



GOLD KIDNEY HEALTH PLAN

2024

Gold Kidney Health Plan

Arizona Formulary
(List of covered drugs)

PLEASE READ

This document contains information about
the drugs we cover in this plan.

Formulary ID: 24325, Version number: 19

H4869-001 Gold Kidney Health Plan Super Plus (HMO-POS C-SNP)
H4869-002 Gold Kidney Health Plan Super Complete (HMO-POS C-SNP)
H4869-003 Gold Kidney Health Plan Dialysis Plus (HMO-POS C-SNP)
H4869-004 Gold Kidney Health Plan Dialysis Complete (HMO-POS C-SNP)
H4869-005 Gold Kidney Health Plan Honest Care (HMO-POS)
H4869-010 Gold Kidney Health Plan Gold Circle (HMO-POS C-SNP)

This formulary was updated on 10/22/2024. For more recent information or other questions, please contact Gold Kidney Health Plan Member Services at **1 (844) 294-6535. (TTY users should call 711.)** Our office hours are 8 a.m. to 8 p.m., local time, 7 days a week from October 1–March 31, and 8 a.m. to 8 p.m., local time, Monday through Friday, April 1–September 30 or visit **www.goldkidney.com**.

Last Updated: 10/22/2024

Important message about what you pay for vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible (if applicable). Call Member Services for more information.

Important message about what you pay for insulin – You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible (if applicable).

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 Gold Kidney Health Plan. When it refers to “plan” or “our plan,” it means Gold Kidney Health Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/22/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2024, and from time to time during the year.

- ✓ **ATTENTION** – If you speak a non-English language, language assistance services, free of charge, are available to you. Call **1 (844) 294-6535. (TTY users should call 711.)** Our office hours are 8 a.m. to 8 p.m. local time, 7 days a week from October 1–March 31, and 8 a.m. to 8 p.m. local time, Monday through Friday, April 1–September 30. The call is free.
- ✓ **ATENCIÓN** – Si habla un idioma distinto del inglés, tiene a su disposición servicios de asistencia lingüística gratuitos. Llame al **1 (844) 294-6535. (Los usuarios de TTY deben llamar al 711.)** Nuestro horario de atención es de 8 a.m. a 8 p.m. hora local, los 7 días de la semana del 1 de octubre al 31 de marzo y de 8 a.m. a 8 p.m. hora local, de lunes a viernes, del 1 de abril al 30 de septiembre. La llamada es gratuita.
- ✓ You can get this document for free in other formats, such as large print, braille, or audio. Call our Customer Service department at the number above. The call is free.
- ✓ Gold Kidney Health Plan is an HMO-POS and HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.

What is the Gold Kidney Health Plan Formulary?

A formulary is a list of covered drugs selected by Gold Kidney Health 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. Gold Kidney Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Gold Kidney Health 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 (drug list) change?

Most changes in drug coverage happen on January 1, but Gold Kidney Health Plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

✓ **New generic drugs** – We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Gold Kidney Health Plan’s Formulary?”

Drugs removed from the market – If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

– If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. 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 Gold Kidney Health 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/22/2024. To get updated information about the drugs covered by Gold Kidney Health Plan please contact us. Our contact information appears on the front and back cover pages. If non-maintenance changes are made to the formulary during the plan year, changes to the Gold Kidney Health Plan formulary are posted on our website at www.goldkidney.com.

How do I use the Formulary?

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

MEDICAL CONDITION

The formulary begins on page 1. 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 1. 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 I-1. 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?

Gold Kidney Health 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 cost less than brand-name drugs.

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** – Gold Kidney Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Gold Kidney Health Plan before you fill your prescriptions. If you don't get approval, Gold Kidney Health Plan may not cover the drug.
- ✓ **Quantity Limits** – For certain drugs, Gold Kidney Health Plan limits the amount of the drug that Gold Kidney Health Plan will cover. For example, Gold Kidney Health Plan provides 30 per prescription for Farxiga 10mg tablets. This may be in addition to a standard one-month or three-month supply.

- ✓ **Step Therapy** – In some cases, Gold Kidney Health 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, Gold Kidney Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Gold Kidney Health Plan 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Gold Kidney Health 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 Gold Kidney Health Plan’s formulary?” on page v 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.

If you learn that Gold Kidney Health 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 Gold Kidney Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Gold Kidney Health Plan.
- ✓ You can ask Gold Kidney Health 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 Gold Kidney Health Plan’s Formulary?

You can ask Gold Kidney Health 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 cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- ✓ You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Gold Kidney Health 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.

Generally, Gold Kidney Health 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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 members with a level of care change, we provide an emergency 30-day supply as follows:

- ✓ Current members that need a one-time emergency fill or that are prescribed a non-formulary drug as a result of a level of care change can be placed in transition through a pharmacy submitted clarification code. Gold Kidney Health Plan has authorized its Pharmacy Benefit Manager to process a one-time fill in this situation through a manual override at the pharmacy point-of-sale.
- ✓ When a new claim transaction is received from the pharmacy for a member's admission or readmission into a long-term care (LTC) facility, our claims system will recognize the current member as being eligible to receive transition supplies and will apply the point-of-sale approval.

For more information

For more detailed information about your Gold Kidney Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about Gold Kidney Health 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>.

Formulary



The formulary that begins on the next page provides coverage information about the drugs covered by Gold Kidney Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

Drug List Legend

REQUIREMENTS SYMBOL	NAME	DESCRIPTION
BvD	Medicare Part B vs. Medicare part D	Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules.
CB	Capped Benefit	This prescription has a capped benefit limit.
EX	Excluded Drug	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.
GC	Gap Coverage	We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1 (480) 870-7007 (TTY: 711), 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30, or visit goldkidney.com .
NDS	Non-Extended Days Supply	This drug can only be obtained for a one-month supply or less.
NM	Not Available by Mail	This drug is not available through the mail order pharmacy.
NSO	New Start Only	If you have not taken this drug before you or your physician are required to get prior authorization.
PA	Prior Authorization	Coverage for this prescription requires prior authorization.
QL	Quantity Limit	This medication has a dosing or prescription quantity limit.
SI	Select Insulin	This prescription is part of the Senior Savings Model Program.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried.

Drug Cost Shares (Table 1)

Gold Kidney Health Plan Super Plus (HMO-POS C-SNP)
Gold Kidney Health Plan Dialysis Plus (HMO-POS C-SNP)
Gold Kidney Health Plan Honest Care (HMO-POS)

INITIAL COVERAGE

DEDUCTIBLE	PHARMACY TYPE/ DAYS SUPPLY	TIER 1 PREFERRED GENERIC	TIER 2 GENERICS (INCLUDES INSULINS)	TIER 3 PREFERRED BRANDS (INCLUDES INSULINS)	TIER 4 NON-PREFERRED BRANDS	TIER 5 SPECIALTY DRUGS	TIER 6 SELECT CARE DRUGS (INCLUDES INSULINS)
\$0	Retail 1-month supply	\$0	\$5	\$40	\$100	33%	\$0
	Insulins	N/A	\$5	\$35	N/A	N/A	\$0
	Coverage gap	\$0	\$5	\$40 (Partial gap*)	No gap	No gap	\$0
\$0	Retail 100-day supply	\$0	\$12	\$100	\$250	Not available	\$0
	Insulins	N/A	\$12	\$100	N/A	N/A	\$0
	Coverage gap	\$0	\$12	\$100 (Partial gap)	No gap	No gap	\$0
\$0	Mail order 100-day supply	\$0	\$5	\$40	\$250	Not available	\$0
	Insulins	N/A	\$5	\$35	N/A	N/A	\$0
	Coverage gap	\$0	\$5	\$40 (Partial gap)	No gap	No gap	\$0

*Partial Gap coverage applies to select drugs. See the Formulary for drugs covered in the gap with the designation “GC”.

Drug Cost Shares (Table 2)

Gold Kidney Health Plan Super Complete (HMO-POS C-SNP)

Gold Kidney Health Plan Dialysis Complete (HMO-POS C-SNP)

Gold Kidney Health Plan Gold Circle (HMO-POS C-SNP)

INITIAL COVERAGE

DEDUCTIBLE	PHARMACY TYPE/ DAYS SUPPLY	TIER 1 PREFERRED GENERIC	TIER 2 GENERIC	TIER 3 PREFERRED BRANDS	TIER 4 NON-PREFERRED BRANDS	TIER 5 SPECIALTY DRUGS	TIER 6 SELECT CARE
\$545*	Retail 1-month supply	25%	25%	25%	25%	25%	25%
\$545*	Retail 100-day supply	25%	25%	25%	25%	Not available	25%
\$545*	Mail order 100-day supply	25%	25%	25%	25%	Not available	25%

*Your deductible and drug cost shares may be lower if you receive “Extra Help” with your prescription drugs.

You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

Notice of Non-Discrimination

Gold Kidney Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Gold Kidney Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

GOLD KIDNEY HEALTH PLAN

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1 (844) 294-6535 (TTY 711)

If you believe that Gold Kidney Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Gold Kidney Health Plan — Appeals & Grievances
P.O. Box 14050, Scottsdale, Arizona, 85267
1 (844) 294-6535 (TTY 711)
Fax: 1 (866) 515-7869

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, call 1 (844) 294-6535 (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1 (844) 294-6535**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1 (844) 294-6535**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费~~的~~翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1 (844) 294-6535**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1 (844) 294-6535**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1 (844) 294-6535**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1 (844) 294-6535**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1 (844) 294-6535** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1 (844) 294-6535**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1 (844) 294-6535** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1 (844) 294-6535**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1 (844) 294-6535**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1 (844) 294-6535** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1 (844) 294-6535**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1 (844) 294-6535**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1 (844) 294-6535**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1 (844) 294-6535**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1 (844) 294-6535** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Table of Contents

Analgesics.....	3
Anesthetics.....	9
Anti-Addiction/Substance Abuse Treatment Agents.....	10
Antianxiety Agents.....	11
Antibacterials.....	13
Anticancer Agents.....	21
Anticonvulsants.....	39
Antidementia Agents.....	45
Antidepressants.....	46
Antidiabetic Agents.....	49
Antifungals.....	55
Antigout Agents.....	57
Antihistamines.....	58
Anti-Infectives (Skin And Mucous Membrane).....	59
Antimigraine Agents.....	59
Antimycobacterials.....	61
Antinausea Agents.....	61
Antiparasite Agents.....	63
Antiparkinsonian Agents.....	64
Antipsychotic Agents.....	66
Antivirals (Systemic).....	72
Blood Products/Modifiers/Volume Expanders.....	80
Caloric Agents.....	84
Cardiovascular Agents.....	86
Central Nervous System Agents.....	100
Contraceptives.....	105
Dental And Oral Agents.....	114
Dermatological Agents.....	115
Devices.....	122
Enzyme Replacement/Modifiers.....	165
Eye, Ear, Nose, Throat Agents.....	167
Gastrointestinal Agents.....	172
Genitourinary Agents.....	177
Heavy Metal Antagonists.....	178
Hormonal Agents, Stimulant/Replacement/Modifying.....	179
Immunological Agents.....	186

Inflammatory Bowel Disease Agents.....	198
Metabolic Bone Disease Agents.....	199
Miscellaneous Therapeutic Agents.....	201
Ophthalmic Agents.....	204
Replacement Preparations.....	205
Respiratory Tract Agents.....	208
Skeletal Muscle Relaxants.....	213
Sleep Disorder Agents.....	214
Vasodilating Agents.....	214
Vitamins And Minerals.....	215

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	GC; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	GC; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	GC; QL (180 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i> (codeine-bitalbutal-asa-caff)	2	GC; QL (180 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	GC
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	GC
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	2	GC; QL (4 per 28 days)
<i>bitalbutal-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	2	GC; QL (180 per 30 days)
<i>bitalbutal-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	GC; QL (180 per 30 days)
<i>bitalbutal-acetaminophen oral tablet 50-325 mg</i> (Tencon)	2	GC; QL (180 per 30 days)
<i>bitalbutal-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)	2	GC; QL (180 per 30 days)
<i>bitalbutal-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	2	GC; QL (180 per 30 days)
<i>bitalbutal-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	GC; QL (180 per 30 days)
<i>bitalbutal-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	GC; QL (180 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	GC; QL (5 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	GC; QL (180 per 30 days)
<i>codeine-bitalbutal-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	2	GC; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	2	GC; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	2	GC; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	2	GC; 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; NM; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; GC; 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	GC; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	GC; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	GC; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	2	GC; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	GC; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	GC
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	GC; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	GC; QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	GC; QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	GC; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	GC; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	GC; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral tablet 5 mg</i>	2	GC; QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i> (methadone)	2	GC; QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; GC; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	GC; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	GC; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	GC; QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	GC; QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	PA; GC; QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	GC; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	GC; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	GC; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	GC; QL (120 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (OxyContin)	3	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	GC; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	GC; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	GC; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN ORAL (oxycodone) TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	GC; QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	GC; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	GC; QL (60 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	5	NM; NDS; QL (60 per 30 days)
<i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen)	2	GC; QL (180 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	GC; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	GC; QL (300 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 27 MG	3	QL (120 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 36 MG	5	NM; NDS; QL (240 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff)	2	GC; QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	GC; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	GC; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>	2	GC; QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>	2	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>	1	GC; QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	GC; QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	2	GC; QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	2	PA; GC; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> (Pennsaid)	5	PA; NM; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	GC
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	GC
<i>diflunisal oral tablet 500 mg</i>	2	GC
<i>ec-naproxen dr 500 mg tablet</i> (naproxen)	2	GC
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	GC
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	GC
<i>etodolac oral tablet 500 mg</i>	2	GC
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	2	GC
<i>flurbiprofen oral tablet 100 mg</i>	2	GC
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	GC; QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	GC
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	GC; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	GC
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	2	PA; GC; QL (90 per 30 days)
<i>indomethacin oral capsule 25 mg</i>	1	GC; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	GC; QL (120 per 30 days)
<i>indomethacin oral capsule, extended release 75 mg</i>	2	GC; QL (60 per 30 days)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	GC
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	GC
<i>ketorolac injection solution 15 mg/ml</i>	2	GC; QL (40 per 30 days)
<i>ketorolac injection solution 30 mg/ml, 30 mg/ml (1 ml)</i>	2	GC; QL (20 per 30 days)
<i>ketorolac injection syringe 15 mg/ml</i>	2	GC; QL (40 per 30 days)
<i>ketorolac injection syringe 30 mg/ml</i>	2	GC; QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	GC; QL (20 per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	GC; QL (20 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	GC; QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	2	GC
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	GC
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	GC
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>naproxen oral tablet, delayed release (drlec) 500 mg</i>	(EC-Naproxen)	2	GC
<i>piroxicam oral capsule 10 mg</i>		2	GC
<i>piroxicam oral capsule 20 mg</i>	(Feldene)	2	GC
<i>sulindac oral tablet 150 mg, 200 mg</i>		2	GC
<i>tolmetin oral capsule 400 mg</i>		2	GC
<i>tolmetin oral tablet 600 mg</i>	(Tolectin 600)	2	GC
Anesthetics			
Local Anesthetics			
<i>glydo mucous membrane jelly in applicator 2 %</i>	(lidocaine hcl)	2	GC; QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	(Xylocaine-MPF)	1	GC
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>		1	GC
<i>lidocaine hcl 2% 40 mg/2 ml ampule outer, p/f, sdv 20 mg/ml (2 %)</i>	(Xylocaine-MPF)	2	GC
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	(Xylocaine)	2	GC
<i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i>	(Xylocaine)	1	GC
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	(Glydo)	2	GC; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>		2	PA; GC
<i>lidocaine topical adhesive patch, medicated 5 %</i>	(Tridacaine II)	2	PA; GC; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>		2	PA; GC; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	(lidocaine hcl)	2	GC
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>		2	PA; GC; QL (30 per 30 days)
<i>tridacaine ii topical adhesive patch, medicated 5 %</i>	(lidocaine)	2	PA; GC; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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 release (dr/ec) 333 mg</i>	2	GC
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	GC; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	2	GC; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	2	GC; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	GC; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	GC
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	GC
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	GC
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	GC
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i> (Narcan)	2	GC; QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	GC
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (2688 per 365 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NM; NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NM; NDS; QL (1.5 per 30 days)
<i>varenicline oral tablet 0.5 mg, 1 mg (56 pack)</i>	2	GC; QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	2	GC; QL (336 per 365 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	2	GC
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	GC; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	GC; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	2	GC; QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	2	GC; QL (90 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	GC; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	GC; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	GC; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	GC; QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	GC; QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	GC; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	GC; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	GC; QL (120 per 30 days)
<i>estazolam oral tablet 1 mg</i>	2	GC; QL (60 per 30 days)
<i>estazolam oral tablet 2 mg</i>	2	GC; QL (30 per 30 days)
<i>flurazepam oral capsule 15 mg</i>	2	GC; QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	2	GC; QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	2	GC; QL (150 per 30 days)
<i>lorazepam 2 mg/ml vial 25's, outer</i> (Ativan)	1	GC
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	GC
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	2	GC; 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	GC; QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	2	GC; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	GC; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	GC; QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	2	GC; QL (10 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	GC; QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	GC; QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	GC; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	GC; QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	GC
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	GC
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	2	GC
<i>neomycin oral tablet 500 mg</i>	2	GC
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NM; 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; NM; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	5	PA BvD; NM; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	GC
Antibacterials, Miscellaneous		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	2	GC
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	GC
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	GC
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	GC
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	2	GC
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	(Coly-Mycin M Parenteral)	5	NM; NDS
<i>daptomycin intravenous recon soln 500 mg</i>		5	NM; NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	(Zyvox)	2	GC
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	(Zyvox)	5	NM; NDS
<i>linezolid oral tablet 600 mg</i>	(Zyvox)	2	GC
<i>methenamine hippurate oral tablet 1 gram</i>	(Hiprex)	2	GC
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	(Metro I.V.)	2	GC
<i>metronidazole oral tablet 250 mg, 500 mg</i>		1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	(Macrochantin)	2	GC; QL (120 per 30 days)
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	(Macrobid)	2	GC; QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>		2	GC
<i>trimethoprim oral tablet 100 mg</i>		1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>		2	GC
<i>vancomycin oral capsule 125 mg</i>	(Vancocin)	2	GC; QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i>	(Vancocin)	2	GC; QL (112 per 14 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	(Firvanq)	4	
XIFAXAN ORAL TABLET 200 MG		3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		5	PA; NM; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	GC
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	GC
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	GC
<i>cefadroxil oral capsule 500 mg</i>	2	GC
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	GC
<i>cefadroxil oral tablet 1 gram</i>	2	GC
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	GC
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	GC
<i>cefazolin intravenous recon soln 3 gram</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	GC
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	GC
<i>cefixime oral capsule 400 mg</i>	2	GC
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	GC
<i>cefotaxime injection recon soln 1 gram</i>	2	GC
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	GC
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	GC
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	GC
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	2	GC
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	GC
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	GC
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	GC
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	GC
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral capsule 750 mg</i>	2	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	GC
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	GC
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	GC
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	GC
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	GC
<i>azithromycin oral tablet 600 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	GC
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	GC
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NM; NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NM; NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	GC
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	GC
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	GC
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	GC
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	2	GC
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	GC
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	GC
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	GC
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	GC
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	GC
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	GC
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	GC
<i>ampicillin oral capsule 500 mg</i>	2	GC
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	GC
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	GC
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	GC
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>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	GC
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	2	GC
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	GC
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium)	2	GC
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	GC
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	GC
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	GC
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	GC
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	GC
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin 400 mg/250 ml bag</i>	2	GC
<i>moxifloxacin oral tablet 400 mg</i>	2	GC
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	2	GC
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	GC
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	GC
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	GC
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	GC
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg</i>	2	GC
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)	2	GC
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxine NL)	2	GC
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	GC
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	GC
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	GC
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	GC
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	GC
<i>mondoxine nl oral capsule 100 mg</i> (doxycycline monohydrate)	2	GC
<i>mondoxine nl oral capsule 75 mg</i> (doxycycline monohydrate)	2	GC; QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	GC
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NM; NDS

Anticancer Agents

Anticancer Agents

<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound)	5	PA BvD; NM; NDS
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	GC
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NM; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	GC
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>bortezomib injection recon soln 1 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 2.5 mg</i>	5	PA NSO; NM; NDS
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	5	PA NSO; NM; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	2	GC
<i>cladribine intravenous solution 10 mg/10 ml</i>	2	PA BvD; GC
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NM; NDS; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST; GC
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; LA; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	PA NSO; NM; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NM; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml)</i> (Docivyx)	2	GC
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin intravenous solution</i> 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	2	PA BvD; GC
<i>doxorubicin, peg-liposomal</i> (Caelyx) <i>intravenous suspension 2 mg/ml</i>	5	PA BvD; NM; 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 OUTER, SUV, P/F 40 MG/ML	5	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA NSO; NM; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	2	GC
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NM; 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; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	GC
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD; GC
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD; GC
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	2	PA BvD; GC
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	PA BvD; GC
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Iomustine)	4	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	GC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	GC
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	GC
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; GC; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; GC; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 560 MG	5	NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>irinotecan intravenous solution</i> (Camptosar) 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml	2	GC
<i>irinotecan intravenous solution</i> 500 mg/25 ml	2	GC
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; 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; NM; 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; NM; 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; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NM; 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; NM; 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; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	GC
LEUKERAN ORAL TABLET 2 MG	5	NM; NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA NSO; GC
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; 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; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	GC
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	GC
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	GC
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST; GC
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	GC
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; 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; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; 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; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin intravenous recon soln</i> 100 mg, 50 mg	2	GC
<i>oxaliplatin intravenous solution</i> 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	2	GC
<i>paclitaxel intravenous concentrate</i> 6 mg/ml	2	PA BvD; GC
<i>paclitaxel protein-bound</i> (Abraxane) <i>intravenous suspension for</i> <i>reconstitution 100 mg</i>	5	PA BvD; NM; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NM; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous</i> <i>recon soln 1,000 mg, 750 mg</i>	5	NM; NDS
<i>pemetrexed disodium intravenous</i> <i>solution 25 mg/ml</i>	5	NM; NDS
<i>pemetrexed intravenous recon</i> <i>soln 100 mg, 500 mg</i>	5	NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; 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; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NM; NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	5	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; 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; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	GC
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NM; NDS
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NM; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	2	GC
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NM; NDS
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
VELCADE INJECTION RECON (bortezomib) SOLN 3.5 MG	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	2	PA BvD; GC
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine)	2	PA BvD; GC
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	2	PA BvD; GC
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	GC
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NM; 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; NM; 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; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NM; NDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG	5	ST; NM; NDS; QL (30 per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	5	ST; NM; NDS; QL (60 per 30 days)
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 multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension</i> (Tegretol) 100 mg/5 ml	2	GC
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	GC
<i>carbamazepine oral tablet</i> (Tegretol XR) <i>extended release 12 hr 100 mg,</i> <i>200 mg, 400 mg</i>	2	GC
<i>carbamazepine oral</i> <i>tablet, chewable 100 mg</i>	2	GC
<i>clobazam oral suspension 2.5</i> (Onfi) <i>mg/ml</i>	2	GC; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20</i> (Onfi) <i>mg</i>	2	GC; QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NM; 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	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex oral capsule, delayed</i> (Depakote Sprinkles) <i>rel sprinkle 125 mg</i>	2	GC
<i>divalproex oral tablet extended</i> (Depakote ER) <i>release 24 hr 250 mg, 500 mg</i>	2	GC
<i>divalproex oral tablet, delayed</i> (Depakote) <i>release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	GC
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	GC
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST; QL (480 per 30 days)
<i>ethosuximide oral capsule 250</i> (Zarontin) <i>mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	GC
<i>felbamate oral suspension 600 mg/5 ml</i>	2	GC
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	GC
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NM; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	GC
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	GC; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	GC; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	GC; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	GC; QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	GC; QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	GC; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	GC; QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	GC
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	2	GC
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	2	GC
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	GC
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	GC
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	GC
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	GC
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	GC
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	GC
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	GC
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	GC
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	GC
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	GC
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	GC
<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	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	GC
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	GC
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	GC
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	GC
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	GC
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	GC
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	GC; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	GC; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	GC; QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	GC
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	GC
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	NM; NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	2	GC
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	GC
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	GC
<i>topiramate oral capsule, sprinkle</i> (Topamax) 15 mg, 25 mg	2	GC
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	GC
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	GC
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	GC
<i>valproic acid oral capsule 250 mg</i>	2	GC
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 5 MG/SPRAY (0.1 ML)	4	
VALTOCO NASAL SPRAY, NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2)	5	NM; NDS
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NM; 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)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule</i> 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	GC; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24</i> (Exelon Patch) <i>hour 13.3 mg/24 hour, 4.6 mg/24</i> <i>hour, 9.5 mg/24 hour</i>	2	GC; QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg,</i> <i>100 mg, 150 mg, 25 mg, 50 mg,</i> <i>75 mg</i>	1	GC
<i>amitriptyline-chlordiazepoxide oral</i> <i>tablet 12.5-5 mg, 25-10 mg</i>	2	GC
<i>amoxapine oral tablet 100 mg,</i> <i>150 mg, 25 mg, 50 mg</i>	2	GC
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NM; NDS
<i>bupropion hcl oral tablet 100 mg,</i> <i>75 mg</i>	2	GC
<i>bupropion hcl oral tablet extended</i> (Wellbutrin XL) <i>release 24 hr 150 mg, 300 mg</i>	2	GC
<i>bupropion hcl oral tablet</i> (Wellbutrin SR) <i>sustained-release 12 hr 100 mg,</i> <i>150 mg, 200 mg</i>	2	GC
<i>citalopram oral solution 10 mg/5</i> <i>ml</i>	2	GC; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	GC; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40</i> (Celexa) <i>mg</i>	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg,</i> (Anafranil) <i>50 mg, 75 mg</i>	2	GC
<i>desipramine oral tablet 10 mg, 25</i> (Norpramin) <i>mg</i>	2	GC
<i>desipramine oral tablet 100 mg,</i> <i>150 mg, 50 mg, 75 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	GC; QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC
<i>doxepin oral concentrate 10 mg/ml</i>	1	GC
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> (Cymbalta)	2	GC; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	GC; QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	GC
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	GC
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, 40 mg</i> (Prozac)	1	GC
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	GC
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	GC
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	GC
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	GC
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	GC
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	GC
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	GC
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	2	GC
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	GC
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	GC
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	GC
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	GC
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	GC
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	GC
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	GC
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	4	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NM; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	GC
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	GC
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	GC
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	1	GC; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	GC; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	GC
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>	2	GC; QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	GC; QL (90 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	GC; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NM; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	GC; QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	GC; QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	GC; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	GC; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	GC; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	GC; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	GC; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	GC; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	GC; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	GC; QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	2	GC; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	GC; QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NM; NDS; QL (112 per 28 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	GC; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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 NSO; GC; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	GC; QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA NSO; GC; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA NSO; GC; QL (1.5 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 (Actos) mg, 45 mg</i>	1	GC; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	2	GC; QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet (Actoplus MET) 15-850 mg</i>	2	GC; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	GC; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	GC; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA NSO; GC; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5- 1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	GC; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 25-1,000 MG	3	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	GC; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	GC; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	GC; 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	GC; 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 NSO; GC; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	GC; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	GC; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	GC; QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	GC; QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	GC; max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	6	GC; max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	GC; max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	6	GC; max \$35 copay per month supply; QL (40 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		6	GC; max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70- 30FlexPen U-100)	6	GC; max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U- 100 Insulin)	6	GC; max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U- 100 Insulin)	6	GC; max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U- 100 Insulin)	6	GC; max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	6	GC; max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30)		6	GC; 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)		6	GC; max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		6	GC; max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		6	GC; max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		6	GC; max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		6	GC; max \$35 copay per month supply; QL (40 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
SEMGLEE(INSULIN GLARGINE- (insulin glargine-yfgn) YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	GC; max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARG- (insulin glargine-yfgn) YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	GC; max \$35 copay per month supply; QL (30 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	6	GC; max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 (insulin glargine u-300 SOLOSTAR SUBCUTANEOUS conc) INSULIN PEN 300 UNIT/ML (3 ML)	6	GC; max \$35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 (insulin glargine u-300 INSULIN SUBCUTANEOUS conc) INSULIN PEN 300 UNIT/ML (1.5 ML)	6	GC; max \$35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	6	GC; max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	GC; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	GC; QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	2	GC; QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	GC; QL (240 per 30 days)
<i>glipizide oral tablet extended (Glucotrol XL) release 24hr 10 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended (Glucotrol XL) release 24hr 2.5 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 250 mg</i>	2	GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 500 mg, 5-500 mg</i>	2	GC; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized oral tablet</i> 1.5 mg, 3 mg, 6 mg	1	GC
<i>glyburide oral tablet</i> 1.25 mg, 2.5 mg, 5 mg	1	GC
<i>glyburide-metformin oral tablet</i> 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	GC
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln</i> 50 mg	2	PA BvD; GC
<i>amphotericin b liposome intravenous suspension for reconstitution</i> 50 mg (AmBisome)	5	PA BvD; NM; NDS
<i>caspofungin intravenous recon soln</i> 50 mg (Cancidas)	2	GC
<i>caspofungin intravenous recon soln</i> 70 mg (Cancidas)	5	NM; NDS
<i>ciclopirox topical cream</i> 0.77 % (Ciclodan)	2	GC; QL (180 per 30 days)
<i>ciclopirox topical gel</i> 0.77 %	2	GC; QL (300 per 30 days)
<i>ciclopirox topical shampoo</i> 1 %	2	GC
<i>ciclopirox topical solution</i> 8 % (Ciclodan)	2	GC; QL (19.8 per 30 days)
<i>ciclopirox topical suspension</i> 0.77 % (Loprox (as olamine))	2	GC; QL (180 per 30 days)
<i>clotrimazole mucous membrane troche</i> 10 mg	2	GC
<i>clotrimazole topical cream</i> 1 % (Antifungal (clotrimazole))	2	GC
<i>clotrimazole topical solution</i> 1 %	2	GC
<i>clotrimazole-betamethasone topical cream</i> 1-0.05 %	2	GC; QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion</i> 1-0.05 %	2	GC; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
econazole topical cream 1 %	2	GC; QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml	2	GC
fluconazole oral suspension for reconstitution 10 mg/ml	2	GC
fluconazole oral suspension for reconstitution 40 mg/ml (Diflucan)	2	GC
fluconazole oral tablet 100 mg, 200 mg (Diflucan)	2	GC
fluconazole oral tablet 150 mg, 50 mg	2	GC
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	5	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml	2	GC
griseofulvin microsize oral tablet 500 mg	2	GC
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	GC
itraconazole oral capsule 100 mg (Sporanox)	2	GC
itraconazole oral solution 10 mg/ml (Sporanox)	5	PA; NM; NDS
ketoconazole oral tablet 200 mg	2	GC
ketoconazole topical cream 2 %	2	GC; QL (180 per 30 days)
ketoconazole topical foam 2 % (Extina)	2	ST; GC; QL (100 per 30 days)
ketoconazole topical shampoo 2 %	2	GC; QL (360 per 30 days)
miconazole-3 vaginal suppository 200 mg	2	GC
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML (posaconazole)	5	NM; NDS
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	5	PA; NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	GC; QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	GC; QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	GC
<i>nystatin topical cream 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	GC; QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	GC
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	GC
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	GC; QL (60 per 30 days)
<i>posaconazole intravenous solution 300 mg/16.7 ml</i> (Noxafil)	5	NM; NDS
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	5	PA; NM; NDS
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	5	PA; NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	2	GC
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	GC
<i>allopurinol oral tablet 300 mg</i>	1	GC
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	2	GC; 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	GC; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; GC; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	GC
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	GC

Antihistamines

Antihistamines

<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	GC
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	GC
<i>clemastine oral tablet 2.68 mg</i>	2	GC
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	GC
<i>cyproheptadine oral tablet 4 mg</i>	2	GC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	GC
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	GC
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	2	GC
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	GC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	GC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	GC
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	GC
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	2	GC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	GC
<i>terconazole vaginal suppository 80 mg</i>	2	GC
Antimigraine Agents		
Antimigraine Agents		
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 injection solution 1 mg/ml</i>	5	NM; NDS; QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	GC; QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	GC; QL (12 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, sub</i> (Imitrex STATdose Pen)	2	GC; QL (4 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	GC; QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	GC; QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	GC; QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	GC; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	GC; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	GC; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	GC; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	GC; QL (4 per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	2	GC; QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	GC; QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	GC; QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	GC
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	GC
<i>isoniazid oral solution 50 mg/5 ml</i>	2	GC
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	GC
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	GC
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	GC
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	GC
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML)	4	QL (4.4 per 28 days)
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; GC; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; GC; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; GC; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD; GC
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	2	GC
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	GC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA; GC; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	2	GC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	5	PA BvD; NM; NDS; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	2	GC; QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	2	GC
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	GC
<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD; GC
<i>meclizine oral tablet 12.5 mg</i>	2	GC
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	2	GC
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD; GC
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD; GC
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD; GC
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	GC
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	GC
<i>promethazine injection solution 25 mg/ml</i> (Phenergan)	2	GC
<i>promethazine injection solution 50 mg/ml</i> (Phenergan)	2	GC
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	2	GC
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)	2	GC
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	GC; QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	5	NM; NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	GC
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	GC
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	GC
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	GC
COARTEM ORAL TABLET 20-120 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	GC; QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	GC
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	GC
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NM; NDS
<i>paromomycin oral capsule 250 mg</i> (Humatin)	2	GC
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	PA BvD; GC
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	2	GC
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NM; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; GC; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	GC

Antiparkinsonian Agents

Antiparkinsonian Agents

<i>amantadine hcl oral capsule 100 mg</i>	2	GC
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	GC
<i>amantadine hcl oral tablet 100 mg</i>	2	GC
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	5	PA; NM; NDS; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i>	2	GC
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	GC
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	GC
<i>cabergoline oral tablet 0.5 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	GC
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	GC
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	GC
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	GC
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	GC
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	GC
<i>entacapone oral tablet 200 mg</i>	2	GC
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NM; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NM; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	ST; QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	GC
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	GC
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	GC
<i>selegiline hcl oral capsule 5 mg</i>	2	GC
<i>selegiline hcl oral tablet 5 mg</i>	2	GC
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	GC
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	GC
XADAGO ORAL TABLET 100 MG, 50 MG	5	PA; NM; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS; QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	GC
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	2	ST; GC; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	2	ST; GC; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	2	GC; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	GC
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	GC
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	GC
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	GC
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	ST; GC; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	2	ST; GC; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	5	ST; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	GC
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	GC
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	GC
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	GC
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	GC
<i>haloperidol decanoate</i> (Haldol Decanoate) <i>intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	GC
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	GC
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	GC
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	GC
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 21 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; 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	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NM; NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule</i> <i>10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	2	GC; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	GC; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	GC; QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	GC; QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	GC; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	GC; QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	GC
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	GC
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	GC; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	2	GC; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	2	GC; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	GC
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	GC
<i>prochlorperazine 10 mg/2 ml vial 10 mg/2 ml (5 mg/ml)</i>	2	GC
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	GC
<i>quetiapine oral tablet 150 mg</i>	2	GC; 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	GC
REXULTI ORAL TABLET 0.25 MG	5	ST; NM; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres</i> (Risperdal Consta) <i>intramuscular</i> <i>suspension,extended rel recon</i> <i>12.5 mg/2 ml, 25 mg/2 ml</i>	2	GC; QL (2 per 28 days)
<i>risperidone microspheres</i> (Risperdal Consta) <i>intramuscular</i> <i>suspension,extended rel recon</i> <i>37.5 mg/2 ml, 50 mg/2 ml</i>	5	NM; NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	GC
<i>risperidone oral tablet 0.25 mg</i>	2	GC
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	GC
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	GC
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	GC
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NM; 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	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; 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, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	GC
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	GC; 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	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	GC
<i>abacavir oral tablet 300 mg</i>	2	GC
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	GC
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	5	NM; NDS; QL (24 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	2	GC
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	GC
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; 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	NM; NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	5	NM; NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	5	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; NDS
<i>didanosine oral capsule, delayed release (dr/ec) 250 mg, 400 mg</i>	2	GC
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS
EDURANT ORAL TABLET 25 MG	5	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	GC
<i>efavirenz oral tablet 600 mg</i>	2	GC
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> (Symfi Lo) <i>oral tablet 400-300-300 mg</i>	5	NM; NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> (Symfi) <i>oral tablet 600-300-300 mg</i>	5	NM; NDS
<i>emtricitabine</i> (Emtriva) <i>oral capsule 200 mg</i>	2	GC
<i>emtricitabine-tenofovir (tdf)</i> (Truvada) <i>oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	NM; NDS
<i>emtricitabine-tenofovir (tdf)</i> (Truvada) <i>oral tablet 200-300 mg</i>	2	GC
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine</i> (Inteleience) <i>oral tablet 100 mg, 200 mg</i>	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
<i>fosamprenavir</i> (Lexiva) <i>oral tablet 700 mg</i>	5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELEIENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	GC
<i>lamivudine oral tablet 100 mg</i>	2	GC
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	GC
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	GC
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	GC; QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	GC; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	GC; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	GC
<i>nevirapine oral tablet 200 mg</i>	2	GC
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	GC
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	5	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	GC
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	GC
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NM; NDS
SYMITUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	GC
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NM; NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	ST; NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	GC
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	GC
<i>zidovudine oral tablet 300 mg</i>	2	GC
Antivirals, Miscellaneous		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD; GC
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	GC; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	GC; QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	GC; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	GC; QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	\$0 copay; QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NM; NDS; QL (672 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	GC
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NM; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	GC
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	GC
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	GC
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD; GC
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	GC
<i>cidofovir intravenous solution 75 mg/ml</i>	5	NM; NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	GC
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	5	PA BvD; NM; NDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA BvD; NM; NDS
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NM; NDS
<i>ribavirin oral capsule 200 mg</i>	2	GC
<i>ribavirin oral tablet 200 mg</i>	2	GC
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	GC
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NM; NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	GC
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	5	PA BvD; NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule</i> (Pradaxa) 110 mg, 150 mg, 75 mg	2	GC; 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</i> (Lovenox) <i>solution 300 mg/3 ml</i>	2	GC; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>100 mg/ml, 150 mg/ml</i>	2	GC; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	GC; QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>30 mg/0.3 ml</i>	2	GC; QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>40 mg/0.4 ml</i>	2	GC; QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>60 mg/0.6 ml</i>	2	GC; QL (36 per 30 days)
<i>fondaparinux subcutaneous</i> (Arixtra) <i>syringe 10 mg/0.8 ml</i>	5	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous</i> (Arixtra) <i>syringe 2.5 mg/0.5 ml</i>	2	GC; QL (15 per 30 days)
<i>fondaparinux subcutaneous</i> (Arixtra) <i>syringe 5 mg/0.4 ml</i>	5	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous</i> (Arixtra) <i>syringe 7.5 mg/0.6 ml</i>	5	NM; NDS; QL (18 per 30 days)
<i>heparin (porcine) injection</i> <i>cartridge 5,000 unit/ml (1 ml)</i>	2	GC
<i>heparin (porcine) injection</i> <i>solution 1,000 unit/ml, 10,000</i> <i>unit/ml, 20,000 unit/ml, 5,000</i> <i>unit/ml</i>	2	GC
<i>heparin, porcine (pf) injection</i> <i>solution 1,000 unit/ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	2	GC
<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	GC
<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	GC
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	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NM; NDS; QL (60 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (plerixafor)	5	NM; NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	5	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
<i>plerixafor subcutaneous solution</i> (Mozobil) <i>24 mg/1.2 ml (20 mg/ml)</i>	5	NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; 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)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	5	PA; NM; NDS
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	GC
<i>anagrelide oral capsule 1 mg</i>	2	GC
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>protamine intravenous solution 10 mg/ml</i>	2	GC
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	2	GC
<i>tranexamic acid oral tablet 650 mg</i>	2	GC
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	GC; QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	GC
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	GC
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	GC
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	GC; QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
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 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	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 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
dextrose 5 % in water (d5w) intravenous parenteral solution	4	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	2	GC
dextrose 5%-water iv soln single use	2	GC
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	GC
clonidine transdermal patch (Catapres-TTS-1) weekly 0.1 mg/24 hr	2	GC; QL (4 per 28 days)
clonidine transdermal patch (Catapres-TTS-2) weekly 0.2 mg/24 hr	2	GC; QL (4 per 28 days)
clonidine transdermal patch (Catapres-TTS-3) weekly 0.3 mg/24 hr	2	GC; QL (8 per 28 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	2	GC
droxidopa oral capsule 100 mg, 200 mg, 300 mg (Northera)	5	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg	2	GC
methyldopa oral tablet 250 mg, 500 mg	2	GC
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	2	GC
phenylephrine hcl injection (Vazculep) solution 10 mg/ml	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	GC
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	GC
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	GC
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG	3	GC; QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	GC; QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	2	GC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	2	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	GC
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	GC
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	GC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	GC
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	GC
<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	GC
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	GC
<i>benazepril oral tablet 5 mg</i>	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	GC
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	GC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	GC
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	2	ST; GC; QL (1200 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	GC
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	GC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	GC
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	GC
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	GC
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 400 mg</i> (Pacerone)	2	GC
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	GC
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	GC
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	GC
<i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %)</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	GC
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	GC
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	2	GC
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	GC
<i>procainamide intravenous syringe 100 mg/ml</i>	2	GC
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	GC
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	GC
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	GC
<i>quinidine sulfate oral tablet 200 mg</i>	1	GC
<i>quinidine sulfate oral tablet 300 mg</i>	2	GC
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	GC
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	GC
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	GC
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	GC
<i>labetalol intravenous solution 5 mg/ml</i>	2	GC
<i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i>	2	GC
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	GC
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	GC
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	GC
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	GC
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	GC
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	GC
<i>propranolol intravenous solution 1 mg/ml</i>	2	GC
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	GC
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	GC
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	GC
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg (sotalol)	2	GC
sotalol af oral tablet 120 mg, 160 mg, 80 mg (sotalol)	2	GC
sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF)	2	GC
sotalol oral tablet 240 mg (Betapace)	2	GC
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	2	GC
Calcium-Channel Blocking Agents		
cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (diltiazem hcl)	2	GC
diltiazem 24hr er 360 mg cap once-a-day dosage (Tiadylt ER)	2	GC
diltiazem 24hr er 420 mg cap (Tiadylt ER)	2	GC
diltiazem hcl intravenous solution 5 mg/ml	2	GC
diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg	2	GC
diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg (Tiadylt ER)	2	GC
diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)	2	GC
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	2	GC
diltiazem hcl oral tablet 90 mg	2	GC
diltiazem hcl oral tablet extended release 24 hr 120 mg (Cardizem LA)	2	GC
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Matzim LA)	2	GC
dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg (diltiazem hcl)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	GC
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	2	GC
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	GC
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	GC
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	GC
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	GC
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	GC
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	GC; QL (600 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	2	GC
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	2	GC
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin)	2	GC
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	GC
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	GC
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	2	GC; QL (4 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector</i> (EpiPen Jr) 0.15 mg/0.3 ml	2	GC; QL (4 per 30 days)
<i>epinephrine injection solution</i> 1 (Adrenalin) mg/ml	1	GC
<i>hydralazine injection solution</i> 20 mg/ml	2	GC
<i>hydralazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	2	GC
<i>icatibant subcutaneous syringe</i> 30 (Sajazir) mg/3 ml	5	PA; NM; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet</i> 5 mg, 7.5 (Corlanor) mg	3	GC; QL (60 per 30 days)
<i>metyrosine oral capsule</i> 250 mg (Demser)	5	NM; NDS
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg	2	GC; QL (60 per 30 days)
<i>ranolazine oral tablet extended release</i> 12 hr 500 mg	2	GC; QL (120 per 30 days)
<i>sajazir subcutaneous syringe</i> 30 (icatibant) mg/3 ml	5	PA; NM; NDS; QL (18 per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	4	QL (4 per 30 days)
SYMJEPI INJECTION SYRINGE (epinephrine) 0.3 MG/0.3 ML	4	QL (4 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</i> 10 mg, 2.5 (Norvasc) mg, 5 mg	1	GC
<i>amlodipine-benazepril oral capsule</i> 10-20 mg, 10-40 mg, 5- 10 mg, 5-20 mg (Lotrel)	1	GC
<i>amlodipine-benazepril oral capsule</i> 2.5-10 mg, 5-40 mg	1	GC
<i>amlodipine-olmesartan oral tablet</i> (Azor) 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	GC
<i>amlodipine-valsartan oral tablet</i> (Exforge) 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hcthiiazid</i> (Exforge HCT) <i>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>	2	GC
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	GC
KATERZIA ORAL SUSPENSION 1 MG/ML	4	ST; QL (300 per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	GC
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	GC
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	GC
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	GC
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	GC
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	GC
<i>bumetanide injection solution 0.25 mg/ml</i>	2	GC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	2	GC
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	GC
<i>furosemide injection solution 10 mg/ml</i>	2	GC
<i>furosemide injection syringe 10 mg/ml</i>	1	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NM; NDS; QL (120 per 30 days)
JYNARQUE 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)	5	PA; NM; NDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	GC
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	GC
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	2	GC
<i>toremide oral tablet 20 mg</i> (Soaanz)	2	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	GC
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	2	GC
<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	GC; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	GC
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	GC
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	GC
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	2	GC
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	GC
<i>colestipol oral packet 5 gram</i>	2	GC
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	GC
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	GC; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	GC
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	GC
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	GC
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	2	GC
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	GC; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	2	GC
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; NM; NDS; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; NM; NDS; QL (56 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	2	GC; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	1	GC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	GC
<i>niacor oral tablet 500 mg</i> (niacin)	2	GC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	ST; GC; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	GC
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	GC; QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	2	GC; QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	2	GC; QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	GC
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	GC
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
<i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)	2	ST; GC; QL (600 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	GC
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	2	GC
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	2	GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	GC
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	GC
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	GC
<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	GC

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Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	GC; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	GC; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NM; 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; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	PA BvD; GC
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	GC
COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 20 MG/ML	5	PA; NM; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 40 MG/ML	5	PA; NM; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; GC; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	GC; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	2	GC; QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg</i>	2	GC; QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	2	GC; QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> (Zenzedi)	2	GC; QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)	2	GC; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	GC; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	GC; 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	GC; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	5	PA; NM; 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; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 240 mg (Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
<i>edaravone intravenous solution</i> 30 mg/100 ml (Radicava)	5	PA; NM; NDS; QL (2800 per 28 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; NM; NDS
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NM; NDS; QL (30 per 30 days)
<i>flumazenil intravenous solution</i> 0.1 mg/ml	2	GC
GILENYA ORAL CAPSULE 0.25 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>glatiramer subcutaneous syringe</i> 20 mg/ml (Copaxone)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe</i> 40 mg/ml (Copaxone)	5	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NM; 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	GC
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NM; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NM; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule</i> 150 mg, 300 mg, 600 mg	1	GC
<i>lithium carbonate oral tablet</i> 300 mg	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	GC
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	GC
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	GC
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	2	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	2	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	2	GC; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	2	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	2	GC; QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	GC; QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	2	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	2	GC; QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	GC; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NM; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
RADICAVA INTRAVENOUS (edaravone) SOLUTION 30 MG/100 ML	5	PA; NM; NDS; QL (2800 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	GC; QL (60 per 30 days)
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	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	5	PA; NM; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; NDS; QL (120 per 30 days)

Contraceptives

Contraceptives

<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	GC
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	GC
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	GC
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	2	GC; QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	GC
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	GC
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	2	GC; QL (91 per 84 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	GC
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		2	GC
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		2	GC
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		2	GC
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	GC
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	GC
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estradiol)	2	GC; QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Enskyce)	2	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	2	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Syeda)	2	GC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
ELLA ORAL TABLET 30 MG		4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	GC; QL (1 per 28 days)
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	GC; QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	GC
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	2	GC
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	GC; QL (1 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>falmina (28) oral tablet 0.1-20 mcg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	GC; QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	GC; QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	GC; QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	GC
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	GC
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	GC
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	GC
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	GC
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(LoJaimiess)	2	GC; QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	2	GC; QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	GC
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	2	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	2	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	GC; QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	2	GC
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	GC; QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>luteria (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	GC
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethin.estradiol</i> (Xulane) <i>transdermal patch weekly 150-35 mcg/24 hr</i>	2	GC; QL (3 per 28 days)
<i>norethindrone (contraceptive) oral</i> (Camila) <i>tablet 0.35 mg</i>	1	GC
<i>norethindrone ac-eth estradiol</i> (Aurovela 1.5/30 (21)) <i>oral tablet 1.5-30 mg-mcg</i>	2	GC
<i>norethindrone ac-eth estradiol</i> (Aurovela 1/20 (21)) <i>oral tablet 1-20 mg-mcg</i>	2	GC
<i>norethindrone-e.estradiol-iron oral</i> (Merzee) <i>capsule 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>norethindrone-e.estradiol-iron oral</i> (Aurovela Fe 1-20 (28)) <i>tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>norethindrone-e.estradiol-iron oral</i> (Aurovela Fe 1.5/30 (28)) <i>tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>norethindrone-e.estradiol-iron oral</i> (Tri-Legest Fe) <i>tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	GC
<i>norgestimate-ethinyl estradiol oral</i> (Tri-Lo-Estarylla) <i>tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	GC
<i>norgestimate-ethinyl estradiol oral</i> (Tri-Estarylla) <i>tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>norgestimate-ethinyl estradiol oral</i> (Mili) <i>tablet 0.25-35 mg-mcg</i>	2	GC
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	GC
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	GC
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	GC
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>philith oral tablet 0.4-35 mg-mcg</i>		2	GC
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	GC
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>		2	GC
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	GC
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	GC
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	GC; QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	GC
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	GC; QL (91 per 84 days)
SLYND ORAL TABLET 4 MG (28)		4	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>tri-lynyah oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	GC
<i>tri-lo-estarylla oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-mili oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	2	GC
<i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	GC
<i>tri-nymyo oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	GC
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	GC
<i>trivora (28) oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	GC
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	GC
<i>tulana oral tablet</i> 0.35 mg	(norethindrone (contraceptive))	1	GC
<i>turqoz (28) oral tablet</i> 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	GC
<i>tyblume oral tablet, chewable</i> 0.1 mg- 20 mcg		4	
<i>velivet triphasic regimen (28) oral tablet</i> 0.1/.125/.15-25 mg-mcg		2	GC
<i>vestura (28) oral tablet</i> 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	GC
<i>vienva oral tablet</i> 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	GC
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		2	GC
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>		2	GC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	GC; QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	GC; QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	GC
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	GC

Dental And Oral Agents

Dental And Oral Agents

<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	2	GC
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	1	GC
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	GC
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	GC
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	1	GC
<i>KOURZEQ DENTAL PASTE 0.1 %</i>	(triamcinolone acetonide)	2	GC
<i>oralone dental paste 0.1 %</i>	(triamcinolone acetonide)	2	GC
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	GC
<i>perio gard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	2	GC
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)	1	GC
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	2	GC
Dermatological Agents			
Dermatological Agents, Other			
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(isotretinoin)	2	GC
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		2	GC
<i>acyclovir topical cream 5 %</i>	(Zovirax)	2	GC; QL (5 per 4 days)
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	2	GC; QL (30 per 30 days)
ALCOHOL 70% SWABS	(Alcohol Pads)	1	GC
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	GC
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	GC
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	1	GC
<i>ammonium lactate topical cream 12 %</i>		2	GC
<i>ammonium lactate topical lotion 12 %</i>	(AmLactin)	2	GC
BD SINGLE USE SWAB	(alcohol swabs)	1	GC
<i>calcipotriene scalp solution 0.005 %</i>		2	GC; QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>		2	GC; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>		2	GC; QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	GC
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	GC
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT ALCOHOL (alcohol swabs) 70% PAD	1	GC
EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED	1	GC
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NM; NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	GC
<i>fluorouracil topical solution 2 %, 5 %</i>	2	GC
HEB INCONTROL ALCOHOL (alcohol swabs) 70% PADS	1	GC
<i>imiquimod topical cream in packet 5 %</i>	2	GC; QL (24 per 30 days)
IV ANTISEPTIC WIPES (alcohol swabs)	1	GC
KENDALL ALCOHOL 70% PREP (alcohol swabs) PAD	1	GC
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	5	NM; NDS; QL (180 per 30 days)
<i>penciclovir topical cream 1 %</i> (Denavir)	2	GC
<i>podofilox topical solution 0.5 %</i>	2	GC
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	GC
PURE COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	GC
REGRANEX TOPICAL GEL 0.01 %	5	PA; NM; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL (alcohol swabs) PREP PADS	1	GC
SURE-PREP ALCOHOL PREP (alcohol swabs) PADS	1	GC
TRUE COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	GC
TRUE COMFORT PRO (alcohol swabs) ALCOHOL PADS	1	GC

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Drug Name	Drug Tier	Requirements/Limits
ULTILET ALCOHOL STERL (alcohol swabs) SWAB	1	GC
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NM; NDS
WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE	1	GC
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	2	GC
Dermatological Antibacterials		
clindamycin phosphate topical foam 1 % (Clindacin)	2	GC; QL (100 per 30 days)
clindamycin phosphate topical solution 1 %	2	GC; QL (180 per 30 days)
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	2	GC
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 % (Neuac)	2	GC
clindamycin-benzoyl peroxide topical gel 1-5 %	2	GC
ery pads topical swab 2 % (erythromycin with ethanol)	2	GC
erythromycin with ethanol topical gel 2 % (Erygel)	2	GC; QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %	2	GC; QL (180 per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 % (Benzamycin)	2	GC
gentamicin topical cream 0.1 %	2	GC; QL (120 per 30 days)
gentamicin topical ointment 0.1 %	2	GC; QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	2	GC
metronidazole topical gel 0.75 % (Rosadan)	2	GC
metronidazole topical gel 1 % (Metrogel)	2	GC
metronidazole topical lotion 0.75 % (MetroLotion)	2	GC
mupirocin topical ointment 2 % (Centany)	1	GC; QL (220 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	GC
<i>rosadan topical cream 0.75 %</i> (metronidazole)	2	GC
<i>selenium sulfide topical lotion 2.5 %</i>	2	GC
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	GC
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	GC
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	2	GC
<i>ala-scalp topical lotion 2 %</i> (hydrocortisone)	2	GC
<i>alclometasone topical cream 0.05 %</i>	2	GC
<i>alclometasone topical ointment 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	GC
<i>betamethasone valerate topical cream 0.1 %</i>	2	GC
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	2	GC
<i>betamethasone valerate topical lotion 0.1 %</i>	2	GC
<i>betamethasone valerate topical ointment 0.1 %</i>	2	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	2	GC
<i>betamethasone, augmented topical gel 0.05 %</i>	2	GC
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	GC
<i>clobetasol scalp solution 0.05 %</i>	2	GC
<i>clobetasol topical cream 0.05 %</i>	2	GC
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	GC
<i>clobetasol topical gel 0.05 %</i>	2	GC
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	GC
<i>clobetasol topical ointment 0.05 %</i>	2	GC
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	GC
<i>clobetasol-emollient topical cream 0.05 %</i>	2	GC
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	GC
<i>desonide topical cream 0.05 %</i> (DesOwen)	2	GC
<i>desonide topical lotion 0.05 %</i>	2	GC
<i>desonide topical ointment 0.05 %</i>	2	GC
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	GC; QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	GC; QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	GC; QL (120 per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	2	GC; QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	GC
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	GC
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	GC
<i>fluocinonide topical cream 0.05 %</i>	2	GC
<i>fluocinonide topical gel 0.05 %</i>	2	GC
<i>fluocinonide topical ointment 0.05 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide topical solution 0.05 %</i>	2	GC
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	2	GC
<i>fluticasone propionate topical cream 0.05 %</i>	2	GC
<i>fluticasone propionate topical ointment 0.005 %</i>	2	GC
<i>halobetasol propionate topical cream 0.05 %</i>	2	GC
<i>halobetasol propionate topical ointment 0.05 %</i>	2	GC
<i>hydrocortisone 2.5% cream</i>	1	GC
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	GC; QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	2	GC; QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	GC; QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	GC; QL (120 per 30 days)
HYDROCORTISONE LOTION CMPLT KT 2 %	2	GC
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	GC
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Proctosol HC)	1	GC
HYDROCORTISONE TOPICAL LOTION 2 % (Ala-Scalp)	2	GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	GC
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	GC
<i>hydrocortisone topical ointment 2.5 %</i>	1	GC
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	GC
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	GC
<i>mometasone topical cream 0.1 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical ointment 0.1 %</i>	2	GC
<i>mometasone topical solution 0.1 %</i>	2	GC
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	GC; QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	GC
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	GC
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	GC; QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	GC
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	GC
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	2	GC
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	GC
<i>adapalene topical gel 0.1 %</i> (Differin)	2	GC
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.05 %, 0.1 %</i> (Tazorac)	2	GC
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA; GC

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Drug Name		Drug Tier	Requirements/Limits
<i>tretinoin topical gel 0.05 %</i>	(Atralin)	2	PA; GC
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	GC
<i>permethrin topical cream 5 %</i>	(Elimite)	2	GC; QL (60 per 30 days)
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
1ST TIER UNIFINE PNTTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
1ST TIER UNIFINE PNTTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	GC
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		2	GC
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		2	GC
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2	GC

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Drug Name	Drug Tier	Requirements/Limits
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	2	GC
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	GC
ASSURE ID PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	2	GC
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	GC
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	2	GC
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	GC
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	GC
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	GC
BD ECLIPSE 30GX1/2" (insulin syringe-needle SYRINGE 1 ML 30 GAUGE X u-100) 1/2"	2	GC
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	2	GC
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	GC
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	2	GC
BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 1 ML 30 GAUGE X 1/2"	2	GC
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	GC
BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100)	2	GC
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	GC

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	GC
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe) 2	GC
BD INSULIN SYRINGE 1 ML W/O NEEDLE	(insulin syringe needleless) 2	GC
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin) 2	GC
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 2	GC
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	GC
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	GC
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	GC
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	GC
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	GC
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	GC
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	2	GC
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	GC
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	GC
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	GC
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic) 2	GC
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic) 2	GC

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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	GC
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		2	GC
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	GC
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	GC
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	GC
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	GC
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		2	GC
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"		2	GC
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	GC
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	GC
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
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	GC
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 31G SHORT 31 GAUGE X 5/16"	2	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 32G 32 GAUGE X 5/16"	2	GC
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	2	GC
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	GC
COMFORT EZ PRO PEN NDL (pen needle, diabetic, safety) 31G 4MM 31 GAUGE X 5/32"	2	GC
COMFORT EZ PRO PEN NDL (pen needle, diabetic, safety) 31G 5MM 31 GAUGE X 3/16"	2	GC
COMFORT EZ SYR 0.3 ML (insulin syringe-needle u-100) 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	GC
COMFORT EZ SYR 0.5 ML (insulin syringe-needle u-100) 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	GC
COMFORT EZ SYR 0.5 ML (insulin syringe-needle u-100) 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	GC
COMFORT EZ SYR 0.5 ML (insulin syringe-needle u-100) 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	GC
COMFORT EZ SYR 1 ML (insulin syringe-needle u-100) 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	GC
COMFORT EZ SYR 1 ML (insulin syringe-needle u-100) 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	GC
COMFORT EZ SYR 1 ML (insulin syringe-needle u-100) 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	GC
COMFORT EZ SYR 1 ML (insulin syringe-needle u-100) 30GX5/16" 1 ML 30 GAUGE X 5/16"	2	GC
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	GC
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 31G 4MM 31 GAUGE X 5/32"	2	GC

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Drug Name		Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	GC
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1	GC
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	1	GC
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	1	GC
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		1	GC
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		1	GC
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		2	GC
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		2	GC

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

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.3 ML (insulin syringe-needle 29GX12.5MM 0.3 ML 29 GAUGE u-100) X 1/2"	2	GC
DROPLET INS 0.3 ML (insulin syringe-needle 30GX12.5MM 0.3 ML 30 GAUGE u-100) X 1/2"	2	GC
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	2	GC
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	2	GC
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	2	GC
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	2	GC
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	2	GC
DROPLET INS SYR 0.3 ML (insulin syringe-needle 30GX8MM 0.3 ML 30 GAUGE X u-100) 5/16"	2	GC
DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64"	2	GC
DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX8MM 0.3 ML 31 GAUGE X u-100) 5/16"	2	GC
DROPLET INS SYR 1 ML (insulin syringe-needle 29GX12.5MM 1 ML 29 GAUGE X u-100) 1/2"	2	GC
DROPLET INS SYR 1 ML (insulin syringe-needle 30GX12.5MM 1 ML 30 GAUGE X u-100) 1/2"	2	GC
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	2	GC

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Drug Name		Drug Tier	Requirements/Limits
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	GC
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		2	GC
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	GC
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		2	GC
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		2	GC
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		2	GC

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Drug Name	Drug Tier	Requirements/Limits
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	2	GC
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	2	GC
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	2	GC
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	2	GC
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	GC
DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	2	GC
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	GC
DRUG MART ULTRA COMFORT (insulin syringe-needle SYR 0.3 ML 29 GAUGE X 1/2", u-100) 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	2	GC
EASY CMFT SFTY PEN NDL (pen needle, diabetic, 31G 5MM 31 GAUGE X 3/16" safety)	2	GC
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	GC
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	GC
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	2	GC
EASY COMFORT 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100)	2	GC
EASY COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	2	GC
EASY COMFORT 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	GC

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

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Drug Name		Drug Tier	Requirements/Limits
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	GC
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		2	GC
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		2	GC
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		2	GC
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		2	GC
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		2	GC
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		2	GC
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		2	GC
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	GC
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	GC

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

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Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		2	GC
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		2	GC
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		2	GC
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	GC
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"		2	GC
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	2	GC
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		2	GC
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2	GC
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	2	GC
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	2	GC
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	GC
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	2	GC
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Ultra Comfort Insulin Syringe)	2	GC
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	GC
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		2	GC

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Drug Name	Drug Tier	Requirements/Limits
GNP ULTRA COMFORT 0.5 ML (insulin syringe-needle SYR 1/2 ML 29 , 1/2 ML 30 u-100) GAUGE	2	GC
GNP ULTRA COMFORT 1 ML (insulin syringe-needle SYRINGE 1 ML 28 GAUGE, 1 ML u-100) 30 GAUGE X 7/16"	2	GC
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	2	GC
GNP ULTRA COMFORT 3/10 ML (insulin syringe-needle SYR 0.3 ML 30 u-100)	2	GC
HEALTHWISE INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	2	GC
HEALTHWISE INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	GC
HEALTHWISE INS 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	GC
HEALTHWISE INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	GC
HEALTHWISE INS 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X u-100) 5/16"	2	GC
HEALTHWISE INS 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16"	2	GC
HEALTHWISE PEN NEEDLE (pen needle, diabetic) 31G 5MM 31 GAUGE X 3/16"	2	GC
HEALTHWISE PEN NEEDLE (pen needle, diabetic) 31G 8MM 31 GAUGE X 5/16"	2	GC
HEALTHWISE PEN NEEDLE (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32"	2	GC
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 4MM 32G 32 GAUGE X 5/32"	2	GC
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 5MM 31G 31 GAUGE X 3/16"	2	GC
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 6MM 31G 31 GAUGE X 1/4"	2	GC

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Drug Name		Drug Tier	Requirements/Limits
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		2	GC
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		3	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insulin Syr(half unit))	2	GC
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	GC
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	GC
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	GC
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	GC
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	GC
INSULIN SYRING 0.5 ML 27G 1/2" INNER (OTC) 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	2	GC
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2	GC
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	2	GC
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2	GC
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		2	GC
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	2	GC
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	2	GC
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	2	GC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	2	GC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	GC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	2	GC
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC

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

Drug Name		Drug Tier	Requirements/Limits
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
LISCO SPONGES 100/BAG 2 X 2 "		1	GC
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2	GC
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	GC
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		2	GC
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC

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

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Drug Name		Drug Tier	Requirements/Limits
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"		2	GC
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	2	GC
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	2	GC
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	2	GC
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	2	GC
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	2	GC
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	2	GC
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	2	GC
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	GC
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
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	GC
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	GC
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	2	GC
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		2	GC
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
NOVOFINE 30 NEEDLE		2	GC
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		2	GC

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Drug Name	Drug Tier	Requirements/Limits
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	2	GC
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) 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 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)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE		3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	2	GC
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	2	GC
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	2	GC
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	2	GC
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	GC
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		2	GC
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	GC
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	GC
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	GC
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		2	GC
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	2	GC
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		2	GC
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		2	GC
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2	GC
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2	GC
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2	GC
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Utileit Insulin Syringe)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	GC
RELION MINI PEN 31G X 1/4" (pen needle, diabetic) NDL 31 GAUGE X 1/4"	2	GC
RELION NEEDLES NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4"	2	GC
RELION PEN NEEDLES (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	2	GC
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16", 10X10 0.3 ML 30 GAUGE X 5/16"	2	GC
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2", 10X10 0.5 ML 29 GAUGE X 1/2"	2	GC
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16", 10X10 0.5 ML 30 GAUGE X 5/16"	2	GC
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2", 10X10 1 ML 28 GAUGE X 1/2"	2	GC
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2", 10X10 1 ML 29 GAUGE X 1/2"	2	GC
SAFETY PEN NEEDLE 31G (Comfort EZ PRO 4MM 31 GAUGE X 5/32" Safety Pen Ndl)	2	GC
SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, 31G 31 GAUGE X 3/16" safety)	2	GC
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	GC
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	2	GC
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	2	GC
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	2	GC
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	GC

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Drug Name	Drug Tier	Requirements/Limits
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	GC
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	GC
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	GC
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	GC
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	GC
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	2	GC
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"	2	GC
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	GC
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	GC
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	GC
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	2	GC
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	GC
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	GC
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT PEN NDL (pen needle, diabetic) 29GX1/2" 12.7MM 29 GAUGE X 1/2"	2	GC
SURE COMFORT PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	GC
SURE COMFORT PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	GC
SURE COMFORT PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	GC
SURE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	GC
SURE-FINE PEN NEEDLES (pen needle, diabetic) 12.7MM 29 GAUGE X 1/2"	2	GC
SURE-FINE PEN NEEDLES (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	GC
SURE-FINE PEN NEEDLES (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	GC
SURE-JECT INSU SYR U100 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16"	2	GC
SURE-JECT INSU SYR U100 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	GC
SURE-JECT INSU SYR U100 1 (insulin syringe-needle ML 1 ML 28 GAUGE X 1/2" u-100)	2	GC
SURE-JECT INSUL SYR U100 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 ML u-100) 30 GAUGE X 5/16	2	GC
SURE-JECT INSULIN SYRINGE (insulin syringe-needle 1 ML 1 ML 31 GAUGE X 5/16 u-100)	2	GC
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	GC
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	2	GC
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	GC
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	GC

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Drug Name		Drug Tier	Requirements/Limits
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	GC
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"		2	GC
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		2	GC
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		2	GC
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		2	GC
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		2	GC
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	GC
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	GC
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC

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

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

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

Drug Name		Drug Tier	Requirements/Limits
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		2	GC
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	2	GC
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		2	GC
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		2	GC
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		2	GC
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		2	GC
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		2	GC
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PEN NDL (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	2	GC
TRUE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	GC
TRUE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	GC
TRUE COMFORT PEN NDL (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	2	GC
TRUE COMFORT PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	2	GC
TRUE COMFORT PEN NDL 33G (pen needle, diabetic) 5MM 33 GAUGE X 3/16"	2	GC
TRUE COMFORT PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	2	GC
TRUE COMFORT PRO 1 ML (insulin syringe-needle 30G 1/2" 1 ML 30 GAUGE X 1/2" u-100)	2	GC
TRUE COMFORT PRO 1 ML (insulin syringe-needle 30G 5/16" 1 ML 30 GAUGE X u-100) 5/16	2	GC
TRUE COMFORT PRO 1 ML (insulin syringe-needle 31G 5/16" 1 ML 31 GAUGE X u-100) 5/16	2	GC
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	GC
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	2	GC
TRUE COMFRT PRO 0.5 ML (insulin syringe-needle 30G 1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	GC
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	2	GC
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	2	GC
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	GC
TRUEPLUS PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	2	GC

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

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Drug Name		Drug Tier	Requirements/Limits
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	2	GC
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	GC
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	GC
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	GC
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	GC
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	GC
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	GC
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		2	GC
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	GC
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC

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

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Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	GC
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	GC
ULTILET PEN NEEDLE 29 GAUGE	2	GC
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	2	GC
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	2	GC
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	2	GC
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	GC
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	2	GC
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	GC
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	2	GC
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	2	GC
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	2	GC
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	2	GC
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	GC

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

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

Drug Name		Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic) 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	2	GC
UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic) GAUGE X 1/4"	2	GC
UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic) 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	2	GC
UNIFINE PENTIPS 33GX5/32" 33 (pen needle, diabetic) GAUGE X 5/32"	2	GC
UNIFINE PENTIPS 6MM 31G 31 (pen needle, diabetic) GAUGE X 1/4"	2	GC
UNIFINE PENTIPS MAX (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	2	GC
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 29GX1/2" 12MM 29 GAUGE X 1/2"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	2	GC
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	2	GC
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	2	GC
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	2	GC
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	2	GC
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	GC
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	GC
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	GC
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	2	GC
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	GC
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	GC
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	GC
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	GC
VANISHPOINT 0.5 ML 30GX1/2" (insulin syringe-needle SY OUTER 0.5 ML 30 GAUGE X u-100) 1/2"	2	GC
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	2	GC
VANISHPOINT U-100 29X1/2 (insulin syringe-needle SYR 1 ML 29 GAUGE X 1/2" u-100)	2	GC
VERIFINE INS SYR 1 ML 29G (insulin syringe-needle 1/2" 1 ML 29 GAUGE X 1/2" u-100)	2	GC
VERIFINE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	2	GC
VERIFINE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	GC
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	GC
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
VERIFINE PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	GC
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	GC
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	GC
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	GC
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	GC
VERIFINE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	GC
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	2	GC
VERIFINE SYRING 0.5 ML 29G (insulin syringe-needle 1/2" 0.5 ML 29 GAUGE X 1/2" u-100)	2	GC
VERIFINE SYRING 1 ML 31G (insulin syringe-needle 5/16" 1 ML 31 GAUGE X 5/16 u-100)	2	GC
VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100)	2	GC
VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100)	2	GC
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	GC
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)
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ALDURAZyme INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NM; NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
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	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NM; NDS
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NM; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS; QL (14 per 28 days)
<i>javygtor oral tablet, soluble 100 mg</i> (sapropterin)	5	PA; NM; NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NM; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
<i>miglustat oral capsule 100 mg</i> (Yargesa)	5	PA; NM; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NM; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	5	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
<i>yargesa oral capsule 100 mg</i> (miglustat)	5	PA; NM; NDS; QL (90 per 30 days)
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>alcaïne ophthalmic (eye) drops 0.5 %</i> (proparacaine)	2	GC
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	GC
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	GC; QL (30 per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	2	GC; QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	GC
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	2	ST; GC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	GC
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	GC
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	PA; NM; NDS; QL (20 per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NM; NDS; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	GC
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	GC; QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	GC; QL (15 per 10 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	GC
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	2	GC; QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	2	GC
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	2	GC
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	2	GC
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NM; NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	GC
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophthalmic</i> (Polycin) (eye) ointment 500-10,000 unit/gram	2	GC
<i>ciprofloxacin hcl ophthalmic</i> (eye) drops 0.3 %	2	GC
<i>ciprofloxacin-dexamethasone otic</i> (ear) drops,suspension 0.3-0.1 %	2	GC; QL (7.5 per 7 days)
<i>erythromycin ophthalmic</i> (eye) ointment 5 mg/gram (0.5 %)	2	GC; QL (3.5 per 4 days)
<i>gatifloxacin ophthalmic</i> (eye) drops 0.5 %	2	GC
<i>gentak ophthalmic</i> (eye) ointment 0.3 % (3 mg/gram)	2	GC
<i>gentamicin ophthalmic</i> (eye) drops 0.3 %	2	GC
<i>hydrocortisone-acetic acid otic</i> (ear) drops 1-2 %	2	GC
<i>levofloxacin ophthalmic</i> (eye) drops 0.5 %	2	GC
<i>moxifloxacin ophthalmic</i> (eye) (Vigamox) drops 0.5 %	2	GC
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc</i> (Neo-Polycin HC) <i>ophthalmic</i> (eye) ointment 3.5- 400-10,000 mg-unit/g-1%	2	GC
<i>neomycin-bacitracin-polymyxin</i> (Neo-Polycin) <i>ophthalmic</i> (eye) ointment 3.5- 400-10,000 mg-unit-unit/g	2	GC
<i>neomycin-polymyxin b-dexameth</i> (Maxitrol) <i>ophthalmic</i> (eye) drops,suspension 3.5mg/ml- 10,000 unit/ml-0.1 %	2	GC
<i>neomycin-polymyxin b-dexameth</i> (Maxitrol) <i>ophthalmic</i> (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	2	GC
<i>neomycin-polymyxin-gramicidin</i> <i>ophthalmic</i> (eye) drops 1.75 mg- 10,000 unit-0.025mg/ml	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	GC
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	2	GC
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)	2	GC
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	2	GC
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	GC
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)	2	GC
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	GC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	GC
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	GC
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	GC
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	GC
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	GC
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	GC
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	

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Drug Name	Drug Tier	Requirements/Limits
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	3	
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	GC
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	GC
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	GC
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	2	GC
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	GC; QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	2	GC
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	4	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	GC
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	GC; QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	GC; QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	2	GC; QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	3	ST; QL (10 per 25 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	2	GC; QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	GC; QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	GC
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	2	GC; QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (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>	2	GC
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	GC
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	2	GC
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	GC
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	2	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	2	GC; QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	2	ST; GC; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	2	ST; GC; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	2	GC
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	GC
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	GC
<i>famotidine intravenous solution 10 mg/ml</i>	2	GC
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	GC
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	GC
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	GC
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	1	GC; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	1	GC; QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	GC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	GC
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	2	ST; GC; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix)	1	GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> (Protonix)	1	GC; QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	2	GC; QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	GC
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	GC
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	GC
<i>dicyclomine oral capsule 10 mg</i>	2	GC
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	GC
<i>dicyclomine oral tablet 20 mg</i>	2	GC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	GC
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	2	GC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; NDS
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	2	GC
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	GC
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	GC
IQIRVO ORAL TABLET 80 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	GC
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LIVDELZI ORAL CAPSULE 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	GC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	GC
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	GC
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	GC
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; NM; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NM; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	PA; NM; NDS
<i>sodium polystyrene sulfonate oral powder</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>sps (with sorbitol) oral suspension</i> 15-20 gram/60 ml	2	GC
<i>ursodiol oral capsule 300 mg</i>	2	GC
<i>ursodiol oral tablet 250 mg</i>	2	GC
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	GC
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NM; 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-</i> <i>22.72-6.72 -5.84 gram</i> (peg 3350- electrolytes)	2	GC
<i>gavilyte-g oral recon soln 236-</i> <i>22.74-6.74 -5.86 gram</i> (peg 3350- electrolytes)	2	GC
<i>gavilyte-n oral recon soln 420</i> <i>gram</i> (peg-electrolyte soln)	2	GC
<i>peg 3350-electrolytes oral recon</i> <i>soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	2	GC
<i>peg-electrolyte soln oral recon</i> <i>soln 420 gram</i> (GaviLyte-N)	2	GC
<i>sodium,potassium,mag sulfates</i> <i>oral recon soln 17.5-3.13-1.6</i> <i>gram</i> (Suprep Bowel Prep Kit)	3	
<i>sodium,potassium,mag sulfates</i> <i>oral recon soln 17.5-3.13-1.6</i> <i>gram 2 pack (480ml)</i>	3	
SUTAB ORAL TABLET 1.479- 0.188- 0.225 GRAM	3	
Phosphate Binders		
<i>calcium acetate(phosphat bind)</i> <i>oral capsule 667 mg</i>	2	GC
<i>calcium acetate(phosphat bind)</i> <i>oral tablet 667 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum oral tablet,chewable</i> (Fosrenol) 1,000 mg, 500 mg, 750 mg	5	NM; NDS
<i>sevelamer carbonate oral powder</i> (Renvela) <i>in packet 0.8 gram, 2.4 gram</i>	2	GC
<i>sevelamer carbonate oral tablet</i> (Renvela) 800 mg	2	GC
<i>sevelamer hcl oral tablet 400 mg,</i> <i>800 mg</i>	2	GC
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg	2	GC
<i>fesoterodine oral tablet extended</i> (Toviaz) <i>release 24 hr 4 mg, 8 mg</i>	2	GC
<i>flavoxate oral tablet 100 mg</i>	2	GC
MYRBETRIQ ORAL TABLET (mirabegron) EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	GC
<i>oxybutynin chloride oral syrup 5</i> <i>mg/5 ml</i>	2	GC
<i>oxybutynin chloride oral tablet 2.5</i> <i>mg, 5 mg</i>	2	GC
<i>oxybutynin chloride oral tablet</i> <i>extended release 24hr 10 mg, 15</i> <i>mg, 5 mg</i>	2	GC
<i>solifenacin oral tablet 10 mg, 5</i> (Vesicare) <i>mg</i>	1	GC
<i>tolterodine oral capsule,extended</i> (Detrol LA) <i>release 24hr 2 mg, 4 mg</i>	2	GC
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	GC
<i>trospium oral capsule,extended</i> <i>release 24hr 60 mg</i>	2	GC
<i>trospium oral tablet 20 mg</i>	2	GC
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended</i> (Uroxatral) <i>release 24 hr 10 mg</i>	1	GC; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	GC
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	GC
ENTADFI ORAL CAPSULE 5-5 MG	4	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	GC
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	GC
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	GC
<i>terazosin oral capsule 10 mg</i>	1	GC
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NM; NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NM; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	5	PA; NM; NDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	2	PA; GC
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	2	PA; GC
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	5	PA; NM; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	5	PA; NM; NDS
<i>deferoxamine injection recon soln 2 gram</i>	5	PA; NM; NDS
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	5	PA; NM; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; NDS
FERRIPROX ORAL TABLET 1,000 MG (deferiprone)	5	PA; NM; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NM; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	GC
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	PA; GC
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA; GC
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA; GC
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; GC; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i> (Vogelxo)	2	PA; GC; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	PA; GC; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; GC; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; GC; QL (180 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>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>dotti transdermal patch</i> (estradiol) 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	2	GC; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	GC
<i>estradiol transdermal patch</i> (Dotti) 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	2	GC; QL (8 per 28 days)
<i>estradiol transdermal patch</i> (Climara) 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	2	GC; QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	GC
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	2	GC; QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	GC
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	GC
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	GC
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	GC
<i>lyllana transdermal patch</i> (estradiol) 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	2	GC; QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	GC
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	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	GC
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	2	GC; QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	GC
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	GC
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	GC
<i>fludrocortisone oral tablet 0.1 mg</i>	2	GC
HEMADY ORAL TABLET 20 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	GC
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	GC
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	GC
<i>methylprednisolone oral tablet 32 mg</i>	2	GC
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	2	GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	GC
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	1	GC
<i>prednisolone 15 mg/5 ml soln dlf 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD; GC
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD; GC
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD; GC
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	GC
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	5	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	5	PA; NM; NDS; QL (30 per 30 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	GC
<i>desmopressin ac 4 mcg/ml ampul (DDAVP) p/f, outer, sdv</i>	5	NM; NDS
<i>desmopressin injection solution 4 mcg/ml (DDAVP)</i>	2	GC
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	GC
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	2	GC
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)</i>	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NM; NDS
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; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	2	GC
<i>octreotide acetate injection</i> (Sandostatin) <i>solution 100 mcg/ml, 50 mcg/ml</i>	2	GC
<i>octreotide acetate injection</i> (Sandostatin) <i>solution 500 mcg/ml</i>	5	NM; NDS
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	GC
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NM; NDS; QL (0.2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	PA; NM; NDS
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	5	PA; NM; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; NM; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	QL (1 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	2	GC
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	5	NM; NDS
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	5	NM; NDS
<i>medroxyprogesterone</i> (Depo-Provera) <i>intramuscular suspension 150 mg/ml</i>	2	GC; QL (1 per 84 days)
<i>medroxyprogesterone</i> (Depo-Provera) <i>intramuscular syringe 150 mg/ml</i>	2	GC; QL (1 per 84 days)
<i>medroxyprogesterone oral tablet</i> (Provera) <i>10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	GC
<i>norethindrone acetate oral tablet</i> (Gallifrey) <i>5 mg</i>	2	GC
<i>progesterone intramuscular oil 50 mg/ml</i>	2	GC
<i>progesterone micronized oral</i> (Prometrium) <i>capsule 100 mg, 200 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
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	GC
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	GC
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	GC
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	GC
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; NDS
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; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NM; NDS
ASTAGRAF XL ORAL (tacrolimus) CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	PA BvD
AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD; GC
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD; GC
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD; GC
<i>cyclosporine modified oral capsule</i> 100 mg, 25 mg (Gengraf)	2	PA BvD; GC
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD; GC
<i>cyclosporine modified oral solution</i> 100 mg/ml (Gengraf)	2	PA BvD; GC
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	2	PA BvD; GC
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NM; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NM; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD; GC
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	PA BvD; GC
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; 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; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NM; 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; NM; NDS; Only NDCs starting with 00074
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NM; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NM; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	GC
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD; GC
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD; GC
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD; GC
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD; GC
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
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	3	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA BvD; GC
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 (Prograf) mg, 5 mg</i>	2	PA BvD; GC
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 80 MG/ML	5	PA; NM; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	5	PA; NM; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	5	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
Vaccines		
ABRYSSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	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

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	\$0 copay; QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	\$0 copay; QL (1.5 per 365 days)
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

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

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Drug Name	Drug Tier	Requirements/Limits
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
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML	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, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	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

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 toxoids-td) 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	QL (0.75 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay; QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay

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Drug Name	Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	\$0 copay; QL (2 per 365 days)
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF 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>alosetron oral tablet 0.5 mg</i> (Lotronex)	2	GC
<i>alosetron oral tablet 1 mg</i> (Lotronex)	5	NM; NDS
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	GC
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	2	GC
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NM; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	GC
<i>mesalamine oral capsule (with delayed release) 400 mg</i> (Delzicol)	2	GC
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	2	GC
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda)	2	GC; QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	2	GC
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	GC
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	GC
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	4	

Metabolic Bone Disease Agents

Metabolic Bone Disease Agents

<i>alendronate oral solution 70 mg/75 ml</i>	2	GC; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	5	NM; NDS
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	GC; QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	GC
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	GC
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	2	GC; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	2	GC; QL (120 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	GC
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	GC; QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	GC; QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i>	1	GC; QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	2	GC
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	GC
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	GC
<i>paricalcitol oral capsule 4 mcg</i>	2	GC
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)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	GC; QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	GC; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	GC; QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	2	GC; QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	2	GC; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	GC
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	GC
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	2	GC; QL (100 per 300 days)

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NM; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NM; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	GC
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NM; NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	5	NM; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	GC
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NM; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NM; NDS
<i>glutamine (sickle cell) oral powder (Endari) in packet 5 gram</i>	5	PA; NM; 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 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	1	GC
<i>hydroxyzine pamoate oral capsule 50 mg</i>	1	GC
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	GC
<i>leucovorin calcium injection solution 10 mg/ml</i>	2	GC
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	GC
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	GC
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	GC
<i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i> (Carnitor (sugar-free))	2	GC
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	2	GC
MESNEX ORAL TABLET 400 MG	5	NM; NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	2	GC; QL (30 per 30 days)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NM; NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	2	GC
<i>pyridostigmine bromide oral tablet 30 mg</i>	2	GC
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	GC
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	2	GC
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	5	PA; NM; NDS
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	5	PA; NM; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NM; NDS; QL (24 per 14 days)
VOWST ORAL CAPSULE	5	PA; NM; NDS; QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	5	PA; NM; NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	5	PA; NM; NDS
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	GC
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	GC
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	GC
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	GC; QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) (Alphagan P) drops 0.1 %, 0.15 %</i>	2	GC
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	GC
<i>brimonidine-timolol ophthalmic (Combigan) (eye) drops 0.2-0.5 %</i>	2	GC
<i>brinzolamide ophthalmic (eye) (Azopt) drops,suspension 1 %</i>	2	GC
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	GC
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	GC
<i>dorzolamide-timolol ophthalmic (Cosopt) (eye) drops 22.3-6.8 mg/ml</i>	2	GC
<i>latanoprost ophthalmic (eye) (Xalatan) drops 0.005 %</i>	1	GC; QL (2.5 per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	GC
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	GC
RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	2	GC; QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	GC
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	2	GC; QL (2.5 per 25 days)
VYZULTA OPTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	GC
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	GC
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	GC
<i>electrolyte-148 intravenous parenteral solution</i>	2	GC
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	4	

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

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>klor-con m10 oral tablet,er</i> (potassium chloride) <i>particles/crystals 10 meq</i>	2	GC
<i>klor-con m15 oral tablet,er</i> (potassium chloride) <i>particles/crystals 15 meq</i>	2	GC
<i>klor-con m20 oral tablet,er</i> (potassium chloride) <i>particles/crystals 20 meq</i>	2	GC
<i>magnesium sulfate in d5w</i> <i>intravenous piggyback 1</i> <i>gram/100 ml</i>	2	GC
<i>magnesium sulfate in water</i> <i>intravenous parenteral solution 20</i> <i>gram/500 ml (4 %), 40</i> <i>gram/1,000 ml (4 %)</i>	2	GC
<i>magnesium sulfate in water</i> <i>intravenous piggyback 2 gram/50</i> <i>ml (4 %), 4 gram/100 ml (4 %), 4</i> <i>gram/50 ml (8 %)</i>	2	GC
<i>magnesium sulfate injection</i> <i>solution 500 mg/ml (50 %)</i>	4	
<i>magnesium sulfate injection</i> <i>syringe 500 mg/ml (50 %)</i>	2	GC
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous</i> <i>solution 2 meq/ml</i>	1	PA BvD; GC
<i>potassium chloride intravenous</i> <i>solution 2 meq/ml (20 ml)</i>	2	PA BvD; GC
<i>potassium chloride oral capsule,</i> <i>extended release 10 meq, 8 meq</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	GC
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	2	GC
<i>potassium chloride oral tablet extended release 15 meq</i>	2	GC
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	2	GC
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	2	GC
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	2	GC
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	2	GC
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	2	GC
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	GC
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	GC
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	GC
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	2	GC
<i>potassium cl 10 meq/5 ml conc sdv,plf,outer 2 meq/ml</i>	2	PA BvD; GC
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	GC
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	GC
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol) 3	QL (12 per 30 days)
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	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>breyina inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(budesonide-formoterol) 2	GC; QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	(Pulmicort) 2	PA BvD; GC; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	(Pulmicort) 2	PA BvD; GC; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyna) 2	GC; QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	2	GC; QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	2	GC; QL (24 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	GC; 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	GC; 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	GC; QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	GC
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	GC
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	GC
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	GC; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	GC; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	GC; 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 %)</i>	2	PA BvD; GC; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	2	PA BvD; GC; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	GC
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	GC
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
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>elixophyllin oral elixir 80 mg/15 ml (theophylline)</i>	2	GC
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; GC; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; GC; QL (540 per 30 days)
PROAIR RESPICLIK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	GC; QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	GC
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NM; NDS
<i>theophylline oral solution 80 mg/15 ml</i>	2	GC
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	GC
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	GC
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 intravenous (Acetadote) solution 200 mg/ml (20 %)</i>	2	GC
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD; GC
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD; GC
FASENRA PEN SUBCUTANEOUS AUTO- INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NM; 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; NM; NDS; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NM; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA BvD; NM; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	2	GC; QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	GC; QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS; QL (56 per 28 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NM; NDS; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NM; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	5	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	GC
<i>chlorzoxazone oral tablet 250 mg</i>	5	NM; NDS; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	GC
<i>chlorzoxazone oral tablet 750 mg</i> (Lorzone)	2	GC; QL (120 per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	GC
<i>dantrolene oral capsule 100 mg, 50 mg</i>	2	GC
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	2	GC
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	GC
<i>revonto intravenous recon soln 20</i> (dantrolene) <i>mg</i>	2	GC
<i>tizanidine oral tablet 2 mg</i>	2	GC
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; GC; 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	GC; QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS; QL (150 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; GC; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; GC; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; NM; LA; NDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	5	PA; NM; NDS; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	GC; QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	GC; 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; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; GC; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; NM; LA; NDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>epoprostenol intravenous recon</i> (Veletri) <i>soln 0.5 mg, 1.5 mg</i>	5	PA; NM; NDS
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension)</i> (Revatio) <i>intravenous solution 10 mg/12.5 ml</i>	5	PA; NM; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral</i> (Revatio) <i>tablet 20 mg</i>	1	PA; GC; QL (360 per 30 days)
<i>tadalafil (pulm. hypertension) oral</i> (Alyq) <i>tablet 20 mg</i>	2	PA; GC; QL (60 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	2	PA; GC; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	PA; GC; QL (30 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection</i> (Remodulin) <i>solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	5	PA; NM; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NM; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NM; 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; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	GC
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	GC
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	GC
<i>folivane-ob capsule 85-1 mg</i>	2	GC
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	GC
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	GC
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	GC
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	GC
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	GC
<i>mynatal oral tablet 90-1-50 mg</i>	2	GC
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	GC
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	GC
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	GC
<i>newgen tablet 32-1,000 mg-mcg</i>	2	GC
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	GC
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	2	GC
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	2	GC
<i>o-cal prenatal tablet 15 mg iron-1,000 mcg</i>	2	GC
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	2	GC
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	GC
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>pnv-omega softgel 28-1-300 mg</i>	2	GC
<i>pr natal 400 combo pack 29-1-400 mg</i>	2	GC
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	GC
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	GC
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	GC
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	2	GC
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	2	GC
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	2	GC
<i>prenatabs fa tablet 29-1 mg</i>	2	GC
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	GC
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	GC
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	GC
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	2	GC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	GC
<i>prenatal-u capsule 106.5-1 mg</i>	2	GC
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	GC
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	GC
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	GC
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>taron-c dha capsule 35-1-200 mg</i>	2	GC
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	GC
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	2	GC
<i>vinate care oral tablet,chewable 40 mg iron- 1 mg</i>	2	GC
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	GC
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	GC
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	GC
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	GC
<i>vitafol gummies 3.33 mg iron-0.33 mg</i>	2	GC
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	GC
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	GC
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	GC
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	2	GC
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	GC
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	GC
<i>zingiber tablet 1.2 mg-40 mg-124.1 mg-100 mg</i>	2	GC

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

INDEX

1ST TIER UNIFINE PENTIPS.....	122	ADVAIR HFA.....	208	<i>amabelz</i>	179
1ST TIER UNIFINE PENTIPS PLUS.....	122	ADVOCATE PEN NEEDLE.....	123	<i>amantadine hcl</i>	64
<i>abacavir</i>	72	ADVOCATE SYRINGES.....	122, 123	<i>ambrisentan</i>	214
<i>abacavir-lamivudine</i>	72	<i>afirmelle</i>	105	<i>amethia</i>	105
ABELCET.....	55	AIRSUPRA.....	208, 209	<i>amiloride</i>	95
ABILIFY ASIMTUFII.....	66	AJOVY AUTOINJECTOR.....	59	<i>amiloride-</i> <i>hydrochlorothiazide</i>	95
ABILIFY MAINTENA.....	66	AJOVY SYRINGE.....	59	<i>amiodarone</i>	89
<i>abiraterone</i>	21	AKEEGA.....	22	<i>amitriptyline</i>	46
ABOUTTIME PEN NEEDLE.....	122	AKYNZEO.....		<i>amitriptyline-</i> <i>chlordiazepoxide</i>	46
ABRAXANE.....	21	(FOSNETUPITANT).....	61	<i>amlodipine</i>	94
ABRYSVO (PF).....	193	AKYNZEO (NETUPITANT).....	61	<i>amlodipine-atorvastatin</i>	96
<i>acamprosate</i>	10	<i>ala-cort</i>	118	<i>amlodipine-benazepril</i>	94
<i>acarbose</i>	49	<i>ala-scalp</i>	118	<i>amlodipine-olmesartan</i>	94
<i>accutane</i>	115	<i>albendazole</i>	63	<i>amlodipine-valsartan</i>	94
<i>acebutolol</i>	90	<i>albuterol sulfate</i>	209, 210	<i>amlodipine-valsartan-</i> <i>hcthiacid</i>	95
<i>acetaminophen-codeine</i>	3	<i>alcaine</i>	167	<i>ammonium lactate</i>	115
<i>acetazolamide</i>	204	<i>alclometasone</i>	118	<i>amoxapine</i>	46
<i>acetazolamide sodium</i>	204	ALCOHOL PADS.....	115	<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	172
<i>acetic acid</i>	168	ALCOHOL PREP PADS.....	116	<i>amoxicillin</i>	17, 18
<i>acetylcysteine</i>	211	ALCOHOL PREP SWABS.....	115	<i>amoxicillin-pot clavulanate</i>	18
<i>acitretin</i>	115	ALCOHOL SWABS.....	115	<i>amphotericin b</i>	55
ACTEMRA.....	186	ALCOHOL WIPES.....	115	<i>amphotericin b liposome</i>	55
ACTEMRA ACTPEN.....	186	ALDURAZYME.....	165	<i>ampicillin</i>	18
ACTHAR.....	183	ALECENSA.....	22	<i>ampicillin sodium</i>	18
ACTHAR SELFJECT.....	183	<i>alendronate</i>	199	<i>ampicillin-sulbactam</i>	18
ACTHIB (PF).....	193	<i>alfuzosin</i>	177	<i>anagrelide</i>	83
ACTIMMUNE.....	201	<i>aliskiren</i>	99	<i>anastrozole</i>	22
<i>acyclovir</i>	79, 115	<i>allopurinol</i>	57	ANKTIVA.....	22
<i>acyclovir sodium</i>	79	<i>alosetron</i>	198	ANORO ELLIPTA.....	210
ADACEL(TDAP.....		<i>alprazolam</i>	11	<i>apomorphine</i>	64
ADOLESN/ADULT)(PF).....	193	<i>altavera (28)</i>	105	APONVIE.....	62
ADAKVEO.....	83	ALTRENO.....	121	<i>apraclonidine</i>	167
<i>adapalene</i>	121	ALUNBRIG.....	22	<i>aprepitant</i>	62
<i>adefovir</i>	79	ALVAIZ.....	81	APRETUDE.....	72
ADEMPAS.....	214	<i>alyacen 1/35 (28)</i>	105		
<i>adrucil</i>	21	<i>alyacen 7/7/7 (28)</i>	105		
		<i>alyq</i>	214		

<i>apri</i>	105	<i>aurovela 24 fe</i>	106	BD INSULIN SYRINGE	
APTIOM.....	39	<i>aurovela fe 1.5/30 (28)</i>	106	ULTRA-FINE.....	124
APTIVUS.....	73	<i>aurovela fe 1-20 (28)</i>	106	BD NANO 2ND GEN PEN	
AQINJECT PEN NEEDLE...	123	AUSTEDO.....	100	NEEDLE.....	125
<i>aranelle (28)</i>	105	AUSTEDO XR.....	100	BD SAFETYGLIDE INSULIN	
ARCALYST.....	186	AUSTEDO XR TITRATION		SYRINGE.....	125
AREXVY (PF).....	193	KT(WK1-4).....	100	BD SAFETYGLIDE	
AREXVY ANTIGEN		AUVELITY.....	46	SYRINGE.....	125
COMPONENT.....	193	<i>aviane</i>	106	BD ULTRA-FINE MICRO	
<i>aripiprazole</i>	66, 67	AVONEX.....	100	PEN NEEDLE.....	125
ARISTADA.....	67	AVSOLA.....	186	BD ULTRA-FINE MINI PEN	
ARISTADA INITIO.....	67	<i>ayuna</i>	106	NEEDLE.....	125
<i>armodafinil</i>	214	AYVAKIT.....	22	BD ULTRA-FINE NANO	
ARNUITY ELLIPTA.....	208	<i>azacitidine</i>	22	PEN NEEDLE.....	126
<i>ascomp with codeine</i>	3	<i>azathioprine</i>	186	BD ULTRA-FINE ORIG PEN	
<i>asenapine maleate</i>	67	<i>azathioprine sodium</i>	186	NEEDLE.....	126
<i>ashlyna</i>	105	<i>azelastine</i>	167, 168	BD ULTRA-FINE SHORT	
<i>aspirin-dipyridamole</i>	84	<i>azithromycin</i>	16	PEN NEEDLE.....	126
ASSURE ID DUO PRO		<i>aztreonam</i>	17	BD VEO INSULIN SYR	
SFTY PEN NDL.....	123	<i>azurette (28)</i>	106	(HALF UNIT).....	126
ASSURE ID DUO-SHIELD..	123	<i>bacitracin</i>	13, 168	BD VEO INSULIN SYRINGE	
ASSURE ID INSULIN		<i>bacitracin-polymyxin b</i>	169	UF.....	126
SAFETY.....	123, 124	<i>baclofen</i>	213	BELSOMRA.....	214
ASSURE ID PEN NEEDLE..	124	<i>bal-care dha</i>	215	<i>benazepril</i>	88
ASSURE ID PRO PEN		<i>bal-care dha essential</i>	216	<i>benazepril-</i>	
NEEDLE.....	124	<i>balsalazide</i>	198	<i>hydrochlorothiazide</i>	88
ASTAGRAF XL.....	186	BALVERSA.....	22	<i>bendamustine</i>	22
<i>atazanavir</i>	73	<i>balziva (28)</i>	106	BENDAMUSTINE.....	22
<i>atenolol</i>	90	BCG VACCINE, LIVE (PF)..	193	BENDEKA.....	22
<i>atenolol-chlorthalidone</i>	90	BD ALCOHOL SWABS.....	115	BENLYSTA.....	186, 187
<i>atomoxetine</i>	100	BD AUTOSHIELD DUO		<i>benztropine</i>	64
<i>atorvastatin</i>	96	PEN NEEDLE.....	124	<i>bepotastine besilate</i>	168
<i>atovaquone</i>	63	BD ECLIPSE LUER-LOK....	124	BESREMI.....	187
<i>atovaquone-proguanil</i>	63	BD INSULIN SYRINGE.....	124	<i>betaine</i>	201
<i>atropine</i>	167	BD INSULIN SYRINGE		<i>betamethasone acet,sod</i>	
ATROVENT HFA.....	210	(HALF UNIT).....	124	<i>phos</i>	181
<i>aubra eq</i>	106	BD INSULIN SYRINGE		<i>betamethasone dipropionate</i>	
AUGTYRO.....	22	SLIP TIP.....	125	.....	118
<i>aurovela 1.5/30 (21)</i>	106	BD INSULIN SYRINGE U-		<i>betamethasone valerate</i>	118
<i>aurovela 1/20 (21)</i>	106	500.....	124		

<i>betamethasone, augmented</i>	<i>bumetanide</i>	<i>carbidopa-levodopa-</i>
..... 118, 119	95	<i>entacapone</i>.....65
BETASERON..... 100	<i>buprenorphine</i> 3	<i>carbinoxamine maleate</i> 58
<i>betaxolol</i> 90, 204	<i>buprenorphine hcl</i>.....3, 10	<i>carboplatin</i>.....23
<i>bethanechol chloride</i> 177	<i>buprenorphine-naloxone</i> 10	CAREFINE PEN NEEDLE.. 126
<i>bexarotene</i> 22	<i>bupropion hcl</i>.....46	CARETOUCH ALCOHOL
BEXSERO..... 193	<i>bupropion hcl (smoking</i>	PREP PAD..... 115
BEYFORTUS..... 77	<i>deter)</i> 10	CARETOUCH INSULIN
<i>bicalutamide</i> 22	<i>buspirone</i>.....201	SYRINGE..... 127
BICILLIN L-A..... 18	<i>butalbital-acetaminop-caf-</i>	CARETOUCH PEN
BIKTARVY.....73	<i>cod</i>.....3	NEEDLE..... 126, 127
<i>bimatoprost</i>.....204	<i>butalbital-acetaminophen</i> 3	<i>carglumic acid</i> 174
<i>bisoprolol fumarate</i> 90	<i>butalbital-acetaminophen-</i>	<i>carteolol</i>.....204
<i>bisoprolol-</i>	<i>caff</i>.....3	<i>cartia xt</i>.....92
<i>hydrochlorothiazide</i> 90	<i>butalbital-aspirin-caffeine</i> 3	<i>carvedilol</i> 91
<i>bleomycin</i> 22	<i>butorphanol</i> 3	<i>caspofungin</i> 55
<i>blisovi 24 fe</i> 106	CABENUVA.....73	CAYSTON..... 17
<i>blisovi fe 1.5/30 (28)</i> 106	<i>cabergoline</i>.....64	<i>caziant (28)</i>.....106
<i>blisovi fe 1/20 (28)</i> 106	CABLIVI.....83	<i>cefaclor</i> 15
BOOSTRIX TDAP..... 193, 194	CABOMETYX.....23	<i>cefadroxil</i> 15
BORDERED GAUZE.....126	<i>cabotegravir</i>.....73	<i>cefazolin</i> 15
<i>bortezomib</i>.....23	<i>caffeine citrate</i> 100	<i>cefazolin in dextrose (iso-os)</i> .15
<i>bosentan</i>.....214	<i>calcipotriene</i> 115	<i>cefdinir</i> 15
BOSULIF..... 23	<i>calcitonin (salmon)</i> 199	<i>cefepime</i> 15
BRAFTOVI..... 23	<i>calcitriol</i> 199, 200	<i>cefexime</i> 15
BREO ELLIPTA.....208	<i>calcium acetate(phosphat</i>	<i>cefotaxime</i> 15
<i>brey-na</i> 208	<i>bind)</i> 176	<i>cefoxitin</i> 15
BREZTRI AEROSPHERE...210	<i>calcium chloride</i>.....205	<i>cefpodoxime</i> 15
<i>brielllyn</i> 106	CALQUENCE	<i>cefprozil</i> 16
BRILINTA..... 84	(ACALABRUTINIB MAL)..... 23	<i>ceftazidime</i> 16
<i>brimonidine</i>.....204	<i>camila</i> 106	<i>ceftriaxone</i> 16
<i>brimonidine-timolol</i> 204	<i>candesartan</i>.....87	<i>cefuroxime axetil</i> 16
<i>brinzolamide</i>.....204	<i>candesartan-</i>	<i>cefuroxime sodium</i> 16
BRIVIACT.....39	<i>hydrochlorothiazid</i> 87	<i>celecoxib</i> 6
<i>bromfenac</i> 171	CAPLYTA.....67	<i>cephalexin</i> 16
<i>bromocriptine</i>.....64	CAPRELSA.....23	CERDELGA.....165
BRONCHITOL.....211	<i>captopril</i>.....88	CEREZYME..... 165
BRUKINSA..... 23	<i>captopril-hydrochlorothiazide</i> 88	<i>cevimeline</i> 114
<i>budesonide</i> 198, 199, 208	<i>carbamazepine</i>.....39, 40	<i>chateal eq (28)</i> 106
<i>budesonide-formoterol</i> 208	<i>carbidopa</i>.....65	
	<i>carbidopa-levodopa</i>.....65	

<i>chloramphenicol sod succinate</i>	13	CLINIMIX 4.25%/D10W SULF FREE.....	84	<i>codeine sulfate</i>	3
<i>chlordiazepoxide hcl</i>	11	CLINIMIX 4.25%/D5W SULFIT FREE.....	84	<i>codeine-butalbital-asa-caff</i>	3
<i>chlorhexidine gluconate</i>	114	CLINIMIX 5%-D20W(SULFITE-FREE).....	84	<i>colchicine</i>	57, 58
<i>chloroquine phosphate</i>	63	CLINIMIX 6%-D5W (SULFITE-FREE).....	85	<i>colesevelam</i>	97
<i>chlorothiazide sodium</i>	95	CLINIMIX 8%-D10W(SULFITE-FREE).....	85	<i>colestipol</i>	97
<i>chlorpromazine</i>	67	CLINIMIX 8%-D14W(SULFITE-FREE).....	85	<i>colistin (colistimethate na)</i>	14
<i>chlorthalidone</i>	95	CLINIMIX E 2.75%/D5W SULF FREE.....	85	COMBIVENT RESPIMAT....	210
<i>chlorzoxazone</i>	213	CLINIMIX E 4.25%/D10W SUL FREE.....	85	COMETRIQ.....	23
<i>cholestyramine (with sugar)</i> ..	97	CLINIMIX E 4.25%/D5W SULF FREE.....	85	COMFORT EZ INSULIN SYRINGE.....	127, 128, 129
<i>cholestyramine light</i>	97	CLINIMIX E 5%/D15W SULFIT FREE.....	85	COMFORT EZ PEN	
<i>ciclopirox</i>	55	CLINIMIX E 5%/D20W SULFIT FREE.....	85	NEEDLES.....	128, 129
<i>cidofovir</i>	79	CLINIMIX E 8%-D10W SULFITEFREE.....	85	COMFORT EZ PRO	
<i>cilostazol</i>	84	CLINIMIX E 8%-D14W SULFITEFREE.....	85	SAFETY PEN NDL.....	129
CIMDUO.....	73	<i>clobazam</i>	40	COMFORT TOUCH PEN	
<i>cimetidine</i>	172	<i>clobetasol</i>	119	NEEDLE.....	129, 130
<i>cimetidine hcl</i>	172	<i>clobetasol-emollient</i>	119	COMPLERA.....	73
<i>cinacalcet</i>	200	<i>clomipramine</i>	46	<i>completenate</i>	216
CINQAIR.....	211	<i>clonazepam</i>	11	<i>compro</i>	62
CINRYZE.....	81	<i>clonidine</i>	86	<i>constulose</i>	174
<i>ciprofloxacin</i>	20	<i>clonidine hcl</i>	86, 101	COPAXONE.....	101
<i>ciprofloxacin hcl</i>	19, 169	<i>clopidogrel</i>	84	COPIKTRA.....	24
<i>ciprofloxacin in 5 % dextrose</i> ..	19	<i>clorazepate dipotassium</i>	11	CORLANOR.....	93
<i>ciprofloxacin-dexamethasone</i>	169	<i>clotrimazole</i>	55	CORTROPHIN GEL.....	183
<i>citalopram</i>	46	<i>clotrimazole-betamethasone</i> ..	55	COSENTYX.....	187, 201
<i>cladribine</i>	23	<i>clozapine</i>	67	COSENTYX (2 SYRINGES)	187
<i>clarithromycin</i>	17	<i>c-nate dha</i>	216	COSENTYX PEN (2 PENS)	187
<i>clemastine</i>	58	COARTEM.....	63	COSENTYX UNOREADY PEN.....	187
CLENPIQ.....	176			COTELLIC.....	24
CLICKFINE PEN NEEDLE..	127			CREON.....	166
<i>clindamycin hcl</i>	13			<i>cromolyn</i>	168, 174, 211
<i>clindamycin in 5 % dextrose</i> ..	13			<i>cryselle (28)</i>	106
<i>clindamycin pediatric</i>	13			CURAD GAUZE PAD.....	130
<i>clindamycin phosphate</i>	13, 59, 117			CURITY ALCOHOL SWABS.....	115
<i>clindamycin-benzoyl peroxide</i>	117			CURITY GAUZE.....	130
CLINIMIX 5%/D15W SULFITE FREE.....	84			<i>cyclobenzaprine</i>	213
				<i>cyclopentolate</i>	168
				<i>cyclophosphamide</i>	24

<i>cyclosporine</i>	187	DERMACEA.....	130	<i>digoxin</i>	93
<i>cyclosporine modified</i>	187	DERMACEA NON-WOVEN	130	<i>dihydroergotamine</i>	59
<i>cyproheptadine</i>	58	DESCOVY.....	73	DILANTIN.....	40
CYRAMZA.....	24	<i>desipramine</i>	46	<i>diltiazem hcl</i>	92
<i>cyred eq</i>	106	<i>desmopressin</i>	183	<i>dilt-xr</i>	92
CYSTADROPS.....	168	<i>desog-e.estradiol/e.estradiol</i>	107	<i>dimenhydrinate</i>	62
CYSTARAN.....	168	<i>desogestrel-ethinyl estradiol</i>	107	<i>dimethyl fumarate</i>	101, 102
<i>d5 % and 0.9 % sodium</i>		<i>desonide</i>	119	DIPENTUM.....	199
<i>chloride</i>	205	<i>desoximetasone</i>	119	<i>diphenhydramine hcl</i>	58
<i>d5 %-0.45 % sodium</i>		<i>desvenlafaxine succinate</i>	47	<i>diphenoxylate-atropine</i>	174
<i>chloride</i>	205	<i>dexamethasone</i>	181	<i>dipyridamole</i>	84
<i>dabigatran etexilate</i>	80	<i>dexamethasone sodium</i>		<i>disopyramide phosphate</i>	89
<i>dalfampridine</i>	101	<i>phos (pf)</i>	181	<i>disulfiram</i>	10
<i>danazol</i>	179	<i>dexamethasone sodium</i>		<i>divalproex</i>	40
<i>dantrolene</i>	213	<i>phosphate</i>	171, 181	<i>docetaxel</i>	24
DANYELZA.....	24	<i>dexmethylphenidate</i>	101	<i>dofetilide</i>	89
<i>dapsone</i>	61	<i>dextrazoxane hcl</i>	201	<i>donepezil</i>	45
DAPTACEL (DTAP		<i>dextroamphetamine sulfate</i>	101	DOPTelet (10 TAB PACK).....	81
PEDIATRIC) (PF).....	194	<i>dextroamphetamine-</i>		DOPTelet (15 TAB PACK).....	81
<i>daptomycin</i>	14	<i>amphetamine</i>	101	DOPTelet (30 TAB PACK).....	81
<i>darunavir</i>	73	<i>dextrose 10 % in water</i>		<i>dorzolamide</i>	204
DARZALEX.....	24	<i>(d10w)</i>	85	<i>dorzolamide-timolol</i>	204
DARZALEX FASPRO.....	24	<i>dextrose 5 % in water (d5w)</i>	86	<i>dotti</i>	180
<i>dasatinib</i>	24	DIACOMIT.....	40	DOVATO.....	73
<i>dasetta 1/35 (28)</i>	106	<i>diazepam</i>	11, 12, 40	<i>doxazosin</i>	86
<i>dasetta 7/7/7 (28)</i>	107	<i>diazepam intensol</i>	12	<i>doxepin</i>	47
DAURISMO.....	24	<i>diazoxide</i>	201	<i>doxercalciferol</i>	200
<i>daysee</i>	107	<i>diclofenac potassium</i>	6	<i>doxorubicin</i>	25
<i>deblitane</i>	107	<i>diclofenac sodium</i>	6, 7, 171	<i>doxorubicin, peg-liposomal</i>	25
<i>decitabine</i>	24	<i>diclofenac-misoprostol</i>	7	<i>doxy-100</i>	20
<i>deferasirox</i>	178	<i>dicloxacillin</i>	19	<i>doxycycline hyclate</i>	20, 21
<i>deferiprone</i>	178	<i>dicyclomine</i>	174	<i>doxycycline monohydrate</i>	21
<i>deferoxamine</i>	178	<i>didanosine</i>	73	DRIZALMA SPRINKLE.....	47
DELSTRIGO.....	73	DIFICID.....	17	<i>dronabinol</i>	62
<i>demeclocycline</i>	20	<i>diflorasone</i>	119	<i>droperidol</i>	62
DENGvAXIA (PF).....	194	<i>diflunisal</i>	7	DROPLET INSULIN	
<i>denta 5000 plus</i>	114	<i>difluprednate</i>	171	SYR(HALF UNIT).....	130, 131
<i>dentagel</i>	114	<i>digitek</i>	93	DROPLET INSULIN	
DEPO-SUBQ PROVERA		<i>digox</i>	93	SYRINGE.....	131, 132
104.....	185				

DROPLET MICRON PEN	EASY TOUCH INSULIN	<i>eluryng</i>.....107
NEEDLE.....132	SYRINGE.....135, 136, 137	EMBRACE PEN NEEDLE...137
DROPLET PEN NEEDLE...132	EASY TOUCH LUER LOCK	EMCYT.....25
DROPSAFE ALCOHOL	INSULIN.....136	EMEND.....62
PREP PADS.....115	EASY TOUCH PEN	EMGALITY PEN.....59
DROPSAFE INSULIN	NEEDLE.....136	EMGALITY SYRINGE.....59
SYRINGE.....132, 133	EASY TOUCH SAFETY	EMSAM.....47
DROPSAFE PEN NEEDLE.133	PEN NEEDLE.....137	<i>emtricitabine</i>.....74
<i>drospirenone-ethinyl</i>	EASY TOUCH	<i>emtricitabine-tenofovir (tdf)</i>....74
<i>estradiol</i>.....107	SHEATHLOCK INSULIN	EMTRIVA.....74
DROXIA.....83	135, 136	<i>emzahh</i>.....107
<i>droxidopa</i>.....86	EASY TOUCH UNI-SLIP.....137	<i>enalapril maleate</i>.....88
DUAVEE.....180	<i>ec-naproxen</i>.....7	<i>enalaprilat</i>.....88
<i>duloxetine</i>.....47	<i>econazole</i>.....56	<i>enalapril-hydrochlorothiazide</i> 88
DUPIXENT PEN.....187	<i>edaravone</i>.....102	ENBREL.....187, 188
DUPIXENT SYRINGE.....187	EDARBI.....87	ENBREL MINI.....187
<i>dutasteride</i>.....178	EDARBYCLOR.....87	ENBREL SURECLICK.....188
<i>dutasteride-tamsulosin</i>.....178	EDURANT.....73	<i>endocet</i>.....4
EASY COMFORT	<i>efavirenz</i>.....73	ENGERIX-B (PF).....194
ALCOHOL PAD.....116	<i>efavirenz-emtricitabin-</i>	ENGERIX-B PEDIATRIC
EASY COMFORT INSULIN	<i>tenofov</i>.....73	(PF).....194
SYRINGE.....133, 134	<i>efavirenz-lamivu-tenofov</i>	<i>enilloring</i>.....107
EASY COMFORT PEN	<i>disop</i>.....74	<i>enoxaparin</i>.....80
NEEDLES.....134	EGRIFTA SV.....183	<i>enpresse</i>.....107
EASY COMFORT SAFETY	ELAPRASE.....166	<i>enskyce</i>.....107
PEN NEEDLE.....133	<i>electrolyte-148</i>.....205	ENSPRYNG.....102
EASY GLIDE INSULIN	ELFABRIO.....166	<i>entacapone</i>.....65
SYRINGE.....134, 135	ELIGARD.....25	ENTADFI.....178
EASY GLIDE PEN NEEDLE	ELIGARD (3 MONTH).....25	<i>entecavir</i>.....79
.....135	ELIGARD (4 MONTH).....25	ENTRESTO.....87
EASY TOUCH.....136	ELIGARD (6 MONTH).....25	ENTRESTO SPRINKLE.....87
EASY TOUCH ALCOHOL	<i>elimest</i>.....107	<i>enulose</i>.....174
PREP PADS.....116	ELIQUIS.....80	EPCLUSA.....78
EASY TOUCH FLIPLOCK	ELIQUIS DVT-PE TREAT	EPIDIOLEX.....40
INSULIN.....136	30D START.....80	<i>epinastine</i>.....168
EASY TOUCH FLIPLOCK	ELITEK.....166	<i>epinephrine</i>.....93, 94
SYRINGE.....135	<i>elixophyllin</i>.....210	<i>epitol</i>.....40
EASY TOUCH INSULIN	ELLA.....107	EPIVIR HBV.....74
SAFETY SYR.....135	ELMIRON.....201	EPKINLY.....25
	ELREXFIO.....25	<i>eplerenone</i>.....99

<i>epoprostenol</i>	215	EVRYSDI.....	201	FIASP U-100 INSULIN.....	52
EPRONTIA.....	40	EXEL INSULIN.....	138	<i>finasteride</i>	178
<i>eprosartan</i>	87	<i>exemestane</i>	26	<i> fingolimod</i>	102
ERBITUX.....	25	EXKIVITY.....	26	FINTEPLA.....	41
<i>ergoloid</i>	45	EXONDYS-51.....	202	FIRMAGON KIT W	
ERIVEDGE.....	25	EXTENCILLINE.....	19	DILUENT SYRINGE.....	26
ERLEADA.....	25	EYSUVIS.....	171	<i>flavoxate</i>	177
<i>erlotinib</i>	25	EZALLOR SPRINKLE.....	97	FLEBOGAMMA DIF.....	188
<i>errin</i>	107	<i>ezetimibe</i>	97	<i>flecainide</i>	89
<i>ertapenem</i>	17	<i>ezetimibe-simvastatin</i>	97	<i>floxuridine</i>	26
<i>ery pads</i>	117	FABRAZYME.....	166	<i>fluconazole</i>	56
<i>erythromycin</i>	17, 169	<i>falmina (28)</i>	108	<i>fluconazole in nacl (iso-osm)</i>	56
<i>erythromycin ethylsuccinate</i> ..	17	<i>famciclovir</i>	79	<i>flucytosine</i>	56
<i>erythromycin with ethanol</i>	117	<i>famotidine</i>	173	<i>fludrocortisone</i>	181
<i>erythromycin-benzoyl</i>		<i>famotidine (pf)</i>	173	<i>flumazenil</i>	102
<i>peroxide</i>	117	<i>famotidine (pf)-nacl (iso-os)</i>	173	<i>flunisolide</i>	171
<i>escitalopram oxalate</i>	47	FANAPT.....	68	<i>fluocinolone</i>	119
<i>esomeprazole magnesium</i>		FARXIGA.....	49	<i>fluocinolone acetonide oil</i>	171
.....	172, 173	FASENRA.....	211	<i>fluocinonide</i>	119, 120
<i>esomeprazole sodium</i>	173	FASENRA PEN.....	211	<i>fluocinonide-emollient</i>	120
<i>estarylla</i>	107	<i>febuxostat</i>	58	<i>fluoride (sodium)</i>	114
<i>estazolam</i>	12	<i>felbamate</i>	41	<i>fluorometholone</i>	171
<i>estradiol</i>	180	<i>felodipine</i>	95	<i>fluorouracil</i>	26, 116
<i>estradiol valerate</i>	180	FEMRING.....	180	<i>fluoxetine</i>	47
<i>estradiol-norethindrone acet</i>	180	<i>fenofibrate</i>	97	<i>fluphenazine decanoate</i>	68
<i>eszopiclone</i>	214	<i>fenofibrate micronized</i>	97	<i>fluphenazine hcl</i>	68
<i>ethambutol</i>	61	<i>fenofibrate nanocrystallized</i> ...	97	<i>flurazepam</i>	12
<i>ethosuximide</i>	40, 41	<i>fenofibric acid (choline)</i>	97	<i>flurbiprofen</i>	7
<i>ethynodiol diac-eth estradiol</i>	107	<i>fenoprofen</i>	7	<i>flurbiprofen sodium</i>	171
<i>etodolac</i>	7	<i>fentanyl</i>	4	<i>fluticasone propionate</i>	
<i>etonogestrel-ethinyl estradiol</i>		<i>fentanyl citrate</i>	4	.....	120, 171, 208, 209
.....	107	FERRIPROX.....	178	<i>fluticasone propion-</i>	
ETOPOPHOS.....	26	FERRIPROX (2 TIMES A		<i>salmeterol</i>	209
<i>etoposide</i>	26	DAY).....	178	<i>fluvastatin</i>	97
<i>etravirine</i>	74	<i>fesoterodine</i>	177	<i>fluvoxamine</i>	47
EUCRISA.....	119	FETZIMA.....	47	<i>folivane-ob</i>	216
<i>everolimus (antineoplastic)</i>	26	FIASP FLEXTOUCH U-100		<i>fomepizole</i>	202
<i>everolimus</i>		INSULIN.....	52	<i>fondaparinux</i>	80
<i>(immunosuppressive)</i>	188	FIASP PENFILL U-100		<i>fosamprenavir</i>	74
EVOTAZ.....	74	INSULIN.....	52	<i>fosaprepitant</i>	62

<i>foscarnet</i>	77	<i>generlac</i>	174	<i>hailey fe 1/20 (28)</i>	108
<i>fosinopril</i>	89	<i>gengraf</i>	188	<i>halobetasol propionate</i>	120
<i>fosinopril-</i>		<i>gentak</i>	169	<i>haloette</i>	108
<i>hydrochlorothiazide</i>	89	<i>gentamicin</i>	13, 117, 169	<i>haloperidol</i>	68
<i>fosphenytoin</i>	41	<i>gentamicin sulfate (ped) (pf)</i> ..	13	<i>haloperidol decanoate</i>	68
FOTIVDA.....	26	<i>gentamicin sulfate (pf)</i>	13	<i>haloperidol lactate</i>	68
FREESTYLE PRECISION...138		GENVOYA.....	74	HARVONI.....	78
FRUZAQLA.....	26	GILENYA.....	102	HAVRIX (PF).....	194
FULPHILA.....	81	GILOTRIF.....	27	HEALTHWISE INSULIN	
<i>fulvestrant</i>	26	GIVLAARI.....	83	SYRINGE.....	139
<i>furosemide</i>	95, 96	<i>glatiramer</i>	102	HEALTHWISE PEN	
FUZEON.....	74	<i>glatopa</i>	102	NEEDLE.....	139
FYARRO.....	26	GLEOSTINE.....	27	HEALTHY ACCENTS	
<i>fyavolv</i>	180	<i>glimepiride</i>	54	UNIFINE PENTIP.....	139, 140
FYCOMPA.....	41	<i>glipizide</i>	54	<i>heather</i>	108
FYLNETRA.....	81	<i>glipizide-metformin</i>	54	HEMADY.....	181
<i>gabapentin</i>	41	<i>glutamine (sickle cell)</i>	202	<i>heparin (porcine)</i>	80
GALAFOLD.....	166	<i>glyburide</i>	55	<i>heparin, porcine (pf)</i>	80, 81
<i>galantamine</i>	45	<i>glyburide micronized</i>	55	HEPLISAV-B (PF).....	194
<i>gallifrey</i>	185	<i>glyburide-metformin</i>	55	HERCEPTIN HYLECTA.....	27
GAMIFANT.....	188	<i>glycopyrrolate</i>	174	HERZUMA.....	27
GAMMAGARD LIQUID.....	188	<i>glydo</i>	9	HETLIOZ LQ.....	214
GAMMAGARD S-D (IGA < 1		GLYXAMBI.....	49	HIBERIX (PF).....	194
MCG/ML).....	188	<i>granisetron (pf)</i>	62	HUMIRA.....	189
GAMMAPLEX.....	188	<i>granisetron hcl</i>	62	HUMIRA PEN.....	189
GAMMAPLEX (WITH		GRANIX.....	81	HUMIRA PEN CROHNS-	
SORBITOL).....	188	<i>griseofulvin microsize</i>	56	UC-HS START.....	188
GAMUNEX-C.....	188	<i>griseofulvin ultramicrosize</i>	56	HUMIRA PEN PSOR-	
<i>ganciclovir sodium</i>	79	<i>guanfacine</i>	86, 102	UVEITS-ADOL HS.....	189
GARDASIL 9 (PF).....	194	GVOKE.....	202	HUMIRA(CF).....	189
<i>gatifloxacin</i>	169	GVOKE HYOPEN 2-PACK		HUMIRA(CF) PEDI	
GATTEX 30-VIAL.....	174	.....	202	CROHNS STARTER.....	189
GAUZE PAD.....	138	GVOKE PFS 1-PACK		HUMIRA(CF) PEN.....	189
<i>gavilyte-c</i>	176	SYRINGE.....	202	HUMIRA(CF) PEN	
<i>gavilyte-g</i>	176	GVOKE PFS 2-PACK		CROHNS-UC-HS.....	189
<i>gavilyte-n</i>	176	SYRINGE.....	202	HUMIRA(CF) PEN	
GAVRETO.....	26	HAEGARDA.....	82	PEDIATRIC UC.....	189
<i>gefitinib</i>	27	<i>hailey</i>	108	HUMIRA(CF) PEN PSOR-	
<i>gemcitabine</i>	27	<i>hailey 24 fe</i>	108	UV-ADOL HS.....	189
<i>gemfibrozil</i>	97	<i>hailey fe 1.5/30 (28)</i>	108		

HUMULIN R U-500 (CONC)		<i>imatinib</i>.....27	INSULIN SYRINGE
INSULIN.....	52	IMBRUVICA.....27, 28	MICROFINE.....125
HUMULIN R U-500 (CONC)		IMDELLTRA.....28	INSULIN SYRINGE
KWIKPEN.....	53	<i>imipenem-cilastatin</i>.....17	NEEDLELESS.....125
<i>hydralazine</i>	94	<i>imipramine hcl</i>.....48	INSULIN SYRINGE-
<i>hydrochlorothiazide</i>	96	<i>imipramine pamoate</i>.....48	NEEDLE U-100
<i>hydrocodone-</i>		<i>imiquimod</i>.....116	125, 138, 140, 141, 149, 150,
<i>acetaminophen</i>	4	IMJUDO.....28	154, 158
<i>hydrocodone-ibuprofen</i>	4	IMLYGIC.....28	INSUPEN PEN NEEDLE
<i>hydrocortisone</i>	120, 182, 199	IMOVAX RABIES VACCINE	141, 142
HYDROCORTISONE.....	120	(PF).....194	INTELENCE.....74
<i>hydrocortisone butyrate</i>	120	IMPAVIDO.....64	INTRALIPID.....86
HYDROCORTISONE		INBRIJA.....65	INVEGA HAFYERA.....68
LOTION COMPLETE.....	120	<i>incassia</i>.....108	INVEGA SUSTENNA.....68, 69
<i>hydrocortisone valerate</i>	120	INCONTROL ALCOHOL	INVEGA TRINZA.....69
<i>hydrocortisone-acetic acid</i> ...	169	PADS.....116	INVELTYS.....171
<i>hydromorphone</i>	4	INCONTROL PEN NEEDLE	INVIRASE.....74
<i>hydromorphone (pf)</i>	4	INCRELEX.....183	IPOL.....195
<i>hydroxychloroquine</i>	64	<i>indapamide</i>.....96	<i>ipratropium bromide</i>....168, 210
<i>hydroxyprogesterone</i>		<i>indomethacin</i>.....8	<i>ipratropium-albuterol</i>.....210
<i>cap(ppres)</i>	185	INFANRIX (DTAP) (PF).....195	IQIRVO.....174
<i>hydroxyprogesterone</i>		INFLECTRA.....190	<i>irbesartan</i>.....87
<i>caproate</i>	185	<i>infliximab</i>.....190	<i>irbesartan-</i>
<i>hydroxyurea</i>	27	INGREZZA.....102	<i>hydrochlorothiazide</i>.....87
<i>hydroxyzine hcl</i>	58	INGREZZA INITIATION	<i>irinotecan</i>.....28
<i>hydroxyzine pamoate</i>	202	PK(TARDIV).....102	ISENTRESS.....74
HYQVIA.....	189	INGREZZA SPRINKLE.....102	ISENTRESS HD.....74
<i>ibandronate</i>	200	INLYTA.....28	<i>isibloom</i>.....108
IBRANCE.....	27	INPEN (FOR HUMALOG)	ISOLYTE S PH 7.4.....206
<i>ibu</i>	7	BLUE.....140	ISOLYTE-P IN 5 %
<i>ibuprofen</i>	7, 8	INPEN (NOVOLOG OR	DEXTROSE.....206
<i>ibuprofen-famotidine</i>	8	FIASP) BLUE.....140	ISOLYTE-S.....205
<i>icatibant</i>	94	INQOVI.....28	<i>isoniazid</i>.....61
<i>iclevia</i>	108	INREBIC.....28	<i>isosorbide dinitrate</i>.....99
ICLUSIG.....	27	<i>insulin asp prt-insulin aspart</i> ..53	<i>isosorbide mononitrate</i>.....99
IDHIFA.....	27	<i>insulin aspart u-100</i>.....53	<i>isosorbide-hydralazine</i>.....99
<i>ifosfamide</i>	27	INSULIN SYR/NDL U100	<i>isradipine</i>.....95
ILARIS (PF).....	189	HALF MARK.....140	<i>itraconazole</i>.....56
ILEVRO.....	171	INSULIN SYRINGE.....125	IV PREP WIPES.....116
ILUMYA.....	189		<i>ivabradine</i>.....94

<i>ivermectin</i>	64	<i>ketoconazole</i>	56	<i>larin 24 fe</i>	109
IWILFIN.....	28	<i>ketoprofen</i>	8	<i>larin fe 1.5/30 (28)</i>	109
IXCHIQ (PF).....	195	<i>ketorolac</i>	8, 171	<i>larin fe 1/20 (28)</i>	109
IXIARO (PF).....	195	KEVZARA.....	190	<i>latanoprost</i>	204
<i>jaimiess</i>	108	KEYTRUDA.....	29	LAZCLUZE.....	29
JAKAFI.....	28	KIMMTRAK.....	29	<i>leflunomide</i>	190
<i>jantoven</i>	81	KINERET.....	190	<i>lenalidomide</i>	29
JANUMET.....	50	KINRIX (PF).....	195	LENTOCILIN S.....	19
JANUMET XR.....	50	<i>kionex (with sorbitol)</i>	174	LENVIMA.....	30
JANUVIA.....	50	KISQALI.....	29	<i>lessina</i>	109
JARDIANCE.....	50	KISQALI FEMARA CO- PACK.....	29	<i>letrozole</i>	30
<i>jasmiel (28)</i>	108	KLISYRI.....	116	<i>leucovorin calcium</i>	202
<i>javygtor</i>	166	<i>klor-con m10</i>	206	LEUKERAN.....	30
JAYPIRCA.....	28	<i>klor-con m15</i>	206	LEUKINE.....	82
JEMPERLI.....	28	<i>klor-con m20</i>	206	<i>leuprolide</i>	30
<i>jencycla</i>	108	KLOXXADO.....	10	<i>leuprolide (3 month)</i>	30
JENTADUETO.....	50	KOSELUGO.....	29	<i>levetiracetam</i>	42
JENTADUETO XR.....	50	<i>kosher prenatal plus iron</i>	216	<i>levobunolol</i>	205
<i>jinteli</i>	180	KOURZEQ.....	114	<i>levocarnitine</i>	202
<i>juleber</i>	108	KRAZATI.....	29	<i>levocarnitine (with sugar)</i>	202
JULUCA.....	74	KRINTAFEL.....	64	<i>levocetirizine</i>	58
<i>junel 1.5/30 (21)</i>	108	KRYSTEXXA.....	166	<i>levofloxacin</i>	20, 168, 169
<i>junel 1/20 (21)</i>	108	<i>kurvelo (28)</i>	109	<i>levofloxacin in d5w</i>	20
<i>junel fe 1.5/30 (28)</i>	108	KYNMOBI.....	65	<i>levoleucovorin calcium</i>	202
<i>junel fe 1/20 (28)</i>	108	<i>l norgest/e.estradiol-e.estrad</i>	109	<i>levonest (28)</i>	109
<i>junel fe 24</i>	108	<i>labetalol</i>	91	<i>levonorgest-eth.estradiol-</i> <i>iron</i>	109
JUXTAPID.....	97, 98	<i>lacosamide</i>	41	<i>levonorgestrel-ethinyl estrad</i>	109, 110
JYLAMVO.....	28	<i>lactulose</i>	174	<i>levonorg-eth estrad triphasic</i>	110
JYNARQUE.....	96	<i>lagevrio (eua)</i>	79	<i>levora-28</i>	110
JYNNEOS (PF).....	195	<i>lamivudine</i>	75	<i>levothyroxine</i>	186
<i>kalliga</i>	109	<i>lamivudine-zidovudine</i>	75	LEXIVA.....	75
KALYDECO.....	211, 212	<i>lamotrigine</i>	41, 42	LIBERVANT.....	42
KANJINTI.....	28	<i>lanreotide</i>	183	<i>lidocaine</i>	9
KANUMA.....	166	<i>lansoprazole</i>	173	<i>lidocaine (pf)</i>	9, 89, 90
<i>kariva (28)</i>	109	<i>lanthanum</i>	177	<i>lidocaine hcl</i>	9
KATERZIA.....	95	<i>lapatinib</i>	29	<i>lidocaine viscous</i>	9
<i>kelnor 1/35 (28)</i>	109	<i>larin 1.5/30 (21)</i>	109	<i>lidocaine-prilocaine</i>	9
<i>kelnor 1/50 (28)</i>	109	<i>larin 1/20 (21)</i>	109		
KERENDIA.....	99				
KESIMPTA PEN.....	102				

<i>linezolid</i>	14	LUPRON DEPOT (3	MAVENCLAD (7 TABLET
<i>linezolid in dextrose 5%</i>	14	MONTH).....	PACK).....
LINZESS.....	174	LUPRON DEPOT (4	MAVENCLAD (8 TABLET
<i>liothyronine</i>	186	MONTH).....	PACK).....
LISCO.....	142	LUPRON DEPOT (6	MAVENCLAD (9 TABLET
<i>lisinopril</i>	89	MONTH).....	PACK).....
<i>lisinopril-hydrochlorothiazide</i>	89	LUPRON DEPOT-PED	MAVYRET.....
LITE TOUCH INSULIN PEN		183, 184	MAXICOMFORT II PEN
NEEDLES.....	142	LUPRON DEPOT-PED (3	NEEDLE.....
LITE TOUCH INSULIN		MONTH).....	143
SYRINGE.....	142, 143	<i>lurasidone</i>	MAXICOMFORT INSULIN
<i>lithium carbonate</i>	102, 103	<i>lutra (28)</i>	SYRINGE.....
<i>lithium citrate</i>	103	LYBALVI.....	143
LIVALO.....	98	<i>lyleq</i>	MAXI-COMFORT INSULIN
LIVDELZI.....	175	<i>lyllana</i>	SYRINGE.....
<i>lojaimiess</i>	110	LYNPARZA.....	143
LOKELMA.....	175	LYSODREN.....	MAXICOMFORT SAFETY
LONSURF.....	30	LYTGOBI.....	PEN NEEDLE.....
<i>loperamide</i>	175	<i>lyza</i>	143
<i>lopinavir-ritonavir</i>	75	MAGELLAN INSULIN	MAYZENT.....
LOQTORZI.....	30	SAFETY SYRNG.....	103
<i>lorazepam</i>	12	MAGELLAN SYRINGE.....	MAYZENT STARTER(FOR
<i>lorazepam intensol</i>	12	<i>magnesium sulfate</i>	1MG MAINT).....
LORBRENA.....	30	<i>magnesium sulfate in d5w</i>	103
<i>loryna (28)</i>	110	<i>magnesium sulfate in water</i>	MAYZENT STARTER(FOR
<i>losartan</i>	87	<i>malathion</i>	2MG MAINT).....
<i>losartan-hydrochlorothiazide</i>	87	<i>maraviroc</i>	103
LOTEMAX.....	171	MARGENZA.....	<i>meclizine</i>
LOTEMAX SM.....	172	<i>marlissa (28)</i>	62
<i>loteprednol etabonate</i>	172	<i>marnatal-f</i>	<i>medroxyprogesterone</i>
<i>lovastatin</i>	98	MARPLAN.....	185
<i>low-ogestrel (28)</i>	110	MATULANE.....	<i>mefenamic acid</i>
<i>loxapine succinate</i>	69	<i>matzim la</i>	8
<i>lo-zumandimine (28)</i>	110	MAVENCLAD (10 TABLET	<i>mefloquine</i>
<i>lubiprostone</i>	175	PACK).....	64
LUMAKRAS.....	30	MAVENCLAD (4 TABLET	<i>megestrol</i>
LUMIGAN.....	205	PACK).....	31, 185
LUNSUMIO.....	30	MAVENCLAD (5 TABLET	MEKINIST.....
LUPRON DEPOT.....	183	PACK).....	31
		MAVENCLAD (6 TABLET	MEKTOVI.....
		PACK).....	31
			<i>meloxicam</i>
			8
			<i>memantine</i>
			45
			MENACTRA (PF).....
			195
			MENQUADFI (PF).....
			195
			MENVEO A-C-Y-W-135-DIP
			(PF).....
			195
			MEPSEVII.....
			166
			<i>mercaptopurine</i>
			31
			<i>meropenem</i>
			17
			<i>merzee</i>
			110
			<i>mesalamine</i>
			199
			<i>mesna</i>
			203
			MESNEX.....
			203

<i>metadate er</i>	103	<i>miglustat</i>	166	<i>mycophenolate mofetil</i>	190
<i>metformin</i>	50	<i>mili</i>	110	<i>mycophenolate mofetil (hcl)</i>	190
<i>methadone</i>	4, 5	<i>mimvey</i>	180	<i>mycophenolate sodium</i>	190
<i>methadose</i>	5	MINI ULTRA-THIN II.....	144	<i>mynatal</i>	216
<i>methazolamide</i>	205	<i>minocycline</i>	21	<i>mynatal advance</i>	216
<i>methenamine hippurate</i>	14	<i>minoxidil</i>	99	<i>mynatal plus</i>	216
<i>methimazole</i>	186	<i>mirtazapine</i>	48	<i>mynatal-z</i>	216
<i>methocarbamol</i>	213	<i>misoprostol</i>	173	<i>mynate 90 plus</i>	216
<i>methotrexate sodium</i>	31	<i>mitoxantrone</i>	31	MYRBETRIQ.....	177
<i>methotrexate sodium (pf)</i>	31	M-M-R II (PF).....	195	<i>nabumetone</i>	8
<i>methoxsalen</i>	116	<i>m-natal plus</i>	216	<i>nadolol</i>	91
<i>methscopolamine</i>	175	<i>modafinil</i>	214	<i>nafcillin</i>	19
<i>methsuximide</i>	42	<i>moexipril</i>	89	NAGLAZYME.....	166
<i>methyl dopa</i>	86	<i>molindone</i>	69	<i>naloxone</i>	10
<i>methylphenidate hcl</i>	103, 104	<i>mometasone</i>	120, 121, 172	<i>naltrexone</i>	10
<i>methylprednisolone</i>	182	<i>mondoxyne nl</i>	21	NAMZARIC.....	45, 46
<i>methylprednisolone acetate</i>	182	MONOJECT INSULIN		<i>naproxen</i>	8, 9
<i>methylprednisolone sodium</i>		SAFETY SYRING.....	145	<i>naratriptan</i>	59
<i>succ</i>	182	MONOJECT INSULIN		NATACYN.....	169
<i>metoclopramide hcl</i>	175	SYRINGE.....	144, 145	<i>nateglinide</i>	51
<i>metolazone</i>	96	MONOJECT SYRINGE.....	144	NATPARA.....	200
<i>metoprolol succinate</i>	91	MONOJECT ULTRA		NAYZILAM.....	42
<i>metoprolol ta-</i>		COMFORT INSULIN.....	160	<i>nebivolol</i>	91
<i>hydrochlorothiaz</i>	91	<i>mono-lynyah</i>	110	<i>necon 0.5/35 (28)</i>	110
<i>metoprolol tartrate</i>	91	<i>montelukast</i>	209	<i>nefazodone</i>	48
<i>metronidazole</i>	14, 59, 117	<i>morphine</i>	5	<i>neomycin</i>	13
<i>metronidazole in nacl (iso-</i>		MORPHINE.....	5	<i>neomycin-bacitracin-poly-hc</i>	169
<i>os)</i>	14	<i>morphine concentrate</i>	5	<i>neomycin-bacitracin-</i>	
<i>metyrosine</i>	94	MOUNJARO.....	51	<i>polymyxin</i>	169
<i>mexiletine</i>	90	MOVANTIK.....	175	<i>neomycin-polymyxin b gu</i>	118
<i>miconazole-3</i>	56	<i>moxifloxacin</i>	20, 169	<i>neomycin-polymyxin b-</i>	
MICRODOT INSULIN PEN		<i>moxifloxacin-sod.ace,sul-</i>		<i>dexameth</i>	169
NEEDLE.....	144	<i>water</i>	20	<i>neomycin-polymyxin-</i>	
MICRODOT READYGARD		<i>moxifloxacin-</i>		<i>gramicidin</i>	169
PEN NEEDLE.....	144	<i>sod.chloride(iso)</i>	20	<i>neomycin-polymyxin-hc</i>	170
<i>microgestin fe 1/20 (28)</i>	110	MOZOBIL.....	82	<i>neo-polycin</i>	170
<i>midazolam</i>	12	MRESVIA (PF).....	195	<i>neo-polycin hc</i>	170
<i>midodrine</i>	86	MULTAQ.....	90	NERLYNX.....	32
<i>mifepristone</i>	50	<i>mupirocin</i>	117	NEULASTA ONPRO.....	82
<i>miglitol</i>	50	MVASI.....	31	NEUPRO.....	65

<i>nevirapine</i>	75	<i>nortriptyline</i>	48	ODOMZO.....	32
<i>newgen</i>	216	NORVIR.....	75	OFEV.....	212
NEXLETOL.....	98	NOVOFINE 30.....	145	<i>ofloxacin</i>	170
NEXLIZET.....	98	NOVOFINE 32.....	145	OGIVRI.....	32
<i>niacin</i>	98	NOVOFINE PLUS.....	145	OGSIVEO.....	32
<i>niacor</i>	98	NOVOLIN 70/30 U-100		OJEMDA.....	32
<i>nicardipine</i>	95	INSULIN.....	53	OJJAARA.....	32
NICOTROL.....	10	NOVOLIN 70-30 FLEXPEN		<i>olanzapine</i>	70
NICOTROL NS.....	10	U-100.....	53	<i>olmesartan</i>	87
<i>nifedipine</i>	95	NOVOLIN N FLEXPEN.....	53	<i>olmesartan-amlodipin-</i>	
<i>nikki (28)</i>	110	NOVOLIN N NPH U-100		<i>hcthiazid</i>	87
<i>nilutamide</i>	32	INSULIN.....	53	<i>olmesartan-</i>	
NINLARO.....	32	NOVOLIN R FLEXPEN.....	53	<i>hydrochlorothiazide</i>	87
<i>nitazoxanide</i>	64	NOVOLIN R REGULAR		<i>olopatadine</i>	168
<i>nitisinone</i>	166	U100 INSULIN.....	53	OLUMIANT.....	190
<i>nitrofurantoin macrocrystal</i>	14	NOVOTWIST.....	146	<i>omega-3 acid ethyl esters</i>	98
<i>nitrofurantoin monohydr/m-</i>		NOXAFIL.....	56	<i>omeprazole</i>	173
<i>cryst</i>	14	NPLATE.....	82	<i>omeprazole-sodium</i>	
<i>nitroglycerin</i>	99, 203	NUBEQA.....	32	<i>bicarbonate</i>	173
<i>niva-plus</i>	216	NUCALA.....	212	OMNIPOD 5 (G6/LIBRE 2	
NIVESTYM.....	82	NULOJIX.....	190	PLUS).....	146
<i>nizatidine</i>	173	NUPLAZID.....	70	OMNIPOD 5 G6 INTRO KIT	
NORDITROPIN FLEXPRO.....	184	NURTEC ODT.....	59	(GEN 5).....	146
<i>norelgestromin-</i>		NUTRILIPID.....	86	OMNIPOD 5 G6 PODS	
<i>ethin.estradiol</i>	111	<i>nyamyc</i>	57	(GEN 5).....	146
<i>norethindrone</i>		<i>nylia 1/35 (28)</i>	111	OMNIPOD 5 G6-G7 INTRO	
<i>(contraceptive)</i>	111	<i>nylia 7/7/7 (28)</i>	111	KT(GEN5).....	146
<i>norethindrone acetate</i>	185	<i>nymyo</i>	112	OMNIPOD 5 G6-G7 PODS	
<i>norethindrone ac-eth</i>		<i>nystatin</i>	57	(GEN 5).....	146
<i>estradiol</i>	111, 180	<i>nystatin-triamcinolone</i>	57	OMNIPOD 5	
<i>norethindrone-e.estradiol-</i>		<i>nystop</i>	57	INTRO(G6/LIBRE2PLUS)...	146
<i>iron</i>	111	NYVEPRIA.....	82	OMNIPOD CLASSIC PODS	
<i>norgestimate-ethinyl</i>		<i>obstetrix dha</i>	216	(GEN 3).....	146
<i>estradiol</i>	111	<i>obstetrix dha prenatal duo</i> ...	216	OMNIPOD DASH INTRO	
NORMOSOL-M IN 5 %		<i>o-cal prenatal</i>	216	KIT (GEN 4).....	146
DEXTROSE.....	206	OCALIVA.....	175	OMNIPOD DASH PDM KIT	
<i>nortrel 0.5/35 (28)</i>	111	OCREVUS.....	104	(GEN 4).....	146
<i>nortrel 1/35 (21)</i>	111	OCTAGAM.....	190	OMNIPOD DASH PODS	
<i>nortrel 1/35 (28)</i>	111	<i>octreotide acetate</i>	184	(GEN 4).....	146
<i>nortrel 7/7/7 (28)</i>	111	ODEFSEY.....	75	OMNIPOD GO PODS.....	147

OMNIPOD GO PODS 10 UNITS/DAY	146	<i>oxybutynin chloride</i>	177	<i>penicillamine</i>	178
OMNIPOD GO PODS 15 UNITS/DAY	146	<i>oxycodone</i>	5	<i>penicillin g potassium</i>	19
OMNIPOD GO PODS 20 UNITS/DAY	146	<i>oxycodone-acetaminophen</i>	5	<i>penicillin g procaine</i>	19
OMNIPOD GO PODS 25 UNITS/DAY	146	OXYCONTIN.....	6	<i>penicillin v potassium</i>	19
OMNIPOD GO PODS 30 UNITS/DAY	147	<i>oxymorphone</i>	6	PENTACEL (PF).....	196
OMNIPOD GO PODS 40 UNITS/DAY	147	OZEMPIC.....	51	<i>pentamidine</i>	64
<i>ondansetron</i>	63	<i>pacerone</i>	90	PENTIPS.....	147, 148
<i>ondansetron hcl</i>	62, 63	<i>paclitaxel</i>	33	<i>pentoxifylline</i>	84
<i>ondansetron hcl (pf)</i>	62	<i>paclitaxel protein-bound</i>	33	<i>perindopril erbumine</i>	89
ONGENTYS.....	65	<i>paliperidone</i>	70	<i>periogard</i>	114
ONTRUZANT.....	32	PALYNZIQ.....	166	<i>permethrin</i>	122
ONUREG.....	32	<i>pamidronate</i>	200	<i>perphenazine</i>	70
OPDIVO.....	32	PANRETIN.....	116	<i>perphenazine-amitriptyline</i>	48
OPDUALAG.....	32	<i>pantoprazole</i>	173, 174	PERSERIS.....	70
OPSUMIT.....	215	<i>paricalcitol</i>	200	<i>pfizerpen-g</i>	19
<i>oralone</i>	114	<i>paroex oral rinse</i>	114	<i>phenelzine</i>	48
ORENCIA.....	191	<i>paromomycin</i>	64	<i>phenobarbital</i>	42
ORENCIA (WITH MALTOSE).....	190	<i>paroxetine hcl</i>	48	<i>phenylephrine hcl</i>	86
ORENCIA CLICKJECT.....	190	PAXLOVID.....	77	<i>phenytoin</i>	43
ORFADIN.....	166	<i>pazopanib</i>	33	<i>phenytoin sodium</i>	43
ORGOVYX.....	184	PEDIARIX (PF).....	195	<i>phenytoin sodium extended</i> ..	43
ORILISSA.....	184	PEDVAX HIB (PF).....	195	<i>philit</i>	112
ORKAMBI.....	212	<i>peg 3350-electrolytes</i>	176	PIFELTRO.....	75
ORSERDU.....	32	PEGASYS.....	78	<i>pilocarpine hcl</i>	114, 205
<i>oseltamivir</i>	77	<i>peg-electrolyte soln</i>	176	<i>pimecrolimus</i>	121
OSMOLEX ER.....	65	PEMAZYRE.....	33	<i>pimozide</i>	70
OTEZLA.....	191	<i>pemetrexed</i>	33	<i>pimtrea (28)</i>	112
OTEZLA STARTER.....	191	<i>pemetrexed disodium</i>	33	<i>pindolol</i>	91
<i>oxaliplatin</i>	33	PEMRYDI RTU.....	33	<i>pioglitazone</i>	51
<i>oxandrolone</i>	179	PEN NEEDLE.....	138, 147, 150	<i>pioglitazone-metformin</i>	51
<i>oxazepam</i>	12	PEN NEEDLE, DIABETIC	129, 144, 147, 149	PIP PEN NEEDLE.....	148
<i>oxcarbazepine</i>	42	PEN NEEDLE, DIABETIC, SAFETY.....	150	<i>piperacillin-tazobactam</i>	19
OXLUMO.....	203	PENBRAYA (PF).....	196	PIQRAY.....	33
		PENBRAYA MENACWY COMPONENT(PF).....	196	<i>pirfenidone</i>	212
		PENBRAYA MENB COMPONENT (PF).....	196	<i>pirmella</i>	112
		<i>penciclovir</i>	116	<i>piroxicam</i>	9
				PLASMA-LYTE A.....	206
				PLEGRIDY.....	104
				<i>plerixafor</i>	82
				<i>pnv 29-1</i>	216

<i>pnv-dha + docusate</i>	216	<i>prenatal low iron</i>	217	PROGRAF.....	191
<i>pnv-omega</i>	217	<i>prenatal plus</i>	217	PROLASTIN-C.....	212
<i>podofilox</i>	116	<i>prenatal plus (calcium carb)</i>	216	PROLIA.....	200
<i>polycin</i>	170	<i>prenatal vitamin plus low</i>		PROMACTA.....	82
<i>polymyxin b sulfate</i>	14	<i>iron</i>	217	<i>promethazine</i>	58, 63
<i>polymyxin b sulf-</i>		<i>prenatal-u</i>	217	<i>promethegan</i>	63
<i>trimethoprim</i>	170	<i>preplus</i>	217	<i>propafenone</i>	90
POMALYST.....	33	<i>pretab</i>	217	<i>proparacaine</i>	168
<i>portia 28</i>	112	PRETOMANID.....	61	<i>propranolol</i>	91
<i>posaconazole</i>	57	<i>prevalite</i>	98	<i>propranolol-</i>	
<i>potassium chloride</i>	206, 207	PREVENT DROPSAFE		<i>hydrochlorothiazid</i>	91
<i>potassium chloride-0.45 %</i>		PEN NEEDLE.....	148	<i>propylthiouracil</i>	186
<i>nacl</i>	207	PREVYMIS.....	77, 78	PROQUAD (PF).....	196
<i>potassium citrate</i>	207	PREZCOBIX.....	75	PROSOL 20 %.....	86
<i>pr natal 400</i>	217	PREZISTA.....	75	<i>protamine</i>	84
<i>pr natal 400 ec</i>	217	PRIFTIN.....	61	<i>protriptyline</i>	48
<i>pr natal 430</i>	217	PRIMAQUINE.....	64	PULMOZYME.....	166
<i>pr natal 430 ec</i>	217	<i>primidone</i>	43	PURE COMFORT	
PRALUENT PEN.....	98	PRIORIX (PF).....	196	ALCOHOL PADS.....	116
<i>pramipexole</i>	66	PRIVIGEN.....	191	PURE COMFORT PEN	
<i>prasugrel</i>	84	PRO COMFORT ALCOHOL		NEEDLE.....	149
<i>pravastatin</i>	98	PADS.....	116	PURE COMFORT SAFETY	
<i>prazosin</i>	87	PRO COMFORT INSULIN		PEN NEEDLE.....	149
<i>prednicarbate</i>	121	SYRINGE.....	148	PURIXAN.....	33
<i>prednisolone</i>	182	PRO COMFORT PEN		<i>pyrazinamide</i>	61
<i>prednisolone acetate</i>	172	NEEDLE.....	148	<i>pyridostigmine bromide</i>	203
<i>prednisolone sodium</i>		PROAIR RESPICLICK.....	210	<i>pyrimethamine</i>	64
<i>phosphate</i>	172, 182	<i>probenecid</i>	58	QINLOCK.....	33
<i>prednisone</i>	182	<i>probenecid-colchicine</i>	58	QUADRACEL (PF).....	196
<i>pregabalin</i>	43	<i>procainamide</i>	90	<i>quetiapine</i>	70
PREHEVBRIO (PF).....	196	<i>prochlorperazine</i>	63	<i>quinapril</i>	89
PREMARIN.....	181	<i>prochlorperazine edisylate</i>		<i>quinapril-hydrochlorothiazide</i>	89
PREMPHASE.....	181	.....	63, 70	<i>quinidine gluconate</i>	90
PREMPRO.....	181	<i>prochlorperazine maleate</i>	63	<i>quinidine sulfate</i>	90
<i>prena1 true</i>	217	<i>proctosol hc</i>	121	<i>quinine sulfate</i>	64
<i>prenaissance</i>	217	<i>proctozone-hc</i>	121	QULIPTA.....	60
<i>prenaissance plus</i>	217	PRODIGY INSULIN		RABAVERT (PF).....	196
<i>prenatabs fa</i>	217	SYRINGE.....	148, 149	<i>rabeprazole</i>	174
<i>prenatal 19</i>	217	<i>progesterone</i>	185	RADICAVA.....	105
<i>prenatal 19 (with docusate)</i>	217	<i>progesterone micronized</i>	185	<i>raloxifene</i>	181

<i>ramipril</i>	89	RINVOQ LQ.....	191	SECURESAFE PEN	
<i>ranolazine</i>	94	<i>risedronate</i>	200, 201	NEEDLE.....	150
<i>rasagiline</i>	66	<i>risperidone</i>	71	<i>select-ob</i>	217
RASUVO (PF).....	191	<i>risperidone microspheres</i>	71	<i>select-ob (folic acid)</i>	217
RAVICTI.....	175	<i>ritonavir</i>	76	<i>selegiline hcl</i>	66
RAYALDEE.....	200	RITUXAN HYCELA.....	34	<i>selenium sulfide</i>	118
<i>reclipsen (28)</i>	112	<i>rivastigmine</i>	46	SELZENTRY.....	76
RECOMBIVAX HB (PF).....	197	<i>rivastigmine tartrate</i>	46	SEMGLEE(INSULIN	
REGRANEX.....	116	RIVFLOZA.....	203	GLARGINE-YFGN).....	54
RELENZA DISKHALER.....	78	<i>rizatriptan</i>	60	SEMGLEE(INSULIN	
RELEUKO.....	82, 83	<i>r-natal ob</i>	217	GLARG-YFGN)PEN.....	54
RELION NEEDLES.....	150	ROCKLATAN.....	205	<i>se-natal 19 chewable</i>	217
RELION PEN NEEDLES.....	150	<i>roflumilast</i>	212	SEREVENT DISKUS.....	210
RELISTOR.....	175	ROLVEDON.....	83	SEROSTIM.....	184
RENFLEXIS.....	191	<i>ropinirole</i>	66	<i>sertraline</i>	48
<i>repaglinide</i>	51	<i>rosadan</i>	118	<i>setlakin</i>	112
REPATHA PUSHTRONEX... 98		<i>rosuvastatin</i>	98	<i>sevelamer carbonate</i>	177
REPATHA SURECLICK.....	98	ROTARIX.....	197	<i>sevelamer hcl</i>	177
REPATHA SYRINGE.....	98	ROTATEQ VACCINE.....	197	SEZABY.....	43
RESTASIS.....	172	ROZLYTREK.....	34	<i>sf 5000 plus</i>	114
RESTASIS MULTIDOSE.....	172	RUBRACA.....	34	<i>sharobel</i>	112
RETACRIT.....	83	<i>rufinamide</i>	43	SHINGRIX (PF).....	197
RETEVMO.....	33, 34	RUKOBIA.....	76	SIGNIFOR.....	184
RETROVIR.....	75	RUXIENCE.....	34	<i>sildenafil</i>	
REVCovi.....	167	RYBELSUS.....	51	(<i>pulm.hypertension</i>).....	215
<i>revonto</i>	213	RYBREVANT.....	34	<i>silver sulfadiazine</i>	118
REXULTI.....	70	RYDAPT.....	34	SIMBRINZA.....	205
REYATAZ.....	75	RYTELO.....	34	<i>simliya (28)</i>	112
REZLIDHIA.....	34	SAFESNAP INSULIN		<i>simpesse</i>	112
REZUROCK.....	191	SYRINGE.....	150	<i>simvastatin</i>	99
RHOPRESSA.....	205	SAFETY PEN NEEDLE.....	150	<i>sirolimus</i>	191
RIABNI.....	34	<i>sajazir</i>	94	SIRTURO.....	61
<i>ribavirin</i>	79	SANTYL.....	116	SKY SAFETY PEN NEEDLE	
RIDAURA.....	191	<i>sapropterin</i>	167	.....	150, 151
<i>rifabutin</i>	61	SAVELLA.....	105	SKYRIZI.....	191, 192
<i>rifampin</i>	61	SCEMBLIX.....	34	SLYND.....	112
<i>rilpivirine</i>	76	<i>scopolamine base</i>	63	<i>sodium chloride 0.45 %</i>	207
<i>riluzole</i>	105	SECUADO.....	71	<i>sodium chloride 0.9 %</i>	207
<i>rimantadine</i>	78	SECURESAFE INSULIN		<i>sodium fluoride-pot nitrate</i> ... 115	
RINVOQ.....	191	SYRINGE.....	150	<i>sodium oxybate</i>	214

<i>sodium phenylbutyrate</i>	175	<i>subvenite</i>	43	SYMPAZAN.....	43
<i>sodium polystyrene</i>		<i>sucrafate</i>	174	SYMTUZA.....	76
<i>sulfonate</i>	175	<i>sulfacetamide sodium</i>	170	SYNAGIS.....	78
<i>sodium,potassium,mag</i>		<i>sulfacetamide sodium (acne)</i>		SYNAREL.....	185
<i>sulfates</i>	176	.....	118	SYNJARDY.....	51
<i>solifenacin</i>	177	<i>sulfacetamide-prednisolone</i>	170	SYNJARDY XR.....	51, 52
SOLQUA 100/33.....	54	<i>sulfadiazine</i>	20	SYNRIBO.....	35
SOLTAMOX.....	34	<i>sulfamethoxazole-</i>		SYRINGE WITH NEEDLE,	
SOLU-CORTEF ACT-O-		<i>trimethoprim</i>	20	SAFETY.....	150
VIAL (PF).....	182	<i>sulfasalazine</i>	199	TABLOID.....	35
SOMATULINE DEPOT	184, 185	<i>sulindac</i>	9	TABRECTA.....	35
SOMAVERT.....	185	<i>sumatriptan</i>	60	<i>tacrolimus</i>	121, 192
<i>sorafenib</i>	34	<i>sumatriptan succinate</i>	60	<i>tadalafil</i>	215
<i>sorine</i>	92	<i>sumatriptan-naproxen</i>	60	<i>tadalafil (pulm.</i>	
<i>sotalol</i>	92	<i>sunitinib malate</i>	35	<i>hypertension)</i>	215
<i>sotalol af</i>	92	SUNLENCA.....	76	TAFINLAR.....	35
SPIRIVA RESPIMAT.....	210	SUNOSI.....	214	<i>tafluprost (pf)</i>	205
SPIRIVA WITH		SUPPRELIN LA.....	185	TAGRISSO.....	35
HANDIHALER.....	210	SURE COMFORT		TAKHZYRO.....	203
<i>spironolactone</i>	96, 99	ALCOHOL PREP PADS.....	116	TALTZ AUTOINJECTOR....	192
<i>spironolacton-</i>		SURE COMFORT INS.		TALTZ SYRINGE.....	192
<i>hydrochlorothiaz</i>	96	SYR. U-100.....	151	TALVEY.....	35
SPRAVATO.....	48, 49	SURE COMFORT INSULIN		TALZENNA.....	35
<i>sprintec (28)</i>	112	SYRINGE.....	151	<i>tamoxifen</i>	35
SPRITAM.....	43	SURE COMFORT PEN		<i>tamsulosin</i>	178
SPRYCEL.....	35	NEEDLE.....	151, 152	<i>tarina 24 fe</i>	112
<i>sps (with sorbitol)</i>	176	SURE COMFORT SAFETY		<i>tarina fe 1-20 eq (28)</i>	112
<i>sronyx</i>	112	PEN NEEDLE.....	151	<i>taron-c dha</i>	218
<i>ssd</i>	118	SURE-FINE PEN NEEDLES		<i>taron-prex prenatal-dha</i>	218
<i>stavudine</i>	76	.....	152	TASCENSO ODT.....	105
STELARA.....	192	SURE-JECT INSULIN		TASIGNA.....	35
STERILE PADS.....	151	SYRINGE.....	152	<i>tasimelteon</i>	214
STIMUFEND.....	83	SURE-PREP ALCOHOL		TAVALISSE.....	84
STIOLTO RESPIMAT.....	210	PREP PADS.....	116	<i>tazarotene</i>	121
STIVARGA.....	35	SUTAB.....	176	TAZORAC.....	121
STRENSIQ.....	167	<i>syeda</i>	112	<i>taztia xt</i>	93
<i>streptomycin</i>	13	SYMDEKO.....	212	TAZVERIK.....	35
STRIBILD.....	76	SYMJEPI.....	94	TDVAX.....	197
STRIVERDI RESPIMAT.....	211	SYMLINPEN 120.....	51	TECENTRIQ.....	36
SUBLOCADE.....	11	SYMLINPEN 60.....	51	TECENTRIQ HYBREZA.....	35

TECHLITE INSULIN	THINPRO INSULIN	<i>tramadol</i> 6
SYRINGE..... 153	SYRINGE..... 154	<i>tramadol-acetaminophen</i>.....6
TECHLITE INSULN	<i>thioridazine</i>.....71	<i>trandolapril</i>.....89
SYR(HALF UNIT)..... 152, 153	<i>thiothixene</i> 71	<i>trandolapril-verapamil</i>.....89
TECHLITE PEN NEEDLE	<i>tiadylt er</i>.....93	<i>tranexamic acid</i> 84
.....153, 154	<i>tiagabine</i>.....44	<i>tranylcypromine</i> 49
TECHLITE PLUS PEN	TIBSOVO..... 36	TRAVASOL 10 %..... 86
NEEDLE..... 154	TICE BCG..... 36	<i>travoprost</i> 205
TECVAYLI..... 36	TICOVAC..... 197	TRAZIMERA.....36
TEFLARO..... 16	<i>tigecycline</i>.....21	<i>trazodone</i> 49
<i>telmisartan</i>.....88	<i>timolol maleate</i> 92, 205	TRECATOR.....61
<i>telmisartan-amlodipine</i> 88	<i>tinidazole</i> 64	TRELEGY ELLIPTA..... 211
<i>telmisartan-</i>	<i>tiopronin</i>.....178	TRELSTAR.....36
<i>hydrochlorothiazid</i> 88	TIVDAK..... 36	TREMFYA..... 192
<i>temazepam</i>.....12	TIVICAY..... 76	TREMFYA PEN.....192
TEMIXYS.....76	TIVICAY PD..... 76	<i>treprostinil sodium</i> 215
<i>tencon</i>.....6	<i>tizanidine</i> 213	<i>tretinoin</i>.....121, 122
TENIVAC (PF).....197	TOBI PODHALER..... 13	<i>tretinoin (antineoplastic)</i> 36
<i>tenofovir disoproxil fumarate</i> 76	<i>tobramycin</i> 13, 170	<i>triamcinolone acetonide</i>
TEPEZZA..... 168	<i>tobramycin in 0.225 % nacl</i> ... 13	115, 121, 182
TEPMETKO.....36	<i>tobramycin sulfate</i> 13	<i>triamterene-</i>
<i>terazosin</i>.....178	<i>tobramycin-dexamethasone</i> 170	<i>hydrochlorothiazid</i> 96
<i>terbinafine hcl</i>.....57	<i>tolmetin</i>.....9	<i>triazolam</i> 12, 13
<i>terbutaline</i>.....211	<i>tolterodine</i>.....177	<i>tridacaine ii</i> 9
<i>terconazole</i>.....59	TOPCARE CLICKFINE	<i>trientine</i>.....179
<i>teriflunomide</i>.....105	154, 155	<i>tri-estarylla</i>.....112
<i>teriparatide</i> 201	TOPCARE ULTRA	<i>trifluoperazine</i>.....71
TERUMO INSULIN	COMFORT..... 155	<i>trifluridine</i>.....170
SYRINGE..... 154	<i>topiramate</i> 44	<i>trihexyphenidyl</i> 66
<i>testosterone</i>.....179	<i>toposar</i> 36	TRIJARDY XR.....52
<i>testosterone cypionate</i> 179	<i>toremifene</i> 36	TRIKAFTA..... 212, 213
<i>testosterone enanthate</i>.....179	<i>torpenz</i> 36	<i>tri-legest fe</i>.....112
TETANUS,DIPHThERIA	<i>torsemide</i>.....96	<i>tri-linyah</i>.....113
TOX PED(PF).....197	TOTECT..... 203	<i>tri-lo-estarylla</i>.....113
<i>tetrabenazine</i>.....105	TOUJEO MAX U-300	<i>tri-lo-marzia</i> 113
<i>tetracycline</i> 21	SOLOSTAR.....54	<i>tri-lo-mili</i>.....113
TEVIMBRA..... 36	TOUJEO SOLOSTAR U-300	<i>tri-lo-sprintec</i>.....113
THALOMID.....203	INSULIN..... 54	<i>trimethoprim</i> 14
<i>theophylline</i> 211	TRACLEER..... 215	<i>tri-mili</i>.....113
	TRADJENTA..... 52	<i>trimipramine</i>.....49

TRINTELLIX.....	49	<i>tyblume</i>	113	ULTRACARE INSULIN	
<i>tri-nymyo</i>	113	TYBOST.....	203	SYRINGE.....	161
TRIPTODUR.....	185	TYMLOS.....	201	ULTRACARE PEN NEEDLE	
<i>tri-sprintec (28)</i>	113	TYPHIM VI.....	198	.....	162
TRIUMEQ.....	76	TYSABRI.....	192	ULTRA-THIN II (SHORT)	
TRIUMEQ PD.....	76	TYVASO.....	215	INS SYR.....	162
<i>triveen-duo dha</i>	218	UBRELVY.....	60	ULTRA-THIN II (SHORT)	
<i>trivora (28)</i>	113	UDENYCA.....	83	PEN NDL.....	162
<i>tri-vylibra</i>	113	UDENYCA		ULTRA-THIN II INS PEN	
<i>tri-vylibra lo</i>	113	AUTOINJECTOR.....	83	NEEDLES.....	162
TRIZIVIR.....	76	UDENYCA ONBODY.....	83	ULTRA-THIN II INSULIN	
TROGARZO.....	77	ULTICARE.....	158, 159	SYRINGE.....	162
TROPHAMINE 10 %.....	86	ULTICARE INSULIN		UNIFINE PEN NEEDLE.....	162
<i>trosipium</i>	177	SYRINGE.....	158	UNIFINE PENTIPS	
TRUE COMFORT		ULTICARE INSULN		.....	147, 162, 163
ALCOHOL PADS.....	116	SYR(HALF UNIT).....	158	UNIFINE PENTIPS	
TRUE COMFORT INSULIN		ULTICARE PEN NEEDLE...	158	MAXFLOW.....	163
SYRINGE.....	155	ULTICARE SAFETY PEN		UNIFINE PENTIPS PLUS...	163
TRUE COMFORT PEN		NEEDLE.....	158	UNIFINE PENTIPS PLUS	
NEEDLE.....	155, 156	ULTIGUARD SAFEPAK-		MAXFLOW.....	163
TRUE COMFORT PRO		INSULIN SYR.....	159	UNIFINE PROTECT.....	163
ALCOHOL PADS.....	116	ULTIGUARD SAFEPAK-		UNIFINE SAFECONTROL..	164
TRUE COMFORT PRO INS		PEN NEEDLE.....	159	UNIFINE SAFECONTROL	
SYRINGE.....	155, 156	ULTILET ALCOHOL SWAB	117	PEN NEEDLE.....	164
TRUE COMFORT SAFE		ULTILET INSULIN		UNIFINE ULTRA PEN	
INSULIN SYRG.....	155, 156	SYRINGE.....	141, 159, 160	NEEDLE.....	164
TRUE COMFORT SAFETY		ULTILET PEN NEEDLE.....	160	UPTRAVI.....	215
PEN NEEDLE.....	155	ULTRA CMFT INS SYR		<i>ursodiol</i>	176
TRUEPLUS INSULIN.....	157	(HALF UNIT).....	138, 151	UZEDY.....	71, 72
TRUEPLUS PEN NEEDLE		ULTRA COMFORT		<i>valacyclovir</i>	79
.....	156, 157	INSULIN SYRINGE		VALCHLOR.....	117
TRULICITY.....	52	.....	133, 139, 160	<i>valganciclovir</i>	79
TRUMENBA.....	197	ULTRA FLO INSUL		<i>valproate sodium</i>	44
TRUQAP.....	36	SYR(HALF UNIT).....	160	<i>valproic acid</i>	44
TRUXIMA.....	36	ULTRA FLO INSULIN		<i>valproic acid (as sodium</i>	
TUKYSA.....	36, 37	SYRINGE.....	161	<i>salt)</i>	44
<i>tulana</i>	113	ULTRA FLO PEN NEEDLE		<i>valsartan</i>	88
TURALIO.....	37	.....	160, 161	<i>valsartan-</i>	
<i>turqoz (28)</i>	113	ULTRA THIN PEN NEEDLE	161	<i>hydrochlorothiazide</i>	88
TWINRIX (PF).....	198			VALTOCO.....	44

<i>vancomycin</i>	14	<i>vienna</i>	113	WEBCOL.....	117
VANFLYTA.....	37	<i>vigabatrin</i>	44	WELIREG.....	38
VANISHPOINT INSULIN		<i>vigadrone</i>	44	<i>wera (28)</i>	114
SYRINGE.....	164	<i>vigpoder</i>	44	WINREVAIR.....	213
VANISHPOINT SYRINGE...	164	<i>vilazodone</i>	49	<i>wixela inhub</i>	209
VAQTA (PF).....	198	VIMIZIM.....	167	XADAGO.....	66
<i>varenicline</i>	11	<i>vinate care</i>	218	XALKORI.....	38
VARIVAX (PF).....	198	<i>vinblastine</i>	37	XARELTO.....	81
VASCEPA.....	99	<i>vincasar pfs</i>	37	XARELTO DVT-PE TREAT	
VAXCHORA VACCINE.....	198	<i>vincristine</i>	37	30D START.....	81
VEGZELMA.....	37	<i>vinorelbine</i>	37	XATMEP.....	38
VEKLURY.....	79	<i>viorele (28)</i>	113	XCOPRI.....	44
VELCADE.....	37	VIRACEPT.....	77	XCOPRI MAINTENANCE	
<i>velivet triphasic regimen (28)</i>		VIREAD.....	77	PACK.....	44
.....	113	<i>virt-c dha</i>	218	XCOPRI TITRATION PACK..	45
VELPHORO.....	177	<i>virt-nate dha</i>	218	XELJANZ.....	193
VELTASSA.....	176	<i>virt-pn dha</i>	218	XELJANZ XR.....	193
VEMLIDY.....	77	<i>virt-pn plus</i>	218	XERMELO.....	176
VENCLEXTA.....	37	VISTOGARD.....	203	XGEVA.....	201
VENCLEXTA STARTING		<i>vitafol gummies</i>	218	XHANCE.....	172
PACK.....	37	<i>vitafol nano</i>	218	XIFAXAN.....	14
<i>venlafaxine</i>	49	<i>vitafol-ob+dha</i>	218	XIGDUO XR.....	52
<i>venlafaxine besylate</i>	49	VITRAKVI.....	37	XIIDRA.....	172
<i>verapamil</i>	93	VIZIMPRO.....	37	XOFLUZA.....	78
VERIFINE INSULIN		VOCABRIA.....	77	XOLAIR.....	213
SYRINGE.....	164, 165	<i>volnea (28)</i>	113	XOSPATA.....	38
VERIFINE PEN NEEDLE		VONJO.....	38	XPOVIO.....	38
.....	164, 165	VORANIGO.....	38	XTAMPZA ER.....	6
VERIFINE PLUS PEN		<i>voriconazole</i>	57	XTANDI.....	38
NEEDLE.....	165	VOSEVI.....	78	<i>xulane</i>	114
VERIFINE PLUS PEN		VOWST.....	203	XULTOPHY 100/3.6.....	54
NEEDLE-SHARP.....	165	<i>vp-ch-pnv</i>	218	XYOSTED.....	179
VERQUVO.....	94	<i>vp-pnv-dha</i>	218	<i>yargesa</i>	167
VERSACLOZ.....	72	VPRIV.....	167	YERVOY.....	38
VERSALON.....	165	VRAYLAR.....	72	YF-VAX (PF).....	198
VERZENIO.....	37	VUMERITY.....	105	YONSA.....	39
<i>vestura (28)</i>	113	<i>vyfemla (28)</i>	114	<i>yuvaferm</i>	181
V-GO 20.....	165	<i>vylibra</i>	114	<i>zafemy</i>	114
V-GO 30.....	165	VYZULTA.....	205	<i>zafirlukast</i>	209
V-GO 40.....	165	<i>warfarin</i>	81	<i>zaleplon</i>	214

<i>zarah</i>	114
ZARXIO.....	83
<i>zatean-pn dha</i>	218
<i>zatean-pn plus</i>	218
<i>zebutal</i>	6
ZEGALOGUE	
AUTOINJECTOR.....	204
ZEGALOGUE SYRINGE.....	204
ZEJULA.....	39
ZELBORAF.....	39
<i>zenatane</i>	117
ZENPEP.....	167
<i>zidovudine</i>	77
ZIEXTENZO.....	83
<i>zingiber</i>	218
<i>ziprasidone hcl</i>	72
<i>ziprasidone mesylate</i>	72
ZIRABEV.....	39
ZIRGAN.....	170
ZOLADEX.....	39
<i>zoledronic acid</i>	201
<i>zoledronic acid-mannitol-</i> <i>water</i>	201
ZOLINZA.....	39
<i>zolmitriptan</i>	61
<i>zolpidem</i>	214
ZONISADE.....	45
<i>zonisamide</i>	45
<i>zovia 1-35 (28)</i>	114
ZTALMY.....	45
ZTLIDO.....	10
<i>zumandimine (28)</i>	114
ZURZUVAE.....	49
ZYDELIG.....	39
ZYKADIA.....	39
ZYLET.....	171
ZYMFENTRA.....	204
ZYNLONTA.....	39
ZYNYZ.....	39
ZYPREXA RELPREVV.....	72



GOLD KIDNEY HEALTH PLAN

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This formulary was updated on 10/22/2024. For more recent information or other questions, please contact Gold Kidney Health Plan Member Services at **1 (844) 294-6535. (TTY users should call 711.)** Our office hours are 8 a.m. to 8 p.m., local time, 7 days a week from October 1–March 31, and 8 a.m. to 8 p.m., local time, Monday through Friday, April 1–September 30 or visit **www.goldkidney.com**.

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