



UCLA Health Medicare Advantage Plan
Principal Plan (HMO)
and
Prestige Plan (HMO)
2027 Formulary
List of Covered Drugs or “Drug List”

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

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This formulary was updated on 10/01/2026. For more recent information or other questions, please contact UCLA Health Medicare Advantage Plan Member Services at 1-833-627-8252 (TTY users should call 711), 8am - 8pm PT, Monday - Friday, April 1 through September 30, except on all federal holidays, and 8am - 8pm PT, 7 days a week, October 1 through March 31, except Thanksgiving Day and Christmas Day, or visit uclahealthmedicareadvantage.org.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means UCLA Health Medicare Advantage Plan. When it refers to “plan” or “our plan,” it means UCLA Health Medicare Advantage Principal Plan and UCLA Health Medicare Advantage Prestige Plan.

This document includes the Drug List (formulary) for our plan which is current as of 10/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the UCLA Health Medicare Advantage Plan formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by UCLA Health Medicare Advantage Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. UCLA Health Medicare Advantage Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a UCLA Health Medicare Advantage Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but UCLA Health Medicare Advantage Plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: uclahealthmedicareadvantage.org/resources.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the UCLA Health Medicare Advantage Plan formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the UCLA Health Medicare Advantage Plan formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2026. To get updated information about the drugs covered by UCLA Health Medicare Advantage Plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will post the updated formulary on our website and send you a notice 30 days prior to the change taking effect.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 12. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 183. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

UCLA Health Medicare Advantage Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** UCLA Health Medicare Advantage Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us based on specific criteria before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, UCLA Health Medicare Advantage Plan limits the amount of the drug that we will cover. For example, we provide 4 units per prescription for epinephrine injection auto-injector. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, UCLA Health Medicare Advantage Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask UCLA Health Medicare Advantage Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the UCLA Health Medicare Advantage Plan formulary?" on page 6 for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that UCLA Health Medicare Advantage Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by UCLA Health Medicare Advantage Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

- You can ask UCLA Health Medicare Advantage Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the UCLA Health Medicare Advantage Plan formulary?

You can ask UCLA Health Medicare Advantage Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, UCLA Health Medicare Advantage Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, UCLA Health Medicare Advantage Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member moving from a long-term care facility or a hospital stay to home, we will cover a temporary supply of your drug for a maximum of a 30-day supply, or less if your prescription is written for fewer days. If you are moving from home or a hospital stay to a long-term care facility, we will cover a temporary supply of your drug for a maximum of a 31-day supply, or less if your prescription is written for fewer days.

Your cost sharing for prescription drug coverage

The chart below shows what you will pay as your share of costs for covered prescription drugs at our network pharmacies. This plan does not cover prescription drugs from out-of-network pharmacies, except in emergency or urgent situations. Refer to the Pharmacy Directory for a list of in-network pharmacies at uclahealthmedicareadvantage.org/pharmacy. For detailed information about your drug costs and the different stages of your drug coverage, please refer to Chapter 6, “What you pay for Part D drugs” in your Evidence of Coverage at uclahealthmedicareadvantage.org/resources.

Annual Prescription Deductible	\$300 annual prescription deductible applies to drugs on tiers 3, 4 and 5 only.			
Initial Coverage	In this stage, the plan pays its share of the cost, and you pay your copay or coinsurance indicated in the chart below. You stay in this stage until your year-to-date total drug cost reaches \$2,400. Then you move to the Catastrophic coverage stage.			
Drug Coverage Tier	Retail		Mail Order	
	30-day supply*	100-day supply	30-day supply	100-day supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$47 copay	\$117.50 copay
Tier 3: Covered Insulin Drugs	\$35 copay	\$105 copay	\$35 copay	\$87.50 copay
Tier 4: Non-preferred Drug	27% coinsurance	27% coinsurance (90-day supply limit)	27% coinsurance	27% coinsurance (90-day supply limit)
Tier 5: Specialty Tier	30% coinsurance	Not covered	30% coinsurance	Not covered
Catastrophic Coverage	After your total out-of-pocket drug costs reaches \$2,400, you won't pay anything for Medicare Part D covered drugs for the rest of the plan year.			

* Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

For more information

For more detailed information about your UCLA Health Medicare Advantage Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit [Medicare.gov](https://www.Medicare.gov).

UCLA Health Medicare Advantage Plan formulary

The formulary below provides coverage information about the drugs covered by UCLA Health Medicare Advantage Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 183.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ENTRESTO) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The information in the Requirements/Limits column tells you if UCLA Health Medicare Advantage Plan has any special requirements for coverage of your drug.

- The symbol [EX] indicates that this prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- The symbol [QL] provides quantity limits for certain drugs and indicates the amount the plan will cover (days' supply or amount dispensed). If your doctor prescribes more than this amount or the limit is not right for your condition, you or your doctor can ask the plan to cover a higher quantity.
- The symbol [HI] indicates this prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-833-627-8252 (TTY users should call 711), 8am - 8pm PT, Monday - Friday, April 1 through September 30, except on all federal holidays, and 8am - 8pm PT, 7 days a week, October 1 through March 31, except Thanksgiving Day and Christmas Day, or visit uclahealthmedicareadvantage.org.
- The symbol [ST] indicates before coverage will be provided for this drug, you must first try other drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

- The symbol [PA] indicates that you (or your physician) are required to get prior authorization from UCLA Health Medicare Advantage Plan before you fill your prescription for this drug. Without prior approval, UCLA Health Medicare Advantage Plan may not cover this drug.
- The symbol [PA NSO] indicates Prior Authorization for New Starts Only for a member new to a drug therapy. The first time a member has taken that specific drug with utilization management (UM) that specifies a process that requires members to obtain advanced approval for coverage from the plan before a service is rendered or a prescription is filled.
- The symbol [PA BvD] indicates this prescription drug may be covered under Medicare Part B or D depending upon the circumstances. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- The symbol [CB] indicates a Capped Benefit, this drug has a specified limit amount per month and does not allow early refill.
- The symbol [NDS] indicates Non-Extended Day Supply.

Table of Contents

Analgesics	12
Anesthetics	15
Anti-Addiction/Substance Abuse Treatment Agents	15
Antianxiety Agents	16
Antibacterials	17
Anticancer Agents	24
Anticonvulsants	40
Antidementia Agents	45
Antidepressants	46
Antidiabetic Agents	49
Antifungals	53
Antigout Agents	55
Antihistamines	55
Antihypoglycemic Agents	56
Antimigraine Agents	56
Antimycobacterials	57
Antinausea Agents	57
Antiparasite Agents	58
Antiparkinsonian Agents	59
Antipsychotic Agents	60
Antivirals (Systemic)	66
Blood Products/Modifiers/Volume Expanders	72
Caloric Agents	74
Cardiovascular Agents	75
Central Nervous System Agents	84
Contraceptives	86
Dental And Oral Agents	95

Dermatological Agents	95
Devices	99
Enzyme Replacement/Modifiers	143
Eye, Ear, Nose, Throat Agents	144
Gastrointestinal Agents	147
Genitourinary Agents	151
Heavy Metal Antagonists	152
Hormonal Agents, Stimulant/Replacement/Modifying	152
Immunological Agents	158
Metabolic Bone Disease Agents	170
Miscellaneous Therapeutic Agents	171
Ophthalmic Agents	172
Parasympathomimetic (Cholinergic Agents)	173
Replacement Preparations	173
Respiratory Tract Agents	174
Skeletal Muscle Relaxants	179
Sleep Disorder Agents	179
Sympathomimetic (Adrenergic) Agents	180
Vasodilating Agents	180
Vitamins And Minerals	181

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml</i>	2	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	NDS; QL (180 per 30 days)
<i>buprenorphine transdermal patch (Butrans) weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	NDS; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	NDS; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	2	NDS; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	2	NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	NDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	NDS; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	NDS; QL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	NDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	NDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; NDS; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml (2 mg/ml)</i>	2	NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	NDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	2	NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	NDS; QL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	4	NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 60 mg</i> (MS Contin)	2	NDS; QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	NDS; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	NDS; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 2.5-325 mg, 5-325 mg	2	NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 7.5-325 mg	2	NDS; QL (240 per 30 days)
<i>tramadol oral tablet</i> 50 mg	1	NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	2	NDS; QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule</i> 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet</i> 50 mg	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release</i> 24 hr 100 mg	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> 25 mg	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> 50 mg	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> 75 mg	2	QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i> 50-200 mg-mcg (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i> 75-200 mg-mcg (Arthrotec 75)	2	
<i>etodolac oral capsule</i> 200 mg, 300 mg	2	
<i>etodolac oral tablet</i> 400 mg (Lodine)	2	
<i>etodolac oral tablet</i> 500 mg	2	
<i>flurbiprofen oral tablet</i> 100 mg (Lurbiro)	2	
<i>ibu oral tablet</i> 400 mg, 600 mg, 800 mg (ibuprofen)	1	
<i>ibuprofen oral suspension</i> 100 mg/5 ml (Children's Advil)	2	
<i>ibuprofen oral tablet</i> 400 mg, 600 mg, 800 mg (IBU)	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocaine 5% patch outer</i> (lidocaine)	2	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocaine)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (240 per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
<i>lidocaine iii topical adhesive patch, medicated 5 %</i> (lidocaine)	2	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	4	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	2	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	2	QL (336 per 365 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	2	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	NDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet, disintegrating</i> 2 mg	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet</i> 15 mg, 3.75 mg, 7.5 mg	2	QL (180 per 30 days)
<i>diazepam injection solution</i> 5 mg/ml	2	QL (10 per 28 days)
<i>diazepam injection syringe</i> 5 mg/ml	2	
<i>diazepam intensol oral concentrate</i> 5 (diazepam) mg/ml	2	QL (1200 per 30 days)
<i>diazepam oral solution</i> 5 mg/5 ml (1 mg/ml)	2	QL (1200 per 30 days)
<i>diazepam oral tablet</i> 10 mg, 2 mg, 5 (Valium) mg	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	2	NDS; QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution</i> 2 mg/ml (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution</i> 4 mg/ml (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe</i> 2 mg/ml	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate</i> (lorazepam) 2 mg/ml	2	NDS; QL (150 per 30 days)
<i>lorazepam oral tablet</i> 0.5 mg, 1 mg (Ativan)	1	NDS; QL (90 per 30 days)
<i>lorazepam oral tablet</i> 2 mg (Ativan)	1	NDS; QL (150 per 30 days)
<i>temazepam oral capsule</i> 15 mg, 30 (Restoril) mg	1	NDS; QL (30 per 30 days)
<i>temazepam oral capsule</i> 22.5 mg (Restoril)	2	NDS; QL (30 per 30 days)
<i>temazepam oral capsule</i> 7.5 mg (Restoril)	2	NDS; QL (120 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution</i> 500 mg/2 ml	2	HI
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NDS; QL (235.2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin injection solution 40 mg/ml</i>	2	HI
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	HI
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	HI
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)</i>	2	HI
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	HI
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	2	HI
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	2	PA BvD; HI
<i>fosfomycin tromethamine oral packet 3 gram</i>	2	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	2	PA BvD; HI
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NDS
<i>linezolid oral tablet 600 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	PA BvD; HI

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	2	QL (60 per 30 days)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	5	PA BvD; NDS
SIVEXTRO ORAL TABLET 200 MG	5	NDS
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	2	PA BvD
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (77 per 28 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	2	HI
<i>cefazolin intravenous recon soln 10 gram</i>	2	HI
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	HI
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefixime oral tablet 400 mg</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>fidaxomicin oral tablet 200 mg</i> (Dificid)	5	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	2	HI
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	PA BvD; HI
<i>ertapenem injection recon soln 1 gram</i>	2	HI
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	PA BvD; HI
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	PA BvD; HI
<i>meropenem intravenous recon soln 1 gram, 2 gram, 500 mg</i>	2	PA BvD; HI
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml</i>	2	
<i>amoxicillin oral suspension for reconstitution 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	HI
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	HI
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	4	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	HI
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	2	HI
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	PA BvD; HI
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	2	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	PA BvD; HI
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	PA BvD; HI
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin 400 mg/250 ml bag suv, p/f, inner</i>	2	PA BvD; HI
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	2	PA BvD; HI
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	5	NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	PA BvD; HI
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	PA BvD; HI
<i>doxycycline hyclate oral capsule 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	2	PA BvD; HI
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Abirtega)	2	PA NSO; QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i> (abiraterone)	2	PA NSO; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD
AKEGA 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)

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
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)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (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)
<i>bendamustine intravenous recon soln 25 mg</i> (Treanda)	2	PA NSO
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	5	PA NSO; NDS; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
<i>bexarotene oral capsule 75 mg</i> (Targretin)	2	PA NSO
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	4	PA NSO; HI
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	5	PA NSO; HI; NDS

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
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)
<i>bosutinib oral tablet 100 mg</i> (Bosulif)	5	PA NSO; NDS; QL (180 per 30 days)
<i>bosutinib oral tablet 400 mg, 500 mg</i> (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)

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Drug Name	Drug Tier	Requirements/Limits
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram</i>	2	PA BvD
<i>cyclophosphamide intravenous recon soln 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	5	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	PA NSO; NDS; QL (90 per 30 days)
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)
<i>decitabine intravenous recon soln 50 mg</i>	2	HI
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	5	PA BvD; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ENSACOVE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ENSACOVE ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (270 per 30 days)
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)
<i>erlotinib oral tablet 100 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	2	PA NSO; QL (60 per 30 days)
<i>etoposide intravenous solution 20 mg/ml</i> (Avopef)	2	HI
EULEXIN ORAL CAPSULE 125 MG (flutamide)	5	NDS
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Yulithira)	5	PA NSO; NDS; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg</i> (Yulithira)	2	PA NSO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i> (Yulithira)	2	PA NSO; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
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
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Cligavyx)	2	
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	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)
<i>hydroxyurea oral capsule 500 mg</i> (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)

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Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
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
KISQALI 200 MG DAILY DOSE 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 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
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)

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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)
<i>lapatinib oral tablet 250 mg</i> (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)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (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
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NDS
<i>leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	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
<i>lomustine oral capsule 10 mg, 40 mg</i> (Gleostine)	2	
<i>lomustine oral capsule 100 mg</i> (Gleostine)	5	NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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 VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	5	PA BvD; 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) (leuprolide acetate (3 month)) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA NSO
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)
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	5	NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	HI
MODEYSO ORAL CAPSULE 125 MG	5	PA NSO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i> (Tasigna)	5	PA NSO; NDS; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i> (Tasigna)	5	PA NSO; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	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

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Drug Name	Drug Tier	Requirements/Limits
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
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)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; HI; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NDS; QL (120 per 30 days)
<i>pazopanib oral tablet 400 mg</i>	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)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg</i>	2	HI
<i>pemetrexed disodium intravenous recon soln 500 mg, 750 mg</i>	5	HI; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	HI; 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)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i> (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)
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
RYBREVA NT 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
RYBREVA NT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
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
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
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)
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)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)

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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	
<i>toremifene oral tablet 60 mg</i> (Fareston)	2	
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (30 per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
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)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	HI
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)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
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
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 PELLETT 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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))	2	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg (everolimus (antineoplastic))	2	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)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA BvD; HI; NDS
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)
Anticonvulsants		
Anticonvulsants		
brivaracetam intravenous solution 50 mg/5 ml (Briviact)	5	NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml (Briviact)	2	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)
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet, chewable</i> 100 mg, 200 mg	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
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)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	2	ST; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	2	ST; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	HI
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	HI
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
<i>levetiracetam oral tablet for suspension 250 mg, 500 mg</i> (Spritam)	4	ST
<i>methsuximide oral capsule 300 mg</i> (Celontin)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA NSO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
<i>perampanel oral suspension 0.5 mg/ml</i> (Fycompa)	5	ST; NDS; QL (720 per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg</i> (Fycompa)	2	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	2	ST; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml</i> (4 mg/ml)	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytek oral capsule 200 mg, 300 mg</i> (phenytoin sodium extended)	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	HI
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	HI
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	2	ST
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG	4	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML	4	PA NSO
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle 50 mg</i>	2	
<i>topiramate oral solution 25 mg/ml</i> (Eprontia)	2	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	HI
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	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	PA NSO; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (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)

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Drug Name	Drug Tier	Requirements/Limits
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	5	NDS
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	2	
<i>donepezil oral tablet,disintegrating 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	5	PA; NDS; QL (7.2 per 28 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>	2	ST; QL (30 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 7 mg</i> (Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	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
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	2	QL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	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)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (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; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating</i> (Remeron SolTab) <i>15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
RALDESY ORAL SOLUTION 10 MG/ML	5	PA NSO; NDS; QL (1200 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (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		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>dapagliflozin oral tablet 10 mg, 5 mg</i> (Farxiga)	2	QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg</i> (Xigduo XR)	2	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (sitagliptin phosphometformin)	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (sitagliptin phosphometformin)	3	QL (60 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NDS; QL (112 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	2	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	2	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 per 30 days)
<i>sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg</i> (Janumet)	2	QL (60 per 30 days)
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i> (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)

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Drug Name	Drug Tier	Requirements/Limits
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 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)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Semglee(insulin glarg- yfgn)Pen)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> (Semglee(insulin glargine-yfgn))	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i> (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)

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Drug Name	Drug Tier	Requirements/Limits
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 aspart u-100) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 (insulin asp prt-insulin aspart) INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN (insulin asp prt-insulin aspart) U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG PENFILL U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG U-100 INSULIN (insulin aspart u-100) ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	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 (15 per 25 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 conc) SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 (insulin glargine u-300 conc) INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	max \$35 copay per month supply; QL (13.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (90 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 250 mg</i>	2	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 500 mg, 5-500 mg</i>	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25- 250 mg, 2.5-500 mg, 5-500 mg</i>	1	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
<i>amphotericin b liposome intravenous (AmBisome) suspension for reconstitution 50 mg</i>	5	PA BvD; NDS
<i>ciclopirox topical cream 0.77 % (Ciclodan)</i>	2	QL (180 per 30 days)
<i>ciclopirox topical solution 8 % (Ciclodan)</i>	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 % (Loprox (as olamine))</i>	4	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 % (Antifungal (clotrimazole))</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	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
<i>econazole nitrate topical cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	HI
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	2	HI
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nystop)	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	2	PA BvD; HI
<i>voriconazole intravenous solution 10 mg/ml</i>	2	PA BvD; HI
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i> (Colcris)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	4	QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
Antihistamines		
Antihistamines		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
Antihypoglycemic Agents		
Antihypoglycemic Agents, Miscellaneous		
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	5	NDS
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	2	PA; 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)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	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)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, suv</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan 6 mg/0.5 ml autoinj suv</i> (Imitrex STATdose Pen)	4	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray, non-aerosol</i> 20 mg/actuation, 5 mg/actuation	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG (rifapentine)	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	HI
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (8 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	2	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	5	PA; NDS; QL (600 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	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)

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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)
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	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)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	2	QL (60 per 30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	2	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
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

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> (Latuda)	2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg, 5 mg</i>	2	QL (120 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 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)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	5	ST; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	2	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml</i> (Rykindo)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	2	QL (120 per 30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
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	3	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	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		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg</i>	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	5	NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular</i> (Apretude) <i>suspension,extended release 600 mg/3 ml (200 mg/ml)</i>	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	2	
DELSTRIGO ORAL TABLET 100- 300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>	2	
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivu-tenofof disop oral</i> (Symfi) <i>tablet 600-300-300 mg</i>	5	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
<i>emtricitabine-tenofovir (tdf) oral</i> (Truvada) <i>tablet 100-150 mg, 133-200 mg, 167- 250 mg, 200-300 mg</i>	2	
<i>emtricitabine-rilpivirine-tenofof df oral</i> (Complera) <i>tablet 200-25-300 mg</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	2	
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i>	2	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
IDVYNZO 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
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)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	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
PREZISTA ORAL TABLET 150 MG	5	NDS
PREZISTA ORAL TABLET 75 MG	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>rilpivirine hcl oral tablet 25 mg</i> (Edurant)	5	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NDS
<i>ritonavir oral tablet 100 mg</i> (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

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Drug Name	Drug Tier	Requirements/Limits
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	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
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
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	
TYBOST ORAL TABLET 150 MG	3	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
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS
<i>oseltamivir oral capsule 30 mg</i>	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
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)
VOSEVI ORAL TABLET 400-100- 100 MG	5	PA; NDS; QL (28 per 28 days)
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i>	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NDS
<i>valganciclovir oral tablet 450 mg</i>	2	
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	2	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)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	QL (36 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	2	QL (18 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	HI
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	1	
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)	2	QL (600 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
Blood Formation Modifiers		
<i>eltrombopag olamine oral powder in packet 12.5 mg</i> (Promacta)	5	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral powder in packet 25 mg</i> (Promacta)	5	PA; NDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i> (Promacta)	5	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i> (Promacta)	5	PA; NDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> (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)
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
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		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	2	
<i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)	2	
Caloric Agents		
Caloric Agents		
CLINIMIX 6%-D5W (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
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
<i>d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution</i> (d5 % and 0.9 % sodium chloride)	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> (D5 % (d-glucose)-0.9 % sodchlr)	2	HI
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	HI
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	PA BvD; HI
<i>dextrose 5%-0.9% nacl iv soln single use</i> (D5 % (d-glucose)-0.9 % sodchlr)	2	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD; HI
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Alpha-Adrenergic Blocking Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	1	
<i>irbesartan oral tablet 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<i>olmesartan-amlodipin-hcthiiazid 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</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	2	QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	2	QL (60 per 30 days)
<i>telmisartan oral tablet 20 mg</i>	2	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>ramipril oral capsule 10 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)	2	
<i>amiodarone oral tablet 400 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacерone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	2	
<i>sotalol oral tablet 240 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
Calcium-Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 24hr 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
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		
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	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)	2	ST; QL (60 per 30 days)
metyrosine oral capsule 250 mg	5	PA; NDS
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)	2	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	2	
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NDS; QL (30 per 30 days)
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	1	
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i> (Jynarque)	5	PA; NDS; QL (120 per 30 days)
<i>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)</i> (Jynarque)	5	PA; NDS; QL (56 per 28 days)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	2	
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine)	2	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	2	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
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)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	2	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	5	PA; NDS; QL (0.8 per 28 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg</i> (Inspra)	2	
<i>eplerenone oral tablet 50 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
Central Nervous System Agents		
Central Nervous System Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 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
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)-80 MG (21)	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
<i>riluzole oral tablet 50 mg</i>	2	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	2	PA; QL (112 per 28 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>amethyst (28) oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad)	2	
<i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Lo-Zumandimine (28))	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Valtya)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mcg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	4	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	1	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	1	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	1	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	

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

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

Drug Name		Drug Tier	Requirements/Limits
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>mili oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		4	
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG		3	
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Deblitane)	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Blisovi Fe 1/20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Blisovi Fe 1.5/30 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(Tri-Sprintec (28))	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	(Mili)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>orquidea oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	

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Drug Name		Drug Tier	Requirements/Limits
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>		4	
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>vylibra oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	4	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg</i>	(Salagen (pilocarpine))	2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	(Salagen (pilocarpine))	4	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	2	
Dermatological Agents			
Anti-Infectives (Skin And Mucous Membrane)			
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	2	QL (30 per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	(Cleocin)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	4	
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	2	
<i>calcipotriene scalp solution 0.005 %</i> (Pellix)	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	5	ST; NDS; QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NDS
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) (w/w)	2	QL (30 per 30 days)
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A)	2	PA
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	
Dermatological Antibacterials		
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>gentamicin topical cream 0.1 %</i>	2	QL (90 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	4	
<i>metronidazole topical gel 1 %</i> (Metrogel)	4	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)
<i>rosadan topical cream 0.75 %</i> (metronidazole)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	4	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	2	PA; QL (224 per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream</i>	2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	(Procto-Med HC)	2	
<i>hydrocortisone topical lotion 2.5 %</i>		2	
<i>hydrocortisone topical ointment 1 %</i>	(Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>		1	
<i>hydrocortisone valerate topical cream 0.2 %</i>		2	
<i>mometasone topical cream 0.1 %</i>		2	
<i>mometasone topical ointment 0.1 %</i>		2	
<i>mometasone topical solution 0.1 %</i>		2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>		1	
<i>triamcinolone acetonide topical cream 0.5 %</i>	(Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>		2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		2	
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	
<i>permethrin topical cream 5 %</i>		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

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Drug Name		Drug Tier	Requirements/Limits
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
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

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Drug Name	Drug Tier	Requirements/Limits
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
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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 (insulin syringe-needle 27GX5/8 1 ML 27 GAUGE X 5/8" 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 (pen needle, diabetic) 6MMX32G 32 GAUGE X 1/4"	2	PA; ST
BD UF MINI PEN NEEDLE (pen needle, diabetic) 5MMX31G 31 GAUGE X 3/16"	2	PA; ST
BD UF NANO PEN NEEDLE (pen needle, diabetic) 4MMX32G 32 GAUGE X 5/32"	2	PA; ST
BD UF ORIG PEN NDL (pen needle, diabetic) 12.7MMX29G 29 GAUGE X 1/2"	2	PA; ST
BD UF SHORT PEN NEEDLE (pen needle, diabetic) 8MMX31G 31 GAUGE X 5/16"	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 (insulin syringe-needle 6MMX31G 1 ML 31 GAUGE X u-100) 15/64"	2	PA; ST
BD VEO INS SYRN 0.3 ML (insulin syringe-needle 6MMX31G 0.3 ML 31 GAUGE X u-100) 15/64"	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
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

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Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
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 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

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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

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Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	2	PA; ST
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	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 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	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 (insulin syringe-needle 29GX12.5MM 0.3 ML 29 GAUGE u-100) X 1/2"	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 (insulin syringe-needle 30GX12.5MM 0.3 ML 30 GAUGE u-100) X 1/2"	2	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"	2	PA; ST

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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

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

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Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	2	PA; ST
DROPSAFE ALCOHOL 70% PREP (alcohol swabs) PADS	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 (pen needle, diabetic, 4MM 31 GAUGE X 5/32" safety)	2	PA; ST
DROPSAFE PEN NEEDLE 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" 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 (pen needle, diabetic, 5MM 31 GAUGE X 3/16" 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 (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
EASY COMFORT 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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

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Drug Name	Drug Tier	Requirements/Limits
INSULIN 1/2 ML SYRINGE 1/2 ML (Ultrilet Insulin Syringe) 29	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
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

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML (Advocate Syringes) 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	2	PA; ST
INSULIN SYRINGE 1 ML (Easy Touch Insulin Syringe) 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	PA; ST
INSULIN SYRINGE 1 ML (Advocate Syringes) 31GX5/16" SHORT NEEDLE, THIN II (OTC) 1 ML 31 GAUGE X 5/16	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultrilet 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" (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST
INSUPEN PEN NEEDLE 31G 8MM (pen needle, diabetic) 31 GAUGE X 5/16"	2	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
INSUPEN PEN NEEDLE 32G 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (pen needle, diabetic) (RX) 32 GAUGE X 1/4"	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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE 1 ML 1 ML (insulin syringe-needle 31 GAUGE X 5/16 u-100)	2	PA; ST
NANO 2 GEN PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
NANO PEN NEEDLE 32G 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	2	PA; ST
NOVOFINE 32G NEEDLES 32 (pen needle, diabetic) GAUGE X 1/4"	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)
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 (Embrace Pen Needle) 30 GAUGE X 3/16"	2	PA; ST
PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle) GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	2	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 (1st Tier Unifine GAUGE X 1/4" Pentips)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 (insulin syringe-needle ML 30 GAUGE X 1/2" u-100)	2	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle ML 30 GAUGE X 5/16 u-100)	2	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle ML 31 GAUGE X 5/16 u-100)	2	PA; ST
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
PRO COMFORT PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	2	PA; ST
PRO COMFORT PEN NDL 32G X (pen needle, diabetic) 1/4" 32 GAUGE X 1/4"	2	PA; ST
PRO COMFORT PEN NDL 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	PA; ST
PRO COMFORT PEN NDL 5MM (pen needle, diabetic) 32G 32 GAUGE X 3/16"	2	PA; ST
PRO-COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
PRODIGY INS SYR 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
PRODIGY SYRNG 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
PRODIGY SYRNGE 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
PURE CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" 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% (alcohol swabs) PADS	1	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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 (Comfort EZ PRO 31 GAUGE X 5/32" Safety Pen Ndl)	2	PA; ST
SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, 31G 31 GAUGE X 3/16" safety)	2	PA; ST
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 (pen needle, diabetic, 5MM OUTER 31 GAUGE X 3/16" 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., (insulin syringe-needle SAFETY u-100)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	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" (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
ULTICARE SYR 0.3 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.3 ML 31 u-100) GAUGE X 5/16"	2	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
ULTICARE SYR 0.5 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.5 ML 31 u-100) GAUGE X 5/16"	2	PA; ST
ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 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

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Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFE PK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFE PK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	PA; ST
ULTILET ALCOHOL STERL (alcohol swabs) SWAB	1	PA; ST
ULTILET INSULIN SYRINGE 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTILET INSULIN SYRINGE 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
ULTILET INSULIN SYRINGE 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 ML u-100) 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	2	PA; ST
ULTILET PEN NEEDLE 4MM 32G (pen needle, diabetic) 32 GAUGE X 5/32"	2	PA; ST
ULTRA COMFORT 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
ULTRA COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle 28GX1/2" CONVERTS TO 29G 1/2 u-100) ML 28 GAUGE X 1/2"	2	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle SYRINGE 0.5 ML 30 GAUGE X u-100) 5/16"	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	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 (pen needle, diabetic, 5MM 31 GAUGE X 3/16" 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 (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
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

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Drug Name		Drug Tier	Requirements/Limits
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
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
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 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	
<i>javygtor oral tablet,soluble 100 mg</i>	(sapropterin)	5	PA; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	(Orfadin)	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		5	PA; NDS
<i>sapropterin oral tablet,soluble 100 mg</i>	(Javygtor)	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		5	PA; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
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		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i> (Astepro Allergy) <i>205.5 mcg (0.15 %)</i>	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	4	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch- Redness Rlf)	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	2	
Eye, Ear, Nose, Throat Anti- Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	QL (3.5 per 4 days)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment</i> (bacitracin-polymyxin b) <i>500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
<i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i> (Zylet)	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
XDEMVIY 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		
<i>bromfenac ophthalmic (eye) drops</i> (Prolensa) <i>0.07 %</i>	2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) <i>0.05 %</i>	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	4	QL (50 per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (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)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (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)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	4	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	2	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	4	QL (15 per 19 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	QL (12 per 28 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	QL (34 per 30 days)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)

Gastrointestinal Agents

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

Drug Name	Drug Tier	Requirements/Limits
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	2	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	4	QL (168 per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA
Gastrointestinal Agents, Other		
<i>bismuth subcit k-metronidz-tn oral capsule 140-125-125 mg</i> (Pylera)	2	QL (168 per 14 days)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>kionex oral suspension 15 gram/60 ml</i> (sodium polystyrene sulfonate)	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule 24 mcg</i>	2	QL (60 per 30 days)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	2	QL (120 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> (Kionex)	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
TRULANCE ORAL TABLET 3 MG	3	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	5	PA; NDS; QL (12 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	4	QL (120 per 30 days)
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	
Laxatives		

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	2	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	2	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	2	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	4	PA; QL (300 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	(Vogelxo)	4	PA; QL (300 per 30 days)
Estrogens And Antiestrogens			
<i>abigale lo oral tablet 0.5-0.1 mg</i>	(estradiol-norethindrone acet)	1	
<i>abigale oral tablet 1-0.5 mg</i>	(estradiol-norethindrone acet)	2	
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	(Premarin)	2	
<i>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</i>	(estradiol)	2	QL (8 per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Dotti)	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Climara)	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	(Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i>	(Yuvaferm)	4	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	(Abigale Lo)	2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	(Abigale)	2	
<i>mimvey oral tablet 1-0.5 mg</i>	(estradiol-norethindrone acet)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	

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Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	1	HI
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
ISTURISA ORAL TABLET 1 MG	5	PA; NDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; NDS; QL (360 per 30 days)
<i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	5	PA; NDS; QL (120 per 30 days)
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	2	
Incretin Mimetics		
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)
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)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	3	PA; QL (30 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)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	3	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3 per 28 days)
Pituitary		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin nasal spray,non- aerosol 10 mcg/spray (0.1 ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (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 FLEXPPO 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
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	2	
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	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)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol 400 mg/10 ml susp cup outer 400 mg/10 ml (10 ml)</i>	2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	1	
<i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i> (liothyronine)	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomny)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil oral tablet 50 mg</i>	2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; NDS
Immunological Agents		
Immunological Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml</i> (Yuflyma(CF) Autoinjector)	5	PA; NDS
<i>adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (adalimumab-aaty(CF) AI Crohns)	5	PA; NDS
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Yuflyma(CF))	5	PA; NDS
<i>adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (adalimumab-aaty)	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	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)
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	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)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD
<i>cyclosporine modified oral solution</i> (Neoral) 100 mg/ml	2	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	2	PA BvD
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg (Tecfidera)	2	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg (14)- 240 mg (46) (Tecfidera)	2	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 240 mg (Tecfidera)	2	PA; QL (60 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 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

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

Drug Name	Drug Tier	Requirements/Limits
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	5	PA; NDS
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	5	PA; NDS
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	2	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 1 mg</i>	5	PA BvD; NDS
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)
<i>fingolimod oral capsule 0.5 mg (Gilenya)</i>	2	PA; QL (30 per 30 days)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml (cyclosporine modified)</i>	2	PA BvD
<i>glatiramer subcutaneous syringe 20 mg/ml (Glatopa)</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml (Glatopa)</i>	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml (glatiramer)</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml (glatiramer)</i>	5	PA; NDS; QL (12 per 28 days)
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 (adalimumab-bwvd) SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.4 ML	5	PA; NDS
HADLIMA(CF) SUBCUTANEOUS (adalimumab-bwvd) SYRINGE 40 MG/0.4 ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
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
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
<i>infliximab intravenous recon soln</i> (Remicade) 100 mg	5	PA; NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule</i> (CellCept) 250 mg	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD
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)
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
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aaуз)	3	PA
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aaуз)	5	PA; NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
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
SAPHNELO PEN SUBCUTANEOUS AUTO- INJECTOR 120 MG/0.8 ML	5	PA; NDS; QL (3.2 per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 45 MG/0.5 ML	3	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 90 MG/ML	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	2	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	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

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
<i>tacrolimus intravenous solution 5 mg/ml</i> (Prograf)	2	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	2	PA BvD
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NDS; QL (180 per 30 days)
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)
<i>tofacitinib oral solution 1 mg/ml</i> (Xeljanz)	5	PA; NDS
<i>tofacitinib oral tablet 10 mg, 5 mg</i> (Xeljanz)	5	PA; NDS
<i>tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg</i> (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

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Drug Name	Drug Tier	Requirements/Limits
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
VELSIPITY ORAL TABLET 2 MG	5	PA; NDS; QL (30 per 30 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE (DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
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
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	5	PA; NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	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

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Drug Name	Drug Tier	Requirements/Limits
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
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	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay
ENGRIX-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

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Drug Name	Drug Tier	Requirements/Limits
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
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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
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	

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	2	QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	4	
<i>paricalcitol oral capsule 4 mcg</i>	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)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (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		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; NDS; QL (30 per 30 days)
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	PA; NDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>hydroxyzine pamoate oral capsule</i> 100 mg, 25 mg, 50 mg	1	
<i>leucovorin calcium oral tablet 10 mg,</i> 15 mg, 25 mg, 5 mg	2	
<i>mesna oral tablet 400 mg</i> (Mesnex)	2	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg,</i> 250 mg	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	4	
<i>bimatoprost ophthalmic (eye) drops</i> (Lumigan) 0.01 %	2	
<i>bimatoprost ophthalmic (eye) drops</i> 0.03 %	4	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops</i> (Alphagan P) 0.1 %	4	
<i>brimonidine ophthalmic (eye) drops</i> (Alphagan P) 0.15 %	2	
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	2	
<i>brimonidine-timolol ophthalmic (eye)</i> (Combigan) <i>drops 0.2-0.5 %</i>	2	
<i>brinzolamide ophthalmic (eye)</i> (Azopt) <i>drops,suspension 1 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide ophthalmic (eye) drops</i> 2 %	2	
<i>dorzolamide-timolol ophthalmic (eye) drops</i> (Cosopt) 22.3-6.8 mg/ml	1	
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	2	
<i>methazolamide oral tablet</i> 25 mg, 50 mg	4	
<i>pilocarpine hcl ophthalmic (eye) drops</i> 1 %, 2 %, 4 %	2	
RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops</i> 0.25 %, 0.5 %	1	
<i>timolol ophthalmic (eye) drops</i> 0.5 % (Betimol)	1	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	4	QL (2.5 per 25 days)
VYZULTA OPTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
Parasympathomimetic (Cholinergic Agents)		
Parasympathomimetic (Cholinergic Agents)		
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	
Replacement Preparations		
Replacement Preparations		
<i>klor-con m10 oral tablet,er particles/crystals</i> 10 meq (potassium chloride)	2	
<i>klor-con m15 oral tablet,er particles/crystals</i> 15 meq (potassium chloride)	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA (fluticasone furoate) INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QL (30 per 30 days)
ARNUITY ELLIPTA (fluticasone furoate) INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	QL (30 per 30 days)
<i>budesonide inhalation suspension for</i> (Pulmicort) <i>nebulization 0.25 mg/2 ml, 0.5 mg/2</i> <i>ml, 1 mg/2 ml</i>	2	PA BvD; QL (120 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 110 mcg/actuation</i>	2	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 220 mcg/actuation</i>	2	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 44 mcg/actuation</i>	2	QL (21.2 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4</i> (Singulair) <i>mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
Bronchodilators		
ADVAIR HFA INHALATION HFA (fluticasone propion- AEROSOL INHALER 115-21 salmeterol) MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa</i> (Ventolin HFA) <i>aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa</i> <i>aerosol inhaler 90 mcg/actuation</i> <i>(nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa</i> <i>aerosol inhaler 90 mcg/actuation</i> <i>(nda020983)</i>	2	QL (36 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	3	QL (60 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)
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (budesonide-formoterol)	2	QL (30.9 per 30 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)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i> (Breo Ellipta)	3	QL (60 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	2	QL (60 per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation</i> (Atrovent HFA)	2	QL (25.8 per 28 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 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)
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide inhalation</i> (Spiriva with <i>capsule, w/inhalation device 18 mcg</i> HandiHaler)	2	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)
<i>wixela inhub inhalation blister with</i> (fluticasone propion- <i>device 100-50 mcg/dose, 250-50</i> salmeterol) <i>mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
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)
<i>nintedanib oral capsule 100 mg, 150 mg</i> (Ofev)	5	PA; NDS; QL (60 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib)	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	2	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	2	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA BvD; HI; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	2	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	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)

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

Drug Name	Drug Tier	Requirements/Limits
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		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	4	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (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)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	2	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Sympathomimetic (Adrenergic) Agents		
Sympathomimetic (Adrenergic) Agents		
<i>droxidopa oral capsule 100 mg, 300 mg</i> (Northera)	2	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 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)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg</i> (Letairis)	2	PA; QL (30 per 30 days)
<i>ambrisentan oral tablet 5 mg</i> (Letairis)	5	PA; NDS; QL (30 per 30 days)
<i>macitentan oral tablet 10 mg</i> (Opsumit)	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (360 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	2	EX; CB (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	2	PA; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i> (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)

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

Drug Name	Drug Tier	Requirements/Limits
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		
<i>bal-care dha combo pack 27-1-430 mg</i>	1	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	1	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	1	
<i>folivane-ob capsule 85-1 mg</i>	1	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-omega softgel 28-1-300 mg</i>	1	
<i>pnv-select tablet 27-1 mg</i>	1	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	
<i>prenaisance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaisance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa tablet 29-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal-u capsule 106.5-1 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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

INDEX

1
1ST TIER UNIFINE PENTIPS
 99, 100
1ST TIER UNIFINE PENTIPS
 PLUS100
A
abacavir.....66
abacavir-lamivudine.....66
ABELCET53
abigale.....153
abigale lo.....153
ABILIFY ASIMTUFII.....60, 61
ABILIFY MAINTENA.....61
abiraterone24
abirtega24
ABRYSVO (PF).....165
acamprosate15
acarbose49
acebutolol78
acetaminophen-codeine.....12
acetazolamide.....172
acetazolamide sodium172
acetic acid144
acetylcysteine177
acitretin96
ACTHIB (PF).....165
ACTIMMUNE158
acyclovir71, 95
acyclovir sodium71
ADACEL(TDAP
 ADOLESN/ADULT)(PF) 165
adalimumab-aaty.....158
adalimumab-aaty(cf) ai crohns
 158
adefovir.....71
ADEMPAS.....180
adrucil24

ADVAIR HFA..... 175
ADVOCATE PEN NEEDLE
 100
ADVOCATE SYRINGES... 100
afirmelle..... 86
AIMOVIG AUTOINJECTOR
 56
AIRSUPRA 175
AKEEGA..... 24
ala-cort 97
albendazole..... 58
albuterol sulfate..... 175, 176
ALCOHOL PADS..... 100
ALCOHOL PREP PADS ... 120
ALCOHOL SWABS 116
ALCOHOL WIPES 126
ALECENSA 24
alendronate..... 170
alfuzosin..... 152
aliskiren 84
allopurinol 55
alosetron 150
alprazolam 16
altavera (28) 86
ALTRENO..... 96
ALUNBRIG..... 24, 25
alyacen 1/35 (28) 86
alyacen 7/7/7 (28)..... 86
alyq 180
amantadine hcl 59
ambrisentan 180
amethia 86
amethyst (28) 86
amikacin..... 17
amiloride..... 81
amiloride-hydrochlorothiazide
 81

amiodarone 78
amitriptyline.....46
amlodipine.....79
amlodipine-atorvastatin 82
amlodipine-benazepril 79
amlodipine-olmesartan 79
amlodipine-valsartan 80
amlodipine-valsartan-hcthiazid
 80
ammonium lactate.....96
amoxapine46
amoxicillin.....21
*amoxicillin-pot clavulanate ...*22
amphotericin b 53
amphotericin b liposome..... 53
ampicillin22
ampicillin sodium.....22
ampicillin-sulbactam.....22
anagrelide 74
anastrozole.....25
ANORO ELLIPTA 176
aprepitant.....57, 58
apri.....86
APTIVUS.....66
AQINJECT PEN NEEDLE .100
ARCALYST 158
AREXVY (PF)..... 166
ARIKAYCE..... 17
aripiprazole.....61
ARISTADA61
ARISTADA INITIO61
armodafinil.....179
ARNUITY ELLIPTA 175
asenapine maleate.....61
ashlyna87
aspirin-dipyridamole.....74

ASSURE ID DUO PRO SFTY	
PEN NDL	101
ASSURE ID DUO-SHIELD	101
ASSURE ID INSULIN	
SAFETY.....	101
ASSURE ID PEN NEEDLE	101
ASSURE ID PRO PEN	
NEEDLE	101
atazanavir.....	66
atenolol.....	78
atenolol-chlorthalidone.....	78
atomoxetine	85
atorvastatin.....	82
atovaquone	58
atovaquone-proguanil.....	58
atropine	144
aubra eq.....	87
AUGTYRO	25
aurovela 1.5/30 (21).....	87
aurovela 1/20 (21).....	87
aurovela 24 fe.....	87
aurovela fe 1.5/30 (28).....	87
aurovela fe 1-20 (28).....	87
AUSTEDO	85
AUSTEDO XR.....	85
AUSTEDO XR TITRATION	
KT(WK1-4).....	85
AUVELITY.....	46
aviane	87
AVMAPKI	25
AVMAPKI-FAKZYNJA	25
AVONEX.....	158
ayuna	87
AYVAKIT.....	25
azacitidine	25
azathioprine.....	158
azathioprine sodium	158
azelastine.....	144
azithromycin	20
aztreonam	21
azurette (28)	87

B	
<i>bacitracin</i>	144
<i>bacitracin-polymyxin b</i>	144
<i>baclofen</i>	179
<i>bal-care dha</i>	181
<i>bal-care dha essential</i>	181
<i>balsalazide</i>	150
BALVERSA	25
BAQSIMI	171
BCG VACCINE, LIVE (PF)	166
BD ALCOHOL SWABS.....	102
BD AUTOSHIELD DUO PEN	
NEEDLE.....	101
BD ECLIPSE LUER-LOK..	101
BD INSULIN SYRINGE ...	101
BD INSULIN SYRINGE	
(HALF UNIT).....	101
BD INSULIN SYRINGE	
ULTRA-FINE.....	101
BD SAFETYGLIDE INSULIN	
SYRINGE.....	101, 102
BD SAFETYGLIDE SYRINGE	
.....	102
BD ULTRA-FINE MICRO	
PEN NEEDLE	102
BD ULTRA-FINE MINI PEN	
NEEDLE.....	102
BD ULTRA-FINE NANO PEN	
NEEDLE.....	102
BD ULTRA-FINE ORIG PEN	
NEEDLE.....	102
BD ULTRA-FINE SHORT	
PEN NEEDLE	102
BD VEO INSULIN SYR	
(HALF UNIT).....	102
BD VEO INSULIN SYRINGE	
UF	102, 103
BELSOMRA	179
<i>benazepril</i>	77
<i>benazepril-hydrochlorothiazide</i>	
.....	77
<i>bendamustine</i>	25

BENLYSTA.....	158
<i>benztropine</i>	59
BESREMI	25
BESREMI PEN.....	25
<i>betaine</i>	171
<i>betamethasone dipropionate</i> ..	97
<i>betamethasone valerate</i>	97
<i>betamethasone, augmented</i> ...	97, 98
BETASERON	158
<i>betaxolol</i>	172
<i>bethanechol chloride</i>	151
<i>bexarotene</i>	25
BEXSERO	166
<i>bicalutamide</i>	25
BICILLIN L-A.....	22
BIKTARVY	66
<i>bimatoprost</i>	172
<i>bismuth subcit k-metronidz-tcn</i>	
.....	148
<i>bisoprolol fumarate</i>	78
<i>bisoprolol-hydrochlorothiazide</i>	
.....	78
<i>bleomycin</i>	25
<i>blisovi 24 fe</i>	87
<i>blisovi fe 1.5/30 (28)</i>	87
<i>blisovi fe 1/20 (28)</i>	87
BOOSTRIX TDAP	166
BORDERED GAUZE	103
<i>bortezomib</i>	25
BOSULIF	26
<i>bosutinib</i>	26
BRAFTOVI.....	26
BREO ELLIPTA.....	176
<i>brey-na</i>	176
BREZTRI AEROSPHERE ..	176
<i>brimonidine</i>	172
<i>brimonidine-timolol</i>	172
<i>brinzolamide</i>	172
<i>brivaracetam</i>	40
<i>bromfenac</i>	146
<i>bromocriptine</i>	59

BRONCHITOL	177	CAPRELSA.....	26	<i>cilostazol</i>	74
BRUKINSA	26	<i>captopril</i>	77	CIMDUO	67
<i>budesonide</i>	150, 175	<i>carbamazepine</i>	40, 41	<i>cimetidine hcl</i>	148
<i>bumetanide</i>	81	<i>carbidopa-levodopa</i>	60	<i>cinacalcet</i>	171
<i>buprenorphine</i>	12	CAREFINE PEN NEEDLE.	103	<i>ciprofloxacin hcl</i>	23, 145
<i>buprenorphine hcl</i>	15	CARETOUCH ALCOHOL		<i>ciprofloxacin in 5 % dextrose</i>	23
<i>buprenorphine-naloxone</i>	16	PREP PAD.....	103	<i>ciprofloxacin-dexamethasone</i>	
<i>bupropion hcl</i>	46	CARETOUCH INSULIN		.....	145
<i>bupropion hcl (smoking deter)</i>		SYRINGE.....	103, 104	<i>citalopram</i>	46
.....	16	CARETOUCH PEN NEEDLE		<i>clarithromycin</i>	20
<i>bupirone</i>	171	.....	103	CLICKFINE PEN NEEDLE	104
<i>butalbital-acetaminop-caf-cod</i>		<i>carglumic acid</i>	148	<i>clindamycin hcl</i>	18
.....	12	<i>carteolol</i>	172	<i>clindamycin phosphate</i>	18, 95,
<i>butalbital-acetaminophen-caff</i>	12	<i>cartia xt</i>	80	97	
BYSANTI.....	61	<i>carvedilol</i>	79	CLINIMIX 6%-D5W	
BYSANTI TITRATION PACK		CAYSTON	21	(SULFITE-FREE).....	74
A	62	<i>cefaclor</i>	19	CLINIMIX 8%-	
BYSANTI TITRATION PACK		<i>cefadroxil</i>	19	D10W(SULFITE-FREE) ...	75
B	62	<i>cefazolin</i>	19	CLINIMIX 8%-	
BYSANTI TITRATION PACK		<i>cefdinir</i>	19	D14W(SULFITE-FREE) ...	75
C	62	<i>cefepime</i>	19	CLINIMIX E 8%-D10W	
C		<i>cefixime</i>	19	SULFITEFREE.....	75
CABENUVA.....	67	<i>cefoxitin</i>	21	CLINIMIX E 8%-D14W	
<i>cabergoline</i>	59	<i>cefpodoxime</i>	19	SULFITEFREE.....	75
CABOMETYX.....	26	<i>cefprozil</i>	20	<i>clobazam</i>	41
<i>cabotegravir</i>	67	<i>ceftaroline fosamil</i>	20	<i>clobetasol</i>	98
<i>calcipotriene</i>	96	<i>ceftazidime</i>	20	<i>clobetasol-emollient</i>	98
<i>calcitonin (salmon)</i>	171	<i>ceftriaxone</i>	20	<i>clomipramine</i>	46
<i>calcitriol</i>	171	<i>cefuroxime axetil</i>	20	<i>clonazepam</i>	16, 17
<i>calcium acetate(phosphat bind)</i>		<i>cefuroxime sodium</i>	20	<i>clonidine</i>	75
.....	148	<i>celecoxib</i>	14	<i>clonidine hcl</i>	75
CALQUENCE		<i>cephalexin</i>	20	<i>clopidogrel</i>	74
(ACALABRUTINIB MAL)		<i>cevimeline</i>	95	<i>clorazepate dipotassium</i>	17
.....	26	<i>chateal eq (28)</i>	87	<i>clotrimazole</i>	53, 54
CAMCEVI (6 MONTH)	26	<i>chlordiazepoxide hcl</i>	16	<i>clotrimazole-betamethasone</i> ..	54
<i>camila</i>	87	<i>chlorhexidine gluconate</i>	95	<i>clozapine</i>	62
<i>camrese</i>	87	<i>chloroquine phosphate</i>	58	<i>c-nate dha</i>	181
<i>camrese lo</i>	87	<i>chlorpromazine</i>	62	COARTEM.....	59
<i>candesartan</i>	76	<i>chlorthalidone</i>	81	COBENFY	62
<i>candesartan-hydrochlorothiazid</i>		<i>cholestyramine (with sugar)</i> ..	82	COBENFY STARTER PACK	
.....	76	<i>cholestyramine light</i>	82	.....	62
CAPLYTA	62	<i>ciclopirox</i>	53	<i>colchicine</i>	55

<i>colesevelam</i>	82	<i>d5 %-0.45 % sodium chloride</i> 75	<i>diazepam</i>	17, 41
<i>colestipol</i>	82	<i>dabigatran etexilate</i>	<i>diazepam intensol</i>	17
<i>colistin (colistimethate na)</i>	18	<i>dalfampridine</i>	<i>diazoxide</i>	56
COMBIVENT RESPIMAT .	176	<i>danazol</i>	<i>diclofenac potassium</i>	14
COMETRIQ	26	<i>dantrolene</i>	<i>diclofenac sodium</i>	14, 98, 146
COMFORT EZ INSULIN		DANZITEN	<i>diclofenac-misoprostol</i>	14
SYRINGE	104, 105, 106	<i>dapagliflozin</i>	<i>dicloxacillin</i>	22
COMFORT EZ PEN NEEDLES		<i>dapagliflozin-metformin</i>	<i>dicyclomine</i>	149
.....	104, 105	<i>dapsone</i>	<i>didanosine</i>	67
COMFORT EZ PRO SAFETY		DAPTACEL (DTAP	<i>difluprednate</i>	146
PEN NDL	105	PEDIATRIC) (PF)	<i>digoxin</i>	81
COMFORT TOUCH PEN		<i>daptomycin</i>	<i>dihydroergotamine</i>	56
NEEDLE	106, 107	<i>darifenacin</i>	DILANTIN	41
<i>compro</i>	58	<i>darunavir</i>	<i>diltiazem hcl</i>	80
<i>conjugated estrogens</i>	153	<i>dasatinib</i>	<i>dilt-xr</i>	80
<i>constulose</i>	148	<i>dasetta 1/35 (28)</i>	<i>dimethyl fumarate</i>	159
COPIKTRA	26	<i>dasetta 7/7/7 (28)</i>	<i>diphenoxylate-atropine</i>	149
CORTROPHIN GEL	155	DAURISMO	<i>dipyridamole</i>	74
COSENTYX	159	<i>daysee</i>	<i>disulfiram</i>	16
COSENTYX (2 SYRINGES)		<i>deblitane</i>	<i>divalproex</i>	41
.....	158	<i>decitabine</i>	<i>dofetilide</i>	78
COSENTYX PEN (2 PENS)	158	<i>deferasirox</i>	<i>dolishale</i>	88
COSENTYX UNOREADY		DELSTRIGO	<i>donepezil</i>	45
PEN	159	DENG VAXIA (PF)	<i>dorzolamide</i>	173
COTELLIC	27	DEPO-SUBQ PROVERA 104	<i>dorzolamide-timolol</i>	173
CREON	143	.....	<i>dotti</i>	153
CRESEMBA	54	DERMACEA	DOVATO	67
<i>cromolyn</i>	144, 149, 177	DERMACEA NON-WOVEN	<i>doxazosin</i>	76
<i>cryselle (28)</i>	87	.....	<i>doxepin</i>	46, 179
CURITY ALCOHOL SWABS		<i>dermacinrx lidocan</i>	<i>doxorubicin, peg-liposomal</i> ...	27
.....	107	DESCOVY	<i>doxy-100</i>	23
CURITY GAUZE	107	<i>desipramine</i>	<i>doxycycline hyclate</i>	23, 24
<i>cyclobenzaprine</i>	179	<i>desmopressin</i>	<i>doxycycline monohydrate</i>	24
<i>cyclophosphamide</i>	27	<i>desog-e.estradiol/e.estradiol</i> .	DRIZALMA SPRINKLE	47
<i>cyclosporine</i>	146, 159	<i>desvenlafaxine succinate</i>	<i>dronabinol</i>	58
<i>cyclosporine modified</i>	159	<i>dexamethasone</i>	DROPLET INSULIN	
<i>cyred eq</i>	88	<i>dexamethasone sodium</i>	SYR(HALF UNIT) ..	107, 108
D		<i>phosphate</i>	DROPLET INSULIN	
<i>d5 % (d-glucose)-0.9 % sodchl</i>		<i>dextroamphetamine-</i>	SYRINGE	107, 108, 109
.....	75	<i>amphetamine</i>	DROPLET MICRON PEN	
<i>d5 % and 0.9 % sodium chloride</i>		<i>dextrose 5 % in water (d5w)</i> ..	NEEDLE	109
.....	75	DIACOMIT		

DROPLET PEN NEEDLE..109,
 110
 DROPSAFE ALCOHOL PREP
 PADS.....110
 DROPSAFE INSULIN
 SYRINGE.....110
 DROPSAFE PEN NEEDLE 110
drospirenone-ethinyl estradiol
88
droxidopa180
duloxetine47
 DUPIXENT PEN159
 DUPIXENT SYRINGE.....159
dutasteride.....152
E
 EASY COMFORT ALCOHOL
 PAD.....111
 EASY COMFORT INSULIN
 SYRINGE.....110, 111, 112
 EASY COMFORT PEN
 NEEDLES111
 EASY COMFORT SAFETY
 PEN NEEDLE.....110
 EASY GLIDE INSULIN
 SYRINGE.....112
 EASY GLIDE PEN NEEDLE
112
 EASY TOUCH.....114
 EASY TOUCH ALCOHOL
 PREP PADS113
 EASY TOUCH
 AUTORETRACT SYRINGE
113
 EASY TOUCH FLIPLOCK
 INSULIN.....114
 EASY TOUCH FLIPLOCK
 SYRINGE.....113
 EASY TOUCH INS SYR
 (HALF UNIT)112
 EASY TOUCH INSULIN
 SAFETY SYR.....112, 113

EASY TOUCH INSULIN
 SYRINGE 112, 113, 114, 115
 EASY TOUCH LUER LOCK
 INSULIN 114
 EASY TOUCH PEN NEEDLE
 114
 EASY TOUCH SAFETY PEN
 NEEDLE..... 114, 115, 116
 EASY TOUCH
 SHEATHLOCK INSULIN
 113, 114
 EASY TOUCH UNI-SLIP .. 115
 EASYLIFE ALCOHOL PADS
 115
 EASYLIFE INSULIN PEN
 NEEDLE..... 115
 EASYLIFE INSULIN
 SYRINGE..... 116
 EASYLIFE SAFETY PEN
 NEEDLE..... 116
econazole nitrate..... 54
 EDURANT PED..... 67
efavirenz..... 67
*efavirenz-emtricitabin-tenofov*67
efavirenz-lamivu-tenofov disop
 67
 ELIGARD..... 27
 ELIGARD (3 MONTH) 27
 ELIGARD (4 MONTH) 27
 ELIGARD (6 MONTH) 27
elinest..... 88
 ELIQUIS..... 72
 ELIQUIS DVT-PE TREAT 30D
 START..... 72
 ELIQUIS SPRINKLE..... 72
eltrombopag olamine..... 73
eluryng 88
 EMBRACE PEN NEEDLE. 116
 EMGALITY PEN..... 56
 EMGALITY SYRINGE..... 56
 EMSAM..... 47
emtricitabine 67

*emtricitabine-tenofov*ir (tdf)...67
*emtricitabine-tenofov*ir (tdf)..67
 EMTRIVA68
emzahh88
enalapril maleate77
*enalapril-hydrochlorothiazide*77
 ENBREL159
 ENBREL MINI.....159
 ENBREL SURECLICK.....159
endocet12
 ENGERIX-B (PF).....166
 ENGERIX-B PEDIATRIC (PF)
166
enilloring.....88
enoxaparin72
enpresse.....88
 ENSACOVE27, 28
enskyce88
entacapone60
entecavir.....71
 ENTYVIO.....160
 ENTYVIO PEN160
enulose149
 ENVARSUS XR.....160
 EPCLUSA.....71
 EPIDIOLEX.....41
epinastine144
epinephrine180
epitol41
eplerenone84
ergoloid45
 ERIVEDGE.....28
 ERLEADA.....28
erlotinib.....28
errin.....88
ertapenem.....21
erythromycin21, 145
erythromycin ethylsuccinate ..21
erythromycin with ethanol97
escitalopram oxalate47
eslicarbazepine41
esomeprazole magnesium148

<i>estarylla</i>	88	<i>fenofibrate</i>	83	<i>fluticasone propion-salmeterol</i>	
<i>estradiol</i>	153	<i>fenofibrate micronized</i>	83	.....	176
<i>estradiol-norethindrone acet</i>	153	<i>fenofibrate nanocrystallized ..</i>	83	<i>fluvastatin</i>	83
<i>eszopiclone</i>	179	<i>fentanyl</i>	12	<i>fluvoxamine</i>	47
<i>ethambutol</i>	57	<i>fentanyl citrate</i>	12	<i>folivane-ob</i>	181
<i>ethosuximide</i>	41	<i>fesoterodine</i>	151	<i>fondaparinux</i>	73
<i>ethynodiol diac-eth estradiol</i> ..	88	FETZIMA.....	47	<i>fosamprenavir</i>	68
<i>etodolac</i>	14	FIASP FLEXTOUCH U-100		<i>fosfomycin tromethamine</i>	18
<i>etonogestrel-ethinyl estradiol</i> ..	89	INSULIN	51	<i>fosinopril</i>	77
<i>etoposide</i>	28	FIASP PENFILL U-100		<i>fosinopril-hydrochlorothiazide</i>	
<i>etravirine</i>	68	INSULIN	51	.....	77
EUCRISA.....	98	FIASP U-100 INSULIN	51	<i>fosphenytoin</i>	42
EULEXIN.....	28	<i>fidaxomicin</i>	21	FOTIVDA	29
<i>everolimus (antineoplastic)</i>	28	FILSPARI.....	171	FRUZAQLA	29
<i>everolimus</i>		<i>finasteride</i>	152	<i>fulvestrant</i>	29
(immunosuppressive).....	160	<i>finingolimod</i>	160	<i>furosemide</i>	81
EVOTAZ.....	68	FINTEPLA	41	G	
EXEL INSULIN.....	116	FIRMAGON KIT W DILUENT		<i>gabapentin</i>	42
<i>exemestane</i>	28	SYRINGE.....	28	<i>galantamine</i>	45
EXTENCILLINE	22	<i>flavoxate</i>	151	<i>gallifrey</i>	157
EXXUA.....	47	<i>flecainide</i>	78	GAMUNEX-C	160
EYSUVIS	146	<i>floxuridine</i>	28	GARDASIL 9 (PF)	166
<i>ezetimibe</i>	82	<i>fluconazole</i>	54	GAUZE BANDAGE	126
<i>ezetimibe-simvastatin</i>	82, 83	<i>fluconazole in nacl (iso-osm)</i> ..	54	GAUZE PAD	116
F		<i>flucytosine</i>	54	<i>gavilyte-c</i>	151
<i>falmina (28)</i>	89	<i>fludrocortisone</i>	154	<i>gavilyte-g</i>	151
<i>famciclovir</i>	72	<i>flunisolide</i>	146	<i>gavilyte-n</i>	151
<i>famotidine</i>	148	<i>fluocinolone</i>	98	GAVRETO	29
FANAPT	62	<i>fluocinolone acetone oil ...</i>	147	<i>gefitinib</i>	29
FANAPT TITRATION PACK		<i>fluocinonide</i>	98	<i>gemfibrozil</i>	83
A	62	<i>fluorometholone</i>	147	<i>generlac</i>	149
FANAPT TITRATION PACK		<i>fluorouracil</i>	28, 96	<i>gengraf</i>	160
B	62	<i>fluoxetine</i>	47	<i>gentamicin</i>	18, 97, 145
FANAPT TITRATION PACK		<i>fluphenazine decanoate</i>	63	<i>gentamicin sulfate (ped) (pf)</i> ..	18
C	62	<i>fluphenazine hcl</i>	63	GENVOYA.....	68
FARXIGA	49	<i>flurbiprofen</i>	14	GILOTRIF	29
FASENRA.....	160	<i>flurbiprofen sodium</i>	147	<i>glatiramer</i>	160
FASENRA PEN	160	<i>fluticasone furoate-vilanterol</i>		<i>glatopa</i>	160
<i>febuxostat</i>	55	.....	176	<i>glimepiride</i>	53
<i>feirza</i>	89	<i>fluticasone propionate ..</i>	98, 147,	<i>glipizide</i>	53
<i>felbamate</i>	41	175		<i>glipizide-metformin</i>	53
<i>felodipine</i>	80			<i>glutamine (sickle cell)</i>	171

<i>glyburide</i>	53	HIBERIX (PF).....	167	IMBRUVICA.....	30
<i>glyburide micronized</i>	53	HUMIRA.....	161	<i>imipenem-cilastatin</i>	21
<i>glyburide-metformin</i>	53	HUMIRA PEN.....	161	<i>imipramine hcl</i>	47
<i>glycopyrrolate</i>	149	HUMIRA(CF).....	161	<i>imiquimod</i>	96
<i>glydo</i>	15	HUMIRA(CF) PEN.....	161	IMKELDI.....	30
GLYXAMBI.....	49	HUMIRA(CF) PEN CROHNS- UC-HS.....	161	IMOVAX RABIES VACCINE (PF).....	167
GOMEKLI.....	29	HUMIRA(CF) PEN PEDIATRIC UC.....	161	IMPAVIDO.....	59
<i>griseofulvin microsize</i>	54	HUMIRA(CF) PEN PSOR-UV- ADOL HS.....	161	<i>incassia</i>	89
<i>griseofulvin ultramicrosize</i>	54	HUMULIN R U-500 (CONC) INSULIN.....	51	INCONTROL ALCOHOL PADS.....	118
<i>guanfacine</i>	75, 85	HUMULIN R U-500 (CONC) KWIKPEN.....	51	INCONTROL PEN NEEDLE	118
GVOKE.....	172	<i>hydralazine</i>	84	INCRELEX.....	156
GVOKE HYPOPEN 2-PACK	172	<i>hydrochlorothiazide</i>	81	<i>indapamide</i>	81
GVOKE PFS 1-PACK SYRINGE.....	172	<i>hydrocodone-acetaminophen</i>	12	<i>indomethacin</i>	15
H		<i>hydrocortisone</i>	98, 99, 150, 154	INFANRIX (DTAP) (PF)	167
HADLIMA.....	160	<i>hydrocortisone valerate</i>	99	<i>infliximab</i>	161
HADLIMA PUSHTOUCH..	160	<i>hydrocortisone-acetic acid</i> ..	145	INGREZZA.....	86
HADLIMA(CF).....	160	<i>hydromorphone</i>	13	INGREZZA INITIATION PK(TARDIV).....	85
HADLIMA(CF) PUSHTOUCH	160	<i>hydroxychloroquine</i>	59	INGREZZA SPRINKLE	86
HAEGARDA.....	73	<i>hydroxyurea</i>	29	INLEXZO.....	30
<i>hailey 24 fe</i>	89	<i>hydroxyzine hcl</i>	55	INLURIYO.....	30
<i>hailey fe 1.5/30 (28)</i>	89	<i>hydroxyzine pamoate</i>	172	INLYTA.....	30
<i>hailey fe 1/20 (28)</i>	89	HYRNUO.....	29	INPEN (FOR HUMALOG) BLUE.....	118
<i>halobetasol propionate</i>	98	I		INPEN (FOR HUMALOG) GREY.....	118
<i>haloette</i>	89	<i>ibandronate</i>	171	INPEN (FOR HUMALOG) PINK.....	118
<i>haloperidol</i>	63	IBRANCE.....	29	INPEN (NOVOLOG OR FIASP) BLUE.....	118
<i>haloperidol decanoate</i>	63	IBTROZI.....	29	INPEN (NOVOLOG OR FIASP) GREY	118
<i>haloperidol lactate</i>	63	<i>ibu</i>	14	INPEN (NOVOLOG OR FIASP) PINK.....	118
HAVRIX (PF).....	167	<i>ibuprofen</i>	14	INQOVI.....	30
HEALTHWISE INSULIN SYRINGE.....	117	<i>icatibant</i>	81	INREBIC.....	30
HEALTHWISE PEN NEEDLE	117	<i>iclevia</i>	89	<i>insulin glargine-yfgn</i>	51
HEALTHY ACCENTS UNIFINE PENTIP	118	ICLUSIG.....	29	<i>insulin lispro</i>	51
<i>heather</i>	89	<i>icosapent ethyl</i>	83		
<i>heparin (porcine)</i>	73	IDHIFA.....	29		
HEPLISAV-B (PF).....	167	IDVYNOS.....	68		
HERCEPTIN HYLECTA	29	<i>ifosfamide</i>	30		
HERNEXEOS.....	29	ILEVRO.....	147		
		<i>imatinib</i>	30		

INSULIN SYR/NDL U100 HALF MARK .....119	JARDIANCE 49	KOSELUGO 31, 32
INSULIN SYRINGE MICROFINE .....101	JASCAYD 178	KRAZATI 32
INSULIN SYRINGE-NEEDLE U-100.....116, 118, 119, 120, 126, 130	<i>javygtor</i> 143	<i>kurvelo</i> (28) 90
INSULIN U-500 SYRINGE- NEEDLE .....120	JAYPIRCA 31	KYLEENA 90
INSUPEN PEN NEEDLE....120	<i>jencycla</i> 89	L
INTELENCE .....68	JENTADUETO 49	<i>l norgest/e.estradiol-e.estrad</i> . 90
<i>introvale</i> .....89	JENTADUETO XR 49	<i>labetalol</i> 79
INVEGA HAFYERA.....63	<i>jolessa</i> 89	<i>lacosamide</i> 42
INVEGA SUSTENNA....63, 64	<i>juleber</i> 89	<i>lactulose</i> 149
INVEGA TRINZA .....64	JULUCA 68	<i>lamivudine</i> 68
INVELTYS .....147	<i>junel 1.5/30 (21)</i> 89	<i>lamivudine-zidovudine</i> 68
IPOL .....167	<i>junel 1/20 (21)</i> 89	<i>lamotrigine</i> 42
<i>ipratropium bromide</i> ....144, 176	<i>junel fe 1.5/30 (28)</i> 90	<i>lanreotide</i> 156
<i>ipratropium-albuterol</i>.....176	<i>junel fe 1/20 (28)</i> 90	<i>lansoprazole</i> 148
<i>irbesartan</i> .....76	<i>junel fe 24</i> 90	LANTUS SOLOSTAR U-100 INSULIN..... 51
<i>irbesartan-hydrochlorothiazide</i> .....76	JYLAMVO 31	LANTUS U-100 INSULIN...51
ISENTRESS .....68	JYNNEOS (PF) 167	<i>lapatinib</i> 32
ISENTRESS HD .....68	K	<i>larin 1.5/30 (21)</i> 90
<i>isibloom</i> .....89	KALETRA..... 68	<i>larin 1/20 (21)</i> 90
<i>isoniazid</i> .....57	KALYDECO 178	<i>larin 24 fe</i> 90
<i>isosorbide dinitrate</i> .....84	<i>kariva</i> (28) 90	<i>larin fe 1.5/30 (28)</i> 90
<i>isosorbide mononitrate</i>.....84	<i>kelnor 1/35 (28)</i> 90	<i>larin fe 1/20 (28)</i> 90
ISTURISA .....154	<i>kelnor 1/50 (28)</i> 90	<i>latanoprost</i> 173
ITOVEBI.....30	KERENDIA..... 84	LAZCLUZE 32
<i>itraconazole</i> .....54	KESIMPTA PEN..... 161	<i>leflunomide</i> 161
IV PREP WIPES .....120	<i>ketoconazole</i> 54	<i>lenalidomide</i> 32
<i>ivabradine</i>.....81	<i>ketorolac</i> 15, 147	LENTOCILIN S (WITH LIDOCAINE) 22
<i>ivermectin</i> .....59	KEVZARA 161	LENVIMA 32
IWILFIN.....30	KEYTRUDA 31	LEQEMBI IQLIK 45
IXIARO (PF).....167	KEYTRUDA QLEX..... 31	<i>lessina</i> 90
J	KINERET 161	<i>letrozole</i> 32
<i>jaimiess</i> .....89	KINRIX (PF) 167	<i>leucovorin calcium</i> 172
JAKAFI .....30	<i>kionex</i> 149	LEUKERAN 32
JAKAFI XR.....31	KISQALI 31	LEUKINE 73
<i>jantoven</i> .....73	KISQALI FEMARA CO-PACK 31	<i>leuprolide</i> 32
JANUMET XR.....49	KLISYRI (250 MG) 96	<i>leuprolide acetate (3 month)</i> .. 32
	<i>klor-con m10</i> 173	<i>levetiracetam</i> 42
	<i>klor-con m15</i> 173	<i>levobunolol</i> 173
	<i>klor-con m20</i> 174	<i>levocetirizine</i> 56
	KLOXXADO..... 16	<i>levofloxacin</i> 23
	KOMZIFTI 31	

<i>levofloxacin in d5w</i>.....23	<i>lubiprostone</i> 149	MAXI-COMFORT INSULIN
<i>levonest (28)</i> .....91	<i>luizza</i> 91	SYRINGE 121
<i>levonorgest-eth.estradiol-iron</i> 91	LUMAKRAS..... 33	MAXICOMFORT SAFETY
<i>levonorgestrel-ethinyl estrad.</i> 91	LUNSUMIO VELO 33	PEN NEEDLE 121
<i>levonorg-eth estrad triphasic</i> .91	LUPRON DEPOT 33, 156	<i>meclizine</i> 58
<i>levora-28</i> .....91	LUPRON DEPOT (3 MONTH)	<i>medroxyprogesterone</i> 157
<i>levothyroxine</i> .....157	 33, 156	<i>mefloquine</i> .....59
<i>lidocaine</i> .....15	LUPRON DEPOT (4 MONTH)	<i>megestrol</i> 33, 157
<i>lidocaine hcl</i> .....15	 33	MEKINIST 34
<i>lidocaine-prilocaine</i> .....15	LUPRON DEPOT (6 MONTH)	MEKTOVI 34
<i>lidocan iii</i>.....15	 33	<i>meleya</i> .....91
LIFYORLI.....32	LUPRON DEPOT-PED 156	<i>meloxicam</i> 15
LILETTA .....91	LUPRON DEPOT-PED (3	<i>memantine</i> 45, 46
<i>linezolid</i> .....18	MONTH) 156	MENQUADFI (PF) 167
<i>linezolid in dextrose 5%</i> .....18	<i>lurasidone</i> 64	MENVEO A-C-Y-W-135-DIP
LINZESS.....149	<i>lutra (28)</i> 91	(PF) 167
<i>liomny</i> .....157	LUTRATE DEPOT (3	<i>mercaptapurine</i> 34
<i>liothyronine</i> .....157	MONTH) 33	<i>meropenem</i> .....21
LISCO .....120	LYBALVI..... 64	<i>mesalamine</i> 150
<i>lisinopril</i> .....77	<i>lyleq</i> 91	<i>mesna</i> 172
<i>lisinopril-hydrochlorothiazide</i> 77	LYNPARZA..... 33	<i>metformin</i> 50
<i>lithium carbonate</i> .....86	LYSODREN..... 33	<i>methadone</i> 13
<i>lithium citrate</i> .....86	LYTGOBI..... 33	<i>methazolamide</i> 173
LIVTENCITY .....70	<i>lyza</i> 91	<i>methenamine hippurate</i> 18
<i>lojaimiess</i>.....91	M	<i>methimazole</i> 157
LOKELMA .....149	<i>macitentan</i> 180	<i>methocarbamol</i> 179
<i>lomustine</i> .....32	MAGELLAN INSULIN	<i>methotrexate sodium</i> 34
LONSURF.....32	SAFETY SYRNG ... 120, 121	<i>methotrexate sodium (pf)</i> 34
<i>loperamide</i>.....149	MAGELLAN SYRINGE 120	<i>methoxsalen</i>.....96
<i>lopinavir-ritonavir</i>.....68	<i>magnesium sulfate</i> 174	<i>methsuximide</i>.....42
<i>lorazepam</i> .....17	<i>malathion</i> 99	<i>methylphenidate hcl</i> .....86
<i>lorazepam intensol</i> .....17	<i>maraviroc</i> 69	<i>methylprednisolone</i> 154
LORBRENA .....33	<i>marlissa (28)</i> 91	<i>methylprednisolone acetate</i> . 154
<i>losartan</i>.....76	<i>marnatal-f</i> 181	<i>metoclopramide hcl</i>.....149
<i>losartan-hydrochlorothiazide</i> .76	MARPLAN..... 48	<i>metolazone</i> 82
LOTEMAX .....147	MATULANE..... 33	<i>metoprolol succinate</i> 79
LOTEMAX SM.....147	MAXICOMFORT II PEN	<i>metoprolol tartrate</i> 79
<i>loteprednol etabonate</i>.....147	NEEDLE..... 121	<i>metronidazole</i> 19, 96, 97
<i>lovastatin</i> .....83	MAXICOMFORT INSULIN	<i>metronidazole in nacl (iso-os)</i> 18
<i>low-ogestrel (28)</i> .....91	SYRINGE..... 121	<i>metyrosine</i> 81
<i>loxapine succinate</i> .....64	MAXI-COMFORT INSULIN	<i>micafungin</i> 54
<i>lo-zumandimine (28)</i> .....91	SYRINGE..... 121	<i>miconazole-3</i> 54

MICRODOT INSULIN PEN NEEDLE	121	<i>moxifloxacin-sod.ace,sul-water</i>	23	NEXLETOL.....	83
MICRODOT READYGARD PEN NEEDLE.....	121	<i>moxifloxacin-sod.chloride(iso)</i>	23	NEXLIZET	83
<i>microgestin 1.5/30 (21)</i>	92	MRESVIA (PF)	167	NEXPLANON	92
<i>microgestin 1/20 (21)</i>	92	MULTAQ	78	<i>niacin</i>	83
<i>microgestin fe 1.5/30 (28)</i>	92	<i>mupirocin</i>	97	NICOTROL NS	16
<i>microgestin fe 1/20 (28)</i>	92	<i>mycophenolate mofetil</i> . 161, 162		<i>nifedipine</i>	80
<i>midodrine</i>	75	<i>mycophenolate mofetil (hcl)</i> 161		<i>nikki (28)</i>	92
MIEBO (PF).....	147	<i>mycophenolate sodium</i>	162	<i>nilotinib hcl</i>	34
<i>mifepristone</i>	50	<i>mynatal</i>	181	<i>nilutamide</i>	34
<i>mili</i>	92	<i>mynatal advance</i>	181	NINLARO.....	34
<i>mimvey</i>	153	<i>mynate 90 plus</i>	181	<i>nintedanib</i>	178
MINI ULTRA-THIN II.....	121	MYRBETRIQ.....	151	<i>nitazoxanide</i>	59
<i>minocycline</i>	24	N		<i>nitisinone</i>	143
<i>minoxidil</i>	84	<i>nabumetone</i>	15	<i>nitrofurantoin macrocrystal</i> ... 19	
MIRENA	92	<i>nafcillin</i>	22	<i>nitrofurantoin monohyd/m-cryst</i>	19
<i>mirtazapine</i>	48	<i>naloxone</i>	16	<i>nitroglycerin</i>	81, 84, 96
<i>misoprostol</i>	148	<i>naltrexone</i>	16	NIVESTYM.....	74
<i>mitoxantrone</i>	34	NANO 2ND GEN PEN NEEDLE.....	123	NORDITROPIN FLEXPPO 156	
M-M-R II (PF).....	167	NANO PEN NEEDLE	123	<i>norelgestromin-ethin.estradiol</i>	92
<i>m-natal plus</i>	181	<i>naproxen</i>	15	<i>norethindrone (contraceptive)</i> 92	
<i>modafinil</i>	179	<i>naratriptan</i>	56	<i>norethindrone acetate</i>	157
MODEYSO	34	NATACYN.....	145	<i>norethindrone-e.estradiol-iron</i>	92
<i>moexipril</i>	77	<i>nateglinide</i>	50	<i>norgestimate-ethinyl estradiol</i> 92	
<i>molindone</i>	64	NAYZILAM.....	42	<i>nortrel 0.5/35 (28)</i>	93
<i>mometasone</i>	99, 147	<i>nebivolol</i>	79	<i>nortrel 1/35 (21)</i>	93
MONOJECT INSULIN SAFETY SYRING	122	<i>nefazodone</i>	48	<i>nortrel 1/35 (28)</i>	93
MONOJECT INSULIN SYRINGE.....	122, 123	<i>neomycin</i>	18	<i>nortrel 7/7/7 (28)</i>	93
MONOJECT SYRINGE	122	<i>neomycin-bacitracin-poly-hc</i> 145		<i>nortriptyline</i>	48
MONOJECT ULTRA COMFORT INSULIN.....	137	<i>neomycin-bacitracin-polymyxin</i>	145	NORVIR	69
<i>mono-linyah</i>	92	<i>neomycin-polymyxin b-</i> <i>dexameth</i>	145, 147	NOVOFINE 32	123
<i>montelukast</i>	175	<i>neomycin-polymyxin-gramicidin</i>	145	NOVOFINE AUTOCOVER 123	
<i>morphine</i>	13	<i>neomycin-polymyxin-hc</i>	145	NOVOFINE PLUS	123
MORPHINE	13	<i>neo-polycin</i>	145	NOVOLIN 70/30 U-100 INSULIN.....	51
<i>morphine concentrate</i>	13	<i>neo-polycin hc</i>	145	NOVOLIN 70-30 FLEXPEN U- 100.....	51
MOUNJARO.....	155	NERLYNX	34	NOVOLIN N FLEXPEN.....	52
MOVANTIK	149	<i>nevirapine</i>	69	NOVOLIN N NPH U-100 INSULIN.....	52
<i>moxifloxacin</i>	23, 145				

NOVOLIN R FLEXPEN52
 NOVOLIN R REGULAR U100
 INSULIN.....52
 NOVOLOG FLEXPEN U-100
 INSULIN.....52
 NOVOLOG MIX 70-30 U-100
 INSULN52
 NOVOLOG MIX 70-
 30FLEXPEN U-10052
 NOVOLOG PENFILL U-100
 INSULIN.....52
 NOVOLOG U-100 INSULIN
 ASPART.....52
 NUBEQA34
 NUCALA162
 NUPLAZID.....64
 NURTEC ODT.....56
nyamyc.....54
nylia 1/35 (28)93
nylia 7/7/7 (28)93
nystatin54, 55
nystatin-triamcinolone55
nystop55
 NYVEPRIA.....74
O
obstetrix dha181
octreotide acetate156
 ODEFSEY69
 ODOMZO34
 OFEV178
ofloxacin145, 146
 OGIVRI.....34
 OGSIVEO35
 OJEMDA.....35
 OJJAARA.....35
olanzapine64
olmesartan76
olmesartan-amlodipin-hcthiazid
76
olmesartan-hydrochlorothiazide
76
olopatadine.....144

omega-3 acid ethyl esters 83
omeprazole..... 148
 OMNIPOD 5 (LIBRE 2/3
 PLUS) 123
 OMNIPOD 5 G6-G7 INTRO
 KT(GEN5)..... 123
 OMNIPOD 5 G6-G7 PODS
 (GEN 5) 123
 OMNIPOD 5 INTRO
 (LIBRE2/3PLUS) 123
 OMNIPOD CLASSIC PODS
 (GEN 3) 123
 OMNIPOD DASH INTRO KIT
 (GEN 4) 123
 OMNIPOD DASH PDM KIT
 (GEN 4) 123
 OMNIPOD DASH PODS (GEN
 4)..... 123
 ONAPGO..... 60
ondansetron 58
ondansetron hcl 58
 ONUREG..... 35
 OPDIVO 35
 OPDIVO QVANTIG 35
 OPIPZA 64
 ORFADIN 143
 ORGOVYX 156
 ORILISSA 156
 ORKAMBI 178
orquidea..... 93
 ORSERDU..... 35
oseltamivir 70
 OSENVELT..... 171
 OTEZLA..... 162
 OTEZLA STARTER..... 162
 OTEZLA XR 162
 OTEZLA XR INITIATION 162
 OTULFI..... 162
oxcarbazepine 42
oxybutynin chloride 151
oxycodone 13

oxycodone-acetaminophen.... 13,
 14
 OZEMPIC 155
P
pacerone..... 78
paclitaxel protein-bound..... 35
paliperidone 64, 65
 PANRETIN..... 96
pantoprazole 148
paricalcitol..... 171
paroxetine hcl..... 48
 PAXLOVID 71
pazopanib..... 35
 PEDIARIX (PF)..... 167
 PEDVAX HIB (PF) 168
peg 3350-electrolytes 151
 PEGASYS..... 71
peg-electrolyte soln 151
 PEMAZYRE 35
pemetrexed disodium 35, 36
 PEN NEEDLE 123, 124
 PEN NEEDLE, DIABETIC 106,
 116, 117, 121, 123, 124, 126
 PEN NEEDLE, DIABETIC,
 SAFETY 127
 PENBRAYA (PF)..... 168
 PENBRAYA MENACWY
 COMPONENT(PF)..... 168
 PENBRAYA MENB
 COMPONENT (PF)..... 168
penicillamine..... 152
penicillin g potassium 22
penicillin v potassium 22, 23
 PENMENVY MEN A-B-C-W-
 Y (PF)..... 168
 PENMENVY MENACWY
 COMPONENT(PF)..... 168
 PENMENVY MENB
 COMPONENT (PF)..... 168
 PENTACEL (PF) 168
pentamidine..... 59
 PENTIPS PEN NEEDLE..... 124

<i>pentoxifylline</i>	74	<i>pramipexole</i>	60	<i>prochlorperazine</i>	58
<i>perampanel</i>	42, 43	<i>prasugrel hcl</i>	74	<i>prochlorperazine edisylate</i>	58
<i>perindopril erbumine</i>	77	<i>pravastatin</i>	83	<i>prochlorperazine maleate</i>	58
<i>periogard</i>	95	<i>praziquantel</i>	59	PRO-COMFORT ALCOHOL	
<i>permethrin</i>	99	<i>prazosin</i>	76	PADS	125
<i>perphenazine</i>	65	<i>prednisolone</i>	154	<i>procto-med hc</i>	99
<i>perphenazine-amitriptyline</i> ...	48	<i>prednisolone acetate</i>	147	<i>proctosol hc</i>	99
<i>phenelzine</i>	48	<i>prednisolone sodium phosphate</i>		<i>proctozone-hc</i>	99
<i>phenobarbital</i>	43	.....	154	PRODIGY INSULIN	
<i>phenytek</i>	43	<i>prednisone</i>	154	SYRINGE	125
<i>phenytoin</i>	43	<i>pregabalin</i>	43	<i>progesterone micronized</i>	157
<i>phenytoin sodium</i>	43	PREMARIN	153	PROGRAF	163
<i>phenytoin sodium extended</i> ...	43	PREMPHASE	153	PROLASTIN-C	178
PIFELTRO	69	PREMPRO	153	<i>promethazine</i>	58
<i>pilocarpine hcl</i>	95, 173	<i>prenaissance</i>	182	<i>propafenone</i>	78
<i>pimozide</i>	65	<i>prenaissance plus</i>	182	<i>propranolol</i>	79
<i>pimtree (28)</i>	93	<i>prenatabs fa</i>	182	<i>propylthiouracil</i>	158
<i>pioglitazone</i>	50	<i>prenatal 19</i>	182	PROQUAD (PF)	168
<i>pioglitazone-metformin</i>	50	<i>prenatal 19 (with docusate)</i> .	182	PROSOL 20 %	75
PIP PEN NEEDLE	124	<i>prenatal plus</i>	182	<i>protriptyline</i>	48
<i>piperacillin-tazobactam</i>	23	<i>prenatal vitamin plus low iron</i>		PULMOZYME	178
PIQRAY	36	.....	182	PURE COMFORT ALCOHOL	
<i>pirfenidone</i>	178	<i>prenatal-u</i>	182	PADS	125
<i>pitavastatin calcium</i>	83	PRETOMANID	57	PURE COMFORT PEN	
PLEGRIDY	162, 163	<i>prevalite</i>	83	NEEDLE	125, 126
<i>pnv-dha + docusate</i>	181	PREVENT DROPSAFE PEN		PURE COMFORT SAFETY	
<i>pnv-omega</i>	181	NEEDLE	124	PEN NEEDLE	125
<i>pnv-select</i>	181	PREVYMIS	71	<i>pyrazinamide</i>	57
<i>podofilox</i>	96	PREZCOBIX	69	<i>pyridostigmine bromide</i>	173
<i>polycin</i>	146	PREZISTA	69	<i>pyrimethamine</i>	59
<i>polymyxin b sulf-trimethoprim</i>		PRIFTIN	57	Q	
.....	146	PRIMAQUINE	59	QINLOCK	36
<i>pomalidomide</i>	36	<i>primidone</i>	43	QUADRACEL (PF)	168, 169
POMALYST	36	PRIORIX (PF)	168	<i>quetiapine</i>	65
<i>portia 28</i>	93	PRO COMFORT ALCOHOL		<i>quinapril</i>	77
<i>posaconazole</i>	55	PADS	125	<i>quinapril-hydrochlorothiazide</i>	78
<i>potassium chloride</i>	174	PRO COMFORT INSULIN		<i>quinidine sulfate</i>	78
<i>potassium citrate</i>	174	SYRINGE	124, 125	<i>quinine sulfate</i>	59
<i>pr natal 400</i>	181	PRO COMFORT PEN		QULIPTA	56
<i>pr natal 400 ec</i>	181	NEEDLE	125	R	
<i>pr natal 430</i>	181	<i>probenecid</i>	55	RABAVERT (PF)	169
<i>pr natal 430 ec</i>	182	<i>probenecid-colchicine</i>	55	<i>rabeprazole</i>	148

RALDESY	48	<i>ropinirole</i>	60	<i>sevelamer hcl</i>	149
<i>raloxifene</i>	154	<i>rosadan</i>	97	<i>sharobel</i>	93
<i>ramipril</i>	78	<i>rosuvastatin</i>	84	SHINGRIX (PF)	169
<i>ranolazine</i>	81	<i>rosyrah</i>	93	SIGNIFOR	156
<i>rasagiline</i>	60	ROTARIX	169	<i>sildenafil</i>	180
RAYALDEE	171	ROTATEQ VACCINE	169	<i>sildenafil (pulm.hypertension)</i>	180
<i>reclipsen (28)</i>	93	ROZLYTREK	36	<i>silver sulfadiazine</i>	96
RECOMBIVAX HB (PF)	169	RUBRACA	36	SIMBRINZA	173
RELENZA DISKHALER	71	<i>rufinamide</i>	43	<i>simliya (28)</i>	93
<i>repaglinide</i>	50	RUKOBIA	69	<i>simpesse</i>	93
REPATHA PUSHTRONEX ..	83	RYBELSUS	155	SIMPLI PEN NEEDLE	117
REPATHA SURECLICK	83	RYBREVANT	37	<i>simvastatin</i>	84
REPATHA SYRINGE	84	RYBREVANT FASPRO	37	<i>sirolimus</i>	163
RETACRIT	74	RYDAPT	37	SIRTURO	57
RETEVMO	36	RYKINDO	65	<i>sitagliptin phos-metformin</i>	50
REVCovi	143	S		<i>sitagliptin phosphate</i>	50
REVUFORJ	36	<i>sacubitril-valsartan</i>	76	SIVEXTRO	19
REXULTI	65	SAFESNAP INSULIN		SKY SAFETY PEN NEEDLE	
REYATAZ	69	SYRINGE	126, 127	.....	127
REZDIFFRA	158	SAFETY PEN NEEDLE	127	SKYLA	93
REZLIDHIA	36	SANTYL	96	SKYRIZI	163, 164
REZUROCK	163	SAPHNELO PEN	163	<i>sodium chloride 0.45 %</i>	174
RHOPRESSA	173	<i>sapropterin</i>	143	<i>sodium chloride 0.9 %</i>	174
<i>ribavirin</i>	72	SCEMBLIX	37	<i>sodium oxybate</i>	179
<i>rifabutin</i>	57	<i>scopolamine base</i>	58	<i>sodium polystyrene sulfonate</i>	149, 150
<i>rifampin</i>	57	SECUADO	65	<i>sodium,potassium,mag sulfates</i>	151
<i>rilpivirine</i>	69	SECURESAFE INSULIN		<i>solifenacin</i>	151
<i>rilpivirine hcl</i>	69	SYRINGE	127	SOLIQUEA 100/33	52
<i>riluzole</i>	86	SECURESAFE PEN NEEDLE		SOLTAMOX	37
RINVOQ	163	.....	127	SOMATULINE DEPOT	157
RINVOQ LQ	163	SELARSDI	163	SOMAVERT	157
<i>risperidone</i>	65	<i>select-ob</i>	182	<i>sorafenib</i>	37
<i>risperidone microspheres</i>	65	<i>select-ob (folic acid)</i>	182	<i>sotalol</i>	79
<i>ritonavir</i>	69	<i>selegiline hcl</i>	60	<i>sotalol af</i>	79
<i>rivaroxaban</i>	73	<i>selenium sulfide</i>	96	SPIRIVA RESPIMAT	177
<i>rivastigmine</i>	46	SELZENTRY	69	<i>spironolactone</i>	82
<i>rivastigmine tartrate</i>	46	<i>se-natal 19 chewable</i>	182	<i>spironolacton-hydrochlorothiaz</i>	82
<i>rivelsa</i>	93	SEREVENT DISKUS	177	<i>sprintec (28)</i>	94
<i>rizatriptan</i>	56	SEROSTIM	156		
ROCKLATAN	173	<i>sertraline</i>	48		
<i>roflumilast</i>	178	<i>setlakin</i>	93		
ROMVIMZA	36	<i>sevelamer carbonate</i>	149		

SPRITAM.....	43	SURE-PREP ALCOHOL PREP		TEPMETKO	37
<i>sps (with sorbitol)</i>	150	PADS	129	<i>terazosin</i>	152
<i>sronyx</i>	94	SYMPAZAN	43, 44	<i>terbinafine hcl</i>	55
<i>ssd</i>	96	SYMTUZA	70	<i>terconazole</i>	96
<i>stavudine</i>	70	SYNJARDY	50	<i>teriparatide</i>	171
STERILE PADS.....	116	SYNJARDY XR.....	50	TERUMO INSULIN SYRINGE	
STIOLTO RESPIMAT	177	SYRINGE WITH NEEDLE,		.....	130, 131
STIVARGA.....	37	SAFETY	127	<i>testosterone</i>	152, 153
STOBOCLO.....	171	T		<i>testosterone cypionate</i>	152
STRENSIQ.....	143	TABLOID.....	37	<i>testosterone enanthate</i>	152
<i>streptomycin</i>	18	TABRECTA	37	<i>tetrabenazine</i>	86
STRIBILD.....	70	<i>tacrolimus</i>	164	<i>tetracycline</i>	24
STRIVERDI RESPIMAT	177	<i>tadalafil</i>	180	THALOMID	164
<i>subvenite</i>	43	TAFINLAR	37	<i>theophylline</i>	177
SUBVENITE.....	43	TAGRISSE.....	37	THINPRO INSULIN SYRINGE	
<i>sucralfate</i>	148	TALICIA	148	.....	131
<i>sulfacetamide sodium</i>	146	TALZENNA.....	37	<i>thioridazine</i>	66
<i>sulfacetamide-prednisolone</i> .	147	<i>tamoxifen</i>	37	<i>thiothixene</i>	66
<i>sulfadiazine</i>	23	<i>tamsulosin</i>	152	<i>tiadylt er</i>	80
<i>sulfamethoxazole-trimethoprim</i>		<i>tarina 24 fe</i>	94	<i>tiagabine</i>	44
.....	23	<i>tarina fe 1-20 eq (28)</i>	94	TIBSOVO	38
<i>sulfasalazine</i>	150	<i>taron-c dha</i>	182	<i>ticagrelor</i>	74
<i>sulindac</i>	15	<i>taron-prex prenatal-dha</i>	182	TICE BCG	38
<i>sumatriptan</i>	57	TARPEYO.....	155	TICOVAC.....	169
<i>sumatriptan succinate</i>	56, 57	TAVNEOS.....	164	<i>tigecycline</i>	24
<i>sunitinib malate</i>	37	<i>tazarotene</i>	97	<i>tilia fe</i>	94
SUNLENCA.....	70	<i>tazicef</i>	20	<i>timolol</i>	173
SURE COMFORT ALCOHOL		<i>taztia xt</i>	80	<i>timolol maleate</i>	79, 173
PREP PADS	128	TDVAX	169	<i>tinidazole</i>	59
SURE COMFORT INS. SYR.		TECHLITE INSULIN		<i>tiotropium bromide</i>	177
U-100.....	127	SYRINGE.....	129, 130	TIVICAY	70
SURE COMFORT INSULIN		TECHLITE INSULN		TIVICAY PD	70
SYRINGE.....	128	SYR(HALF UNIT).....	129	<i>tizanidine</i>	179
SURE COMFORT PEN		TECHLITE PEN NEEDLE .	130	TOBI PODHALER.....	18
NEEDLE	128	TECHLITE PLUS PEN		<i>tobramycin</i>	146
SURE COMFORT SAFETY		NEEDLE.....	130	<i>tobramycin in 0.225 % nacl</i> ..	18
PEN NEEDLE.....	127	<i>telmisartan</i>	76	<i>tobramycin sulfate</i>	18
SURE-FINE PEN NEEDLES		<i>telmisartan-hydrochlorothiazid</i>		<i>tobramycin-dexamethasone</i> .	146
.....	128, 129	.....	76	<i>tobramycin-lotepred</i>	146
SURE-JECT INSULIN		<i>temazepam</i>	17	<i>tofacitinib</i>	164
SYRINGE.....	129	TENIVAC (PF).....	169	<i>tolterodine</i>	151
		<i>tenofovir disoproxil fumarate</i>	70	<i>tolvaptan (polycys kidney dis)</i>	82

TOPFINE INSULIN PEN		
NEEDLE	131	
<i>topiramate</i>	44	
<i>toremifene</i>	38	
<i>torpenz</i>	38	
<i>torse mide</i>	82	
TOUJEO MAX U-300		
SOLOSTAR	52	
TOUJEO SOLOSTAR U-300		
INSULIN	52	
TRADJENTA	50	
<i>tramadol</i>	14	
<i>tramadol-acetaminophen</i>	14	
<i>trandolapril</i>	78	
<i>tranexamic acid</i>	74	
<i>tranylcypromine</i>	48	
<i>travoprost</i>	173	
<i>trazodone</i>	48	
TRECATOR	57	
TRELEGY ELLIPTA	177	
TREMFYA	164	
TREMFYA ONE-PRESS	164	
TREMFYA PEN	164	
TREMFYA PEN INDUCTION		
PK(2PEN)	164	
<i>tretinoin</i>	97	
<i>tretinoin (antineoplastic)</i>	38	
<i>triamcinolone acetonide</i> ..95, 99,		
155		
<i>triamterene-hydrochlorothiazid</i>		
.....	82	
<i>trientine</i>	152	
<i>tri-estarylla</i>	94	
<i>trifluoperazine</i>	66	
<i>trifluridine</i>	146	
<i>trihexyphenidyl</i>	60	
TRIJARDY XR	50	
TRIKAFTA	178	
<i>tri-legest fe</i>	94	
<i>tri-linyah</i>	94	
<i>tri-lo-estarylla</i>	94	
<i>tri-lo-marzia</i>	94	
<i>tri-lo-mili</i>	94	
<i>tri-lo-sprintec</i>	94	
<i>trimethoprim</i>	19	
<i>tri-mili</i>	94	
<i>trimipramine</i>	48	
TRINTELLIX	48	
<i>tri-nymyo</i>	94	
<i>tri-sprintec (28)</i>	94	
TRIUMEQ	70	
TRIUMEQ PD	70	
<i>trivora (28)</i>	94	
<i>tri-vylibra</i>	94	
<i>tri-vylibra lo</i>	94	
<i>tropium</i>	151	
TRUE COMFORT ALCOHOL		
PADS	132	
TRUE COMFORT INSULIN		
SYRINGE	132	
TRUE COMFORT PEN		
NEEDLE	132	
TRUE COMFORT PRO		
ALCOHOL PADS	132	
TRUE COMFORT PRO INS		
SYRINGE	131, 132, 133	
TRUE COMFORT SAFE		
INSULIN SYRG	131, 132,	
133		
TRUE COMFORT SAFETY		
PEN NEEDLE	131	
TRUE-COMFORT PRO PEN		
NEEDLE	133	
TRUEPLUS INSULIN 133, 134		
TRUEPLUS PEN NEEDLE 133		
TRULANCE	150	
TRULICITY	155	
TRUMENBA	169	
TRUQAP	38	
TRYNGOLZA	84	
TUKYSA	38	
TURALIO	38	
<i>turqoz (28)</i>	94	
TWINRIX (PF)	170	
<i>tyblume</i>	95	
TYBOST	70	
TYENNE	165	
TYENNE AUTOINJECTOR		
.....	165	
TYMLOS	171	
TYPHIM VI	170	
U		
UBRELVY	57	
UDENYCA ONBODY	74	
ULTICARE	134, 135	
ULTICARE INSULIN		
SYRINGE	134	
ULTICARE INSULN		
SYR(HALF UNIT)	134	
ULTICARE PEN NEEDLE 134,		
135		
ULTICARE SAFETY PEN		
NEEDLE	135	
ULTIGUARD SAFEPAK-		
INSULIN SYR	135, 136	
ULTIGUARD SAFEPAK-		
PEN NEEDLE	135	
ULILET ALCOHOL SWAB		
.....	136	
ULILET INSULIN SYRINGE		
.....	119, 136	
ULILET PEN NEEDLE	136	
ULTRA CMFT INS SYR		
(HALF UNIT)	117, 134	
ULTRA COMFORT INSULIN		
SYRINGE	117, 136, 137	
ULTRA FLO INSUL		
SYR(HALF UNIT)	137	
ULTRA FLO INSULIN		
SYRINGE	137	
ULTRA FLO PEN NEEDLE		
.....	137	
ULTRA THIN PEN NEEDLE		
.....	137	
ULTRACARE INSULIN		
SYRINGE	138	

ULTRACARE PEN NEEDLE.....138	VALTOCO 44	VITRAKVI 38, 39
ULTRA-FINE INS SYR (HALF UNIT).....138, 139	<i>valtya</i> 95	VIVOTIF..... 170
ULTRA-FINE INSULIN SYRINGE.....138, 139	<i>vancomycin</i> 19	VIZIMPRO 39
ULTRA-FINE PEN NEEDLE.....139	VANFLYTA..... 38	<i>volnea (28)</i> 95
ULTRA-THIN II (SHORT) INS SYR.....139, 140	VANISHPOINT INSULIN SYRINGE..... 142	VONJO 39
ULTRA-THIN II (SHORT) PEN NDL .....140	VANISHPOINT SYRINGE 142	VOQUEZNA 148
ULTRA-THIN II INS PEN NEEDLES .....140	VAQTA (PF) 170	VORANIGO 39
ULTRA-THIN II INSULIN SYRINGE.....139, 140	<i>varenicline tartrate</i> 16	<i>voriconazole</i> 55
UNIFINE OTC PEN NEEDLE.....140	VARIVAX (PF)..... 170	VOSEVI..... 71
UNIFINE PENTIPS .....140	VAXCHORA VACCINE.... 170	VOWST 150
UNIFINE PENTIPS MAXFLOW .....140	VELSIPITY 165	<i>vp-ch-pnv</i> 182
UNIFINE PENTIPS PLUS .140, 141, 143	VELTASSA..... 150	VRAYLAR 66
UNIFINE PENTIPS PLUS MAXFLOW .....140	VEMLIDY 72	VUMERITY 165
UNIFINE PROTECT .....141	VENCLEXTA 38	VYALEV 60
UNIFINE SAFECONTROL PEN NEEDLE.....141	VENCLEXTA STARTING PACK..... 38	<i>vylibra</i> 95
UNIFINE ULTRA PEN NEEDLE .....141	<i>venlafaxine</i> 48, 49	VYNDAMAX..... 81
UPTRAVI.....180, 181	VEOZAH..... 86	VYZULTA..... 173
<i>ursodiol</i>.....150	<i>verapamil</i> 80, 81	W
V	VERIFINE INSULIN SYRINGE..... 142, 143	<i>warfarin</i> 73
<i>valacyclovir</i> .....72	VERIFINE PEN NEEDLE.. 142	WEBCOL..... 143
VALCHLOR .....97	VERIFINE PLUS PEN NEEDLE..... 142	WEGOVY 155
<i>valganciclovir</i>.....72	VERIFINE PLUS PEN NEEDLE-SHARP 142	WELIREG..... 39
<i>valproate sodium</i> .....44	VERQUVO..... 84	WINREVAIR..... 178
<i>valproic acid</i>.....44	VERSACLOZ..... 66	<i>wixela inhub</i> 177
<i>valproic acid (as sodium salt)</i> 44	VERSALON..... 143	X
<i>valsartan</i>.....77	VERZENIO 38	XALKORI..... 39
<i>valsartan-hydrochlorothiazide</i>.....77	<i>vienna</i> 95	<i>xarah fe</i> 95
	<i>vigabatrin</i> 44	XATMEP 39
	<i>vigadrone</i> 44	XCOPRI..... 44, 45
	<i>vigpoder</i> 44	XCOPRI MAINTENANCE PACK..... 44
	<i>vilazodone</i> 49	XCOPRI TITRATION PACK 45
	VIMKUNYA (PF)..... 170	XDEMVI 146
	<i>vinorelbine</i> 38	XERMELO 150
	<i>viorele (28)</i> 95	XIFAXAN..... 19
	VIRACEPT..... 70	XIIDRA..... 147
	VIREAD 70	XOLAIR 179
	<i>vitafof-ob+dha</i> 182	XOSPATA 39
		XPOVIO 39
		XTANDI 39, 40
		<i>xulane</i> 95

XULTOPHY 100/3.6	53
Y	
YESINTEK	165
YF-VAX (PF).....	170
YONSA	40
<i>yulithira</i>	40
YUTREPIA	181
<i>yuvafem</i>	154
Z	
<i>zafemy</i>	95
<i>zafirlukast</i>	175
<i>zaleplon</i>	179

<i>zatean-pn dha</i>	182
<i>zatean-pn plus</i>	182
ZEJULA.....	40
ZELBORAF.....	40
<i>zenatane</i>	97
ZENPEP.....	144
<i>zidovudine</i>	70
<i>zingiber</i>	182
<i>ziprasidone hcl</i>	66
<i>ziprasidone mesylate</i>	66
ZIRABEV	40
ZIRGAN	146

ZOLINZA	40
<i>zolpidem</i>	179
ZONISADE.....	45
<i>zonisamide</i>	45
<i>zovia 1-35 (28)</i>	95
ZTALMY	45
ZURZUVAE	49
ZYDELIG	40
ZYKADIA	40
ZYMFENTRA	165
ZYPREXA RELPREVV	66

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