VILLAGECAREMAX

MEDICARE SELECT ADVANTAGE PLAN (HMO)



FORMULARIO 2026

(LISTA DE MEDICAMENTOS CUBIERTOS)

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Este formulario fue actualizado el 10/26/2026. Si desea información más reciente o tiene otras preguntas, por favor llame a Servicios a Miembros de Medicare Select Advantage de VillageCareMAX al 1-855-296-8800 (usuarios de TTY llaman al 711), de 8:00 am a 8:00 pm, los 7 días de la semana o visite www.villagecaremax.org.

N° de identificación de la entrega del archivo del formulario aprobado: 00026731

VillageCareMAX Medicare Select Advantage Plan (HMO)

Formulario 2026

(Lista de medicamentos cubiertos o "Lista de medicamentos"))

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N.º de identificación de la entrega del archivo del formulario aprobado: 00026371

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Mensaje importante sobre lo que usted paga por las vacunas - Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted, incluso si usted no ha pagado su deducible. Llame a Servicios para miembros para obtener más información.

Mensaje importante sobre lo que usted paga por la insulina – Usted no pagará más de $35 por un suministro mensual de cada producto de insulina que cubre nuestro plan, sin importar el nivel de compartición de costos en que está, incluso si usted no ha pagado su deducible.

Nota a miembros actuales: Este Formulario ha cambiado desde el año pasado. Por favor revise este documento para asegurarse de que aun contiene los medicamentos que usted toma.

Cuando esta Lista de Medicamentos (Formulario) se refiera a "nosotros", "nuestra" o "nuestro", significa Village Senior Services Corporation. Cuando se refiera al "plan" o "nuestro plan", significa VillageCareMAX.

Este documento incluye la Lista de medicamentos (Formulario) para nuestro plan que es válida a partir del 10/26/2026. Contáctenos si desea una la Lista de medicamentos (Formulario) actualizada. Nuestra información de contacto, junto con la fecha en que actualizamos la Lista de medicamentos (Formulario) por última vez, aparece en la portada y contraportada.

Generalmente, debe acudir a farmacias de la red para utilizar su beneficio de medicamentos de receta. Los beneficios, el formulario, la red de farmacias y/o los copagos o el coaseguro pueden cambiar el 1º de enero de 2026 y de vez en cuando durante el año. Recibirá un aviso cuando sea necesario.

¿Qué es el Formulario de VillageCareMAX?

En este documento, usamos los términos Lista de medicamentos y Formulario para hacer referencia a lo mismo. Un formulario es una lista de medicamentos cubiertos que VillageCareMAX ha seleccionado tras consultar con un equipo de proveedores del cuidado de la salud que representa las terapias de receta que se cree son una parte necesaria de un programa de tratamiento de calidad. Por lo general, VillageCareMAX cubrirá los medicamentos incluidos en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta sea despachada en una farmacia de la red de VillageCareMAX's y se sigan otras reglas del plan. Si desea más información sobre cómo se surten sus recetas, consulte nuestra Evidencia de Cobertura.

¿Puede cambiar el formulario?

Aunque la mayoría de los cambios en la cobertura de medicamentos se realizan el 1º de enero, "nosotros" podríamos agregar medicamentos al formulario o quitarlos durante el año, moverlos a distintos niveles de costo compartido o añadir nuevas restricciones. Tenemos que seguir las reglas de Medicare cuando realizamos estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí: www.villagecaremax.org.

Cambios que pueden afectarle este año: en los casos a continuación, usted será afectado por cambios a la cobertura durante el año:

- **Cambios inmediatos de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Es posible que eliminemos de inmediato un medicamento de nuestro formulario si lo reemplazamos con una determinada versión específica de ese medicamento que aparecerá en el mismo nivel de costo compartido o en uno más bajo y con las mismas restricciones o menos. Cuando se añade una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o añadir nuevas restricciones.

  Podemos realizar estos cambios inmediatos solo si vamos a añadir una nueva versión genérica de un medicamento de marca o ciertas nuevas versiones biosimilares de un producto biológico original que ya estaba en el formulario (por ejemplo, un biosimilar intercambiable que puede cambiarse por un producto biológico original por una farmacia sin una nueva receta).

  - Si actualmente está tomando ese medicamento de marca o producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero luego le proporcionaremos información sobre el o los cambios específicos que hemos realizado.Si realizamos dicho cambio, usted o su recetador pueden solicitarnos que hagamos una excepción y continuar cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo le solicito una excepción al formulario VillageCareMAX's?":

  Puede que algunos de estos tipos de medicamentos le resulten nuevos. Para obtener más información, consulte la siguiente sección titulada "¿Qué son productos biológicos originales y cómo se relacionan con los biosimilares?"

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) considera que un medicamento en nuestro formulario no es seguro o si el fabricante del medicamento retira su producto del mercado, nosotros lo quitaremos de inmediato de nuestro formulario y avisaremos a los miembros que toman ese medicamento.
- **Otros cambios.** Podremos hacer otros cambios que afectan a miembros que estén tomando medicamentos en este momento. Por ejemplo, podemos añadir un medicamento genérico el cual no es nuevo en el mercado para reemplazar uno de marca que esté actualmente en el formulario o añadir nuevas restricciones a medicamentos de marca o mover el medicamento a un nivel de copago diferente o ambas cosas. O podemos hacer cambios basados en nuevas reglas clínicas. Si quitamos medicamentos de nuestro formulario o añadimos autorización previa, limitamos la cantidad y/o tenemos restricciones de terapia escalonada para un medicamento, tenemos que notificarles a los miembros afectados del cambio por lo menos 30 días antes de que el cambio entre en vigencia o al momento en que el miembro solicite que se le vuelva a despachar el medicamento y entonces se le surtirá por 30 días, en cuyo momento el miembro recibirá un suministro del medicamento para 60 días.
    - Si realizamos estos otros cambios, usted o su recetador pueden solicitarnos que hagamos una excepción y continuar cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo le solicito una excepción al formulario VillageCareMAX's?":

Cambios que no le afectarán si actualmente usted está tomando el medicamento. Generalmente, si usted está tomando un medicamento de nuestro formulario 2026 que estuvo cubierto a principios del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto en los casos mencionados anteriormente. Esto significa que estos medicamentos continuarán estando disponibles al mismo costo compartido para aquellos miembros que lo tomen por el resto del año de cobertura. Este año, usted no será avisado sobre cambios que no le afectan. Sin embargo, el 1º de enero del próximo año, tales cambios podrían afectarle y es importante revisar la Lista de Medicamentos para el nuevo año de beneficios para ver todo cambio a los medicamentos.

El formulario adjunto es válido a partir del 10/26/2026. Por favor contáctenos para obtener información actualizada sobre los medicamentos que cubre VillageCareMAX. Nuestra información de contacto se encuentra en la portada y contraportada.

En caso de que a la mitad del año el plan realice un cambio al formulario que no es de mantenimiento, le notificaremos sobre el cambio por correo. El aviso contendrá información concreta sobre el cambio al formulario que no es de mantenimiento y le será enviado por lo menos 30 días antes de la fecha de entrada en vigor del cambio. Puede ver los cambios más recientes y el formulario en nuestro sitio web (www.villagecaremax.org) o llame a Servicios a Miembros para pedir más información.

¿Cómo uso el formulario?

Hay dos maneras para encontrar su medicamento dentro del formulario:

Enfermedad

El formulario comienza en la página 3. Los medicamentos en este formulario están agrupados en categorías según el tipo de enfermedades que tratan. Por ejemplo, los medicamentos utilizados para tratar enfermedades del corazón se encuentran bajo la categoría "Agentes cardiovasculares". Si sabe para lo que se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza abajo en la página 3. Luego, busque bajo el nombre de la categoría para encontrar su medicamento.

Lista alfabética

Si no está seguro bajo cuál categoría buscar, debe tratar de encontrar su medicamento en el índice que comienza en la página I-1. El índice contiene la lista alfabética de todos los medicamentos de marca y genéricos incluidos en este documento. Busque en el índice y encuentre su medicamento. Al lado de su medicamento, verá el número de la página donde está la información sobre cobertura. Pase a la página enumerada en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son medicamentos genéricos?

VillageCareMAX cubre tanto los medicamentos con nombre de marca como los genéricos. Un medicamento genérico es aprobado por la FDA por tener el mismo principio activo que el de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay cualquier tipo de restricciones en mi cobertura?

Algunos medicamentos cubiertos pueden tener más requerimientos o límites en su cobertura. Estos requerimientos o límites pueden ser:

- **Autorización previa:** VillageCareMAX le exige a usted o su médico obtener autorización previa para ciertos medicamentos, o sea que la aprobación de VillageCareMAX es necesaria antes de que le surtan sus recetas. Si no obtiene la aprobación, VillageCareMAX podría no cubrir el medicamento.

- **Limites en la cantidad:** Para ciertos medicamentos, VillageCareMAX limita la cantidad de medicamento que cubrirá. Por ejemplo, VillageCareMAX proporciona 60 cápsulas de Celebrex por cada receta. Esto podría ser además del suministro estándar de un mes o tres meses.

- **Terapia escalonada:** En algunos casos, VillageCareMAX le exige que primero pruebe cierto medicamento que trate su enfermedad antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su enfermedad, es posible que VillageCareMAX no cubra el Medicamento B a menos que usted pruebe el Medicamento A primero. Si el Medicamento A no le funciona, entonces VillageCareMAX cubrirá el Medicamento B.

Puede averiguar si su medicamento tiene algún requerimiento o límite extra buscándolo en el formulario que comienza en la página 3. También puede obtener más información sobre las restricciones aplicadas a medicamentos específicos cubiertos visitando nuestro sitio Web en www.villagecaremax.org. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de la terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto y la fecha en que actualizamos este formulario por última vez aparecen en la portada y contraportada.

Puede pedirle a VillageCareMAX que haga una excepción a estas restricciones o límites o que le mande una lista de otros medicamentos similares que podrían tratar su padecimiento de salud. Consulte la sección "¿Cómo le solicito una excepción al formulario de VillageCareMAX's?" en la página v abajo para obtener información sobre cómo solicitar una excepción.

¿Qué son medicamentos de venta directa (OTC)?

Los medicamentos OTC, los cuales se venden sin receta, son aquéllos que un Plan de Medicamentos de Receta de Medicare normalmente no cubre. VillageCareMAX paga por ciertos medicamentos OTC.

Bajo el beneficio OTC, el plan cubre algunos medicamentos OTC para tratar varios padecimientos, entre ellos:

- Aspirina para adultos y alivio del dolor
- Líquidos o tabletas para la tos, el resfriado y la gripe en adultos
- Medicamentos para las alergias y los senos nasales
- Medicamentos antidiarreicos
- Medicamentos antimicóticos
- Medicamentos contra los gases
- Medicamentos contra la comezón
- Suplementos para la diabetes
- Auxiliares digestivos
- Prebióticos y probióticos para la salud digestiva
- Salud cardiaca
- Somníferos
- Vitaminas y minerales
- Control del peso (tabletas, cápulas, etc.)

VillageCareMAX le propocrionará estos medicamentos OTC drugs sin costo alguno para usted. El costo de estos medicamentos OTC para VillageCareMAX no contará para sus costos totals de medicamentos de la Parte D (es decir, el costo de los medicamentos OTC no cuenta para la brecha de cobertura).

¿Qué pasa si mi medicamento no está en el formulario?

Si este formulario (lista de medicamentos cubiertos) no incluye su medicamento, debe llamar a Servicios a Miembros primero y preguntar si su medicamento está cubierto.

Si averigua que VillageCareMAX no cubre su medicamento, tiene dos opciones:

Puede pedirle a Servicios a Miembros una lista de medicamentos similares cubiertos por VillageCareMAX. Cuando reciba la lista, muéstresela a su doctor y pídale que le recete un medicamento similar cubierto por VillageCareMAX.

- Puede pedirle a VillageCareMAX que haga una excepción y cubra su medicamento. Vea abajo las instrucciones para solicitar una excepción.

¿Cómo le solicito una excepción al formulario VillageCareMAX?

Puede pedirle a VillageCareMAX que haga una excepción a las reglas de nuestra cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no está en nuestro formulario. Si lo aprobamos, cubriremos este medicamento a su nivel apropiado de costo compartido y usted no podría pedirnos que le proporcionemos el medicamento a un nivel inferior de costo compartido.

- Puede pedirnos que cubramos un medicamento en el formulario a un nivel de costo compartido más bajo, que el medicamento este en un nivel especial.

- Puede pedirnos que no apliquemos las restricciones o los límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, el plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y cubramos una cantidad mayor.

Generalmente, VillageCareMAX solamente aprobará su solicitud para una excepción si los medicamentos alternativos incluidos en el formulario del plan o las restricciones adicionales de utilización no serían tan eficaces para tratar su enfermedad y/o le causarían efectos médicos adversos.

Debe contactarnos para pedirnos una decisión de cobertura inicial para un formulario o excepción a la utilización de la restricción. **Cuando solicite una excepción al formulario o a la restricción de utilización debe presentar una declaración de su recetante o médico que justifica su solicitud.** Generalmente, tenemos que decidir dentro de 72 horas tras recibir la declaración justificante de su recetante. Puede solicitar una excepción agilizada (rápida) si usted o su doctor creen que peligraría mucho su salud si esperara hasta 72 horas para la decisión. Si aprobamos la agilización de su solicitud, tenemos que darle nuestra decisión a más tardar 24 horas tras recibir la declaración justificante de su doctor u otro recetante.

¿Qué hago antes de poder hablar con mi doctor acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o uno que continúa en nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. Por el otro lado, podría estar tomando un medicamento que sí está en nuestro formulario, pero le es difícil obtenerlo. Por ejemplo, quizás necesita una autorización previa de nosotros antes de que le puedan surtir su receta. Debe hablar con su doctor para decidir si debe cambiar a un medicamento apropiado que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su doctor para determinar la forma indicada de proceder para usted, podríamos cubrir su medicamento en ciertos casos durante los primeros 90 días en que es miembro de nuestro plan.

Para cada medicamento suyo que no está en nuestro formulario o si se le dificulta obtener sus medicamentos, le cubriremos un suministro temporal de 30 días. Si su receta está escrita para menos días, le permitiremos suministros a un máximo de 30 días. Después de su primer suministro de 30 días, no pagaremos por esos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si es residente en un centro de cuidados a largo plazo, y si necesita un medicamento que no está en nuestro

formulario o si su capacidad para obtener un medicamento es limitada pero ya has pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras usted intenta que le aprueben una excepción al formulario.

VillageCareMAX tiene una póliza de transición que asegura de que se siga proporcionando la continuación de la cobertura del medicamento a miembros nuevos y actuales. Hay veces cuando usted puede sentir un cambio en su nivel de atención, como ingreso a un centro de cuidados a largo plazo u hospital (o alta de estos lugares). En estos casos, le proporcionaremos un solo suministro de emergencia de un medicamento que no está en el formulario. Los medicamentos que no están en el formulario son aquéllos que no están en el formulario del plan y los medicamentos que sí están en nuestro formulario, pero requieren autorización previa o terapia escalonada bajo las reglas de manejo de la utilización del plan.

Para más información

Para información más detallada sobre su cobertura de medicamentos de receta de VillageCareMAX, sírvase consultar su Evidencia de Cobertura y otros documentos del plan.

Si tiene preguntas acerca de VillageCareMAX, por favor contáctenos. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en la portada y contraportada.

Si tiene preguntas generales acerca de los medicamentos de receta que cubre Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día y los 7 días de la semana (los usuarios de TTY deben llamar al 1-877-486-2048) o bien visite http://www.medicare.gov.

El formulario de VillageCareMAX's

El formulario a continuación informa sobre los medicamentos que cubre VillageCareMAX. Si tiene dificultades para encontrar su medicamento en la lista, consulte el índice que comienza en la página I-1.

La primera columna del cuadro contiene el nombre del medicamento. Los medicamentos con nombre de marca se escriben con mayúsculas (p. ej., BENICAR) y los genéricos con minúsculas (p. ej., *losartan*).

La información dada en la columna de Requerimientos/Límites le indica si el plan tiene cualquier requerimiento especial para la cobertura de su medicamento.

El siguiente cuadro contiene las definiciones para las abreviaturas que aparecen en la columna de "Requerimientos /Límites" en la lista de medicamentos abajo que comienza en la página 3.

ABREVIATURA O SÍMBOLO	DESCRIPCIÓN	EXPLICACIÓN
Restricciones en el manejo de la utilización		
PA	Restricción de autorización previa	Se le exige a usted (o a su médico) obtener autorización previa de VillageCareMAX antes de que le surtan su receta para este medicamento. Sin aprobación previa, VillageCareMAX podría no cubrir este medicamento.
PA BvD	Restricción de autorización previa para la determinación de la Parte B vs. Parte D	Este medicamento puede satisfacer las condiciones de pago bajo la Parte B o D de Medicare. Se le exige a usted (o a su médico) obtener autorización previa de VillageCareMAX para determinar que este medicamento lo cubre la Parte D de Medicare antes de que le surtan su receta para este medicamento. Sin aprobación previa, VillageCareMAX podría no cubrir este medicamento.
PA-HRM	Restricción de autorización previa para los Medicamentos de Alto Riesgo	CMS considera que este medicamento es posiblemente dañino y por lo tanto, es un Medicamento de Alto Riesgo para los beneficiarios de Medicare mayores de 65 años. Los miembros mayores de 65 años tienen que obtener autorización previa de VillageCareMAX antes de que les surtan su receta para este medicamento. Sin aprobación previa, VillageCareMAX podría no cubrir este medicamento

ABREVIATURA O SÍMBOLO	DESCRIPCIÓN	EXPLICACIÓN
PA NSO	Restricción de autorización previa para nuevos miembros solamente	Si es nuevo miembro o no ha tomado este medicamento antes, se le exige a usted (o su médico) obtener autorización previa de VillageCareMAX antes de que le surtan su receta para este medicamento. Sin aprobación previa, VillageCareMAX podría no cubrir este medicamento.
QL	Restricción que limita la cantidad	VillageCareMAX limita la cantidad de este medicamento cubierto por cada receta o dentro de un plazo específico.
ST	Restricción de la terapia escalonada	Antes de que VillageCareMAX pueda cubrir este medicamento, usted primero tiene que probar otro(s) medicamento(s) para tratar su enfermedad. Este medicamento puede cubrirse solo si otro(s) medicamento(s) no funciona(n) para usted.
OTROS REQUERIMIENTOS ESPECIALES PARA LA COBERTURA		
LA	Medicamento de acceso restringido	Esta receta puede estar disponible solo en ciertas farmacias. Para más información, consulte su Directorio de Proveedores y Farmacias o llame a Servicios Farmacéuticos a Miembros al 1-888-807-6806, las 24 horas del día y los días de la semana. Los usuarios de TTY deben llamar al 711.
NM	Medicamento que no es de venta por correo	Quizás pueda recibir un suministro mayor de 1 mes de la mayoría de los medicamentos en nuestro formulario si los compra por correo a un costo compartido menor. Los medicamentos no disponibles mediante su beneficio de venta por correo se indican con "NM" en la columna de Requerimientos/Limites de su formulario.

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-296-8800 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles' de forma gratuita' ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-855-296-8800 (TTY:711) o hable con su proveedor.

Simplified Chinese: 中文
注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-855-296-8800（文本电话：711）或咨询您的服务提供商。

Traditional Chinese: 台語

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-855-296-8800（TTY：711）或與您的提供者討論。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo pero magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-296-8800 (TTY:711) o makipag-usap sa iyong provider.

French: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-296-8800 (TTY :711) ou adressez-vous à votre prestataire.

Vietnamese: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-296-8800 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của quý vị.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose

Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen zugänglichen Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-296-8800 (TTY:711) an oder sprechen Sie mit Ihrem Provider.

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Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		2	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		2	QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	3	QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	2	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	2	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	2	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		5	PA; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		2	PA; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml	2	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	2	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	2	QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	2	QL (180 per 30 days)
methadone oral tablet 10 mg	2	QL (120 per 30 days)
methadone oral tablet 5 mg	2	QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	2	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml)	2	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
morphine oral tablet extended release 100 mg	2	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg (MS Contin)	2	QL (90 per 30 days)
morphine oral tablet extended release 200 mg	4	QL (60 per 30 days)
morphine oral tablet extended release 60 mg (MS Contin)	2	QL (60 per 30 days)
oxycodone oral capsule 5 mg	2	QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	2	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	2	QL (120 per 30 days)
oxycodone oral tablet 20 mg	2	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg (Endocet)	2	QL (180 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	2	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	2	QL (240 per 30 days)
tramadol oral tablet 50 mg		1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		2	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	2	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	4	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		2	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		2	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		3	QL (300 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)		5	PA; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	2	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	(Lodine)	2	
etodolac oral tablet 500 mg		2	

Drug Name		Drug Tier	Requirements/Limits
flurbiprofen oral tablet 100 mg	(Lurbiro)	2	
ibu oral tablet 400 mg	(ibuprofen)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		2	PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		2	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	2	
sulindac oral tablet 150 mg, 200 mg		2	
Anesthetics			
Local Anesthetics			
dermacinrx lidocan 5% patch outer	(lidocaine)	3	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	2	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	2	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 2 %		2	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	3	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		2	PA; QL (240 per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		2	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	3	PA; QL (90 per 30 days)
tridacaine iii topical adhesive patch,medicated 5 %	(lidocaine)	3	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	3	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	2	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	4	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	2	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	2	
disulfiram oral tablet 250 mg, 500 mg	2	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml	2	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	2	
naloxone nasal spray,non-aerosol 4 mg/actuation (Narcan)	2	QL (4 per 30 days)
naltrexone oral tablet 50 mg	2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg (Chantix)	3	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)	3	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	3	

Drug Name		Drug Tier	Requirements/Limits
Antianxiety Agents			
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	1	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		2	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		2	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		2	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		4	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		2	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		3	
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	2	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		2	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	2	QL (150 per 30 days)
lorazepam 4 mg/ml vial inner	(Ativan)	1	QL (2 per 30 days)
lorazepam injection solution 2 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	(Ativan)	4	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		1	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	2	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
temazepam oral capsule 22.5 mg	(Restoril)	2	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	2	QL (120 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
Antibacterials			
Aminoglycosides			
amikacin injection solution 500 mg/2 ml		2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		5	PA; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		2	
neomycin oral tablet 500 mg		2	
streptomycin intramuscular recon soln 1 gram		5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		5	NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	5	PA BvD; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		3	
Antibacterials, Miscellaneous			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	2	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		2	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	2	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	5	NDS
daptomycin intravenous recon soln 350 mg, 500 mg		5	NDS
fosfomycin tromethamine oral packet 3 gram		2	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	3	

Drug Name		Drug Tier	Requirements/Limits
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	5	NDS
linezolid oral tablet 600 mg		3	
methenamine hippurate oral tablet 1 gram		2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	2	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		2	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	2	QL (60 per 30 days)
trimethoprim oral tablet 100 mg		2	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		3	
vancomycin oral capsule 125 mg	(Vancocin)	3	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	3	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		5	PA; NDS; QL (90 per 30 days)
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg		2	
cefadroxil oral capsule 500 mg		2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		2	
cefazolin injection recon soln 1 gram, 500 mg		2	
cefazolin intravenous recon soln 10 gram		2	
cefdinir oral capsule 300 mg		2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
cefepime injection recon soln 1 gram, 2 gram	3	
cefixime oral capsule 400 mg	4	
cefixime oral tablet 400 mg	4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	3	
cefpodoxime oral tablet 100 mg, 200 mg	4	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg (Teflaro)	5	NDS
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	3	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection recon soln 750 mg	2	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	2	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
tazicef injection recon soln 1 gram, 2 gram, 6 gram (ceftazidime)	3	
Macrolides		
azithromycin intravenous recon soln 500 mg	2	
azithromycin oral suspension for reconstitution 100 mg/5 ml	2	
azithromycin oral suspension for reconstitution 200 mg/5 ml (Zithromax)	2	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg	1	

Drug Name		Drug Tier	Requirements/Limits
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		3	
clarithromycin oral tablet 250 mg, 500 mg		2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	4	
erythromycin oral tablet 250 mg, 500 mg		4	
fidaxomicin oral tablet 200 mg	(Dificid)	5	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram		3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		5	PA; LA; NDS
ertapenem injection recon soln 1 gram		3	
imipenem-cilastatin intravenous recon soln 250 mg		3	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	3	
meropenem intravenous recon soln 1 gram, 500 mg		2	
meropenem intravenous recon soln 2 gram		4	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	

Drug Name		Drug Tier	Requirements/Limits
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		2	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		4	
ampicillin oral capsule 500 mg		2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		2	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		4	
dicloxacillin oral capsule 250 mg, 500 mg		2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT		4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	4	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	3	
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	3	
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	2	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	2	
levofloxacin oral solution 250 mg/10 ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	3	
moxifloxacin oral tablet 400 mg	2	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	3	
Sulfonamides		
sulfadiazine oral tablet 500 mg	3	

Drug Name		Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		4	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	3	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	3	
doxycycline hyclate oral capsule 100 mg		2	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	2	
doxycycline hyclate oral tablet 100 mg, 20 mg		2	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	2	
doxycycline monohydrate oral capsule 50 mg		2	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		2	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	2	
doxycycline monohydrate oral tablet 50 mg		2	
minocycline oral capsule 100 mg, 50 mg, 75 mg		2	
tetracycline oral capsule 250 mg, 500 mg		4	
tigecycline intravenous recon soln 50 mg	(Tygacil)	3	
Anticancer Agents			
Anticancer Agents			

Drug Name		Drug Tier	Requirements/Limits
abiraterone oral tablet 250 mg	(Abirtega)	5	PA NSO; NDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	(Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
abiraterone, submicronized oral tablet 125 mg	(Yonsa)	5	PA NSO; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	2	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	2	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)		5	PA NSO; NDS
anastrozole oral tablet 1 mg	(Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML		5	PA NSO; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		5	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		5	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG		5	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		5	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		5	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; NDS; QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
azacitidine injection recon soln 100 mg	(Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG		5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		5	PA NSO; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	5	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	5	PA NSO; NDS
BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG		5	PA NSO; NDS
BEQALZI STARTER PACK ORAL TABLETS,DOSE PACK 1-5-20-80 MG		5	PA NSO; NDS
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML		5	PA NSO; NDS; QL (1 per 28 days)
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; NDS
bexarotene topical gel 1 %	(Targretin)	5	PA NSO; NDS
bicalutamide oral tablet 50 mg	(Casodex)	2	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		5	PA NSO; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit		2	
bortezomib injection recon soln 1 mg, 2.5 mg		4	PA NSO
bortezomib injection recon soln 3.5 mg	(Velcade)	5	PA NSO; NDS
BORUZU INJECTION SOLUTION 2.5 MG/ML		4	PA NSO
BOSULIF ORAL CAPSULE 100 MG		5	PA NSO; NDS; QL (180 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 50 MG		5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	(bosutinib)	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG	(bosutinib)	5	PA NSO; NDS; QL (30 per 30 days)
bosutinib oral tablet 100 mg	(Bosulif)	5	PA NSO; NDS; QL (180 per 30 days)
bosutinib oral tablet 400 mg, 500 mg	(Bosulif)	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		5	PA NSO; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG		5	PA NSO; NDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG		5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG		5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		5	PA NSO; NDS; QL (60 per 30 days)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG		4	PA NSO
CAPRELSA ORAL TABLET 100 MG	(vandetanib)	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	(vandetanib)	5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)		5	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)		5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG		5	PA NSO; LA; NDS; QL (63 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	5	PA BvD; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	5	PA BvD; NDS
cyclophosphamide intravenous solution 500 mg/ml (Frindovyx)	5	PA BvD; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	3	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	5	PA NSO; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Sprycel)	5	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg	5	NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Caelyx)	5	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA NSO; NDS
ENSACOVE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (270 per 30 days)
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 25 mg	5	PA NSO; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
etoposide intravenous solution 20 mg/ml (Avopef)	2	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	5	NDS

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Drug Name		Drug Tier	Requirements/Limits
everolimus (antineoplastic) oral tablet 10 mg	(Yulithira)	5	PA NSO; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg	(Yulithira)	5	PA NSO; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet 5 mg	(Yulithira)	5	PA NSO; NDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet 7.5 mg	(Yulithira)	5	PA NSO; NDS; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	2	
FAKZYNJA ORAL TABLET 200 MG		5	PA NSO; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		5	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		3	PA BvD
floxuridine injection recon soln 0.5 gram		2	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		2	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		5	PA NSO; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	(Cligavyx)	5	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG		5	PA NSO; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
gefitinib oral tablet 250 mg (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib)	5	PA NSO; NDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA NSO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg (Hydrea)	2	
HYRNUO ORAL TABLET 10 MG	5	PA NSO; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	2	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	2	
imatinib oral tablet 100 mg (Gleevec)	2	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NDS; QL (280 per 28 days)
INLEXZO INTRAVESICAL IMPLANT 225 MG	5	PA BvD; NDS
INLURIYO ORAL TABLET 200 MG	5	PA NSO; NDS; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	5	PA NSO; NDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
JIDEYTRO ORAL TABLET 100 MG, 25 MG	5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	5	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	5	PA NSO; NDS; QL (600 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG		5	PA NSO; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG		5	PA NSO; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg	(Tykerb)	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG		5	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG		5	PA NSO; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)		5	PA NSO; NDS
letrozole oral tablet 2.5 mg	(Femara)	2	
LEUKERAN ORAL TABLET 2 MG		5	NDS
leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg	(Lutrate Depot (3 month))	4	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml		3	PA NSO
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)		5	PA NSO; NDS
lomustine oral capsule 10 mg	(Gleostine)	3	
lomustine oral capsule 100 mg, 40 mg	(Gleostine)	5	NDS
LONSURF ORAL TABLET 15-6.14 MG		5	PA NSO; NDS; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide acetate (3 month))	4	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	5	PA NSO; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
megestrol oral tablet 20 mg, 40 mg	2	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml (Purixan)	5	NDS
mercaptopurine oral tablet 50 mg	2	
methotrexate sodium (pf) injection recon soln 1 gram	2	
methotrexate sodium (pf) injection solution 25 mg/ml	2	
methotrexate sodium injection solution 25 mg/ml	2	
methotrexate sodium oral tablet 2.5 mg	2	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	2	
MODEYSO ORAL CAPSULE 125 MG	5	PA NSO; NDS; QL (20 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg (Tasigna)	5	PA NSO; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg (Tasigna)	5	PA NSO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	5	PA BvD; NDS
pazopanib oral tablet 200 mg (Votrient)	5	PA NSO; NDS; QL (120 per 30 days)
pazopanib oral tablet 400 mg	5	PA NSO; NDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	5	NDS
pemetrexed disodium intravenous solution 25 mg/ml	5	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg (Pomalyst)	5	PA NSO; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	5	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RASONQUE ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	5	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
sorafenib oral tablet 200 mg (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	5	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	2	
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS

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Drug Name		Drug Tier	Requirements/Limits
TIBSOVO ORAL TABLET 250 MG		5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG		5	PA NSO; NDS; QL (5 per 21 days)
toremifene oral tablet 60 mg	(Fareston)	5	NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	5	PA NSO; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	5	PA NSO; NDS; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		4	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg		5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG		5	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML		5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG		5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG		5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG		5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG		3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG		5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG		5	PA NSO; LA; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VEPPANU ORAL TABLET 100 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	3	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML	5	PA NSO; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST

Drug Name	Drug Tier	Requirements/Limits
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG (abiraterone, submicronized)	5	PA NSO; NDS; QL (120 per 30 days)
yulithira oral tablet 10 mg, 7.5 mg (everolimus (antineoplastic))	3	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg (everolimus (antineoplastic))	3	PA NSO; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	5	PA NSO; NDS
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA NSO; NDS

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Drug Name		Drug Tier	Requirements/Limits
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML		5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG		5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG		5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG		5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML		5	PA NSO; NDS; QL (20 per 28 days)
Anticonvulsants			
Anticonvulsants			
brivaracetam intravenous solution 50 mg/5 ml	(Briviact)	5	NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml	(Briviact)	3	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	(Briviact)	5	NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	(brivaracetam)	5	NDS; QL (80 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	2	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	2	
carbamazepine oral tablet 200 mg	(Tegretol)	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	2	
carbamazepine oral tablet,chewable 100 mg, 200 mg		2	
clobazam oral suspension 2.5 mg/ml	(Onfi)	3	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	3	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		5	PA NSO; NDS; QL (360 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 500 MG		5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		5	PA NSO; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg		3	
diazepam rectal kit 2.5 mg		4	
DILANTIN ORAL CAPSULE 30 MG		4	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		5	ST; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		5	ST; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; NDS
epitol oral tablet 200 mg	(carbamazepine)	2	
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	5	ST; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	5	ST; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	2	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	2	
felbamate oral suspension 600 mg/5 ml		3	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	3	

Drug Name		Drug Tier	Requirements/Limits
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA NSO; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	2	
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	2	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	2	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	2	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	2	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	2	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	2	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	3	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	3	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	2	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	3	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	2	
levetiracetam oral solution 100 mg/ml	(Keppra)	2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	2	
levetiracetam oral tablet for suspension 250 mg	(Spritam)	3	ST
levetiracetam oral tablet for suspension 500 mg	(Spritam)	4	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		4	QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	3	

Drug Name		Drug Tier	Requirements/Limits
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		4	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	3	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	2	
perampanel oral suspension 0.5 mg/ml	(Fycompa)	5	ST; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	5	ST; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	3	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	5	ST; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		2	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		2	PA NSO-HRM; AGE (Max 64 Years)
phenytek oral capsule 200 mg, 300 mg	(phenytoin sodium extended)	2	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	2	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	2	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	2	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	2	
phenytoin sodium intravenous solution 50 mg/ml		2	
phenytoin sodium intravenous syringe 50 mg/ml		2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	2	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	2	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	3	QL (900 per 30 days)
primidone oral tablet 125 mg		2	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	2	

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Drug Name		Drug Tier	Requirements/Limits
rufinamide oral suspension 40 mg/ml	(Banzel)	5	ST; NDS
rufinamide oral tablet 200 mg	(Banzel)	3	ST
rufinamide oral tablet 400 mg	(Banzel)	5	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG		5	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG		4	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	(levetiracetam)	4	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML		4	PA NSO
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	PA NSO; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		3	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	
topiramate oral capsule, sprinkle 50 mg		3	
topiramate oral solution 25 mg/ml	(Eprontia)	3	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		2	
valproic acid oral capsule 250 mg		2	
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)		5	NDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	(Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
vigabatrin oral tablet 500 mg	(Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		5	NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		5	NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		5	NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)		4	
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		5	NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML		4	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	2	
zonisamide oral capsule 50 mg		2	
ZTALMY ORAL SUSPENSION 50 MG/ML		5	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents			
Antidementia Agents			
donepezil oral tablet 10 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet 23 mg	(Aricept)	2	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg		2	
donepezil oral tablet,disintegrating 5 mg		2	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
ergoloid oral tablet 1 mg		2	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		2	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		3	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		2	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg		2	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		3	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg		2	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	3	QL (30 per 30 days)
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		5	NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG		5	NDS
bupropion hcl oral tablet 100 mg, 75 mg		2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	2	
citalopram oral solution 10 mg/5 ml		2	
citalopram oral tablet 10 mg	(Celexa)	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	4	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	2	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin oral concentrate 10 mg/ml	2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg	2	QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	2	QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	3	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5	PA NSO; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	5	PA NSO; NDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg (Prozac)	1	
fluoxetine oral capsule 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
MARPLAN ORAL TABLET 10 MG	4	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	2	
mirtazapine oral tablet 45 mg, 7.5 mg	2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	4	
paroxetine hcl oral suspension 10 mg/5 ml	4	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	4	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	2	
phenelzine oral tablet 15 mg (Nardil)	2	
protriptyline oral tablet 10 mg, 5 mg	4	
RALDESY ORAL SOLUTION 10 MG/ML	5	PA NSO; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml (Zoloft)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		5	PA NSO; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	2	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	2	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		5	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg		2	
dapagliflozin oral tablet 10 mg, 5 mg	(Farxiga)	2	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	(Xigduo XR)	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	(linagliptin-metformin)	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG		3	QL (30 per 30 days)
metformin oral solution 500 mg/5 ml	(Riomet)	4	QL (765 per 30 days)
metformin oral tablet 1,000 mg		6	QL (75 per 30 days)
metformin oral tablet 500 mg		6	QL (150 per 30 days)
metformin oral tablet 850 mg		6	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg		6	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg		6	QL (60 per 30 days)
mifepristone oral tablet 300 mg	(Korlym)	5	PA; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML		3	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg		6	QL (90 per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG		3	PA; QL (30 per 30 days)
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)		3	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	6	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg		6	QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	6	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		6	QL (120 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
repaglinide oral tablet 2 mg		6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		3	PA; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	(Janumet)	2	QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	(Janumet XR)	2	QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	(Janumet XR)	2	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	(Januvia)	2	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	(linagliptin)	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG		3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapagliflozin-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		3	QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapagliflozin-metformin)	3	QL (60 per 30 days)
Insulins			
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)		3	max $35 copay per month supply; QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)		3	max $35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		3	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		3	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		3	max $35 copay per month supply; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	3	max $35 copay per month supply; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	3	max $35 copay per month supply; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	3	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	3	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	3	max $35 copay per month supply; QL (40 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	3	max $35 copay per month supply; QL (30 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	3	max $35 copay per month supply; QL (40 per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	3	max $35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	3	max $35 copay per month supply; QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	3	max $35 copay per month supply; QL (30 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	3	max $35 copay per month supply; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	3	max $35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	3	max $35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		3	max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg		6	QL (30 per 30 days)
glimepiride oral tablet 4 mg		6	QL (60 per 30 days)
glipizide oral tablet 10 mg		6	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		6	QL (90 per 30 days)
glipizide oral tablet 5 mg		6	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg		6	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg		6	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		6	QL (240 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		6	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		6	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		6	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		6	PA-HRM; AGE (Max 64 Years)
Antifungals			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		4	PA BvD
amphotericin b injection recon soln 50 mg		2	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	5	PA BvD; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	2	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	2	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	4	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		2	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	2	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	2	
clotrimazole-betamethasone topical cream 1-0.05 %		2	QL (90 per 30 days)
CRESEMBA INTRAVENOUS RECON SOLN 372 MG		5	NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		5	PA; NDS
econazole nitrate topical cream 1 %		2	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		2	
fluconazole oral suspension for reconstitution 10 mg/ml		2	

Drug Name		Drug Tier	Requirements/Limits
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		2	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	NDS
griseofulvin microsize oral suspension 125 mg/5 ml		3	
griseofulvin microsize oral tablet 500 mg		4	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		4	
itraconazole oral capsule 100 mg	(Sporanox)	3	
ketoconazole oral tablet 200 mg		2	
ketoconazole topical cream 2 %		2	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		2	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg		2	
miconazole-3 vaginal suppository 200 mg		2	
nyamyc topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		2	
nystatin oral tablet 500,000 unit		2	
nystatin topical cream 100,000 unit/gram		2	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		2	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nystop)	2	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		2	
nystop topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
posaconazole oral tablet,delayed release (dr/ec) 100 mg		5	PA; NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	5	PA BvD; NDS
voriconazole intravenous solution 10 mg/ml		5	PA BvD; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	5	PA; NDS
voriconazole oral tablet 200 mg, 50 mg		4	
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral capsule 0.6 mg	(Mitigare)	3	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	2	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	4	QL (30 per 30 days)
probenecid oral tablet 500 mg		2	
probenecid-colchicine oral tablet 500-0.5 mg		2	
Antihistamines			
Antihistamines			
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	4	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	4	

Drug Name	Drug Tier	Requirements/Limits
terconazole vaginal cream 0.4 %, 0.8 %	2	
terconazole vaginal suppository 80 mg	4	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)	5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	2	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg (Maxalt)	2	QL (18 per 30 days)
rizatriptan oral tablet 5 mg	2	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg (Maxalt-MLT)	2	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg	2	QL (18 per 30 days)
sumatriptan 4 mg/0.5 ml inject outer, suv (Imitrex STATdose Pen)	3	QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	3	QL (12 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
sumatriptan succinate oral tablet 100 mg	(Imitrex)	2	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	2	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	4	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		3	PA; QL (16 per 30 days)
Antimycobacterials			
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		2	
ethambutol oral tablet 100 mg, 400 mg		2	
isoniazid oral tablet 100 mg, 300 mg		1	
pyrazinamide oral tablet 500 mg		3	
rifabutin oral capsule 150 mg		4	
rifampin intravenous recon soln 600 mg	(Rifadin)	3	
rifampin oral capsule 150 mg, 300 mg		2	
rifapentine oral tablet 150 mg	(Priftin)	2	
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA; NDS
TRECATOR ORAL TABLET 250 MG		4	
Antinausea Agents			
Antinausea Agents			
aprepitant oral capsule 125 mg		3	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		3	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	3	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	3	PA BvD

Drug Name		Drug Tier	Requirements/Limits
compro rectal suppository 25 mg	(prochlorperazine)	3	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	4	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	1	
ondansetron hcl oral tablet 4 mg, 8 mg		2	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		2	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	2	
prochlorperazine rectal suppository 25 mg	(Compro)	3	
promethazine injection solution 25 mg/ml	(Phenergan)	2	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg	(Promethegan)	2	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	2	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg		3	
atovaquone oral suspension 750 mg/5 ml	(Mepron)	3	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	2	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	2	
chloroquine phosphate oral tablet 250 mg, 500 mg		2	

Drug Name		Drug Tier	Requirements/Limits
COARTEM ORAL TABLET 20-120 MG		4	
hydroxychloroquine oral tablet 100 mg		2	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	2	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	2	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
ivermectin oral tablet 6 mg		2	
mefloquine oral tablet 250 mg		2	
nitazoxanide oral tablet 500 mg	(Alinia)	5	NDS; QL (60 per 30 days)
pentamidine inhalation recon soln 300 mg	(Nebupent)	3	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	3	
praziquantel oral tablet 600 mg		3	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		4	
pyrimethamine oral tablet 25 mg	(Daraprim)	5	PA; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	PA
tinidazole oral tablet 250 mg, 500 mg		2	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		2	
amantadine hcl oral solution 50 mg/5 ml		2	
amantadine hcl oral tablet 100 mg		2	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		2	
bromocriptine oral tablet 2.5 mg		2	
cabergoline oral tablet 0.5 mg		2	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	2	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	2	
carbidopa-levodopa oral tablet 25-250 mg	2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg	2	
carbidopa-levodopa oral tablet,disintegrating 25-100 mg, 25-250 mg	4	
entacapone oral tablet 200 mg	3	
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	5	PA; NDS; QL (600 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	2	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	4	
trihexyphenidyl oral tablet 2 mg, 5 mg	2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	PA; NDS; QL (560 per 28 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NDS; QL (2.4 per 42 days)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	3	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	2	
aripiprazole oral tablet,disintegrating 10 mg	4	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	4	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	ST
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	4	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	2	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	3	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	4	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	4	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	ST
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	3	
fluphenazine hcl oral concentrate 5 mg/ml	3	
fluphenazine hcl oral elixir 2.5 mg/5 ml	3	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate injection solution 5 mg/ml	2	
haloperidol lactate intramuscular syringe 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	

Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
lurasidone oral tablet 120 mg (Latuda)	4	
lurasidone oral tablet 20 mg, 40 mg, 60 mg, 80 mg (Latuda)	3	

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Drug Name		Drug Tier	Requirements/Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		5	NDS; QL (30 per 30 days)
molindone oral tablet 10 mg		2	QL (240 per 30 days)
molindone oral tablet 25 mg		2	QL (270 per 30 days)
molindone oral tablet 5 mg		5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG		5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG		5	PA NSO; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	3	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	2	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	3	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		5	ST; NDS
paliperidone oral tablet extended release 24hr 1.5 mg		4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	4	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		5	NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	2	
quetiapine oral tablet 150 mg		2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	2	

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Drug Name		Drug Tier	Requirements/Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	2	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	2	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	5	NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	2	
risperidone oral tablet 0.25 mg		2	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		4	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	5	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		5	ST; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		2	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML		5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML		5	NDS; QL (0.35 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	2	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	3	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
abacavir oral solution 20 mg/ml (Ziagen)	2	
abacavir oral tablet 300 mg	2	

Drug Name	Drug Tier	Requirements/Limits
abacavir-lamivudine oral tablet 600-300 mg	2	
APTIVUS ORAL CAPSULE 250 MG	5	NDS
atazanavir oral capsule 150 mg	2	
atazanavir oral capsule 200 mg, 300 mg (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)	5	NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml) (Apretude)	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NDS
darunavir oral tablet 600 mg (Prezista)	3	
darunavir oral tablet 800 mg (Prezista)	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	3	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5	NDS
efavirenz oral capsule 200 mg	3	
efavirenz oral capsule 50 mg	2	
efavirenz oral tablet 600 mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		2	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		5	NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	5	NDS
emtricitabine oral capsule 200 mg	(Emtriva)	3	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg	(Truvada)	3	
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	(Truvada)	5	NDS
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	2	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	5	NDS
EVOTAZ ORAL TABLET 300-150 MG		5	NDS
fosamprenavir oral tablet 700 mg		5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		5	NDS
IDVYNSO ORAL TABLET 100-0.25 MG		5	NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG		4	
ISENTRESS HD ORAL TABLET 600 MG		5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		5	NDS
ISENTRESS ORAL TABLET 400 MG		5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG		5	NDS

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	4	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	2	
lamivudine oral tablet 100 mg	2	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	2	
lamivudine-zidovudine oral tablet 150-300 mg	3	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	2	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	3	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	3	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	5	NDS
nevirapine oral suspension 50 mg/5 ml	3	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	2	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	3	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG	5	NDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
rilpivirine hcl oral tablet 25 mg (Edurant)	5	NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	5	NDS
ritonavir oral tablet 100 mg (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
zidovudine oral capsule 100 mg (Retrovir)	2	
zidovudine oral syrup 10 mg/ml (Retrovir)	2	
zidovudine oral tablet 300 mg	2	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS
oseltamivir oral capsule 30 mg	2	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	2	QL (48 per 180 days)
oseltamivir oral capsule 75 mg (Tamiflu)	2	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	4	
acyclovir oral tablet 400 mg, 800 mg	2	

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Drug Name		Drug Tier	Requirements/Limits
acyclovir sodium intravenous solution 50 mg/ml		3	PA BvD
adefovir oral tablet 10 mg		3	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	3	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		2	
ribavirin oral tablet 200 mg		2	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	2	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	5	NDS
valganciclovir oral tablet 450 mg		2	
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	3	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		3	
ELIQUIS ORAL TABLET 2.5 MG		3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		3	QL (74 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)		3	QL (960 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG		3	QL (120 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	3	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	3	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	3	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	3	QL (24 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	3	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	5	NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	2	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	5	NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	5	NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	2	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	2	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	(rivaroxaban)	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	(rivaroxaban)	3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	3	ST; QL (60 per 30 days)
Blood Formation Modifiers			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		5	PA; NDS; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	(Promacta)	5	PA; NDS; QL (90 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
eltrombopag olamine oral powder in packet 25 mg (Promacta)	5	PA; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg (Promacta)	5	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg (Promacta)	5	PA; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg (Promacta)	5	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
RETACRIT 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	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
anagrelide oral capsule 0.5 mg (Agrylin)	3	
anagrelide oral capsule 1 mg	3	
tranexamic acid oral tablet 650 mg	2	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel oral tablet 75 mg (Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	2	
prasugrel hcl oral tablet 10 mg, 5 mg (Effient)	2	
ticagrelor oral tablet 60 mg, 90 mg (Brilinta)	2	
Caloric Agents		
Caloric Agents		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	2	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	2	
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	2	
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	2	

Drug Name		Drug Tier	Requirements/Limits
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg	(Northera)	2	PA; QL (180 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	(Northera)	5	PA; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		2	
prazosin oral capsule 1 mg, 2 mg, 5 mg		2	
Angiotensin Ii Receptor Antagonists			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	6	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	6	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		3	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	6	
irbesartan oral tablet 75 mg		6	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	6	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	6	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	6	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	6	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	6	

Drug Name		Drug Tier	Requirements/Limits
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	6	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	2	QL (60 per 30 days)
telmisartan oral tablet 20 mg		6	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	6	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	6	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	6	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	6	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	6	
benazepril oral tablet 5 mg		6	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	6	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		6	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		6	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	6	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	6	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		6	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		6	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		6	

Drug Name	Drug Tier	Requirements/Limits
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	6	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	6	
moexipril oral tablet 15 mg, 7.5 mg	6	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	6	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	6	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	6	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	6	
Antiarrhythmic Agents		
amiodarone oral tablet 100 mg, 200 mg (Pacerone)	2	
amiodarone oral tablet 400 mg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	3	
flecainide oral tablet 100 mg, 150 mg, 50 mg	2	
MULTAQ ORAL TABLET 400 MG	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)	2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	3	
propafenone oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	3	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	2	

Drug Name		Drug Tier	Requirements/Limits
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg		2	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg		2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg		4	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		2	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	2	
sotalol oral tablet 240 mg		2	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		4	
Calcium-Channel Blocking Agents			

Drug Name		Drug Tier	Requirements/Limits
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		4	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	2	
diltiazem hcl oral tablet 90 mg		2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	2	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg		2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg		4	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		2	
Cardiovascular Agents, Miscellaneous			
ATTRUBY ORAL TABLET 356 MG		5	PA; NDS; QL (112 per 28 days)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		5	PA; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML		4	QL (600 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Lanoxin)	2	
epinephrine injection auto-injector 0.15 mg/0.15 ml	(Auvi-Q)	3	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	2	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml		3	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	2	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	5	PA; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	3	QL (60 per 30 days)
metyrosine oral capsule 250 mg		5	PA; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG		5	PA; NDS; QL (30 per 30 days)
Dihydropyridines			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg	(Lotrel)	6	
amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg		6	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	6	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	6	

Drug Name		Drug Tier	Requirements/Limits
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	(Exforge HCT)	3	
amlodipine-valsartan-hcthiazid oral tablet 5-160-12.5 mg	(Exforge HCT)	4	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		2	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	2	
nifedipine oral tablet extended release 24hr 90 mg		2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		2	
Diuretics			
amiloride oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		2	
chlorthalidone oral tablet 25 mg, 50 mg		2	
furosemide injection solution 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	5	PA; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	

Drug Name		Drug Tier	Requirements/Limits
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		2	
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	(Jynarque)	5	PA; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	6	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	6	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		6	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	6	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	2	
cholestyramine light oral powder in packet 4 gram	(cholestyramine)	2	
colesevelam oral powder in packet 3.75 gram	(WelChol)	4	
colesevelam oral tablet 625 mg	(WelChol)	3	
colestipol oral packet 5 gram		2	
colestipol oral tablet 1 gram	(Colestid)	2	
ezetimibe oral tablet 10 mg	(Zetia)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	6	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	6	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	6	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	6	QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg		2	
fenofibrate oral tablet 160 mg, 54 mg		2	
fluvastatin oral capsule 20 mg, 40 mg		6	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	6	
gemfibrozil oral tablet 600 mg	(Lopid)	1	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	3	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	3	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		6	
NEXLETOL ORAL TABLET 180 MG		3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		3	ST; QL (30 per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg		2	
niacin oral tablet extended release 24 hr 750 mg		4	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	2	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	3	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		6	
prevalite oral powder in packet 4 gram	(cholestyramine)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		3	ST; QL (7 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		3	ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	6	
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	6	
simvastatin oral tablet 5 mg, 80 mg		6	
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	3	
eplerenone oral tablet 25 mg, 50 mg		2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		3	PA; QL (30 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
minoxidil oral tablet 10 mg, 2.5 mg		2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	2	
Central Nervous System Agents			
Central Nervous System Agents			
atomoxetine oral capsule 10 mg		3	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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Drug Name	Drug Tier	Requirements/Limits
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	2	QL (30 per 30 days)
atomoxetine oral capsule 18 mg, 25 mg, 40 mg	2	QL (60 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
cladribine 10 mg x 10 tab pk outer (Mavenclad (10 tablet pack))	5	PA; NDS
cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)	5	PA; NDS

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Drug Name		Drug Tier	Requirements/Limits
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	2	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	2	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	2	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	2	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	3	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	3	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	5	PA; NDS; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	(Gilenya)	5	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	5	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	5	PA; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	5	PA; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	5	PA; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21)		5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		5	PA; NDS; QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg (Lithobid)	2	
lithium carbonate oral tablet extended release 450 mg	2	
lithium citrate oral solution 8 meq/5 ml	2	
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml (Methylin)	3	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	2	QL (90 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS

Drug Name		Drug Tier	Requirements/Limits
riluzole oral tablet 50 mg		3	
tetrabenazine oral tablet 12.5 mg	(Xenazine)	3	PA; QL (112 per 28 days)
tetrabenazine oral tablet 25 mg	(Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		5	PA; NDS; QL (120 per 30 days)
Contraceptives			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	

Drug Name		Drug Tier	Requirements/Limits
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	

Drug Name		Drug Tier	Requirements/Limits
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	2	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	4	QL (91 per 84 days)

Drug Name		Drug Tier	Requirements/Limits
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	2	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	

Drug Name		Drug Tier	Requirements/Limits
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	4	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	2	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	2	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	2	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	2	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		3	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	

Drug Name		Drug Tier	Requirements/Limits
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM		4	
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	2	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Jencycla)	2	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Mono-Linyah)	2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	

Drug Name		Drug Tier	Requirements/Limits
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		4	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	2	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	2	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	

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Drug Name		Drug Tier	Requirements/Limits
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	2	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	2	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
tyblume oral tablet,chewable 0.1 mg-20 mcg		4	
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	2	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	2	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	2	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	4	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg	(Salagen (pilocarpine))	2	
pilocarpine hcl oral tablet 7.5 mg	(Salagen (pilocarpine))	4	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	1	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	2	
Dermatological Agents			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		2	
acyclovir topical ointment 5 %	(Zovirax)	4	QL (30 per 30 days)
ammonium lactate topical cream 12 %		2	
ammonium lactate topical lotion 12 %	(AmLactin)	2	
calcipotriene scalp solution 0.005 %	(Pellix)	2	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		3	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		3	QL (120 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
fluorouracil topical cream 5 %	(Efudex)	2	
fluorouracil topical solution 2 %		2	
fluorouracil topical solution 5 %		4	
imiquimod topical cream in packet 5 %		2	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		5	ST; NDS; QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		5	NDS
PANRETIN TOPICAL GEL 0.1 %		5	NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %		2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %		5	PA NSO; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	3	
Dermatological Antibacterials			
clindamycin phosphate topical solution 1 %		2	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1-5 %		4	
erythromycin with ethanol topical solution 2 %		2	
gentamicin topical cream 0.1 %		2	QL (90 per 30 days)
gentamicin topical ointment 0.1 %		2	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	2	
metronidazole topical gel 0.75 %	(Rosadan)	2	
metronidazole topical gel 1 %		4	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
rosadan topical cream 0.75 %	(metronidazole)	2	
selenium sulfide topical lotion 2.5 %		2	
silver sulfadiazine topical cream 1 %	(SSD)	2	
ssd topical cream 1 %	(silver sulfadiazine)	4	

Drug Name		Drug Tier	Requirements/Limits
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(hydrocortisone)	2	
betamethasone dipropionate topical cream 0.05 %		2	
betamethasone dipropionate topical lotion 0.05 %		2	
betamethasone dipropionate topical ointment 0.05 %		2	
betamethasone valerate topical cream 0.1 %		2	
betamethasone valerate topical lotion 0.1 %		2	
betamethasone valerate topical ointment 0.1 %		2	
betamethasone, augmented topical cream 0.05 %		2	
betamethasone, augmented topical gel 0.05 %		2	
betamethasone, augmented topical lotion 0.05 %		2	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	
clobetasol scalp solution 0.05 %		2	
clobetasol topical cream 0.05 %		2	
clobetasol topical gel 0.05 %		4	
clobetasol topical lotion 0.05 %		4	
clobetasol topical ointment 0.05 %		2	
clobetasol topical shampoo 0.05 %	(Clodan)	2	
clobetasol-emollient topical cream 0.05 %		2	
clobetasol-emollient topical foam 0.05 %	(Tovet Emollient)	4	
EUCRISA TOPICAL OINTMENT 2 %		3	
fluocinolone topical cream 0.01 %		2	
fluocinolone topical cream 0.025 %	(Synalar)	2	

Drug Name		Drug Tier	Requirements/Limits
fluocinolone topical ointment 0.025 %	(Synalar)	2	
fluocinonide topical cream 0.05 %		2	
fluocinonide topical gel 0.05 %		2	
fluocinonide topical ointment 0.05 %		2	
fluocinonide topical solution 0.05 %		2	
fluticasone propionate topical cream 0.05 %		2	
halobetasol propionate topical cream 0.05 %		2	
halobetasol propionate topical ointment 0.05 %		2	
hydrocortisone 2.5% cream		2	
hydrocortisone topical cream 1 %	(Ala-Cort)	2	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	2	
hydrocortisone topical lotion 2.5 %		2	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %		1	
hydrocortisone valerate topical cream 0.2 %		2	
mometasone topical cream 0.1 %		2	
mometasone topical ointment 0.1 %		2	
mometasone topical solution 0.1 %		2	
pimecrolimus topical cream 1 %		4	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
tacrolimus topical ointment 0.03 %, 0.1 %		3	QL (100 per 30 days)
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml		2	

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Drug Name		Drug Tier	Requirements/Limits
triamcinolone acetonide topical cream 0.025 %, 0.1 %		1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		2	
Dermatological Retinoids			
adapalene topical cream 0.1 %		4	
ALTRENO TOPICAL LOTION 0.05 %		4	PA
tazarotene topical cream 0.1 %	(Tazorac)	2	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	2	PA
Scabicides And Pediculicides			
malathion topical lotion 0.5 %	(Ovide)	4	
permethrin topical cream 5 %		2	QL (60 per 30 days)
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		2	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		2	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	PA; ST
AUTOKEEPER SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)	2	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		2	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		2	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	1	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLE 12.7MM 29G HRI 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		2	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		2	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		2	PA; ST
COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	2	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		2	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		2	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	PA; ST
CURITY GAUZE PADS 2 X 2 "	(gauze bandage)	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"		2	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"		2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		2	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		2	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		2	PA; ST
DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	2	PA; ST
DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		2	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		2	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	1	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"		2	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"		2	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		2	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	2	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)	1	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"	2	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"	2	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	2	PA; ST
EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		2	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	2	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	2	PA; ST
EASYLIFE ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"		2	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	2	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		2	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	PA; ST
GNP ALCOHOL SWAB STERILE, TWO PLY	(Alcohol Pads)	1	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(1st Tier Unifine Pentips)	2	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(CareFine Pen Needle)	2	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	2	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(1st Tier Unifine Pentips)	2	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		2	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN		3	

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Drug Name		Drug Tier	Requirements/Limits
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN		3	
INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16"		2	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	2	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 30 GAUGE		2	PA; ST
INSULIN 3/10 ML SYRINGE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Easy Touch Ins Syr (half unit))	2	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		2	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	2	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	2	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Easy Touch Insulin Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	2	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"		2	PA; ST
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		1	PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE		2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		2	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		2	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		2	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	2	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	2	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	2	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	2	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"		2	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"		2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		2	PA; ST
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)

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Drug Name		Drug Tier	Requirements/Limits
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	2	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	2	PA; ST
PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	2	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	2	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		2	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PRO-COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
RA ISOPROPYL ALCOHOL 70% WIPES	(alcohol swabs)	1	PA; ST
RA STERILE PADS 2"X 2" 2 X 2 "	(Bordered Gauze)	1	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		2	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	2	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	(True-Comfort Pro Pen Needle)	2	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	2	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	2	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	2	PA; ST
RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	2	PA; ST
RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		2	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)	2	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		2	PA; ST
SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"		2	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 0.5 ML 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", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 1 ML SYRINGE 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	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 3/10 ML 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"	(insulin syringe-needle u-100)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	1	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		2	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	2	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		2	PA; ST
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		2	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		2	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		2	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		2	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	(pen needle, diabetic)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	2	PA; ST
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		2	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		2	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		2	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		2	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		2	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"		2	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		2	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		2	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		2	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		2	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		2	PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	1	PA; ST
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTILET PEN NEEDLE 29 GAUGE		2	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		2	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		2	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRAFINE INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"		2	PA; ST
ULTRA-FINE INS 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"		2	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"		2	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"		2	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		2	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		2	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		1	PA; ST
V-GO 20 DEVICE		3	QL (30 per 30 days)
V-GO 30 DEVICE		3	QL (30 per 30 days)
V-GO 40 DEVICE		3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	PA; ST
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
Enzyme Cofactors/Chaperones			
Enzyme Cofactors/Chaperones			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		5	PA; NDS; QL (90 per 30 days)
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
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		3	
javygtor oral tablet,soluble 100 mg	(sapropterin)	5	PA; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML		5	PA BvD; NDS

Drug Name	Drug Tier	Requirements/Limits
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
sapropterin oral tablet,soluble 100 mg (Javygtor)	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
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, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine ophthalmic (eye) drops 1 %	2	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	2	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %) (Astepro Allergy)	2	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	2	
cromolyn ophthalmic (eye) drops 4 %	2	
epinastine ophthalmic (eye) drops 0.05 %	4	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	2	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	QL (12 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	2	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic (ear) solution 2 %		2	
bacitracin ophthalmic (eye) ointment 500 unit/gram		2	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram		2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		3	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		2	QL (3.5 per 4 days)
gentamicin ophthalmic (eye) drops 0.3 %		2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		2	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%		2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g		2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %		2	

Drug Name		Drug Tier	Requirements/Limits
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		2	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	2	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	2	
ofloxacin otic (ear) drops 0.3 %		2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		1	
sulfacetamide sodium ophthalmic (eye) drops 10 %		2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		2	
tobramycin ophthalmic (eye) drops 0.3 %		1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		2	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	(Zylet)	2	
trifluridine ophthalmic (eye) drops 1 %		4	

Drug Name		Drug Tier	Requirements/Limits
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	3	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	3	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		2	
diclofenac sodium ophthalmic (eye) drops 0.1 %		2	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		4	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	2	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		2	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		3	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		3	QL (5 per 16 days)

Drug Name		Drug Tier	Requirements/Limits
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	4	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %		3	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		4	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	4	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		3	QL (60 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		4	
cimetidine hcl oral solution 300 mg/5 ml		2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	2	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	4	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	4	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	2	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	

Drug Name		Drug Tier	Requirements/Limits
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	2	
sucralfate oral tablet 1 gram	(Carafate)	2	
VOQUEZNA ORAL TABLET 10 MG, 20 MG		4	PA
Gastrointestinal Agents, Other			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	5	PA; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	2	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	3	
dicyclomine oral capsule 10 mg		2	
dicyclomine oral solution 10 mg/5 ml		2	
dicyclomine oral tablet 20 mg		2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	2	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	2	
generlac oral solution 10 gram/15 ml	(lactulose)	2	
glycopyrrolate oral tablet 1 mg	(Robinul)	2	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	2	
kionex oral suspension 15 gram/60 ml	(sodium polystyrene sulfonate)	2	
lactulose oral solution 10 gram/15 ml	(Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		3	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	2	
lubiprostone oral capsule 24 mcg		2	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	(Amitiza)	2	QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml		2	

Drug Name		Drug Tier	Requirements/Limits
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder 15 gram		2	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	(Kionex)	2	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		2	
TRULANCE ORAL TABLET 3 MG		3	QL (30 per 30 days)
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	5	NDS
ursodiol oral capsule 300 mg		2	
ursodiol oral tablet 250 mg		2	
ursodiol oral tablet 500 mg	(URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		3	
XERMELO ORAL TABLET 250 MG		5	PA; NDS; QL (84 per 28 days)
Laxatives			
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	2	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	2	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	2	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		2	
Phosphate Binders			

Drug Name		Drug Tier	Requirements/Limits
calcium acetate(phosphat bind) oral capsule 667 mg		2	
calcium acetate(phosphat bind) oral tablet 667 mg		2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	3	
sevelamer carbonate oral tablet 800 mg	(Renvela)	2	
sevelamer hcl oral tablet 400 mg, 800 mg		3	
Genitourinary Agents			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	
fesoterodine oral tablet extended release 24 hr 4 mg	(Toviaz)	4	
fesoterodine oral tablet extended release 24 hr 8 mg	(Toviaz)	2	
flavoxate oral tablet 100 mg		2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	2	
oxybutynin chloride oral syrup 5 mg/5 ml		2	
oxybutynin chloride oral tablet 5 mg		2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		2	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	2	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		2	
tolterodine oral tablet 1 mg, 2 mg		2	
trospium oral tablet 20 mg		2	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	2	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
dutasteride oral capsule 0.5 mg	(Avodart)	2	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin oral capsule 0.4 mg		1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
Heavy Metal Antagonists			
Heavy Metal Antagonists			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	5	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	2	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	PA; NDS
trientine oral capsule 250 mg	(Syprine)	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		3	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	2	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		2	PA
testosterone enanthate intramuscular oil 200 mg/ml		2	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	4	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)		4	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	4	PA; QL (300 per 30 days)
Estrogens And Antiestrogens			

Drug Name		Drug Tier	Requirements/Limits
abigale lo oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	1	
abigale oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	(Premarin)	2	
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	(estradiol)	2	QL (8 per 28 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		1	
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	(Dotti)	2	QL (8 per 28 days)
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	(Climara)	2	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	4	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	2	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	2	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	2	
yuvafem vaginal tablet 10 mcg	(estradiol)	4	QL (18 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
Glucocorticoids/Mineralocorticoids			
dexamethasone oral solution 0.5 mg/5 ml		2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
fludrocortisone oral tablet 0.1 mg		2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	2	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	2	
methylprednisolone oral tablet 32 mg		2	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		2	PA BvD
prednisolone oral solution 15 mg/5 ml		2	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)		2	PA BvD
prednisone oral solution 5 mg/5 ml		2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		2	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	2	
Pituitary			
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		5	PA; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)		3	

Drug Name	Drug Tier	Requirements/Limits
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	3	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
octreotide acetate injection solution 1,000 mcg/ml	5	NDS
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	4	
octreotide acetate injection solution 200 mcg/ml	4	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; NDS
Progestins			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		3	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	2	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		3	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	
Thyroid And Antithyroid Agents			
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	(Levo-T)	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	(liothyronine)	2	

Drug Name		Drug Tier	Requirements/Limits
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	2	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		5	PA; NDS
Immunological Agents			
Immunological Agents			
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml	(Yuflyma(CF) Autoinjector)	5	PA; NDS
adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty(CF) AI Crohns)	5	PA; NDS
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	(Yuflyma(CF))	5	PA; NDS
adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty)	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		5	PA; NDS
azathioprine oral tablet 50 mg	(Imuran)	2	PA BvD
azathioprine sodium injection recon soln 100 mg		2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML		5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		5	PA; NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)		5	PA; NDS

Drug Name		Drug Tier	Requirements/Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML		5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		5	PA; NDS
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	2	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	2	PA BvD
cyclosporine modified oral capsule 50 mg		2	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Neoral)	3	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	3	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	5	PA; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		5	PA; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg (Zortress)	3	PA BvD
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg (Zortress)	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	2	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	3	PA BvD
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	5	PA; NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074

Drug Name		Drug Tier	Requirements/Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML		5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		5	PA; NDS; Only NDCs starting with 00074
infliximab intravenous recon soln 100 mg	(Remicade)	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		5	PA; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	2	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	2	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	2	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	5	PA BvD; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	2	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/ML		5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	5	PA; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus)	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS

Drug Name		Drug Tier	Requirements/Limits
RINVOQ LQ ORAL SOLUTION 1 MG/ML		5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG		5	PA; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML		5	PA; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		3	PA
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	(ustekinumab-aekn)	3	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	(ustekinumab-aekn)	5	PA; NDS
sirolimus oral solution 1 mg/ml		3	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		3	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML		5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML		5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML		5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		5	PA; NDS
tacrolimus intravenous solution 5 mg/ml	(Prograf)	3	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	3	PA BvD
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg	(Astagraf XL)	2	PA BvD
tacrolimus oral capsule,extended release 24hr 5 mg	(Astagraf XL)	5	PA BvD; NDS
TAVNEOS ORAL CAPSULE 10 MG		5	PA; NDS; QL (180 per 30 days)
tofacitinib oral solution 1 mg/ml	(Xeljanz)	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
tofacitinib oral tablet 10 mg, 5 mg (Xeljanz)	5	PA; NDS
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg (Xeljanz XR)	5	PA; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	5	PA; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml (Otulfi)	3	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	5	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	5	PA; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; $0 copay

Drug Name	Drug Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	$0 copay

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	3	$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	3	$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	3	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	3	$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; $0 copay

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	$0 copay; QL (2 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	$0 copay

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Drug Name		Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML		3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML		3	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML		3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML		3	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		3	$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT		3	$0 copay
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML		3	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT		3	$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML		3	$0 copay
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg	(Lotronex)	3	
alosetron oral tablet 1 mg	(Lotronex)	5	NDS
balsalazide oral capsule 750 mg	(Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg		4	
budesonide rectal foam 2 mg/actuation	(Uceris)	3	

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Drug Name		Drug Tier	Requirements/Limits
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	3	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	3	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	4	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	4	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral solution 70 mg/75 ml		4	QL (300 per 28 days)
alendronate oral tablet 10 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		2	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	3	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	2	QL (120 per 30 days)
ibandronate oral tablet 150 mg		2	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		5	PA; NDS
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	4	
paricalcitol oral capsule 4 mcg		4	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		5	NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)

Drug Name		Drug Tier	Requirements/Limits
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	5	PA; NDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		5	PA; NDS; QL (1.56 per 30 days)
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		5	PA; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		3	
betaine oral powder 1 gram/scoop	(Cystadane)	5	PA; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
diazoxide oral suspension 50 mg/ml	(Proglycem)	5	NDS
glucagon emergency kit (human) injection recon soln 1 mg		3	
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	5	PA; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML		3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		3	
hydroxyzine pamoate oral capsule 100 mg		2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		2	
mesna oral tablet 400 mg	(Mesnex)	5	NDS

Drug Name		Drug Tier	Requirements/Limits
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	3	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	2	
THALOMID ORAL CAPSULE 100 MG		5	PA NSO; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG		5	PA NSO; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG		5	PA NSO; NDS; QL (224 per 28 days)
TYBOST ORAL TABLET 150 MG		3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL		5	PA; NDS; QL (12 per 30 days)
Ophthalmic Agents			
Antiglaucoma Agents			
acetazolamide oral capsule, extended release 500 mg		2	
acetazolamide oral tablet 125 mg, 250 mg		2	
acetazolamide sodium injection recon soln 500 mg		2	
betaxolol ophthalmic (eye) drops 0.5 %		4	
brimonidine ophthalmic (eye) drops 0.1 %	(Alphagan P)	4	
brimonidine ophthalmic (eye) drops 0.15 %	(Alphagan P)	2	
brimonidine ophthalmic (eye) drops 0.2 %		2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	4	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	3	
carteolol ophthalmic (eye) drops 1 %		2	
dorzolamide ophthalmic (eye) drops 2 %		2	

Drug Name		Drug Tier	Requirements/Limits
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	2	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	(bimatoprost)	3	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		3	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		4	QL (5 per 30 days)
Replacement Preparations			
Replacement Preparations			
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	2	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	2	
d5 %-0.45 % sodium chloride intravenous parenteral solution		2	
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	2	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	2	
magnesium sulfate injection solution 500 mg/ml (50 %)		4	
magnesium sulfate injection syringe 500 mg/ml (50 %)		2	
potassium chloride intravenous solution 2 meq/ml		2	
potassium chloride oral capsule, extended release 10 meq, 8 meq		2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		4	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	2	
potassium chloride oral tablet extended release 15 meq		3	
potassium chloride oral tablet extended release 20 meq		2	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	2	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	2	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	2	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	2	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	2	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg)		2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		2	
sodium chloride 0.9 % intravenous parenteral solution		2	
sodium chloride 0.9% solution mini-bag, single use		2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		3	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	4	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	3	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	4	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		4	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		4	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		4	QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	2	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	2	QL (60 per 30 days)
Antileukotrienes			
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	2	
zafirlukast oral tablet 10 mg, 20 mg		4	
Bronchodilators			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		3	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		2	QL (36 per 30 days)
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		2	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	3	QL (60 per 30 days)
BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION		3	QL (23.6 per 28 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION		3	QL (23.6 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION		3	QL (10.7 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		3	QL (8 per 30 days)
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	(Atrovent HFA)	3	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %		2	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		2	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		3	QL (4 per 28 days)
theophylline oral solution 80 mg/15 ml		3	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		4	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		2	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	(Spiriva with HandiHaler)	3	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG		3	QL (60 per 30 days)
Respiratory Tract Agents, Other			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
JASCAYD ORAL TABLET 18 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
nintedanib oral capsule 100 mg, 150 mg (Ofev)	5	PA; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	5	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg (Esbriet)	5	PA; NDS; QL (270 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
pirfenidone oral tablet 534 mg		5	PA; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	5	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML		5	PA BvD; NDS
roflumilast oral tablet 250 mcg	(Daliresp)	3	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	3	QL (30 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)		5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)		5	PA; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)		5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		5	PA; NDS
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 20 mg, 5 mg		2	
cyclobenzaprine oral tablet 10 mg, 5 mg		1	
dantrolene oral capsule 100 mg, 50 mg		4	
dantrolene oral capsule 25 mg	(Dantrium)	4	
methocarbamol oral tablet 500 mg, 750 mg		2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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Drug Name		Drug Tier	Requirements/Limits
tizanidine oral tablet 2 mg		2	
tizanidine oral tablet 4 mg	(Zanaflex)	2	
Sleep Disorder Agents			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	2	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	2	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	5	PA; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		2	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
Vasodilating Agents			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	5	PA; LA; NDS; QL (60 per 30 days)
macitentan oral tablet 10 mg	(Opsumit)	5	PA; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	2	PA; QL (360 per 30 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	1	EX; CB (6 EA per 30 days)
tadalafil oral tablet 2.5 mg		2	PA; QL (30 per 30 days)
tadalafil oral tablet 5 mg	(Cialis)	2	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET 100 MCG	5	PA; NDS; QL (480 per 30 days)
UPTRAVI ORAL TABLET 150 MCG	5	PA; NDS; QL (300 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
bal-care dha combo pack 27-1-430 mg	1	
bal-care dha essential pack 27 mg iron-1 mg -374 mg	1	
c-nate dha softgel 28 mg iron-1 mg - 200 mg	1	
completenate tablet chew 29 mg iron- 1 mg	1	
folivane-ob capsule 85-1 mg	1	
kosher prenatal plus iron tab 30 mg iron- 1 mg	1	
marnatal-f capsule 60 mg iron-1 mg	1	
m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	1	
mynatal advance oral tablet 90-1-50 mg	1	
mynatal capsule 65 mg iron- 1 mg	1	
mynatal oral tablet 90-1-50 mg	1	
mynatal plus captab 65 mg iron- 1 mg	1	
mynatal-z captab 65 mg iron- 1 mg	1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	1	

Drug Name		Drug Tier	Requirements/Limits
newgen tablet 32-1,000 mg-mcg		1	
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe		1	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg		1	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg		1	
pnv-omega softgel 28-1-300 mg		1	
pr natal 400 combo pack 29-1-400 mg		1	
pr natal 400 ec combo pack 29-1-400 mg		1	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg		1	
pr natal 430 ec combo pack 29-1-430 mg		1	
prenaissance oral capsule 29-1.25-55-325 mg		1	
prenaissance plus oral capsule 28-1-50-250 mg		1	
prenatabs fa tablet 29-1 mg		1	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		1	
prenatal 19 chewable tablet 29 mg iron- 1 mg		1	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
prenatal-u capsule 106.5-1 mg		1	
r-natal ob softgel 20 mg iron- 1 mg-320 mg		1	
select-ob chewable caplet 29 mg iron- 1 mg		1	
select-ob chewable caplet 29 mg iron- 1 mg		1	

Drug Name	Drug Tier	Requirements/Limits
se-natal 19 chewable tablet 29 mg iron- 1 mg	1	
taron-c dha capsule 35-1-200 mg	1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1	
vitafol gummies 3.33 mg iron- 0.33 mg	1	
vitafol-ob+dha combo pack 65-1-250 mg	1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	1	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	1	
zatean-pn plus softgel 28-1-300 mg	1	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

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