



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

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

What is the Kaiser Permanente Colorado Commercial Marketplace Drug Formulary?

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

What drugs are covered?

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

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

What is a generic drug?

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

What is a brand name drug?

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

What is a specialty tier drug?

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

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

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

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

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

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

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

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

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

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

What drugs are not covered?

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

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

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

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

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

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

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

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

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

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

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

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

Kaiser Permanente Formulary

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

The first column of the chart lists the drug name.

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

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

| Tier Value | Guideline | Description |
|------------|-----------|--|
| 1 | Tier 1 | Preventive drugs under the Affordable Care Act |
| 2 | Tier 2 | Preferred Generic Drugs |
| 3 | Tier 3 | Preferred Brand Drugs |
| 4 | Tier 4 | Non-Preferred Generic and Brand Drugs |
| 5 | Tier 5 | Specialty Drugs |

| | | |
|---|--------|--|
| 6 | Tier 6 | Medical Supply Drugs administered in a medical office |
| 7 | Tier 7 | Diabetic Supplies allowed under the prescription benefit |

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

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

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CURRENT AS OF 8/19/2025

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>dimenhydrinate injection solution 50 mg/ml</i> | Tier 2 | |
| <i>fosaprepitant intravenous recon soln 150 mg</i> | Tier 2 | |
| <i>granisetron hcl oral tablet 1 mg</i> | Tier 2 | |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | Tier 2 | |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | Tier 2 | |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | Tier 2 | |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | Tier 2 | |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | Tier 2 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | Tier 2 | |
| <i>prochlorperazine rectal suppository 25 mg</i> | Tier 2 | |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i> | Tier 2 | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG | Tier 2 | |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> | Tier 2 | |

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

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

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

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

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Behavioral Health - Antidepressants | | |
| Alpha-2 Receptor Antagonist Antidepressants | | |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | Tier 2 | MO |
| Maois - Non-Selective & Irreversible | | |
| MARPLAN ORAL TABLET 10 MG | Tier 3 | MO |
| <i>phenelzine oral tablet 15 mg</i> | Tier 2 | MO |
| <i>tranylcypromine oral tablet 10 mg</i> | Tier 2 | MO |
| Norepinephrine And Dopamine Reuptake Inhib (Ndris) | | |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | Tier 2 | MO |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | Tier 2 | MO |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> | Tier 2 | MO |
| Selective Serotonin Reuptake Inhibitor (SsrIs) | | |
| <i>citalopram oral solution 10 mg/5 ml</i> | Tier 2 | MO |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 2 | MO |

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>doxepin oral concentrate 10 mg/ml</i> | Tier 2 | MO |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | Tier 2 | MO |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | Tier 2 | MO |
| Behavioral Health - Other | | |
| Adrenergics, Aromatic, Non-Catecholamine | | |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i> | Tier 2 | DS |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> | Tier 2 | DS |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | Tier 2 | DS |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 2 | DS |
| Anti-Alcoholic Preparations | | |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i> | Tier 2 | MO |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Anti-Anxiety - Benzodiazepines | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | DS |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | Tier 2 | DS |
| <i>diazepam injection solution 5 mg/ml</i> | Tier 2 | DS |
| <i>diazepam injection syringe 5 mg/ml</i> | Tier 2 | DS |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | Tier 2 | DS |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML | Tier 2 | DS |
| <i>lorazepam oral concentrate 2 mg/ml</i> | Tier 2 | DS |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | DS |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | Tier 2 | DS |
| Anti-Anxiety Drugs | | |
| <i>buspirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i> | Tier 2 | MO |
| Anti-Mania Drugs | | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg</i> | Tier 2 | MO |
| <i>lithium carbonate oral tablet 300 mg</i> | Tier 2 | MO |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>lithium citrate oral solution 8 meq/5 ml</i> | Tier 2 | MO |
| Antipsych,Dopamine Antag.,Diphenylbutylpiperidines | | |
| <i>pimozide oral tablet 2 mg</i> | Tier 2 | MO |
| Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed | | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | Tier 5 | DS |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | Tier 5 | DS |
| Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed | | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | Tier 2 | MO |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | Tier 5 | DS; QL |
| REXULTI ORAL TABLET 3 MG, 4 MG | Tier 5 | DS |
| Antipsychotics, Dopamine & Serotonin Antagonists | | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 2 | MO |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Pulmonary Anti-Htn, Endothelin Receptor Antagonist | | |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | Tier 2 | MO |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | Tier 2 | MO |
| OPSUMIT ORAL TABLET 10 MG | Tier 5 | PA; DS |
| Pulmonary Antihypertensives, Prostacyclin-Type | | |
| <i>epoprostenol (glycine) intravenous reconstituted soln 1.5 mg</i> | Tier 5 | DS |
| <i>epoprostenol intravenous reconstituted soln 1.5 mg</i> | Tier 5 | DS |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML | Tier 6 | DS |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> | Tier 6 | DS |
| VELETRI INTRAVENOUS RECON SOLN 1.5 MG | Tier 5 | DS |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML | Tier 3 | DS |
| Thiazide And Related Diuretics | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | Tier 2 | MO |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 2 | MO |
| Vasodilators, Combination | | |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> | Tier 2 | MO |
| Cardiovascular Disease - Lipid Irregularity | | |
| Antihyperlipidemic - Hmg Coa Reductase Inhibitors | | |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> | Tier 2 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use | Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|---|-----------|--|
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i> | Tier 2 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS | <i>simvastatin oral tablet 80 mg</i> | Tier 2 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 365 DAYS |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i> | Tier 2 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 365 DAYS | Bile Salt Sequestrants | | |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 2 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS | <i>cholestyramine (with sugar) oral powder 4 gram</i> | Tier 2 | MO |
| | | | <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> | Tier 2 | MO |
| | | | CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM | Tier 2 | MO |
| | | | CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM | Tier 2 | MO |
| | | | <i>colesevelam oral tablet 625 mg</i> | Tier 2 | MO |
| | | | <i>colestipol oral granules 5 gram</i> | Tier 2 | MO |
| | | | <i>colestipol oral packet 5 gram</i> | Tier 2 | MO |
| | | | <i>colestipol oral tablet 1 gram</i> | Tier 2 | MO |
| | | | PREVALITE ORAL POWDER 4 GRAM | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| PREVALITE ORAL POWDER IN PACKET 4 GRAM | Tier 2 | MO |
| QUESTRAN ORAL POWDER 4 GRAM | Tier 3 | MO |
| Lipotropics | | |
| <i>ezetimibe oral tablet 10 mg</i> | Tier 2 | MO |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | Tier 2 | MO |
| <i>gemfibrozil oral tablet 600 mg</i> | Tier 2 | MO |
| Cardiovascular Disease - Miscellaneous Agents | | |
| Adrenergic Vasopressor Agents | | |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> | Tier 5 | DS |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 2 | MO |
| Angiotensin Recept-Neprilysin Inhibitor Comb(Arni) | | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | Tier 3 | MO |
| <i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Cardiovascular Disease - Vasodilation | | |
| Vasodilators, Coronary | | |
| ISORDIL ORAL TABLET 40 MG | Tier 3 | MO |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | Tier 2 | MO |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | Tier 2 | MO |
| MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | Tier 2 | MO |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | Tier 3 | MO |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | Tier 3 | MO |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> | Tier 2 | MO |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> | Tier 2 | MO |
| Vasodilators, Peripheral | | |
| <i>ergoloid oral tablet 1 mg</i> | Tier 2 | MO |
| Contraception/Oxytocics | | |
| Contraceptives, Intravaginal, Systemic | | |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR | Tier 1 | MO; QL |
| ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR | Tier 1 | MO; QL |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | Tier 1 | MO; QL |
| HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR | Tier 1 | MO; QL |
| Contraceptives, Injectable | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | Tier 6 | MO |
| Contraceptives, Oral | | |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| ALTAVERA (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | MO |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | Tier 1 | MO |
| APRI ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 1 | MO |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| AUBRA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | Tier 1 | MO |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | MO |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | MO |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | MO |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| AYUNA ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| DEBLITANE ORAL TABLET 0.35 MG | Tier 1 | MO |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> | Tier 1 | MO |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | Tier 1 | MO |
| ELLA ORAL TABLET 30 MG | Tier 1 | MO |
| EMOQUETTE ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| EMZAHH ORAL TABLET 0.35 MG | Tier 1 | MO |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | Tier 1 | MO |
| ENSKYCE ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| ERRIN ORAL TABLET 0.35 MG | Tier 1 | MO |
| ESTARYLLA ORAL TABLET 0.25-0.035 MG | Tier 1 | MO |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | Tier 1 | MO |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG | Tier 1 | MO |
| GIANVI (28) ORAL TABLET 3-0.02 MG | Tier 1 | MO |
| HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | MO |
| HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | MO |
| HAILEY ORAL TABLET 1.5-30 MG-MCG | Tier 1 | MO |
| HEATHER ORAL TABLET 0.35 MG | Tier 1 | MO |
| INCASSIA ORAL TABLET 0.35 MG | Tier 1 | MO |
| ISIBLOOM ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| JASMIEL (28) ORAL TABLET 3-0.02 MG | Tier 1 | MO |
| JENCYCLA ORAL TABLET 0.35 MG | Tier 1 | MO |
| JULEBER ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | Tier 1 | MO |
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | MO |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | MO |
| KALLIGA ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | MO |
| KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG | Tier 1 | MO |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | Tier 1 | MO |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | MO |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | MO |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | MO |
| LARISSIA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| LESSINA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | Tier 1 | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i> | Tier 1 | MO |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | Tier 1 | MO |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| LILLOW (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | MO |
| LORYNA (28) ORAL TABLET 3-0.02 MG | Tier 1 | MO |
| LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG | Tier 1 | MO |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| LYLEQ ORAL TABLET 0.35 MG | Tier 1 | MO |
| LYZA ORAL TABLET 0.35 MG | Tier 1 | MO |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| MELEYA ORAL TABLET 0.35 MG | Tier 1 | MO |
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | Tier 1 | MO |
| MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | MO |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | MO |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | MO |
| MILI ORAL TABLET 0.25-0.035 MG | Tier 1 | MO |
| MONO-LINYAH ORAL TABLET 0.25-0.035 MG | Tier 1 | MO |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | MO |
| NIKKI (28) ORAL TABLET 3-0.02 MG | Tier 1 | MO |
| NORA-BE ORAL TABLET 0.35 MG | Tier 1 | MO |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> | Tier 1 | MO |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> | Tier 1 | MO |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i> | Tier 1 | MO |
| NORLYDA ORAL TABLET 0.35 MG | Tier 1 | MO |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | MO |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) | Tier 1 | MO |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | MO |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | Tier 1 | MO |
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | MO |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | Tier 1 | MO |
| NYMYO ORAL TABLET 0.25-35 MG-MCG | Tier 1 | MO |
| OCELLA ORAL TABLET 3-0.03 MG | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| ORQUIDEA ORAL TABLET 0.35 MG | Tier 1 | MO |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| PHILITH ORAL TABLET 0.4-35 MG-MCG | Tier 1 | MO |
| PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG | Tier 1 | MO |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG | Tier 1 | MO |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| SHAROBEL ORAL TABLET 0.35 MG | Tier 1 | MO |
| SPRINTEC (28) ORAL TABLET 0.25-0.035 MG | Tier 1 | MO |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| SYEDA ORAL TABLET 3-0.03 MG | Tier 1 | MO |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | MO |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | Tier 1 | MO |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | Tier 1 | MO |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | Tier 1 | MO |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG | Tier 1 | MO |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG | Tier 1 | MO |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG | Tier 1 | MO |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG | Tier 1 | MO |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | Tier 1 | MO |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | Tier 1 | MO |
| TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | Tier 1 | MO |
| TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | Tier 1 | MO |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG | Tier 1 | MO |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | Tier 1 | MO |
| TULANA ORAL TABLET 0.35 MG | Tier 1 | MO |
| VALTYA ORAL TABLET 1-50 MG-MCG | Tier 1 | MO |
| VESTURA (28) ORAL TABLET 3-0.02 MG | Tier 1 | MO |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG | Tier 1 | MO |
| VYLIBRA ORAL TABLET 0.25-0.035 MG | Tier 1 | MO |
| WERA (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | MO |
| ZARAH ORAL TABLET 3-0.03 MG | Tier 1 | MO |
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | MO |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG | Tier 1 | MO |
| Oxytocics | | |
| <i>carboprost tromethamine intramuscular solution 250 mcg/ml</i> | Tier 5 | DS |
| HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML | Tier 5 | DS |
| <i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i> | Tier 2 | |
| <i>methylergonovine oral tablet 0.2 mg</i> | Tier 2 | |
| <i>oxytocin injection solution 10 unit/ml</i> | Tier 3 | |
| PITOCIN INJECTION SOLUTION 10 UNIT/ML | Tier 3 | |
| Cough And Cold | | |
| Antitussives,Non-Narcotic | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | Tier 2 | |
| Narcotic Antitussive-1St Generation Antihistamine | | |
| <i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i> | Tier 2 | DS; Age |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Narcotic Antitussive-Anticholinergic Comb. | | |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i> | Tier 2 | DS; Age |
| HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML | Tier 2 | DS; Age |
| Narcotic Antitussive-Expectorant Combination | | |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> | Tier 2 | DS; Age |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |
| VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 2 | DS; Age |
| Nose Preparations, Vasoconstrictors (Rx) | | |
| <i>epinephrine hcl nasal solution 1 mg/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Dermatology - Acne | | |
| Acne Agents, Systemic | | |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 2 | |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 2 | |
| Acne Agents, Topical | | |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> | Tier 2 | MO |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | Tier 2 | MO |
| Rosacea Agents, Topical | | |
| <i>metronidazole topical cream 0.75 %</i> | Tier 2 | |
| <i>metronidazole topical gel 0.75 %</i> | Tier 2 | |
| ROSADAN TOPICAL CREAM 0.75 % | Tier 2 | |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>gentamicin topical cream 0.1 %</i> | Tier 2 | |
| <i>gentamicin topical ointment 0.1 %</i> | Tier 2 | |
| <i>mupirocin calcium topical cream 2 %</i> | Tier 2 | |
| <i>mupirocin topical ointment 2 %</i> | Tier 2 | |
| Topical Antifungal/Antiinflammmatory,Steroid Agent | | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | Tier 2 | |
| Topical Antifungals | | |
| <i>ciclopirox topical cream 0.77 %</i> | Tier 2 | |
| <i>ciclopirox topical solution 8 %</i> | Tier 2 | |
| <i>ketconazole topical cream 2 %</i> | Tier 2 | |
| <i>ketconazole topical shampoo 2 %</i> | Tier 2 | |
| KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM | Tier 2 | |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM | Tier 2 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | Tier 2 | |
| <i>nystatin topical ointment 100,000 unit/gram</i> | Tier 2 | |
| <i>nystatin topical powder 100,000 unit/gram</i> | Tier 2 | |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | Tier 2 | MO |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | Tier 2 | MO |
| <i>betamethasone valerate topical cream 0.1 %</i> | Tier 2 | MO |
| <i>betamethasone valerate topical lotion 0.1 %</i> | Tier 2 | MO |
| <i>betamethasone valerate topical ointment 0.1 %</i> | Tier 2 | MO |
| <i>betamethasone, augmented topical cream 0.05 %</i> | Tier 2 | MO |
| <i>betamethasone, augmented topical gel 0.05 %</i> | Tier 2 | MO |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | Tier 2 | MO |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol scalp solution 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol topical cream 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol topical gel 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol topical ointment 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol topical shampoo 0.05 %</i> | Tier 2 | MO |
| <i>clobetasol-emollient topical cream 0.05 %</i> | Tier 2 | MO |

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | Tier 2 | MO |
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | Tier 2 | MO |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> | Tier 2 | MO |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | Tier 2 | MO |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier 2 | MO |
| TRIDERM TOPICAL CREAM 0.1 %, 0.5 % | Tier 2 | MO |
| Dermatology - Miscellaneous | | |
| Antiperspirants | | |
| DRYSOL DAB-OMATIC TOPICAL SOLUTION 20 % | Tier 3 | MO |
| DRYSOL TOPICAL SOLUTION 20 % | Tier 3 | MO |
| Antiseborrheic Agents | | |
| <i>selenium sulfide topical lotion 2.5 %</i> | Tier 2 | |
| Irrigants | | |
| AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| AQUA CARE STERILE WATER IRRIGATION SOLUTION | Tier 2 | |
| <i>lactated ringers irrigation solution</i> | Tier 3 | |
| <i>ringer's irrigation solution</i> | Tier 2 | |
| <i>sodium chloride irrigation solution 0.9 %</i> | Tier 2 | |
| <i>water for irrigation, sterile irrigation solution</i> | Tier 2 | |
| Keratolytics | | |
| <i>podofilox topical solution 0.5 %</i> | Tier 2 | MO |
| Topical Antineoplastic & Premalignant Lesion Agnts | | |
| <i>fluorouracil topical cream 5 %</i> | Tier 2 | |
| <i>fluorouracil topical solution 2 %, 5 %</i> | Tier 2 | |
| Topical Local Anesthetics | | |
| <i>ethyl chloride topical aerosol,spray 100 %</i> | Tier 2 | |
| <i>lidocaine topical ointment 5 %</i> | Tier 2 | |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Topical/Mucous Membr./Subcut. Enzymes | | |
| AMPHADASE INJECTION SOLUTION 150 UNIT/ML | Tier 5 | DS |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | Tier 3 | |
| Dermatology - Psoriasis/Eczema | | |
| Antipsoriatic Agents,Systemic | | |
| <i>acitretin oral capsule 10 mg, 25 mg</i> | Tier 2 | |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | Tier 5 | PA; MO |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | Tier 5 | PA; MO |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | Tier 5 | PA; DS |
| <i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i> | Tier 2 | |
| Antipsoriatics Agents | | |
| <i>calcipotriene scalp solution 0.005 %</i> | Tier 2 | MO |
| <i>calcipotriene topical cream 0.005 %</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>calcipotriene topical ointment 0.005 %</i> | Tier 2 | MO |
| DRITHOCREME HP TOPICAL CREAM 1 % | Tier 3 | MO |
| <i>tazarotene topical cream 0.05 %, 0.1 %</i> | Tier 2 | MO |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> | Tier 2 | MO |
| TAZORAC TOPICAL CREAM 0.05 % | Tier 3 | MO |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % | Tier 3 | MO |
| Topical Immunosuppressive Agents | | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | Tier 2 | MO |
| Diabetes | | |
| Antihyperglycemic, Incretin Mimetic (Glp-1 Recep. Agonist) | | |
| <i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> | Tier 2 | PA; MO |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | Tier 3 | PA; DS |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb. | | |
| STEGLUJAN ORAL TABLET 15-100 MG | Tier 3 | PA; MO |
| Antihyperglycemic, Biguanide Type(Non-Sulfonylurea) | | |
| <i>metformin oral solution 500 mg/5 ml</i> | Tier 2 | MO |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | Tier 2 | MO |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> | Tier 2 | MO |
| RIOMET ORAL SOLUTION 500 MG/5 ML | Tier 3 | MO |
| Antihyperglycemic, Insulin-Rel Stim.& Biguanide Cmb | | |
| <i>glyburide-metformin oral tablet 5-500 mg</i> | Tier 2 | MO |
| Blood Sugar Diagnostics | | |
| ACCU-CHEK AVIVA PLUS TEST STRP STRIP | Tier 7 | MO |
| ACCU-CHEK GUIDE TEST STRIPS STRIP | Tier 7 | MO |
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP | Tier 7 | MO |
| ACCUTREND GLUCOSE TEST STRIPS STRIP | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--|
| ADVANCED GLUC METER TEST STRIP STRIP | Tier 7 | MO |
| ADVOCATE REDI-CODE PLUS STRIP | Tier 7 | MO |
| ADVOCATE REDI-CODE STRIP | Tier 7 | MO |
| ADVOCATE TEST STRIPS STRIP | Tier 7 | MO |
| AGAMATRIX AMP TEST STRIPS STRIP | Tier 7 | MO |
| AGAMATRIX JAZZ TEST STRIPS STRIP | Tier 7 | MO |
| AGAMATRIX PRESTO TEST STRIPS STRIP | Tier 7 | MO |
| ASSURE 4 STRIPS STRIP | Tier 7 | MO |
| ASSURE PLATINUM TEST STRIP STRIP | Tier 7 | MO |
| ASSURE PRISM MULTI STRIP STRIP | Tier 7 | MO |
| BIONIME RIGHTEST TEST STRIPS STRIP | Tier 7 | MO |
| BLOOD GLUCOSE TEST STRIP | Tier 7 | MO |
| BLULINK GLUCOSE TEST STRIP STRIP | Tier 7 | MO |
| CARESENS N TEST STRIPS STRIP | Tier 7 | MO |
| CARETOUCH TEST STRIP STRIP | Tier 7 | MO |
| CHOICEDM CLARUS STRIP | Tier 7 | MO |
| CLEVER CHOICE MICRO TEST STRIP STRIP | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-------------------------------------|-----------|--|
| CLEVER CHOICE PRO STRIP | Tier 7 | MO |
| CLEVER CHOICE TALK TEST STRIP | Tier 7 | MO |
| CLEVER CHOICE TEST STRIPS STRIP | Tier 7 | MO |
| CLEVER CHOICE VOICE PLUS TEST STRIP | Tier 7 | MO |
| CONTOUR NEXT TEST STRIPS STRIP | Tier 7 | MO |
| CONTOUR PLUS TEST STRIP STRIP | Tier 7 | MO |
| CONTOUR TEST STRIPS STRIP | Tier 7 | MO |
| COOL GLUCOSE TEST STRIP STRIP | Tier 7 | MO |
| DIATRUE PLUS TEST STRIP STRIP | Tier 7 | MO |
| EASY GLUCO G2 STRIP | Tier 7 | MO |
| EASY PLUS II TEST STRIP | Tier 7 | MO |
| EASY STEP STRIP | Tier 7 | MO |
| EASY TALK GLUCOSE TEST STRIP | Tier 7 | MO |
| EASY TALK PLUS II TEST STRIP STRIP | Tier 7 | MO |
| EASY TOUCH BLULINK TEST STRIP STRIP | Tier 7 | MO |
| EASY TOUCH TEST STRIP STRIP | Tier 7 | MO |
| EASY TRAK GLUCOSE TEST STRIP | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--|
| EASY TRAK II TEST STRIP STRIP | Tier 7 | MO |
| EASYGLUCO PLUS STRIP | Tier 7 | MO |
| EASYGLUCO TEST STRIP | Tier 7 | MO |
| EASYMAX 15 TEST STRIPS STRIP | Tier 7 | MO |
| EASYMAX STRIP | Tier 7 | MO |
| ELEMENT COMPACT TEST STRIPS STRIP | Tier 7 | MO |
| ELEMENT TEST STRIPS STRIP | Tier 7 | MO |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP | Tier 7 | MO |
| EMBRACE EVO TEST STRIPS STRIP | Tier 7 | MO |
| EMBRACE PRO TEST STRIPS STRIP | Tier 7 | MO |
| EMBRACE TALK TEST STRIPS STRIP | Tier 7 | MO |
| EMBRACE WAVE GLUCOSE TEST STRP STRIP | Tier 7 | MO |
| EVENCARE G2 STRIP | Tier 7 | MO |
| EVENCARE G3 TEST STRIP | Tier 7 | MO |
| EVENCARE MINI GLUCOSE TEST STR STRIP | Tier 7 | MO |
| EVENCARE PROVIEW TEST STRIP STRIP | Tier 7 | MO |
| EVENCARE TEST STRIP | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--|
| EVOLUTION TEST STRIPS STRIP | Tier 7 | MO |
| EZ SMART PLUS TEST STRIP | Tier 7 | MO |
| EZ SMART TEST STRIP | Tier 7 | MO |
| FIFTY50 TEST STRIP STRIP | Tier 7 | MO |
| FORA 6 CONNECT GLUCOSE STRIP STRIP | Tier 7 | MO |
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP | Tier 7 | MO |
| FORA D15G STRIPS STRIP | Tier 7 | MO |
| FORA D20 STRIP | Tier 7 | MO |
| FORA D40-G31 TEST STRIPS STRIP | Tier 7 | MO |
| FORA G20 STRIP | Tier 7 | MO |
| FORA G30-PREMIUM V10 TEST STRP STRIP | Tier 7 | MO |
| FORA GD50 TEST STRIPS STRIP | Tier 7 | MO |
| FORA GTEL GLUCOSE TEST STRIP STRIP | Tier 7 | MO |
| FORA TEST STRIP STRIP | Tier 7 | MO |
| FORA TN'G ADVAN PRO TEST STRIP STRIP | Tier 7 | MO |
| FORA TN'G VOICE TEST STRIPS STRIP | Tier 7 | MO |
| FORA V10 STRIP | Tier 7 | MO |
| FORA V10-V12-D10-D20 STRIPS STRIP | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--|
| FORA V12 GLUCOSE STRIP | Tier 7 | MO |
| FORA V20 STRIP | Tier 7 | MO |
| FORA V30A STRIP | Tier 7 | MO |
| FORACARE GD20 STRIP | Tier 7 | MO |
| FORACARE GD40 TEST STRIPS STRIP | Tier 7 | MO |
| FORTISCARE G1 TEST STRIP STRIP | Tier 7 | MO |
| FORTISCARE GLUCOSE TEST STRIPS STRIP | Tier 7 | MO |
| FREESTYLE INSULINX STRIP | Tier 7 | MO |
| FREESTYLE INSULINX TEST STRIPS STRIP | Tier 7 | MO |
| FREESTYLE LITE STRIPS STRIP | Tier 7 | MO |
| FREESTYLE PRECISION NEO STRIPS STRIP | Tier 7 | MO |
| FREESTYLE TEST STRIP | Tier 7 | MO |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP | Tier 7 | MO |
| GE333 BLOOD GLUCOSE TEST STRIP STRIP | Tier 7 | MO |
| GLUCO NAVII TEST STRIP STRIP | Tier 7 | MO |
| GLUCOCARD 01 SENSOR PLUS STRIP | Tier 7 | MO |
| GLUCOCARD EXPRESSION STRIP | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--|
| GLUCOCARD SHINE TEST STRIPS STRIP | Tier 7 | MO |
| GLUCOCARD VITAL SENSOR STRIP | Tier 7 | MO |
| GLUCOCARD VITAL TEST STRIPS STRIP | Tier 7 | MO |
| GLUCOCOM GLUCOSE STRIP | Tier 7 | MO |
| GM100 STRIP | Tier 7 | MO |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP | Tier 7 | MO |
| HARMONY GLUCOSE TEST STRIP STRIP | Tier 7 | MO |
| HEALTHPRO TEST STRIPS STRIP | Tier 7 | MO |
| IGLUCOSE TEST STRIP STRIP | Tier 7 | MO |
| IHEALTH GLUCOSE TEST STRIP STRIP | Tier 7 | MO |
| INFINITY TEST STRIPS STRIP | Tier 7 | MO |
| INFINITY VOICE TEST STRIP STRIP | Tier 7 | MO |
| MICRO BLOOD GLUCOSE STRIP | Tier 7 | MO |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP | Tier 7 | MO |
| MICRODOT XTRA BLOOD GLUCOSE STRIP | Tier 7 | MO |
| MYGLUCOHEALTH STRIP | Tier 7 | MO |
| NEUTEK 2TEK TEST STRIPS STRIP | Tier 7 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|-----------------------------------|-----------|--|
| PREMIUM V10 STRIP | Tier 7 | MO |
| PRO VOICE V8-V9 TEST STRIP STRIP | Tier 7 | MO |
| PRODIGY NO CODING STRIP | Tier 7 | MO |
| QUINTET AC STRIP | Tier 7 | MO |
| QUINTET GLUCOSE TEST STRIPS STRIP | Tier 7 | MO |
| REFUAH PLUS STRIP | Tier 7 | MO |
| RELION CONFIRM-MICRO STRIP | Tier 7 | MO |
| RELION PRIME TEST STRIPS STRIP | Tier 7 | MO |
| RELION ULTIMA STRIP | Tier 7 | MO |
| REVEAL TEST STRIP STRIP | Tier 7 | MO |
| RIGHTEST GS550 TEST STRIPS STRIP | Tier 7 | MO |
| RIGHTEST GT333 TEST STRIP STRIP | Tier 7 | MO |
| SMART SENSE TEST STRIPS STRIP | Tier 7 | MO |
| SMARTEST TEST STRIP | Tier 7 | MO |
| SOLUS V2 TEST STRIPS STRIP | Tier 7 | MO |
| SURE-TEST EASYPLUS MINI STRIP | Tier 7 | MO |
| TELCARE TEST STRIPS STRIP | Tier 7 | MO |
| TEST N'GO TEST STRIP | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| TRUE METRIX GLUCOSE TEST STRIP STRIP | Tier 7 | MO |
| TRUETEST TEST STRIPS STRIP | Tier 7 | MO |
| TRUETRACK TEST STRIP | Tier 7 | MO |
| ULTIMA TEST STRIPS STRIP | Tier 7 | MO |
| ULTRATRAK STRIP | Tier 7 | MO |
| ULTRATRAK ULTIMATE STRIP | Tier 7 | MO |
| UNISTRIPI1 TEST STRIP STRIP | Tier 7 | MO |
| VERASENS TEST STRIP STRIP | Tier 7 | MO |
| VIVAGUARD INO TEST STRIP STRIP | Tier 7 | MO |
| Diabetic Supplies | | |
| 2TEK CONTROL (HIGH-NORMAL) SOLUTION | Tier 7 | MO |
| 2TEK GLUCOSE/BLOOD PRESSURE KIT | Tier 7 | MO |
| ACCU-CHEK AVIVA CONTROL SOLN SOLUTION | Tier 7 | MO |
| ACCU-CHEK AVIVA PLUS METER | Tier 7 | MO |
| ACCU-CHEK FASTCLIX LANCING DEV KIT | Tier 7 | MO |
| ACCU-CHEK GUIDE GLUCOSE METER | Tier 7 | MO |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| ACCU-CHEK GUIDE ME GLUCOSE MTR | Tier 7 | MO |
| ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION | Tier 7 | MO |
| ACCU-CHEK SOFT DEV LANCETS KIT | Tier 7 | MO |
| ACCUTREND GLUCOSE CONTROL SOLUTION | Tier 7 | MO |
| ADJUSTABLE LANCING DEVICE | Tier 7 | |
| ADVANCED ALL-IN-ONE METER KIT | Tier 7 | MO |
| ADVANCED GLUCOSE METER | Tier 7 | MO |
| ADVANCED LANCING DEVICE KIT | Tier 7 | MO |
| ADVOCATE BLOOD GLUCOSE MONITOR | Tier 7 | MO |
| ADVOCATE CONTROL SOLUTION HIGH SOLUTION | Tier 7 | MO |
| ADVOCATE DUO DEVICE | Tier 7 | |
| ADVOCATE LANCING DEVICE | Tier 7 | |
| ADVOCATE LOW CONTROL SOLUTION | Tier 7 | MO |
| ADVOCATE RAPID-SAFE LANCING | Tier 7 | |
| ADVOCATE REDI-CODE DUO METER DEVICE | Tier 7 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| ADVOCATE REDI-CODE GLU MONITOR | Tier 7 | MO |
| ADVOCATE REDI-CODE GLU MONITOR KIT | Tier 7 | MO |
| ADVOCATE REDI-CODE PLUS | Tier 7 | MO |
| ADVOCATE REDI-CODE PLUS CTRL L SOLUTION | Tier 7 | MO |
| ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION | Tier 7 | MO |
| AGAMATRIX AMP GLUC MONITOR SYS | Tier 7 | MO |
| AGAMATRIX CONTROL SOLN-HIGH SOLUTION | Tier 7 | MO |
| AGAMATRIX CONTROL SOLN-NORMAL SOLUTION | Tier 7 | MO |
| AGAMATRIX CONTROL SOLN-NORM-HI SOLUTION | Tier 7 | MO |
| AGAMATRIX JAZZ WIRELESS 2 MNTR KIT | Tier 7 | MO |
| AGAMATRIX PRESTO SYSTEM | Tier 7 | MO |
| ALTERNATE SITE LANCING DEVICE | Tier 7 | |
| AQUA LANCE LANCING DEVICE | Tier 7 | |
| ASSURE 4 CONTROL SOLUTION COMBO PACK | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| ASSURE DOSE NORMAL CONTROL SOLUTION | Tier 7 | MO |
| ASSURE DOSE NORM-HI CONTROL SOLUTION | Tier 7 | MO |
| ASSURE PLATINUM GLUCOSE METER | Tier 7 | MO |
| ASSURE PRISM CONTROL 1-2 SOLN SOLUTION | Tier 7 | MO |
| ASSURE PRISM MULTI METER | Tier 7 | MO |
| AUTO-LANCET MINI | Tier 7 | |
| AUTOLET IMPRESSION LANC DEV KIT | Tier 7 | MO |
| AUTOLET LANCING DEVICE | Tier 7 | |
| AUTOLET LITE | Tier 7 | |
| AUTOLET PLUS LANCING DEVICE | Tier 7 | |
| BIONIME RIGHTEST GM300 SYSTEM KIT | Tier 7 | MO |
| BIOTEL CARE BGM-4 METER | Tier 7 | MO |
| <i>blood glucose contrl hi,normal solution</i> | Tier 7 | MO |
| <i>blood glucose control, normal solution</i> | Tier 7 | MO |
| BLOOD GLUCOSE MONITORING KIT | Tier 7 | MO |
| <i>blood-glucose meter</i> | Tier 7 | MO |
| <i>blood-glucose meter kit</i> | Tier 7 | MO |
| BLULINK DIABETIC TEST BUNDLE KIT | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| BLULINK GLUCOSE MONITOR SYSTEM | Tier 7 | MO |
| BREEZE 2 CONTROL SOLUTION, LOW SOLUTION | Tier 7 | MO |
| BREEZE 2 CONTROL SOLUTION, NML SOLUTION | Tier 7 | MO |
| BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION | Tier 7 | MO |
| CAREONE LANCING DEVICE | Tier 7 | MO |
| CARESENS CONTROL A AND B SOLUTION | Tier 7 | MO |
| CARESENS CONTROL A NORMAL SOLUTION | Tier 7 | MO |
| CARESENS N | Tier 7 | MO |
| CARESENS N FELIZ BT GLUC METER | Tier 7 | MO |
| CARESENS N FELIZ GLUCOSE METER | Tier 7 | MO |
| CARESENS N KIT | Tier 7 | MO |
| CARESENS N PLUS BT KIT | Tier 7 | MO |
| CARESENS N VOICE | Tier 7 | MO |
| CARETOUCH CONTROL SOLN L2-L3 SOLUTION | Tier 7 | MO |
| CARETOUCH GLUCOSE MONITORING KIT | Tier 7 | MO |
| CARETOUCH LANCING DEVICE | Tier 7 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| CHOICE DM CLARUS NORM CONTROL SOLUTION | Tier 7 | MO |
| CHOICEDM CLARUS | Tier 7 | MO |
| CHOSEN LANCING DEVICE | Tier 7 | |
| CLEVER CHEK BLOOD GLUCOSE | Tier 7 | MO |
| CLEVER CHEK BLOOD GLUCOSE SYST KIT | Tier 7 | MO |
| CLEVER CHOICE BLOOD GLUC SYS | Tier 7 | MO |
| CLEVER CHOICE GLUCOSE MONITOR | Tier 7 | MO |
| CLEVER CHOICE LEVEL 1 CONTROL SOLUTION | Tier 7 | MO |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION | Tier 7 | MO |
| CLEVER CHOICE LEVEL 3 CONTROL SOLUTION | Tier 7 | MO |
| CLEVER CHOICE MICRO | Tier 7 | MO |
| CLEVER CHOICE PRO | Tier 7 | MO |
| CLEVER CHOICE TALK GLUCOSE SYS | Tier 7 | MO |
| CONTOUR CONTROL SOLUTION, HIGH SOLUTION | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| CONTOUR CONTROL SOLUTION, LOW SOLUTION | Tier 7 | MO |
| CONTOUR CONTROL SOLUTION, NML SOLUTION | Tier 7 | MO |
| CONTOUR METER | Tier 7 | MO |
| CONTOUR NEXT EZ METER | Tier 7 | MO |
| CONTOUR NEXT GEN METER | Tier 7 | MO |
| CONTOUR NEXT GEN METER KIT | Tier 7 | MO |
| CONTOUR NEXT GLUCOSE METER KIT | Tier 7 | MO |
| CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION | Tier 7 | MO |
| CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION | Tier 7 | MO |
| CONTOUR NEXT METER | Tier 7 | MO |
| CONTOUR NEXT ONE METER | Tier 7 | MO |
| CONTOUR PLUS BLUE METER | Tier 7 | MO |
| CONTROL AST MONITORING SYSTEM | Tier 7 | MO |
| COOL BLOOD GLUCOSE METER | Tier 7 | MO |
| COOL BLOOD GLUCOSE METER KIT | Tier 7 | MO |

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

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

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

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

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| FREESTYLE FLASH SYSTEM KIT | Tier 7 | MO |
| FREESTYLE FREEDOM KIT | Tier 7 | MO |
| FREESTYLE FREEDOM LITE KIT | Tier 7 | MO |
| FREESTYLE INSULINX | Tier 7 | MO |
| FREESTYLE LITE METER KIT | Tier 7 | MO |
| FREESTYLE PRECISION NEO METER | Tier 7 | MO |
| FREESTYLE SIDEKICK II KIT | Tier 7 | MO |
| FREESTYLE SYSTEM KIT KIT | Tier 7 | MO |
| GDRIVE KIT | Tier 7 | MO |
| GE100 BLOOD GLUCOSE SYSTEM | Tier 7 | MO |
| GE100 BLOOD GLUCOSE SYSTEM KIT | Tier 7 | MO |
| GE100 CONTROL SOLUTION NORMAL SOLUTION | Tier 7 | MO |
| GE333 BLOOD GLUCOSE SYSTEM | Tier 7 | MO |
| GLUCO NAVII GLUCOSE MONITOR KIT | Tier 7 | MO |
| GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION | Tier 7 | MO |
| GLUCOCARD 01 METER KIT | Tier 7 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| GM100 KIT | Tier 7 | MO |
| GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION | Tier 7 | MO |
| GOJJI LANCING DEVICE | Tier 7 | |
| GUARDIAN REAL-TIME GLU MONITOR | Tier 7 | MO |
| HEALTHPRO GLUCOSE MONITOR | Tier 7 | MO |
| HEALTHPRO HIGH-LOW CONTROL SOLUTION | Tier 7 | MO |
| HEALTHY ACCENTS AUTOLET | Tier 7 | |
| HYPOLANCE AST LANCING KIT | Tier 7 | MO |
| IGLUCOSE BLOOD GLUCOSE MONITOR KIT | Tier 7 | MO |
| IHEALTH CONTROL SOLN LEVEL 2 SOLUTION | Tier 7 | MO |
| IHEALTH GLUCO PLUS METER KIT | Tier 7 | MO |
| INCONTROL LANCING DEVICE | Tier 7 | |
| INFINITY CONTROL SOLUTION HIGH SOLUTION | Tier 7 | MO |
| INFINITY CONTROL SOLUTION LOW SOLUTION | Tier 7 | MO |
| INFINITY CONTROL SOLUTION NORM SOLUTION | Tier 7 | MO |
| INFINITY METER KIT KIT | Tier 7 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| MICRODOT NORMAL CONTROL SOLUTION | Tier 7 | MO |
| MICROLET 2 LANCING DEVICE KIT | Tier 7 | MO |
| MICROLET NEXT LANCING DEVICE KIT | Tier 7 | MO |
| MINI LANCING DEVICE | Tier 7 | |
| MULTI-LANCET DEVICE 2 KIT | Tier 7 | MO |
| MYGLUCOHEALTH CONTROL SOLUTION SOLUTION | Tier 7 | MO |
| MYGLUCOHEALTH KIT | Tier 7 | MO |
| NOVAMAX PLUS GLU-KET SOLUTION | Tier 7 | MO |
| ON CALL EXPRESS CONTROL SOLUTION | Tier 7 | MO |
| ON CALL EXPRESS METER | Tier 7 | MO |
| ON CALL EXPRESS METER KIT | Tier 7 | MO |
| ON CALL LANCING DEVICE | Tier 7 | |
| ON CALL PLUS CONTROL SOLUTION | Tier 7 | MO |
| ON CALL PLUS LANCING DEVICE | Tier 7 | |
| ON CALL PLUS METER | Tier 7 | MO |
| ON CALL PLUS METER KIT | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--------------------------------------|-----------|--|
| ON CALL VIVID CONTROL SOLUTION | Tier 7 | MO |
| ON CALL VIVID METER | Tier 7 | MO |
| ON CALL VIVID METER KIT | Tier 7 | MO |
| ON CALL VIVID PAL METER | Tier 7 | MO |
| ON CALL VIVID PAL METER KIT | Tier 7 | MO |
| ONETOUCH DELICA PLUS LANC DEV KIT | Tier 7 | MO |
| ONETOUCH SOLUTIONS COMPLETE KIT | Tier 7 | MO |
| ONETOUCH SOLUTIONS FIT KIT | Tier 7 | MO |
| ONETOUCH SOLUTIONS STARTER KIT | Tier 7 | MO |
| ONETOUCH ULTRA CONTROL SOLUTION | Tier 7 | MO |
| ONETOUCH ULTRA2 METER | Tier 7 | MO |
| ONETOUCH VERIO FLEX METER | Tier 7 | MO |
| ONETOUCH VERIO HIGH CONTROL SOLUTION | Tier 7 | MO |
| ONETOUCH VERIO MID CONTROL SOLUTION | Tier 7 | MO |
| ONETOUCH VERIO REFLECT METER | Tier 7 | MO |
| OPTUMRX | Tier 7 | MO |
| OPTUMRX KIT | Tier 7 | MO |

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| RELION MICRO GLUCOSE MONITOR | Tier 7 | MO |
| RELION MICRO GLUCOSE MONITOR KIT | Tier 7 | MO |
| RELION PRIME METER | Tier 7 | MO |
| REVEAL BLOOD GLUCOSE METER KIT | Tier 7 | MO |
| RIGHTEST CONTROL SOLUTION HIGH SOLUTION | Tier 7 | MO |
| RIGHTEST CONTROL SOLUTION NORM SOLUTION | Tier 7 | MO |
| RIGHTEST GD500 LANCING DEVICE | Tier 7 | |
| RIGHTEST GM550 SYSTEM KIT | Tier 7 | MO |
| RIGHTEST GT333 GLUCOSE METER | Tier 7 | MO |
| SAFE-CLIP BY MAIL DEVICE | Tier 7 | MO |
| SAFE-CLIP NEEDLE STORAGE DEV DEVICE | Tier 7 | MO |
| SMART CARESENS N KIT | Tier 7 | MO |
| SMART SENSE MONITORING SYSTEM | Tier 7 | MO |
| SMARTDIABETES VANTAGE | Tier 7 | |
| SMARTEST CONTROL SOLUTION | Tier 7 | MO |

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| ULTRATRAK ULTIMATE SOLUTION | Tier 7 | MO |
| UNISTIK 2 COMFORT LANCET 28 GAUGE | Tier 7 | MO |
| UNISTIK 2 DEVICE KIT | Tier 7 | MO |
| UNISTIK 2 EXTRA LANCET 21 GAUGE | Tier 7 | MO |
| UNISTIK 2 NORMAL LANCET 21 GAUGE | Tier 7 | MO |
| UNISTIK 3 DUAL LANCET 18 GAUGE | Tier 7 | MO |
| UNISTRIIP HIGH CONTROL SOLUTION | Tier 7 | MO |
| UNISTRIIP LOW CONTROL SOLUTION | Tier 7 | MO |
| VERASENS BLOOD GLUCOSE METER | Tier 7 | MO |
| VERASENS CONTROL SOLN-LEVEL 1 SOLUTION | Tier 7 | MO |
| VERASENS METER STARTER KIT KIT | Tier 7 | MO |
| VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION | Tier 7 | MO |
| VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION | Tier 7 | MO |
| VIVAGUARD INO CTRL SOLN-L2 SOLUTION | Tier 7 | MO |
| VIVAGUARD INO GLUCOSE METER | Tier 7 | MO |

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> | Tier 3 | MO |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> | Tier 2 | MO |
| <i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> | Tier 2 | PA |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i> | Tier 2 | MO |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 3 | |
| Urine Glucose Test Aids | | |
| DIASTIX STRIP | Tier 7 | MO |
| Urine Glucose/Acetone Test Aids, Strips | | |
| KETO-DIASTIX STRIP | Tier 7 | MO |
| Ear - General Disorders | | |
| Ear Preparations, Misc. Anti-Infectives | | |
| <i>acetic acid otic (ear) solution 2 %</i> | Tier 2 | MO |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Ear Preparations, Antibiotics | | |
| CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 3 | |
| <i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 2 | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 2 | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | Tier 2 | |
| Otic Preparations, Anti-Inflammatory-Antibiotics | | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i> | Tier 2 | |
| Electrolyte Regulation | | |
| Bicarbonate Producing/Containing Agents | | |
| <i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i> | Tier 2 | |
| Electrolyte Depleters | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | Tier 2 | MO |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | Tier 2 | MO |
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML | Tier 2 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | Tier 5 | DS; PR; QL |
| <i>sevelamer carbonate oral powder in packet 2.4 gram</i> | Tier 2 | MO |
| <i>sevelamer carbonate oral tablet 800 mg</i> | Tier 2 | MO |
| <i>sodium polystyrene sulfonate oral powder 15 gram</i> | Tier 2 | |
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML | Tier 2 | |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Electrolyte Maintenance | | |
| <i>lactated ringers intravenous parenteral solution</i> | Tier 3 | |
| <i>ringer's intravenous parenteral solution</i> | Tier 2 | |
| Potassium Replacement | | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier 3 | MO |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ | Tier 2 | MO |
| KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ | Tier 2 | MO |
| KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ | Tier 2 | MO |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ | Tier 3 | MO |
| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i> | Tier 2 | |
| <i>potassium chloride intravenous solution 2 meq/ml</i> | Tier 2 | |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | Tier 2 | MO |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i> | Tier 2 | MO |
| Sodium/Saline Preparations | | |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE | Tier 2 | |
| BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE | Tier 2 | |
| BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE | Tier 2 | |
| NORMAL SALINE FLUSH INJECTION SYRINGE | Tier 2 | |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i> | Tier 2 | |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | Tier 2 | |
| <i>sodium chloride 0.9 % (flush) injection syringe</i> | Tier 2 | |
| <i>sodium chloride 0.9 % injection solution</i> | Tier 2 | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>sodium chloride 0.9 % intravenous piggyback</i> | Tier 2 | |
| <i>sodium chloride injection syringe 0.9 %</i> | Tier 2 | |
| <i>sodium chloride intravenous solution 4 meq/ml</i> | Tier 2 | |
| Endocrine Disorder - Fertility | | |
| Drugs To Treat Impotency | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG | Tier 3 | RB; QL |
| CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG | Tier 3 | RB; QL |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG | Tier 3 | RB; QL |
| MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG | Tier 3 | RB; QL |
| <i>tadalafil oral tablet 10 mg, 20 mg</i> | Tier 2 | RB; QL |
| Fertility Stimulating Preparations,Non-Fsh | | |
| CLOMID ORAL TABLET 50 MG | Tier 3 | RB |
| <i>clomiphene citrate oral tablet 50 mg</i> | Tier 2 | RB |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Follicle Stim./Luteinizing Hormones | | |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT | Tier 5 | DS; RB |
| Follicle-Stimulating Hormone (Fsh) | | |
| GONAL-F RFF REDIRECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML | Tier 5 | DS; RB |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT | Tier 5 | DS; RB |
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT | Tier 5 | DS; RB |
| Human Chorionic Gonadotropin (Hcg) | | |
| <i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> | Tier 5 | DS; RB |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT | Tier 5 | DS; RB |
| Endocrine Disorder - Other | | |
| Adrenocorticotrophic Hormones | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | Tier 5 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | Tier 5 | PA; DS |
| Antidiuretic And Vasopressor Hormones | | |
| <i>desmopressin injection solution 4 mcg/ml</i> | Tier 2 | |
| <i>desmopressin nasal spray with pump 10 mcg/spray non-refrig (0.1 ml)</i> | Tier 2 | MO |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray refrig (0.1 ml)</i> | Tier 2 | MO |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | Tier 2 | MO |
| Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr. | | |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | Tier 5 | MO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | Tier 5 | MO |
| Bone Resorption Inhibitors | | |
| <i>alendronate oral tablet 35 mg, 70 mg</i> | Tier 2 | MO |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | Tier 2 | MO |
| <i>pamidronate intravenous recon soln 90 mg</i> | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>raloxifene oral tablet 60 mg</i> | Tier 2 | MO |
| Calcimimetic, Parathyroid Calcium Enhancer | | |
| <i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> | Tier 5 | DS |
| Growth Hormones | | |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | Tier 3 | PA; DS |
| Lhrh(Gnrh) Agonist Analog Pituitary Suppressants | | |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | Tier 3 | PA |
| Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents | | |
| ORILISSA ORAL TABLET 150 MG, 200 MG | Tier 5 | PA; DS |
| Menopausal Sympt Supp-Sel Estrogen Recep Modulator | | |
| OSPHEA ORAL TABLET 60 MG | Tier 3 | DS; RB; QL |
| Pituitary Suppressive Agents | | |
| <i>cabergoline oral tablet 0.5 mg</i> | Tier 2 | MO |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Endocrine Disorder - Thyroid | | |
| Antithyroid Preparations | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Tier 2 | MO |
| <i>propylthiouracil oral tablet 50 mg</i> | Tier 2 | MO |
| Iodine Containing Agents | | |
| <i>potassium iodide oral solution 1 gram/ml</i> | Tier 2 | |
| SSKI ORAL SOLUTION 1 GRAM/ML | Tier 2 | |
| Thyroid Hormones | | |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 2 | MO |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 2 | MO |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> | Tier 2 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | Tier 2 | |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.25 % | Tier 3 | MO |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> | Tier 2 | |
| PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSIO N 1 % | Tier 3 | MO |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.12 % | Tier 3 | MO |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | Tier 2 | MO |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | Tier 2 | MO |
| Eye Antivirals | | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | Tier 2 | |
| Eye Local Anesthetics | | |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % | Tier 2 | |
| ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % | Tier 2 | |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % | Tier 2 | |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % | Tier 3 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | Tier 2 | |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | Tier 2 | |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> | Tier 2 | |
| GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM) | Tier 2 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | Tier 2 | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> | Tier 2 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> | Tier 2 | |
| POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM | Tier 2 | |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | Tier 2 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | Tier 2 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Ophthalmic Anti-Inflammatory Immunomodulator-Type | | |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> | Tier 2 | DS; QL |
| Ophthalmic Mast Cell Stabilizers | | |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | Tier 2 | MO |
| Ophthalmic Preparations, Miscellaneous | | |
| BIOLON INTRAOCULAR SYRINGE 10 MG/ML | Tier 3 | |
| HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML | Tier 3 | |
| PROVISC INTRAOCULAR SYRINGE 10 MG/ML | Tier 3 | |
| Eye - Glaucoma | | |
| Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | Tier 2 | MO |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | Tier 2 | MO |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | Tier 2 | |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Miotics/Other Intraoc. Pressure Reducers | | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | Tier 2 | MO |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | Tier 2 | MO |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | Tier 2 | MO |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | Tier 2 | MO |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> | Tier 2 | MO |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | Tier 2 | MO |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % | Tier 3 | MO |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | Tier 2 | MO |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> | Tier 2 | MO |
| Mydriatics | | |
| <i>atropine ophthalmic (eye) drops 1 %</i> | Tier 2 | MO |
| <i>atropine ophthalmic (eye) ointment 1 %</i> | Tier 2 | MO |
| CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 2 % | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % | Tier 3 | |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> | Tier 2 | |
| HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % | Tier 2 | MO |
| ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 % | Tier 3 | MO |
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i> | Tier 2 | |
| Eye - Miscellaneous | | |
| Artificial Tears | | |
| LACRISERT OPHTHALMIC (EYE) INSERT 5 MG | Tier 3 | MO |
| Eye Diagnostic Agents | | |
| BIOGLO OPHTHALMIC (EYE) STRIP 1 MG | Tier 2 | |
| <i>fluorescein ophthalmic (eye) strip 1 mg</i> | Tier 2 | |
| GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG | Tier 2 | |
| Eye Irrigations | | |
| BALANCED SALT INTRAOCULAR SOLUTION | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Ophth Vasc. Endothelial Growth Factor Antagonists | | |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML | Tier 6 | MO |
| Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody | | |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML | Tier 6 | MO |
| Fluid Replacement | | |
| Iv Solutions: Dextrose-Saline | | |
| D5 % (D-GLUCOSE)-0.9 % SODCHLR INTRAVENOUS PARENTERAL SOLUTION | Tier 2 | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | Tier 2 | |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | Tier 2 | |
| <i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i> | Tier 2 | |
| Iv Solutions: Dextrose-Water | | |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Gout And Related Diseases | | |
| Colchicine | | |
| <i>colchicine oral tablet 0.6 mg</i> | Tier 2 | MO |
| Hyperuricemia Tx - Purine Inhibitors | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | Tier 2 | MO |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | Tier 2 | ST; MO; QL |
| Uricosuric Agents | | |
| <i>probenecid oral tablet 500 mg</i> | Tier 2 | MO |
| Hematological Disorders | | |
| Anticoagulants, Coumarin Type | | |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | Tier 2 | MO |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 2 | MO |
| Antifibrinolytic Agents | | |
| AMICAR ORAL SOLUTION 250 MG/ML (25 %) | Tier 3 | |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> | Tier 2 | |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antihemophilic Factors | | |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 5 | DS |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT | Tier 5 | DS |
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 500-1,200 UNIT | Tier 5 | DS |
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT | Tier 5 | DS |
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 5 | DS |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT | Tier 5 | DS |
| Direct Factor Xa Inhibitors | | |
| <i>rivaroxaban oral tablet 2.5 mg</i> | Tier 2 | MO; QL |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | Tier 3 | |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG | Tier 3 | MO; QL |
| Factor Ix Complex (Pcc) Preparations | | |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT | Tier 5 | DS |
| Factor Ix Preparations | | |
| ALPHANINE SD INTRAVENOUS RECON SOLN 500 (+/-) UNIT | Tier 5 | DS |
| Hematinics,Other | | |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | Tier 5 | DS |
| Hemorrhheologic Agents | | |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | Tier 2 | MO |
| Heparin And Related Preparations | | |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> | Tier 2 | MO |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML | Tier 2 | |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i> | Tier 2 | |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i> | Tier 2 | |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i> | Tier 2 | |
| HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML | Tier 2 | |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | Tier 2 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | Tier 2 | |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i> | Tier 2 | |
| <i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> | Tier 2 | |
| LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML | Tier 3 | MO |
| Human Monoclonal Antibody Complement(C5) Inhibitor | | |
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Leukocyte (Wbc) Stimulants | | |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | Tier 3 | DS |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 3 | DS; WITHOUT NEEDLE GUARD |
| Plasma Expanders | | |
| <i>hetastarch 6 % in 0.9 % nacl intravenous solution 6 %</i> | Tier 2 | |
| Platelet Aggregation Inhibitors | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | Tier 2 | MO |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | Tier 2 | MO |
| <i>clopidogrel oral tablet 75 mg</i> | Tier 2 | MO |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | Tier 2 | MO |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> | Tier 2 | MO |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i> | Tier 2 | MO |
| Platelet Reducing Agents | | |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Thrombin Inhibitors, Selective, Direct, & Reversible | | |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg</i> | Tier 2 | MO |
| Thrombolytic Enzymes | | |
| ACTIVASE INTRAVENOUS RECON SOLN 100 MG | Tier 3 | |
| CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG | Tier 3 | |
| Thrombopoietin Receptor Agonists | | |
| ALVAIZ ORAL TABLET 18 MG, 9 MG | Tier 5 | DS; QL |
| ALVAIZ ORAL TABLET 36 MG, 54 MG | Tier 5 | DS |
| Topical Hemostatics | | |
| GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM | Tier 3 | |
| GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100 | Tier 3 | |
| GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM | Tier 3 | |
| GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50 | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50 | Tier 3 | |
| THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT | Tier 2 | |
| Vitamin K Preparations | | |
| MEPHYTON ORAL TABLET 5 MG | Tier 3 | |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> | Tier 5 | DS |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> | Tier 2 | |
| VITAMIN K1 INJECTION SOLUTION 10 MG/ML | Tier 5 | DS |
| Hormonal Deficiency | | |
| Androgenic Agents | | |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML | Tier 3 | DS |
| METHITEST ORAL TABLET 10 MG | Tier 3 | MO |
| <i>methyltestosterone oral capsule 10 mg</i> | Tier 2 | MO |
| <i>oxandrolone oral tablet 2.5 mg</i> | Tier 2 | MO |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | Tier 2 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> | Tier 2 | |
| Estrogen/Androgen Combinations | | |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG | Tier 2 | MO |
| COVARYX ORAL TABLET 1.25-2.5 MG | Tier 2 | MO |
| EEMT HS ORAL TABLET 0.625-1.25 MG | Tier 2 | MO |
| EEMT ORAL TABLET 1.25-2.5 MG | Tier 2 | MO |
| ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG | Tier 2 | MO |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i> | Tier 2 | MO |
| Estrogenic Agents | | |
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 3 | MO |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 2 | MO |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | MO |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 2 | MO |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 2 | MO |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | Tier 2 | |
| LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 2 | MO |
| PREMARIN INJECTION RECON SOLN 25 MG | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Progestational Agents | | |
| GALLIFREY ORAL TABLET 5 MG | Tier 2 | MO |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 2 | MO |
| <i>norethindrone acetate oral tablet 5 mg</i> | Tier 2 | MO |
| <i>progesterone intramuscular oil 50 mg/ml</i> | Tier 2 | RB |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> | Tier 2 | MO |
| Immunization | | |
| Antisera | | |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 3 | DS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 3 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | Tier 3 | DS |
| HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML | Tier 3 | |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | Tier 5 | PA; DS |
| Immunosuppression /Modulation | | |
| Immunomodulators | | |
| <i>imiquimod topical cream in packet 5 %</i> | Tier 2 | |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | Tier 6 | DS |
| Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn | | |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Immunosuppressives | | |
| <i>azathioprine oral tablet 50 mg</i> | Tier 2 | MO |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> | Tier 2 | MO |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | Tier 2 | MO |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | Tier 2 | MO |
| GENGRAF ORAL SOLUTION 100 MG/ML | Tier 2 | MO |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | Tier 2 | MO |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> | Tier 2 | MO |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | Tier 2 | MO |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | Tier 6 | MO |
| <i>sirolimus oral solution 1 mg/ml</i> | Tier 5 | MO |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | MO |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Infectious Disease - Bacterial | | |
| Absorbable Sulfonamides | | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> | Tier 2 | MO |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | Tier 2 | MO |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML | Tier 2 | MO |
| Betalactams | | |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> | Tier 2 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | Tier 5 | DS |
| Carbapenems (Thienamycins) | | |
| <i>ertapenem injection recon soln 1 gram</i> | Tier 5 | DS |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> | Tier 2 | |
| Cephalosporins - 1St Generation | | |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | Tier 2 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | Tier 2 | |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 2 | |
| Cephalosporins - 2Nd Generation | | |
| <i>cefotetan injection recon soln 1 gram, 2 gram</i> | Tier 2 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | Tier 2 | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | Tier 2 | |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i> | Tier 2 | |
| Cephalosporins - 3Rd Generation | | |
| <i>cefdinir oral capsule 300 mg</i> | Tier 2 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 2 | |
| <i>cefixime oral capsule 400 mg</i> | Tier 2 | |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>cefotaxime injection recon soln 2 gram</i> | Tier 2 | |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i> | Tier 2 | |
| <i>ceftazidime injection recon soln 2 gram, 6 gram</i> | Tier 2 | |
| <i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | Tier 2 | |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | Tier 2 | |
| <i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i> | Tier 2 | |
| CLAFORAN INJECTION RECON SOLN 2 GRAM | Tier 3 | |
| CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM | Tier 3 | |
| TAZICEF INJECTION RECON SOLN 2 GRAM, 6 GRAM | Tier 2 | |
| TAZICEF INTRAVENOUS RECON SOLN 1 GRAM | Tier 3 | |
| Cephalosporins - 4Th Generation | | |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> | Tier 2 | |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | Tier 3 | |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML | Tier 3 | |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG | Tier 2 | |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | Tier 3 | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i> | Tier 2 | |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | Tier 2 | |
| <i>erythromycin lactobionate intravenous recon soln 500 mg</i> | Tier 2 | |
| <i>erythromycin oral capsule, delayed release(drlec) 250 mg</i> | Tier 2 | |
| <i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> | Tier 2 | |
| ZITHROMAX ORAL PACKET 1 GRAM | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Nitrofurantoin Derivatives | | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 2 | |
| <i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i> | Tier 2 | |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> | Tier 2 | |
| Oxazolidinones | | |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> | Tier 5 | DS |
| <i>linezolid oral tablet 600 mg</i> | Tier 2 | DS |
| ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML | Tier 5 | DS |
| Penicillins | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | Tier 2 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | Tier 2 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | Tier 2 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | Tier 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | Tier 2 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | Tier 2 | |
| <i>ampicillin oral capsule 500 mg</i> | Tier 2 | |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i> | Tier 2 | |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i> | Tier 2 | |
| <i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i> | Tier 2 | |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | Tier 3 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | Tier 3 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | Tier 2 | |

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Tetracyclines | | |
| DOXY-100 INTRAVENOUS RECON SOLN 100 MG | Tier 2 | MO |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> | Tier 2 | MO |
| <i>doxycycline hyclate oral capsule 50 mg</i> | Tier 2 | MO |
| <i>doxycycline hyclate oral tablet 100 mg</i> | Tier 2 | MO |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | Tier 2 | MO |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | Tier 2 | MO |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i> | Tier 2 | MO |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | Tier 2 | MO |
| <i>minocycline oral tablet 100 mg</i> | Tier 2 | MO |
| MONDOXYNE NL ORAL CAPSULE 100 MG | Tier 2 | MO |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Infectious Disease - Fungal | | |
| Antifungal Agents | | |
| <i>clotrimazole mucous membrane troche 10 mg</i> | Tier 2 | |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i> | Tier 2 | |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | Tier 2 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | Tier 2 | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | Tier 5 | DS |
| <i>ketoconazole oral tablet 200 mg</i> | Tier 2 | |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> | Tier 5 | DS |
| <i>terbinafine hcl oral tablet 250 mg</i> | Tier 2 | |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | Tier 2 | |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antifungal Antibiotics | | |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG | Tier 5 | DS |
| <i>amphotericin b injection recon soln 50 mg</i> | Tier 5 | DS |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> | Tier 5 | DS |
| <i>caspofungin intravenous recon soln 50 mg, 70 mg</i> | Tier 5 | DS |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | Tier 2 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | Tier 2 | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | Tier 2 | |
| <i>nystatin oral suspension 100,000 unit/ml</i> | Tier 2 | |
| <i>nystatin oral tablet 500,000 unit</i> | Tier 2 | |
| Infectious Disease - Miscellaneous | | |
| Aminoglycosides | | |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | Tier 2 | |
| <i>gentamicin injection solution 40 mg/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i> | Tier 2 | |
| <i>neomycin oral tablet 500 mg</i> | Tier 2 | |
| <i>streptomycin intramuscular recon soln 1 gram</i> | Tier 2 | |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | Tier 2 | DS |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i> | Tier 2 | |
| Antileprotics | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | Tier 2 | MO |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | Tier 3 | DS |
| Anti-Mycobacterium Agents | | |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | Tier 2 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | Tier 2 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | Tier 2 | |
| <i>pyrazinamide oral tablet 500 mg</i> | Tier 2 | |
| Antitubercular Antibiotics | | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Lincosamides | | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | Tier 2 | |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> | Tier 2 | |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML | Tier 2 | |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> | Tier 2 | |
| Vancomycin And Derivatives | | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML | Tier 3 | |
| <i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml</i> | Tier 2 | |
| <i>vancomycin intravenous recon soln 10 gram, 5 gram, 500 mg</i> | Tier 2 | |
| <i>vancomycin oral capsule 125 mg, 250 mg</i> | Tier 2 | |
| <i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i> | Tier 2 | |
| Infectious Disease - Parasitic | | |
| Amebacides | | |
| HUMATIN ORAL CAPSULE 250 MG | Tier 5 | DS |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antiprotozoal Drugs, Miscellaneous | | |
| <i>atovaquone oral suspension 750 mg/5 ml</i> | Tier 5 | DS |
| NEBUPENT INHALATION RECON SOLN 300 MG | Tier 3 | MO |
| <i>pentamidine inhalation recon soln 300 mg</i> | Tier 2 | MO |
| <i>pentamidine injection recon soln 300 mg</i> | Tier 2 | |
| Infectious Disease - Viral | | |
| Antiretroviral-Integrase Inhibitor And Nnrti Comb. | | |
| JULUCA ORAL TABLET 50-25 MG | Tier 5 | MO |
| Antiretroviral-Integrase Inhibitor And Nrti Comb. | | |
| DOVATO ORAL TABLET 50-300 MG | Tier 3 | MO |
| Antiviral - Main Protease (Mpro) Inhibitor | | |
| PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)-100 MG (10), 300 MG (150 MG X 2)-100 MG | Tier 3 | QL; Age |
| Antivirals, General | | |
| <i>acyclovir oral capsule 200 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>acyclovir oral suspension 200 mg/5 ml</i> | Tier 2 | MO |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | Tier 2 | MO |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | Tier 2 | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | Tier 2 | MO |
| FLUMADINE ORAL TABLET 100 MG | Tier 3 | |
| <i>foscarnet intravenous solution 24 mg/ml</i> | Tier 2 | |
| FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML | Tier 2 | |
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> | Tier 2 | |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> | Tier 2 | |
| <i>rimantadine oral tablet 100 mg</i> | Tier 2 | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> | Tier 2 | MO |
| <i>valganciclovir oral recon soln 50 mg/ml</i> | Tier 5 | DS |
| <i>valganciclovir oral tablet 450 mg</i> | Tier 5 | DS |
| Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib | | |
| APTIVUS ORAL CAPSULE 250 MG | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>darunavir oral tablet 600 mg, 800 mg</i> | Tier 5 | MO |
| PREZISTA ORAL TABLET 150 MG, 75 MG | Tier 5 | MO |
| Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog | | |
| CIMDUO ORAL TABLET 300-300 MG | Tier 5 | MO |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> | Tier 2 | MO; \$0 COPAY IF USED FOR PREVENTION OF HIV |
| TEMIXYS ORAL TABLET 300-300 MG | Tier 5 | MO |
| Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb | | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | Tier 5 | MO |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | Tier 2 | MO |
| Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag. | | |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> | Tier 5 | MO |
| SELZENTRY ORAL TABLET 25 MG, 75 MG | Tier 5 | MO |
| Antivirals, Hiv-Specific, Non-Nucleoside, Rti | | |
| EDURANT ORAL TABLET 25 MG | Tier 5 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | Tier 2 | MO |
| <i>efavirenz oral tablet 600 mg</i> | Tier 2 | MO |
| <i>etravirine oral tablet 100 mg, 200 mg</i> | Tier 5 | MO |
| INTELENCE ORAL TABLET 25 MG | Tier 3 | MO |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | Tier 2 | MO |
| <i>nevirapine oral tablet 200 mg</i> | Tier 2 | MO |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | Tier 2 | MO |
| Antivirals, Hiv-Specific, Nucleoside Analog, Rti | | |
| <i>abacavir oral solution 20 mg/ml</i> | Tier 2 | MO |
| <i>abacavir oral tablet 300 mg</i> | Tier 2 | MO |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | Tier 2 | MO |
| <i>emtricitabine oral capsule 200 mg</i> | Tier 2 | MO |
| EMTRIVA ORAL CAPSULE 200 MG | Tier 3 | MO |
| <i>lamivudine oral solution 10 mg/ml</i> | Tier 2 | MO |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> | Tier 2 | MO |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | Tier 2 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr | | |
| ISENTRESS ORAL TABLET 400 MG | Tier 5 | MO |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | Tier 5 | MO |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | Tier 5 | MO |
| Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti | | |
| COMPLERA ORAL TABLET 200-25-300 MG | Tier 5 | MO |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i> | Tier 2 | MO |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i> | Tier 5 | MO |
| ODEFSEY ORAL TABLET 200-25-25 MG | Tier 3 | MO |
| SYMFI LO ORAL TABLET 400-300-300 MG | Tier 3 | MO |
| SYMFI ORAL TABLET 600-300-300 MG | Tier 3 | MO |
| Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor | | |
| BIKTARVY ORAL TABLET 50-200-25 MG | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| GENVOYA ORAL TABLET 150-150-200-10 MG | Tier 3 | MO |
| Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo | | |
| VOSEVI ORAL TABLET 400-100-100 MG | Tier 3 | PA; DS |
| Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo. | | |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> | Tier 5 | PA; DS |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> | Tier 5 | PA; DS |
| Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh | | |
| SOVALDI ORAL TABLET 400 MG | Tier 3 | DS |
| Hepatitis B Treatment Agents | | |
| <i>adefovir oral tablet 10 mg</i> | Tier 2 | DS |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | Tier 2 | MO |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | Tier 3 | MO |
| <i>lamivudine oral tablet 100 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Hepatitis C Treatment Agents | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Tier 2 | DS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | Tier 2 | DS |
| <i>ribavirin oral capsule 200 mg</i> | Tier 2 | |
| <i>ribavirin oral tablet 200 mg</i> | Tier 2 | |
| Inflammatory Disease | | |
| Anti-Arthritic And Chelating Agents | | |
| <i>penicillamine oral capsule 250 mg</i> | Tier 2 | MO |
| Anti-Flam. Interleukin-1 Receptor Antagonist | | |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | Tier 5 | DS |
| Anti-Inflammatory Tumor Necrosis Factor Inhibitor | | |
| AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | Tier 3 | MO |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | Tier 5 | PA; DS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | Tier 5 | PA; DS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | Tier 5 | PA; DS |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML | Tier 5 | PA; DS |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG | Tier 6 | DS |
| Anti-Inflammatory, Pyrimidine Synthesis Inhibitor | | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | Tier 2 | MO |
| Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib. | | |
| OTEZLA ORAL TABLET 30 MG | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | Tier 5 | DS |
| Antinflammatory, Sel.Costim.Mod., T-Cell Inhibitor | | |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | Tier 5 | DS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | Tier 5 | PA; MO |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | Tier 5 | PA; MO |
| Bradykinin B2 Receptor Antagonists | | |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> | Tier 5 | DS; QL |
| SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML | Tier 5 | DS; QL |
| Glucocorticoids | | |
| A-HYDROCORT INJECTION RECON SOLN 100 MG | Tier 2 | |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>budesonide oral capsule, delayed, extended release 3 mg</i> | Tier 2 | |
| <i>cortisone oral tablet 25 mg</i> | Tier 2 | |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 80 MG/ML | Tier 3 | |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML | Tier 3 | |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | Tier 2 | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | Tier 2 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 2 | |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> | Tier 2 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 2 | MO |
| <i>hydrocortisone sodium succinate injection recon soln 100 mg</i> | Tier 2 | |
| KENALOG INJECTION SUSPENSION 10 MG/ML | Tier 6 | |
| MEDROL ORAL TABLET 2 MG | Tier 3 | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>methylprednisolone oral tablet 16 mg, 4 mg</i> | Tier 2 | |
| <i>methylprednisolone oral tablets, dose pack 4 mg</i> | Tier 2 | |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | Tier 2 | |
| <i>prednisolone oral solution 15 mg/5 ml</i> | Tier 2 | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Tier 2 | |
| <i>prednisone oral solution 5 mg/5 ml</i> | Tier 2 | MO |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | Tier 2 | MO |
| <i>prednisone oral tablets, dose pack 5 mg</i> | Tier 2 | MO |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | Tier 3 | |
| SOLU-CORTEF INJECTION RECON SOLN 100 MG | Tier 3 | |
| SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML | Tier 3 | |
| SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG | Tier 3 | |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> | Tier 6 | |
| Gold Salts | | |
| <i>auranofin oral capsule 3 mg</i> | Tier 5 | DS |
| RIDAURA ORAL CAPSULE 3 MG | Tier 5 | DS |
| Interleukin-6 (Il-6) Receptor Inhibitors | | |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | Tier 5 | PA; DS |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | Tier 6 | DS |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | Tier 5 | PA; DS |
| Janus Kinase (Jak) Inhibitors | | |
| XELJANZ ORAL SOLUTION 1 MG/ML | Tier 5 | PA; DS |
| XELJANZ ORAL TABLET 10 MG | Tier 3 | DS; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| XELJANZ ORAL TABLET 5 MG | Tier 5 | PA; DS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG | Tier 5 | PA; DS |
| Mineralocorticoids | | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | Tier 2 | MO |
| Monoclonal Antibody-Human Interleukin 12/23 Inhib | | |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML | Tier 3 | PA |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | Tier 3 | PA; MO |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | Tier 3 | PA; MO |
| Nsaids, Cyclooxygenase 2 Inhibitor - Type | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | Tier 2 | MO |
| Nsaids, Cyclooxygenase Inhibitor-Type | | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | Tier 2 | MO |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG | Tier 2 | MO |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | Tier 2 | MO |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | Tier 2 | |
| <i>indomethacin oral capsule, extended release 75 mg</i> | Tier 2 | |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | Tier 2 | |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i> | Tier 2 | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | Tier 2 | MO |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | Tier 2 | MO |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | Tier 2 | MO |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | Tier 2 | |
| Local Anesthesia | | |
| Local Anesthetics | | |
| <i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i> | Tier 2 | |
| <i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml)</i> | Tier 2 | |
| <i>bupivacaine hcl injection solution 0.5 % (5 mg/ml)</i> | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i> | Tier 2 | |
| <i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i> | Tier 2 | |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %)</i> | Tier 2 | |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> | Tier 2 | |
| <i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i> | Tier 2 | MO |
| LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % | Tier 2 | MO |
| <i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i> | Tier 2 | |
| MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000 | Tier 2 | |
| NESACAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %) | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| SENSORCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.5 %-1:200,000 | Tier 2 | |
| SENSORCAINE-MPF INJECTION SOLUTION 0.75 % (7.5 MG/ML) | Tier 2 | |
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000 | Tier 2 | |
| XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %) | Tier 3 | |
| Lower Gastrointestinal Disorders - Bowel Inflammation | | |
| Chronic Inflamm. Colon Dx, 5-A-Salicylate, Rectal Tx | | |
| <i>mesalamine rectal enema 4 gram/60 ml</i> | Tier 2 | MO |
| <i>mesalamine rectal suppository 1,000 mg</i> | Tier 2 | MO |
| Drug Tx-Chronic Inflamm. Colon Dx, 5-Aminosalicylate | | |
| <i>balsalazide oral capsule 750 mg</i> | Tier 2 | MO |
| <i>mesalamine oral capsule, extended release 500 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> | Tier 2 | MO |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG | Tier 3 | MO |
| <i>sulfasalazine oral tablet 500 mg</i> | Tier 2 | MO |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> | Tier 2 | MO |
| Integrin Receptor Antagonist, Monoclonal Antibody | | |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML | Tier 5 | DS |
| Irritable Bowel Agents, Guanylate Cyclase-C Agonist | | |
| TRULANCE ORAL TABLET 3 MG | Tier 3 | PA; MO |
| Rectal Preparations | | |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG | Tier 2 | MO |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> | Tier 2 | MO |
| Rectal/Lower Bowel Prep., Glucocorticoid (Non-Hemorrhagic) | | |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Lower Gastrointestinal Disorders - Other | | |
| Ammonia Inhibitors | | |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML | Tier 2 | MO |
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML | Tier 2 | MO |
| <i>lactulose oral solution 10 gram/15 ml</i> | Tier 2 | MO |
| Antidiarrheals | | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> | Tier 2 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | Tier 2 | |
| Bile Salts | | |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | Tier 2 | MO |
| Laxatives And Cathartics | | |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML | Tier 2 | MO |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM | Tier 1 | |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | Tier 1 | |
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | Tier 1 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> | Tier 2 | MO |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> | Tier 1 | |
| Medical Supplies | | |
| Diabetic Supplies | | |
| ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE | Tier 7 | MO |
| UNISTIK 3 COMFORT LANCET 28 GAUGE | Tier 7 | MO |
| Durable Medical Equipment,Misc(Group 1) | | |
| 1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| 2-IN-1 LANCET DEVICE 30 GAUGE | Tier 7 | MO |
| ACCU-CHEK FASTCLIX LANCET DRUM | Tier 7 | MO |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE | Tier 7 | MO |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE | Tier 7 | MO |
| ACCU-CHEK SOFTCLIX LANCETS | Tier 7 | MO |
| ACTI-LANCE LANCETS 23 GAUGE, 28 GAUGE | Tier 7 | MO |
| ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| AGAMATRIX ULTRA-THIN LANCET 33 GAUGE | Tier 7 | MO |
| ALTERNATE SITE LANCET 26 GAUGE | Tier 7 | MO |
| ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 28 GAUGE | Tier 7 | MO |
| ASSURE LANCE 28 GAUGE | Tier 7 | MO |
| ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE | Tier 7 | MO |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE | Tier 7 | MO |
| BD ULTRA FINE LANCETS 33 GAUGE | Tier 7 | MO |
| BD ULTRA-FINE II LANCETS 30 GAUGE | Tier 7 | MO |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE | Tier 7 | MO |
| BUTTERFLY TOUCH LANCET 30 GAUGE | Tier 7 | MO |
| CAREONE THIN LANCET | Tier 7 | MO |
| CAREONE ULTRA THIN LANCET | Tier 7 | MO |
| CARESENS LANCETS 30 GAUGE | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE | Tier 7 | MO |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO |
| CHOSEN LANCET 30 GAUGE | Tier 7 | MO |
| CHOSEN SAFETY LANCET 28 GAUGE | Tier 7 | MO |
| CLEVER CHEK LANCETS 30 GAUGE | Tier 7 | MO |
| COAGUCHEK LANCETS | Tier 7 | MO |
| COLOR LANCETS 21 GAUGE | Tier 7 | MO |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE | Tier 7 | MO |
| COMFORT LANCETS | Tier 7 | MO |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE | Tier 7 | MO |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE | Tier 7 | MO |
| DROPLET LANCETS 30 GAUGE | Tier 7 | MO |
| EASY COMFORT LANCETS 30 GAUGE | Tier 7 | MO |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE | Tier 7 | MO |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE | Tier 7 | MO |
| EASY TWIST AND CAP LANCETS 28 GAUGE | Tier 7 | MO |
| EMBRACE LANCETS 30 GAUGE | Tier 7 | MO |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE | Tier 7 | MO |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE | Tier 7 | MO |
| E-Z JECT THIN LANCETS 28 GAUGE | Tier 7 | MO |
| EZ SMART LANCETS 28 GAUGE | Tier 7 | MO |
| EZ-LETS 26 GAUGE | Tier 7 | MO |
| FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE | Tier 7 | MO |
| FINE 30 UNIVERSAL LANCETS 30 GAUGE | Tier 7 | MO |
| FINGERSTIX LANCETS | Tier 7 | MO |
| FORACARE LANCETS 30 GAUGE | Tier 7 | MO |
| FREESTYLE LANCETS 28 GAUGE | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| FREESTYLE UNISTIK 2 | Tier 7 | MO |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO |
| GOJJI LANCETS 30 GAUGE | Tier 7 | MO |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE | Tier 7 | MO |
| INCONTROL SUPER THIN LANCETS 30 GAUGE | Tier 7 | MO |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE | Tier 7 | MO |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| INVACARE LANCETS 30 GAUGE | Tier 7 | MO |
| <i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i> | Tier 7 | MO |
| LANCETS, SUPER THIN | Tier 7 | MO |
| LANCETS,THIN , 23 GAUGE, 28 GAUGE | Tier 7 | MO |
| LANCETS,ULTRA THIN , 26 GAUGE | Tier 7 | MO |
| LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO |
| MEDISENSE THIN LANCETS 28 GAUGE | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE | Tier 7 | MO |
| MICRO THIN LANCETS 33 GAUGE | Tier 7 | MO |
| MICROLET LANCET | Tier 7 | MO |
| MOBILE LANCETS 30 GAUGE | Tier 7 | MO |
| MONOLET LANCETS 21 GAUGE | Tier 7 | MO |
| MONOLET THIN LANCETS 28 GAUGE | Tier 7 | MO |
| MYGLUCOHEALTH LANCETS 30 GAUGE | Tier 7 | MO |
| NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE | Tier 7 | MO |
| NOVA SUREFLEX LANCETS | Tier 7 | MO |
| ON CALL LANCET 30 GAUGE | Tier 7 | MO |
| ON CALL PLUS LANCET 30 GAUGE | Tier 7 | MO |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE | Tier 7 | MO |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE | Tier 7 | MO |
| ONETOUCH SURESOFT LANCING DEV 28 GAUGE | Tier 7 | MO |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE | Tier 7 | MO |
| ONETOUCH ULTRASOFT LANCETS | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| ON-THE-GO LANCETS 30 GAUGE | Tier 7 | MO |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| PIP LANCET 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE | Tier 7 | MO |
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE | Tier 7 | MO |
| PRO COMFORT SAFETY LANCET 30 GAUGE | Tier 7 | MO |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE | Tier 7 | MO |
| PRODIGY TWIST TOP LANCET 28 GAUGE | Tier 7 | MO |
| PURE COMFORT LANCETS 30 GAUGE | Tier 7 | MO |
| PURE COMFORT SAFETY LANCETS 30 GAUGE | Tier 7 | MO |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE | Tier 7 | MO |
| READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| RELIAMED LANCET 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| RELION THIN LANCETS 26 GAUGE | Tier 7 | MO |
| RELION ULTRA THIN PLUS LANCETS | Tier 7 | MO |
| RIGHTEST GL300 LANCETS 30 GAUGE | Tier 7 | MO |
| SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE | Tier 7 | MO |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| SAFETY-LET LANCETS 30 GAUGE | Tier 7 | MO |
| SINGLE-LET | Tier 7 | MO |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE | Tier 7 | MO |
| SMARTTEST LANCET | Tier 7 | MO |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| STERILANCE TL 30 GAUGE, 32 GAUGE | Tier 7 | MO |
| SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| SURE-LANCE , 26 GAUGE, 28 GAUGE | Tier 7 | MO |
| SURE-LANCE ULTRA THIN 30 GAUGE | Tier 7 | MO |
| SURE-TOUCH LANCET | Tier 7 | MO |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| TELCARE LANCETS 30 GAUGE | Tier 7 | MO |
| THIN LANCETS 26 GAUGE | Tier 7 | MO |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE | Tier 7 | MO |
| TRUE COMFORT LANCET 30 GAUGE | Tier 7 | MO |
| TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO |
| TWIST LANCETS 30 GAUGE, 32 GAUGE | Tier 7 | MO |
| ULTILET BASIC LANCETS 30 GAUGE | Tier 7 | MO |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO |
| ULTILET SAFETY LANCETS 23 GAUGE | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|------------------|---|
| ULTRA THIN II LANCETS 30 GAUGE | Tier 7 | MO |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE | Tier 7 | MO |
| ULTRA THIN PLUS LANCETS 33 GAUGE | Tier 7 | MO |
| ULTRA TLC LANCETS | Tier 7 | MO |
| ULTRA-CARE LANCETS 30 GAUGE | Tier 7 | MO |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE | Tier 7 | MO |
| ULTRA-THIN II LANCETS 28 GAUGE | Tier 7 | MO |
| UNILET COMFORTOUCH LANCET , 26 GAUGE | Tier 7 | MO |
| UNILET EXCELITE II LANCET | Tier 7 | MO |
| UNILET EXCELITE LANCET | Tier 7 | MO |
| UNILET GP LANCET | Tier 7 | MO |
| UNILET LANCET 28 GAUGE, 33 GAUGE | Tier 7 | MO |
| UNILET LANCETS 30 GAUGE | Tier 7 | MO |
| UNILET SUPER THIN LANCETS 30 GAUGE | Tier 7 | MO |
| UNISTIK 3 EXTRA LANCET 21 GAUGE | Tier 7 | MO |
| UNISTIK 3 GENTLE 30 GAUGE | Tier 7 | MO |
| UNISTIK 3 LANCETS 21 GAUGE | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|------------------|---|
| UNISTIK 3 NORMAL LANCET 23 GAUGE | Tier 7 | MO |
| UNISTIK COMFORT LANCETS 28 GAUGE | Tier 7 | MO |
| UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE | Tier 7 | MO |
| UNISTIK EXTRA LANCETS 21 GAUGE | Tier 7 | MO |
| UNISTIK NORMAL LANCETS 23 GAUGE | Tier 7 | MO |
| UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE | Tier 7 | MO |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE | Tier 7 | MO |
| VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE | Tier 7 | MO |
| VIVAGUARD LANCET 30 GAUGE | Tier 7 | MO |
| VIVAGUARD SAFETY LANCET 28 GAUGE | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Syringes And Accessories | | |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 7 | MO |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" | Tier 7 | MO |
| BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" | Tier 7 | MO |
| BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" | Tier 7 | MO |
| BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML | Tier 7 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | Tier 7 | MO |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 | Tier 7 | MO |
| BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" | Tier 7 | MO |
| BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" | Tier 7 | MO |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" | Tier 7 | MO |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" | Tier 7 | MO |
| BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" | Tier 7 | MO |

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" | Tier 7 | MO |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | Tier 7 | MO |
| EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML | Tier 7 | MO |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML | Tier 7 | MO |

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

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

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

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

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

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

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

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

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 7 | MO |
| ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | Tier 7 | MO |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | Tier 7 | MO |
| VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 | Tier 7 | MO |
| Miscellaneous Agents | | |
| Anaphylaxis Therapy Agents | | |
| ADYPHREN AMP INJECTION KIT 1 MG/ML | Tier 3 | |
| ADYPHREN INJECTION KIT 1 MG/ML | Tier 3 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML | Tier 3 | DS; QL |
| EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML | Tier 2 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | Tier 2 | QL |
| EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML | Tier 2 | |
| EPINEPHRINESNAP INJECTION KIT 1 MG/ML | Tier 3 | |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML | Tier 3 | |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML | Tier 2 | |
| Parasympathetic Agents | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 2 | MO |
| <i>pilocarpine hcl oral tablet 5 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Pku Tx Agent- Cofactor Of Phenylalanine Hydroxylase | | |
| <i>sapropterin oral powder in packet 100 mg</i> | Tier 2 | DS |
| <i>sapropterin oral tablet, soluble 100 mg</i> | Tier 2 | DS |
| Neoplastic Disease | | |
| Alkylating Agents | | |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram</i> | Tier 6 | |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | Tier 2 | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | Tier 3 | |
| <i>hydroxyurea oral capsule 500 mg</i> | Tier 2 | MO |
| IFEX INTRAVENOUS RECON SOLN 3 GRAM | Tier 6 | |
| <i>ifosfamide intravenous recon soln 3 gram</i> | Tier 6 | |
| LEUKERAN ORAL TABLET 2 MG | Tier 3 | |
| <i>melphalan oral tablet 2 mg</i> | Tier 2 | |
| MYLERAN ORAL TABLET 2 MG | Tier 3 | |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i> | Tier 5 | DS |
| <i>temozolomide oral capsule 20 mg, 5 mg</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>thiotepa injection recon soln 15 mg</i> | Tier 5 | DS |
| Antandrogenic Agents | | |
| <i>abiraterone oral tablet 250 mg</i> | Tier 2 | DS |
| ABIRTEGA ORAL TABLET 250 MG | Tier 2 | DS |
| <i>bicalutamide oral tablet 50 mg</i> | Tier 2 | MO |
| <i>flutamide oral capsule 125 mg</i> | Tier 2 | MO |
| XTANDI ORAL CAPSULE 40 MG | Tier 5 | DS |
| XTANDI ORAL TABLET 80 MG | Tier 5 | DS |
| Antibiotic Antineoplastics | | |
| ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG | Tier 6 | |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | Tier 6 | |
| <i>daunorubicin intravenous solution 5 mg/ml</i> | Tier 6 | |
| <i>doxorubicin intravenous recon soln 50 mg</i> | Tier 6 | |
| <i>mitomycin intravenous recon soln 40 mg, 5 mg</i> | Tier 6 | |
| MUTAMYCIN INTRAVENOUS RECON SOLN 40 MG, 5 MG | Tier 6 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Anti-Cd20 (B Lymphocyte) Monoclonal Antibody | | |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | Tier 6 | |
| Antimetabolites | | |
| <i>azacitidine injection recon soln 100 mg</i> | Tier 6 | |
| <i>capecitabine oral tablet 150 mg</i> | Tier 2 | |
| <i>capecitabine oral tablet 500 mg</i> | Tier 2 | MO |
| <i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i> | Tier 6 | |
| <i>cytarabine injection solution 20 mg/ml</i> | Tier 6 | |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml</i> | Tier 6 | |
| <i>gemcitabine intravenous recon soln 200 mg</i> | Tier 6 | |
| <i>mercaptopurine oral suspension 20 mg/ml</i> | Tier 5 | DS |
| <i>mercaptopurine oral tablet 50 mg</i> | Tier 2 | MO |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 6 | MO |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | Tier 6 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>methotrexate sodium oral tablet 2.5 mg</i> | Tier 2 | MO |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i> | Tier 6 | MO |
| PURIXAN ORAL SUSPENSION 20 MG/ML | Tier 5 | DS |
| TABLOID ORAL TABLET 40 MG | Tier 3 | MO |
| Antineoplast Egf Receptor Blocker Rcmb Mc Antibody | | |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML | Tier 6 | |
| KANJINTI INTRAVENOUS RECON SOLN 420 MG | Tier 6 | MO |
| Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody | | |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | Tier 6 | MO |
| Antineoplastic Aromatase Inhibitors | | |
| <i>anastrozole oral tablet 1 mg</i> | Tier 2 | MO |
| <i>exemestane oral tablet 25 mg</i> | Tier 2 | MO |
| <i>letrozole oral tablet 2.5 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antineoplastic - Braf Kinase Inhibitors | | |
| ZELBORAF ORAL TABLET 240 MG | Tier 5 | DS |
| Antineoplastic - Mek1 And Mek2 Kinase Inhibitors | | |
| COTELLIC ORAL TABLET 20 MG | Tier 3 | DS |
| Antineoplastic - Mtor Kinase Inhibitors | | |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | Tier 5 | DS |
| TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | Tier 5 | DS |
| Antineoplastic Immunomodulator Agents | | |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> | Tier 5 | DS |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | Tier 5 | DS |
| Antineoplastic Systemic Enzyme Inhibitors | | |
| ALECENSA ORAL CAPSULE 150 MG | Tier 3 | DS |
| BRUKINSA ORAL CAPSULE 80 MG | Tier 5 | DS |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>pazopanib oral tablet 200 mg</i> | Tier 5 | DS |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | Tier 5 | PA; DS |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 5 | DS |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | Tier 5 | DS |
| TUKYSA ORAL TABLET 150 MG, 50 MG | Tier 5 | DS; QL |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | Tier 5 | DS |
| Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab | | |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | Tier 6 | DS |
| Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | Tier 5 | DS |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antineoplastics,Miscellaneous | | |
| <i>dacarbazine intravenous recon soln 100 mg</i> | Tier 6 | |
| <i>etoposide oral capsule 50 mg</i> | Tier 2 | |
| LYSODREN ORAL TABLET 500 MG | Tier 3 | DS |
| MATULANE ORAL CAPSULE 50 MG | Tier 5 | DS |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | Tier 2 | DS |
| Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab | | |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | Tier 6 | MO |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML | Tier 5 | DS |
| Chemotherapy Rescue/Antidote Agents | | |
| <i>leucovorin calcium injection recon soln 50 mg</i> | Tier 2 | |
| <i>leucovorin calcium oral tablet 25 mg</i> | Tier 2 | |
| <i>leucovorin calcium oral tablet 5 mg</i> | Tier 2 | MO |
| <i>mesna oral tablet 400 mg</i> | Tier 5 | DS |
| MESNEX ORAL TABLET 400 MG | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Selective Estrogen Receptor Modulators (Serm) | | |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | Tier 2 | MO |
| Steroid Antineoplastics | | |
| EMCYT ORAL CAPSULE 140 MG | Tier 5 | DS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | Tier 2 | MO |
| Vinca Alkaloids | | |
| VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML | Tier 6 | |
| <i>vincristine intravenous solution 1 mg/ml</i> | Tier 6 | |
| <i>vinorelbine intravenous solution 50 mg/5 ml</i> | Tier 6 | |
| Neurological Disease - Miscellaneous | | |
| Agents To Treat Multiple Sclerosis | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | Tier 5 | PA; DS |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | Tier 5 | PA; DS |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i> | Tier 2 | MO |
| <i>fingolimod oral capsule 0.5 mg</i> | Tier 2 | MO; QL |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> | Tier 2 | DS |
| GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML | Tier 2 | DS |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | Tier 2 | MO |
| Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr | | |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> | Tier 2 | MO |
| Amyotrophic Lateral Sclerosis Agents | | |
| <i>riluzole oral tablet 50 mg</i> | Tier 2 | MO |
| Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | Tier 3 | PA; MO |
| Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab | | |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Movement Disorders(Drug Therapy) | | |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> | Tier 2 | MO |
| Oral/Pharyngeal Disorders | | |
| Dental Aids And Preparations | | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | Tier 2 | |
| ORALONE DENTAL PASTE 0.1 % | Tier 2 | MO |
| PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % | Tier 2 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | Tier 2 | MO |
| Nose Preparations, Miscellaneous (Rx) | | |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i> | Tier 2 | ST; MO |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i> | Tier 2 | ST |
| Periodontal Collagenase Inhibitors | | |
| <i>doxycycline hyclate oral tablet 20 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Other Drugs | | |
| Abortifacient,Progesterone Receptor Antagonist-Typ | | |
| MIFEPREX ORAL TABLET 200 MG | Tier 3 | |
| <i>mifepristone oral tablet 200 mg</i> | Tier 2 | |
| Appetite Stim. For Anorexia,Cachexia, Wasting Synd. | | |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | Tier 2 | MO |
| Blood Testing Preparations,In-Vitro | | |
| FORA GTEL KETONE TEST STRIP STRIP | Tier 7 | MO |
| FORA TN'G ADV VOICE KETO STRIP STRIP | Tier 7 | MO |
| GOJJI BLOOD KETONE TEST STRIP STRIP | Tier 7 | MO |
| NOVAMAX PLUS KETONE STRIP | Tier 7 | MO |
| PRECISION XTRA B-KETONE STRIP | Tier 7 | MO |
| General Anesthetics - Benzodiazepine, Injectable | | |
| <i>midazolam (pf) injection solution 5 mg/ml</i> | Tier 2 | DS; QL |
| <i>midazolam injection solution 5 mg/ml</i> | Tier 2 | DS; QL |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| General Anesthetics, Inhalant | | |
| <i>desflurane inhalation liquid 100 %</i> | Tier 2 | |
| <i>isoflurane inhalation liquid 99.9 %</i> | Tier 2 | |
| <i>sevoflurane inhalation liquid 99.97 %</i> | Tier 2 | |
| TERRELL INHALATION LIQUID 99.9 % | Tier 2 | |
| General Anesthetics, Injectable | | |
| BREVITAL INJECTION RECON SOLN 500 MG | Tier 3 | |
| <i>ketamine injection solution 100 mg/ml</i> | Tier 2 | |
| <i>methohexital injection recon soln 500 mg</i> | Tier 2 | |
| General Inhalation Agents | | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % | Tier 2 | |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i> | Tier 2 | |
| Metabolic Deficiency Agents | | |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML | Tier 3 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Needles/Needleless Devices | | |
| 1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | Tier 7 | MO |
| BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" | Tier 7 | MO |

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

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

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

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

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

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | Tier 7 | MO |
| TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" | Tier 7 | MO |
| TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" | Tier 7 | MO |
| ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 7 | MO |
| Neuromuscular Blocking Agents | | |
| BOTOX INJECTION RECON SOLN 100 UNIT | Tier 6 | |
| <i>succinylcholine chloride injection solution 20 mg/ml</i> | Tier 2 | |
| Parenteral Amino Acid Solutions And Combinations | | |
| CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | Tier 3 | |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| TRUEPLUS KETONE STRIP | Tier 7 | MO |
| Urine Test Aids, Miscellaneous | | |
| ALBUSTIX REAGENT STRIP | Tier 7 | |
| CHEMSTRIP 2 STRIP | Tier 7 | |
| CHEMSTRIP MICRAL STRIP | Tier 7 | |
| Water | | |
| STERILE WATER FOR INJECTION INJECTION SOLUTION | Tier 2 | |
| <i>water for inject, bacteriostat injection solution</i> | Tier 2 | |
| <i>water for injection, sterile injection solution</i> | Tier 2 | |
| Other Respiratory Disorders | | |
| Antifibrotic Therapy - Pyridone Analogs | | |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> | Tier 2 | DS |
| Cystic Fibrosis-Cftr Potentiator & Corrector Comb. | | |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG | Tier 5 | PA; DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | Tier 5 | PA; DS |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | Tier 5 | PA; DS |
| Mucolytics | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | Tier 2 | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | Tier 5 | DS |
| Pain Management - Analgesics | | |
| Analgesic/Antipyretics, Salicylates | | |
| <i>salsalate oral tablet 500 mg, 750 mg</i> | Tier 2 | |
| Analgesics Narcotic, Anesthetic Adjunct Agents | | |
| <i>fentanyl citrate (pf) injection solution 50 mcg/ml</i> | Tier 2 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Analgesics,Narcotics | | |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | Tier 2 | PA; DS |
| <i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i> | Tier 2 | DS |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | Tier 2 | DS; Age |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | Tier 2 | DS |
| <i>hydromorphone (pf) injection solution 10 mg/ml</i> | Tier 2 | DS |
| <i>hydromorphone injection solution 1 mg/ml</i> | Tier 2 | DS |
| <i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i> | Tier 2 | DS |
| <i>hydromorphone oral liquid 1 mg/ml</i> | Tier 2 | DS |
| <i>hydromorphone oral tablet 2 mg, 4 mg</i> | Tier 2 | DS |
| <i>hydromorphone rectal suppository 3 mg</i> | Tier 2 | DS |
| METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML | Tier 2 | DS |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Antimigraine Preparations | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | Tier 3 | ST; MO |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | Tier 3 | ST; MO |
| <i>dihydroergotamine injection solution 1 mg/ml</i> | Tier 2 | QL |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | Tier 5 | ST; QL |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> | Tier 2 | QL |
| ERGOMAR SUBLINGUAL TABLET 2 MG | Tier 3 | QL |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | Tier 2 | QL |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | Tier 3 | QL |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | Tier 2 | QL |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i> | Tier 2 | QL |
| <i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> | Tier 2 | QL |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> | Tier 2 | QL |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| LORCET (HYDROCODONE) ORAL TABLET 5-325 MG | Tier 2 | DS |
| LORCET HD ORAL TABLET 10-325 MG | Tier 2 | DS |
| <i>oxycodone-acetaminophen oral tablet 5-325 mg</i> | Tier 2 | DS |
| PERCOCET ORAL TABLET 5-325 MG | Tier 2 | DS |
| Narcotic Withdrawal Therapy Agents | | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | Tier 2 | DS |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | Tier 2 | DS |
| Parkinsons Disease | | |
| Antiparkinsonism Drugs, Anticholinergic | | |
| <i>benztropine injection solution 1 mg/ml</i> | Tier 2 | |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | MO |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | Tier 2 | MO |
| Antiparkinsonism Drugs, Other | | |
| <i>amantadine hcl oral capsule 100 mg</i> | Tier 2 | MO |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | Tier 2 | MO |
| <i>amantadine hcl oral tablet 100 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>bromocriptine oral capsule 5 mg</i> | Tier 2 | MO |
| <i>bromocriptine oral tablet 2.5 mg</i> | Tier 2 | MO |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 2 | MO |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | Tier 2 | MO |
| <i>entacapone oral tablet 200 mg</i> | Tier 2 | MO |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | Tier 2 | MO |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | Tier 2 | MO |
| <i>selegiline hcl oral capsule 5 mg</i> | Tier 2 | MO |
| <i>selegiline hcl oral tablet 5 mg</i> | Tier 2 | MO |
| Decarboxylase Inhibitors | | |
| <i>carbidopa oral tablet 25 mg</i> | Tier 2 | MO |
| Seizure Disorder | | |
| Anticonvulsant - Benzodiazepine Type | | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | Tier 2 | MO |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | DS |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 2 | DS |
| DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG | Tier 3 | DS |
| DIASTAT RECTAL KIT 2.5 MG | Tier 3 | DS |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> | Tier 2 | DS |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | Tier 3 | PA; DS |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | Tier 3 | PA; DS |
| Anticonvulsants | | |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | Tier 2 | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | Tier 2 | MO |
| <i>carbamazepine oral tablet 200 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | Tier 2 | MO |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | Tier 2 | MO |
| CELONTIN ORAL CAPSULE 300 MG | Tier 3 | MO |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG | Tier 3 | MO |
| DILANTIN ORAL CAPSULE 30 MG | Tier 3 | MO |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> | Tier 2 | MO |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> | Tier 2 | MO |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> | Tier 2 | MO |
| EPITOL ORAL TABLET 200 MG | Tier 2 | MO |
| EPRONTIA ORAL SOLUTION 25 MG/ML | Tier 3 | MO; Age |
| <i>ethosuximide oral capsule 250 mg</i> | Tier 2 | MO |
| <i>ethosuximide oral solution 250 mg/5 ml</i> | Tier 2 | MO |
| <i>felbamate oral suspension 600 mg/5 ml</i> | Tier 2 | MO |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | Tier 2 | MO |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | Tier 2 | MO |
| <i>lacosamide oral solution 10 mg/ml</i> | Tier 2 | MO |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | Tier 2 | MO |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | Tier 2 | MO |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | Tier 2 | MO |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> | Tier 2 | MO |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i> | Tier 2 | MO |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> | Tier 2 | MO |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> | Tier 2 | MO |
| <i>methsuximide oral capsule 300 mg</i> | Tier 2 | MO |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> | Tier 2 | MO |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i> | Tier 2 | MO |
| <i>phenytoin oral tablet, chewable 50 mg</i> | Tier 2 | MO |
| <i>phenytoin sodium extended oral capsule 100 mg</i> | Tier 2 | MO |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | Tier 2 | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | Tier 2 | MO |
| <i>primidone oral tablet 250 mg, 50 mg</i> | Tier 2 | MO |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | Tier 2 | MO |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> | Tier 2 | MO |
| <i>topiramate oral solution 25 mg/ml</i> | Tier 2 | MO; Age |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 2 | MO |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | Tier 2 | MO |
| <i>valproic acid oral capsule 250 mg</i> | Tier 2 | MO |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | Tier 3 | MO; Age |

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

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Smoking Deterrents, Other | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | Tier 1 | |
| Upper Gastrointestinal Disorders - Digestive | | |
| Pancreatic Enzymes | | |
| CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT | Tier 3 | MO |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT | Tier 3 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Upper Gastrointestinal Disorders - Spastic Disease | | |
| Anticholinergics/Antispasmodics | | |
| <i>dicyclomine intramuscular solution 10 mg/ml</i> | Tier 2 | |
| <i>dicyclomine oral capsule 10 mg</i> | Tier 2 | MO |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | Tier 2 | MO |
| <i>dicyclomine oral tablet 20 mg</i> | Tier 2 | MO |
| Belladonna Alkaloids | | |
| <i>atropine injection solution 0.4 mg/ml</i> | Tier 2 | |
| Upper Gastrointestinal Disorders - Ulcer Disease | | |
| Anticholinergics, Quaternary Ammonium | | |
| <i>chlorthalidone- clidinium oral capsule 5-2.5 mg</i> | Tier 2 | DS |
| <i>glycopyrrolate injection solution 0.2 mg/ml</i> | Tier 2 | MO |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> | Tier 2 | MO |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Anti-Ulcer Preparations | | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | Tier 2 | MO |
| <i>sucralfate oral tablet 1 gram</i> | Tier 2 | MO |
| Histamine H2-Receptor Inhibitors | | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | Tier 2 | MO |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | Tier 2 | |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | Tier 2 | |
| <i>famotidine intravenous solution 10 mg/ml</i> | Tier 2 | |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i> | Tier 2 | MO |
| Intestinal Motility Stimulants | | |
| <i>metoclopramide hcl injection solution 5 mg/ml</i> | Tier 2 | |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i> | Tier 2 | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | Tier 2 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Proton-Pump Inhibitors | | |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> | Tier 2 | MO |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i> | Tier 2 | MO |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> | Tier 2 | MO |
| Urinary Tract - Functional Disorders | | |
| Benign Prostatic Hypertrophy/Micturition Agents | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> | Tier 2 | MO |
| <i>finasteride oral tablet 5 mg</i> | Tier 2 | MO |
| <i>tamsulosin oral capsule 0.4 mg</i> | Tier 2 | MO |
| Cystine-Depleting Agents, Nephropathic Cystinosis | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | Tier 3 | MO |
| Kidney Stone Agents | | |
| <i>tiopronin oral tablet 100 mg</i> | Tier 5 | DS |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|---|-----------|--|
| Urinary Ph Modifiers | | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG | Tier 3 | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i> | Tier 2 | MO |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG | Tier 3 | |
| Urinary Tract Analgesic Agents | | |
| RIMSO-50 INTRAVESICAL SOLUTION 50 % | Tier 6 | |
| Urinary Tract Antispasmodic, M(3) Selective Antag. | | |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> | Tier 2 | MO; QL |
| Urinary Tract Antispasmodic/Antiincontinence Agent | | |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | Tier 2 | MO |
| <i>oxybutynin chloride oral tablet 5 mg</i> | Tier 2 | MO |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | Tier 2 | MO |
| <i>tropium oral tablet 20 mg</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Vaginal Disorders | | |
| Vaginal Antibiotics | | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | Tier 2 | |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | Tier 2 | |
| VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) | Tier 2 | |
| Vaginal Estrogen Preparations | | |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) | Tier 3 | MO |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> | Tier 2 | MO |
| Vitamin And/Or Mineral Deficiency | | |
| Folic Acid Preparations | | |
| <i>folic acid injection solution 5 mg/ml</i> | Tier 2 | |
| <i>folic acid oral tablet 1 mg</i> | Tier 2 | MO |
| Iron Replacement | | |
| VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML | Tier 3 | |
| Magnesium Salts Replacement | | |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i> | Tier 2 | |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| Mineral Replacement,Miscellaneous | | |
| ADDAMEL N INTRAVENOUS SOLUTION 5.33-0.34-0.54 MCG-MG-MG/ML | Tier 2 | |
| COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML | Tier 2 | |
| <i>cupric chloride intravenous solution 0.4 mg/ml</i> | Tier 2 | |
| Multivitamin Preparations | | |
| INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML | Tier 3 | |
| Vitamin A Preparations | | |
| AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML | Tier 5 | DS |
| Vitamin B1 Preparations | | |
| <i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i> | Tier 2 | |
| Vitamin B12 Preparations | | |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> | Tier 2 | MO |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| DODEX INJECTION SOLUTION 1,000 MCG/ML | Tier 2 | MO |
| Vitamin B6 Preparations | | |
| <i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i> | Tier 2 | |
| Vitamin D Preparations | | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | Tier 2 | MO |
| <i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i> | Tier 2 | |
| DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 2 | |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | Tier 2 | MO |
| OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 2 | |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 2 | MO |
| WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 2 | |
| Zinc Replacement | | |
| <i>zinc sulfate intravenous solution 5 mg/ml</i> | Tier 2 | |
| Weight Reduction | | |
| Anorexic Agents | | |
| <i>diethylpropion oral tablet 25 mg</i> | Tier 2 | DS; RB |

| Drug Name | Drug Tier | Necessary Actions, Restrictions or Limits on Use |
|--|-----------|--|
| <i>diethylpropion oral tablet extended release 75 mg</i> | Tier 2 | DS; RB |
| <i>phentermine oral tablet 37.5 mg</i> | Tier 2 | RB |
| <i>phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i> | Tier 2 | PA; MO; RB |
| QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG | Tier 3 | PA; MO; RB |

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

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

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

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

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

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

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