5 MG INSERT *artificial tear insert*	TIER 3	
mydral	*mydral (0.5 % solution, 1 % solution)*	TIER 1	
neo-polycin	*neo-polycin 3.5-400-10000 ointment*	TIER 1	
neo-polycin hc	*neo-polycin hc 1 % ointment*	TIER 1	
neomycin-bacitracin zn-polymyx	*neomycin-bacitracin zn-polymyx (3.5-400-10000ointment, 5-400-10000ointment)*	TIER 1	
neomycin-polymyxin-dexameth	*neomycin-polymyxin-dexameth (ointment, suspension)*	TIER 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION *neomycin-polymyxin-gramicidin*	TIER 1	
NEOMYCIN-POLYMYXIN-HC	NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION *neomycin-polymyxin-hc (ophth)*	TIER 1	
OXERVATE	OXERVATE 0.002 % SOLUTION *cenegermin-bkbj*	SP-P	PA, QL (8 PER LIFETIME)
phenylephrine hcl	*phenylephrine hcl (2.5 % solution, 10 % solution)*	TIER 1	
polycin	*polycin 500-10000 unit/gm ointment*	TIER 1	
polymyxin b-trimethoprim	*polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
POVIDONE-IODINE	POVIDONE-IODINE 5 % SOLUTION *povidone-iodine (ophth)*	TIER 3	
PRED-G	PRED-G 0.3-1 % SUSPENSION *gentamicin-prednisolone acetate*	TIER 3	
PRED-G S.O.P.	PRED-G S.O.P. 0.3-0.6 % OINTMENT *gentamicin-prednisolone acetate*	TIER 3	
proparacaine hcl	*proparacaine hcl 0.5 % solution*	TIER 1	
RESTASIS	RESTASIS 0.05 % EMULSION *cyclosporine (ophth)*	TIER 2	
RESTASIS MULTIDOSE	RESTASIS MULTIDOSE 0.05 % EMULSION *cyclosporine (ophth)*	TIER 2	
SULFACETAMIDE-PREDNISOLONE	SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION *sulfacetamide sod-prednisolone*	TIER 1	
tetcaine	*tetcaine 0.5 % solution*	TIER 1	
tetracaine hcl	*tetracaine hcl 0.5 % solution*	TIER 1	
tetravisc	*tetravisc 0.5 % solution*	TIER 1	
tetravisc forte	*tetravisc forte 0.5 % solution*	TIER 1	
TOBRADEX	TOBRADEX 0.3-0.1 % OINTMENT *tobramycin-dexamethasone*	TIER 3	
tobramycin-dexamethasone	*tobramycin-dexamethasone 0.3-0.1 % suspension*	TIER 1	
tropicamide	*tropicamide (0.5 % solution, 1 % solution)*	TIER 1	
VISUDYNE	VISUDYNE 15 MG RECON SOLN *verteporfin*	SP-M	
XIIDRA	XIIDRA 5 % SOLUTION *lifitegrast*	TIER 2	
ZYLET	ZYLET 0.5-0.3 % SUSPENSION *loteprednol etabonate-tobramycin*	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTI-ALLERGY AGENTS			
ALOCRIL	ALOCRIL 2 % SOLUTION *nedocromil sodium (ophth)*	TIER 3	
ALOMIDE	ALOMIDE 0.1 % SOLUTION *lodoxamide tromethamine*	TIER 3	
azelastine hcl	*azelastine hcl 0.05 % solution*	TIER 1	
BEPREVE	BEPREVE 1.5 % SOLUTION *bepotastine besilate*	TIER 3	
cromolyn sodium	*cromolyn sodium 4 % solution*	TIER 1	
EMADINE	EMADINE 0.05 % SOLUTION *emedastine difumarate*	TIER 3	
epinastine hcl	*epinastine hcl 0.05 % solution*	TIER 1	
olopatadine hcl	*olopatadine hcl (0.1 % solution, 0.2 % solution)*	TIER 1	
OPHTHALMIC ANTI-INFLAMMATORIES			
ACUVAIL	ACUVAIL 0.45 % SOLUTION *ketorolac tromethamine (ophth)*	TIER 3	
ALREX	ALREX 0.2 % SUSPENSION *loteprednol etabonate*	TIER 3	
bromfenac sodium (once-daily)	*bromfenac sodium (once-daily) 0.09 % solution*	TIER 1	
DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION *dexamethasone sodium phosphate (ophth)*	TIER 1	
diclofenac sodium	*diclofenac sodium 0.1 % solution*	TIER 1	
DUREZOL	DUREZOL 0.05 % EMULSION *difluprednate*	TIER 3	
FLAREX	FLAREX 0.1 % SUSPENSION *fluorometholone acetate*	TIER 3	
fluorometholone	*fluorometholone 0.1 % suspension*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
flurbiprofen sodium	*flurbiprofen sodium 0.03 % solution*	TIER 1	
FML	FML 0.1 % OINTMENT *fluorometholone (ophth)*	TIER 3	
ketorolac tromethamine	*ketorolac tromethamine (0.4 % solution, 0.5 % solution)*	TIER 1	
LOTEMAX	LOTEMAX (0.5 % GEL, 0.5 % OINTMENT) *loteprednol etabonate*	TIER 3	
LOTEMAX SM	LOTEMAX SM 0.38 % GEL *loteprednol etabonate*	TIER 3	
loteprednol etabonate	*loteprednol etabonate 0.5 % suspension*	TIER 1	
MAXIDEX	MAXIDEX 0.1 % SUSPENSION *dexamethasone (ophth)*	TIER 3	
PRED MILD	PRED MILD 0.12 % SUSPENSION *prednisolone acetate (ophth)*	TIER 3	
PREDNISOLONE ACETATE	PREDNISOLONE ACETATE 1 % SUSPENSION *prednisolone acetate (ophth)*	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION *prednisolone sodium phosphate (ophth)*	TIER 1	
OPHTHALMIC ANTIGLAUCOMA AGENTS			
apraclonidine hcl	*apraclonidine hcl 0.5 % solution*	TIER 1	
AZOPT	AZOPT 1 % SUSPENSION *brinzolamide*	TIER 3	
betaxolol hcl	*betaxolol hcl 0.5 % solution*	TIER 1	
BETIMOL	BETIMOL (0.25 % SOLUTION, 0.5 % SOLUTION) *timolol*	TIER 2	
BETOPTIC-S	BETOPTIC-S 0.25 % SUSPENSION *betaxolol hcl (ophth)*	TIER 2	
brimonidine tartrate	*brimonidine tartrate (0.15 % solution, 0.2 % solution)*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARTEOLOL HCL	CARTEOLOL HCL 1 % SOLUTION *carteolol hcl (ophth)*	TIER 1	
dorzolamide hcl	*dorzolamide hcl 2 % solution*	TIER 1	
dorzolamide hcl-timolol mal	*dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution*	TIER 1	
dorzolamide hcl-timolol mal pf	*dorzolamide hcl-timolol mal pf 2-0.5 % solution*	TIER 1	
IOPIDINE	IOPIDINE 1 % SOLUTION *apraclonidine hcl*	TIER 3	
levobunolol hcl	*levobunolol hcl 0.5 % solution*	TIER 1	
methazolamide	*methazolamide (25 mg tab, 50 mg tab)*	TIER 1	
PHOSPHOLINE IODIDE	PHOSPHOLINE IODIDE 0.125 % RECON SOLN *echothiophate iodide*	TIER 3	
pilocarpine hcl	*pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)*	TIER 1	
timolol maleate	*timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % solution, 0.5 % gel f soln, 0.5 % (daily) solution)*	TIER 1	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS			
bimatoprost	*bimatoprost 0.03 % solution*	TIER 1	
latanoprost	*latanoprost 0.005 % solution*	TIER 1	
LUMIGAN	LUMIGAN 0.01 % SOLUTION *bimatoprost*	TIER 2	
travoprost (bak free)	*travoprost (bak free) 0.004 % solution*	TIER 1	
OTIC AGENTS			
acetic acid	*acetic acid 2 % solution*	TIER 1	
CIPRO HC	CIPRO HC 0.2-1 % SUSPENSION *ciprofloxacin-hydrocortisone*	TIER 3	
CIPRODEX	CIPRODEX 0.3-0.1 % SUSPENSION *ciprofloxacin-dexamethasone*	TIER 3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COLY-MYCIN S	COLY-MYCIN S 3.3-3-10-0.5 MG/ML SUSPENSION *neomycin-colistin-hc-thonzonium*	TIER 3	
CORTISPORIN-TC	CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION *neomycin-colistin-hc-thonzonium*	TIER 3	
exotic-hc	*exotic-hc 10-10-1 mg/ml solution*	TIER 1	
flac	*flac 0.01 % oil*	TIER 1	
fluocinolone acetonide	*fluocinolone acetonide 0.01 % oil*	TIER 1	
hydrocortisone-acetic acid	*hydrocortisone-acetic acid 1-2 % solution*	TIER 1	
neomycin-polymyxin-hc	*neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 suspension, 3.5-10000-1 solution)*	TIER 1	
RESPIRATORY TRACT/PULMONARY AGENTS ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS			
ASMANEX 120 METERED DOSES	ASMANEX 120 METERED DOSES 220 MCG/INH AER POW BA *mometasone furoate (inhalation)*	TIER 1	PV
ASMANEX 14 METERED DOSES	ASMANEX 14 METERED DOSES 220 MCG/INH AER POW BA *mometasone furoate (inhalation)*	TIER 1	PV
ASMANEX 30 METERED DOSES	ASMANEX 30 METERED DOSES (30 220 AER POW BA, 30 110 AER POW BA) *mometasone furoate (inhalation)*	TIER 1	PV
ASMANEX 60 METERED DOSES	ASMANEX 60 METERED DOSES 220 MCG/INH AER POW BA *mometasone furoate (inhalation)*	TIER 1	PV

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ASMANEX 7 METERED DOSES	ASMANEX 7 METERED DOSES 110 MCG/INH AER POW BA *mometasone furoate (inhalation)*	TIER 1	PV
ASMANEX HFA	ASMANEX HFA (100 AEROSOL, 200 AEROSOL) *mometasone furoate (inhalation)*	TIER 1	PV
budesonide	*budesonide (0.25 suspension, 0.5 suspension, 1 suspension)*	TIER 1	PV
FLUNISOLIDE	FLUNISOLIDE 25 MCG/ACT (0.025%) SOLUTION *flunisolide (nasal)*	TIER 1	
mometasone furoate	*mometasone furoate 50 mcg/act suspension*	TIER 1	PA
QVAR REDIHALER	QVAR REDIHALER (40 AERO BA, 80 AERO BA) *beclomethasone dipropionate hfa*	TIER 1	PV
TRELEGY ELLIPTA	TRELEGY ELLIPTA 100-62.5-25 MCG/INH AER POW BA *fluticasone-umeclidinium-vilanterol*	TIER 2	PV
ANTIHISTAMINES			
azelastine hcl	*azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)*	TIER 1	
brompheniramine tannate	*brompheniramine tannate 12 mg chew tab*	TIER 1	
carbinoxamine maleate	*carbinoxamine maleate (4 mg tab, 4 mg/5ml solution)*	TIER 1	
CLEMASTINE FUMARATE	CLEMASTINE FUMARATE 2.68 MG TAB *clemastine fumarate*	TIER 1	
cyproheptadine hcl	*cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)*	TIER 1	
DESLORATADINE	DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP, 5 MG TAB) *desloratadine*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diphenhydramine hcl	*diphenhydramine hcl 50 mg/ml solution*	TIER 1	
hydroxyzine hcl	*hydroxyzine hcl (10 mg/5ml syrup, 10 mg tab, 25 mg tab, 50 mg tab)*	TIER 1	
hydroxyzine pamoate	*hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)*	TIER 1	
olopatadine hcl	*olopatadine hcl 0.6 % solution*	TIER 1	
PHENERGAN	PHENERGAN 50 MG/ML SOLUTION *promethazine hcl*	TIER 1	GA
promethazine hcl	*promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup, 50 mg/ml solution)*	TIER 1	
ANTILEUKOTRIENES			
montelukast sodium	*montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)*	TIER 1	PV
zafirlukast	*zafirlukast (10 mg tab, 20 mg tab)*	TIER 1	PV
zileuton er	*zileuton er 600 mg tab er 12h*	TIER 1	PV
BRONCHODILATORS, ANTICHOLINERGIC			
ATROVENT HFA	ATROVENT HFA 17 MCG/ACT AERO SOLN *ipratropium bromide hfa*	TIER 2	
ipratropium bromide	*ipratropium bromide (0.02 % solution, 0.03 % solution, 0.06 % solution)*	TIER 1	
SPIRIVA HANDIHALER	SPIRIVA HANDIHALER 18 MCG CAP *tiotropium bromide monohydrate*	TIER 2	
SPIRIVA RESPIMAT	SPIRIVA RESPIMAT (1.25 AERO SOLN, 2.5 AERO SOLN) *tiotropium bromide monohydrate*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BRONCHODILATORS, SYMPATHOMIMETIC			
ADRENALIN	ADRENALIN 0.1 % SOLUTION *epinephrine hcl (nasal)*	TIER 3	
ADRENALIN	ADRENALIN 1 MG/ML SOLUTION *epinephrine (anaphylaxis)*	TIER 1	
albuterol sulfate	*albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln)*	TIER 1	
ALBUTEROL SULFATE ER	ALBUTEROL SULFATE ER (ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H) *albuterol sulfate*	TIER 1	
ALBUTEROL SULFATE HFA	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	TIER 1	MN-PA (Medically Necessary Prior Authorization)
BROVANA	BROVANA 15 MCG/2ML NEBU SOLN *arformoterol tartrate*	TIER 2	PV
epinephrine	*epinephrine (0.15 mg/0.3ml soln a-inj, 0.15 mg/0.15ml soln a-inj, 0.3 mg/0.3ml soln a-inj)*	TIER 3	QL (2 PER RX)
epinephrine pf	*epinephrine pf 1 mg/10ml soln prsyr*	TIER 1	
EPIPEN 2-PAK	EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	TIER 2	QL (2 PER RX), GA
EPIPEN JR 2-PAK	EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	TIER 2	QL (2 PER RX), GA
levalbuterol hcl	*levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln)*	TIER 1	
levalbuterol tartrate	*levalbuterol tartrate 45 mcg/act aerosol*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METAPROTERENOL SULFATE	METAPROTERENOL SULFATE (10 MG/5ML SYRUP, 10 MG TAB, 20 MG TAB) *metaproterenol sulfate*	TIER 1	
PERFOROMIST	PERFOROMIST 20 MCG/2ML NEBU SOLN *formoterol fumarate*	TIER 2	PV
PROAIR HFA	PROAIR HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	TIER 1	
PROAIR RESPICLICK	PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA *albuterol sulfate*	TIER 1	
PROVENTIL HFA	PROVENTIL HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	TIER 2	MN-PA (Medically Necessary Prior Authorization)
SEREVENT DISKUS	SEREVENT DISKUS 50 MCG/DOSE AER POW BA *salmeterol xinafoate*	TIER 2	PV
STRIVERDI RESPIMAT	STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN *olodaterol hcl*	TIER 3	
terbutaline sulfate	*terbutaline sulfate (2.5 mg tab, 5 mg tab)*	TIER 1	
VENTOLIN HFA	VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	TIER 2	MN-PA (Medically Necessary Prior Authorization)
CYSTIC FIBROSIS AGENTS			
CAYSTON	CAYSTON 75 MG RECON SOLN *aztreonam lysine*	SP-P	
KALYDECO	KALYDECO (50 MG PACKET, 75 MG PACKET, 150 MG TAB) *ivacaftor*	SP-P	PA, QL (56 PER 28 DAYS)
KALYDECO	KALYDECO 25 MG PACKET *ivacaftor*	SP-P	PA, QL (56 PER 28 DAY(S))
KITABIS PAK	KITABIS PAK 300 MG/5ML NEBU SOLN *tobramycin*	SP-NP	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORKAMBI	ORKAMBI (100-125 MG PACKET, 150-188 MG PACKET) *lumacaftor-ivacaftor*	SP-P	PA, QL (56 PER 28 DAY(S))
ORKAMBI	ORKAMBI (100-125 MG TAB, 200-125 MG TAB) *lumacaftor-ivacaftor*	SP-P	PA, QL (112 PER 28 DAYS)
PULMOZYME	PULMOZYME 1 MG/ML SOLUTION *dornase alfa*	SP-P	
SYMDEKO	SYMDEKO (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK) *tezacaftor-ivacaftor*	SP-P	PA, QL (56 PER 28 DAY(S))
TOBI	TOBI 300 MG/5ML NEBU SOLN *tobramycin*	SP-NP	GA
TOBI PODHALER	TOBI PODHALER 28 MG CAP *tobramycin*	SP-P	
tobramycin	*tobramycin 300 mg/5ml nebu soln*	SP-P	
TRIKAFTA	TRIKAFTA 100-50-75 & 150 MG TAB THPK *elexacaftor-tezacaftor-ivacaftor*	SP-P	PA, QL (84 PER 28 DAY(S))
MAST CELL STABILIZERS			
cromolyn sodium	*cromolyn sodium 20 mg/2ml nebu soln*	TIER 1	PV
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE			
caffeine citrate	*caffeine citrate (20 mg/ml solution, 60 mg/3ml solution)*	TIER 1	
theochron	*theochron (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h)*	TIER 1	
theophylline	*theophylline 80 mg/15ml solution*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
theophylline er	*theophylline er (er 100 mg tab er 12h, er 200 mg tab er 12h, er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)*	TIER 1	
PULMONARY ANTIHYPERTENSIVES			
ADCIRCA	ADCIRCA 20 MG TAB *tadalafil (pulmonary hypertension)*	SP-NP	PA, QL (60 PER 30 DAYS), GA
ADEMPAS	ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB) *riociguat*	SP-P	PA, QL (90 PER 30 DAYS)
alyq	*alyq 20 mg tab*	SP-P	PA, QL (60 PER 30 DAYS)
ambrisentan	*ambrisentan (5 mg tab, 10 mg tab)*	SP-P	PA, QL (30 PER 30 DAYS)
bosentan	*bosentan (62.5 mg tab, 125 mg tab)*	SP-P	PA, QL (60 PER 30 DAY(S))
epoprostenol sodium	*epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)*	SP-M	PA
FLOLAN	FLOLAN (0.5 MG RECON SOLN, 1.5 MG RECON SOLN) *epoprostenol sodium*	SP-M	PA, GA
LETAIRIS	LETAIRIS (5 MG TAB, 10 MG TAB) *ambrisentan*	SP-NP	PA, QL (30 PER 30 DAYS), GA
OPSUMIT	OPSUMIT 10 MG TAB *macitentan*	SP-P	PA, QL (30 PER 30 DAYS)
ORENITRAM	ORENITRAM (0.125 MG TAB ER, 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER) *treprostinil diolamine*	SP-P	PA
REMODULIN	REMODULIN (20 SOLUTION, 50 SOLUTION, 100 SOLUTION, 200 SOLUTION) *treprostinil*	SP-M	PA, GA
REVATIO	REVATIO 10 MG/12.5ML SOLUTION *sildenafil citrate (pulmonary hypertension)*	SP-M	PA, GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REVATIO	REVATIO 10 MG/ML RECON SUSP *sildenafil citrate (pulmonary hypertension)*	SP-NP	PA, QL (720 PER 30 DAYS), GA
REVATIO	REVATIO 20 MG TAB *sildenafil citrate (pulmonary hypertension)*	SP-NP	PA, QL (360 PER 30 DAYS), GA
sildenafil citrate	*sildenafil citrate 10 mg/12.5ml solution*	SP-M	PA
sildenafil citrate	*sildenafil citrate 10 mg/ml recon susp*	SP-P	PA, QL (720 PER 30 DAYS)
sildenafil citrate	*sildenafil citrate 20 mg tab*	SP-P	PA, QL (360 PER 30 DAYS)
tadalafil (pah)	*tadalafil (pah) 20 mg tab*	SP-P	PA, QL (60 PER 30 DAYS)
TRACLEER	TRACLEER (62.5 MG TAB, 125 MG TAB) *bosentan*	SP-NP	PA, QL (60 PER 30 DAY(S)), GA
TRACLEER	TRACLEER 32 MG TAB SOL *bosentan*	SP-P	PA, QL (120 PER 30 DAY(S))
treprostinil	*treprostinil (20 solution, 50 solution, 100 solution, 200 solution)*	SP-M	PA
TYVASO	TYVASO 0.6 MG/ML SOLUTION *treprostinil*	SP-P	PA, QL (30 PER 30 DAYS)
TYVASO REFILL	TYVASO REFILL 0.6 MG/ML SOLUTION *treprostinil*	SP-P	PA, QL (30 PER 30 DAYS)
TYVASO STARTER	TYVASO STARTER 0.6 MG/ML SOLUTION *treprostinil*	SP-P	PA, QL (30 PER 30 DAYS)
UPTRAVI	UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB) *selexipag*	SP-P	PA, QL (60 PER 30 DAYS)
UPTRAVI	UPTRAVI 200 & 800 MCG TAB THPK *selexipag*	SP-P	PA, QL (1 PER LIFETIME)
VELETRI	VELETRI (0.5 MG RECON SOLN, 1.5 MG RECON SOLN) *epoprostenol sodium*	SP-M	PA, GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VENTAVIS	VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION) *iloprost*	SP-P	PA, QL (9 PER DAY)
PULMONARY FIBROSIS AGENTS			
ESBRIET	ESBRIET (267 MG TAB, 801 MG TAB) *pirfenidone*	SP-P	PA, QL (2403 PER 1 DAY(S))
ESBRIET	ESBRIET 267 MG CAP *pirfenidone*	SP-P	PA, QL (270 PER 30 DAYS)
OFEV	OFEV (100 MG CAP, 150 MG CAP) *nintedanib esylate*	SP-P	PA, QL (60 PER 30 DAYS)
RESPIRATORY TRACT AGENTS, OTHER			
acetylcysteine	*acetylcysteine (10 % solution, 20 % solution)*	TIER 1	
ADVAIR DISKUS	ADVAIR DISKUS (100-50 AER POW BA, 250-50 AER POW BA, 500-50 AER POW BA) *fluticasone-salmeterol*	TIER 1	PV, GA
ADVAIR HFA	ADVAIR HFA (45-21 AEROSOL, 115-21 AEROSOL, 230-21 AEROSOL) *fluticasone-salmeterol*	TIER 2	PV
ANORO ELLIPTA	ANORO ELLIPTA 62.5-25 MCG/INH AER POW BA *umeclidinium-vilanterol*	TIER 3	
benzonatate	*benzonatate (100 mg cap, 200 mg cap)*	TIER 1	
BREO ELLIPTA	BREO ELLIPTA (100-25 AER POW BA, 200-25 AER POW BA) *fluticasone furoate-vilanterol*	TIER 2	PV
bromfed dm	*bromfed dm 30-2-10 mg/5ml syrup*	TIER 1	
CINQAIR	CINQAIR 100 MG/10ML SOLUTION *reslizumab*	SP-M	PA
COMBIVENT RESPIMAT	COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN *ipratropium-albuterol*	TIER 2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DULERA	DULERA (100-5 AEROSOL, 200-5 AEROSOL) *mometasone furoate-formoterol fumarate dihydrate*	TIER 2	PV
FASENRA	FASENRA 30 MG/ML SOLN PRSYR *benralizumab*	SP-M	MN-PA (Medically Necessary Prior Authorization)
FASENRA PEN	FASENRA PEN 30 MG/ML SOLN A-INJ *benralizumab*	SP-M	PA
fluticasone-salmeterol	*fluticasone-salmeterol (55-14 aer pow ba, 113-14 aer pow ba, 232-14 aer pow ba)*	TIER 1	PV
giltuss pediatric	*giltuss pediatric 2.5-7.5-88 mg/ml liquid*	TIER 1	
hydrocod polst-cpm polst er	*hydrocod polst-cpm polst er 10-8 mg/5ml susp*	TIER 1	
hydrocodone-homatropine	*hydrocodone-homatropine (mg tab, mg/5ml syrup)*	TIER 1	
hydromet	*hydromet 5-1.5 mg/5ml syrup*	TIER 1	
ipratropium-albuterol	*ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution*	TIER 1	
nebusal	*nebusal 3 % nebu soln*	TIER 1	
NUCALA	NUCALA (100 MG/ML SOLN PRSYR, 100 MG/ML SOLN A-INJ) *mepolizumab*	SP-M	PA, QL (1 PER 28 DAY(S))
NUCALA	NUCALA 100 MG RECON SOLN *mepolizumab*	SP-M	PA, QL (1 PER 28 DAYS)
phenylephrine-guaifenesin	*phenylephrine-guaifenesin 1.5-20 mg/ml liquid*	TIER 1	
promethazine-codeine	*promethazine-codeine (solution, syrup)*	TIER 1	
PROMETHAZINE-DM	PROMETHAZINE-DM (SOLUTION, SYRUP) *promethazine-dm*	TIER 1	
PROMETHAZINE-PHENYLEPH-CODEINE	PROMETHAZINE-PHENYLEPH-CODEINE 6.25-5-10 MG/5ML SYRUP *promethazine-phenylephrine-codeine*	TIER 1	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROMETHAZINE-PHENYLEPHRINE	PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP *promethazine & phenylephrine*	TIER 1	
pseudoeph-bromphen-dm	*pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup*	TIER 1	
PSEUDOEPH-CHLORPHEN-HYDROCOD	PSEUDOEPH-CHLORPHEN-HYDROCOD 60-4-5 MG/5ML SOLUTION *pseudoephed-cpm w/ hydrocod*	TIER 1	
pulmosal	*pulmosal 7 % nebu soln*	TIER 1	
sodium chloride	*sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)*	TIER 1	
STIOLTO RESPIMAT	STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN *tiotropium bromide-olodaterol hcl*	TIER 3	
XOLAIR	XOLAIR 150 MG RECON SOLN *omalizumab*	SP-M	PA, QL (6 PER 28 DAYS)
XOLAIR	XOLAIR 150 MG/ML SOLN PRSYR *omalizumab*	SP-M	PA, QL (4 PER 28 DAY(S))
XOLAIR	XOLAIR 75 MG/0.5ML SOLN PRSYR *omalizumab*	SP-M	PA, QL (2 PER 28 DAY(S))
SKELETAL MUSCLE RELAXANTS			
carisoprodol	*carisoprodol (250 mg tab, 350 mg tab)*	TIER 1	
carisoprodol-aspirin	*carisoprodol-aspirin 200-325 mg tab*	TIER 1	
chlorzoxazone	*chlorzoxazone (375 mg tab, 500 mg tab, 750 mg tab)*	TIER 1	
cyclobenzaprine hcl	*cyclobenzaprine hcl (5 mg tab, 10 mg tab)*	TIER 1	
cyclobenzaprine hcl er	*cyclobenzaprine hcl er (er 15 mg cap er 24h, er 30 mg cap er 24h)*	TIER 1	
DYSPORT	DYSPORT (300 RECON SOLN, 500 RECON SOLN) *abobotulinumtoxina*	SP-M	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
metaxall	*metaxall 800 mg tab*	TIER 1	
metaxalone	*metaxalone (400 mg tab, 800 mg tab)*	TIER 1	
methocarbamol	*methocarbamol (500 mg tab, 750 mg tab)*	TIER 1	
MYOBLOC	MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION) *rimabotulinumtoxinb*	SP-M	MN-PA (Medically Necessary Prior Authorization)
orphenadrine citrate er	*orphenadrine citrate er 100 mg tab er 12h*	TIER 1	
XEOMIN	XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN) *incobotulinumtoxina*	SP-M	MN-PA (Medically Necessary Prior Authorization)
SLEEP DISORDER AGENTS GABA RECEPTOR MODULATORS			
estazolam	*estazolam (1 mg tab, 2 mg tab)*	TIER 1	
eszopiclone	*eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)*	TIER 1	PA
FLURAZEPAM HCL	FLURAZEPAM HCL (15 MG CAP, 30 MG CAP) *flurazepam hcl*	TIER 1	
temazepam	*temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)*	TIER 1	
triazolam	*triazolam (0.125 mg tab, 0.25 mg tab)*	TIER 1	
zaleplon	*zaleplon (5 mg cap, 10 mg cap)*	TIER 1	
zolpidem tartrate	*zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab)*	TIER 1	PA
zolpidem tartrate	*zolpidem tartrate (5 mg tab, 10 mg tab)*	TIER 1	
zolpidem tartrate er	*zolpidem tartrate er (er 6.25 mg tab er, er 12.5 mg tab er)*	TIER 1	PA
SLEEP DISORDERS, OTHER			
armodafinil	*armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)*	TIER 1	PA, QL (30 PER 30 DAYS)

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BUTISOL SODIUM	BUTISOL SODIUM 30 MG TAB *butabarbital sodium*	TIER 3	
HETLIOZ	HETLIOZ 20 MG CAP *tasimelteon*	SP-P	PA, QL (30 PER 30 DAYS)
modafinil	*modafinil (100 mg tab, 200 mg tab)*	TIER 1	PA, QL (60 PER 30 DAYS)
ramelteon	*ramelteon 8 mg tab*	TIER 1	PA
SECONAL	SECONAL 100 MG CAP *secobarbital sodium*	TIER 3	
XYREM	XYREM 500 MG/ML SOLUTION *sodium oxybate*	SP-P	PA, QL (540 PER 30 DAYS)
Uncategorized Unclassified			
GLUCAGON EMERGENCY	GLUCAGON EMERGENCY 1 MG/ML RECON SOLN *glucagon hcl*	TIER 2	QL (2 PER RX)
METHOTREXATE (ANTI-RHEUMATIC)	METHOTREXATE (ANTI-RHEUMATIC) 2.5 MG TAB *methotrexate sodium (antirheumatic)*	TIER 2	
SYMJEPI	SYMJEPI (0.15 SOLN PRSYR, 0.3 SOLN PRSYR) *epinephrine (anaphylaxis)*	TIER 2	QL (2 PER FILL(S))

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NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສ່ຽງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ຫາ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deitsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်နုးသ့ဉ်ညါ–နမ့ၢ်ကတိၤကညီကျိာ်.ကျိာ်တၢ်မၤစၢၤတၢ်ဖံးတၢ်မၤတဖဉ်.လၢတဘဉ်လာ်ဘူးလဲ.ဆိဉ်လၢနဂီၢ်လီၤ.ဆဲးကျိုးဆူ ၈၀၀–၅၂၄–၉၂၄၂မ့တမ့ၢ်(TTY:၈၈၈–၇၈၁–၄၂၆၂)တက့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ እገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ይሙሉ ያነጋግሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maaɗa. Heɓir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojį' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

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