



UCLA Health Medicare Advantage Plan

Principal Plan (HMO)

and

Prestige Plan (HMO)

2025 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 11/01/2025.

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), Hours of Operation: From April 1st through September 30th, you can call 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1st through March 31st, you can call 8:00 a.m. to 8:00 p.m. seven days a week, 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 a Drug List (formulary) for our plan which is current as of 11/01/2025. 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, 2026, 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/formulary.

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’s 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’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 11/01/2025. 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. UCLA Health Medicare Advantage Plan will update print formularies in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 11. 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 9. 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 189. 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 UCLA Health

Medicare Advantage Plan before you fill your prescriptions. If you don't get approval, UCLA Health Medicare Advantage Plan may not cover the drug.

- **Quantity Limits:** For certain drugs, UCLA Health Medicare Advantage Plan limits the amount of the drug that UCLA Health Medicare Advantage Plan will cover. For example, UCLA Health Medicare Advantage Plan provides 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, UCLA Health Medicare Advantage Plan 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 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains 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's formulary?" on page 6 for information about how to request an exception.

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. This document includes only a partial list of covered drugs, so UCLA Health Medicare Advantage Plan may cover your drug. For more information, 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 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 UCLA Health Medicare Advantage 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's 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 a 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, and 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 supply up to 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.

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 UCLA Health Medicare Advantage 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 <http://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 189.

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., *ibesartan*).

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 that 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), Hours of Operation: From April 1st through September 30th, you can call 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1st through March 31st, you can call 8:00 a.m. to 8:00 a.m. seven days a week, or visit www.UCLAHealthMedicareAdvantage.org/formulary.
- The symbol [ST] indicates before coverage will be provided for this drug, you must first try another 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.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)</i>	1	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	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 capsule 50-300-40 mg (Fioricet)</i>	4	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	4	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 (oxycodone-acetaminophen)</i>	2	NDS; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg (oxycodone-acetaminophen)</i>	2	NDS; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg (oxycodone-acetaminophen)</i>	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)

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>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)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	NDS; QL (180 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</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, 200 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 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)

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) 10-325 mg	2	NDS; QL (180 per 30 days)
<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 epolamine transdermal patch</i> 12 hour 1.3 % (Flector)	4	PA; 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 sodium topical drops</i> 1.5 %	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))	2	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump</i> 20 mg/gram /actuation(2 %)(Pennsaid)	5	PA; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic</i> 50-200 mg-mcg (Arthrotec 50)	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>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	2	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<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 lidocan 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 topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	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>lidocaine-prilocaine topical cream</i> 2.5-2.5 %	2	PA; QL (30 per 30 days)
<i>lidocaine iii topical adhesive</i> (lidocaine) <i>patch,medicated 5 %</i>	2	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed</i> <i>release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2</i> <i>mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual</i> (Suboxone) <i>film 12-3 mg</i>	4	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual</i> (Suboxone) <i>film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual</i> <i>tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral</i> <i>tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500</i> <i>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,</i> <i>0.4 mg/ml (prefilled syringe), 1</i> <i>mg/ml</i>	2	
<i>naloxone nasal spray,non-aerosol 4</i> (Narcan) <i>mg/actuation</i>	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	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)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	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	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol oral concentrate</i> (lorazepam) 2 mg/ml	2	NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	NDS; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	2	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	2	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	NDS; QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	NDS; QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	2	HI
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NDS; QL (235.2 per 28 days)
<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>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 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

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution</i> 10 mg/ml, 40 mg/ml	2	HI
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule</i> 150 mg, (Cleocin HCl) 300 mg, 75 mg	2	
<i>clindamycin phosphate injection solution</i> 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)	2	HI
<i>clindamycin phosphate injection solution</i> 150 mg/ml (Cleocin)	2	HI
<i>colistin (colistimethate na) injection recon soln</i> 150 mg (Coly-Mycin M Parenteral)	5	HI; NDS
<i>daptomycin intravenous recon soln</i> 350 mg, 500 mg	5	HI; NDS
<i>linezolid in dextrose 5% intravenous piggyback</i> 600 mg/300 ml (Zyvox)	2	HI
<i>linezolid oral suspension for reconstitution</i> 100 mg/5 ml (Zyvox)	5	NDS
<i>linezolid oral tablet</i> 600 mg (Zyvox)	2	
<i>methenamine hippurate oral tablet</i> 1 gram	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i> 500 mg/100 ml (Metro I.V.)	2	HI
<i>metronidazole oral tablet</i> 250 mg, 500 mg	1	
<i>nitrofurantoin macrocrystal oral capsule</i> 100 mg, 50 mg	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule</i> 100 mg (Macrobid)	2	QL (60 per 30 days)
<i>trimethoprim oral tablet</i> 100 mg	2	
<i>vancomycin intravenous recon soln</i> 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg	2	
<i>vancomycin oral capsule</i> 125 mg (Vancocin)	2	QL (56 per 14 days)
<i>vancomycin oral capsule</i> 250 mg (Vancocin)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; 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, 10 gram, 500 mg</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>	4	
<i>cefloxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	HI
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<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	HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	HI; NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	HI
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 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	
DIFICID ORAL TABLET 200 MG (fidaxomicin)	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
<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> (Azactam)	2	HI

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Drug Name	Drug Tier	Requirements/Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	2	HI
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	HI
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	HI
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	HI
<i>meropenem intravenous recon soln 2 gram</i>	4	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, 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	
<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>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<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 (Unasyn) soln 1.5 gram, 15 gram, 3 gram</i>	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 INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	
<i>naftcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	HI
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	HI
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<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	HI
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	HI
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	HI
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg</i>	1	
<i>levofloxacin oral tablet 500 mg, 750 mg</i>	1	
<i>moxifloxacin 400 mg/250 ml bag suv, p/f, inner</i>	2	HI
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	2	HI
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<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>demeclocycline oral tablet 150 mg, 300 mg</i>	4	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	HI
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	HI
<i>doxycycline hyclate oral capsule 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	2	QL (60 per 30 days)
<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>	4	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	HI; NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Abirtega)	5	PA NSO; NDS; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	5	PA NSO; NDS; 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
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG	5	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	HI; NDS
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 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	5	PA NSO; NDS; QL (75 per 28 days)
<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)	4	PA NSO; HI
BORUZU INJECTION SOLUTION 2.5 MG/ML	4	PA NSO; HI
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	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	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)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)	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
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Phyrago)	5	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Phyrago)	5	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	5	HI; NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	5	PA BvD; NDS

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Drug Name	Drug Tier	Requirements/Limits
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA NSO; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; HI; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 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)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	HI

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>etoposide intravenous solution 20 mg/ml</i>	2	HI
EULEXIN ORAL CAPSULE 125 MG (flutamide)	5	NDS
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NDS; QL (28 per 28 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	
FAKZYNJA ORAL TABLET 200 MG	5	PA NSO; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA BvD
<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
<i>flutamide oral capsule 125 mg</i> (Eulexin)	2	
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> (Faslodex)	5	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; 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
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)
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	5	NDS
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)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
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)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</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>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, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NDS; QL (280 per 28 days)
INLEXZO INTRAVESICAL IMPLANT 225 MG	5	PA BvD; NDS
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)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)	2	
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
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)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
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
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	5	PA NSO; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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)
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; HI; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
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 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous (Abraxane) suspension for reconstitution 100 mg</i>	5	PA BvD; HI; NDS
<i>pazopanib oral tablet 200 mg (Votrient)</i>	5	PA NSO; NDS; QL (120 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 500 mg/20 ml suv. p/f 25 mg/ml</i>	5	HI; NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	5	HI; NDS
<i>pemetrexed disodium intravenous (Alimta) recon soln 100 mg, 500 mg</i>	5	HI; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	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)

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Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	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 CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NDS; QL (120 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)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; HI; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; HI; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NDS
SCSEMBLIX ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCSEMBLIX 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)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	2	HI
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NDS
<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)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<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)

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Drug Name	Drug Tier	Requirements/Limits
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; HI; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	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)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL 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)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 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)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; HI; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er</i> (Carbatrol) <i>multiphase 12 hr 100 mg, 200 mg,</i> <i>300 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>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	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>	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	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	5	ST; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	5	ST; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	5	ST; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	5	ST; NDS; 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
<i>fospheyntoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	HI
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS; QL (720 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	2	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	2	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 intravenous solution 200 mg/20 ml</i> (Vimpat)	2	QL (200 per 5 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
<i>levetiracetam oral tablet for suspension 250 mg</i> (Spritam)	2	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	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 tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)	5	ST; NDS; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i> (Fycompa)	2	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	5	ST; NDS; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	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	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	4	
<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

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Drug Name	Drug Tier	Requirements/Limits
<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</i> (Banzel)	2	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	4	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG (levetiracetam)	4	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	PA NSO; NDS; 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	

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1 ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	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)	3	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	3	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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)
<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	ST; 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)	2	

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Drug Name	Drug Tier	Requirements/Limits
<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)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	4	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<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	
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, 30 mg, 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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating (Remeron SolTab) 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 (Pamelor)</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml (Paxil)</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)</i>	4	
<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 (Nardil)</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
RALDESY ORAL SOLUTION 10 MG/ML	4	PA NSO; QL (1200 per 30 days)
<i>sertraline oral concentrate 20 mg/ml (Zoloft)</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)</i>	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg (Parnate)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<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>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<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> (Precose)	2	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	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)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	QL (765 per 30 days)
<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 750 mg</i>	1	QL (60 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)
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)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG (2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	3	PA; 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	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
Insulins		

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Drug Name	Drug Tier	Requirements/Limits
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 asp prt-insulin aspart</i> <i>subcutaneous insulin pen 100 unit/ml</i> (70-30) (Novolog Mix 70- 30FlexPen U-100)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart</i> <i>subcutaneous solution 100 unit/ml</i> (70-30) (Novolog Mix 70-30 U- 100 Insuln)	2	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U- 100 Insulin)	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> <i>solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	2	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin glargine-yfgn subcutaneous</i> <i>insulin pen 100 unit/ml (3 ml)</i> (Semglee(insulin glarg- yfgn)Pen)	3	max \$35 copay per month supply
<i>insulin glargine-yfgn subcutaneous</i> <i>solution 100 unit/ml</i> (Semglee(insulin glargine-yfgn))	3	max \$35 copay per month supply

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
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE- (insulin glargine-yfgn) YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG- (insulin glargine-yfgn) YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 SUBCUTANEOUS INSULIN PEN conc) 300 UNIT/ML (3 ML)	3	max \$35 copay per month supply

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Drug Name		Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	3	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	3	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	3	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	3	max \$35 copay per month supply
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			

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Drug Name	Drug Tier	Requirements/Limits
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 suspension for reconstitution 50 mg</i> (AmBisome)	5	PA BvD; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	4	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<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 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, 165 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	

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Drug Name	Drug Tier	Requirements/Limits
<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</i> (Mycamine) <i>100 mg, 50 mg</i>	2	HI
<i>miconazole-3 vaginal suppository</i> <i>200 mg</i>	2	
<i>nyamyc topical powder 100,000</i> (nystatin) <i>unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000</i> <i>unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000</i> <i>unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000</i> <i>unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000</i> (Nyamyc) <i>unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream</i> <i>100,000-0.1 unit/g-%</i>	2	
<i>nystop topical powder 100,000</i> (nystatin) <i>unit/gram</i>	2	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed</i> <i>release (dr/ec) 100 mg</i>	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln</i> (Vfend IV) <i>200 mg</i>	5	PA BvD; HI; NDS
<i>voriconazole oral suspension for</i> (Vfend) <i>reconstitution 200 mg/5 ml (40</i> <i>mg/ml)</i>	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50</i> <i>mg</i>	4	
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 capsule 0.6 mg</i> (Mitigare)	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	4	ST; 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>	2	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	4	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	4	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	ST; NDS; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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 (9 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</i> (Maxalt-MLT) <i>10 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i> <i>5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer,</i> (Imitrex STATdose Pen) <i>suv</i>	2	QL (4 per 28 days)
<i>sumatriptan nasal spray,non-aerosol</i> <i>20 mg/actuation, 5 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100</i> (Imitrex) <i>mg</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25</i> (Imitrex) <i>mg, 50 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose <i>cartridge 6 mg/0.5 ml</i> Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose Pen) <i>pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> <i>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

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
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	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	4	
<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
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<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 (4 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)	4	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

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Drug Name	Drug Tier	Requirements/Limits
<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 injection solution 25 mg/ml</i> (Phenergan)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 25 mg</i> (Promethegan)	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	4	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	5	NDS
<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	
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)

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Drug Name	Drug Tier	Requirements/Limits
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>paromomycin oral capsule 250 mg</i> (Humatin)	2	
<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> (Biltricide)	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</i>	2	
<i>benztropine oral tablet 2 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25- 250 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
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>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<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>	4	
<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>	4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<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>	4	
<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>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST

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
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
<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>	4	
<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)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 70 days)
<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</i> (Latuda)	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	2	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	5	ST; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	4	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine 10 mg/2 ml vial, 10 mg/2 ml (5 mg/ml)</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 150 mg</i>	2	QL (30 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres</i> (Rykindo) <i>intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	5	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<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	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, (Geodon)</i> <i>40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular (Geodon)</i> <i>recon soln 20 mg/ml (final conc.)</i>	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 (Ziagen)</i>	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600- 300 mg</i>	2	
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<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)
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 suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	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)	5	NDS
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 ORAL TABLET 25 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-tenofovir oral tablet 600-200-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 600-300-300 mg</i> (Symfi)	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-25-300 mg</i> (Complera)	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intence)	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i>	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<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)
<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	
NORVIR ORAL SOLUTION 80 MG/ML	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, 75 MG	5	NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	HI

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL POWDER IN PACKET 50 MG	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
<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
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NDS
SYMITUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 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)

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300- 150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<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> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	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)
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)

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Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 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> (Valcyte)	2	
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)
<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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)	5	NDS; 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	QL (60 per 30 days)
<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> (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	3	QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
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)
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	
BRILINTA ORAL TABLET 60 MG, (ticagrelor) 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
<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
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>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	HI
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
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>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<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	
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	2	
<i>irbesartan oral tablet 75 mg</i>	2	
<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)	2	
<i>olmesartan-amlodipin-hctiazid 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, 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	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>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 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>pacerone 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</i> (Tenoretic 100)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	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	
<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</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 tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	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> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem 24hr er 360 mg cap once-a-day dosage (Tiadylt ER)	2	
diltiazem 24hr er 420 mg cap (Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	4	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg (Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	2	
diltiazem hcl oral tablet 90 mg	2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg (diltiazem hcl)	2	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (diltiazem hcl)	2	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl)	2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	4	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	2	
Cardiovascular Agents, Miscellaneous		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	2	
<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)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	3	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	5	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 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	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hctiazid 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>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>torsemide 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, 5-10 mg</i> (Caduet)	2	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	2	QL (30 per 30 days)
<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	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	4	
<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)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral tablet 120 mg, 40 mg, 54 mg</i>	2	
<i>fenofibrate oral tablet 160 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 500 mg</i> (Niacor)	4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>niacor oral tablet 500 mg</i> (niacin)	4	
<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, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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)
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	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>epplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	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>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	2	
<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	

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>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	
Central Nervous System Agents		
Central Nervous System Agents		
<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
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
<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>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i> (Tecfidera)	5	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i> (Tecfidera)	5	PA; NDS; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NDS; QL (12 per 28 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
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<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	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>methylphenidate hcl oral solution 10 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)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	5	PA; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
<i>riluzole oral tablet 50 mg</i>	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>altavera</i> (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
<i>alyacen</i> 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
<i>alyacen</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
<i>amethyst</i> (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	2	
<i>apri</i> oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
<i>aubra eq</i> oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
<i>aurovela</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
<i>aurovela</i> 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
<i>aurovela</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
<i>aurovela</i> fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
<i>aurovela</i> fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
<i>aviane</i> oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
<i>ayuna</i> oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
<i>azurette</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
<i>blisovi</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
<i>blisovi</i> fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
<i>blisovi</i> fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
<i>camila</i> oral tablet 0.35 mg	(norethindrone (contraceptive))	2	
<i>chateal eq</i> (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<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>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	2	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	2	
<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>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	4	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)	2	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>estarylla oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	2	

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Drug Name		Drug Tier	Requirements/Limits
<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	
<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 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<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>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<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)	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<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))	2	
<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))	2	
<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>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	

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Drug Name		Drug Tier	Requirements/Limits
<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	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<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)	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		4	
<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)	2	
<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>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2	
<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>	(Iclevia)	2	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>lillow (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<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)	2	
<i>meleya oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	2	
<i>mili oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)	2	
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)	2	
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	
<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> (Camila)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	2	
<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)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (Tri-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i> (Estarylla)	2	
<i>norlyda oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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)	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>orquidea oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	2	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	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<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 femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	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-lynyah 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)	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	2	
<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-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<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)	2	
<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>valtya oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<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 1/35e (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<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)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	1	
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	(DentaGel)	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	2	
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide dental paste</i> (Kourzeq) 0.1 %	2	
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule</i> 10 mg, 17.5 mg, 25 mg	2	
<i>acyclovir topical ointment</i> 5 % (Zovirax)	4	QL (30 per 30 days)
<i>ammonium lactate topical cream</i> 12 %	2	
<i>ammonium lactate topical lotion</i> 12 % (AmLactin)	2	
<i>calcipotriene scalp solution</i> 0.005 %	2	QL (120 per 30 days)
<i>calcipotriene topical cream</i> 0.005 %	2	QL (120 per 30 days)
<i>calcipotriene topical ointment</i> 0.005 %	2	QL (120 per 30 days)
<i>fluorouracil topical cream</i> 5 % (Efudex)	2	
<i>fluorouracil topical solution</i> 2 %	2	
<i>fluorouracil topical solution</i> 5 %	4	
<i>imiquimod topical cream in packet</i> 5 %	2	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	1	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i> 10 mg	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (60 per 28 days)
<i>podofilox topical solution</i> 0.5 %	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS
<i>zenatane oral capsule</i> 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	2	
Dermatological Antibacterials		

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>gentamicin topical cream 0.1 %</i>	2	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	4	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)
<i>neuac topical gel 1.2 % (1 % base) -5 %</i> (clindamycin-benzoyl peroxide)	1	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	2	
<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	
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>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	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>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	4	
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	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>pimecrolimus topical cream 1 %</i> (Elidel)	4	QL (100 per 30 days)
<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>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<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	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	4	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	4	

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Drug Name		Drug Tier	Requirements/Limits
<i>permethrin topical cream 5 %</i>	(Elimite)	2	QL (60 per 30 days)
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
1ST TIER UNIFINE 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
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 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 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(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 NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	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 70% SWABS	(Alcohol Pads)	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		2	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		2	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	PA; ST
ASSURE ID PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	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
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	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 (insulin syringe-needle 12.7MMX30G 0.3 ML 30 GAUGE u-100) X 1/2"	2	PA; ST
BD INS SYR UF 0.5 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100)	2	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	PA; ST
BD INSULIN SYR 1 ML (insulin syringe-needle 27GX12.7MM 1 ML 27 GAUGE X u-100) 1/2"	2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYR 1 ML 27GX5/8" (insulin syringe-needle u-100) MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	PA; ST
BD INSULIN SYRINGE SLIP TIP (insulin syringe SYRINGE 1 ML needleless)	2	PA; ST
BD LO-DOSE ULTRA-FINE (insulin syringe-needle SYRINGE 0.5 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
BD NANO 2 GEN PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
BD SAFETGLD INS 0.5 ML (insulin syringe-needle 13MMX29G 0.5 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
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

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Drug Name		Drug Tier	Requirements/Limits
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 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 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 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

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Drug Name		Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
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
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

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

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Drug Name	Drug Tier	Requirements/Limits
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
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 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

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Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	2	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	2	PA; ST
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
CURAD GAUZE PADS 2" X 2" 2 X (gauze bandage) 2 "	1	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) 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 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

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	2	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 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

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Drug Name		Drug Tier	Requirements/Limits
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 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		2	PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		2	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		2	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		2	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		2	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	PA; ST
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		2	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		2	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		2	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	1	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
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 (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
EASY COMFORT PEN NDL (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
EASY COMFORT PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	2	PA; ST
EASY COMFORT PEN NDL 33G (pen needle, diabetic) 5MM 33 GAUGE X 3/16"	2	PA; ST
EASY COMFORT PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	2	PA; ST
EASY COMFORT SYR 0.5 ML 29G (insulin syringe-needle 8MM 1/2 ML 29 X5/16 " u-100)	2	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16	2	PA; ST
EASY COMFORT SYR 1 ML (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
EASY GLIDE INS 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64"	2	PA; ST
EASY GLIDE INS 0.5 ML (insulin syringe-needle 31GX6MM 1/2 ML 31 GAUGE X u-100) 15/64"	2	PA; ST
EASY GLIDE INS 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X u-100) 15/64"	2	PA; ST
EASY GLIDE PEN NEEDLE 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32"	2	PA; ST
EASY TOUCH 0.3 ML SYR (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X u-100) 1/2"	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
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 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		2	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		2	PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH 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
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(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

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Drug Name	Drug Tier	Requirements/Limits
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 (insulin syringe 1 ML needleless)	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 30GX5/16 30 GAUGE X 5/16"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16 31 GAUGE X 3/16"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16 31 GAUGE X 5/16"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16 32 GAUGE X 3/16"	2	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32"	2	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	2	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	2	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
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 SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	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
EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	2	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	2	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE		2	PA; ST
FREESTYLE PREC 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
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage)	1	PA; ST
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4" (pen needle, diabetic)	2	PA; ST
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16" (pen needle, diabetic)	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 ULTRA COMFORT 0.5 ML SYR 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	2	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	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 5MM 31 GAUGE X 3/16" (1st Tier Unifine Pentips)	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

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

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Drug Name	Drug Tier	Requirements/Limits
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 (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN 1 ML SYRINGE 1 ML 30 (Ultra Comfort Insulin GAUGE X 7/16" Syringe)	2	PA; ST
INSULIN SYR 0.3 ML (Droplet Insulin Syr(half 31GX1/4(1/2) 0.3 ML 31 GAUGE X unit)) 1/4"	2	PA; ST
INSULIN SYR 0.5 ML 28G (Comfort EZ Insulin 12.7MM (OTC) 1/2 ML 28 GAUGE Syringe) X 1/2"	2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (Comfort EZ Insulin (RX) 0.5 ML 30 GAUGE X 1/2" Syringe)	2	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" (Easy Touch Insulin INNER 1/2 ML 27 GAUGE X 1/2" Syringe)	2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML (insulin syringe-needle 29 GAUGE u-100)	2	PA; ST
INSULIN SYRINGE 0.3 ML (Sure Comfort Insulin 31GX1/4 0.3 ML 31 GAUGE X 1/4" Syringe)	2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML (insulin syringe-needle 29 u-100)	2	PA; ST
INSULIN SYRINGE 0.5 ML (Droplet Insulin 31GX1/4 1/2 ML 31 GAUGE X 1/4" Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	2	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" (Easy Touch Insulin INNER 1 ML 27 GAUGE X 1/2" Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 27G (BD SafetyGlide 16MM 1 ML 27 GAUGE X 5/8" Syringe)	2	PA; ST
INSULIN SYRINGE 1 ML 28G (Comfort EZ Insulin 12.7MM (OTC) 1 ML 28 GAUGE X Syringe) 1/2"	2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML (BD Eclipse Luer-Lok) 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	2	PA; ST
INSULIN SYRINGE 1 ML (Droplet Insulin Syringe) 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	PA; ST
INSULIN SYRINGE NEEDLELESS (Easy Touch Luer Lock Insulin) SYRINGE 1 ML	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Monoject Syringe)	2	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"	2	PA; ST
INSUPEN 30G ULTRAFIN (pen needle, diabetic) NEEDLE 30 GAUGE X 5/16"	2	PA; ST
INSUPEN 31G ULTRAFIN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	2	PA; ST
INSUPEN 32G 8MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 5/16"	2	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 29GX12MM 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 6MM (pen needle, diabetic) (RX) 32 GAUGE X 1/4"	2	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	2	PA; ST
INSUPEN PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	2	PA; ST
IV ANTISEPTIC WIPES (alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
LISCO SPONGES 100/BAG 2 X 2 "	1	PA; ST
LITE TOUCH 31GX1/4" PEN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	2	PA; ST
LITE TOUCH INSULIN 0.5 ML (insulin syringe-needle SYR 1/2 ML 28 GAUGE, 1/2 ML 29 u-100) , 1/2 ML 30 GAUGE	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle 1 ML 28 GAUGE, 1 ML 30 GAUGE u-100) X 7/16"	2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	2	PA; ST
LITE TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
LITE TOUCH PEN NEEDLE 29G (pen needle, diabetic) 29 GAUGE X 1/2"	2	PA; ST
LITE TOUCH PEN NEEDLE 31G (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
LITETOUCH INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
LITETOUCH INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
LITETOUCH INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
LITETOUCH SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"	2	PA; ST
LITETOUCH SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	2	PA; ST
LITETOUCH SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
LITETOUCH SYRIN 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML (insulin syringe-needle 29GX1/2" 1 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
LITETOUCH SYRIN 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X 5/16 u-100)	2	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	2	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	2	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	PA; ST
MAXICOMFORT II PEN NDL (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	2	PA; ST
MAXICOMFORT INS 0.5 ML (insulin syringe-needle 27GX1/2" 1/2 ML 27 GAUGE X u-100) 1/2"	2	PA; ST
MAXI-COMFORT INS 0.5 ML 28G (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
MAXICOMFORT INS 1 ML (insulin syringe-needle 27GX1/2" 1 ML 27 GAUGE X u-100) 1/2"	2	PA; ST
MAXI-COMFORT INS 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X u-100) 1/2"	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 (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	2	PA; ST
MICRODOT PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	2	PA; ST
MICRODOT PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	2	PA; ST

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

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Drug Name		Drug Tier	Requirements/Limits
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"		2	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	PA; ST
MS INSULIN SYR 1 ML 31GX5/16" (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	2	PA; ST
MS INSULIN SYRINGE 0.3 ML 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
NOVOFINE 30 NEEDLE		2	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		2	PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5"		2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 (G6/LIBRE 2 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(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	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)
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	2	PA; ST
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
PEN NEEDLE 6MM 31G 6MM 31 (pen needle, diabetic) GAUGE X 1/4"	2	PA; ST
PEN NEEDLE, DIABETIC (1st Tier Unifine Pentips NEEDLE 29 GAUGE X 1/2" Plus)	2	PA; ST
PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2"	2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
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" 4MM 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
PREFPLS INS SYR 1 ML 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16 (Advocate Syringes)	2	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
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
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
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	PA; ST
PURE COMFORT 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
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	2	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"	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
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	2	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort EZ PRO Safety Pen Ndl)	2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" (pen needle, diabetic, 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 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
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 1/2 u-100) ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	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 (insulin syringe-needle 1 ML 28 GAUGE X 1/2", 1 ML 29 u-100) GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	2	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	2	PA; ST
TOPCARE CLICKFINE 31G X 1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	2	PA; ST
TOPCARE CLICKFINE 31G X (pen needle, diabetic) 5/16" 31 GAUGE X 5/16"	2	PA; ST
TOPCARE ULTRA COMFORT (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X u-100) 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	PA; ST
TRUE CMFRT PRO 0.5 ML 30G (insulin syringe-needle 5/16" 0.5 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
TRUE CMFRT PRO 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" 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 (pen needle, diabetic, 5MM 31 GAUGE X 3/16" 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

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Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	PA; ST
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	PA; ST
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

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Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	PA; ST
TRUE COMFORT PRO ALCOHOL (alcohol swabs) PADS	1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	2	PA; ST
TRUE COMFRT PRO 0.5 ML 30G (insulin syringe-needle 1/2" 0.5 ML 30 GAUGE X 1/2" 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
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	PA; ST
TRUEPLUS PEN NEEDLE 31G X (pen needle, diabetic) 1/4" 31 GAUGE X 1/4"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	2	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	2	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" 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
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 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	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

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	2	PA; ST
ULTICARE PEN NEEDLES 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	2	PA; ST
ULTICARE PEN NEEDLES 4MM (pen needle, diabetic) 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	2	PA; ST
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 SAFETY 0.5 ML (Comfort EZ Insulin 29GX1/2 (RX) 0.5 ML 29 GAUGE Syringe) X 1/2"	2	PA; ST
ULTICARE SYR 0.3 ML 29G (Comfort EZ Insulin 12.7MM 0.3 ML 29 GAUGE X 1/2" Syringe)	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

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Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPAK 29G 12.7MM 29 GAUGE X 1/2"	2	PA; ST
ULTIGUARD SAFEPAK 31G 5MM 31 GAUGE X 3/16"	2	PA; ST
ULTIGUARD SAFEPAK 31G 6MM 31 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPAK 31G 8MM 31 GAUGE X 5/16"	2	PA; ST
ULTIGUARD SAFEPAK 32G 4MM 32 GAUGE X 5/32"	2	PA; ST
ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4"	2	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	PA; ST
ULTILET ALCOHOL STERL (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 SYRINGE 0.3 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 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(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

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

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
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G (insulin syringe-needle 6MM 1 ML 31 GAUGE X 15/64" u-100)	2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G (insulin syringe-needle 8MM 1 ML 31 GAUGE X 5/16 u-100)	2	PA; ST
ULTRA-FINE PEN NDL 29G (pen needle, diabetic) 12.7MM 29 GAUGE X 1/2"	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	PA; ST
ULTRA-FINE PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	PA; ST
ULTRA-FINE PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	PA; ST
ULTRA-FINE SYR 0.3 ML 31G (insulin syringe-needle 8MM 0.3 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G (insulin syringe-needle 6MM 1/2 ML 31 GAUGE X 15/64" u-100)	2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G (insulin syringe-needle 8MM 0.5 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ULTRA-FINE SYR 1 ML 30G (insulin syringe-needle 12.7MM 1 ML 30 GAUGE X 1/2" u-100)	2	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 (insulin syringe-needle ML 31 GAUGE X 5/16 u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 30G (insulin syringe-needle 0.3 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
ULTRA-THIN II INS 0.3 ML 31G (insulin syringe-needle 0.3 ML 31 GAUGE X 5/16" u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 29G (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 30G (insulin syringe-needle 0.5 ML 30 GAUGE X 5/16" u-100)	2	PA; ST
ULTRA-THIN II INS 0.5 ML 31G (insulin syringe-needle 0.5 ML 31 GAUGE X 5/16" 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 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 MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		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

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Drug Name		Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"		2	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		2	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"		2	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"		2	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		2	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	PA; ST
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
V-GO 20 DEVICE	3	QL (30 per 30 days)
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE (alcohol swabs)	1	PA; ST
Enzyme Cofactors/Chaperones		
Enzyme Cofactors/Chaperones		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	PA; NDS; QL (90 per 30 days)
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
<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
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000- 126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT, 60,000- 189,600- 252,600 UNIT	3	

Eye, Ear, Nose, Throat Agents

Eye, Ear, Nose, Throat Agents, Miscellaneous

<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	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)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	QL (12 per 28 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

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>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> (Polycin)	2	
<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>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<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> (Neo-Polycin HC)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	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 b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(bacitracin-polymyxin b) 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>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</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>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	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		

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Drug Name		Drug Tier	Requirements/Limits
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	3	ST
<i>bromfenac ophthalmic (eye) drops</i> 0.07 %	(Prolensa)	2	
<i>bromfenac ophthalmic (eye) drops</i> 0.075 %	(BromSite)	2	
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %		4	
<i>cyclosporine ophthalmic (eye)</i> <i>dropperette</i> 0.05 %	(Restasis)	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops</i> 0.1 %		2	
<i>diclofenac sodium ophthalmic (eye)</i> <i>drops</i> 0.1 %		2	
<i>difluprednate ophthalmic (eye) drops</i> 0.05 %	(Durezol)	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)		4	QL (50 per 25 days)
<i>fluocinolone acetone oil otic (ear)</i> <i>drops</i> 0.01 %	(DermOtic Oil)	2	
<i>fluorometholone ophthalmic (eye)</i> <i>drops,suspension</i> 0.1 %	(FML Liquifilm)	4	
<i>flurbiprofen sodium ophthalmic (eye)</i> <i>drops</i> 0.03 %		2	
<i>fluticasone propionate nasal</i> <i>spray,suspension</i> 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops</i> 0.5 %	(Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		3	QL (5 per 16 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	4	
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	4	
<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))	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	4	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	4	ST; QL (60 per 30 days)
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<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 (with sorbitol) oral suspension 15-20 gram/60 ml</i>	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, 5 GRAM	3	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule 24 mcg</i> (Amitiza)	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	

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Drug Name	Drug Tier	Requirements/Limits
<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>sodium polystyrene sulfonate oral powder 15 gram</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	5	NDS
<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	
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
<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)	3	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</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
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
Phosphate Binders		
calcium acetate(phosphat bind) oral capsule 667 mg	2	
calcium acetate(phosphat bind) oral tablet 667 mg	2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	2	
sevelamer carbonate oral tablet 800 mg (Renvela)	2	
sevelamer hcl oral tablet 400 mg, 800 mg	2	
Genitourinary Agents		
Antispasmodics, Urinary		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg (Toviaz)	2	
flavoxate oral tablet 100 mg	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	2	
oxybutynin chloride oral syrup 5 mg/5 ml	2	
oxybutynin chloride oral tablet 5 mg	2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	2	
solifenacin oral tablet 10 mg, 5 mg (Vesicare)	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	2	
tolterodine oral tablet 1 mg, 2 mg	2	
trospium oral capsule,extended release 24hr 60 mg	4	
trospium oral tablet 20 mg	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)	2	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> (Flomax)	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>oxandrolone oral tablet 10 mg, 2.5 mg</i>	2	PA
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	4	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 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	
DUAVEE ORAL TABLET 0.45-20 MG	3	
<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 ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN ORAL TABLET 0.625 (conjugated estrogens) MG, 1.25 MG	3	
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	
<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	
<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	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<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	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	5	PA; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	5	PA; NDS; QL (30 per 30 days)
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	
<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

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Drug Name	Drug Tier	Requirements/Limits
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
LUTRATE DEPOT (3 MONTH) (leuprolide acetate (3 month)) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA NSO
NORDITROPIN FLEXP 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</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	4	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (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

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Drug Name	Drug Tier	Requirements/Limits
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)	2	
<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 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, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 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	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ACTEMRA 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
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NDS
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	PA BvD
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 5 MG	5	PA BvD; NDS
<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)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
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> (Gengraf) 100 mg/ml	2	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	2	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	5	PA; NDS
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	5	PA; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	5	PA; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	5	PA; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
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
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NDS
<i>engraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>	2	PA BvD
<i>engraf oral solution 100 mg/ml (cyclosporine modified)</i>	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
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) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
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

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Drug Name	Drug Tier	Requirements/Limits
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
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
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution 200</i> <i>mg/ml</i>	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg	2	PA BvD
<i>mycophenolate sodium oral</i> (Myfortic) <i>tablet, delayed release (dr/ec) 180</i> <i>mg, 360 mg</i>	4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
ORENCIA (WITH MALTOSSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
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
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)	3	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NDS
<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, 75 MG/0.83 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NDS; QL (180 per 30 days)
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-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
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
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
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
YUFLYMA(CF) AI CROHN'S-UC- (adalimumab-aaty) HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; NDS
YUFLYMA(CF) AUTOINJECTOR (adalimumab-aaty) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS (adalimumab-aaty) SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 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	

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Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
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)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	\$0 copay

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Drug Name	Drug Tier	Requirements/Limits
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	\$0 copay
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

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Drug Name	Drug Tier	Requirements/Limits
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	3	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF- 20MCG-5LF- 62 DU/0.5 ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; \$0 copay
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	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
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)
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
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	\$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

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Drug Name	Drug Tier	Requirements/Limits
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 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, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	\$0 copay

Inflammatory Bowel Disease Agents

Inflammatory Bowel Disease Agents

<i>alosectron 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>	4	
<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>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	4	QL (300 per 28 days)
<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)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NDS; QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 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	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	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 (2.48 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
<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	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	PA; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna oral tablet 400 mg</i> (Mesnex)	5	NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release</i> 500 mg	2	
<i>acetazolamide oral tablet</i> 125 mg, 250 mg	2	
<i>acetazolamide sodium injection recon soln</i> 500 mg	2	
<i>betaxolol ophthalmic (eye) drops</i> 0.5 %	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 %, 0.15 %	2	
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	2	
<i>brimonidine-timolol ophthalmic (eye) drops</i> 0.2-0.5 % (Combigan)	4	
<i>brinzolamide ophthalmic (eye) drops,suspension</i> 1 % (Azopt)	2	
<i>carteolol ophthalmic (eye) drops</i> 1 %	2	
<i>dorzolamide ophthalmic (eye) drops</i> 2 %	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide-timolol ophthalmic (eye) (Cosopt)</i> <i>drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops (Xalatan)</i> <i>0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops</i> <i>0.5 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic (eye)</i> <i>drops 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) (Zioptan (PF))</i> <i>dropperette 0.0015 %</i>	4	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye)</i> <i>drops 0.25 %, 0.5 %</i>	1	
<i>timolol ophthalmic (eye) drops 0.5 % (Betimol)</i>	1	
<i>travoprost ophthalmic (eye) drops (Travatan Z)</i> <i>0.004 %</i>	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
<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
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>		2
<i>dextrose 5%-0.9% nacl iv soln single use</i>	(D5 % (d-glucose)-0.9 % sodchlr)	2

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride)	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	2	
<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>	4	HI
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	2	HI
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	PA BvD; 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

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	HI
<i>sodium chloride 0.9% solution viaflex, single use</i>	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<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)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD; QL (120 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	2	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	2	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	2	QL (24 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>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	QL (21.2 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>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol)	2	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	4	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	QL (36 per 30 days)
<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)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 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>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)
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, 300 mg, 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)

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
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
ALYFTREK ORAL TABLET 10- 50-125 MG	5	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20- 50 MG	5	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
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)
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)
OFEV ORAL CAPSULE 100 MG, 150 MG	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
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NDS; 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)	5	PA; NDS; QL (90 per 30 days)
<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)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	
<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

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
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>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)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	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)	3	EX; CB (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	2	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NDS; QL (60 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
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	2	
<i>completenate tablet chew 29 mg iron-1 mg</i>	2	
<i>folivane-ob capsule 85-1 mg</i>	2	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	
<i>mynatal oral tablet 90-1-50 mg</i>	2	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	
<i>newgen tablet 32-1,000 mg-mcg</i>	2	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	2	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 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>o-cal prenatal oral tablet 15 mg iron-1,000 mcg</i>	2	
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	2	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) 2	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	2	
<i>pnv-omega softgel 28-1-300 mg</i>	2	
<i>pr natal 400 combo pack 29-1-400 mg</i>	2	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	
<i>prenal true combo pack 30 mg iron-1.4 mg-300 mg</i>	2	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	2	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	2	
<i>prenatabs fa tablet 29-1 mg</i>	2	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>	2	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	(pnv,calcium 72-iron,carb-folic) 2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) 2	
<i>prenatal-u capsule 106.5-1 mg</i>	2	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) 2	
<i>pretab oral tablet 29-1 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>taron-c dha capsule 35-1-200 mg</i>	2	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	
<i>virt-c dha oral capsule 35-1-200 mg</i>	2	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	2	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	
<i>vitafol nano oral tablet 18 mg iron- 1 mg</i>	2	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	
<i>vp-pnv-dha oral capsule 28 mg iron-1 mg-200 mg</i>	2	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 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.

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ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-627-8252 (TTY: 1-800-735-2929) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-627-8252 (TTY: 1-800-735-2929) o hable con su proveedor (Spanish).

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-833-627-8252 (文本电话: 1-800-735-2929) 或咨询您的服务提供商 (Chinese).

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-627-8252 (Người khuyết tật: 1-800-735-2929) hoặc trao đổi với người cung cấp dịch vụ của bạn (Vietnamese).

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-627-8252 (TTY: 1-800-735-2929) o makipag-usap sa iyong provider (Tagalog).

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-627-8252 (TTY: 1-800-735-2929)번으로 전화하거나 서비스 제공업체에 문의하십시오 (Korean).

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توجه: اگر [وارد کردن زبان] صحبت کنید، خدمات پشتیبانی زبان را می‌توانید رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود باشند. با شماره 1-833-627-8252 (تله‌تک: 1-800-735-2929) تماس بگیرید. ما با ارائه‌دهنده خود صحبت می‌کنیم. (Persian).

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-627-8252 (TTY: 1-800-735-2929) или обратитесь к своему поставщику услуг (Russian).

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-833-627-8252 (TTY: 1-800-735-2929) までお電話ください。または、ご利用の事業者にご相談ください (Japanese)。

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-833-627-8252 (TTY: 1-800-735-2929) أو تحدث إلى مقدم الخدمة. (Arabic)

ਧਿਆਨ ਿਦਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਿਵੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੁਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਿਵੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-833-627-8252 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ। (Punjabi)

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នក កនិយាយ ភាសាខ្មែរ រឺស្រីកម្ពុជាន្តយភាសា ឥតគិតថ្លៃគឺមានស្រមាប់អ្នក ។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទ្រមង់ដែលអចចូល្របច្របើបាន ក៏អចរកបាន ដែលឥតគិតថ្លៃផងដែរ។ រឺទូរសព្ទ 1-833-627-8252 (TTY: 1-800-735-2929) ឬនិយាយកាន់អ្នកផ្តល់សេវាសំអ្នក។ (Khmer)

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-833-627-8252 (TTY: 1-800-735-2929) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob (Hmong).

ज्ञान दें: यदि आप िहंदी बोलते हैं, तो आपके िलए िन: शु भाषा सहायता सेवाएं उपलब्धी हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के िलए उपयुक्त सहायक साधन और सेवाएँ भी िन: शु उपलब्धी हैं। 1-833-627-8252 (TTY: 1-800-735-2929) पर कॉल करें या अपने प्रदाता से बात करें। (Hindi)

หมายเหตุ: หากคุณใช้ภาษาไทย เังมีเครือข่าย
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This formulary was updated on 11/01/2025. 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), Hours of Operation: From April 1st through September 30th, you can call 8:00 a.m. to 8:00 p.m. Monday through Friday. From October 1st through March 31st, you can call 8:00 a.m. to 8:00 p.m. seven days a week, or visit UCLAHealthMedicareAdvantage.org.